

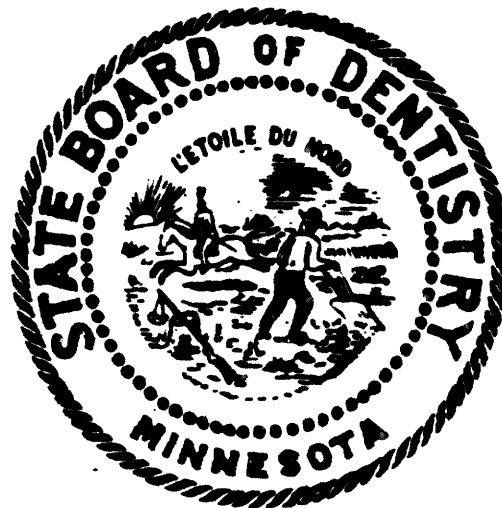
M.S. 214.07 Subd 1(1982)

841454

# **Minnesota Board of Dentistry**

## **Biennial Report**

Report Period July 1, 1983 - June 30, 1984



Prepared by  
Dale J. Forseth

October, 1984

MINNESOTA BOARD OF DENTISTRY

Biennial Report

(M.S. 1982 Section 214.07)

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BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(MS 1982, SECTION 214.07)

BOARD: MINNESOTA BOARD OF DENTISTRY

LOCATION: 717 S.E. Delaware Street

Minneapolis, MN 55414

STATUTORY AUTHORITY: M.S. 150A, 1982 as amended; M.S. 214, 1982

REPORT PERIOD: July 1, 1982 To: June 30, 1984

SUBMITTED BY:	<u>Dale J. Forseth, Executive Secretary</u>	<u>October 3, 1984</u>
	<u>Name</u>	<u>Title</u>
		<u>Date</u>

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: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 83 and FY 84 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, 1984, the Board initially licensed 269 dentists and 323 dental hygienists; initially registered 751 assistants and 60 professional corporations; issued 19,420 annual registration certificates; and acted on 127 consumer complaints; participated in 32 regional and national board examinations for dentists and dental hygienists; participated in seven accreditation visits at dental hygiene and dental assisting schools; and reviewed approximately 600 continuing education programs.

The Board has utilized the recordkeeping services of the Continuing Education Registry of the American Dental Association for the recording of continuing education activities of dental personnel regulated by the Board. The Board developed a computerized information management system to replace the Registry at a considerable savings to the state.

Additionally, the Board has developed a consumer information bulletin entitled "How to Enter A Complaint with the Board of Dentistry." The Board also sought and received legislation for grounds on which the Board can take disciplinary action against licensees and for permission to set standards of training and education necessary for the administration of general anesthesia and intravenous conscious sedation.

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 11 FY 84 13 FY 83 AND 84 24

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 83	FY 84	FY 83 & 84	TYPE	FY 83	FY 84	FY 83 & 84
Anderson, Robert W.	Public Board Mtg.	19	-	19	Examinations	40	-	40
	Bd Executive Mtg.	13	-	13	Foreign Dentist Comm.	11	-	11
					Other	193	-	193
Donaldson, Dillon B.	Public Board Mtg.	21	10	31	Examinations	126	-	126
	Bd Executive Mtg.	17	11	28	Exam Steering Committee	33	30	63
	Rules Committee	12	12	24	Continuing Ed Committee	3	-	3
	Complaint Comm.	5	-	5	Other	117	84	201
Dorvinen, Harry R.	Public Board Mtg.	-	28		Examinations	-	113	113
	Executive Bd Mtg.	-	19		Other	-	70	70
	Complaint Comm.	-	8					
	Rules Committee	-	12					
Harrington, Sr. Cecilia Mary	Public Board Mtg.	20	28	48	Examinations	16	102	118
	Bd Executive Mtg.	16	19	35	Accreditation Visits	178	56	234
	Rules Committee	24	28	52	Other	126	177	303

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 11 FY 84 13 FY 83 AND 84 24

