

SEPTEMBER, 1986



Minnesota Board of Dentistry Biennial Report

REPORT PERIOD

JULY 1, 1984-JUNE 30, 1986

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(M.S. 1985 Supplement, Section 214.07)

BOARD: Minnesota Board of Dentistry

LOCATION: 2700 University Avenue West, Suite 109

St. Paul, Minnesota 55114

STATUTORY AUTHORITY: M.S. § 150A, 1986

REPORT PERIOD: July 1, 1984 To: June 30, 1986

SUBMITTED BY:	<u>Douglas R. Sell</u>	<u>Executive Director</u>	<u>10/1/86</u>
	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.

MINNESOTA BOARD OF DENTISTRY

Biennial Report

(M.S. 1986 - Section 214.07)

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Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 85 and FY 86 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 report period, the Board initially licensed 339 dentists and 287 dental hygienists; initially registered 739 assistants and 45 professional corporations; reinstated 17 licenses and 18 registrations; issued 20,245 annual registration certificates; acted on 118 consumer complaints; participated in 39 regional and national board examinations for dentists and hygienists; participated in seven accreditation visits at dental, dental hygiene and dental assisting schools; and reviewed approximately 600 continuing education programs. A new registration examination for registered dental assistants was adopted to provide for extended examination on radiation safety.

An electronic information management system was implemented to provide for efficient recordkeeping and the automatic processing of annual registration notices and annual registration certificates at considerable savings to the state. Complaint status follow-up reporting was incorporated into the system.

The Board adopted rules on professional advertising, delegation of duties to ancillary personnel, reinforcement of disciplinary measures, automatic termination of licenses for failure to apply for renewal and to meet continuing education requirements and for procedures of reinstatement of licenses and registrations.

In order to alleviate the crowded conditions of the Department of Health, the Board, along with nine other health-related boards, relocated its executive office.

Additionally, the Board published its first annual NEWSLETTER to inform its clientele and the public of disciplinary actions taken, rule amendments and functions that may be delegated to ancillary personnel.

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 16 FY 86 11 FY 85 AND 86 27*

* Includes Public and Non-Public Meetings

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 85	FY 86	FY 85 & 86		FY 85	FY 86	FY 85 & 86
Dorvinan, Harry R., DDS	Board Meeting	35	26	61	Other	64	103	167
	Executive Meeting	55	41	96				
	Examinations	57		57				
	Complaint Comm.	74	12	86				
Harrington, Sr. Cecilia Mary	Board Meeting	35	26	61				
	Executive Meeting	55	41	96				
	Examinations	18	24	42				
	Other	271	106	377				
Hoover, Robert H., DDS	Board Meeting	35	26	61	Other	262		
	Executive Meeting	46	41	87				
	Examinations	81	123	204				
	Complaint Comm.	81	4	85				
Lapham, Kathleen A., RDA	Board Meeting	35	26	61				
	Executive Meeting	53	41	94				
	Other	111	130	241				

Clause b: **TOTAL NUMBER MEETINGS HELD** FY 85 16 FY 86 11 FY 85 AND 86 27*

*Includes Public and Non-Public Meetings

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 85	FY 86	FY 85 & 86	TYPE	FY 85	FY 86	FY 85 & 86
McCarter, Thomas J., DDS	Board Meeting	35	21	56	Other	398	308	706
	Executive Meeting	59	41	100				
	Examinations	48	68	116				
	Complaint Comm.	45	61	106				
Ploof, Mary Jane	Board Meeting	35	26	61	Other	142	90	232
	Executive Meeting	52	41	93				
	Examinations	9	11	20				
	Complaint Comm.	776	137	903				
Snowden, Vivian Joy Kent, DDS	Board Meeting	29	20	49				
	Executive Meeting	37	20	57				
	Examinations	65	26	91				
	Other	83	-	83				
Spoodis, Janet H., DH	Board Meeting	16	-	16				
	Executive Meeting	24	-	24				
	Other	120	-	120				

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 16 FY 86 11 FY 85 AND 86 27*

*Includes Public and Non-Public Meetings

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

MEETING		HOURS			OTHER ACTIVITIES		HOURS	
BOARD MEMBER'S NAME	TYPE	FY 85	FY 86	FY 85 & 86	TYPE	FY 85	FY 86	FY 85 & 86
Wright, Boyd A., DDS	Board Meeting	35	26	61	Other	168	102	270
	Executive Meeting	58	41	99				
	Examinations	84	48	129				
	Complaint Comm.	60	40	100				
Young, Lynda, DH	Board Meeting	11	26	37				
	Executive Meeting	26	41	67				
	Other	9	78	87				

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

	FY 85	FY 86	FY'S 85 & 86
Total State Appropriations	350,033	255,537	605,570
Total Non-Dedicated Fee Receipts	293,146	341,136	634,282
Total Disbursements	349,723	350,531	700,254

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.

