

NEW MATERIALS (Added April 6, 2011)

Iowa Dental Board Meeting (Open Session)

Document	Reference	Description
1) Revised Agenda	Open Meeting Agenda	- Revised material for January 25, 2011 minutes - New agenda items under Continuing Education Advisory Committee Report
2) Revised January minutes	Agenda Item III	- Revised the January 25, 2011 minutes to add summary of public comments received at Board meeting
3) New – Review of Continuing Education Courses/Sponsors	Agenda Item IV(d)	- New agenda items to review Committee recommendations regarding five continuing education courses and two sponsors.



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

Revised 4/6/11
IOWA DENTAL BOARD
AGENDA

April 12-13, 2011

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

Board Members:

Gary D. Roth, D.D.S., Chair; Perry T. Grimes, D.D.S., Vice-Chair; VaLinda J. Parsons, R.D.H., Secretary; Marijo A. Beasler, R.D.H.; Steven Patrick Bradley, D.D.S.; Lynn D. Curry, D.D.S.; Michael J. Rovner, D.D.S.; Diane Meier; Kimberlee Spillers

Tuesday, April 12, 2011

9:00	EXECUTIVE COMMITTEE	Closed Session	<i>Roth, Grimes, Parsons</i>
9:30	DENTAL HYGIENE COMMITTEE (See Separate Committee Agenda)	Open/Closed Session	<i>Parsons, Beasler, Roth</i>
10:30	<u>OPEN SESSION</u>	Open Session	<i>Full Board</i>
	I. CALL MEETING TO ORDER – ROLL CALL		<i>Gary Roth</i>
	II. OPPORTUNITY FOR PUBLIC COMMENT		<i>Gary Roth</i>
	III. APPROVAL OF OPEN SESSION MINUTES		<i>Gary Roth</i>
	<ul style="list-style-type: none">January 25, 2011 Meeting (Revised minutes 4/6/11)March 4, 2011 Telephonic meeting		
	IV. REPORTS		
	a. EXECUTIVE DIRECTOR'S REPORT		<i>Melanie Johnson</i>
	b. LEGAL REPORT		<i>Theresa Weeg</i>
	c. ANESTHESIA CREDENTIALS COMMITTEE REPORT		<i>Gary Roth</i>
	1. Recommendations re: pending moderate sedation applications		
	a. Dr. Brett Schow		
	2. Other		

d. CONTINUING EDUCATION ADVISORY COMMITTEE REPORT

Marijo Beasler

1. Ratification of Actions Taken by Committee Since Last Meeting
2. Review of Continuing Education Course: Dental Prosthetic Services – Making Every Patient the Ideal Patient (Added 4/6/11)
3. Review of Continuing Education Course: Institute for Natural Resources – Brain Injury: Stroke, Alzheimers & Head Trauma (Added 4/6/11)
4. Review of Continuing Education Course: IDAA – Nutrition: How You Can Make It Important for Your Patients & You! (Added 4/6/11)
5. Review of Continuing Education Course: IDA – Great Communication, Great Production (Added 4/6/11)
6. Review of Continuing Education Course: IDA – Speak Your Peace (Added 4/6/11)
7. Review of Continuing Education Sponsor: CPR & You (Added 4/6/11)
8. Review of Continuing Education Sponsor: Apogee Dental Network (Added 4/6/11)
9. Other

e. EXECUTIVE COMMITTEE REPORT

Gary Roth

f. LICENSURE/REGISTRATION COMMITTEE REPORT

VaLinda Parsons

g. DENTAL HYGIENE COMMITTEE REPORT

VaLinda Parsons

h. DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT

Michael Rovner

i. AD-HOC EXAMINATION COMMITTEE REPORT

Tom Grimes

j. EXAMINATIONS REPORT

1. CRDTS – Central Regional Dental Testing Service, Inc. *Dental Steering Committee Report* *Gary Roth*
2. CRDTS – Central Regional Dental Testing Service, Inc. *Dental Hygiene Examination Review Committee Report* *Marijo Beasler*
3. CRDTS – Central Regional Dental Testing Service, Inc. *Dental Examination Review Committee Report* *P.T. Grimes*

k. IOWA PRACTITIONERS REVIEW COMMITTEE REPORT

Brian Sedars

1. Quarterly IPRC report

V. ADMINISTRATIVE RULES/RULE WAIVERS

1. Action on Final Rule Amendments: 650--Chapter 11, "Licensure to Practice Dentistry or Dental Hygiene," 650-

Gary Roth

-Chapter 12, "Dental and Dental Hygiene Examinations"
(Notice ARC #9243B)

2. Recommendation Re: Dental Definitions for IDPH 's
Volunteer Health Care Provider Program *Gary Roth*

VI. LEGISLATIVE UPDATE *Melanie Johnson*

VII. OTHER BUSINESS

1. Appointment of Chair for Licensure/Registration
Committee *Gary Roth*
2. Appointment of Committee Members to IPRC
3. Request from Iowa Dental Association for
Reconsideration - Creation of New "Volunteer/Free Care
Only" License Category

**VIII. APPLICATIONS FOR
LICENSURE/REGISTRATION & OTHER
REQUESTS ***

1. Ratification of Actions Taken by Executive Director Since
Last Meeting on Applications *Melanie Johnson*
2. Pending Licensure/Registration Applications*

IX. OPPORTUNITY FOR PUBLIC COMMENT *Gary Roth*

Noon - **LUNCH BREAK-**

X. CLOSED SESSION* **Closed Session** *Full Board*

2:00 p.m. **ADMINISTRATIVE HEARING*** –Consideration in the
Matter of Becky Schuller, R.D.A. (#10-154)

XI. RECESS UNTIL: 8:30 A.M. ON 4/13/11

Wednesday, April 13, 2011

8:30 a.m. **XII. BOARD RECONVENES*** **Closed Session** *Full Board*

9:00 a.m. **XIII. OPEN SESSION ACTION, IF ANY, ON
CLOSED SESSION AGENDA ITEMS** **Open Session** *Full Board*

1. Licensure/Registration Applications
2. Statement of Charges
3. Combined Notice of Hearing, Settlement
Agreement and Final Order
4. Settlement Agreements
5. Final Hearing Decisions
6. Other

ADJOURN

Next Meeting: July 21-22, 2011

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the office of the Board at 515/281-5157.

*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2011 Code of Iowa.

These matters constitute a sufficient basis for the board to consider a closed session under the provisions of section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 2011 Code of Iowa. These sections provide that a governmental body may hold a closed session only by affirmative public vote of either two-thirds of the members of the body or all of the members present at the meeting to review or discuss records which are required or authorized by state or federal law to be kept confidential, to discuss whether to initiate licensee disciplinary investigations or proceedings, and to discuss the decision to be rendered in a contested case conducted according to the provisions of Iowa Code chapter 17A.



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Revised 4/6/11

DRAFT JANUARY MINUTES – SUBJECT TO FINAL BOARD APPROVAL

IOWA DENTAL BOARD
MINUTES
January 25-26, 2011
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

	January 25	January 26
Gary D. Roth, D.D.S., Chairperson	Present	Present
Perry T. Grimes, D.D.S., Vice Chairperson	Present	Present
VaLinda J. Parsons, D.H., Secretary	Present	Present
Steve Bradley, D.D.S.	Present	Present
Lynn D. Curry, D.D.S.	Present	Present
Michael J. Rovner, D.D.S.	Present	Present
Marijo A. Beasler, D.H.	Present	Present
Diane Meier, Public Member	Present	Present
Kimberlee Spillers, Public Member	Present	Present

Staff Members

Melanie Johnson, Christel Braness, Phil McCollum, Brian Sedars, Dee Ann Argo, Jennifer Hart, Janet Arjes.

Attorney General's Office

Theresa O'Connell Weeg, Assistant Attorney General

Other Attendees

Dr. Michael Kanellis, D.D.S., University of Iowa College of Dentistry
Larry Carl, Executive Director, Iowa Dental Association
Heather Adams, Assistant Attorney General
Dr. Bobby Russell, D.D.S., Iowa Department of Public Health
Sara Schlievert, R.D.H., Iowa Department of Public Health
Mary Kelly, R.D.H., Iowa Dental Hygiene Association
Jeannene Veenstra, R.D.A., Iowa Dental Assistant Association
Dr. Mary Mariani, D.D.S.
Dr. LeRoy Strohman, D.D.S.
Eileen Cacioppo, R.D.H.
Lori Pelke, Midwest Dental

CALL TO ORDER FOR JANUARY 25, 2011

Chairman Roth called the open session of the Iowa Dental Board meeting to order at 10:31 a.m. on Tuesday, January 25, 2011. A quorum was established with all members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Present	x	x	x	x	x	x	x	x	x
Absent									

PUBLIC COMMENT *Revised 4/6/11*

Chairman Roth allowed time for public comment.

Dr. Mariani, D.D.S. introduced herself as a trustee of the Iowa Dental Association.

Larry Carl, Iowa Dental Association, reported that the trustees of the Iowa Dental Association met last week to discuss SSB1030 (legislation re: felony for illegal practice of dentistry). Mr. Carl indicated that the Iowa Dental Association would like to propose some potential language changes to the draft bill.

Dr. LeRoy Strohman, D.D.S. addressed the Board concerning the pending administrative rules concerning clinical examinations. He indicated that he was a former Chair of the Board and a former trustee of the Iowa Dental Association. Dr. Strohman served on the CRDTS’ Steering Committee when the rules were amended to include WREB as an accepted clinical examination. Dr. Strohman spoke in opposition to the rule changes regarding clinical examinations and decertification of WREB. Dr. Strohman submitted a written a copy of his remarks to the Board and asked that it be included with the Board’s meeting records.

ADMINISTRATIVE RULES

- *Review and Discussion Re: IDPH Proposed Rule Amendments to the Volunteer Health Care Provider Program*

Dr. Roth moved discussion of this item to the beginning to allow the representatives of the Iowa Department of Public Health and the Attorney General’s office to participate in the discussion and return to work at their earliest convenience.

Ms. Adams, Assistant Attorney General for the Iowa Department of Public Health, reported that the Board had previously reviewed the proposed rules and some of the comments related to the proposed changes. Ms. Adams also reported that the Volunteer Health Care Provider Program provides indemnification to licensees who volunteer their services for health care services.

Ms. Adams explained that the program was initially created to address services provided in free clinics. The number of services provided currently has greatly expanded beyond those which

were originally covered. The rule changes are being proposed to better address some of the issues related to the expansion of some of these services.

The Iowa Dental Association raised some concerns that these proposed rule amendments restrict the practice of dentists who participate within this program. Ms. Adams indicated that these rules are not intended to restrict the practice of dentistry. Ms. Adams stated that the Iowa Department of Public Health welcomes comments related to the proposed changes.

Dr. Grimes stated that any definitions related to the practice of dentistry should originate with the Iowa Dental Board since the Board is responsible for regulating the practice of dentistry in Iowa and protecting the public.

Dr. Curry indicated his agreement with Dr. Grimes' statements. Dr. Curry felt that it is important for the Board to maintain standards so far as what is considered acceptable treatment. Dr. Curry indicated that "simple surgery" occurs when everything goes as planned; however, licensees are not always able to completely control all circumstances involved in a dental procedure. Something that may, typically, be considered a simple surgery could very quickly become complicated.

Ms. Weeg provided some additional background information regarding the history of the proposed rule amendments. The Iowa Department of Public Health governs the Volunteer Health Care Provider Program; and therefore, writes rules to related to the administration of this program. These rules are not intended to regulate dentistry. Ms. Weeg stated that the scope of these rules is fairly narrow and limited in their impact. Ms. Weeg reported that the Iowa Department of Public Health had been in contact with the Board previously regarding the proposed changes.

Dr. Bradley also stated his belief that it is hard to define simple, intermediate and advanced surgery since procedures can go very well, or complications can arise very quickly.

Dr. Roth acknowledged that the Iowa Department of Public Health has the authority to determine what services are covered within the Volunteer Health Care Provider Program. Ms. Adams reported that the proposed rule changes are attempting to include additional services within the indemnification provided by the Volunteer Health Care Provider Program. If the rules do not go through, Ms. Adams indicated that the covered services will remain as they currently are, which are limited to minor surgeries.

Ms. Beasler asked if the clarification for minor and major surgery needs to remain, or if they can just make reference to "dental surgeries". Ms. Adams responded by saying that Iowa Department of Public Health proposed these changes in attempt to broaden the number of covered surgeries.

Ms. Beasler and Dr. Curry proposed providing clarification of the advanced dental procedures, which would include the administration of sedation services, but be less specific on the remaining procedures.

Larry Carl indicated that the Iowa Dental Association’s concern is that the Iowa Dental Board should be the agency defining terms related to the practice of dentistry. Mr. Carl pointed out that the Volunteer Health Care Provider Program does not want to cover procedures which require deep sedation or general anesthesia; Mr. Carl indicated that the Iowa Dental Association does not disagree with that position. Only a very small percentage of Iowa-licensed dentists are authorized to perform these services and would, therefore, have very little impact. The Iowa Dental Association would prefer the Volunteer Health Care Provider Program to clearly stipulate those services for which coverage would not be provided.

Ms. Adams reminded the Board that approximately a year ago that they had indicated a desire to not get involved in defining terms related to this program.

Dr. Roth stated that the primary question for the members is to what extent they wanted to be involved in setting the definitions for these terms. Dr. Roth also expressed some concern relating to how these definitions could be applied outside of this program and what impact that may have.

Dr. Curry apologized for any potential breakdown in communication.