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 83	FY 84	FY 83 & 84	TYPE	FY 83	FY 84	FY 83 & 84
Hoover, Robert R.	Public Board Mtg.	24	28	52	Examinations	121	127	248
	Bd Executive Mtg.	17	22	39	Exam Steering Committee	-	45	45
	Complaint Comm.	9	48	57	Legislation Committee	26	6	32
	Rules Committee	29	-	29	Other	148	197	345
Lapham, Kathleen A.	Public Board Mtg.	25	23	48	Other	71	52	123
	Bd Executive Mtg.	17	16	33				
	Auxiliary Ed Comm.	12	56	68				
	Rules Committee	48	54	102				
McCarter, Thomas J.	Public Board Mtg.	25	22	47	Examination	232	48	280
	Executive Bd Mtg.	17	20	37	Exam Steering Comm.	22	5	27
	Complaint Comm.	21	21	42	Accreditation Visits	52	-	52
	Continuing Ed Comm.	20	16	36	Other	312	-	207
Nelson, Edward T.	Public Board Mtg.	25	-	25	Examinations	121	-	121
	Executive Bd Mtg.	17	-	17	Examination Review	45	-	45
	Complaint Comm.	16	-	16	Other	113	-	113

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 11 FY 84 13 FY 83 AND 84 24

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 83	FY 84	FY 83 & 84	TYPE	FY 83	FY 84	FY 83 & 84
Ploof, Mary Jane	Public Board Mtg.	25	28	53	Examinations	20	37	57
	Executive Bd Mtg.	17	22	39	Council on National Board Examinations	24	22	46
	Complaint Comm.	154	209	363	Other	142	82	224
Snowden, V. Joy Kent	Public Board Mtg.	-	28		Examinations	-	91	91
	Executive Bd Mtg.	-	22		Other	-	56	56
Spoodis, Janet H.	Public Board Mtg.	25	28	53	Examinations	30	59	89
	Executive Mtg.	17	22	39	Other	176	133	309
	Rules Committee	20	8	28				
	Auxiliary Ed Comm.	-	37	37				
Wright, Boyd A.	Public Board Mtg.	-	15	15	Examination	-	32	32
	Executive Bd Mtg.	-	12	12	Other	-	96	96

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

	FY 83	FY 84	FY'S 83 & 84
Total State Appropriations	\$239,923	\$264,267	\$504,190
Total Non-Dedicated Fee Receipts	\$253,591	\$262,105	\$515,696
Total Disbursements	\$246,057	\$270,820	\$516,877

COMMENTS (Optional)

Minnesota Statutes, Chapter 214, require the Board to adjust fees a sufficient amount so that the total fees collected by the Board will as closely as possible equal anticipated expenditures during the fiscal biennium, including the general support costs and statewide indirect costs of the Minnesota Department of Health. These costs are included in the total disbursements shown above.



Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 83 AND FY 84

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: Nine.(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, Minnesota	dentist	October 16, 1973 - May 17, 1979 May 18, 1979 - July 1, 1983
Dillon B. Donaldson Slayton, Minnesota	dentist	June 2, 1980 - Jan. 2, 1984
Harry R. Dorvinen Hermantown, Minn.	dentist	July 1, 1983 - Jan. 5, 1987
Sr. Cecilia Mary Harrington-St. Paul	College Administrator	June 2, 1980 - Jan. 2, 1984 Jan. 3, 1984 - Jan. 4, 1988
Robert R. Hoover Golden Valley, Minn.	dentist	May 22, 1981 - Jan. 7, 1985
Kathleen A. Lapham Minnetonka, Minn.	Registered Dental Assistant Education	March 1, 1982 - Jan. 6, 1986
Thomas J. McCarter North Oaks, Minn	dentist	March 1, 1982 - Jan. 6, 1986
Edward I. Nelson Thief River Falls MN	dentist	May 18, 1979 - July 1, 1983
Mary Jane Ploof Chaska, Minn.	Instructor in Special Education	May 18, 1979 - July 11, 1983 July 1, 1983 - Jan. 5, 1987
V. Joy Kent Snowden Bloomington, MN	dentist	July 1, 1983 - January 5, 1987
Janet H. Spoodis Edina, Minnesota	dental hygienist	Aug. 1, 1977 - May 21, 1981 May 22, 1981 - Jan. 7, 1985
Boyd A. Wright St Paul, Minnesota	dentist	Jan. 3, 1984 - Jan. 4, 1984

[illegible]

Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 83 AND FY 84. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

Rules were proposed to adjust license and registration annual renewal fees.