Unanticipated legal and investigation fees relating mostly to one disciplinary case resulted in the deficit that occurred during F.Y. 85. The Board intends to make up the deficit in F.Y. 86 and F.Y. 87.

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 85 AND FY 86

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
Harry R. Dorvinen Hermantown, MN	Dentist	July 1, 1983 - January 5, 1987
Sr. Cecilia Mary Harrington - St. Paul	College Faculty Assistant	June 2, 1980 - January 3, 1984 January 2, 1984 - January 4, 1988
Robert R. Hoover Golden Valley, MN	Dentist	May 22, 1981 - January 7, 1985 January 7, 1985 - January 2, 1989
Kathleen A. Lapham Minnetonka, MN	Registered Dental Assistant Educator	March 1, 1982 - January 6, 1985 January 6, 1986 - January 1, 1990
Thomas J. McCarter North Oaks, MN	Dentist	March 1, 1982 - January 6, 1986 January 6, 1986 - January 8, 1990
Mary Jane Ploof Chaska, MN	Special Education Teacher	May 18, 1979 - July 1, 1983 July 1, 1983 - January 5, 1987
Vivian Joy Snowden Bloomington, MN	Dentist	July 1, 1983 - January 5, 1987
Janet H. Spoodis Edina, MN	Dental Hygienist	August 1, 1977 - May 21, 1981 May 21, 1981 - January 7, 1985
Boyd A. Wright Edina, MN	Dentist	July 1, 1984 - January 4, 1988
Lynda J. Young Minneapolis, MN	Dental Hygienist	January 21, 1985-January 2, 1989

[illegible]

Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 85 AND FY 86. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

At 10 SR 955 rules were adopted on application and renewal fees:

Advertising - Redefines false, fraudulent, misleading or deceptive statements or claims in advertising by deleting from the definition statements that are self-laudatory but including statement which appeal to an individual's anxiety in an excessive or unfair way, which contain material claims of superiority that cannot be substantiated, and which misrepresents a dentist's credentials, training, experience, or ability. Requires that routine dental services which are advertised must either include components specified in the rules or disclose that the components are not part of the service. Permits the advertising of set fees for any service as long as the dentist intends to charge a standard price for the service. Permits the advertising of a range of fees as long as the basic factors on which the actual fees will be determined are included in the advertisement. Repeals prohibitions against the use of various descriptive words or phrases, the use of testimonials and endorsements, the use of celebrities, the use of dramatization or graphic illustrations to imply patient satisfaction, and the indication of affiliation with any organization other than the dental practice being advertised.

Auxiliaries - Reorganizes rules relating to auxiliary duties. Permits assistants to remove excess cement from orthodontic appliances, not just bands. Allows dental hygienists to remove marginal overhangs under the indirect supervision of a dentist. Provides for a radiology examination for limited registration to take radiographs by those qualified in an allied health profession.

Continuing Education (CDE) - Permits dentists to earn 15 credits, dental hygienists 8 credits, and registered assistants 5 credits toward the total number of credits required every five years in non-clinical subjects which are supportive of clinical services, such as patient management, the legal and ethical responsibilities of the dental profession, and stress management. Reduces the number of credits allowed for general attendance at convention-type meetings from five to three. Repeals Board authority to participate in the recordkeeping system once provided by the ADA Continuing Education Registry. Provides an exemption from CDE requirements for those not actively practicing in the state; requires the filing of an exemption affidavit; requires those in the exempt status and who desire to return to practice to give notice and to present evidence of having CDE to the extent of the requirement as though the exemption had not occurred and to receive notice from the Board that the evidence submitted is acceptable before resuming practice. Establishes an application procedure for approval as a CDE sponsor and requires sponsors to reapply for approval every four years. (The application fee, previously established, is \$75.)