- ❖ MOVED by CURRY, to address the concerns the Board and the Iowa Dental Association had in relation to these rules. Motion DIED for lack of second.
- ❖ MOVED by BRADLEY, SECONDED by ROVNER, to reverse the prior position of the Board on this matter and to provide feedback and input about the proposed rules.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Aye	x	x	x	x	x	x	x	x	x
Nay									

Motion APPROVED by ROLL CALL

Ms. Adams indicated that the Iowa Department of Public Health will pull the amendments relating to the practice of dentistry out of the submission for the Volunteer Health Care Provider rule changes. This will allow the Iowa Department of Public Health to move forward with the remainder of the changes. Dr. Roth indicated that the Board can address this topic in April. Ms. Adams indicated that this would be fine.

APPROVAL OF MINUTES

- *November 16, 2010 Minutes*

- ❖ MOVED by BRADLEY, SECONDED by BEASLER, to approve the minutes of November 16, 2010 telephonic meeting. Motion APPROVED unanimously.

REPORTS

EXECUTIVE DIRECTOR'S REPORT

Ms. Johnson stated that in the interest of saving time she would not go through her full report, but stated that it was provided to the Board members in their meeting folders.

Ms. Johnson reported that the closure of Allcare Dental has been of some concern and may be a question of some concern in the future.

Ms. Johnson also reported that the University of Illinois has stated that from this point forward, they want to review all cases prior to accepting someone for a clinical assessment.

Ms. Johnson reported that the mid-year meetings of the American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB) will be held April 3-4, 2011 in Chicago, IL.

Ms. Johnson indicated that she has been reviewing Iowa Administrative Code 650 for possible rule changes. There has been some discussion about updating rules and potentially submitting all of the proposed changes in one filing. The proposed rule amendments will be reviewed by staff, the assistant attorneys general, and other interested parties in an attempt to collect input prior to bringing the proposed rules to the Board for possible rulemaking.

Ms. Johnson reported that the Board has been provided an updated copy of the quarterly financial report in their meeting folder.

Ms. Johnson reported that Ms. Hart has turned in her resignation and will be leaving the employment of state government in March 2011. Dr. Roth thanked Ms. Hart for her years of service.

Ms. Johnson indicated that the Board was provided a copy of a report for the 2010 licensing and registration statistics.

LEGAL REPORT

Ms. Weeg reported that Ms. Scott was currently on maternity leave.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

Dr. Roth reported that the committee is recommending approval of moderate sedation permits for Dr. Leppo, Dr. Gregorsock and Dr. Ruehs. Dr. Gregorsock and Dr. Ruehs have also requested the qualification to provide moderate sedation to pediatric patients.

- ❖ MOVED by BRADLEY, SECONDED by MEIER, to approve the applications for moderate sedation permit as submitted pending successful completion of the site inspections. Motion APPROVED unanimously.

CONTINUING EDUCATION ADVISORY COMMITTEE

Ms. Beasler reported that the Board had been provided a list of courses and application for sponsor status, which were recommended for approval since the last meeting.

- ❖ MOVED by BEASLER, SECONDED by BRADLEY, to approve the continuing education courses as submitted, with the exception of the course presented by Dental Prosthetic Services, “Making Every Patient the Ideal Patient” pending further review, and also grant approval of the sponsor application from the Health Studies Institute. Motion APPROVED unanimously.

EXECUTIVE COMMITTEE REPORT

Dr. Roth reported that Dr. Grimes has agreed to attend the mid-year meetings of the American Association of Dental Boards (AADB).

- ❖ MOVED by BEASLER, SECONDED by BRADLEY, to request approval for out of state travel for Dr. Grimes, Ms. Johnson and Ms. Weeg to travel to the AADA/AADB mid-year meetings.

Dr. Roth requested a motion to request a job reclassification for Ms. Johnson in order to bring her job classification in line with the other licensing Board directors. There are currently three staff members whose salaries exceed Ms. Johnson’s pay.

- ❖ MOVED by ROVNER, SECONDED by PARSONS, to begin the process of requesting a job reclassification for Ms. Johnson. Motion APPROVED unanimously.

LICENSURE/REGISTRATION COMMITTEE REPORT

Ms. Parsons stated that the Committee did not have a report at this time.

DENTAL HYGIENE COMMITTEE REPORT

Ms. Parsons reminded the Board members that they must approve all recommendations of the Dental Hygiene Committee pursuant to IAC 650 1.4(1) unless it is determined that the Dental Hygiene Committee has exceeded its jurisdiction or scope of committee.

DRAFT MINUTES – SUBJECT TO BOARD APPROVAL – Revised 4/6/11

Iowa Dental Board Open Session January 25, 2011

Ms. Parsons reported that the Committee had recessed its meeting and tabled discussion of the rules concerning clinical examinations until after the full Board discussed the topic. At that time the Committee will reconvene and consider its recommendation regarding final action on the rules.

Ms. Parsons indicated that the Dental Hygiene Committee recommended approval of the applications for dental hygiene license by Ann Burbach, R.D.H., Tayler Marshall, R.D.H. and also recommended acceptance of the proposed Notice of Hearing, Settlement Agreement, and Final Order (Combined) for Toni Hatfield, R.D.H.

- ❖ MOVED by PARSONS, SECONDED by MEIER, to accept the Dental Hygiene Committee's recommendations of issuance of the dental hygiene licenses and acceptance of the proposed order. Motion APPROVED unanimously.

Ms. Parsons indicated that CRDTS has asked the Dental Hygiene Committee to narrow the list of potential deputy dental hygiene examiners to two or three. The Dental Hygiene Committee recommended the following individuals: Jill Engebrecht, R.D.H.; Sandra Leonard, R.D.H. and Mary Kelly, R.D.H.

- ❖ MOVED by PARSONS, SECONDED by BRADLEY, to accept the Dental Hygiene Committee's recommendation for deputy dental hygiene examiners to CRDTS. Motion APPROVED unanimously.

LICENSURE/REGISTRATION COMMITTEE REPORT

Dr. Rovner stated that the Committee did not have a report at this time.

AD-HOC EXAMINATION COMMITTEE

Dr. Grimes reported that he, Dr. Roth and Ms. Johnson met with the trustees of the Iowa Dental Association in November to discuss some of the issues related to clinical examinations.

EXAMINATION REPORTS

CRDTS STEERING COMMITTEE

Dr. Roth reported that Dr. Deena Kuempel attended the most recent meeting in his place.

CRDTS DENTAL HYGIENE EXAMINATION REVIEW COMMITTEE

Ms. Beasler stated that she did not have a report at this time.

CRDTS DENTAL EXAMINATION REVIEW COMMITTEE

DRAFT MINUTES – SUBJECT TO BOARD APPROVAL – Revised 4/6/11

Iowa Dental Board Open Session January 25, 2011

Dr. Grimes reported that there will be some small changes to the dental examination, which will be introduced in the 2012-2013 testing season.

Dr. Roth reported that CRDTS is developing an examination for advanced dental therapists at the request of the state of Minnesota due to the creation of laws, which allow this type of practice in that state. The examination is based on the current law in Minnesota. Dr. Roth provided an overview of the types of services on which the candidates will likely be examined. The candidates for advanced dental therapy will most likely be tested with the dentists in the areas that are relevant to that practice.

IOWA PRACTITIONER REVIEW COMMITTEE REPORT

Mr. Sedars provided the Board with some year-end statistics. Mr. Sedars reported that the Committee is scheduled to meet in February, 2011.

ADMINISTRATIVE RULES/ RULES WAIVERS

- *Action on Final Rule Amendments: Chpts. 11 & 12 (Notice ARC #9243B)*

Dr. Roth clarified that the action on the first set of rules is restricted to dental examination and will be voted on only by dental members.

- ❖ MOVED by GRIMES, SECONDED by BRADLEY, to table the vote on these proposed rule amendments.

Dr. Grimes indicated that he would like to allow additional time to discuss this matter with all interested parties.

Dr. Curry reminded the Board members they have already received input from a number of interested parties.

Dr. Roth stated that he would like to get a better sense of the feelings of the Board members on this topic.

Dr. Curry indicated that after listening to the audio of the Administrative Rules Review Committee meeting he felt that it was clear that the legislators felt strongly that the Board should come to a resolution with interested parties. Dr. Curry asked about some possible solutions. Dr. Curry reminded the Board that there is some concern, especially as it relates to current students who will graduate later this spring. Dr. Curry reported that the University of Iowa College of Dentistry is offering both the WREB and CRDTS examinations. Dr. Curry stated that this

compromise by the College of Dentistry seems to address the primary concern of the Board. Dr. Curry also indicated that the proposed rule amendments would create some inequity for applicants of an Iowa dental license since the Board allows practitioners who have practiced three or more years in another state to apply for and obtain an Iowa dental license, regardless of the clinical examinations the practitioners may have completed; however, if the applicant had taken an examination other than CRDTS and had practiced less than three years in another state, if at all, the Iowa Dental Board would not allow the issuance of an Iowa dental license if these proposed rule amendments were approved.

Dr. Roth stated that the Board should amend Board rules to allow for easier licensing by reciprocity. Dr. Roth feels that the solution is to go to the state legislature to open up the credential/reciprocity law to allow a greater number of eligible practitioners become licensed in Iowa.

Dr. Roth stated his opinion that he needed some credible assurance from the University of Iowa College of Dentistry that it is going to offer CRDTS; or the Board needs to pass these rules.

Dr. Rovner asked for clarification as it relates to University of Iowa College of Dentistry offering CRDTS. Dr. Rovner wants to know if Dr. Roth's intent is for the University of Iowa College of Dentistry to offer CRDTS and only CRDTS. Dr. Roth responded by saying that he has been clear with the University of Iowa College of Dentistry regarding his intent.

The Board Chair recognized Ms. Jeannene Veenstra, R.D.A., Iowa Dental Assistant Association, and permitted her to address the Board. Ms. Veenstra stated that she thinks the Board is in a position of dictating the quality of the dentists treating patients of Iowa. The Board should dictate the standard and quality of the work.

Dr. Grimes asked Dr. Kanellis, University of Iowa College of Dentistry, if there are topics that can be used as a basis for discussion. Dr. Kanellis indicated that it was unfortunate that the last meeting created some misunderstanding. Dr. Kanellis suggested that the Iowa Dental Board join WREB. However, Dr. Kanellis acknowledges ADEX was the primary source of the problems, not CRDTS, when the University of Iowa College of Dentistry decided to offer the WREB examination.

Dr. Kanellis indicated that if clinical examinations are to remain, he would prefer the Board become a member of WREB. Dr. Kanellis stated that he attended the Administrative Rules Review Committee meeting. Some of the comments indicated that clinical examinations are becoming a thing of the past. Specialties, medicine and nursing no longer have clinical examinations as a requirement for licensing.

Dr. Kanellis apologized if there have been any breakdowns in communications in the past. Dr. Kanellis stated that there needs to be further dialogue on this matter. Dr. Kanellis has some concerns of unequal treatment for in-state and out-of-state students based on Dr. Roth's proposed solution.

The Board Chair recognized Eileen Cacioppo, R.D.H. and permitted her to address the Board. Ms. Cacioppo indicated that she and Dr. Strohman were on the Board when the Board voted to accept WREB. Ms. Cacioppo indicated that Iowa Dental Board joining WREB would present some issues as they relate to the time and service required of the Board members. However, Ms. Cacioppo recommended that the Board table the discussion until a better solution can be found.

A request was made for a roll call vote of the five (5) dentist Board members on Dr. Grimes' motion to table the vote on this matter.

Roll Call (dentist members only):

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Roth</u>	<u>Rovner</u>
Aye	x	x	x		x
Nay				x	

Motion APPROVED by ROLL CALL.

❖ MOVED by ROTH, SECONDED by BEASLER, to table to the vote of the dental hygiene examination rules to coincide with the vote on the dental examination rules. Motion APPROVED unanimously.

▪ *Rule Waiver Request*

Ms. Hart reported that Catherine Reno, D.D.S. submitted a waiver request to use nitrous oxide due to prior experience. Dr. Reno did not receive the training while in dental school and has been unable to locate a course to qualify for its use in Iowa. Dr. Reno has sixteen years of prior experience from her time when she was licensed and practicing in California.

❖ MOVED by GRIMES, SECONDED by SPILLERS, to approve the waiver request to allow Dr. Reno the ability to administer nitrous oxide. Motion APPROVED unanimously.

LEGISLATIVE UPDATE

▪ *Board Terms Expiring April 30*

Ms. Johnson reported that three of the Board members' terms end on April 30, 2011.

▪ *Legislation – Felony for Illegal Practice of Dentistry*

Ms. Johnson reported that the Board is seeking approval of a statutory change that would make the illegal practice of dentistry a Class D felony.

The Board Chair recognized Mr. Larry Carl, Iowa Dental Association, and permitted him to address the Board. Mr. Carl had a proposed amendment to suggest to the bill.

Ms. Weeg was asked to further discuss the reason for the proposed legislation. Ms. Weeg clarified that a license, under Iowa law, is permanent. Case law clearly states that, short of revocation, the license continues to exist whether the license is on active or lapsed status. This would address situations where no license was ever obtained, or if it was obtained by fraud. The Board of Medicine has similar language in its statute.

Mr. Carl stated that he felt the Iowa Dental Association's proposed language would remove the need for reference to case law. The Iowa Dental Association is concerned that a licensee who accidentally allows his/her license to lapse could be charged under the new language, if adopted into law.

Ms. Weeg indicated this language could undo prior case law creating potential problems. This language would then raise questions about the permanence of a license.

Mr. Carl requested that the Iowa Dental Association's attorney be allowed to meet with Ms. Weeg to discuss this issue further. The Board members agreed and asked Ms. Weeg to talk with IDA's attorneys.

OTHER BUSINESS

- *Chair Licensure/Registration Committee*

Dr. Roth decided to postpone the appointment of a chair to this committee due to the lack of time remaining for the open session portion of the meeting.

