M.S. 214.07 Subd 1 (1982)

841454

Minnesota Board of Dentistry Bienniel Report

Report Period July 1, 1983 - June 30, 1984



Prepared by Dale J. Forseth

October, 1984

MINNESOTA BOARD OF DENTISTRY

Bienniel Report

(M.S. 1982 Section 214.07)

TABLE OF CONTENTS

Page of Contents	16
Clause a: GENERAL STATEMENT OF BOARD ACTIVITY	
Clause b: BOARD MEETINGS & ACTIVITIES	}
Clause c: RECEIPT & DISBURSEMENT OF BOARD FUNDS 6	;
Clause d: LIST OF BOARD MEMBERS	,
Clause e: LIST OF BOARD EMPLOYEES	3
Clause f: SUMMARY OF BOARD RULES)
Clause g: NUMBERS OF LICENSES & REGISTRATIONS)
Clause h: ADMINISTRATION OF EXAMINATIONS	
Clauses i, j, k: RESIDENTS AND NON-RESIDENTS EXAMINED, LICENSED OR REGISTERED OR NOT-LICENSED OR REGISTERED	2
Clause 1: PERSONS NOT EXAMINED, LICENSED/REGISTERED AND NOT LICENSED/REGISTERED	3
Clause m: REVOCATIONS, SUSPENSIONS & OTHER STATUS CHANGES 29)
Clause n: NUMBER OF COMPLAINTS	L
Clause o: SUMMARIZATION OF COMPLAINTS AND DISPOSITIONS	<u>}</u>
Clause p: OTHER OBJECTIVE INFORMATION	ŀ
Appendix Statute requiring report	

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS (MS 1982, Section 214.07)

Board:	MINNESOTA BOARD OF DENTISTRY								
LOCATION:	ON: 717 S.E. Delaware Street								
		Minnea	polis, M	55414					
STATUTORY	Authority:	M.S. 150A,	1982 as	amended; N	I.S. 214, 1982				
REPORT PER	HOD: July	1, 1982		To:	June 30, 1984				
SUBMITTED	BY: Dale J.	Forseth, Ex	<u>xecutive</u>	Secretary	October 3, 1984				
	Nam			itle	Date				

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

Clause a: 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.

MINNESOTA	ROAPO O	OF DENTISTRY
LITHICALLY	DUNNU U	N DEWITZIKI

BOARD

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.

	MEET ING	. 1	iours		OTHER ACTIVITIES		HOURS	
BOARD MEMBER'S NAME	TYPE	FY 83	FY 84:	FY 83 & 84	ТҮРЕ	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	Public Board Mtg.	20	28	48	Examinations	16	102	118
Mary	Bd Executive Mtg.	16	19	35	Accreditation Visits	178	56	234
	Rules Committee	24	28	52	Other	126	177	303
						_		

Page $\frac{1}{2}$ of $\frac{3}{2}$ pages for Clause b

Page _3_

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.

	meet ing	1	IIOURS		OTHER ACTIVITIES		HOURS	
BOARD MEMBER'S NAME	TYPE	FY 83	PY 84:	FY 83 & 84	TYPE	FY 83	FY 8/	FY 83 & E
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	٠	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.

	MEETING	1	HOURS		OTHER ACTIVITIES		HOURS	
BOARD MEMBER'S NAME	TYPE	FY 83	FY 84	FY 83 & 8	34 TYPE	FY 83	FY 84	FY 83 & 8
Ploof, Mary Jane	Public Board Mtg.	25	28	53		20	37	
	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
		 						<u> </u>
	<u> </u>	لـــا		<u></u>				<u> </u>