Disciplinary - Requires licensees and registrants to cooperate with Board investigations and makes failure to do so grounds for disciplinary action. Strengthens the Board's authority to refuse the voluntary termination of licensure or registration if the Board feels a licensee or registrant has violated the dental laws.

Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 85 AND FY 86. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

Licensure and Registration - Removes reference to specific testing agencies as providers of licensure examination acceptable to the Board; requires applicants for licensure and registration to complete a Board-approved examination designed to determine the applicant's level of clinical skills. Requires applicants for licensure by credentials to present evidence of having passed a clinical examination for licensure in another state which has licensure standards comparable to Minnesota's.

Names of Dental Practices - Removes the restrictions on the use of names of a city, state, or other political subdivision in the name of a dental practice.

Renewal of Licenses and Registrations - Clarifies existing language with respect to annual renewal and termination of licenses and registrations. Provides a mechanism for the automatic termination of a license or registration without first giving advance notice and an opportunity to correct the problem, for failure to pay the renewal fee and/or meet the CDE requirement.

Reinstatement of Licenses and Registrations - Establishes a procedure for applying for reinstatement. Provides that licenses and registrations which have not been in effect for less than five years may be reinstated upon filing an application, paying back renewal fees and submitting evidence of CDE compliance: requires certain examinations for reinstatement of licenses and registrations when licensee and registrants have not complied with CDE requirement. If the license or registration has not been in effect for over five years, the licensee or registrant must complete part II of the national board examination and the clinical examination for dentists; the national board examination and the clinical examination for hygienists; the initial registration examination for registered assistants.

Corporations - Requires corporations to include on annual report form the names of each director, officer and shareholder and their corporate titles. Removes the need for the Board to issue a certificate of registration to professional corporations. A full copy of the Board's rules will be sent later this year to every licensee and registrant on record. In the meantime, if you have any questions concerning them, please state your questions in writing and send them to the Board Office.

Clause g: LIST THE NUMBER OF PERSONS HAVING EACH TYPE OF LICENSE
AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1986
(IN THE YEAR OF THE REPORT)

[illegible]

EXAMINATION:

[illegible]

Clauses i, j, k: MINNESOTA RESIDENTS PY 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 85									FY 86									FY 85 AND FY 86								
	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	7	2	9	7	2	9	(See Note)			3	0	3	3	0	3	(See Note)			10	2	12	10	2	12	(See Note)		
26-34	79	25	104	79	25	104				74	19	93	76	19	93				153	44	197	153	44	197			
35-59	1	1	2	1	1	2				4	3	7	4	3	7				5	4	9	5	4	9			
60-65																											
66 & Over																											
Total	87	28	115	87	28	115	(See Note)			81	22	103	83	22	103	(See Note)			168	50	218	168	50	218	(See Note)		
Calculate % of Male and % of Female to the Total of Each Category																											
% of Total	76	24	100	76	24	100			100	79	21	100	79	21	100			100	77	23	100	77	23	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 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 85									FY 86									FY 85 AND FY 86								
	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																											
26-34	29	9	38	29	9	38	(See note on page 1)			38	5	43	38	5	43	(See Note on Page 1)			67	14	81	67	14	81	(See note on Page 1)		
35-59	5		5	5		5				1	1	2	1	1	2				6	1	7	6	1	7			
60-65																											
66 & Over																											
Total	34	9	43	34	9	43				39	6	45	39	6	45				73	15	88	73	15	88			

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

% of Total	79	21	100	79	21	100			100	87	13	100	87	13	100			100	83	17	100	87	17	100			100
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State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

Alabama							(See note	1		1	1	1	(See note	1		1	1	1	(See note
Calif.							on page 1)	2		2	2	2	on page 1)	2		2	2	2	on page 1)
Colorado	2	1	3	2	1	3		3		3	3	3		5	1	6	5	1	6
Georgia		1	1		1	1		1		1	1	1		1	1	2	1	1	2

CONTINUATION SHEET:

