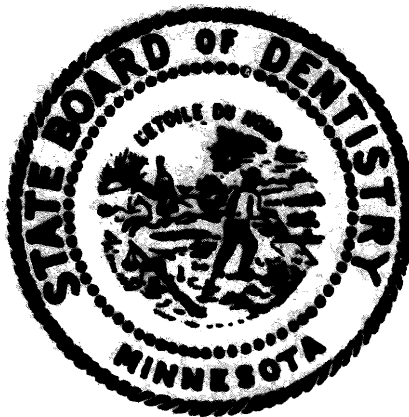


M.S. 214.07 Subd 1 (1980)

821272

Minnesota Board of Dentistry Biennial 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)

BOARD: Minnesota Board of Dentistry

LOCATION: 717 S.E. Delaware Street, Suite 338

Minneapolis, MN 55414

STATUTORY AUTHORITY: M.S. 150A, 1980; M.S. 214, 1980

REPORT PERIOD: July 1, 1980 To: June 30, 1982

SUBMITTED BY: Dale J. Forseth, Executive Secretary
Name 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.

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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 hygienists 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.

BOARD MEMBER'S NAME	MEETING TYPE	HOURS			OTHER ACTIVITIES TYPE	HOURS		
		FY 81	FY 82	FY 81 & 82		FY 81	FY 82	FY 81 & 82
Robert W. Anderson	Board Meeting	27	32	59	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 Harrington	Board Meeting	25	30	55	National Bd. Exam	16	16	32
	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

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.

MEETING		HOURS			OTHER ACTIVITIES		HOURS		
BOARD MEMBER'S NAME	TYPE	FY 81	FY 82	FY 81 & 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	
					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.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 81	FY 82	FY 81 & 82	TYPE	FY 81	FY 82	FY 81 & 82
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
					Rules Committee		16	16
					Other Meetings and Travel	101	185	286

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

	FY 81	FY 82	FY's 81 - 82
Total State Appropriations	\$203,156	\$243,187	\$446,343
Total Non-Dedicated Fee Receipts	181,917	243,935	425,852
Total Disbursements	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.

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
Robert W. Anderson Aurora, MN	Dentist	Oct. 16, 1973 - May 17, 1979 May 18, 1979-January 3, 1983
Dillon B. Donaldson Slayton, MN	Dentist	June 2, 1980 - January 2, 1984
Sr. Cecilia Mary Harrington-St. Paul	College Administration	June 2, 1980 - January 2, 1984
Robert R. Hoover Golden Valley, MN	Dentist	May 22, 1981- January 7, 1985
Walter G. Iverson Minneapolis, MN	Dentist	March 17, 1976-January 3, 1977 January 4, 1977-May 21, 1981
Kathleen A. Lapham Minnetonka, MN	Registered Dental Assistant Educator	March 1, 1982-January 6, 1986
Thomas J. McCarter St. Paul, MN	Dentist	March 1, 1982-January 6, 1986
Robert E. McDonnell St. Paul, MN	Dentist	Nov. 3, 1972-December 31, 1977 Jan. 1, 1977-February 28, 1982
Edward T. Nelson Thief River Falls	Dentist	May 18, 1979-January 3, 1983
Mary Jane Ploof Chaska, MN	Special Education Teacher	May 18, 1979-January 3, 1983
Carol L. Schuppel Minneapolis, MN	Registered Dental Assistant	Aug. 1, 1977-December 31, 1977 Jan. 1, 1978-February 28, 1982
Janet H. Spoodis Edina, MN	Dental Hygienist	Aug. 1, 1977 - May 21, 1981 May 22, 1981-January 7, 1985

BOARD

DURING FY 81 AND/OR FY 82

[illegible]

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.