Page 3 of 3 pages for Clause b

Page 5

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

Total State Appropriations

Total Non-Dedicated Fee Receipts

Total Disbursements

FY 83	FY .84	FY's 83 & 84
\$239,923	\$264,267	\$504,190
\$253,591	\$262,105	\$515,696 -
\$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. Thomas J. McCarter	Registered Dental Assistant Education	March 1, 1982 - Jan. 6, 1986
North Oaks, Minn	dentist	March 1, 1982 - Jan. 6, 1986
Edward T. Nelson Thief River Falls MN	dentist Instructor in	May 18, 1979 - July 1, 1983
Mary Jane Ploot Chaska, Minn.	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

Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED

DURING FY 83 AND/OR FY 84

		1	<u> </u>	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	X		10/27/80 Current
Dale J. Forseth	Executive Secretary/unclassified	08163	X		1/2/76 Current
Arlayne J. Nelson	Executive I/Administrative Assistant	000292	x		11/14/77 Current
Karen L. Ramsey	Continuing Education Clerk typist 4/Coordinator	000666	Х		6/27/84 Current
					:
					-

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.

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

AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1984

(IN THE YEAR OF THE REPORT)

TYPE OF LICENSE/REGISTRATION	TOTAL NUMBER IN EFFECT
Dentists	3,855
Dental Hygienists	2,477
Registered Dental Assistants	3,191
Professional Corporations	687

Clause h ADMINISTRATION OF EXAMINATIONS BY BOARD

	*				٠						
1	L	v	A	44	8	M	A	T	1	OM	
	Ц	Δ	В	ш	1	п	В	VL.	1	ON	ě

LOCATION	TYPES OF LICENSE/REGISTRATION	DATES
NOTE: The Board of Denti	try accepts the results of the examinal zations:	ion offered by
the following organ	zations:	
- For Donations and Don	1 their fates	
A. For Dentists and Den		
1. Commission on Na	tional Board Examinations	
2. Central Regional	Dental Testing Services (CRDIS) (This ing times at nine test sites within the	examination is
given at 14 vary	ing times at nine test sites within the	ten states that
	on. Examinations are offered in Marc	, May, June,
August and Dece	ber.	
B. For Registered Dental	Assistants:	
The Board accepts the	results of the examination offered by	EVALCOR. These
examinations are offe	red 20 times annually and are administ	red at 13
Minnesota schools of	dental assisting.	
C. An examination on the	Rules of the Board and the Minnesota	ental Practice
Act is administered i	Conjunction with the Central Regional	pencal lesting
Servcies examination	when it is given in Minnesota; by the	le it may also
be taken any day at t	s; and by the 15 dental assisting school he Board of Dentistry Office.	is. It may arso
be taken any day at a	board or benefits of tree.	
		<u> </u>
		<u> </u>
·]
Page 1 of 1 pages for	or Clause h	

Page 11

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

-,	1 —				- T	11.11								EV	0.1					 -	771/	02	ANT	7776	07		
AGE GROUP	EX	AMI	NED	П	Y Z/RI	-	LI	NO C/RE		EX	AMI	NED			84 EGIS	LIG	NO C/RI	<u>r</u> EGIS	EX	AM	NED			FY		NO	T EGIS
•	М	F	T	M	F	T	M	F	T	M	F	T	M	F	T	М	F	T	M	F	T	M	F	T	M	F	T
Under 18							(Se	e No	te)	15						(S	ee N	ote)							(Se	e No	te)
18-25	6	2	8	6	2	8				3		3	3		3				9	2	11	9	2	11			
26-34	63	13	76	53	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	po	15	85	<u> </u>			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 84 16 100 83 17 100 83 17 100

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 administers14 examinations annually within an eleven state area which comprises the region. The Board provides examiners at the various testing sites.