## BOARD

**Clause g:**

[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 83									FY 84									FY 83 AND FY 84								
	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							(See Note)									(See Note)									(See Note)		
18-25	6	2	8	6	2	8				3		3	3		3				9	2	11	9	2	11			
26-34	63	13	76	63	13	76				86	16	102	86	16	102				149	29	178	149	29	178			
35-59	1		1	1		1					1	1		1	1				1	1	2	1	1	2			
60-65																											
66 & Over																											
Total	70	15	85	70	15	85				89	17	106	89	17	106				159	32	191	159	32	191			

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

% of Total	82	18	100	82	18	100				84	16	100	84	16	100				83	17	100	83	17	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 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 DENTIST

AGE GROUP	FY 83									FY 84									FY 83 AND FY 84								
	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							(See Note			2		2	2		2	(See Note			2		2	2		2	(See Note		
26-34	21	2	23	21	2	23	on Page 15)			22	3	25	22	3	25	on Page 15)			43	5	48	43	5	48	on Page 15)		
35-59										4		4	4		4				4		4	4		4			
60-65																											
66 & Over																											
Total	21	2	23	21	2	23				28	3	31	28	3	31				49	5	54	49	5	54			

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

% of Total	91	9	100	91	9	100	0	0	0	90	10	100	90	10	100	0	0	0	91	9	100	91	9	100	0	0	0
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State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

California	1		1	1		1				1		1	1		1				2		2	2		2			
Florida	1		1	1		1													1		1	1		1			
Hawaii	1		1	1		1				1		1	1		1				2		2	2		2			
Illinois	2	1	3	2	1	3				3		3	3		3				5	1	6	5	1	6			

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 DENTIST

STATE	FY 83									FY 84									FY 83 AND FY 84								
	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
Iowa	3		3	3		3	(See Note on			4	1	5	4	1	5	(See Note on			7	1	8	7	1	8	(See Note on		
Louisiana	1		1	1		1	Page 15)			1		1	1		1	Page 15)			2		2	2		2	Page 15)		
Mass.										1		1	1		1				1		1	1		1			
Michigan	1		1	1		1													1		1	1		1			
Missouri		1	1		1	1				1	1	2	1	1	2				1	2	3	1	2	3			
Nebraska										1		1	1		1				1		1	1		1			
N. Carolina										1		1	1		1				1		1	1		1			
N. Dakota	2		2	2		2				1		1	1		1				3		3	3		3			
Oklahoma										1		1	1		1				1		1	1		1			
S. Carolina										1		1	1		1				1		1	1		1			
S. Dakota	1		1	1		1				1		1	1		1				2		2	2		2			
Virginia										1		1	1		1				1		1	1		1			
Washington	2		2	2		2					1	1		1	1				2	1	3	2	1	3			
Wisconsin	5		5	5		5				7		7	7		7				12		12	12		12			



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 DENTIST

STATE	FY 83									FY 84									FY 83 AND FY 84								
	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
Wyoming	1		1	1		1	(See Note)									(See Note)			1		1	1		1	(See Note)		
Cairo										1		1	1		1				1		1	1		1			
Saigon										1		1	1		1				1		1	1		1			

NOTE: A Prerequisite for licensure is the satisfactory completion of the examination for licensure offered by Central Regional Dental Testing Services (CRDTS). All applicants who applied successfully completed the CRDTS examination and met all the other licensing 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: 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 Hygiene