- *Request For Approval of Tooth Whitening Services*

Ms. Johnson reported that the Board had received a request from Ms. Sheryl Hast requesting permission to provide tooth-whitening services.

❖ MOVED by BRADLEY, SECONDED by MEIER, to deny the request as this request falls within the definition of the practice of dentistry. Motion APPROVED unanimously.

- *Request From IDA For Reconsideration – Creation Of New “Volunteer/Free Care Only” License Category*

Dr. Roth postponed discussion of this agenda item until the next Board meeting due to the shortage of time remaining for the open session of the meeting.

APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS

▪ *Ratification of Actions Taken By Executive Director Since Last Meeting On Applications*
Ms. Johnson reported that the Board was provided a list of licenses, registrations, and permits issued since the last meeting.

❖ MOVED by PARSONS, SECONDED by GRIMES, to ratify the actions taken on licenses, registrations and permits. Motion APPROVED unanimously.

▪ *Status of Preliminary Denial: Harger*
Ms. Johnson reported that the Board had not received a request for appeal relating to the Preliminary Notice of Denial for Penny Harger. Therefore, the Board will issue the final Notice of Denial.

PUBLIC COMMENT *Revised 4/6/11*

Chairman Roth allowed time for public comment. There were no additional comments from members of the public.

- Prior to the lunch break, the Dental Hygiene Committee reconvened to complete their discussion of the pending rule amendments.
- The Board recessed at 12:30 p.m. for a lunch break.
- The Board reconvened at 1:00 p.m.

CLOSED SESSION

❖ MOVED by CURRY, SECONDED by BRADLEY to go into closed session pursuant to Iowa Code Section 21.5(1)(d) to discuss and review complaints and investigative reports which are required by state law to be kept confidential.

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Aye	x	x	x	x	x	x	x	x	x
Nay									

Motion APPROVED by ROLL CALL

- The administrative hearing was closed to the public at the Respondent’s request, pursuant to Iowa Code section 272C.6(1) and 650 IAC rule 51.34(3).
- The Board remained in closed executive session following the hearing to deliberate.
- The Board recessed at 5:00 p.m. January 25, 2011.
- The Board reconvened in closed session on January 26, 2011 at 8:30 a.m. to complete its closed session agenda.
- The Board returned to open session at 1:38 p.m. on January 26, 2011.

OPEN SESSION

- *09-144 In the matter of Toni L. Hatfield, R.D.H.*

Dr. Grimes disclosed a potential conflict of interest related to this matter and did not participate in the discussion of this matter.

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

- ❖ MOVED by BEASLER, SECONDED by MEIER, to accept the recommendation to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed.

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Aye	x	x	x		x	x	x	x	x
Nay									
Abstain				x					

Motion APPROVED by ROLL CALL.

- *09-194 In The Matter of Andris V. Kirsis, D.D.S.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

- ❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

- *10-081 In The Matter of Edward B. Murray, D.D.S.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-120 In The Matter of Jadi D. Nizzi, R.D.A.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-121 In The Matter of Keith A Colwell, D.D.S.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-122 In The Matter of Michelle L. Schwarck, R.D.A.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-123 In The Matter of Scott R. Hansen, D.D.S.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-140 In The Matter of Joseph A. Quattrocchi, Jr., D.D.S.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-141 In The Matter of Jessica L. Sanbothe, R.D.A.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-142 In The Matter of Rebecca L. Leaders, R.D.A.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-143 In The Matter of Angela J. Christiansen, R.D.A.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

▪ *10-153 In The Matter of Kyle L. Lederle, R.D.A.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by BEASLER, SECONDED by MEIER, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

CONTINUING EDUCATION COURSE REVIEW

The members of the Board reconsidered the matter of the course titled “Making Every Patient the Ideal Patient” offered by Dental Prosthetic Services.

- ❖ MOVED by MEIER, SECONDED by ROVNER, to grant continuing education credit for the January 21, 2011 presentation of the course but to deny continuing education credit for future presentations. The Board is willing to reconsider the issue of credit if Dental Prosthetic Services chooses to submit additional information in support of granting credit. Motion APPROVED unanimously.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for April 12-13, 2011, in Des Moines, Iowa.

ADJOURNMENT

Chairman Roth adjourned the meeting at 1:45 p.m. on January 26, 2011.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

DRAFT MARCH 4TH TELEPHONIC – SUBJECT TO FINAL BOARD APPROVAL

IOWA DENTAL BOARD - TELEPHONIC MEETING – OPEN SESSION MINUTES

March 4, 2011

**Origination from IDB Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa**

Board Members

Gary D. Roth, D.D.S., Chairperson	Present
Perry T. Grimes, D.D.S., Vice Chairperson	Present
VaLinda J. Parsons, R.D.H., Secretary	Present
Lynn D. Curry, D.D.S.	Present
Michael J. Rovner, D.D.S.	Present
Marijo A. Beasler, R.D.H.	Present
Kimberlee Spillers, Public Member	Present

Staff Members

Melanie Johnson, Christel Braness, Phil McCollum, Janet Arjes.

Attorney General’s Office

Theresa O’Connell Weeg, Assistant Attorney General

CALL TO ORDER FOR MARCH 4, 2011

Chairman Roth called the telephonic meeting of the Iowa Dental Board to order at 12:33 p.m. on Friday, March 4, 2011. A quorum was established with six members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Present	x		x	x			x	x	x
Absent		x			x	x			

Pursuant to the authority of, and in compliance with Iowa Code Section 21.8(2011), the meeting was held by electronic means. This meeting was held by conference call to consider a nitrous oxide course for approval, stipulated licensure agreements, a final hearing decision, and a request

to amend the terms of a Stipulation and Consent Order and other pending orders. It was impossible for the Board to schedule a meeting on such short notice and impractical for the Board to meet with such a short agenda.

Ms. Parsons joined the call at this time.

COURSE APPROVAL

Dr. Roth indicated that there was a course submitted for approval of an expanded functions course in nitrous oxide for dental assistants.

Ms. Johnson and Ms. Branss reported that the same course was submitted for dental hygienists. The initial intention was to send that to the Dental Hygiene Committee for approval. However, administrative rule IAC 650 – 29.6(4) clarifies that courses in nitrous oxide for dental hygienists must be approved by the Board. The request is to approve the course for both dental assistants and dental hygienists.

- ❖ MOVED by SPILLERS, SECONDED by ROVNER, to approve the course for the training of dental assistants and dental hygienists in the area of nitrous oxide, as allowed by Board rules, which regulates the practice of dental assistants and dental hygienists as it relates to the use of nitrous oxide in practice. The stipulation was made that the dentist must sign off on the training following completion of the training. Motion APPROVED unanimously.

LICENSURE/REGISTRATION

- *Consideration of Stipulated Registration Agreement in the Matter of Jessica L. Meyermann, R.D.A. (File #10-193)*
- ❖ MOVED by CURRY, SECONDED by BEASLER, to approve the Stipulated Registration Agreement upon receipt of a fully signed and dated copy of the Agreement. Motion APPROVED unanimously.
 - *Consideration of Stipulated Registration Agreement in the Matter of Ashleigh M. Cooling, R.D.A. (File #10-194)*
- ❖ MOVED by BEASLER, SECONDED by SPILLERS, to approve the Stipulated Registration Agreement as submitted. Motion APPROVED unanimously.

Mr. McCollum and Ms. Arjes left the meeting at this time.

CLOSED SESSION

- ❖ MOVED by ROVNER, SECONDED by CURRY, to go into closed session pursuant to Iowa Code Section 21.5(1)(a) to review and discuss records which are required by state law to be kept confidential.

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Aye	x		x	x		x	x	x	x
Absent		x			x				

Motion APPROVED by ROLL CALL.

- The Board convened in closed session at 12:40 p.m.
- The Board returned to open session at 12:55 p.m.

OPEN SESSION

- ***In The Matter of Robin Spencer, R.D.H.***
- ❖ MOVED by ROVNER, SECONDED by CURRY, to approve the Final Findings of Fact, Conclusions of Law and Order as submitted. Motion APPROVED unanimously.
- ***In the Matter of Becky Schuller, R.D.A.***
- ❖ MOVED by BEASLER, SECONDED by PARSONS, to approve the Statement of Charges and set a hearing date. Motion APPROVED unanimously.

Hearing set for April 12, 2011, at 2:00 p.m.

ADJOURNMENT

Chairman Roth adjourned the meeting at 1:00 p.m.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Moderate Sedation Applications**
SUBMITTED BY: Anesthesia Credentials Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

The Anesthesia Credentials Committee is a peer review committee appointed by the Board to assist the Board. The administrative rules provide that one of the duties of the Committee is to:

- a.* Review all permit applications and make recommendations to the board regarding those applications.

The Committee has received and reviewed the following moderate sedation application:

- Dr. Brett Schow, D.D.S.

Committee Recommendation

The Committee recommends that the Board approve moderate sedation permits for the applicant identified above.

Proposed Motion

I move that the Board accept the Anesthesia Credentials Committee's recommendations regarding the application as described in this Report to the Board.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Sponsorship and Course Requests**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

The Continuing Education Advisory Committee is a committee appointed by the Board to assist the Board. The administrative rules provide that the purpose of the Committee is:

“...to review and advise the board with respect to applications for approval of sponsors or activities and requests for post-approval of activities.”

“ The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.”

Attached is a listing of the sponsorships and courses that the Committee has taken action on as of March 21, 2011. An updated list will be distributed at the meeting.

Committee Recommendation

The Committee recommends that the Board approve the actions taken by the Committee concerning the requests for sponsorships and courses as detailed in the attached list.

Proposed Motion

I move that the Board accept the Committee’s recommendations regarding these continuing education sponsorships and courses.

<u>Sponsor</u>	<u>Course Name</u>	<u>Date Submitted for Review</u>	<u>Approved/Denied</u>	<u>Credit Hours</u>
Iowa Dental Assistants Association Ankeny Aesthetic Dentistry (Chad Wagener)	Nutrition- How you can make it important for your patients and you!	1/14/2011	denied	to Marijo
Delta Dental of Minnesota	Treatment Planning: High End Implant Cases	1/14/2011	approved	4 per Melanie
Oral Maxillofacial Surgeons Inc	"Dental Caries in Children a Significant Problem"	1/14/2011	approved	6 per Melanie
	Practice Management	1/25/2011	approved	1 per Marijo
Mercy Regional Cancer Center INR	20th Annual Cancer Care Conference for Dental Health Professionals	1/18/2011	approved	2 per Melanie
	Diabetes, Obesity & Heart Disease	1/28/2011	approved	2 to Marijo
Kiess Kraft Dental Lab	Changing the Shape of Endodontics: The SAF System from ENDOVATIONS	1/28/2011	approved	2 per Melanie
Kiess Kraft Dental Lab	"Periodontal Medicine, the Casual Association between Periodontitis and Heart Disease; What Do We Know Today?"	1/28/11	approved	2 per Melanie
Mississippi Valley Oral & Maxillofacial Surgery Dental Implant Study Club	"Treatment Planning and Surgical Guide Fabrication	2/10/2011	approved	2 to Marijo
Iowa Dept Public Health	I-Smile Oral Health Coordination Meeting	2/10/2011	approved	1.5 out of 3 possible to Marijo
Eastern Iowa Community College	"Let The Tooth Be Known"	2/10/2011	approved	7 to Marijo
Iowa Central Community College	Aging Gracefully	2/10/2011	approved	2 to Marijo
Iowa Central Community College	Hypersensitivity	2/10/2011	approved	1 to Marijo
Iowa Dental Association	Iowa Dental Association/2011 Annual Session	2/18/2011	approved	see listing for specific course approval 31.25 Great Communication= Great Product and Speak Your Peace were denied credit. see listing for specific course approval//to Marijo approved by board previously/committee
Iowa Dental Association Iowa-Illinois Association of Women Dentists	Iowa Dental Association/2011 Annual Session(Dental Professional Liability Risk Management Seminar	2/18/2011	approved	4.5 2/2011
	"Mini Implants: Good or Bad?"	2/18/2011	approved	2 to Marijo per Melanie same course and speaker
Iowa Dental Assisting Association	Infection Control & Hazardous Materials - Getting Back to the Basics	2/25/2011	approved	2 approved in 2009 per Melanie same course and speaker
Iowa Dental Assisting Association	Dental Radiography Update	2/25/2011	approved	2 approved in 2009 per Melanie same course and speaker
Iowa Dental Assisting Association IDPH	Spots, Lumps, Bumps & Sores: Concerns or Variants of Normal? A review of Oral Pathology	2/25/2011	approved	2 approved in 2008 to Marijo
The University of Arizona	2011 Governor's Conference on Public Health	3/2/2011		
	8th Annual Nutrition & Health Conference	2/22/2011	approved	15 to Marijo

As of 3/21/11

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Course Request: Dental Prosthetic Services – Making Every Patient the Ideal Patient**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

Board staff initially approved 5 hours of credit for the January 21, 2011 presentation of the course. At the January 25, 2011 Board meeting, the Board voted to allow credit for the January 21, 2011 presentation of the course, but not for future presentations of this course. The Board gave the sponsor, Dental Prosthetic Services (DPS), the opportunity to provide additional information about this course for further review and consideration by the Board.

DPS submitted additional information and it was forwarded to the Committee for recommendation. The Committee is currently comprised of 6 members; there is one vacancy. The Committee members voted as follows: Recommending Approval – 2 members; Recommending Denial – 4 members.