Page 1 of 10 pages for Clauses 1, j, k (Minnesota Residents)

Page 12

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

				F	y g	3								Ϋ́	84	4					FK	<u>83</u>	AND	FY	84		
AGE GROUP	EX/	AMIN	VED	LIC	RE6	GIS	LIC	NO C/RE		ĔΧ	AMI	NED	LK	C/RI	EGIS	LK	NO /RI		EX	AMI	INED	LIC	:/RE	GIS	LI	NO C/RI	
	M	F	T	M	F	T	М	F	T	M	F	T	M	F	1	M	F	T	M	F	T	М	F	T	М	F	T
Under 18																											
18-25							(Se	e No	:e	2		2	2		2	(Se	e N	te	2		2	2		2	(Se	e No	e
26-34	21	2	23	21	_2	23	on	age	15)	22	3	25	22	_3	25	on	age	15)	43	5	48	43		48	on	Page	15
35-59					_					_4		4	4		4				4		4	4		4			
60-65																											
66 & Over																			4								_
Total	21	2	23	21	2	23				28	3	31	28	3	31				49	5	54	49	5	54			
				Cal	c ula	ate	% of	Mal	e an	d %	of I	Fema	le to	the	e To	tal c	of E	ach (Cate	gory				.			
6 of Total	91	9	100	91	9	100	0	0	۰٥.	90	10	100	90	10	100	0	0	0	91	9	100	91	9	100	0	0	Ó
State				ρ	LΕΛ	SE	LIST	THE	TOT	AL N	MUM	BER	OF N	ON-	RES!	DEN	TS E	3Y S1	ATI	;							
alifornia	1		1	1		1				1		1	1		_1				2		2	2		2			
lorida	1	***************************************	1	1		1													1		1	1		1			
awaii	_1		1	1		_1				1		1	_1		1				2		2	2		2			
llinois	2	1	3	2	1	3				3		3	3		3				5	1	6	5	1	6			

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

				1:	Y 83	3'							ľ	Y 8	4						ŀΥ	.83	(III)	ŀΥ	84		
STATE	EX	1111	ŅED	LIC	REC	315		NO CARE		EX	AMIN	VIEID	1.10	:/RT	GIS	1.1C	NO.	GIS	EX	AMI	NED				7	C/RE	
	Al	1:	T	M	17	1	M	17:		M	17	Ti	M	17	7	M	1	7	M	17		M	1:	T	٨١	Į;	i
Iowa	3		. 3	3		3	(Sec	Not	e on	4	1	5	4	1	5	(See	No	e o	7	1	8	7	`1	8	(Se	e No	te on
Louisiana	1		1	1		1	Pag	e 15)	1		1	1		1	Pá	ge	5)	2		2	2		2		age	15)
Mass.										i		ì	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						ì	·			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			
Dogo 2		1		0000	•		17		4	4 1	- /M		2001	100	· ~ \	,			7			-	 	Do	ITO.	14	J

Page 3 of 10 pages for Clauses 1, j, k (Non-Residents)

Page 14

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

				1:	Y 8	3				F .			1	ïΥ	84	•					FΥ	B3 /	AHI)	I·Y	84		
STATE	EXA	1111	NED				LIC	NO C/RE	GIS	IEX.	AMIN	VIEI)	1.10	:/RT	GIS	1.IC	NO.	i GIS	EX	AAH	NED	1.10	/R F	GIS	LI	100 100 100	<u>:G15</u>
	11	T:	T	M	1:	T	M	1;	T	M	<u>:</u>		M	1:	7	M	l;	T	M	15	T	M	1:	T	٨١	1;	T
Wyoming	1		· 1	1		1	(Se	Not	e)							(See	Not	e)	1	<u> </u>	1	1	<u>\</u>	1	(Se	e Not	e)
																		·									
												,											_				
Cairo										1		_1	1		1				1		1	1		1			
Saigon										1		1	í		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.

196

Clauses 1, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

TYPE OF LICENSE/REGISTRATION

99 | 99

Total

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

Dental Hygiene

FY 83 FY 84 FX 83 AND FY 84 AGE NOT NOT NOT LICTREGIS EXAMINED | LICTREGIS | LICTREGIS EXAMINED ||LIC/REGIS || LIC/REGIS EXAMINED LIC/REGIS GROUP MIFIT MF MFT MF MIF IM M Under (See Note) (Sele Note) (See Note) 18 82 82 82 73l 155 155 155 155 82 l 73 73 73 18-25 21 21 12 12 12 21 33 33 33 12 21 33 26-34 5 8 35-59 60-65 66 & Over

97 97

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.