AGE GROUP	FY 83									FY 84									FY 83 AND FY 84								
	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							(See Note)									(See Note)									(See Note)		
18-25		82	82		82	82					73	73		73	73					155	155		155	155			
26-34		12	12		12	12					21	21		21	21					33	33		33	33			
35-59		5	5		5	5					3	3		3	3					8	8		8	8			
60-65																											
66 & Over																											
Total		99	99								97	97		97	97					196	196		196	196			

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			
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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 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 HYGIENE

AGE GROUP	FY 83									FY 84									FY 83 AND FY 84								
	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		24	24		24	24	(See Note on Page 18)				21	21		21	21	(See Note on Page 18)				45	45		45	45	(See Note on Page 18)		
26-34		10	10		10	10					12	12		12	12					22	22		22	22			
35-59											2	2		2	2					2	2		2	2			
60-65																											
66 & Over																											
Total		34	34		34	34					35	35		35	35					69	69		69	69			

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			
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State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

Arizona		1	1		1	1														1	1		1	1			
California											1	1		1	1					1	1		1	1			
Illinois											1	1		1	1					1	1		1	1			
Iowa		5	5		5	5					7	7		7	7					12	12		12	12			

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 HYGIENE

STATE	FY 83									FY 84									FY 83 AND FY 84								
	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
Michigan		1	1		1	1	(See Note)				1	1		1	1	(See Note)				2	2		2	2	(See Note)		
N. Dakota		12	12		12	12					6	6		6	6					18	18		18	18			
S. Dakota		2	2		2	2					1	1		1	1					3	3		3	3			
Wisconsin		13	13		13	13					18	18		18	18					31	31		31	31			

NOTE: A prerequisite for licensure is the satisfactory completion of the examination for licensure offered by 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: 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 83									FY 84									FY 83 AND FY 84										
	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	1	291	292		1291	292	(See Note)				310	310		310	310	(See Note)			1	601	602		1	601	602	(See Note)			
26-34		44	44		44	44					40	40		40	40					84	84		84	84					
35-59		20	20		20	20					19	19		19	19					39	39		39	39					
60-65											1	1		1	1					1	1		1	1					
66 & Over																													
Total	1	355	356		1	355	356				370	370		370	370					1	725	726		1	725	726			
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					

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

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 REGISTERED DENTAL ASSISTANT

AGE GROUP	FY 83									FY 84									FY 83 AND FY 84								
	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		9	9		9	9	(See Note on Page 19)			12	12		12	12	(See Note on Page 19)				21	21		21	21	(See Note on Page 19)			
26-34		1	1		1	1				3	3		3	3					4	4		4	4				
35-59																											
60-65																											
66 & Over																											
Total		10	10		10	10				15	15		15	15					25	25		25	25				

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				
------------	--	-----	-----	--	-----	-----	--	--	--	-----	-----	--	-----	-----	--	--	--	--	-----	-----	--	-----	-----	--	--	--	--

State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

Colorado										1	1		1	1					1	1		1	1				
Iowa		1	1		1	1				4	4		4	4					5	5		5	5				
Louisiana										1	1		1	1					1	1		1	1				
N.Dakota		5	5		5	5				5	5		5	5					10	10		10	10				



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 83	FY 84	FY 83 & 84
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>23</u>	<u>35</u>	<u>58</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>1</u>	<u>1</u>	<u>2</u>

FOR EACH PERSON GIVE:

Type of lic./Regis. F.Y. 1983	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	ND			X				X		Credentials	X		Met all requirements established by rule.
Dentist	MN			X				X		Credentials	X		"
Dentist	MN			X				X		Credentials	X		"
Dentist	PA			X					X	Credentials	X		"
Dentist	MA			X					X	Credentials	X		"
Dentist	WI				X			X		Credentials	X		"
Dentist	IL				X			X		Credentials	X		"
Dentist	OK				X			X		Credentials	X		"
Dentist	MI				X			X		Credentials	X		"
Dentist	Canada				X			X		Credentials	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 83 <u>23</u>	FY 84 <u>35</u>	FY 83 & 84 <u>58</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>1</u>	<u>1</u>	<u>2</u>

FOR EACH PERSON GIVE:

Type of lic./Regis., F.Y. 1984	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	
Dentist	WI			X				X		Credentials	X		Met all requirements established by rule.
Dentist	IL			X				X		Credentials	X		"
Dentist	CA			X				X		Credentials	X		"
Dentist	MN			X					X	Credentials	X		"
Dentist	WI				X			X		Credentials	X		"
Dentist	WI				X			X		Credentials	X		"
Dentist	OK				X			X		Credentials	X		"
Dentist	MN				X			X		Credentials	X		"
Dentist	OH				X			X		Credentials	X		"
Dentist	MI				X			X		Credentials	X		"
Dentist	IA				X			X		Credentials	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 83	FY 84	FY 83 & 84
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>23</u>	<u>35</u>	<u>58</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>1</u>	<u>1</u>	<u>2</u>

FOR EACH PERSON GIVE:

Type of lic./Regis. F.Y. 1984	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	IA				X			X		Credentials	X		Met all requirements established by Rule
Dentist	CO				X			X		Credentials	X		"
Dentist	VA				X			X		Credentials	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 83 23	FY 84 35	FY 83 & 84 58
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	1	1	2

FOR EACH PERSON GIVE:

Type of lic./Regis., F.Y. 1983	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	IL		X						X	Credentials	X		Met all requirements established by Rule
Dental Hygiene	MI			X					X	Credentials	X		"
Dental Hygiene	WI			X					X	Credentials	X		"
Dental Hygiene	OK			X					X	Credentials	X		"
Dental Hygiene	WI			X					X	Credentials	X		"
Dental Hygiene	IN			X					X	Credentials	X		"
Dental Hygiene	MO			X					X	Credentials	X		"
Dental Hygiene	MN			X					X	Credentials	X		"
Dental Hygiene	MN			X					X	Credentials	X		"
Dental Hygiene	MN			X					X	Credentials	X		"
Dental Hygiene	WI			X					X	Credentials	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 83 <u>23</u>	FY 84 <u>35</u>	FY 83 & 84 <u>58</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>1</u>	<u>1</u>	<u>1</u>

FOR EACH PERSON GIVE:

Type of lic./Regis.; F.Y. 1983	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 Hygiene	ND			X					X	Credentials	X		Met all requirements established by Rule
Dental Hygiene	AZ			X					X	Credentials	X		"
Dental Hygiene	WI				X				X	Credentials		X	Deficiency in training, license withheld pending completion of training.

\* 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 83 23	FY 84 35	FY 83 & 84 58
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	1	1	1

FOR EACH PERSON GIVE:

Type of Lic./Regis. F.Y. 1984	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 Hygiene	MN		X						X	Credentials	X		Met all requirements established by rule
Dental Hygiene	MN		X						X	Credentials	X		"
Dental Hygiene	OH		X						X	Credentials	X		"
Dental Hygiene	NC		X						X	Credentials	X		"
Dental Hygiene	WI		X						X	Credentials	X		"
Dental Hygiene	MO		X						X	Credentials	X		"
Dental Hygiene	Canada		X						X	Credentials	X		"
Dental Hygiene	PA			X					X	Credentials	X		"
Dental Hygiene	MN			X					X	Credentials	X		"
Dental Hygiene	WI			X					X	Credentials	X		"
Dental Hygiene	OH			X					X	Credentials	X		"

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

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

**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**

<b>TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION</b>	<b>FY 83</b> <u>23</u>	<b>FY 84</b> <u>35</u>	<b>FY 83 &amp; 84</b> <u>58</u>
<b>TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION</b>	<u>1</u>	<u>1</u>	<u>1</u>

**FOR EACH PERSON GIVE:**

Type of lic./Regis.; F.Y. 1984	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	NH			X					X	Credentials	X		Met all requirements established by Rules
Dental Hygiene	WI			X					X	Credentials	X		"
Dental Hygiene	WI			X					X	Credentials	X		"
Dental Hygiene	WI			X					X	Credentials	X		"
Dental Hygiene	WI			X					X	Credentials	X		"
Dental Hygiene	IA			X					X	Credentials	X		"
Dental Hygiene	MN			X					X	Credentials	X		"
Dental Hygiene	NC			X					X	Credentials	X		"
Dental Hygiene	TX			X					X	Credentials	X		"
Dental Hygiene	MN				X				X	Credentials	X		"
Dental Hygiene	WI				X				X	Credentials		X	Deficiency in training Examination recommended