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 85									FY 86									FY 85 AND FY 86								
	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
PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE																											
Indiana		1	1		1	1													1		1	1		1			
Illinois	1		1	1		1				2		2	2		2				3		3	3		3			
Iowa	4	2	6	4	2	6				7	2	9	7	2	9				11	4	15	11	4	15			
Kansas										2		2	2		2				2		2	2		2			
Kentucky										1		1	1		1				1		1	1		1			
Mass.	1		1	1		1				1		1	1		1				2		2	2		2			
Michigan										3		3	3		3				3		3	3		3			
Montana										1		1	1		1				1		1	1		1			
Missouri	3		3	3		3				1		1	1		1				4		4	4		4			
New Mexico										1		1	1		1				1		1	1		1			
No. Dakota	4		4	4		4				2		2	2		2				6		6	6		6			
Ohio	1		1	1		1				1		1	1		1				2		2	2		2			

CONTINUATION SHEET:

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 85									FY 86									FY 85 AND FY 86								
	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
Oklahoma	3		3	3		3													3		3	3		3			
S. Carolina										1		1	1		1				1		1	1		1			
S. Dakota	2		2	2		2					1	1		1	1				2	1	3	2	1	3			
Texas	3	1	4	3	1	4				1		1	1		1				4	1	5	4	1	5			
Virginia	1		1	1		1				1		1	1		1				2		2	2		2			
Washington										1		1	1		1				1		1	1		1			
Wisconsin	8	2	10	8	2	10				6	1	7	6	1	7				14	3	17	14	3	17			
Wyoming											1	1		1	1					1	1		1	1			
Australia	1		1	1		1													1		1	1		1			
Phillipines		1	1			1	1													1	1		1	1			

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

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

TYPE OF LICENSE/REGISTRATION

Dental Hygiene

AGE GROUP	FY 85									FY 86									FY 85 AND FY 86								
	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		80	80		80	80	(See Note)				66	66		66	66	(See Note)				146	146		146	146	(See Note)		
26-34		15	15		15	15					18	18		18	18					33	33		33	33			
35-59	1	2	3	1	2	3					7	7		7	7					1	9	10	1	9	10		
60-65																											
66 & Over																											
Total	1	97	98	1	101	102					91	91		91	91					1	188	188		188	188		
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		100	100		100	100			100

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 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 85									FY 86									FY 85 AND FY 86								
	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	26	26		26	26					25	25		25	25					51	51		51	51				
26-34	4	4		4	4		(See Note on Page 5)			4	4		4	4		(See Note on Page 5)			8	8		8	8		(See Note on Page 5)		
35-59																											
60-65																											
66 & Over																											
Total	30	30		30	30					29	29		29	29					59	59		59	59				

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

Alaska	1	1	1	1	(See Note on Page 5)							(See Note on Page 5)	1	1	1	1	(See Note on Page 5)
Iowa	5	5	5	5			4	4	4	4			9	9	9	9	
Illinois	2	2	2	2			1	1	1	1			3	3	3	3	
Michigan	1	1	1	1			1	1	1	1			2	2	2	2	

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

TYPE OF LICENSE/REGISTRATION Dental Hygiene

[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 Assistant

AGE GROUP	FY 85									FY 86									FY 85 AND FY 86								
	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		287	287		287	287	(See Note)			266	266		266	266	(See Note)				553	553		553	553	(See Note)			
26-34		68	68		68	68				46	46		46	46					114	114		114	114				
35-59		24	24		24	24				24	24		24	24					48	48		48	48				
60-65																											
66 & Over																											
Total		379	379		379	379				336	336		336	336					715	715		715	715				
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

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 registrations 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 Dental Assistant

AGE GROUP	FY 85									FY 86									FY 85 AND FY 86								
	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		8	8		8	8	(See note on page 8)			11	11		11	11	(See note on page 8)				19	19		19	19	(See note on page 8)			
26-34		1	1		1	1				3	3		3	3					4	4		4	4				
35-59		1	1		1	1													1	1		1	1				
60-65																											
66 & Over																											
Total		10	10		10	10				14	14		14	14					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
------------	--	-----	-----	--	-----	-----	--	--	-----	--	-----	-----	--	--	-----	--	--	-----	-----	--	-----	-----	--	--	--	-----