Page 5 of 10 pages for Clauses i, j, k (Minnesota Residents)

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

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

TYPE OF LICENSE/REGISTRATION

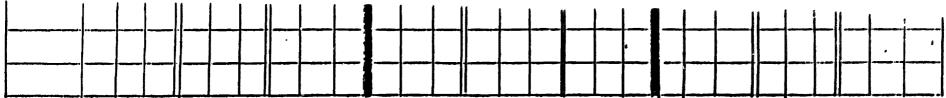
				F'	y g	3								FY	84					•	FK	83	AND	FY	84		
AGE GROUP	EX/	AMIN	IED	LIC	RE	GIS	LI	NO C/RE	T GIS	EX.	MIM	1ED	LI	C/RI	EGIS		NO /RE				NED			GIS	LI	NO C/I	T EGIS
	М	F	T	М	F	T	M	F	T	M	F	T	М	F	T	M	F	T	M	F	T	М	F	T	М	F	T
Under 18																											
18-25		24	24		24	24	(Se	Not	e or		21	21		21	21	(See	No	e or		45	45		45	45	(Se	No:	e or
26-34		10	10		10	10	Pag	e 18)		12	12		12	12	Pag	e 1	3)		22	22		22	22	Pa	je 1	8)
35-59		`		<u> </u>							2	2	<u> </u>	2	2					2	2		2	2	_		
60-65 66 &					<u> </u>								_						_								<u> </u>
Over				<u> </u>		_													_								
Total		34	34	L	34	34					35	35	<u> </u>	35	35					69	69		69	69			
	 ,			Cal	cula	ite	% of	Ma	le an	d %	of F	ema	le t	the	e To	tal o	f E	ach (Cate	gory		-,		 ,			ç
6 of Total		100	100		100	100			,		100	100		100	100					100	100		100	100			
State				P	LEA	SE I	LIST	THE	TOT	AL N	UME	ER (OF N	ION-	RESI	DEN	TS E	SY S 1	ATE	3				·I			
rizona		1	1		1	1														1	1		1	1			
alifornia											1	1		1	1					1	1		1	1			
llinois							·				1	1		1	1					1	1		1	1			
owa		5	5		5	5					7	7		7	7					12	12		12	12			

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

				1;,	Y 8	3							1	Υ (4						FY	83	AHD	ŀ'Y	84		
STATE			<u>jed</u>	.1C/		<u> </u>	LIC	NO 2711 E			<u>VWIV</u>	SEL			<u>G15</u>	LIC		<u>G15</u>		VVII	NED	ric	\ <u>is t</u>	CIS	<u> L</u>	C/III	T (G15
	71	1:	<u> </u>	M	1:		M	1:	T	M	1	T	M	1,	<u></u>	M	13	T	M	1;	T	M	1:	ļ,	AI	1	1-
Michigan		1	· 1		1	1	(Se	e Not	e)_		1.	1.		1	1	(See	No	e)		2	2		2	2	(Se	e No	e)
N.Dakota	•	12	12		12	12					6	6		6	6			٠		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			
													,				•										
							•																				
										_				-													
				-															_			-					
ļ			- 1	1 1						ł		l . I	1											1 II			

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.



