M.S. 214.07 Subd 1 (1980)

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Minnesota Board of Dentistry Bienniel Report

Report Period July 1,1980-June 30,1982



Prepared by Dale J. Forseth

September, 1982

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(MS 1980 SECTION 214.07)

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	BY: Dale J				
REPORT PER	NOD: July	1980	To:	June 30,	1982
STATUTORY	AUTHORITY: _	M.S. 150A,	1980; M.S	. 214, 1980	
	Minneapo]	is, MN 5541	4		
Location:	717 S.E.	Delaware St	reet, Suit	e 338	
Board:	Minnesota	Board of D	entistry		

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.

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Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 81 and FY 82 and include any changes (additions/deletions) in activities between those years.

The purpose of the Board of Dentistry is to ensure the citizens of Minnesota of professional competency by licensing and registering dentists, dental hgylenists and registered dental assistants whose fitness to practice has been tested and whose training and other qualifications meet the standards established by the Board; and to receive and resolve consumer grievances.

During the two-year period which ended June 30, 1982, the Board licensed 344 dentists and 389 dental hygienists; initially registered 747 assistants and 133 professional corporations; issued 17,403 annual registration certificates; and acted on 127 consumer complaints; participated in 32 regional and national board examinations for dentists and dental hygienists; participated in eight accreditation visits at dental hygiene and dental assisting schools; reviewed the credentials of approximately 30 graduates of non-accredited (foreign) dental schools; reviewed approximately 600 continuing education programs; actively participated in regional and national continuing education and examination committees and adopted rules on professional advertising, licensure by credentials and auxiliary functions.

Clause b: TOTAL NUMBER MEETINGS HELD FY 81 5 FY 82 6 FY 81 AND 82 11

(Regular Board Meetings) (7 Days) (8 Days) (15 Days)

Approximate total number of hours spent by Board members in meetings and on other Board activities.

	meet ing		HOURS		OTHER ACTIVITIES	Hours						
BOARD MEMBER'S NAME	TYPE	FY 8	FY .8	2 FY 81 & 82	TYPE	FY 81	FY 82	FY '81' &82				
Robert W. Anderson	Board Meeting	27			Examinations	74	-	74				
	Executive Mtg.	16	13	29	Foreign Dentist Committee	18	16	34				
					Accreditation Visits	24		24				
					Other Meetings and Travel	289	246	535				
Dillon B. Donaldson	Board Meeting	31	38	69	Examinations	115	79	194				
	Executive Mtg.	23	16	39	Exam Workshop	33	23	56				
					Rules Committee		22	22				
					Other Meetings and Travel	73	169	242				
Sr. Cecilia Mary	Board Meeting	25	30	55	National Bd. Exam	16	16	32				
Harrington	Executive Mtg.	19	16	35	Rules Committee		20	20				
					Accreditation Team		32	32				
					Other Meetings and Travel	288	380	668				
Robert R. Hoover	Board Meeting	6	30	56	Examinations		118	118				
	Executive Mtg.	4	10	14	Exam Workshop		32	32				
				•	Rules Committee		18	18				
					Legislation and Other	10	42	52				

Page 1 of 3 pages for Clause b

Page 3

Clause b: TOTAL NUMBER MEETINGS HELD FY 81 5 FY 82 6 FY 81 AND 82 11 (Regular Board Meetings) (7 Days) (8 Days) (15 Days)

APPROXIMATE TOTAL NUMBER OF HOURS SPENT MY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

	MEET ING		HOURS		OTHER ACTIVITIES	Hours							
BOARD MEMBER'S NAME	TYPE	FY 81	FY 82	FY 81 4 82	TYPE	FY 81	FY 82	FY 81 &82					
Walter G. Iverson	Board Meeting	25		25	Examinations	30		30					
	Executive Mtgs.	18		18	Complaint Committee	25		25					
					Other Meetings and Travel	180		180					
Kathleen A. Lapham	Board Meeting		8	8	Auxiliary Education Advisory Committee		16	16					
	Executive Mtg.		2	2	Rules Committee		15	15					
					Other Meetings and Travel		36	36					
					\% .								
Thomas J. McCarter	Board Meeting		13	13	Continuing Education Advisory Committee		3	3					
	Executive Mtg.		7	7	Other Meetings and Travel		36	36					
		-											
Robert E. McDonnell	Board Meeting	31	28	59	Examinations	92		92					
	Executive Mtg.	23	, 9	32	Examination Review, Steering & Exec comm	64	88	152					
•		1		•	Examination Worksnop	32	32	64					
					Other Meetings and Travel	233	144	378					