IDB's Continuing Education Rules

The Board's administrative rules describe acceptable and unacceptable continuing education subject matter:

25.3(7) Subject matter acceptable for continuing dental education credit:

a. In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or course outlines shall clearly establish conformance with the following criteria:

- (1) The subject matter is of value to dentistry and directly applicable to oral health care.
- (2) The information presented enables the dental professional to enhance the dental health of the public.
- (3) The dental professional is able to apply the knowledge gained within the professional capacity of the individual.
- (4) The dental science courses include, but are not limited to, those within the eight recognized dental specialty areas and topics such as geriatric dentistry, hospital dentistry, oral diagnosis, oral rehabilitation and preventative dentistry.

b. Acceptable subject matter includes courses in patient treatment record keeping, risk management, sexual boundaries, communication, and OSHA regulations, and courses related to clinical practice. A course on Iowa jurisprudence that has been prior-approved by the board is also acceptable subject matter.

c. Unacceptable subject matter includes personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations. While desirable, those subjects are not applicable to dental skills, knowledge, and competence.

Excerpt from Board rule 650—25.1(153): “The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.”

Committee Recommendation

The Committee recommends that the Board deny the awarding of continuing education credits for this course.

Attached for Review

- ❖ December 15, 2010, Letter from IDB Executive Director approving the course
- ❖ February 11, 2011, Letter from IDB re: Board action denying future credit
- ❖ February 18, 2011, Letter from DPS requesting reconsideration/review by the Board
- ❖ Copy of course description & original application
- ❖ Copies of Committee members' recommendations



STATE OF IOWA IOWA DENTAL BOARD

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

December 15, 2010

Dental Prosthetic Services
Attn: Deborah Curson-Vieira
1150 Old Marion Rd NE
Cedar Rapids, IA 52402

Dear Ms. Curson-Vieira:

Re: Making Every Patient the Ideal Patient

Your request for approval for continuing education credit of the above course of study was received by the office of the Iowa Dental Board.

Pursuant to Iowa Administrative Code 650-25.3, this course is eligible for continuing education credit. Continuing education credit is awarded based on the length of the course being presented. This course has been awarded five (5) hours of continuing education credit. The course is approved for all dental professionals including dentists, dental hygienists and dental assistants.

Please submit, at your earliest convenience, an attendance record report form reflecting Iowa licensees in attendance. Also, those in attendance should have received proof of attendance certificates from the sponsoring organization.

Sincerely,

Melanie Johnson, J.D.
Executive Director

MJ/ad



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

February 11, 2011

COPY

Dental Prosthetic Services
Attn: Deborah Curson-Vieira
1150 Old Marion Rd. NE
Cedar Rapids, IA 52402

Dear Ms. Curson-Vieira:

On December 15, 2010, a letter was sent to you from the Board office indicating approval for five hours of continuing education credit for the course "Making Every Patient the Ideal Patient."

At its quarterly meetings, the Iowa Dental Board reviews the list of courses that have been approved for continuing education credit since the last meeting. (See Iowa Administrative Code 650--25.5 which states: "The board on its own motion or at the recommendation of the advisory committee on continuing education may monitor or review any continuing education program or sponsors already approved by the board...")

At the January 25, 2011 meeting of the Iowa Dental Board, the Board determined that this course warranted further review. Following reevaluation of the course materials, which you had submitted previously, the Board determined that this course would not be eligible for future continuing education credit. However, because you had received a letter of approval from this office for the January 21, 2011 course, the Iowa Dental Board authorized granting continuing education credit for the attendees of the January 21, 2011 presentation of the course. However, credit will not be granted for future presentations based on the information submitted previously.

The Board members stated that they would reconsider the course for future continuing education credit if you choose to submit more detailed documentation to demonstrate that it is eligible for credit pursuant to Board rule IAC 650--25.3. I have enclosed a copy of the Board's rules that apply to requests for approval of continuing education credit for your review.

Sincerely,

Melanie Johnson, J.D.
Executive Director

MJ/cb



1150 Old Marion Road NE, PO Box 2939
Cedar Rapids, Iowa 52406
(319)393-1990, Fax (319)393-8455
(800)332-3341

RECEIVED

FEB 21 2011

IOWA DENTAL BOARD

Iowa Dental Board
Attn: Melanie Johnson, JD
400 SW 8th Street, Suite D
Des Moines, Iowa 50309-4687

February 18, 2011

Dear Ms. Johnson:

RE: Request for approval of five (5) continuing education credit hours for "Making Every Patient the Ideal Patient"

I received notification that the above course was denied approval for continuing education credit hours. I regret that I did not provide the Board of Examiners Advisory Committee on Continuing Education with adequate information to evaluate the content of the course. I am respectfully appealing to the Board of Examiners to re-evaluate the merits of the course for five hours of continuing education credit.

It is estimated that as many as 75% of US adults experience some degree of dental fear, from mild to severe. And approximately 5 to 10 percent of U.S. adults are considered to experience dental phobia; that is, fear so intense that they avoid dental care at all costs. NuCalm is a revolutionary technology that naturally relaxes the body without drugs, creating a relaxed and comfortable dental experience for patients. NuCalm is a sophisticated neuropsychology and neurobioinformatics applied in a simple clinical solution that naturally brings the brain wave function to the first stage of sleep (Alpha Stage 12Hz to 8Hz) without using narcotics or controlled substances. NuCalm is not a replacement for anesthesia; it is alternative to using sedation techniques such as benzodiazepines, nitrous oxide or intravenous sedation.

The NuCalm course covers the following topics:

- The applied neuropsychobiology of NuCalm
- Overview of the NuCalm solution
- Application of NuCalm
- The NuCalm impact on patient anxiety
- Clinical impact & best practices of NuCalm
- Live demo of NuCalm

Please find enclosed a clinical study of NuCalm published by Paul J. Denemark, DDS, MSD, and Jim Poole, MS, in the *Implant Practice US* journal. Also enclosed is an overview of the NuCalm system.

I apologize for not providing adequate information for the Board of Examiners Advisory Committee on Continuing Education to evaluate the merits of this course.

Respectfully,

A handwritten signature in black ink that reads "Deborah Curson-Vieira". The signature is fluid and cursive, with the first name being the most prominent.

Deborah Curson-Vieira
Marketing and Communication Manager
Dental Prosthetic Services

RECEIVED

DEC 06 2010

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Dental Prosthetic Services

Address: 1150 Old Marion Road, NE; Cedar Rapids, Iowa 52402

Phone: 319-393-1990 Fax: 319-393-8455 E-mail: dcurson-vieira@dpsdental.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Dental Laboratory

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Making Every Patient the Ideal Patient

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: January 21, 2011 Hours of instruction: 5

7. Provide a detailed breakdown of contact hours for the course or program:

See attached

8. Provide the name(s) and briefly state the qualifications of the speaker(s):

See attached.

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Deborah Curson-Vieira

Title: Marketing and Communication Manager Phone Number: 319-393-1990

Fax Number: 319-393-8455 E-mail: dcurson-vieira@dpsdental.com

Address: 1150 Old Marion Road, NE; Cedar Rapids, Iowa 52402

Signature: _____ Date: 12/02/10

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Course Description:

NuCalm is a revolutionary new technology proven to naturally relax the body without using drugs. By mimicking the natural process of readying the body for sleep, NuCalm provides the same deep relaxation every person feels moments before they fall asleep. NuCalm is profoundly improving the patient experience by naturally relaxing the body within minutes – providing a unique and comfortable dental experience for every patient. NuCalm is an all-natural, side-effect free, and cost-effective means to creating the ideal patient.

The DPS NuCalm Continuing Education course will cover:

- The applied neuropsychobiology of NuCalm
- The anatomy of anxiety and neuropsychobiology of NuCalm
- Overview of the NuCalm solution
- Application of NuCalm
- The NuCalm impact
- Clinical impact & best practices of NuCalm
- Live demo of NuCalm on each attendee

Speaker Qualifications:

Jim Poole, MBA – President & CEO of Solace

Jim is an accomplished business executive with extensive experience in the dental, healthcare, biotechnology, market research, and IT industries. Jim has successfully launched global products, managed growth strategies, and effectively optimized business operations for both large and small organizations. He is the President and CEO of Solace, a neuroscience company that develops anxiolytic clinical solutions for healthcare providers.

Jim co-founded Focused Evolution, a premier global management strategy-consulting firm. As a Managing Partner of Focused Evolution, Jim managed mergers and acquisitions due diligence and growth strategies for venture capital and private equity firms. Under Jim's leadership, Focused Evolution grew into a multi-million dollar consulting firm serving a global client portfolio of over 40 companies in several industries.

Jim serves on the board of directors of several medical device firms throughout the world. He is a recognized business leader, speaker, and accomplished author. He has published over 20 articles in industry trade journals. Jim earned a BA in Psychology from the University of Massachusetts in Amherst and an MBA in International Business/Marketing from Babson College.

Louis Kaufman, DDS & MBA

Dr. Louis Kaufman is a nationally recognized educator, author, and practicing clinician. Born into a dental family, Dr. Kaufman is a graduate of the University of Illinois College of Dentistry. In 1995 he joined his father Richard's well-established 50 year-old General Dentistry practice treating 3rd and 4th generation patients.

Louis possesses a diverse business background that differentiates him from other key opinion leading clinicians. At DePaul University, he earned an MBA in Computer Science and a BA in Marketing and Economics. Prior to attending dental school Louis worked in management at Pillsbury Corporation as a specialist in point of service site development and restaurant management for five years. The skill set he developed in corporate management has helped him grow his Hyde Park private practice into a multi-million business focused on comprehensive oral health care and cosmetic smile design.

Dr. Kaufman serves on the advisory board of numerous dental manufacturers, consults on product development, and educates clinicians around the globe. He lectures at approximately 20 continuing education programs annually and has published numerous articles focused on restorative and cosmetic dentistry.



sedative neurological calming system called NuCalm. By mimicking the natural process of readying the body for sleep, NuCalm provides the same deep relaxation every person feels moments before they fall asleep.

Because there is no sedation or side effects it is much safer; and you don't need someone to help you to get home because once the treatment stops so do the effects of NuCalm. Plus you feel great afterwards, as it helps the brain to tell your muscles to relax. It is a similar feeling to having just had a body massage!

Originally from in the U.S., NuCalm recently conducted successful trials on over 9,000 patients and they found that 98% said that they would use NuCalm again and 97% would recommend it to their family and friends.

How Does It Work?

Developed by neuroscientists in the U.S., NuCalm brings high beta brain waves (23Hz-40Hz), which are associated with fear, to alpha brain waves (8Hz-12Hz) which are those associated with meditation. This is done through four sensory applications:

- **Gamma-Aminobutyric Acid (GABA) & L-Theanine tablet**

You are firstly given three organic tablets to chew containing GABA and L-Theanine. GABA is a natural brain nutrient found in the hypothalamus that helps to reduce the excitability of neurons, thus promoting a state of deep relaxation. L-Theanine is an amino acid found in tea and is shown to induce a calming effect and increase the efficiency of GABA.

- **Cranial Electrotherapy Stimulation (CES)**

The small CES device is attached to you behind your ears and transmits tiny electrical frequencies to open the brain's receptors to the GABA and L-Theanine, plus it also has a general calming effect on the body and brain, as it stimulates the system which is responsible for rest in your muscles; thus reducing the brain's activity.

- **NeuroAcoustic Binaural Beat Software**

This listening software uses Frequency Following Response (FFR) that initiates a change in brain waves from high beta to low alpha. A binaural and monaural beat sound is overlaid with classical music and transmitted to you.

- **Black-out Glasses**

Lastly, you are made to wear black out glasses so you are not stimulated through your sight and can maintain the relaxed and calm feeling.

For further information contact Robyn at the practice on Tel: 020 7722 1235 / info@londoncosmeticdentistry.co.uk

NuCalm

Invisalign

Porcelain Veneers/Crowns

Thermal Diffuser Teeth Whitening

Facial Rejuvenation

Fresh Breath

Gum Re-Shaping

Smile Lift & Wrinkle Remover

White Fillings

Cosmetic Bonding

Cosmetic Contouring

General Dentistry

Periodontal Assessment

Oral Cancer Examination



OVERVIEW

NuCalm™ is a revolutionary technology that naturally relaxes the body without drugs. Our technology improves the human experience by providing a unique, relaxed, and comfortable dental experience for every patient. It is safe, easy to use, and patients will not experience any side effects or required recuperation time. Developed by accomplished neuroscientists in Kerrville, TX, NuCalm has been used on over 13,000 dental patients across the U.S. and UK.

NuCalm is sophisticated neuropsychobiology and neurobioinformatics applied in a simple clinical solution that naturally brings the brain wave function to the first stage of sleep (Alpha Stage 12 Hz to 8 Hz) without using narcotics or controlled substances. By mimicking the natural process of readying the body for sleep, NuCalm provides the same deep relaxation every person feels moments before they fall asleep. NuCalm is a cost-effective means to creating the ideal, relaxed dental patient.

Anxiety

Anxiety is caused by a biological response to the stimulus of a threat, real or perceived. When a person is faced with a threat, the brain prepares the body by activating the 'fight or flight' system. Once the fight or flight adrenaline response is generated, the

mind cannot rationalize itself or self-regulate until after the threat is removed and time passes. The physiology of anxiety is characterized by cognitive, somatic, emotional, and behavioral components. These components combine to create feelings of fear, apprehension, and/or worry. Anxiety is often accompanied by physical sensations such as heart palpitations, nausea, chest pain, shortness of breath, stomach ache, cold and clammy feeling extremities, irritability, muscle tension, or headache.

Impact of Anxiety in America

Generalized Anxiety Disorder (GAD) is the most common diagnosed mental illness in the U.S., affecting over 40 million adults and costing over \$42 Billion in annual healthcare expenditures. According to the Anxiety Disorders Association of America (ADAA), \$22.84 Billion of the annual costs are associated with the repeated use of healthcare services; people with anxiety disorders seek relief for symptoms that mimic physical illnesses. Anxiety is not always pathological or maladaptive and plays a very important function in relation to human survival. However, anxiety acutely affects most Americans when they have medical procedures ranging from dentistry to dialysis to chemotherapy. An anxious body is more resistant to treatment



Overview

and can compromise the effectiveness of the treatment. An anxious mind, in many cases, may avoid seeking treatment thus compromising good health and quality of life. With NuCalm, people can now get the healthcare they need without the anxiety commonly associated with medical treatment.