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 REGIST

REGISTERED DENTAL ASSISTANT

				F	Y 8	3								FY	84	4					FX	83	AND	FY	84		
AGE GROUP	EX	AMII	VED	LIC	/RE	GIS	LI	NO C/RI	GIS	EX	AMI	VED	LK	C/RI	EGIS	LK	NO /RE	GIS	EX	AM	INED	LIC	:/RE	GIS	LI	NO C/RI	T EGIS
	M	F	T	M	F	T	M	F	7	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	Ŀ	T
Under 18																											
18-25	1	291	292	1	291	292	(:	ee N	te)		310	310		310	310	(Se	e M	te)	1	601	602	1	601	602	(:	ee N	ote)
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			مسيستسيد	
60-65										5	1	1		1	1					1	1			1		-	-
66 & Over																											
Total	1	355	356	1	355	56					370	370		370	370				1	725	726	1	725	726			
	, ,			Ca	lc ula	ate	% o	Ma	le an	d %	of l	ema	le to	th	e Tot	al o	f E	ach C	ate	gory				 -		 -	
6 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.

Page 8 of 10 pages for Clauses 1, j, k (Minnesota Residents)

Page 19

Page 20

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

Page 9 of 10 pages for Clauses i, j, k (Non-Residents)

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 FY 83 FY 84 FK 83 AND FY 84 NOT NOT AGE NOT EXAMINED LIC/REGIS LIC/REGIS EXAMINED | LIC/REGIS | LIC/REGIS EXAMINED ||LIC/REGIS || LIC/REGIS GROUP M M M Under 18 9 K Sed Note on 12 12 12 12 (See Note 21 21 21 | Sed Note on 18 - 25Page 19 3 3 on Page 19) Page 19) 26-34 35-59 60-65 66 & Over 10 10 15 Total 15 Calculate % of Male and % of Female to the Total of Each Category 100 100 100 100 100 1100| 10d 100 % of Total 100 100 100 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE State Colorado Iowa Louisiana 10 5 10 N. Dakota 10 10

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

				1:	Υ :	83						_		ŀΥ	84	-					FY 8	13	AtH)	I.A	84		
STATE	EX/	^\\1	ŅED	J.IC				NO CZIKI	GIS	EX	AMII	Cill	1.10	C/RT	GIS	1.10	NO'	GIS	ЕX	(AAI)	NED		/RE		LI	C/ILL	i Gis
	71	F	ï	M	F		M	13	T	X	F		M	F	1	71	F	T	M	1:	T	VI	E	ľ	VI	l;	J,
S.Carolina							(See	Not	e on		1	.1		1	1	(Sec	No	e		1	1		1	1	(Sec	Not	e on
Texas	٠						Pá	ge 1	9)		1	1		1	1	on F	age	19)		1	1		1	1			
Wisconsin		4	4		4	4				_	2	ž		2	2					6	6		6	6			
										_																. consission de descripción de la constantina de la constantina de la constantina de la constantina de la cons	
				-						_			<u></u>	-		 	<u> </u>		_								
					-	_	-			_				<u> </u>						-					•===		-
														-	-								<u> </u>				
				-					-			\vdash	_	-			 	_	-							•	
	`							-	-								lacktriangledown			_		-			****		******************
													-														_
																			******					П			
			•																-								

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

PY 83 FY 84 FY 83 & 84

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

1 1 2

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State of		GE GR				SE	V	# Method of Lic./Regis.			** Reasons for
F.Y. 1983	Res.	0-18	26-34		60-65	66-	M		Pici, ice	Grant	Deny	Granting or Denial
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		66
Dentist	MA		X					X	Credentials	X		и
Dentist	WI			X			X		Credentials	X		н
Dentist	IL			X			X		Credentials	X		44
Dentist	OK			X		·	X		Credentials	X		**
Dentist	MI			X			X		Credentials	Х		88
Dentist	Canada			Х			X		Credentials	х	· ·	и
					l							

^{*} 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 NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 83

