(%S 1930 Section 214.07) $< \frac{1}{2}$

Board:			MINN	ESOTA BOAR	D OF DENTIS	STRY			
Location:	717 S.E. Delaware Street, Suite 338								
	Min	neapolis,	MN 55	5414					
STATUTORY	Аитн	ORITY:	M.S.	150A, 197	'8; M.S. 214	1, 1978			
REPORT PER	RIOD:	July	1.	1978	To: _	June	30,	1930	
SUBMITTED	BY:	Dale J.	Forset	ch, Execut	cive Secreta	ary	0ct	ober 1, 1980	
					Title		***************************************	Date	

Copies of this report shall be delivered to: (A) the Legislature in accordance with Section 3.195 (1 copy to the Secretary of the Senate, 1 copy to the Chief Clerk of the House of Representatives and 10 copies to the Legislative Reference Library); (B) the Governor; and (C) Commissioner of Administration. Each health-related board shall also deliver a copy of their report to the Board of Health.

Clause a: GEMERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 79 and FY 80 and include any changes (additions/deletions) in activities between those years.

The purpose of the Board of Dentistry is to ensure the people of professional competency by licensing or registering dentists, dental hygienists and registered dental assistants whose fitness to practice has been tested and whose other qualifications meet the requirements of the state; to annually renew each license or registration, and to receive and resolve consumer grievances.

During the two-year period ending June 30, 1980, the Board licensed 328 dentists and 394 dental hygienists; initially registered 861 registered dental assistants and 114 corporations; annually averaged the registration of 7,655 dentists, dental hygienists, registered dental assistants and professional corporations; received and took action on 130 consumer complaints; participated in 30 regional and national dental and dental hygiene examinations; approved the credentials of approximately 150 foreign dentists to enable them to take the National Board Examination; initiated legislation for reorganization of the Dental Practice Act and revising advertising restrictions; conducted two public forums on proposed amendments to the Board's Rules; initiated a public hearing on proposed Rule amendments; reviewed approximately 600 continuing dental education programs; actively participated in state, regional and national continuing education and examination committees; conducted eight on-site evaluations of Minnesota dental assisting schools; and participated in three Commission on Accreditation evaluations of dental assisting programs.

MINNESOTA	BOARD	0F	DENTISTRY	BOARD

Charle b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 80 7 FY 79 AND 80 13

PPROXIMATE TOTAL HUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

	MEETING '	1	iours		OTHER ACTIVI	TIES	11	ours	
OARD MEMBER'S NAME	TYPE	FY 79	FY 80	FY 79 & 80	TYPE		FY 79 F	Y 80	FY 79 & 8
	Board Meeting	38	30	68	Other Comm. &	Misc.	240	230	470
Robert W. Anderson	Executive Meeting	17	14	31					•
	Examinations	64	81	145					
	Complaint Comm.	32	24	56					
Dillon D. Donaldon	Board Meeting		5	5	Other Comm. &	Misc.		17	17
Dillon B. Donaldson	Executive Meeting		6	6					
	Board Meeting	21	30	51	Other Comm. &	Misc.	161	38	199
James E. Garrity	Executive Meeting	14	9	23					
	Complaint Comm.	65	66	131					
Sister Cecelia Mary	Board Meeting		5	5	Other Comm. &	Misc.		31	31
Harrington	Executive Meeting		6	6					
									
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Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 30 7 FY 79 AND 80 13

	MEETING '	I	HOURS		OTHER ACTIVITIES		HOURS	
BOARD MEMBER'S NAME	ТУРЕ	FY 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 30
Karen E. Hirman								
Walter G. Iverson	Board Meetings	38	39	77	Other Comm. & Misc.	183	159	342
	Executive Meetings	18	18	36				
	Examinations	32	32	64				
	Complaint Comm.	20	46	66				
	Board Meeting	35	39	74	Other Comm. & Misc.	258	311	569
Robert E. McDonnell	Executive Meetings	16	18	34		,.		
	Examinations	32	32	64				
	Complaint Comm.	16	32	48				
	Board Meetings	8	39	47	Other Comm. & Misc.	11	192	203
Edward T. Nelson	Executive Meetings	1	18	19				
	Examinations		84	84				
	Complaint Comm.		9	9				

BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 30 7 FY 79 AND 80 13

APPROXIMATE TOTAL HUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES

	MEETING '	I	IOURS		OTHER ACTIVITIES		HOURS	
BOARD MEMBER'S NAME	TYPE	FY 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 30
	Board Meeting	29	29	58	Other Comm. & Misc.	192	143	355
Kenneth M. Nelson	Executive Meeting	14	12	26				
	Examinations	64	32	96				
	Complaint Comm.	12	8	20				
Mary Jane Ploof	Board Meeting	8	39	47	Other Comm. & Misc.		116	116
	Executive Meeting	1	18	19				
	Examinations		20	20				
	Complaint Comm.		30	30				
	Board Meeting	21		21	Other Comm. & Misc.	72	-	72
James M. Rasmusson	Executive Meeting	16		16				
	Examination	48		48				
	Complaint Comm.	10		10				
0.003.1.001.000.1	Board Meeting	38	39	77	Other Comm. & Misc.	124	193	317
Carol L. Schuppel	Executive Meeting	18	18	36				
	Examinations	32	17	49				
age 3 of 4 pages	for Clause b						Page	4

MINNESOTA	BOARD	0F	DENTISTRY	BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 80 7 FY 79 AND 80 13

PROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

	MEETING '	3	HOURS		OTHER ACTIVITIES		Hours	
DARD MEMBER'S NAME	TYPE	FY 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 80
	Board Meeting	38	39	77	Other Comm. & Misc.	174	201	375
Janet H. Spoodis	Executive Meeting	18	18	36				
	Examinations	96	76	172			-	
			!					
		<u> </u>	<u> </u>	-			<u> </u>	
		<u> </u> '			<u> </u>		 	
							<u> </u>	
							<u> </u>	

Clause c: THE RECEIPTS AND DISBURSEMENTS OF BOARD FUNDS

Total State Appropriations

Total Non-Dedicated Fee Receipts

Total Disbursements

FY 79	FY 80	FY's 79 - 80
\$200,500	\$202,000	\$402,500
222,900	229,800	452,700
196,000	184,100	380,500

COMMENTS (Optional)

Minnesota Statutes, Chapter 214, requires the Board to adjust its fees a sufficient amount so that the total fees collected will as closely as possible equal anticipated expenditures during the fiscal biennium. Therefore, the Board, by Rule, increased its fees during Fiscal Year 1979 because of a \$25,500 deficit brought about by unanticipated legal costs during Fiscal Year 1977. The Board, by Rule, will reduce its fees during Fiscal Year 1980 because of surplus revenues during Fiscal Year 1981.

CIEBRE DE LIST OF BOARD MEMBERS WHO SERVED DURING FY 79 AND FY 30

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: Nine

(B) The statutory length of term: Four

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
Robert W. Anderson	Dentist	Oct. 16, 1973 - Jan. 1, 1979 &
P.O. Box 56 Aurora, MN 55705		May 18, 1979 - Jan. 3, 1983
Dillon B. Donaldson	Dentist	June 2, 1980 - Jan. 2, 1984
2548 Broadway Slayton. MN 56172		
James E. Garrity 1101 So. 11th Ave.	County Judge	Jan. 9, 1976 - Jan. 7, 1980
Moorhead, MN 56560		
Sr. C.M.Harrington	College Faculty Assistant	June 2, 1980 - Jan. 2, 1984
2004 Randolph Ave. St. Paul. MN 55105		
Karen E. Hirman	Registered Nurse	Nov. 9, 1976 - Jan. 1, 1979
Angushire Apts. #101 St. Cloud, MN 56301		
Walter G. Iverson	Dentist	Mar. 17, 1976 - Jan. 3, 1977
5538 Chicago Ave. Mpls., MN 55417	Dentist	Jan. 1, 1977 - Jan. 5, 1981
Robert E. McDonnell	Dentist	Nov. 3, 1972 - Jan. 1, 1978 &
550 So. Snelling St. Paul, MN 55116		Jan. 1, 1978 - Jan. 3, 1983
Edward T. Nelson	Dentist	May 18, 1979 - Jan. 3, 1983
321 No. LaBree Ave. Thief Riv. Falls, MN	Dentist	<u> </u>
Kenneth M. Nelson	Dentist	Feb. 7, 1975 - Jan. 7, 1980
1020 Fourth Avenue Windom, MN 56101	:	

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 79 AND FY 30

Fob	FACY	REFERENCE	DIESCE	CIVE
ros	FASY		PIFASE	TalV:

(A)	Number	of Board	members	required	рà	statute:	Nine
(B)	The sta	tutory 1	onath of	torm:	Fo	ur	

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE- APPOINTMENT
Mary Jane Ploof	Spec. Education Teacher	May 18, 1979 - Jan. 3, 1983
Route 2 Chaska, MN 55318		
James M. Rasmusson	Dentist	Jan. 5, 1976 - Jan. 1, 1979
430 Oak Street Breckenridge, MN		
Carol L. Schuppel	Registered dental ass't.	Aug. 1, 1977 - Jan. 1, 1978
4035 No. Girard Av. Mpls, MN 55423		Jan. 1, 1978 - Jan. 4, 1982
Janet H. Spoodis	Dental hygienist	Aug. 1, 1977 - Jan. 5, 1981
7250 York Ave. So. Edina. MN 55435		
	:	

DURING FY 79 AND/OR FY 80

				ST.	ATUS
HAME	JOB CLASSIFICATION/TITLE & CLASS	CLASS CODE	FT	PT	Dates of Service
Patricia A. Bradford	Clerk-Typist II	00981		х	3/16/77- current
Dale J. Forseth	Executive Secretary	08163	Х		1/2/76 - current
Arlayne J. Nelson	Administrative Secretary	01026	x		11/14/77 - current
Agnes M. Toulouse	Clerk-Typist III	01929	Х		5/21/80 - current
Mary M. Wickholm	Clerk-Typist IV	00666	Х		6/8/77 - 3/28/80
		<u> </u>			

Clause 1: Brief summary of Board Rules Proposed or Adopted Buring
THIS REPORTING PERIOD, FY 79 AND FY 80. GIVE APPROPRIATE
CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR
THOSE ADOPTED.

A public hearing concerning the Board's proposed amendments to its Rules was conducted by the Office of the State Hearing Examiner on June 26, 1980. The proposed amendments related to applications for licensure, fees, licensure by credentials, auxiliary personnel services, advertising and clarification and reorganization of existing Rules. A Notice of Hearing concerning the proposed amendments appeared in the State Register on May 5, 1980.

BOARD

MINNESCTA	BOARD OF	F DENTISTRY	
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LIST THE NUMBER OF PERSONS HAVING EACH TYPE OF LICENSE AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1980 (IN THE YEAR OF THE REPORT).