\* 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 83	FY 84	FY's 83&84
109	107	216
1	2	3
1	4	5

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		1		Felony conviction, conduct unbecoming a professional, fraud
Dentist		1		Gross Immorality
Dentist		1		Illegal Dispensing of a Legend Drug
Dentist			Conditioned License	Gross Immorality
Dentist			Conditioned License	Chemical Abuse
Dentist			Restricted License	Incompetency - Restricted from Performing Orthodontics
Dentist			Conditioned License	Incompetency, Re-examination Required. Restricted from Performing Orthodontic Procedures
Dentist			Conditioned License	Illegal Dispensing of Legend Drug. Required to Take Course on Chemical Dependency.
Dentist	19			Failure to Annually Register with the Board.
Dentist	1			Failure to Meet Continuing Education Requirements.
Dentist	1			Failure to Register with the Board and to Meet Continuing Education Requirements

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 83	FY 84	FY's 83&84
109	107	216
1	2	3
1	4	5

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
Dental Hygienist	20			Failure to Annually Register with the Board.
Dental Hygienist	1			Failure to Meet Continuing Education Requirements
Dental Hygienist	3			Failure to Register and to Meet Continuing Education Requirements
Registered Dental Assistant	141			Failure to Annually Register with the Board.
Registered Dental Assistant	16			Failure to Meet Continuing Education Requirements.
Registered Dental Assistant	14			Failure to Register with the Board and to Meet Continuing Education Requirements.



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 83

51 Written  
No.

3 Oral  
No.

IN FY 84

69 Written  
No.

4 Oral  
No.

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

IN FY 83

       Written  
No.

       Oral  
No.

IN FY 84

       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, 1982, and complaints and communications received but not disposed of as of June 30, 1984 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)
36 Incompetency	25 - No Violation 4 - Limited Licensure 1 - Letter of Warning 9 - Pending
5 Illegal Use of Dental Auxiliaries	1 - No Violation 7 - Letter of Warning 4 - Letter of Reprimand 1 - Pending
6 Improper or Unauthorized prescription, dispensing, administering, and use of chemicals	1 - Revocation 3 - Conditioned/Restricted License 1 - No Violation 2 - Pending
21 Unprofessional Conduct	1 - Revocation 1 - Restricted License 4 - Letter of Warning 9 - No Violation 7 - Pending
5 Fraud	1 - Revocation 1 - Letter of Warning 2 - No Violation 4 - Pending
5 Gross Immorality	1 - Revocation 1 - Conditioned License 3 - Pending
7 Safety & Sanitary Conditions of Dental Office	1 - Letter of Warning 3 - No Violation 3 - Pending

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, 1982, and complaints and communications received but not disposed of as of June 30, 1984 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)
5 Performing Unnecessary Services or Charging for Services Not Performed	1 - No Violation 4 - Pending
4 Charging Unconsonable Fees	4 - No Violation 2 - Pending
5 Misleading Advertising	3 - Letter of Warning 3 - No Violation 1 - Pending
6 Practicing Dentistry without A License	2 - Letter of Warning 3 - No Violation 2 - Pending
6 Failure to Annually Register with the Board	180 Licenses & Registrations were revoked.
6 Failure to Meet Continuing Education Requirements	11 Licenses and registrations revoked.
6 Failure to Register with the Board & to Meet Continuing Education Requirements	18 Licenses revoked
4 Failure of Corporation to File Annual Reports	3 - Resolved by Report Filing 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?)

During fiscal years 1983 and 1984, the Board participated in:

- 7 - Dental Assistant and Dental Hygiene School Accreditation Visits
- 1 - Dental School Accreditation Visit
- 25 - Regional Examinations for Dentists and Dental Hygienists
- 7 - National Board Examinations

**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.