FY 83

FY 84

FY 83

FY 84

FY 83

FY 84

FY 83

FY 83

FY 83

FY 84

FY 83

FY 83

FY 84

FY 84

FY 83

FY 84

FY 83

FY 84

FY 84

FY 83

FY 84

FY 83

FY 84

FY 83

FY 84

FY 84

FY 83

FY 84

FY 83

FY 84

FY 83

FY 84

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State		. A	GE GR	OL ID			SE	V	* Method of Lic./Regis.			** Reasons for
F.Y. 1984	of Res.	0-18	18-25		135-59	60-65	66-	M	ÎF	rići) izegia:	Grant	Deny	Granting or Denial
Dentist	WI			Х				X		Credentials	x		Met all requirements established by rule.
Dentist	IL			X				X		Credentials	X		**
Dentist	CA			X				X		Credentials	x		10
Dentist	MN			X					X	Credentials	X		и
Dentist	WI				X			X		Credentials	X		66
Dentist	WI				X			X		Credentials	X		88
Dentist	OK				Х			X		Credentials	X		00
Dentist	MN				X			X		Credentials	X		**
Dentist	OH				X			X		Credentials	Х		18
Dentist	IM				X			X		Credentials	X		16
Dentist	IA				х			Х		Credentials	Х		06

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

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

М	INNESOT	A PAARN	ΩE	DENT	CTD
	7 MAP 20 1	n SURRU	UT	DENI	ואוכו

BOARD

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 83 FY 84 FY 83 & 84 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State of			NGE GR				SE	v	# Method of Lic./Regis.			** Reasons for
F.Y. 1984	Res.	0-18	18-25	26-34	35-59	60-69	66-	M		Picit iceBian	Grant	Deny	Granting or Denial
Dentist	IA				Х			X		Credentials	х		Met all requirements established by Rule
Dentist	СО				X			X		Credentials	X		
Dentist	VA				х			X		Credentials	x		u
<u> </u>													

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

Page 3 of 7 pages for Clause 1

Page 24

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 83 FY 84 FY 83 & 84

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

1 1 2

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State			er en			65.	,	* Method of			** Reasons for
F.Y. 1983	of Res.	0-18		\GE GR 26-34	60-65	66-	SE>	F	Lic./Regis.	Grant	Deny	Granting or Denial
Dental Hygiene	IL		X					X	Credentials	х		Met all requirements established by Rule
Dental Hygiene	MI			X	 			X	Credentials	X		
Dental Hygiene	WI			X	 			X	Credentials	x		16
Dental Hygiene	OK		<u> </u>	x				X	Credentials	X		11
Dental Hygiene	WI			X				X	Credentials	X		И
Dental Hygiene	IN			X	 			X	Credentials	X		••
Dental Hygiene	МО			X				X	Credentials	X		**
Dental Hygiene	MN			X				X	Credentials	X		86
Dental Hygiene	MN			X				X	Credentials	X		
Dental Hygiene	MN			Х				x	Credentials	Х		••
Dental Hygiene	WI			X				X	Credentials	Х		

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

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

Page 4 of 7 pages for Clause 1

Clause 1:	THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OF	OR REGIS	TERED B	.Y
	THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE R	REASONS	FOR	_
	THE LICENSING OR REGISTRATION OR DENIAL THEREOF .			•
TOTAL NUMBER	OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 83	FY 84 35	FY 83 & 84 58
TOTAL NUMBER	OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION		_1_	1

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State		,	AGE GF				SE	~	* Method of Lic./Regis.			** Reasons for
F.Y. 1983	of Res.	0-18		26-34		60-65	66-	M		ricit iceBist.	Grant	Deny	Granting or Denial
Dental Hygiene	NO			X					X	Credentials	х		Met all requirements established by Rule
Dental Hygiene	AZ			x					X	Credentials	x		W
Dental Hygiene	WI				X				X	Credentials		X	Deficiency in training, license withheld pending
													completion of training.
a ganggigita agang agang sa sa sa sabatta agang atawa tabatta a													
								<u> </u>					
												-	