State	PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE																									
Florida							(See note on page 8)			1	1		1	1	(See note on page 8)				1	1		1	1	(See note on page 8)		
Colorado		1	1		1	1													1	1		1	1			
Iowa		2	2		2	2													2	2		2	2			
Kansas										1	1		1	1					1	1		1	1			

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

TYPE OF LICENSE/REGISTRATION Dental Assistant

[illegible]

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 85	FY 86	FY 85 & 86
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION		<u>31</u>	<u>42</u>	<u>73</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION		<u> </u>	<u>1</u>	<u>1</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	
Dentist	LA				X			X		Credentials		X	Failure to have current knowledge of etiology of dental diseasee
Dentist	MN				X			X		Credentials	X		Met all requirements established by rule.
Dentist	NE				X			X		Credentials	X		"
Dentist	KS				X			X		Credentials	X		"
Dentist	MN			X				X		Credentials	X		"
Dentist	ND				X			X		Credentials	X		"
Dentist	NH			X				X		Credentials	X		"
Dentist	Canada				X			X		Credentials	X		"
Dentist	CA				X			X		Credentials	X		"
Dentist	MT			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 85 31	FY 86 42	FY 85 & 86 73
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION		1	1

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	MT			X					X	Credentials	X		Met all requirements established by rule
Dentist	MN				X				X	Credentials	X		"
Dentist	MN				X			X		Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	PA				X				X	Credentials	X		"
Hygienist	AZ			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	IA			X					X	Credentials	X		"
Hygienist	GA			X					X	Credentials	X		"
Hygienist	MI			X					X	Credentials	X		"
Hygienist	MA		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 85	FY 86	FY 85 & 86
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>31</u>	<u>42</u>	<u>73</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u> </u>	<u>1</u>	<u>1</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	
Hygienist	WI			X					X	Credentials	X		Met all requirements established by rule.
Hygienist	MN			X					X	Credentials	X		"
Hygienist	WI			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	IL			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	MN				X				X	Credentials	X		"
Hygienist	GA			X					X	Credentials	X		"
Hygienist	IL			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 85	FY 86	FY 85 & 86
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>31</u>	<u>42</u>	<u>73</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u> </u>	<u>1</u>	<u>1</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	
Dentist	MA			X				X		Credentials	X		Met all requirements established by Rule
Dentist	VT			X				X		Credentials	X		"
Dentist	IL				X			X		Credentials	X		"
Dentist	IL			X					X	Credentials	X		"
Dentist	MI				X			X		Credentials	X		"
Dentist	SC				X			X		Credentials	X		"
Dentist	MN			X				X		Credentials	X		"
Dentist	MN			X				X		Credentials	X		"
Dentist	MA			X				X		Credentials	X		"
Dentist	WI				X			X		Credentials	X		"
Dentist	AZ			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 85	FY 86	FY 85 & 86
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>31</u>	<u>42</u>	<u>73</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u> </u>	<u>1</u>	<u>1</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	
Dentist	MD				X			X		Credentials	X		Met all requirements established by rule
Dentist	MN				X			X		Credentials	X		"
Dentist	IL				X			X		Credentials	X		"
Dentist	MN			X				X		Credentials	X		"
Dentist	WI				X			X		Credentials	X		"
Dentist	IL			X				X		Credentials	X		"
Dentist	SD				X			X		Credentials	X		"
Dentist	NY			X					X	Credentials	X		"
Dentist	FL				X			X		Credentials	X		"
Dentist	NC			X						Credentials	X		"
Hygienist	IL			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 85 <u>31</u>	FY 86 <u>42</u>	FY 85 & 86 <u>73</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u> </u>	<u> </u>	<u> </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	
Hygienist	MN			X					X	Credentials	X		Met all requirements established by rule
Hygienist	SD			X					X	Credentials	X		"
Hygienist	CO			X					X	Credentials	X		"
Hygienist	IA			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	IL			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	TX			X					X	Credentials	X		"
Hygienist	NV			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 85 <u>31</u>	FY 86 <u>42</u>	FY 85 & 86 <u>73</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u> </u>	<u>1</u>	<u>1</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	
Hygienist	IL			X					X	Credentials	X		Met all requirements established by rule
Hygienist	WI			X					X	Credentials	X		"
Hygienist	WI			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	MN			X					X	Credentials	X		"
Hygienist	PA		X						X	Credentials	X		"
Hygienist	NC			X					X	Credentials	X		"
Hygienist	NM				X				X	Credentials	X		"
Hygienist	CA		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 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 85	FY 86	FY's 85&86
	136	136
4	2	6
5	3	8