Clause b: TOTAL NUMBER MEETINGS HELD FY 81 5 FY 82 6 FY 81 AND 82 11 (Regular Board Meetings) (7 Days) (8 Days) (15 Days)

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

	MEET ING	1	HOURS		OTHER ACTIVITIES	HOURS						
BOARD MEMBER'S NAME	TYPE	FY 81	FY 82	FY 81 & 82	TYPE	FY 81	FY 82	FY 81 &8:				
Edward T. Nelson	Board Meetings	31	38	69	Examination Review, Steering Committees	28	46	74				
	Executive Mtg.	21	16	37	Examinations	83	85	168				
					CDE Committee	5	25	30				
					Other Meetings and Travel	165	251	416				
Mary Jane Ploof	Board Meetings	31	38	69.	Nat. Board Exams	20	20	40				
	Executive Mtg.	23	15	38	Complaint Committee	168	88	246				
					Joint Commission on Nat. Bd. Exams	28	26	54				
					Other Meetings and Travel	84	36	120				
Carol L. Schuppel	Board Meeting	31	28	59	Auxiliary Education Committee	30	11	41				
	Executive Mtg.	20	9	29	Nat. Board Exams	20		20				
					Accreditation Team	15		15				
					Other Meetings and Travel	108	169	277				
Janet H. Spoodis	Board Meeting	31	38	69	Examinations	89	36	125				
	Executive Mtg.	23	. 16	39	Auxiliary Education Committee	11	11	22				
•		1		•	Rules Committee		16	16				
					Other Meetings and Travel	101	185	286				

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

Total State Appropriations

Total Non-Dedicated Fee Receipts

Total Disbursements

FY 81	FY 82	FY's 81 - 82
\$203,156	\$243,187	\$446,343
181,917	243,935	425,852
181,818	243,087	424,905

COMMENTS (Optional)

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 81 AND FY 82

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: 9

(B) The statutory length of term: Four Years

OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE- APPOINTMENT
Dentist	Oct. 16, 1973 - May 17, 1979 May 18, 1979-January 3, 1983
n Dentist	June 2, 1980 - January 2, 1984
College Administration	June 2, 1980 - January 2, 1984
Dentist	May 22, 1981- January 7, 1985
Dentist	March 17, 1976-January 3, 1977 January 4, 1977-May 21, 1981
Registered Dental Assistant Educator	March 1, 1982-January 6, 1986
Dentist	March 1, 1982-January 6, 1986
	Nov. 3, 1972-December 31, 1977 Jan. 1, 1977-February 28, 1982
	May: 18, 1979-January 3, 1983
Teacher	May 18, 1979-January 3, 1983
Assistant	Aug. 1, 1977-December 31, 1977 Jan. 1, 1978-February 28, 1982
Dental Hygienist	Aug. 1, 1977 - May 21, 1981 May 22, 1981-January 7, 1985
	•
	Dentist College Administration Dentist Dentist Registered Dental Assistant Educator Dentist Dentist Dentist Special Education Teacher Registered Dental

Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED DURING FY 81 AND/OR FY 82

				ST	ATUS
NAME	JOB CLASSIFICATION/TITLE & CLASS	CLASS	FT	PT	Dates of Service
Patricia A. Bradford	Clerk Typist 2/Clerk Typist	000980		х	3/16/77 current
Yvonne M. Columbus	Clerk Typist 3/Clerk Typist	0001929	х		10/27/80 current
Dale J. Forseth	Executive Secretary/Unclassified	08163	х		1/2/76 current
Arlayne J. Nelson	Executive I/Administrative Ass't.	000292	х		11/14/77 current
Agnes M. Toulouse	Clerk Typist 3/Clerk Typist	001929	x		5/21/80- 9/16/80
<u> </u>					
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				,	
			•		

Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING

THIS REPORTING PERIOD, FY 81 AND FY 82. GIVE APPROPRIATE

CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR

THOSE ADOPTED.