Impact of Anxiety in the Dental Market

In the dental industry, anxiety is a profound problem that negatively impacts patient experiences. Humans are anthropologically conditioned to protect their mouth as a means to survival. Thus, dentistry can elicit an anxious response. In fact, nearly 60 million Americans avoid routine dentist visits due to anxiety over oral healthcare. Dental patient anxiety is caused by several subjective stimuli including fear of pain, fear of needle injections, fear that the injection/anesthesia won't work, fear of anesthetic side effects, sense of helplessness, and fear of embarrassment/shame in the cases of neglected oral healthcare. Anxiety is not a positive experience for patients or dentists, yet most Americans experience some level of anxiety regarding dentistry and this unmet need continues to demand a solution.

NuCalm



NuCalm is a patent-pending, proprietary, technology that relaxes the body within minutes by bringing alert beta brain wave function down to the alpha range (first stage of sleep). NuCalm leverages the synergistic benefits of four sensory applications: chewable tablets (natural anxiolytic neurotransmitters), CES (Cranial Electrotherapy Stimulation) to catalyze the effectiveness of neurotransmitters, neuroacoustic binaural beat software, and black-out glasses. NuCalm is unique because it creates deep relaxation without using narcotics or controlled substances, causes no side effects, and requires no recuperative time or supervision.

*NuCalm provides a better,
safer alternative for
patients and clinicians.*



Overview

Before NuCalm, patients had two ways to cope with the anxiety induced by a healthcare procedure: chemical sedation or avoid the treatment. With NuCalm we can create a relaxed experience without doing any harm.

NuCalm organically entrains brain waves to a frequency that creates relaxation and calm. Beta brain waves (13 Hz-30 Hz) are associated with day-to-day wakefulness – mental activity consisting of cognitive, sensory and motor activities. High beta brain waves (23 Hz-40 Hz) are associated with fear and anxiety. NuCalm brings the patient's brain waves from beta or high beta to the alpha range (8 Hz-12 Hz). Alpha brain waves are associated with relaxation, meditation, and idleness. A patient with brain waves in the alpha range is physically unable to be anxious. NuCalm naturally entrains the brain to the alpha range, creating cellular homeostasis, neuromuscular release, and relaxation. Patients leave dental appointments feeling relaxed and rejuvenated.



The NuCalm system includes four main components:

- Proprietary chewable tablets containing neurotransmitters that counteract adrenaline
- Cranial Electrotherapy Stimulation (CES) device
- Proprietary neuroacoustic software
- Black-out glasses

Chewable Tablets

The NuCalm proprietary orthomolecular formula has

been developed over several years to maximize the body's natural relaxation



response with NuCalm. The proprietary formula is only available in the NuCalm system and includes structured nutrient-sourced building blocks that rapidly enter the brain and convert to powerful messengers that suppress anxiety and create relaxation. The primary ingredients include:

- **Gamma-Aminobutyric Acid (GABA)** – an inhibitory neurotransmitter that promotes a state of deep relaxation and calm
- **L-Theanine** – a free (non-protein) amino acid found almost exclusively in tea plants (*Camellia sinensis*). L-Theanine supports the formation of GABA.

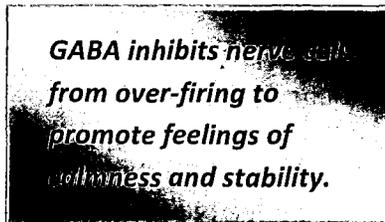
236B Junction Hwy | Kerrville, TX 78028 | Phone: 877.668.2256 | www.nucalm.com



Overview

GABA

GABA is a major inhibitory neurotransmitter that reduces the excitability of neurons. Over-stimulated or over-active neurons may lead to feelings of restlessness, irritability, and sleeplessness.



GABA is naturally produced from the amino acid glutamine and the sugar glucose. It is concentrated in the hypothalamus area of the brain and is known to play a role in healthy pituitary function, which helps maintain hormone synthesis, proper sleep cycles, and body temperature.

GABA is the only amino acid that can pass through the blood-brain barrier when administered orally. The GABA A and GABA B receptor sites are located in the same area as the brain receptor sites for benzodiazepines, barbiturates, and alcohol.

L-Theanine

L-Theanine is an amino acid that has been shown to induce a general calming effect. The natural effects of L-Theanine include:

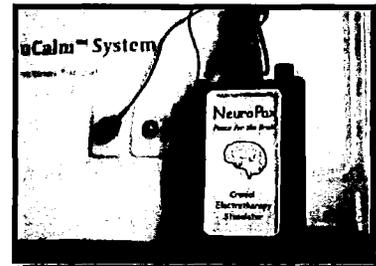
- Stimulating the production of alpha brain waves
- Protecting and restoring the brain
- Inducing deep states of relaxation

- Up-regulating GABA – increasing its clinical efficacy and relaxation effect

Studies show that L-Theanine plays a role in inducing the same calm and feeling of well-being as meditation, massage, or aromatherapy.

Cranial Electrotherapy Stimulation (CES)

The Cranial Electrotherapy Stimulation device produces low amounts of electrical current



(close to the cell's own electrical values – micro current is less than 1,000,000th of an Amp). This easy-to-use device has been cleared by the FDA for the treatment of anxiety, depression, and insomnia. Research over the past 50 years indicates an increase in metabolism of neurotransmitters as evidenced by an increase in the metabolites of the neurochemicals. Other research points to a normalization and balance of the brain's neurochemistry by reestablishing optimal neurotransmitter levels. Low-level electrical current interacts with cell membranes in a manner that produces modifications in information transduction associated with classical second messenger pathways. Electrical engineering studies found that a small

NuCalm™

Overview

fraction of CES current actually reaches the thalamic area of the brain facilitating the release of neurotransmitters.

CES studies show reduced rigidity in the central nervous system stimulation process and enhanced activity of the alpha-rhythm generating systems.

Combining CES with precursor neurotransmitters causes a profound state of relaxation and anxiolysis. QEEG and EEG's indicate a brain wave shift occurring whereby the patient's brain activity slows down – from beta brain waves of high alertness and anxiety to alpha brain waves that are present during a relaxed, pre-sleep state.

Neuroacoustic Software

The proprietary neuroacoustic software provided in the NuCalm system uses binaural beats and Frequency Following Response (FFR) that initiate a change in brain waves. According to extensive research, a scientifically validated neurophysiologic response is initiated when an auditory pacing signal is presented to the brain. We have developed significant advances in the design of binaural and monaural beat sound acoustics, which are overlaid with classical music and administered to the patient using an MP3 player and noise-dampening headphones.

The neuroacoustic brain entrainment software moves the patient's brain waves from the high beta brain wave frequencies associated with anxiety (23 Hz-40 Hz) to brain wave frequency patterns of alpha (primarily 8 Hz-12 Hz). These alpha brain waves are associated with deep relaxation and calmness.



Binaural beats are auditory brainstem responses, which originate in the superior olivary nucleus of each hemisphere. They result from the interaction of two different auditory impulses, originating in opposite ears, registering below 1,000 Hz and which differ in frequency between one and 30 Hz (Oster, 1973). For example, if a pure tone of 500 Hz is presented to the right ear and a pure tone of 510 Hz is presented simultaneously to the left ear, an amplitude modulated standing wave of 10 Hz, the difference between the two tones, is experienced as the two wave forms mesh in and out of phase within the superior olivary nuclei. This binaural beat is not heard in the ordinary sense of the word (the human range of hearing is from 20-20,000 Hz). It is

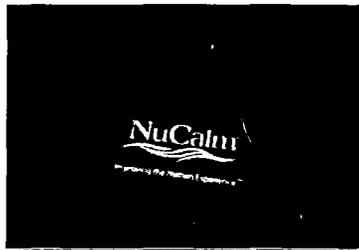


Overview

perceived as an auditory beat, and theoretically can be used to entrain specific neural rhythms through the frequency following response, thus modulating the brain wave frequency in the case of NuCalm to 8 Hz and 12 Hz.

Black-Out Glasses

The black-out glasses (dark sunglasses) used in the NuCalm system block light from the optic nerve resulting in



an immediate 30% increase in alpha waves in the occipital cortex of the brain. This helps maintain deep relaxation.

The NuCalm Experience



The NuCalm system combines several scientific and technological advancements that have been used to treat anxiety as standalone solutions. The clinical procedure takes approximately 3 minutes

for patient setup and approximately 3 additional minutes before the patient experiences deep relaxation.

The patient experiences NuCalm for the duration of the dental procedure as the neuroacoustic software paces the patient's brain waves between 8 Hz and 12 Hz. Once the dental procedure is completed, the NuCalm components are removed and the patient will experience a relaxed, refreshed feeling with no side effects and no recuperative time needed.

To date, NuCalm has been used on over 13,000 dental patients across the U.S. and UK without a single reported adverse effect.

Over 95% of NuCalm patients state they would use NuCalm again. Over 98% would recommend NuCalm to their friends and family.

To facilitate easy implementation, clinical protocols have been developed, refined, and documented into "best practices" training tools for dentists and their teams. NuCalm can alleviate negative patient experiences that are caused by fear and anxiety and can change the perceptions Americans have about going to the dentist. Imagine the impact NuCalm can have on the dental industry and the overall oral health of the American population if dentists can provide relaxing and rejuvenating dental experiences.



Overview

NuCalm Benefits

- Causes effective, safe anxiolysis where a relaxed state is induced and maintained for an entire healthcare procedure
- Minimizes risk to patient and clinician during a procedure – patient's motor responses are significantly reduced
- Promotes efficiencies for clinician because patients are relaxed and still (no startle responses and sudden patient movements; reduced salivary flow and gag reflexes)
- Is less intrusive than sedation techniques – does not chemically compromise the central nervous system or cognitively impair the patient's mind
- Patient's body is more receptive to treatment (natural resistance mechanisms are dulled)
- Patients can come and go on their own (there are no side effects, no recovery time or supervision needed, and no impairments)
- Patient's post-treatment experience is a feeling of rejuvenation and relief (NuCalm helps the brain achieve cellular homeostasis which provides a neuromuscular release of any bodily tension and a sense of balance)
- Increased positive patient experiences – eventually will recondition patients to associate healthcare treatment with relaxation and rejuvenation

NuCalm Impact

- Increased patient referrals – increased positive patient experiences will motivate your patients to spread the word about your exceptional service
- Higher percentage of case acceptance; less patient fear and less anxiety = less barriers to “yes” for treatment and at-home oral health compliance; patients will schedule additional appointments and keep them
- Activate patients that have neglected their oral healthcare due to fear/anxiety (~60 Million Americans)
- Dentistry without compromise – increased procedural efficiencies by working on quiet, still patients
- Better schedule management – using NuCalm on every patient will free time in your schedule and help you respond to emergency cases
- Less stress – anxious patients create stressful work environments; when patients are relaxed, clinicians and team members are relaxed
- Less risk – the dental team does not need to act as part-time anesthesiologists, monitoring their patient's vital signs

NuCalm™ – Eliminating dental anxiety one pocket of fear at a time

Dr. Paul J. Denmark and Jim Poole describe the physiology of dental anxiety and the benefits of a new system that creates deep relaxation without using narcotics or controlled substances, resulting in a profound anxiolytic experience

"I'm nervous." "Is this going to hurt?" "How long will the pain last?" "I don't like going to the dentist." "Nothing personal, but I don't like seeing you!" Sound familiar? That's the voice of anxiety, and it visits our offices every day. Anxiety is a normal human response to danger—real or perceived. As periodontists, we must be sensitive to our patients' fears and do our best to ensure that we provide the highest levels of care and the best possible clinical outcomes. The strategies and techniques available to us for managing dental anxiety are useful and effective, but they also increase risk and can compromise our patient's health and our ability to do our best work. This article explores a new technology that naturally eliminates anxiety without compromising our patient's health or the clinical procedure.

What is anxiety?

Anxiety is the physiological response to a perceived threat and plays an important role in relation to human survival. When confronted with unpleasant and potentially harmful stimuli, such as foul odors, physical endangerment, or a dental appointment, PET-scans show increased blood flow in the amygdala. The amygdala is an almond-shaped group of nuclei located in the center of the brain, above the hypothalamus. Using brain imaging technology and neurochemical techniques, scientists have discovered that the amygdala serves as the fear center and is responsible for activating the first response activities of the fight or flight system.¹

What is the physiology of an anxious response?

When a stressor is perceived by the amygdala, it contacts an array of brain regions using neurotransmitters called corticotropin-releasing hormone (CRH). One set of nerve cells projecting from the amygdala reaches parts of the midbrain and brain stem. These structures control the autonomic nervous system, the network of nerve cells projecting to parts of

the body that function involuntarily (heart rate, breathing, sweating, etc.). Half of the autonomic nervous system is the sympathetic nervous system (SNS), which mediates fight or flight. Once the amygdala is activated, the sympathetic nervous system directs the adrenal glands to secrete epinephrine via the HPA Axis. The HPA Axis is comprised of the hypothalamus communicating to the pituitary gland communicating to the adrenal gland. Epinephrine impacts the body's physiology, resulting in an increased heart rate, shallow breathing, and hypervigilant senses. Epinephrine mobilizes energy for muscles, increases cardiovascular tone so oxygen can travel more rapidly, and turns off nonessential activities like growth. Interestingly, the HPA Axis is a one-way communication channel. Therefore, once a person's fight-or-flight response is activated, there is no turning back. The body is now focused exclusively on fighting or fleeing from the stressor, and the mind cannot rationalize or self-regulate until after the threat is removed and time passes.²

Anxiety in the dental chair

The physiological state of anxiety is characterized by cognitive, somatic, emotional, and behavioral components that combine to create feelings of fear and apprehension. As we have all witnessed, anxiety is often accompanied by physical sensations such as: heart palpitations, nausea, stomach ache, muscle tension, dry mouth, sweating, inability to concentrate, irritability, or headache. An anxious dental patient is physically programmed to challenge the procedure as an act of survival. How many times have you tried to pacify or rationalize with a patient who seems to have a vacant stare and a rigid posture? The patient is having an anxious response and is unable to act on your advice because he/she is cognitively dissociated.