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

Page 5 of 7 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

Yellow States of the state of

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State of		. 	AGE GF	ROUP			SE	X	* Method of Lic./Regis.			** Reasons for Granting or Denial
F.Y. 1984	Res.	0-18		26-34		60-65	66-		F		Grant	Deny	Graning or Demar
Dental Hygiene	MN		X						X	Credentials	X		Met all requirements establsihed by rule
Dental Hygiene	MN		X						X	Credentials	X		н
Dental Hygiene	OH		X						X	Credentials	X		11
Dental Hygiene	NC		Х						X	Credentials	Х		н
Dental Hygiene	WI		X						X	Credentials	X		11
Dental Hygiene	MO		X						X	Credentials	Х		11
Dental Hygiene	Canada		X						X	Credentials	X		88
Dental Hygiene	PA			Х					X	Credentials	Х		**
Dental Hygiene	MN			Х					X	Credentials	χ.		**
Dental Hygiene	WI			X					X	Credentials	X		11
Dental Hygiene	OH			X					X	Credentials	Х		. 11

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

Page 6 of 7 pages for Clause 1

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

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION Y 3 FY 83 FY 83 & 84

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION 1 1 1

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State of		ı	AGE GR	OUP			SE	×	* Method of Lic./Regis.			** Reasons for Granting or Denial
F.Y. 1984	Res.	0-18		26-34		60-65	66-	M		1	Grant	Deny	druming or Deman
Dental Hygiene	NH			х					X	Credentials	х		Met all requirements established by Rules
Dental Hygiene	WI			Х					X	Credentials	Х		"
Dental Hygiene	WI			х					X	Credentials	X		
Dental Hygiene	WI			X					X	Credentials	X		н
Dental Hygiene	WI			X					X	Credentials	X		и
Dental Hygiene	IA			X					X	Credentials	X		"
Dental Hygiene	MN			Х					X	Credentials	Х		11
Dental Hygiene	NC			X					X	Credentials	х		10
Dental Hygiene	TX			Х					X	Credentials	Х		16
Dental Hygiene	MN				Х				X	Credentials	х		14
Dental Hygiene	WI				Х				X	Credentials		X	Deficiency in training Examination recommende

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

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

Page 7 of 7 pages for Clause 1

Clause m:

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

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

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

TYPE OF LICENSE OR REGISTRATION	3	TYPE OF US CHANGE		REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE		
(By 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 Orthodonic Procedu		
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 Réquirements.		
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

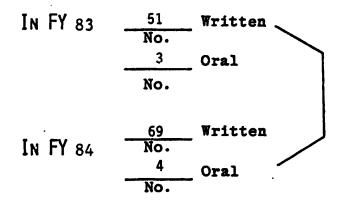
TOTAL number of suspensions

TOTAL number of other status changes

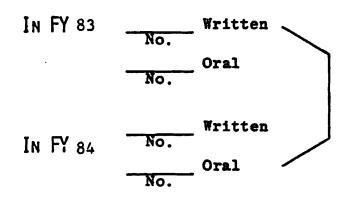
FY 83	FY 84	FY's 83&84
109	107	216
1	2	3
1	4	5

TYPE OF LICENSE OR REGISTRATION	STAT	TYPE OF US CHANGE		REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE	
(By 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 Requiremen	
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



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 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).

CO	MMARY OF COMPLAINTS AND MMUNICATIONS BY CATEGORY ive 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 - Revocation1 - Conditioned License3 - 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).

OM	MARY OF COMPLAINTS AND MUNICATIONS BY CATEGORY ve number in each category)		SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category)
5		1 - 4 -	No Violation
4	Charging Unconsionable Fees	4 - 2 -	
5	Misleading Advertising	3 - 3 - 1 -	
6	Practicing Dentistry without A License	2 - 3 - 2 -	
6	Failure to Annually Register with the Board	180	Licenses & Regstrations 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 -	

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 Hygierists
 - 7 National Board Examinations

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 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;
- (I) 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.