Rules were proposed and adopted on professional advertising, licensure by credentials, requirements for licensure of graduates of non-accredited dental schools (foreign) and functions that can be delegated to dental auxiliaries.

3

MINNESOTA	BOARD OF	DENTISTRY	BOARD
			The state of the s

Clause g: LIST THE NUMBER OF PERSONS HAVING EACH TYPE OF LICENSE

AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1982

(IN THE YEAR OF THE REPORT)

TYPE OF LICENSE/REGISTRATION	TOTAL NUMBER IN EFFECT
Dentists	3,777
Dental Hygienists	2,338
Registered Dental Assistants	9,86 5
Professional Corporations	631
	•
	·
	•

ADMINISTRATION OF EXAMINATIONS BY BOARD Clause h

LOCATION	TYPES OF LICENSE/REGISTRATION	DATES] WRITT	PRACTI
OTE: The Board of offered by	Dentistry accepts the results of the following national and regions	the examination or organizations:		
. For Dentists and	Dental Hygienists:			
o Central Reg	n National Board Examinations Ional Dental Testing Services (CR)	TS) (This	х	
sites withi Examination	is given at 14 varying times at notice that comprise are offered in March, May, June,	the region.	Х	Х
December. For Registered D	ental Assistants:			
the National Cer	s the results of the examination of the for Continuing Education. The	se examinations	х	
are offered 20 t	imes annually, and are administered a schools of dental assisting.	d at the		
Donto I Describing	n the Rules of the Board and the M Act is administered in conjunction	innesota		
Central Regional	Dental Testing Services examinations to the state of the	on when it	. X	
be taken any day	at the Board of Dentistry Office.			
•				
	,			

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

				F	Y	81				Ŋ.,,				FY	82				FY 81 AND FY 82								
AGE GROUP			NC C/RI	T Gis	EX	AMI	NED	LIC/REGIS			LI	NOT LIC/REGIS			AM	INED	LIC	C/RI	EGIS	NOT LIC/REGIS							
	M	F	T	M	F	TT	M	F	T	M	F	T	М	F	T	M	F	T	M	F	T	M	TF	T	М	F	T
Under 18																											
18-25	111	1	12	11	1	12				12	2	14	12	2	14			e e	23	3	26	2	3	26			
26-34	100	9	109	100	9	109				84	20	104	84	20	104				.89	29	213	189	29	213			
35-59	1	1	2	1	1	2				2	2	4	2	2	4				3	3	6	3	3	6			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
60-65																											
66 & Over																, L											
l'otal	112	11	123	112	11	12				98	24	122	98	24	122				210	35	245	210	35	245			
				Cal	cula	ate	% of	Ma	le an	d %	of I	ema	le to	th	Tot	al c	of Ea	ich (ate	gory			•		 -		
6 of Total	91	9	100	91	9	100			100	80	20	100	80	20	100			100	86	14	100	86	14	100			100

NOTE: A prerequisite for licensure is the satisfactory completion of the examination for licensure offered by the Central Regional Dental Testing Services (CRDTS). All applicants who applied successfully completed the CRDTS examination and met all the other licensure requirements. Therefore, every applicant was licensed. CRDTS administers 14 examinations annually within an eleven state area which comprises the region. The Board provides examiners at the various testing sites.