TYPE OF LICENSE/REGISTRATION	TOTAL NUMBER IN EFFEC
Dentist	3,648
Dental hygienist	2,073
Registered dental assistant	2,443
Professional corporation	494
1	
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Page 1 of 1 pages for Clause g

MINNESOTA BOARD OF DENTISTRY

Clause h ADMINISTRATION OF EXAMINATIONS BY BOARD

EXA	A4 T	A IA	71	ΔN	
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1. Commission on National Board Examinations 2. Central Regional Dental Testing Services (This examination is given at 14 varying times at nine test sites within the eleven states that comprise the region. Examinations are offered in March, Nay, June, August and December.) For Registered Dental Assistants: The Board accepted the results of the examination offered by the Certifying Board of the American Dental Assistants until August 1, 1980, and then the results of the examination administered by the National Center for Continuing Education. These examinatons are offered several times annually at the fifteen Minnesota schools of dental assisting and at the State School of Science, Wahpeton, ND.	-		
results of the examinations offered by the following tational and regional organ tations: For Dentists & Dental Hygienists: 1. Commission on National Board Examinations 2. Central Regional Dental Testing Services (This examination is given at 14 varying times at nine test sites within the eleven states that comprise the region. Examinations are offered in March, May, June, August and December.) For Registered Dental Assistants: The Board accepted the results of the examination offered by the Certifying Board of the American Dental Assistants until August 1, 1980, and then the results of the examination administered by the National Center for Continuing Education. These examinatons are offered several times annually at the fifteen Minnesota school of Science. Wahpeton, ND. An examination on the Rules of the Board and the Minnesota Dental Practice Act is administered in conjunction with the Central Regional Dental Testing Services examination when it is given in Minnesota: by the state's four dental hygiene	LOCATION	TYPES OF LICENSE/REGISTRATION	DATES
1. Commission on National Board Examinations 2. Central Regional Dental Testing Services (This examination is given at 14 varying times at nine test sites within the eleven states that comprise the region. Examinations are offered in March, Nay, June, August and December.) For Registered Dental Assistants: The Board accepted the results of the examination offered by the Certifying Board of August 1, 1980, and then the results of the examination administered by the National Center for Continuing Education. These examinatons are offered several times annually at the fifteen Minnesota schools of dental assisting and at the State School of Science. Wahpeton, ND. An examination on the Rules of the Board and the Minnesota deministered in conjunction with the Central Regional Dental Testing Services examination when it is given in Minnesota: by the state's four dental hygiene	registration but accepts	the results of the examinations offered by	icensure and the following
2. Central Regional Dental Testing Services (This examination is given at 14 varying times at nine test sites within the eleven states that comprise the region. Examinations are offered in March, May, June, August and December.) For Registered Dental Assistants: The Board accepted the results of the examination offered by the Certifying Board of the American Dental Assistants until August 1, 1980, and then the results of the examination administered by the National Center for Continuing Education. These examinatons are offered several times annually at the fifteen Minnesota schools of dental assisting and at the State School of Science. Wahpeton, ND. An examination on the Rules of the Board and the Minnesota Dental Practice Act is administered in conjunction with the Central Regional Dental Testing Services examination when it is given in Minnesota; by the state's four dental hygiene	A. For Dentists & Denta	llygienists:	
The Board accepted the results of the examination offered by the Certifying Board of the American Dental Assistants until August 1, 1980, and then the results of the examination administered by the National Center for Continuing Education. These examinatons are offered several times annually at the fifteen Minnesota schools of dental assisting and at the State School of Science Wahpeton, ND. An examination on the Rules of the Board and the Minnesota Dental Practice Act is administered in conjunction with the Central Regional Dental Testing Services examination when it is given in Minnesota; by the state's four dental hygiene	2. Central Regiona is given at 14 eleven states 1	value to the comprise that the comprise that it is a second to the comprise the region. Examinations are	
the Certifying Board of the American Dental Assistants until August 1, 1980, and then the results of the examination administered by the National Center for Continuing Education. These examinatons are offered several times annually at the fifteen Minnesota schools of dental assisting and at the State School of Science, Wahpeton, ND. An examination on the Rules of the Board and the Minnesota Dental Practice Act is administered in conjunction with the Central Regional Dental Testing Services examination when it is given in Minnesota; by the state's four dental hygiene	B. For Registered Denta	al Assistants:	
Dental Practice Act is administered in conjunction with the Central Regional Dental Testing Services examination when it is given in Minnesota: by the state's four dental hygiene	the Certifying Board August 1, 1980, and administered by the These examinations and fifteen Minnesota so State School of Science	then the results of the examination National Center for Continuing Education. The offered several times annually at the chools of dental assisting and at the cence. Wahpeton, ND.	
	Dental Practice Act Central Regional Der is given in Minnesot	is administered in conjunction with the ital Testing Services examination when it tal by the state's four dental hygiene	

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Page 1 of 1 pages for Clause h