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		Treatment repeatedly falling below accepted standards.
Dentist			Conditioned License	Making improper advances to a patient.
Dentist		X		Conduct unbecoming a professional, performing unnecessary services, charging unconscionable fees.
Dentist		X		Incompetency, conduct unbecoming a professional.
Dentist		X		Fraud
Dentist			Conditioned License	Chemical abuse.
Dentist			Conditioned License	Fraud, conduct contrary to the interest of the public, charging for services not rendered.
Dentist			Acceptance of voluntary termination with reprimand.	Fraud

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 85	FY 86	FY's 85&86
	136	136
4	2	6
5	3	8

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		Failure to comply with continuing education requirements.
Dentist			Acceptance of voluntary termination with reprimand.	Fraud
Dentist		X		Fraud
Dental Hygienist			Acceptance of voluntary termination with reprimand.	Performing unauthorized services.
Dentist			Acceptance of voluntary termination with reprimand.	Illegal Use of Auxiliaries.
Dentist			Acceptance of voluntary termination with reprimand.	Unprofessional conduct
Dentists (27)	X			Failure to renew license or failure to comply with continuing education requirements.

FY 85	FY 86	FY's 85&86
	136	136
4	2	6
5	3	8

[illegible]

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 85 69 Written
 No.

5 Oral
 No.

IN FY 86 42 Written
 No.

3 Oral
 No.

THAT ALLEGE OR IMPLY A VIOLATION OF A STATUTE OR RULE WHICH THE BOARD IS EMPOWERED TO ENFORCE. THESE TOTALS INCLUDE CASES REFERRED TO THE ATTORNEY GENERAL'S STAFF WHO ARE ASSIGNED TO ASSIST YOUR BOARD.

IN FY 85 Written
 No.

 Oral
 No.

IN FY 86 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 agency (Federal, State, and Local) in each fiscal year:

Clause o: SUMMARIZE, BY SPECIFIC CATEGORY, THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND AND, FOR EACH SPECIFIC CATEGORY, 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, 1985, and complaints and communications received but not disposed of as of June 30, 1986 should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY SPECIFIC CATEGORY (Give number in each specific category)	SUMMARY OF RESPONSES AND DISPOSITIONS FOR EACH SPECIFIC CATEGORY (Give number in each specific category)
29 - Incompetency	20 - Dismissed, no violation 1 - Mediated settlement 1 - Withdrawn 4 - Suspended license 13 - Pending
29 - Unprofessional conduct	15 - Dismissed, no violation 1 - Mediated settlement 13 - Suspended license 2 - Letters of warning 1 - Reprimand with fine 1 - Reprimand 1 - Acceptance of voluntary termination of license with reprimand 3 - Pending
12 - Fraud	3 - Dismissed, no violation 1 - Suspension of license, license conditioned, 600 hours of community service imposed 1 - Suspension of license, fine 2 - Reprimand with fine 3 - Conditioned license 1 - Reprimand 2 - Acceptance of termination of license with reprimand 3 - Pending

Clause o: SUMMARIZE, BY SPECIFIC CATEGORY, THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND AND, FOR EACH SPECIFIC CATEGORY, 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, 1985, and complaints and communications received but not disposed of as of June 30, 1986 should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY SPECIFIC CATEGORY (Give number in each specific category)	SUMMARY OF RESPONSES AND DISPOSITIONS FOR EACH SPECIFIC CATEGORY (Give number in each specific category)
10 - Improper prescribing of drugs	6 - Dismissed, no violation 2 - Reprimand - fine 1 - Letter of warning 3 - Pending
9 - Performing unnecessary services; charging for services not rendered	1 - Suspension of license 9 - Pending
7 - Improper utilization of dental auxiliaries	5 - Dismissed, no violation 2 - Acceptance of termination of license with reprimand 2 - Letters of warning 3 - Pending
4 - Immorality	2 - Dismissed, unsubstantiated 1 - Conditioned license 2 - Pending
4 - Practicing dentistry without license	1 - Dismissed, business closed 3 - Pending
2 - Chemical abuse	1 - Conditioned license 1 - Pending