Clauses 1, 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 Dentist

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of Total	97	3	100	97	3	100			100	90	10	100	90	10	100			100	93	7	100	93	7	100			100
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Clauses 1, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

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TYPE OF LICENSE/REGISTRATION Dentist

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Clauses 1, J, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

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TYPE OF LICENSE/REGISTRATION

Dentist

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				F	Ÿ.	81								FY	82	4					FY	81	AND	FY	82		
AGE GROUP	EX	AMIN	VED	LIC	/RE	GIS	LI	NO C/RE		EX	AMI	NED	LI	C/RI	EGIS	LIC	NO IRI	T GIS	EX	(AM)	NED	LIC	/RE	GIS	LI	NO C/RI	
	M	F	T	M	F	T	М	F	T	M	F	T	M	F	T	M	F	T	M	F	T	М	F	T	M	F	T
Under 18																		,									
18-25		128	128		128	128					114	114		114	114			è		242	242		242	242			
26-34	1	24	25	1	24	25					15	15		15	15				1	39	40	1	39	40			
35-59	1		đ	1	5	6					7	7		7	7				1	12	13	1	12	13			
0-65																		• .									
6 & Ver									1									9									
otal	2	157	159	2	157	159					136	136		136	136				2	293	295	2	293	295	l		

NOTE: A prerequisite for licensure is the satisfactory completion of the examination for licensure offered by the Central Regional Dental Testing Services (CRDTS). All applicants who applied successfully completed the CRDTS examination, and met all the other licensure requirements. Therefore, every applicant was licensed. CRDTS administers 14 examinations annually within an eleven state area which comprises the region. The Board provides examiners at the various testing sites.

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TYPE OF LICENSE/REGISTRATION ____ Dental Hygienists .

				F	Y	81			ă,					FY	8-2					-,, -	FY	81	ANI) FY	82		
AGE GROUP	EX.	AMIN	VED	LIC	/RE	GIS			EGIS		AMI	NED	LI	C/R	EGIS	LIC	NO IRI	T GIS		MA	INED			EGIS	LI	NO IC/R	T EGIS
	M	F	T	M	F	T	М	F	T	M	F	7	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																 				<u> </u>		 				<u> </u>	
18-25		22	22		22	22					26	26		26	26		<u>. </u>			48	48		48	48			
26-34		7			1	7	_				12	12		12	12					19	19	<u></u>	19	19			
35-59					<u> </u>		 				_1	_1	_	1	_1					_1	1	-	1	1			<u></u>
60-65					<u> </u>			<u> </u>			•											 	_				
66 & Over																											
Total		29	29		29	29	L				39	39		39	39					68	68		68	68			
				Cal	k ula	ite	% o	f Ma	le ar	1 %	of I	ema	le to	the	To	tal o	f Ea	ach (àte	gory		·		ļ			
6 of Total		100	100		100	100			100		100	100		100	100			100		100	100		100	100			100
State				P	LEA	SE	LIST	THE	TOT	LN	UMI	BER (OF N	ON-	RESI	DEN	TS B	Y ST	ATE	<u>.</u>					1		1
CALIFORNI											1	1		1	1					1	1		1	1			
ILLINOIS		1	1								1	1		1	1					2	2		2	2			
IOWA		3	3				7*		1/2		6	6		6	6					9	9		9	9			
MICHIGAN									7. 2.	÷.	2	2		2	2					2	2		2	2			
age 2	of	3	100	208	fo	r (Clat	ses	1,	, ,	((N	on-	les:	der	its)			V= 11	Gart 1						Pag	e <u>1</u>	7_

Clauses 1, J, k: NON-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.