Clauses i, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

TYPE OF LICENSE/REGISTRATION

Dentist License

			FY	7	9							F	Y 8	0						ΓY	79	VND	FΥ	80		
EX/	MIM	IED	LIC/	RE	GIS	LIC			EX	AMIN	NED	LIC	:/RI	GIS	LIC			EX	AMI	NED	LIC	/RE	GIS	LI		
M	F.	7	M	F	T	M	17	T	M	F	T	M	F	T	М	F	1	M	F	T	М	F	T	M	F	T
41	4	45	41	4	45				24		24	24		24				65	4	69	65	4	69			
88	6	94	87	6	93	1		1	77	4	81	77	4	81				165	10	175	164	10	174	1		1
1]	1		1				2] 	3	2	1	3				3	1	4	3	1	4			
																									-	
			-																							
130	10	140	129	10	139	1		1	103	5	108	103	5	108				233	15	248	232	15	247	1		1
			Cal	cula	ite '	% of	Mal	le an	d %	of I	-cma	le te	the	e Tot	tal c	of E	ach (Cate	gory				1			
93	7	100	93	7	100	100		100	95	5	100	95	5	100			100	94	6	100	94	6	100	100		100
	M 41 88 1	M F 41 4 88 6 1 130 10	M F. T 41 4 45 88 6 94 1 1 130 10 140	EXAMINED LIC/ M F. T M 41 4 45 41 88 6 94 87 1 1 1 1 130 10 140 129 Cale	EXAMINED LIC/REG M F. T M F 41 4 45 41 4 88 6 94 87 6 1 1 1 1 130 10 140 129 10 Calcula	41	EXAMINED LIC/REGIS LIC M F. T M F T M 41 4 45 41 4 45 88 6 94 87 6 93 1 1 1 1 1 1 1 130 10 140 129 10 139 1 Calculate % of	EXAMINED LIC/REGIS LIC/RE M F T M F 41 4 45 41 4 45 45 45 45 45 45 45 45 45 45 45 45 4	EXAMINED LIC/REGIS LIC/REGIS M F. T M F T M F T 41 4 45 41 4 45 88 6 94 87 6 93 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EXAMINED LIC/REGIS LIC/REGIS EX M F. T M F T M F T M 88 6 94 87 6 93 1 1 7.77 1 1 1 1 1 1 2 130 10 140 129 10 139 1 1 103 Calculate % of Male and %	EXAMINED LIC/REGIS LIC/REGIS EXAMINATED LIC/REGIS E	EXAMINED LIC/REGIS LIC/REGIS EXAMINED M	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXA	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS M F T M F T M F T M F 41 4 45 41 4 45	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS M F. T M F T M F T M F T 41 4 45 41 4 45	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS NOT LIC/REGIS M F. T M F T M	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXAMINED M F. T M F T M	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXA	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS LIC/RE	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS M F. T M F T M F T M F T M F T M F T M F T M F T M F T M F T M F T M F T 41 4 45 41 4 45	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS	EXAMINED LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS EXAMINED LIC/REGIS L

NOTE:

Minnesota accepts the results of the Central Regional Dental Testing Services, Inc. (CRDTS) examination for licensure as a dentist in Minnesota. CRDTS administers 14 examinations annually at seven test sites in an ll-state region. Every applicant that applied for licensure in Minnesota successfully passed this examination, with the exception of one, and was granted a license. One application was denied as incomplete.

FY 79 AND FY 80

NOT

Clauses i, j, k: MON-MINHESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

FY 80

TYPE OF LICENSE/REGISTRATION Dentist License

NOT

FY 79

AGE

GROUP	EX/	\MIN	1ED	LIC/	REC	GIS	LIC	C/RE	GIS	EX	AMI	1ED	LIC	C/RE	GIS	LIC	C/RE	GIS	EX	AMI	NED	LIC	/RE	GIS	LIC	C/RU	GIS
	M	1;	T	M	Ŀ	T	М	F	1	M	F	T	M	F	T	М	F	T	M	F		M	13	T	M	Ŀ	T
Under 18																											
18-25	2		2	_2		_2													_2		2	_2		2			
26-34	_20	_1	21	20	_1	21				22	1	23	22	1	23				42	2	44	42	_2	44			
35-59	2		2	2		_2				5		5	5		5				7		7	7		7			
60-65																											
66 & Over																											
Total	24	1	25	24	1	25				27	1	28	27	1	28				51	2	53	51	2	53			
				Cal	cula	ite	% of	Mal	le an	d %	of I	ema	le to	th	e To	tal d	of E	ach (Cate	gory		,		l	,		•
% of Total	96	4	100	96	4	100			100	96	4	100	96	4	100			100	96	4	100	96	4	100			100
State				PI	EΛ	SE I	JIST	THE	тот	<u>AL N</u>	UMI	BER (OF N	ON-	RESI	DEN	TSI	3Y ST	[AT	<u>:</u>				LL			
Arkansas	1		1	1		1													1		1	1		1			
Arizona										1		1	1		1				1		1	1		1			
California	1		1	1		1				2		2	2		2				3		3	. 3		3			
Colorado	1		ī	1		1				2		2	2		2				3		3	3		3			
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-MINNESOTA BOARD OF DENTISTRY-

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

Dentist License

TYPE OF LICENSE/REGISTRATION Dent

				Į;	Y 7	9)	~		Ī	Ϋ́	80						FY 7	9 1	CINA	ŀΥ	80		
STATE	EX		ŅED	LIC	/REC	315		NOT CTREC	GIS	EX.	AMIN		LIC	:/RT	GIS	1.10	NO.	GIS	EX		NED				LI	C)RT	GIS
	М	F	T	M	1:		M	17	T	Λl	F	T	M	1:	<u> </u>	M	Ŀ	1	M	17	1	M	1:	T	11	1;	1
Iowa										3		3	3		3				3		3	3		3			
Illinois	4		4	4		4													4		4	4		4			
Kansas										1		1 `	1		1				1		1	1		1			
Louisiana	1		1	1		1													1		1	1		1			
Maine	1		1	1		1											-		1		1	1		1			
Missouri	1		1	1		1	·			1	1	2	1	1	2				2	1	3	2	1	3			
Montana	2		2	2		2													2		2	2		2			
Nebraska										4		4	4		4				4		4	4		4			
New Jersey	1		1	1		1													1		1	1		1			
New York										2		2	2		2				2		2	2		2			
No.Dakota	2		2	2		2				2		2	2		2				4		4	4		4			
Ohio										1		1	1		1				1		1	1		1			
Ok1ahoma	1		1	1		1				42.5									1		1	1		1			
0regon										1		1	1		1				1		1	1		1			

NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION Clauses i. j. k:

> List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION ____ Dentist ticense

		[:Y 79'									,			1	Y 80)						ΓY	79 /	CINI	ŀΥ	80		
			,						NO.						10.00		*	NO.	CIC	12.4	A 1 1 1			lo r	c ic		CART	l'are
STATE	~	TF	VED.			R EC	115	M		GIS	N M	AMIN	10	M	:/IZI:	<u>G15</u>	1.1C	/(K):	<u>1</u>	ĽX M	F	NED	M	1:	13	AI		
}	71			M	` -∤-	-		M			NI NI	1		11/1	-		141		<u> </u>	141	,					11 131		
So.Dakota	3_		3		3		3				1		1	1		1_				4		4	4		4			
Texas	i		1		1		1				1		ı	1_		1				2		2	2		2			
Virginia	_1_		1		1		1						_ `.							1		1	1		1			
Washington		1	ı			1	1														1	1		1	1			
Wisconsin	3		3		3		3				5	,	5	5	,	5				8		8	8		8			
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				<u> </u>						L		<u></u>	ll	1	1	J	II	1		4			II	 		<u> </u>	l	

Clauses i, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

TYPE OF LICENSE/REGISTRATION

Dental Hygienist License

				F۱	Y 7	9				1			I	: A 8	0				*		ŀΥ	79	AND	FΥ	80		
AGE GROUP	FX	AMIN	JED	LIC	/R F	315	1.10	NO C/RE		FX	AMI	٧ED	1.10	:/RF	GIS	LIC	NO TRI		FΧ	AMI	NED	LIC	:/RF	GIS	LI	NO C/RL	
dico.		F.		M	F	17	M	F	TT	M	F	T	M	F	T	M	F	T	M	F		M	11:	1	M	F	
Under 18																											
18-25	2	140	142	2	40	142					125	125		125	125				2	265	267	2	265	267			
26-34	3	19	22	3	19	22					20	20	<u></u>	20	20				3	39	42	3	39	42			
35-59		6	_6		6	_6					4	4		4	4					10	10		10	10			
60-65 06 & Over										_																	
Total	5	165	170	5	65	170					149	149		149	149				5	314	319	5	314	319			
				Cal	lc ula	ite (% of	Mal	le an	d %	of I	iema	le to	the	e To	tal o	f E	ach (Cate	gory							
% of Total	3	97	100	,3	97	100			100		100	100		100	100			100	2	98	100	2	98	100			100

NOTE:

Minnesota accepts the results of the Central Regional Dental Testing Services, Inc. (CRDTS) examination for licensure as a dental hygienist in Minnesota. CRDTS administers 14 examinations annually at seven test sites in an 11-state region. Every applicant that applied for licensure in Minnesota successfuly passed this examination and was granted a license.

Dago

Clauses i, j, k: NON-MINHESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

Montana

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

Dental Hygiene License

FY 80 FY 79 FY 79 AND FY 80 NOT NOT NOT AGE LICTREGIS LIC/REGIS EXAMINED LIC/REGIS LIC/REGIS LIC/REGIS EXAMINED | LIC/REGIS GROUP EXAMINED M M M Under 18 27 14 14 14 14 27 27 27 41 41 41 41 18 - 253 3 3 3 6 26-34 6 6 35-59 60-65 66 & Over 17 17 17 Tota1 30 | 30 30 30 47 Calculate % of Male and % of Female to the Total of Each Category p00 | 100 10d 10d 100 100 100 100 100 100 100 100 10d 100 100 % of Total State PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE Illinois Iowa Kansas

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of <u>Non-Minnesota</u> Residents <u>only</u> who were (1) examined and either (2) Licensed/Registered or (3) <u>Not</u> licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION Dental Hygiene License

	FY 79'									1			ľ	Y 80)			· ·			FY 7	9 1	MD	ŀΥ	80		
STATE	EXA	٨٨١١	ŅED				LIC	NO.	GIS	EX	AMII	NED	1.10	:/R1		1. IC	NO I	GIS	EX	AMI	NED	T	/RE		*	NO!	GIS
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Nebraska											1.	1		1	1					1	1		1	1			
No.Carol.	•										1	1		ĺ	1					1	1		1	1			
No.Dakota		4	4								9	9		9	9					13	13		13	13			
So. Carol		1	1																	1	1		1	1			
So.Dakota											1	1		1	1					1	1		1	1			
Texas							·				1	1		1	1					1	1		1	1			
Wisconsin		9	9		-						11	11		11	11					20	20		20	20			
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Clauses 1, J, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

Dental Assistant Registration TYPE OF LICENSE/REGISTRATION FY 79 FY 80 · FY 79 AND FY 80 AGE NOT NOT NOT LIC/REGIS LICTREGIS LIC/REGIS | LIC/REGIS EXAMINED LIC/REGIS GROUP EXAMINED LIC/REGIS **EXAMINED** F. M M M M M Under 18 728 728 B21 321 407 407 407 407 728 728 321 321 18-25 37 37 33 33 33 33 70 70 701 37 70 37 26 - 3417 17 33 33 33 33 16 16 16 35-59 60-65 66 & Over B74 374 831 831 831 831 374 374 457 457 457 457 Total Calculate % of Male and % of Female to the Total of Each Category 100 | 100 | 100 00 | 100 100 100 100 % of Total hooliod 100 | 100 00 | 100 100

NOTE:

A prerequisite for application for registration is the successful completion of the examination offered by the Certifying Board of the American Dental Assistants' Association or by the National Center for Continuing Education; therefore, every applicant was granted registration by the Board.