BOARD

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)

[illegible]

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

TYPE OF LICENSE/REGISTRATION Dentist

AGE GROUP	FY 81									FY 82									FY 81 AND FY 82								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT 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
Under 18																											
18-25	11		1	12	11	1	12			12	2	14	12	2	14				23	3	26	23	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																											
Total	112		11	123	112	11	123			98	24	122	98	24	122				210	35	245	210	35	245			
Calculate % of Male and % of Female to the Total of Each Category																											
% 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

AGE GROUP	FY 81									FY 82									FY 81 AND FY 82								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT 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
Under 18																											
18-25	2		2	2		2													2		2	2		2			
26-34	27	1	28	27		128				32	4	36	32	4	36				59	5	64	59	5	64			
35-59	3		3	3		3				4		4	4		4				7		7	7		7			
60-65																											
66 & Over																											
Total	32	1	33	32		133				36	4	40	36	4	40				68	5	73	68	5	73			

Calculate % of Male and % of Female to the Total of Each Category

% 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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State PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

Alaska									1		1	1		1				1		1	1		1				
California									1		1	1		1				1		1	1		1				
Canada									1		1	1		1				1		1	1		1				
Colorado									1		1	1		1				1		1	1		1				

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

STATE	FY									FY									FY AND FY								
	EXAMINED			LIC/REGIS			* NOT LIC/REGIS			EXAMINED			LIC/REGIS			* NOT LIC/REGIS			EXAMINED			LIC/REGIS			* NOT 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
GEORGIA										1		1	1		1				1		1	1		1			
ILLINOIS	3		3	3		3				3		3	3		3				6		6	6		6			
IOWA	4		4	4		4				7	1	8	7	1	8				11	1	12	11	1	2			
INDIANA										1		1	1		1				1		1	1		1			
MICHIGAN	2		2	2		2													2		2	2		2			
MONTANA	1		1	1		1				1		1	1		1				2		2	2		2			
MISSOURI	1		1	1		1													1		1	1		1			
NEBRASKA	1		1	1		1				1		2	1	1	2				2	1	3	2	1	3			
N. CAROLINA	1		1	1		1																					
N. DAKOTA	2		2	2		2				2		2	2		2				4		4	4		4			
NEW YORK		1	1			1	1												1		1	1		1			
OHIO										1		1	1		1				1		1	1		1			
PENNSYLVANIA	1		1	1		1													1		1	1		1			
S. DAKOTA	3		3	3		3				3		3	3		3				6		6	6		6			

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

[illegible]

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

TYPE OF LICENSE/REGISTRATION Dental Hygienists

AGE GROUP	FY 81									FY 82									FY 81 AND FY 82								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT 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
Under 18																											
18-25		128	128		128	128					114	114		114	114					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	5	6	1	5	6					7	7		7	7				1	12	13	1	12	13			
60-65																											
66 & Over																											
Total	2	157	159	2	157	159				136	136		136	136					2	293	295	2	293	295			

Calculate % of Male and % of Female to the Total of Each Category

% of Total	1	99	100	1	99	100			100	100	100			100	100			100	1	99	100	1	99	100			100
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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 Dental Hygienists

AGE GROUP	FY 81									FY 82									FY 81 AND FY 82								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT 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
Under 18																											
18-25		22	22		22	22				26	26		26	26					48	48		48	48				
26-34		7	7		7	7				12	12		12	12					19	19		19	19				
35-59										1	1		1	1					1	1		1	1				
60-65																											
66 & Over																											
Total		29	29		29	29				39	39		39	39					68	68		68	68				

Calculate % of Male and % of Female to the Total of Each Category

% of Total		100	100		100	100			100		100	100			100			100		100	100			100			100
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State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

CALIFORNIA										1	1		1	1					1	1		1	1				
ILLINOIS		1	1							1	1		1	1					2	2		2	2				
IOWA		3	3							6	6		6	6					9	9		9	9				
MICHIGAN										2	2		2	2					2	2		2	2				

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 Dental Hygienists

STATE	FY									FY									FY AND FY								
	EXAMINED			LIC/REGIS			* NOT LIC/REGIS			EXAMINED			LIC/REGIS			* NOT LIC/REGIS			EXAMINED			LIC/REGIS			* NOT 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
NEBRASKA										2	2		2	2					2	2		2	2				
NEW JERSEY										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					28	28		28	28				
<p>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 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.</p>																											

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

TYPE OF LICENSE/REGISTRATION Registered Dental Assistant

AGE GROUP	FY 81									FY 82									FY 81 AND FY 82								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT 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
Under 18																											
18-25		259	259		259	259				334	334		334	334					593	593		593	593				
26-34		28	28		28	28				59	59		59	59					87	87		87	87				
35-59		13	13		13	13				29	29								42	42		42	42				
60-65		1	1		1	1													1	1		1	1				
66 & Over																											
Total		301	301		301	301				422	422		422	422					723	723		723	723				