TYPE OF LICENSE/REGISTRATION Dental Hygiefists

																										-	
	,			F	Υ			-	. 75				J	'Y							FΥ		MND	FY	,,,,,		
STATE	EX	1111	NED	LIC	/RE	315	•	NO CARE	1.3	EX	AMIN	VIEID	1,10	:/iti	GIS	LIC	NO!		СX	AMI	NED	L!C	/RE	GIS	LI	CZKI.	CIS
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NEBRASKA,		**	Ÿ		٠.						ş	,2		2	2					2:	2		2	2			
NEW JERSES	·										1	1		1	1				,	1	1		1	1			
N.DAKOTA		11	11		11	11				•	8	8		8	8					19	19		19	19			
S.DAKOTA		1	1		1	1					3	3		3	3					4	4		4	4			
WISCONSIN		13	13		13	13					15	15		15	15			Ž.		28	28		28	28			
									C. C.																		
N	TE:		A	pre	requ	is	te	for	11c	nsu	re i	s t	e s	at1	sfac	tory	cc	mp 1	t1	on c	f th	e e	xam:	na	1on	for	WORKS WERE
			13	cen	ure	Ō:	rer	ed b	y t	e C	entr	al	egi	pna	De	nta.	Te	sti	g	Serv	f th	C	RDT:	37.	Al	1	
			ar	PEN	an	S	no	PDD T	nea	Buc	cess	rul	y c	Dmb	Lete	1 51	le (יעא	<u>e</u>	ram:	nati Cr	on here	and	me	al	1 th	e Tr
	1		ex	amin	ati	on	an	hual	ly T	ith	in a	n e	leve	h s	tate	are	a v	hie	C	omor	ises	th	e re	01	n.	The	
	•		В	ard	pro	VI	es	exam	trie	s a	t th	e v	rio	18	est	ng	311	es.		-							
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Clauses 1, 1, 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

Registered Dental Assistant

				F	Y	81								FY	82						FY	81	AND	FY	82		
AGE GROUP	EX/	MIN	IED	LIC	/RE	GIS	LI	NO C/RI	GIS	EX	AMI	NED	LI	C/R	EGIS	LK	NO C/RI	T EGIS	E	(AM	INED	LIC	/RE	GIS	LI	NO C/RI	T EGIS
	M	F	T	M	F	T	M	F	T	M	F	1	M	F	7	M	TF	T	M	F	17	M	F	T	М	F	T
Under 18																											
18-25		259	259		259	259					334	334		334	334			Ā		593	593		593	593			
26-34		28	28		28	28			1000		59	59		59	59					87	87		87	87			
35-59		13	13	<u> </u>	13	13					29	29								42	42		42	42			
60-65		1]	1			·									c.		1	1		1	1			
66 & Over																-											
Total		301	301		301	301					422	422		422	422					723	723		723	723			
				Cal	cula	ite	% of	Ma	le and	d %	of F	ema	le to	the	Tot	al o	d Ea	ach (Cate	gory							
6 of Total	þ	00	100		100	100			100		100	100		100	100			100		100	100		100	100			100

NOTE:

A prerequisite for application for registration as a dental assistant is the successful completion of the examination offered by the National Center for Continuing Education. Every application successfully completed the examination and met the other registration requirements; therefore, every applicant was registered.

Clauses 1, 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 Registered Dental Assistant

	, u		. 4///	F	Y	81	·	ź	il.	3.5				FY	82	4		, idea			FY	81	ANI) FY	82		
AGE GROUP	EX/	Page 10 Contraction	(ED	ric	/RE	GIS			IT Egis		AMI	NED			EGIS		NO C/R	EGIS		(AM	INED	100		GIS		NO IC/R	
	М	F	1	M	F	I	M	F	T	M	F	T	M	F	1	M.	F	T	M	F	T	M	F	II	М	F	T
Under 18		2.															L								<u> </u>	_	L
8-25		4	4	9	4	4		%e			17	1.7		17	17		Ŀ			21	21		21	21			
26 - 34					L			<u></u>			1	1			1					1	1		1	1			
35-59		•									2	2			2					2	2		2	2			
0-65			1						. 7		Ŀ				v			·į			<u> </u>						
6 & ver										7						L_											
otal		4	4		4	4					20	20	L	20	20			Ý		24	24		24	24			
		•		Ca	cul	te	% of	Ma	le an	d %	of	Pema	le t	the th	e To	tal c	of E	ach (Cate	gory				J			
of Total		100	100		100	100			100		100	100		100	100			100		100	100		100	100			100
State				P	LΕΛ	SE	LIST	THE	TOT	AL I	NUM	BER (OF N	ION-	RESI	DEN	TS E	3Y S1	ATI								
IOMA		1	1		1	1					4	4		4	4					5	5		5	5			<u> </u>
ILLINOIS					1					×	2	2		2	2					2	2		2	2			***************************************
n . Dakota		2	1		ī	1			, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		4	4		4	4					5	5		5.	5			
WESCONST		2	2		2	2			A. 19		10	10	87	10	10		7.7			12	12		12	12			D7-18-04-0-