Page 21

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION

Dental Assistant Registration

FY 79 AND FY 80 FY 80 FY 79 NOT AGE NOT NOT LIC/REGIS GROUP LIC/REGIS **EXAMINED** LIC/REGIS LIC/REGIS EXAMINED LIC/REGIS EX AMINIFO JC/REGIS FT FIT M F M F F TF M M M FT T T M Under 18 29 29 29 19 19 19 19 29 10 ho 10 10 18-25 26 - 3435-59 60 - 6566 & Over 29 29 29 19 19 10 110 19 19 10 Total Calculate % of Male and % of Female to the Total of Each Category 100 100 100 100 100 100 100 100 100 | 100 10010d 100 100 100 & of Total PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE State Colorado Iowa Missouri No.Dakota

i k (Non-Residents)

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of <u>Non-Minnesota</u> Residents <u>only</u> who were (1) examined and either (2) Licensed/Registered or (3) <u>Not licensed/registered</u> after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION Dental Assistant Registration

				17	Y	,		· • . · · · ·		,			<u> </u>	Ϋ́				₹	1		ΓY		AND	ŀΥ			
STATE	EX7	11111) ED	1		315	LIC	: NO :7RE	GIS	EX	AMIN	VIED	1.10	:/RI:	GIS	* 1.10	NO.	GIS	EX	AMI	NED	I.IC			LI	NO.	i GIS
	11	F	T	M	F		M	1;	41.	M	F	T	M	177	ŢŢ.	11	17	T	M		T	M	I:	ï	M	Ţ:	T
So.Dakota											2	2		_ 2	2					2	2		2	2			
Texas											1	1		1	1					1	1		1	1			
Wisconsin		4	4		4	4					7	7		7	7					7	7		7	7			
																										***********	·
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							<u></u>	L		1			<u> </u>	<u> </u>	<u></u>	 			4	 	L		·				

Clause 1: The number of persons not taking examinations who were Licensed or registered by the board or who were denied Licensing or registration with the reasons for the Licensing or registration or denial thereof.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 79

FY 80

FY 79-80

55

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

3

3

6

FOR EACH PERSON GIVE:

pe of lic./Regis.;	State							_	* Method of			** Reasons for
	of Res.	0-18	GE GR		60-65	66-	SE)	X F	Lic./Regis.	Grant	Deny	Granting or Denial
Dentist License	IL		Х				Х		Credentials (Reciprocity)	Х		Met all licensure requirements
Dentist License	MN			Х			Х		11	Х		п
Dentist License	MN		Х				χ		**	Х		и
entist License	Mani toba			Х			Х		11	Х		11
entist License	ОН		Х				Х		u	Х		п
entist License	ND		Х				Х			Х		II.
entist License	IA			Х			Х		u	Х		n n
entist License	SD			Х			Х		п	Х		n.
entist License	MN		Х				Х		п	Х		п
entist License	MN		Х				Х		li	Х		п
entist License	MI		Х				Х		11	Х		11

^{*} IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

Page 1 of 6 pages for Clause 1

Clause 1: The number of persons not taking examinations who were licensed or registered by the board or who were denied licensing or registration with the reasons for the licensing or registration or denial thereof.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 79 FY 80 FY 79-80

29 26 55

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

3 3 6

FOR EACH PERSON GIVE:

pe of lic./Regis.; State of			Δ	GE GR	OUP ·			SEX	 Х	* Method of Lic./Regis.			** Reasons for Granting or Denial
	Res.	0-18		26-34		60-65	66-	M		, , , , , , , , , , , , , , , , , , ,	Grant	Deny	
entist License	MI			Х				Х		Credentials (Reciprocity)	Х		Met all licensure requirements
entist License	MN				<u> </u>			Х		а	Х		11
entist License	MN			Х				Х		11	Х		11
entist License	IL				Х			х		11	Х		1,
entist License	MA			Х				Х		n	Х		
entist License	CO				Х			Х		11	Х		11
entist License	Man:toba				Х			Х		"	Х		. 11
entist License	MN			Х				Х			Х		II
entist License	CA			Х				Х		11	Х		11
entist License	IL				Х			Х		11	Х		11
entist License	WI			Х				Х		II	Х		II
	•						I	1 I			1		