Calculate % of Male and % of Female to the Total of Each Category

% of Total	100	100		100	100		100		100	100		100	100		100		100	100		100	100		100			100
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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

AGE GROUP	FY 81									FY 82									FY 81 AND FY 82								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT 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
Under 18																											
18-25		4	4		4	4				17	17		17	17					21	21		21	21				
26-34										1	1		1	1					1	1		1	1				
35-59										2	2		2	2					2	2		2	2				
60-65																											
66 & Over																											
Total		4	4		4	4				20	20		20	20					24	24		24	24				

Calculate % of Male and % of Female to the Total of Each Category

% of Total	100	100		100	100		100		100	100		100		100		100	100		100	100		100	100			100
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State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

IOWA		1	1		1	1				4	4		4	4					5	5		5	5				
ILLINOIS										2	2		2	2					2	2		2	2				
N.DAKOTA		1	1		1	1				4	4		4	4					5	5		5	5				
WISCONSIN		2	2		2	2				10	10		10	10					12	12		12	12				

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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 81 23	FY 82 28	FY 81 & 82 51
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	2	2	4

FOR EACH PERSON GIVE:

Type of lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-69	66-	M	F		Grant	Deny	
Dentist	ARIZONA			X				X		Credentials (Reciprocity)	X		Met all requirements established by Rule
"	CALIFORNIA				X			X		"	X		"
"	CALIFORNIA			X					X	"	X		"
"	CANADA				X			X		"	X		"
"	ILLINOIS				X			X		"	X		"
"	ILLINOIS			X				X		"	X		"
"	ILLINOIS			X				X		"	X		"
"	INDIANA			X				X		"	X		"
"	MICHIGAN			X				X		"	X		"
"	MINNESOTA			X				X		"	X		"
"	MINNESOTA			X				X		"	X		"

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

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

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 .

	FY 81	FY 82	FY 81 & 82
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>23</u>	<u>28</u>	<u>51</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>2</u>	<u>2</u>	<u>4</u>

FOR EACH PERSON GIVE:

Type of lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-69	66-	M	F		Grant	Deny	
Dentist	MINNESOTA			X				X		Credentials (RECIPROCITY)	x		Met all requirements established by Rule
"	MINNESOTA			X				X		"	X		"
"	MINNESOTA			X				X		"	X		"
"	NEBRASKA			X				X		"	X		"
"	NEW YORK				X			X		"	X		"
"	NEW YORK				X			X		"	X		"
"	NEW YORK				X			X		"	X		"
"	N.DAKOTA			X				X		"	X		"
"	OREGON				X			X		"	X		"
"	PENNSYLVANIA			X				X		"	X		"
"	TEXAS			X				X		"	X		"

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

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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 81 <u>23</u>	FY 82 <u>28</u>	FY 81 & 82 <u>51</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>2</u>	<u>2</u>	<u>4</u>

FOR EACH PERSON GIVE:

Type of lic./Regis.,	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis..			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-39	40-49	50-59	M	F		Grant	Deny	
Dentist	TEXAS				X			X		CREDENTIALS (RECIPROCITY)	X		Met all requirements established by Rule
"	TEXAS			X				X		"	X		"
"	TEXAS					X		X		"	X		"
"	MINNESOTA				X			X		"		X	Lack of knowledge in diagnosing,
													Periodontal diseases, and reasons causing
													Periodontal disease, Lack of knowledge in occlusion;
Dental Hygienist	COLORADO			X					X	"	X		Met all requirements required by Rule.
"	FLORIDA			X					X	"	X		"
"	ILLINOIS			X					X	"	X		"
"	ILLINOIS				X				X	"	X		"

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

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

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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 81 23	FY 82 28	FY 81 & 82 51
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	2	2	4

FOR EACH PERSON GIVE:

Type of lic./Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Dental Hygienist	INDIANA		X						X	CREDENTIALS (RECIPROCITY)	X		Met all requirements established by Rule
"	IOWA			X					X	"	X		"
"	IOWA			X					X	"	X		"
"	KENTUCKY				X				X	"	X		"
"	MICHIGAN			X					X	"	X		"
"	MICHIGAN		X						X	"	X		"
"	MINNESOTA				X				X	"	X		"
"	MINNESOTA				X				X	"	X		"
"	MINNESOTA			X					X	"	X		"
"	MINNESOTA				X				X	"	X		"
"	MINNESOTA		X						X	"	X		"