MINNESOTA BOARD OF DENTISTRY

BOARD

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 Y 23 28 FY 81 & 82 51

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION 2 2 4

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State			CE CE	0.0		•	CE		* Method of Lic./Regis.			** Reasons for
	of Res.	0-18	18-25	GE GF 26-34	35-59	60-65	66-	SE		ric./kegis.	Grant	Deny	Granting or Denial
Dentist	ARIZONA			x				х		Credentials (Reciprocity)	х		Met all requirements established by Rule
	CALIFORNI	A			х			х		11	X		11
1	CALLFORNI	A		х					X		х		11
90 2 2	CANADA				x			X		10	х		,,
•	ILLINOIS				X			X		И	χ		11
*	ILLINOIS			x				X		n	x		11
	ILLINOIS			x				X		19	Х		**
· ·	INDIANA			X		•		x		11	х		. 11
	MICHIGAN			х				х		11	X		11
H	MINNESOTA			х				X		11	х		10
•	MINNESOTA			х				х		88	x		N .

^{*} 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

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 81 FY 82 FY 81 & 82

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

2 2 4

FOR EACH PERSON GIVE:

ype of lic./Regis.	State								 * Method of			** Reasons for
d	of Res.	0-18	118-25	GE GF	135-59	60-65	66-	SE M	Lic./Regis.	Grant	Deny	Granting or Denial
Dent1st	MINNESOTA			Х		, , , , , ,		х	Credentials (RECIPROCITY)	x		Met all requirements established by Rule
Ħ	MINNESOTA			х				χ	11	x		11
11	MINNESOTA			X				х	"	х		n
11	NEBRASKA			Х				X	11	X		Ħ
11	NEW YORK				x			X	"	Х		11
n	NEW YORK				x			χ	11	х		19
	NEW YORK				х			X	**	х		17
11	n.dakota			Х				χ	**	х		rt .
a a	OREGON				х			X	11	х		11
	PENNSYL- VANTA			х			·	Х	11	X		Pirin Milliannia de como de como especial de desperado de como de como de como de como de como de como de como TT
	TEXAS			X				Х	11	Х		Mangalaya da Mandalaya ga sana asana sa sana s T

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

Page 2 of 6 pages for Clause 1

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 81 FY 82 FY 81 & 82 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION 23 28 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

FOR EACH PERSON GIVE:

Type of lic./Regis.	State		A	GE GF) (III D			SE	Y	* Method of Lic./Regis.			** Reasons for Granting or Denial
	of Res.	0-18	18-25	26-34	35-39	60-65	66-		ÎF	Pići, ico Pine	Grant	Deny	Granting or Denial
Dentist	TEXAS				x			х		CREDENITALS (RECIPROCITY)	х		Met all requirements established by Rule
10	TEXAS			x				х		11	х		"
*	TEXAS					х		х		11	x		я
***	MINNESOTA				x			Х		11		Х	Lack of knowledge in diagnosing,
													Periodontal diseases, and reasons causing
													Periodontal disease, Lack of knowledge in
													occlusion;
Dental Hygienist	COLORADO			Х					X	11	х		Met all requirements required by Rule.
	FLORIDA			X					X	PF .	Х		11
	ILLINOIS			Х					X	11	х	•	11
fo 19	ILLINOIS				х				X	11	х		88

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

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

Page 3 of 6 pages for Clause 1

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 81 FY 82 FY 81 & 82 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION 23 28 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION 2

FOR EACH PERSON GIVE:

pe of lic./Regis.;	State									* Method of			** Reasons for
	of Res.	0-18	118-25	CE GF 26-34	135-59	60-65	66-	SE.		Lic./Regis.	Grant	Deny	Granting or Denial
ental Hygienist	INDIANA		Х						X	CREDENTIALS (RECIPROCITY)	Х		Met all requirements established by Rule
н	IOWA			х					X	11	х		11
11	IOWA			x					x	11	х		11
11	KENTUCKY				Х				X	11	х		11
11	MICHIGAN			х					Х	n	Х		11
n	MICHIGAN		Х						Х	11	х		11
11	MINNESOT	1			х				Х	11	х		11
99	MINNESOT	1			х				х	11	х		11
n	MINNESOTA			Х					Х	11	Х		11
n	MINNESOIA				Х				X	Ħ	Х		H
Ħ	MINNESOTA		х						X.	II	х		II .