^{*} IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

age $\frac{2}{}$ of $\frac{6}{}$ pages for Clause 1

age 3 of 6 pages for Clause 1

Clause 1:		RD OR	WHO V	VERE D	ENIED	LICE	nsing	OR R	EGI	WHO WERE LICE STRATION WITH			
TOTAL NUMBER					 -		······································			ES OR REGISTR	ATION	FY 7	9 FY 80 FY 79-80 2655
TOTAL NUMBER	OF PERS	ons <u>no</u>	OT TAK	CING E	XAMS .	AND DI	ENIED	LICE	nse	S OR REGISTRA	TION		3 6
FOR EACH	PERSON	GIVE:											
pe of lic./Regis.;	State of Res.	0-18		GE GR		60-65	66-	SE>		* Method of Lic./Regis.	Grant	Deny	** Reasons for Granting or Denial
entist License	WI WI	7.0	10-25	20-01	X	00.00		X	-	Credentials (Reciprocity)	Х	15.0.1,	Met all licensure requirements
entist License	SD				Х			х		11	X		11
entist License	MN			X				Х			Х		11
entist License	IN				X			Х		u	Х		11
entist License	WI				X			Х		II	Х		11
entist License	IN				х			х		II	Х		11
entist License	MN			Х				Х		10	Х		11
entist License	WI				Х			Х		II		X	Failure to understand etiology dental diseas
ental Hygiene License	SC	1	Х						Х	11	Х		Met all licensure requirements
11	NY			X			-		X	"	Х		II
••	IL			Х					X	10	Х		Х
* IDENTIFY ME	IL CTHOD: e	.g. Ap	plica DENIA	X tion,	Recip	prosit Addit	y, Er	ndors	x x eme: ets		X al Eva	luati	

THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY Clause 1: THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF .

FY 79 FY 80 FY 79-80 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION 29 26 55 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

FOR EACH PERSON GIVE:

e of lic./Regis.; State of				AGE GR				SEX	V	* Method of Lic./Regis.	i		** Reasons for Granting or Denial
,	Res.	0-18		126-34	135-59	60-65	66-	M		Prontice Proc	Grant	Deny	
Dental Hygiene License	MN			Х					Х	Reinstatement	X		Met all licensure requirements
11	MN			Х					X	Credentials (Reciprocity)	X		11
н	MÑ			χ			<u> </u>		X	11	Х		"
11	NY			<u> </u>	X		J	'	X	11	Х		u
11	MN		!	Х			<u> </u>		Х	11	Х		11
11	MN			Х					Х	, 11	Х		11
11	MN			Х					х	11	Х		II
11	MI		Х						Х	11	Х		II
И	Manitoba		Х						Х	į i	Х		11
11	кү	1	Х						Х	11	Х		II II
11	MN				х				Х	ž1	Х		11

* IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc. * REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

age 4 of 6 pages for Clause 1

Clause 1: The number of persons not taking examinations who were licensed or registered by the board or who were denied licensing or registration with the reasons for the licensing or registration or denial thereof.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

Yes 10 FY 79 FY 80 FY 79-30 FY 7

FOR EACH PERSON GIVE:

pe of lic./Regis.;	State									* Method of			** Reasons for
pe or new tregant	of		/	AGE GR	KOUP -		1	SEX	X	Lic./Regis.			Granting or Denial
	Res.	0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Dental Hygiene License	MI			Х					Х	Credentials (Reciptrocity)	Х		Met all licensure requirements
II	MI		Х						X	н	X		
11	WI			Х					<u> </u>	11	X		11
11	IL			Х					Х	11	X		11
"	IL			X					X	11	Х		11
11	MN				Х				X	11	Х		11
ti	MN			Х					X	II	Х		
11	MN			Х					Х	11	Х		11
"	MN			х					X	Reinstatement	Х		"
11	MN			Х					X	Credentials (Reciprocity)	Х		ti .
11	IL			Х					X		Х		11

^{*} IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc. ** REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

Page 5 of 6 pages for Clause 1

Clause 1: The number of persons not taking examinations who were licensed or registered by the board or who were denied licensing or registration with the reasons for the licensing or registration or denial thereof.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 79

FY 79

FY 80

FY 79

26

55

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

3

3
6

FOR EACH PERSON GIVE:

e of lic./Regis.;	State									* Method of			** Reasons for
	of Res.	0-18		GE GF 126-34		60-65	66-	SEX M I		Lic./Regis.	Grant	Deny	Granting or Denial
ental Hygiene License	MI			Х					х	Credentials (Reciprocity)	Х		Met all licensure requirements
"	NY			Х					Х	11	X		п
11	MN			Х					Х	Credentials Reinstatement		X	Lack of knowledge of dental disease-clinical
													Examination recommended.
ti .	MN				χ				Х	14		Х	Further training in current functionsrequire
11	MN			Х					X			Х	n
11	MN			Х					Х	Credentials (Reciprocity)		X	Lacked training in root planning, License to be
													granted upon completion of course
11	ND		Х						Х	Credentials (Reciprocity)	Х		Met all licensure requirements
11	IA			Х					X	11	Х		11
31	WA				Х				Х	10	Х		H

^{*} IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

^{*} REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

age $\frac{6}{}$ of $\frac{6}{}$ pages for Clause 1

Clause m:

PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED OR OTHERWISE ALTERED IN STATUS WITH BRIEF STATEMENTS OF THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.