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

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 ,

	FY 81	FY 82	FY 81 & 82
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>23</u>	<u>28</u>	<u>51</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>2</u>	<u>2</u>	<u>4</u>

FOR EACH PERSON GIVE:

Type of Lic./Regis.,	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Dental Hygiene	MINNESOTA			X					X	CREDENTIALS (RECIPROCTY)	X		Met all requirements established by Rule
"	MINNESOTA			X					X	"	X		"
"	MINNESOTA				X				X	"	X		"
"	MINNESOTA			X					X	"	X		"
"	MINNESOTA			X					X	"	X		"
"	MINNESOTA		X						X	"	X		"
"	MISSOURI			X					X	"	X		"
"	RHODE ISLAND		X						X	"	X		"
"	TEXAS		X						X	"	X		"
"	WASHINGTON			X					X	"	X		"
"	WISCONSIN			X					X	"	X		"

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

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

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 ,

	FY 81	FY 82	FY 81 & 82
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	23	28	51
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	2	2	4

FOR EACH PERSON GIVE:

Type of Lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-69	66-	M	F		Grant	Deny	
Dental Hygienist	MINNESOTA		X						X	CREDENTIALS (RECIPROCITY)		X	Pending training in instrumentation and CPR
	MINNESOTA				X				X	"		X	Pending 40 hours of continuing education
	MINNESOTA				X				X	"		X	Falsifying application, practicing without a license and no evidence of continuing education

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

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

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
Dentist	X			Fraud
Dentist			Limited License	Incompetency
Dentist		X		Chemical Abuse & Conduct Unbecoming a professional
Dentist		X		30-day suspension for illegal use of auxiliaries
Dentist		X		Indiscriminate prescribing of controlled substances, suspension stayed pending
				completion of courses in chemical use and abuse and pharmacology.
Dentist	X			Improper advances to minor female children. Permanent revocation issued by consent order.
Dentist	X			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.

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

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
Dentists (6)	X			Failure to register with Board.
Dentists (32)	X			Failure to meet continuing education requirements.
Dentists (11)	X			Failure to annually register and meet continuing education requirements.
Dental Hygienists (36)	X			Failure to register with Board.
Dental Hygienists (6)	X			Failure to meet continuing education requirements.
Dental Hygienists (6)	X			Failure to register and to meet continuing education requirements.
Registered Dental Assistants (183)	X			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

IN FY 81 34 Written
 No.

4 Oral
 No.

IN FY 82 35 Written
 No.

3 Oral
 No.

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

IN FY 81 _____ Written
 No.

_____ Oral
 No.

IN FY 82 _____ Written
 No.

_____ Oral
 No.

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

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

Clause 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).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category)
8- Chemical abuse and indiscriminate prescribing of drugs.	5- Suspensions 1- Warning letter 1- No violation 1- Pending
9- Unprofessional conduct	1- Suspension 1- Hearing in Process 6- Warning letters 1- Letter of reprimand 8- No violations 7- Pending
19- Incompetency	4- In Hearing Process 1- License limited 1- Application withdrawn 19- No violation 5- Pending
4- Charging Unconscionable Fees or charging for services not rendered	1- Warning letter 5- No violation 3- Pending
1- Performing Unnecessary Services	1- No violation
1- Gross Immorality	1- Revoked with Consent Order 1- Pending Hearing Examiner's Report
0- Safety & Sanitary Conditions	1- Agreement to clean office 1- No violation

Clause 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).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category)
24- Illegal use of auxiliaries and performing unauthorized services	1- Suspension 5- Letters of reprimand 17- Warning letters 11- No violations 4- Pending
5- Improper Advertising	2- Letters of compliance 1- Warning letter 2- No violation
1- Fraud	1- Suspension 1- Pending
4- Practicing dentistry without a license	1- Stipulation to discontinue 1- Office closed 1- Warning letter 2- No violation 1- 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. Board 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 activities;
- (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 categories, 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 age 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;
- (l) The number of persons not taking the examinations referred to in clause (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 statute 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 communications 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.