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

Page 4 of 6 pages for Clause 1

MINNESOIN DONNO OF DENTISTRY

BUARD

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 81 FY 82 FY 81 & 82

51

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

2 2 4

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State	ACE CDOUR					SE		* Method of			** Reasons for	
	of Res.	AGE GROUP 0-18 18-25 26-34 35-59 6			60-65	60-69 66-		X F	Lic./Regis.	Grant	Deny	Granting or Denial	
Dental Hyglene	MINNESOTA			х					х	CREDENITALS (RECIPROCITY)	х		Met all requirements established by Rule
11	MINNESOTA			х					X	11	X		11
17	MINNESOTA				х				X	11	х		10
Ħ	MINNESOTA			X					X	11	х		11
11	MINNESOTA			Х					X	n E	х		11
17	MUNNESOTA		X				·		X	11	Х		11
***	MISSOURI			Х					Х	11	Х		11
11	RHODE ISLAND		х						х	If .	х		n
70	TEXAS		X						x	11	х		II .
11	WASHING-			x					х	11	х		n
11	VISCONSIN			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 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 DEALED LICENSES OR REGISTRATION 2 2 4

FOR EACH PERSON GIVE:

pe of lic./Regis.;	State							* Method of			** Reasons for	
	of AGE GROUP SEX Lic./Regis. Res. 0-18 18-25 26-34 35-59 60-69 66- M F		Lic./Regis.	Grant Deny		Granting or Denial						
Dental Hygienist	MINNESOTA		x			30: 50		x	CREDENTIALS (RECIPROCITY)		х	Pending training in in- strumentation and CPR
	MINNESOR				х			x	н		Х	Pending 40 hours of continuing education
and the second s	MINNESOT				x			x	"		Х	Falsifying application, practicing without a
												license and no evidence of continuing education
γ - γ -30												
	•					140		•				

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

age 6 of 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 /LTERATION.

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

FY 81	FY 82	FY's 81 & 82
174	108	282
3	2	5
1	1	1

TYPE OF LICENSE OR REGISTRATION	STAT	TYPE OF US CHANGE		REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE	
(By case)	Revoked	Suspended	Other (Specify)		
Dentist	х			Fraud	
Dent1st			Limited License	Incompetency	
Dentist		X		Chemical Abuse & Conduct Unbecoming a professional	
Dentist		х		30-day suspension for illegal use of auxiliarie	
Dentist		Х	•	Indescriminate prescribin of controlled substances, suspension stayed pending	
				completion of courses in chemical use and abuse an pharmacology.	
Dentist	х			Improper advances to mino female children. Permanen revocation issued by consent order.	
Dentist	х			Abuse of controlled sub- stance and unprofessional conduct.	
Dentist		X		Indefinite suspension - chemical abuse-conditions for reinstatement.	
Dentist		X .		Indefinite suspension - chemical abuse-conditions for reinstatement.	