The impact of dental anxiety on the clinician

As one clinician points out, "It's a battle. When I'm working on anxious patients, I'm always on

defense. I never get to play offense, and do my best clinical work." The bottom line is, these patients are not in control. Their bodies are consumed by their fight-or-flight systems, and they are simply trying to protect themselves. You must be able to manage their behaviors and at the same time provide a high level of clinical care. How can you do this if your patient cannot fully cooperate?

Neutralizing anxious patients with sedation techniques

Sedation techniques have become the most effective way to manage anxious patients. These include benzodiazepines (oral sedation), intravenous (IV) sedation typically using a combination of different drug classes, and nitrous oxide.



implants in Burr Ridge, Illinois.



that develops and commercializes all-natural anxiolytic clinical solutions for healthcare practitioners.

Paul J. Denmark, DDS, MSD, is a Diplomate of the American Board of Periodontology, a recognized key opinion leader, and a practicing clinician. Dr. Denmark serves on several advisory boards, providing guidance on product development. He practices periodontics and dental

Jim Poole, MBA, is a recognized business leader, speaker, and author. As a managing partner of Focused Evolution, a premier strategy consulting firm, Jim built the company into a multimillion dollar consulting firm with a global clientele. Jim is the President and CEO of Solace, a neuroscience company



Figure 1: NuCalm™ patient relaxing before procedure



Figure 2: NuCalm™ components in the portable office case



Figure 3: NuCalm™ ready to go. Most offices have NuCalm™ systems in every operatory

Oral sedation

Benzodiazepines provide powerful relief from the symptoms of anxiety by slowing down the central nervous system (CNS). Benzodiazepines act mainly through the GABA-A receptor subtype by potentiating GABA (gamma aminobutyric acid) transmission. GABA is a ubiquitous neurotransmitter involved in the majority of inhibitory synapses in the brain. Thus, GABA suppresses neural firing, inhibiting or regulating other neurotransmitters including serotonin, norepinephrine, and dopamine. It accomplishes this by decreasing their turnover in limbic areas, i.e., amygdala, locus ceruleus, and raphe nuclei.

The use of benzodiazepines to sedate anxious dental patients is a popular form of treatment. Benzodiazepines help anxious patients relax throughout the procedure, but they force periodontists and their teams to act as part-time anesthesiologists. According to American Dental Association (ADA) guidelines, "because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (potential rescue) for patients whose level of sedation becomes deeper than intended. For all levels of sedation, the practitioner must have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications."³ The use of benzodiazepines can compromise patients' experiences and adds a level of complexity and risk for periodontists.

IV sedation

IV sedation refers to anti-anxiety medication that is delivered intravenously. This form of sedation requires special training or an anesthesiologist present. The medications used for IV sedation are typically benzodiazepines, but can vary widely depending on patient needs. The doctor adjusts the dose until the patient is nearly

unconscious—patients should be able to respond to commands to open mouth, turn head, swallow, etc. Depending on the medication used, IV sedation often results in a powerful amnestic experience.

Nitrous oxide

Nitrous oxide (N_2O) is commonly used by periodontists to help sedate anxious and fearful patients. Nitrous oxide is a weak anesthetic agent when used alone. It is often used in combination with local anesthesia, as well as other sedative, hypnotic agents.⁴

Common complaints by periodontists regarding nitrous oxide include the investment costs, time required at the end of the procedure to oxygenate patients, inconvenience of the mask being in the way of periodontist's hands, and inconsistent patient experiences. Nitrous oxide results in loss of valuable chair time waiting for the patient to equilibrate their oxygen levels after the procedure, and usually requires additional staff for the recovery period.

Impact of using sedation techniques

Sedation techniques do provide a level of care that helps allay patient anxiety during

a procedure. The challenge with using these techniques is the complexity, unpredictability, risk, and cost associated with these forms of patient care. See Table 1 for a summary of drawbacks of using sedation techniques.⁵

NuCalm™

NuCalm™ (Solace) is a patent-pending technology that mimics the body's natural experience of preparing for sleep (Figure 1). NuCalm™ is unique because it creates deep relaxation without using narcotics or controlled substances, causes no side effects, and requires no recuperative time or supervision. Unlike sedation techniques that use a "brute force" approach to suppress the CNS, NuCalm™ entrains the brain to pace at a frequency

Table 1

Patient experience

- Feeling nauseated, dizzy, light headed
- Vomiting
- Amnesia
- Cognitive impairment, delayed reaction time, and forgetfulness
- Xerostomia
- Feeling hungover or groggy (N_2O)
- Gas equilibration for minimum 5 minutes with oxygen following the procedure (N_2O)
- Inconsistent experiences
- Constrained feeling from mask placement (N_2O)
- Unusual taste (N_2O)
- Multiple relative contraindications (N_2O)

Periodontist experience

- Expense for equipment
- Expense for training
- Steep learning curve
- Increased practice liability
- Permits required
- Responsible for monitoring patient's vitals
- Must diagnose and manage the physiologic consequences (potential rescue) for patients whose level of sedation becomes deeper than intended
- Doctor must be present at all times



Figure 4A: Case 1 preoperative radiograph. Teeth Nos. 19 and 20 with broken crowns and periapical abscesses had to be extracted



Figure 4B: Case 1 postoperative radiograph. Implants placed in sites No. 19 and 20 utilizing NuCalm™



Figure 5A: Case 2 preoperative radiograph. Tooth No. 20 with vertical root fracture needed to be extracted



Figure 5B: Case 2 postoperative radiograph. Tooth No. 20 extracted and immediate implant placed with bone grafting utilizing NuCalm™

associated with deep relaxation. Patients using NuCalm™ are physically unable to have an anxious response.

With NuCalm™, the patient's brainwaves synchronize to frequencies that cause relaxation and calm. Beta brainwaves (13 Hz-30 Hz) are associated with day-to-day wakefulness—mental activity consisting of cognitive, sensory, and motor activities. High beta brainwaves (23 Hz-40 Hz) are associated with fear and anxiety. NuCalm™ brings the patient's brainwaves from beta or high beta to the alpha range (8 Hz-12 Hz). Alpha brainwaves are associated with deep relaxation, meditation, and idleness.⁶ NuCalm™ uses applied neuropsychobiology and neurobioinformatics to entrain brainwave frequency to the alpha range, naturally creating homeostasis, neuromuscular release, and relaxation for the patient. NuCalm™ provides a safe, noninvasive solution to eliminating anxiety in the dental chair.

The NuCalm™ protocol

NuCalm™ creates a profound anxiolytic experience by combining four sensory applications: chewable tablets (natural anxiolytic neurotransmitters); CES (Food & Drug Administration-cleared cranial electrotherapy stimulation), neuroacoustic binaural beat software, and black-out glasses. The NuCalm™ system is simple to administer (Figures 2 and 3). The four steps take less than 3 minutes, and most patients experience deep relaxation within 5 minutes of having NuCalm™ applied.

Orthomolecular chewable tablets

The NuCalm™ orthomolecular formula was developed over several years to maximize the body's natural relaxation response with NuCalm™. This proprietary formula includes structured nutrient-sourced building blocks that counteract adrenaline by rapidly entering the brain and converting to powerful messengers to suppress anxiety and create relaxation. The two primary ingredients in NuCalm's orthomolecular formula are GABA and L-theanine. Like benzodiazepines, NuCalm™ influences behavior

at the GABA receptor site. The difference is, NuCalm™ provides GABA to the brain while benzodiazepines promote the production of GABA. L-theanine supports the formation of GABA and has been shown to induce a general calming effect.

Cranial electrotherapy stimulation (CES)

NuCalm's CES device is used to catalyze the effectiveness of the neurotransmitters provided by the NuCalm™ tablets. The CES device produces low levels of electrical current (similar to the cell's own electrical values—microcurrent is less than 1 millionth of an amp). This device has been cleared by the FDA for the treatment of anxiety, depression, and insomnia. Research over the past 50 years indicates an increase in the metabolism of neurotransmitters, evidenced by an increase in the metabolites of neurochemicals.⁷ The low-level electrical current interacts with cell membranes that produce modifications in information transduction associated with classical second messenger pathways.⁸ Electrical engineering studies found that a small fraction of CES current actually reaches the thalamic area of the brain, facilitating the release of neurotransmitters. Studies also showed reduced rigidity in the CNS stimulation process and enhanced activity of the alpha-rhythm generating systems.⁹

Combining CES with precursor neurotransmitters, such as those found in NuCalm™ chewable tablets, causes a profound state of relaxation and anxiolysis. But, at this point, the anxiolysis would not be sustainable.

Neuroacoustic software

NuCalm's proprietary neuroacoustic software uses a frequency-following response (FFR) that initiates a change in brainwave frequencies through entrainment. According to research, a scientifically validated neurophysiologic response is initiated when an auditory pacing signal is presented to the brain.¹⁰ Solace, the maker of NuCalm™, has achieved significant advances in the design of binaural- and monaural-beat sound acoustics. NuCalm's

binaural beat, FFR neuroacoustic software is overlaid with classical music and administered to patients using an MP3 player and noise-dampening headphones. The neuroacoustic software slows the patient's brainwave function from the high beta frequencies associated with anxiety (23 Hz-40 Hz per second) to brainwave frequency patterns consistent with the alpha stage of sleep (8 Hz-12 Hz per second). These alpha brainwaves are associated with deep relaxation and calmness and are maintained throughout the entire NuCalm™ experience.

Binaural beats are auditory brainstem responses, which originate in the superior olivary nucleus of each brain hemisphere.¹¹ They result from the interaction of two different auditory impulses, originating in opposite ears, registering below 1,000 Hz, that differ in frequency between 1 and 30 Hz. For example, if a pure tone of 500 Hz is presented to the right ear and a pure tone of 510 Hz is presented



Figure 5C: Dr. Denmark performing surgical extraction of No. 20 with patient using NuCalm™. This photo was taken during the procedure for NuCalm™ Case 2

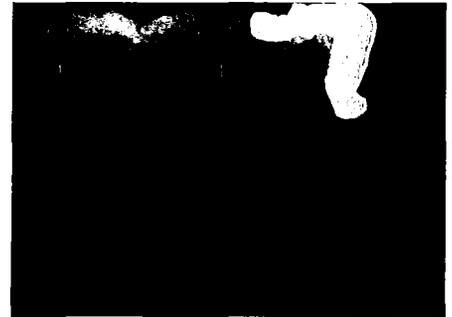


Figure 6A: Case 3 preoperative radiograph. Tooth No. 18 with severe bone loss to the distal involving the periapical area

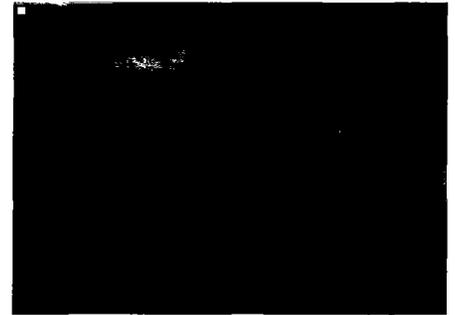


Figure 6B: Case 3 postoperative radiograph. Tooth No. 18 extracted with bone grafting utilizing NuCalm™

simultaneously to the left ear, an amplitude-modulated standing wave of 10 Hz, the difference between the two tones, is experienced as the two wave forms mesh within the superior olivary nuclei. This binaural beat can be used to entrain specific neural rhythms through the FFR, thus modulating the brainwave frequency.¹² In the case of NuCalm™, it is modulating the brainwave frequency between 8 Hz and 12 Hz. The neuroacoustic software is the most important aspect of the NuCalm™ system, and the patient will be relaxed until you stop the music.

Black-out glasses

NuCalm's black-out glasses (dark sunglasses) are used to block light from the optic nerve, resulting in an immediate 30% increase in alpha waves in the occipital cortex of the brain. This helps maintain deep relaxation.

Benefits of using NuCalm™

NuCalm™ has been used on more than 13,000 patients across the United States and United Kingdom. Some benefits of using NuCalm™ include:

- Safe, effective anxiolysis, where a relaxed state is induced and maintained for an entire healthcare procedure
- Patients can come and go on their own (no side effects, no recovery time or supervision required, and no impairments)
- Patient's body is more receptive to treatment (natural resistance mechanisms are dulled)
- Reduces patient's motor responses—minimizing risk to patient and clinician
- Patient is conscious and can respond to

voice commands

- Promotes efficiencies for clinician because patient is relaxed and still (reduced startle response, salivary flow, and gag reflex)
- Less intrusive than sedation techniques—does not chemically compromise the CNS or cognitively impair the mind
- Patients experience feelings of rejuvenation and relief post-treatment (NuCalm™ promotes brain cellular homeostasis, providing a neuromuscular release of bodily tension)
- No vomiting
- No additional space or staff required for implementation or monitoring.

NuCalm™ case studies

All patients were provided written surveys the day of consultation. The survey questions were designed to rate their previous dental experiences on a scale of 1 to 4 with 1 being low anxiety and 4 being high anxiety. This data is included in the following case reports.

The following patients are examples of surgeries in which only NuCalm™ and local anesthetic were utilized.