Clause o: SUMMARIZE, BY SPECIFIC CATEGORY, THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND AND, FOR EACH SPECIFIC CATEGORY, 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, 1985, and complaints and communications received but not disposed of as of June 30, 1986 should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY SPECIFIC CATEGORY (Give number in each specific category)	SUMMARY OF RESPONSES AND DISPOSITIONS FOR EACH SPECIFIC CATEGORY (Give number in each specific category)
2 - Unsanitary office	1 - Warning 1 - Pending 1 - Suspension of license 1 - Acceptance of termination of license with reprimand
1 - Charging unconscionable fees	1 - Suspension of license 1 - Pending
9 - Failure to renew licenses or registrations or failure to comply with continuing education requirements	27 - Dentist license revoked 17 - Dental hygiene licenses revoked 92 - Dental assisting registrations revoked
1 - Failure to register professional corporation	1 - Complaint dismissed after three corporations involved came into compliance

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?)

For health-related boards: (except Veterinary Medicine)

1) What progress has the board made so far in establishing procedures to exchange information with other Minnesota state boards, agencies, and departments responsible for licensing health related occupations, facilities, and programs, and for coordinating investigations involving matters within the jurisdiction of more than one licensing body? and,

2) What progress has the board made so far in establishing procedures for exchanging information with other states regarding disciplinary action against licensees? (see M.S. 1985 Supplement, Section 214.10, Subd. 8(d)(e).

During fiscal years 1985 and 1986 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

8 - National Board Examinations

In addition to examination and accreditation visits, the board actively participated with the national organization CLEAR. This organization's charter provides a number of forums for information exchange, formally and informally, among licensing boards. The personal and organizational contacts made as a result of these forums has aided in the licensing and investigative processes.

The Board of Dentistry has, since 1985, reported all disciplinary actions to NDIS (National Disciplinary Information System). This organization was established by CLEAR in 1981 as a national clearinghouse for disciplinary action. The Board receives and reviews monthly reports from NDIS and takes action where necessary.

Item q: For all health related boards except the Board of Veterinary Medicine, per M.S. 1985 Supplement, Section 214.10, Subd. 8(b): Provide a summary of each individual case (complaint or other communication) that involved possible sexual contact of a licensee with a patient or client.

Each summary must include:

- 1) a description of the alleged misconduct;
- 2) the general results of the investigation;
- 3) the nature of board activities relating to that case;
- 4) the disposition of the case;
- and
- 5) the reasons for board decisions concerning the disposition of the case.

The information disclosed must not include the name or specific identifying information about any person, agency, or organization. Include cases received prior to July 1, 1984, but disposed of in FY '85 and FY '86, as well as cases received prior to June 30, 1986, but not yet disposed of.

The Board received four complaints that fit the Item q requirements:

1. Individual was alleged to have made physical advances towards a patient. The investigation could not confirm these allegations because the witness (patient) was not willing to cooperate. The Board did have the individual in for a disciplinary conference and advised the individual of the professional standards established by the Board. The Board dismissed the complaint with a letter of concern because the allegations could not be substantiated.
2. Individual was alleged to have made physical sexual contact with a patient. Investigation could not clearly confirm these allegations because the explanation by the practitioner and the patient were believable. The Board had the individual and patient before them in an attempt to prove or disprove the allegations. The Board dismissed the complaint with a letter of concern. Both the practitioner and patient were believable in their description of the incident and, because neither could be confirmed by other witness or testimony, the file was closed.
3. Individual was alleged to have sexually touched patients while patients were sedated. (This case is currently under review by an Administrative Law Judge.) Investigation supports the allegations by testimony from patients and other witnesses. The Board had the practitioner in for a disciplinary conference but could not resolve the complaint. The Board proceeded to a contested case hearing before an Administrative Law Judge.

Item 4: (Continuation Sheet)

4. Individual was alleged to have sexually touched patients while patients were sedated. Investigative materials did not support the allegations and individual denied all charges. Because patients were sedated, they could not confirm or deny allegations. The Board had practitioner in for disciplinary conference. The Board dismissed the complaint with a letter of warning because confirmation of the sexual abuse could not be clearly substantiated.