Tause 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

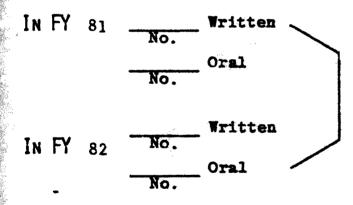
TOTAL number of other status changes

FY 81	FY 82	FY's 81-& 82
174	108	282
3	2	5
1	1	1

TYPE OF LICENSE OR REGISTRATION	STAT	TYPE OF US CHANGE	۶	REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
(By case)	Revoked	Suspended	Other (Specify)	
Dentists (6)	х			Failure to register with Board.
Dentists (32)	X			Failure to meet continuing education requirements.
Dentists (11)	X			Failure to annually regis- ter and meet continuing education requirements.
Dental Hy- gienists (36)	χ			Failure to register with Board.
Dental Hy- gienists (6)	X	-		Failure to meet continuing education requirements.
Dental Hy- gienists (6)	х		<u>.</u>	Fallure to register and to meet continuing education requirements.
Registered Dental (183) Assistants	х			Failure to register with the Board.
	,		•	·
				·
		•		

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 \underline{each} other governmental agencies in each fiscal year. (Federal, State, and Local).

lause o:

SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) 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, 1980 and complaints and communications received but not disposed of as of June 30, 1982 should be included).

CHMMANY OF RESSOURCES AND
SUMMARY OF RESPONSES AND DISPOSITIONS
(Give number in each category)
5- Suspensions 1- Warning letter 1- No violation 1- Pending
1- Suspension 1- Hearing in Process 6- Warning letters 1- Letter of reprimand 8- No violations 7- Pending
4- In Hearing Process 1- License limited 1- Application withdrawn 19- No violation 5- Pending
1- Warning letter 5- No violation 3- Pending
l- No violation
l- Revoked with Consent Order l- Pending Hearing Examiner's Repo
<pre>l- Agreement to clean office l- No violation</pre>
3

lause o:

SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) 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, 1980 and complaints and communications received but not disposed of as of June 30, 1982 should be included).

COM	MARY OF COMPLAINTS AND MUNICATIONS BY CATEGORY we number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each categor			
24_	Illegal use of auxiliaries and performing unauthorized services	5- 17- 11-	•		
5-	Improper Advertising	1-	Letters of compliance Warning letter No violation		
1-	Fraud		Suspension Pending		
4-	Practicing dentistry without a license	1- 1- 2-	Stipulation to discontinue Office closed Warning letter No violation Pending		

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?)

214.07 REPORTS.

Subdivision 1. Beard reports. The health related licensing boards and the non-health related licensing boards shall prepare reports by October 1 of each even numbered year on forms prepared by the commissioner of administration. Copies of the reports shall be delivered to the legislature in accordance with section 3.195, the governor and the commissioner of administration. Copies of the reports of the health related licensing boards shall be delivered to the commissioner of health. The reports shall contain the following information relating to the two year period ending the previous June 30:

- (a) A general statement of board activities;
- (b) The number of meetings and approximate total number of hours spent by all board members in meetings and on other board a tivities;
 - (c) The receipts and disbursements of board funds;
- (d) The names of board members and their addresses, occupations, and dates of appointment and reappointment to the board;
 - (e) The names and job classifications of board employees;
- (f) A brief summary of board rules proposed or adopted during the reporting period with appropriate citations to the state register and published rules;
- (g) The number of persons having each type of license and registration issued by the board as of June 30 in the year of the report;
- (h) The locations and dates of the administration of examinations by the board:
- (i) The number of persons examined by the board with the persons subdivided into groups showing age extegories, sex, and states of residency;
- (j) The number of persons licensed or registered by the board after taking the examinations referred to in clause (h) with the persons subdivided by aga categories, sex, and states of residency;
- (k) The number of persons not licensed or registered by the board after taking the examinations referred to in clause (h) with the persons subdivided by age categories, sex, and states of residency;
- (I) The number of persons not taking the examinations referred to in claume (h) 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 and with the persons subdivided by age categories, sex, and states of residency;
- (m) The number of 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:
- (n) The number of written and oral complaints and other communications received by the executive secretary of the board, a board member, or any other person performing services for the board (1) which allege or imply a violation of a starte or rule which the board is empowered to enforce and (2) which are forwarded to other agencies as required by section 214.10;
- (o) A summary by category of the substance of the complaints and comsumications referred to in clause (n) and the responses or dispositions thereof pursuant to sections 214.10 or 214.11;
- (p) Any other objective information which the board members believe will be useful in reviewing board activities.