NuCalm™ case 1

A 42-year-old Caucasian woman presented for evaluation prior to restorative treatment planning. She reported a 4 regarding her previous experiences with gum surgery and extractions. When asked by survey, "Would you go to the dentist more often if ____?" she responded, "If it didn't hurt." She rated her level of anxiety on a normal day as 3. She rated her "dental anxiety" as a 3.5. She reported that she had aborted dental appointments in the past due to anxiety. Her severe dental deterioration was

the result of avoiding necessary treatment. She had experienced ineffective local anesthesia and tremors, racing heart, elevated blood pressure, and shortness of breath during treatment, especially following "novocaine" injections. She has been under my care since 2006 and could undergo treatment only with IV sedation with medperidine hydrochloride and midazolam.

Due to her dental deterioration from caries, she has had numerous extractions. In March 2006, she had a severe dentoalveolar abscess, was admitted to the emergency room, and needed to be hospitalized for 3 days. She was placed on a course of IV clindamycin and then teeth Nos. 19 and 20 were extracted under IV sedation (Figure 4A). In 2007, tooth No. 29 was extracted, and placement of a dental implant was performed under IV sedation. In 2010, she had tooth No. 31 extracted, electing to try NuCalm™. She was apprehensive and skeptical, but her experience with NuCalm™ was extremely positive, and she stated she was ready to proceed with implant reconstruction for teeth Nos. 19 and 20. She underwent surgical placement of two dental implants with NuCalm™ (Figure 4B). Post-surgically she stated, "Dr. Denmark, you are a rock star! Thank you!"

NuCalm™ case 2

A 48-year-old Hispanic woman presented for a recurring 6-mm pocket on the mesial of tooth

No. 20. She reported the reason she did not like going to the dentist, giving a rating of 4 for gum (periodontal) surgery. She reported numerous terrifying dental experiences as a child. She required pocket-elimination surgery for tooth No. 20 and decided to use NuCalm™. Tooth No. 20 revealed a vertical root fracture clinically and was scheduled for extraction (Figure 5A). She reported the NuCalm™ experience to be "wonderful." She stated, "I have not had such a relaxing experience ever before in the dental office." She was apprehensive regarding pending surgical extraction of tooth No. 20, but stated, "I want to have the NuCalm™ relaxation technique again." She proceeded with the extraction and implant placement with NuCalm™ within 6 weeks (Figures 5B and 5C).

NuCalm™ case 3

A 42-year-old Caucasian man had tooth No. 18 evaluated. He had been aware of an issue with the tooth for the past 2 years but failed to

have treatment, citing he had "no real excuse and was just too busy." Radiographically, tooth No. 18 demonstrated a large radiolucency apically extending from the mesial to the distal (Figure 6A). Clinically, the tooth had 12 mm of pocketing distally and lingually, and 9 mm mesially. A Hamp class 3 furcation defect and a Miller's mobility of 3 were noted. He reported a 3 when asked to rate his level of anxiety on a normal day. He reported he would more likely undergo all dental treatment needed if he were "sleepy and relaxed, but remained partially awake." After discussing his options, he decided on extraction and bone grafting with NuCalm™. Tooth No. 18 was extracted with bone grafting for a future dental implant (Figure 6B). Post-surgically, he reported, "A very relaxing experience," and "it was like a dental cleaning."

Clinical observations

I have been using NuCalm™ in my practice since December 2009. Implementation of NuCalm™

is easy and inexpensive. My assistants were trained within 10 minutes to provide NuCalm™ without supervision.

NuCalm™ has allowed me to eliminate the need for IV sedation. It's nice to provide comfort to our patients without the need of an escort or post-sedation instructions. Because of the relaxed state of the surgical experience for patients, they are less irritated during surgery and are healing better with less postoperative pain and swelling. NuCalm™ also has allowed us to eliminate extra postoperative visits. My staff and I are also less stressed during surgery because of the efficacy of NuCalm™. **IP**

References

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NuCalm™

Making every patient the ideal patient.

Some patients are just a pleasure to work on. You know, the rare ones who show up for appointments, remain calm during procedures, and have total confidence in your expertise. The good news is, ideal patients aren't always born that way—they can be cultivated too!

Introduce the NuCalm™ system into your practice and you'll see an immediate change in your patients' attitudes. It's a revolutionary technology proven to safely and naturally relax the body within minutes, providing a rejuvenating dental experience. NuCalm eliminates stress and anxiety, allowing you to complete your work in less time while leaving your patients feeling refreshed.

Call **1-877-6NuCalm** to ask about our 30-day trial, or visit **NuCalm.com** to learn more about this life-changing innovation in dentistry.



REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Course Request: Institute for Natural Resources – Brain Injury: Stroke, Alzheimer’s and Head Trauma**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

This course was forwarded to the Committee for a recommendation. The Committee is currently comprised of 6 members; there is one vacancy. The Committee members voted as follows:

- Recommending Approval (full credit of 6 hours) – 3 members
- Recommending Approval (partial credit of 1 hour) – 2 members
- No Response – 1 member

IDB’s Continuing Education Rules

The Board’s administrative rules describe acceptable and unacceptable continuing education subject matter:

25.3(7) Subject matter acceptable for continuing dental education credit:

a. In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or course outlines shall clearly establish conformance with the following criteria:

- (1) The subject matter is of value to dentistry and directly applicable to oral health care.
- (2) The information presented enables the dental professional to enhance the dental health of the public.
- (3) The dental professional is able to apply the knowledge gained within the professional capacity of the individual.
- (4) The dental science courses include, but are not limited to, those within the eight recognized dental specialty areas and topics such as geriatric dentistry, hospital dentistry, oral diagnosis, oral rehabilitation and preventative dentistry.

b. Acceptable subject matter includes courses in patient treatment record keeping, risk management, sexual boundaries, communication, and OSHA regulations, and courses related to clinical practice. A course on Iowa jurisprudence that has been prior-approved by the board is also acceptable subject matter.

c. Unacceptable subject matter includes personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations. While desirable, those subjects are not applicable to dental skills, knowledge, and competence.

Excerpt from Board rule 650—25.1(153): “The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.”

Committee Recommendation

The Committee recommends that the Board make the final decision regarding credit for this course.

Attached for Review

- ❖ Copy of INR’s Continuing Education Course or Program application
- ❖ Copies of Committee members’ recommendations



STATE OF IOWA IOWA DENTAL BOARD

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

Application for Prior Approval of Continuing Education Course

November 8, 2010

Attached is an application for approval of a continuing education course submitted by Kayle Finley.

Sponsor: Institute for Natural Resources

Course Title: "Brain Injury: Stroke, Alzheimer's & Head Trauma"

Speaker(s): Dr. Rajinder Hullon, M.D.

Please review the enclosed information. Return this form to the Board office with your comments. Our fax number is 515/281-7969. If you have any questions or concerns, please call me at 515/242-6369. Thank you.

_____ Approve. _____ hours of continuing education awarded.

_____ Do not approve.

Comments

Signature of Committee Member

Date

Institute for Natural Resources

P.O. Box 5757 ♦ Concord, CA 94524-0757 ♦ (925) 609-2820 ♦ FAX (925) 363-7798

October 19, 2010

Iowa Board of Dental Examiners
Advisory Committee on Continuing Education
400 SW 8th Street, Suite D
Des Moines, IA 50309-4687

Dear Board Representative:

Under its current organizational approval with the Iowa Board of Dental Examiners, the Institute for Natural Resources would like to submit an application for **prior approval** of its continuing education course entitled, "Brain Injury: Stroke, Alzheimer's & Head Trauma." This course was previously approved in 2006 and updates have been made to the course. This course is designed to meet the needs of licensed dentists seeking continuing education credit.

In addition to the completed application, please find appendices A through D enclosed. These materials include:

- ✓ Dates, Times, & Locations—**Appendix A**
- ✓ Time Agenda/Course Outline—**Appendix B**
- ✓ Instructor's Resume—**Appendix C**
- ✓ Course Description & Brochure—**Appendix D**

The Institute is a non-profit, scientific, and educational organization founded and maintained by professional scientists and educators. The Institute is free of any ties to commercial, political, or religious organizations. The purpose of the Institute is to provide high-quality, professional continuing education programs that enable healthcare professionals to provide quality services. The education courses offer up-to-date, in-depth information about the latest scientific and clinical research.

Please contact me at 925-609-2820 ext. 253, if you have any questions or require further information.

Sincerely,



Kayle Finley,
Accreditation Department

Enclosures

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

RECEIVED
NOV 04 2010
IOWA DENTAL BOARD

IOWA BOARD OF DENTAL EXAMINERS
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.state.ia.us/dentalboard

Note: A fee of \$10 is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Institute for Natural Resources

Address: P.O. Box 5757 Concord, CA 94524-0757

Phone: 925-609-2820 ext. 253 Fax: 925-363-7798 E-mail: kfinley@biocorp.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify):** Non-profit CE Provider

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures**
- Home study (e.g. self assessment, reading, educational TV)
- Participation**
- Discussion**
- Demonstration

4. Course Title: Brain Injury: Stroke, Alzheimer's & Head Trauma

5. Course Subject:

- Related to clinical practice**
- Patient record keeping
- Risk Management**
- Communication**
- OSHA regulations/Infection Control
- Other:** Patient care, diagnosis, and regulation

6. Course date: Please see appendix A. Thank you. Hours of instruction: Six

7. Provide a detailed breakdown of contact hours for the course or program:

Please see appendix B for a course outline\time agenda. Thank you.

8. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Please see appendix C for the course instructor resume. Thank you.

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Kayle M. Finley

Title: Chief Accreditation Assistant Phone Number: 925-609-2820 ext. 253

Fax Number: 925-363-7798 E-mail: kfinley@biocorp.com

Address: P.O. Box 5757 Concord, CA 94524-0757



Signature: _____ Date: October 19, 2010

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.state.ia.us/dentalboard.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** TO:

**Iowa Board of Dental Examiners
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

INSTITUTE FOR NATURAL RESOURCES
COURSE: "BRAIN INJURY: SAH"

Appendix A
Dates, Times, & Locations

St. Cloud, Minnesota

Wednesday, February 23, 2011
8:30am to 3:30pm

Instructor: Dr. Rajinder Hullon, M.D.

Rochester, Minnesota

Thursday, February 24, 2011
8:30am to 3:30pm

Instructor: Dr. Rajinder Hullon, M.D.

INSTITUTE FOR NATURAL RESOURCES
COURSE: "BRAIN INJURY: SAH"

Appendix B
Time Agenda

7:45 AM – 8:30 AM	Registration
8:30 AM – 9:30 AM	The "Fragile" Brain: "Jello-Like" Tissue Structure, Meninges, and Cerebrospinal Fluid. The "Three-Part" Brain: The Reptilian Brain Stem, Mammalian Limbic System, and Oh-So-Human Cerebral Hemispheres. The Effects of Brain Injury. Memory and Brain Injury. The Structure of Human Memory. Memory Deficits for Facts and Procedures: Is There a Difference in Alzheimer's Disease? Speech and Language: The Most Asymmetrical of All Gifts: Left-Hemisphere Speech and Language Dominance, Aphasias, and Communicating with Aphasic Medical and Dental Patients.
9:30 AM – 10:30 AM	The Microscopic Brain: Glial Cells, Neurons, Electrical and Biochemical Signaling. Drugs That Affect Brain Chemistry. Cortical and Subcortical Dementias: Early Diagnosis Can Be Brain-saving. Treatable Dementias. Irreversible Dementias: Alzheimer's Picks, Parkinson's and Other Dementias. Oral Care for Parkinson's Patients: Involuntary Hand Movements and Tooth Brushing. Alzheimer's Disease (AD): Incidence, Pathogenesis, Genetic Factors, and Clinical Features. The Acetylcholine Connection.
10:30 AM – 11:30 AM	Alzheimer's Disease and Depression. Differential Diagnosis of Alzheimer's and Depression. Antidepressant Interactions with Drugs Used in Dentistry. Who Doesn't Get Alzheimer's Disease? Characteristics of People Who Live Long Lives and Don't Get Dementia. Medication Treatment for Alzheimer's. New Methods: Treatment and Prevention. Keeping the Brain "Fit": Way to Maintain and Increase Memory, Learning, and Thinking Skills with Nutritional and Lifestyle Changes. Does Keeping the Brain Busy Prevent Alzheimer's Disease?
11:30 AM – 12:20 PM	Lunch
12:30 PM – 1:30 PM	Salmon for Your Brain: Can Omega-3 Fatty Acids Reduce the Risk of Dementia? Stroke: A True Emergency. Three Types of Strokes: Ischemic, Hemorrhagic, and TIA's. Critical Factors in Stroke: Location, Timing and Size of Strokes. Transient Ischemic Attacks Right vs. Left Hemisphere Strokes. Anterior, Middle and Posterior Cerebral Artery Strokes: Which Is Most Likely? Risk Factors for Stroke: How the Risk of Stroke: How the Risk of Stroke Can Be Minimized or Avoided.
1:30 PM – 1:40 PM	Break
1:40 PM – 2:40 PM	Gum Disease, Inflammation, and Stroke: Is There A Connection? New Acute Treatments for Stroke. Tissues Plasminogen Activator. MERCI Retriever. Head Trauma and Traumatic Brain Injury: The Greatest Cause of Death and Disability in the Young. Incidence, Symptoms, Common Causes, and Outcomes. Football, Boxing, and Brain Injury. Dementia Pugilistica. Head Traumas and Concussions. Sports, Head Trauma, and Cognitive Decline.
2:40 PM – 3:20 PM	Guidelines for Sports Concussions. Three Levels of Concussion and Recommendations for Diagnosis and Management. Recovery from Traumatic Brain Injury. How Much and How Long? How Many Recover After Severe Brain Injury? Do Neurons Grow Back After Traumatic Brain Damage? Oral Care and Dental Management of Brain Injured Patients. Issues with Memory, Eye-Hand Coordination, and Communication.
3:20 PM – 3:30 PM	Questions and Answers

INSTITUTE FOR NATURAL RESOURCES
COURSE: "BRAIN INJURY: SAH"

Appendix C
Instructor Resume

Dr. Rajinder Hullon, M.D.