TOTAL number of revocations

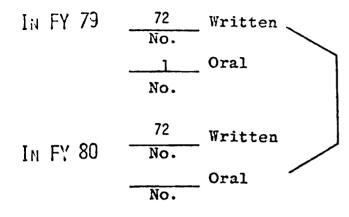
TOTAL number of suspensions

TOTAL number of other status changes

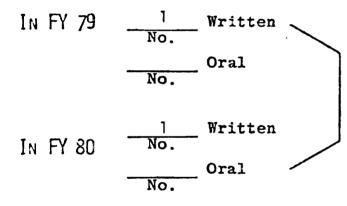
FY 79	Fv 80	FY's 79-80
1	169	173
3		3
2	1	3

TYPE OF LICENSE OR REGISTRATION		TYPE OF US CHANGE		REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
(By case)	Revoked	Suspended	Other (Specify)	
Dentist	X			Incompetency
Dentist		х	Fined \$500	Welfare fraud
Dentist			Limited Licensure	Chemical abuse and illegal use of auxiliaires
Dentist			Limited Licensure	Chemical abuse
Dentist		Х		Chemical abuse, violation of limited licensure
Dentist		Х		Chemical abuse
Dental Hygiene (24)	х			Twenty-four licenses revoked for non-payment 1979 annual registration fees
Dental Assistants (120)	Х			One-hundred twenty registra- tions revoked for non-payment of '79 annual regis. fees
Dentist (24)	Х		·	Twenty-four dentists licenses revoked for non-payment of '79 annual registration fees
Dentist			Conditional Licensure	Failure to properly interpret x-rays-order to complete cours radiographic Interpretation.
Dentist	х	:		Suggestive, lewd, lascivious and improper advances to two female patients

Clause n: List the number of complaints and other communications RECEIVED BY THE EXECUTIVE SECRETARY, EACH BOARD MEMBER, EMPLOYEE OR OTHER PERSON PERFORMING SERVICES FOR THE BOARD



THAT ALLEGE OR IMPLY A VIOLATION OF A STATUTE OR RULE WHICH THE BOARD IS EMPOWERED TO ENFORCE.



WHICH ARE FORWARDED TO OTHER AGENCIES AS REQUIRED BY M.S. 214.10.

Please indicate the number of complaints referred to <u>each</u> other governmental agencies in each fiscal year. (Federal, State, and Local).

Course of SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS
AND COMMUNICATIONS REFERRED TO IN CLAUSE (a) OF M.S.
214.07 AND THE RESPONSTS ON DESPOSITIONS THEREOF PURSUANT
TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1978 and complaints and communications received but not disposed of as of June 30, 1930, should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category
7 - Chemical Abuse	2- Licenses limited2- Licenses suspended2- Pending1- No violation
29 - Unprofessional Conduct	 1- Suspension and Fine 6- Warnings 1- Voluntary Termination 8- Pending Investigation/Board Action 20- No Violation
42 - Incompentency	1- Revocation9- Pending Investigation/Board Action38- No violation
7 - Performing Unnecessary Services	2- Limited license1- Warning3- No violation
1 of pages 3 for Clause o	1- Pending Page

Clause o: SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS

AND COMMUNICATIONS REFERRED TO IN CLAUSE (a) OF M.S.

214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT

TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS
FOR DISPOSITION).

(Dispositions occuring during this period of complaints and communications received prior to July 1, 1978 and complaints and communications received but not disposed of as of June 30, 1930, should be included).

	<u> </u>
SUMMAR' OF COMPLAINTS AND COMMUNICATIONS _Y CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category
5 - Practicing Dentistry without a	1- Cease & Desist Order
License	1- Refund made to Complainant
	2- Pending
	2- No violation
1 - Gross Immorality	1- License permanently terminated as
	a result of disciplinary action
2 - Unsanitary Conditions	1- Warning
	1- Pending
17 - Illegal Use of Auxiliaries	10- Warnings
	1- Conditional License
	12- Pending
•	4- No violations
20 - Fee Disagreements	2- Warnings
2 of pages 3 for Clause o	18- No violations Page 3

CHOISE OF SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS

AND COMMUNICATIONS REFERRED TO IN CLAUSE (a) OF M.S.

214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT

TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS

FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1978 and complaints and communications received but not disposed of as of June 30, 1980, should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category
4 - Charging for Services Not Rendered	1- Warning
	2- Pending
1 - Indescriminate Dispensing of Drugs	1- Warning
	1- Pending
0 - Advertising and Other	2- Warning
	3 - Pending
	8 - No Violation
	3 - Pending
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Clause p:

STATE ANY OTHER OBJECTIVE INFORMATION WHICH THE BOARD MEMBERS BELIEVE WILL BE USEFUL IN REVIEWING BOARD ACTIVITIES:

(For Example: In what other states do your licensees hold licenses? Number of Minnesota licenses verified/certified to other states? Number of inspections? Comparisons with past Biennial Reports?)

Non-Accredited Dental Schools

Each year the Board reviews the credentials of 75 - 150 graduates of nonaccredited (foreign) dental schools. If the credentials indicate that the training is substantially equivalent to that of accredited schools, the Board will approve the credentials permitting the dentist to take the examination offered by the Commission on National Board Examinations. Upon successful completion of the National Board Examination, the dentist may apply to the University of Minnesota, School of Dentistry for an evaluation to determine whether or not he/she meets the minimum requirements of a graduate of an accredited school. If the dentist successfully completes this evaluation, he/she may then take the licensure examination offered by the Central Regional Dental Testing Services, Inc.

Continuing Dental Education

Each year, the Board reviews 300-500 programs offered for Continuing Dental Education.

A Board member serves on a national continuing education committee.

Registration Examinations

During 1980, the Board assisted the National Center for Continuing Education in the development of registration examinations for dental assistants.

Dentist & Dental Hygienist Examination

Board members serve as examiners for Central Regional Dental Testing Service (CRDTS). One member is a CRDTS officer, one is a member of the CRDTS Steering Committee, another is a member of CRDTS' Examination Construction Committee.

The Board co-sponsors, with the University of Minnesota, School of Dentistry, the examination offered by the Commission on National Board Examinations. This examination is given to students in their junior year in dental schools. Board members serve as examination administrators. A public member of the Board is also a public member of the Commission on National Board Examinations.