Please see the attached resume. Thank You.

Rajinder S. Hullon, M.D., JD.

(785) 354-7720
(785) 608-9414 (cell)

1816 SW 26th St.
Topeka KS 66611
rhullon@cox.net

CME seminar presentation/medical research/writing
Medical legal consulting/communication/education

EDUCATION

Washburn University School of Law, Topeka Kansas

Juris Doctor, (JD) May 2003

President's Scholarship (2001-2003)

President, Asian American Law Students Association (2001 -2002)

Member, American Bar Association (2001- present)

University of Santo Tomas, College of Medicine, Manila, Philippines

Doctor of Medicine (M.D.) May 1990

Postgraduate training;

Kuala Lumpur General Hospital, Kuala Lumpur, Malaysia

Auckland City Hospital, Auckland, New Zealand

Trauma/Orthopedics

University of Santo Tomas, College of Science, Manila, Philippines

Bachelor of Science, Major in Biology, May 1986

Association of American Medical Technologists (AMT), 2001

WORK EXPERIENCE

The Institute for Natural Resources, Concord, California

October 2003-present

Medical writer/lecturer for board approved continuing medical/legal education courses
Focus on neurological trauma/neurodegenerative diseases, cardiovascular and endocrine disease.

Medical research, writing and editing of peer review educational syllabi and home study courses, slide preparation.

Medical education seminar presentation for physicians, dentists, nurses, pharmaceutical professionals and allied healthcare professionals.

Publications:

Medical Ethics and Malpractice, The Mysteries of Coffee and Tea, Medical benefits of Alcohol, Low Back Pain, Knee Pain, Over The Counter Pain Medications, Neck & Shoulder Pain, Thyroid disorders.

President, Global Health Placement LLC, Topeka, KS

August 2003- January 2005

Human resource planning and recruiting

Clinical Laboratory Scientist, Stormont-Vail Regional Health Center, Topeka Kansas

January 2001-present

Clinical laboratory medicine - Hematology, Chemistry, Coagulation, Serology, Immunology and Urinalysis

Proficient with Bayer Advia, Roche-Hitachi, Vitros, Coulter, MLA and Iris laboratory systems.

Proficient with Softlab and Cerner laboratory software

Laboratory Technologist, Kearny County Hospital, Lakin, Kansas

October 1998-December 2000

Clinical laboratory analysis in Hematology, Chemistry, Coagulation, Serology and Urinalysis

Physician, Kuala Lumpur General Hospital, Kuala Lumpur, Malaysia

December 1990-July 1997

Physician/Surgeon (Orthopedics)

Associate Editor, Adis International, Auckland, New Zealand

1990

Research and writing/preparation of clinical abstracts and related medical material

SKILLS AND INTERESTS

Excellent communication and relationship building skills, able to convey complex medical information to a diverse audience in a manner that facilitates learning.

Languages & Culture: Malay/Indonesian, Tagalog (Filipino), Hindi, Punjabi and Urdu

Proficient with Microsoft Office

AMA style writing, preparing clinic abstracts and journal research

Member, American Bar Association

Member, Lions Club International
Member, Association of American Medical Technologists.

CE SEMINARS PRESENTED

- Arthritis, Backaches and Bone Disease
- Brain Injury
- Anger, Anxiety & Hypertension
- Aging Body, Aging Mind
- Brain Fitness After 30
- Emotions, Stress and Disease
- Insomnia, Depression and Anxiety
- Better Brains, Better Bodies
- Immune Power
- Swine Flu
- Depression, Heart Disease & Stroke
- Burnout, Stress & Fatigue
- Alzheimer's, Memory & Dementia
- Reinventing Mid-Life
- Cerebral Dominance
- Stress, Depression & Pain
- The Addicted Brain
- Alzheimer's, Dementia & Parkinson's
- Chronic Pain
- Everyday Addictions & Painkillers
- Memory, Aging & Sleep
- The Aging Brain
- His Brain, Her Brain
- Successful Aging for Men and Women
- Malpractice

CME ACTIVITIES

12/8/2005 **Infectious Disease Symposium** St. Francis Health Center, Topeka KS. (Kansas Medical Education Foundation)

12/9/2005 **Mental Health Conference** Stormont-Vail HealthCare, Topeka KS (Kansas Medical Education Foundation)

6/3/2006 **Combined Grand Rounds** Stormont-Vail HealthCare, Topeka KS (Kansas Medical Education Foundation)

6/17/2006 **Combined Grand Rounds** (Managing Hypertension in High Risk Patients, Prevention and Treatment of Cardiovascular and Renal Disease in Hypertensive Patients with Type 2 Diabetes). Stormont-Vail HealthCare, Topeka KS (Kansas Medical Education Foundation)

11/16/2007 **2nd Annual Stormont Vail Trauma Symposium** Capitol Plaza Hotel -Maner Conference Center, Topeka, Kansas.

11/14/2008 **3rd Annual Stormont Vail Trauma Symposium** Capitol Plaza Hotel – Maner Conference Center, Topeka, Kansas.

6/27/2009 **13th Leonard F. Peltier, M.D., Ph.D., Orthopedic Lectureship** University of Kansas Medical Center, Kansas City, KS

7/25/2009 **Current Concepts in the Treatment & Rehabilitation of the Athlete** University of Kansas Medical Center, Kansas City, Kansas

8/28/2009 **4th Annual Stormont Vail Trauma Symposium**, Ramada Hotel and Convention Center, Topeka KS

10/09/2010 **Combined Grand Rounds**. Prostate cancer: Updates, Advances, Future Directions). Stormont-Vail HealthCare, Topeka KS

Annual Proficiency Testing for Medical Technologists, College of American Pathologists.

Appendix D
Course Description & Brochure
(Please see attached brochure)

The INR seminar "Brain Injury" has four components:

- a review of neurophysiology
- a review of recent literature on traumatic brain injury
- a review of recent literature on stroke.
- a review of recent literature on dementia with emphasis on Alzheimer's disease

Each of these four components relates closely to dental practice. Dental professionals who take seriously their responsibility to care for the entire patient will find much in this seminar to increase their understanding of systemic health and disease. Coverage of these four topics is appropriate as continuing dental education for the following reasons:

1. The seminar's review of **neurophysiology** brings the dental professional up-to-date on the function and dysfunction of neurons, as well as pharmacotherapy as it relates to the nervous system. This serves the dental professional who seeks to understand today's medical therapy for depression, anxiety disorder, seizures, bipolar disorder, and insomnia. Furthermore, this review is relevant to the clinical practice of dentists who wish to remain current on local anesthetics and sedatives.
2. The discussion of **traumatic brain injury** is of course relevant to dental practice because patients who suffer head trauma often suffer dental and/or maxillofacial injuries. Therefore, the dental team may, within private practice or hospital practice, be called upon to provide therapy for a patient with dental/maxillofacial injuries who has also suffered traumatic brain injury. It is important that dental professionals be able to recognize the signs and symptoms of traumatic brain injury, and to understand the relative urgency of the groups of symptoms. Furthermore, there has been discussion in the dental literature by several authors about the relative benefits, if any, of dental mouthguards in protecting against traumatic brain injury. This seminar's discussion of traumatic brain injury provides the dental team with confidence in discussing with medical, nursing, pharmacy, and rehabilitative colleagues the patient with head trauma.
3. The discussion of **stroke** is highly relevant to dental practice. First, stroke patients may have significant cognitive or motor impairment which negatively affects their ability to perform oral hygiene. Therefore the dental team may be required to provide additional, or modified, oral hygiene instructions and strategies for these patients. Second, motor and cognitive impairments from stroke may also impede the patient's ability to chew properly and may require dietary modification and consultation with physical therapy, occupational therapy, and dietetics. Third, the recent dental literature has raised the possibility that the panoramic radiograph may give evidence of risk for cerebrovascular disease through the portrayal of carotid artery calcifications. This seminar rounds out the preliminary introductions to stroke provided in these articles in the dental literature. Fourth, the dental professional is often involved in the differential diagnosis of head pain. Because the differential diagnosis of head pain includes temporomandibular disorder, it is worthwhile for dental team members to have an update on migraine and stroke, both of which can include abnormal neurological signs. An alert dental team working up a headache patient may be better able to quickly refer for emergency neurologic evaluation the patient whose differential includes stroke.

4. The discussion of **dementia** in this seminar provides significant review and update on some of the 55+ causes of dementia in humans. Dental management of the dementia (particularly, Alzheimer's disease) patient has been discussed in recent issues of several major general and specialty dental journals. This seminar's material complements such articles quite well, by providing the dental professional with a review of the pathophysiology, natural history, and pharmacotherapy and other therapy of this prevalent disease. The seminar lecture and syllabus also expose dental professionals to helpful resources (journals, Internet sites, and other information providers) not usually encountered in the dental literature.

In addition to the relevant and up-to-date *content*, this seminar provides a valuable and unusual learning *format* for dental professionals. In contrast to the vast majority of dental continuing education courses, this seminar puts the dental professional elbow-to-elbow with nurses, pharmacists, occupational and physical therapists, and other health professionals. Therefore seminar participants from dentistry may deepen and broaden their take-home understanding of dementia, traumatic brain injury, and stroke by discussing them with these other members of the health care team. This should ultimately benefit the dental needs of their patients.

This course review was made by Dr. Thomas Deahl, Ph.D., D.M.D.:

S. Thomas Deahl II DMD, PhD, Dip. A.B.O.M.R; Director of Practice-Based Research and Adjunct Associate Professor of Orthodontics and Radiation Oncology, The University of Texas Health Science Center at San Antonio; and Adjunct Associate Professor of Applied Dental Medicine, Southern Illinois University at Edwardsville.

INR
 P.O. Box 5757
 Concord, CA 94524-0757
 1-877-246-6336
 (925) 609-2820
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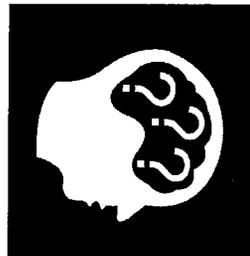
BRAIN INJURY

ROCHESTER, MN: Thu., Feb. 24, 2011

6 HOURS CREDIT; \$86 Tuition
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**BRAIN INJURY:
 Stroke, Alzheimer's,
 & Head Trauma**



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6 HOURS CREDIT
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A course for:
 Dentists

Tuition \$86

Presented by Institute for Natural Resources
 1-877-246-6336 • (925) 609-2820

ACCREDITATION

To obtain the 6 hours of credit (0.6 CEU) associated with this course, the dental professional will need to sign in, attend the course, and complete program evaluation forms. At the end of the program, the dental professional successfully completing the course will receive a statement of credit. This is an intermediate-level course.

IOWA

Application for approval of this course has been made to the Iowa State Board of Dental Examiners for 6 hours of continuing education credit.

Health professionals in fields other than dentistry have been invited to attend this seminar.

COURSE RELEVANCE

This course reviews the symptoms and treatment strategies for mild brain injuries, Alzheimer's disease, and stroke. It covers the clinical and scientific bases of these medical conditions. It provides updates on the pharmacology and interactions of drugs used in treating mild brain injuries, Alzheimer's disease, and stroke. Dental professionals will acquire the knowledge necessary to accommodate the special needs of dental patients with these disorders and will be better able to communicate confidently in consults with physicians, pharmacists, and other health professionals regarding these patients. After completing this course, dental professionals will be able to give these special-needs patients sound advice for proper oral health care.

LEARNING OBJECTIVES

- 1) Participants completing this program will be able to:
 - 1) describe, with regard to language, memory, depression, and stroke, the role of the brain's left and right cerebral hemispheres.
 - 2) outline, in cases of head trauma in children and adults, incidences, types of injuries, recovery patterns, and methods of prevention.
 - 3) describe how diet and lifestyle can affect the risk of stroke and Alzheimer's Disease.
 - 4) cite medications, vitamins, antioxidants, and herbal supplements known to be useful in treating or preventing stroke and Alzheimer's disease.
 - 5) list dental concerns in cases of Alzheimer's Disease, Parkinson's Disease, head trauma, stroke, and other forms of cognitive and physical impairment.
 - 6) describe, for this course, the implications for dentistry, mental health, and other health professions.

INSTRUCTOR

Dr. R.S. Huldon (M.D., J.D.) is a physician and surgeon specializing in trauma and orthopedics. His medical experience includes diagnosis and treatment of infectious diseases, neurological disorders, neurodegenerative diseases (multiple sclerosis, Parkinson's and Alzheimer's diseases) and psychiatric disorders (personality and mood disorders). His medical experience also includes diagnostic laboratory work, particularly in hematology.

Dr. Huldon has had extensive surgical experience in trauma management and orthopedics and has published papers on back and knee disorders and pain medications. He has also studied bovine spongiform encephalopathy (BSE or mad cow disease) and the medical and legal implications of this disease.

INR reserves the right to change instructors without prior notice. Every instructor is either a compensated employee or independent contractor of INR.

SPONSOR

INR (Institute for Natural Resources) is a non-profit scientific organization dedicated to research and education in the fields of science and medicine. INR is the nation's largest provider of live continuing education programs, offering over 600 live seminars yearly.

INR has no ties to any commercial organizations and sells no products of any kind, except educational materials. Neither INR nor any instructor has a material or other financial relationship with any health care-related business that may be mentioned in an educational program. If INR were ever to use an instructor who had a material or other financial relationship with an entity mentioned in an educational program, that relationship would be disclosed at the beginning of the program. INR does not solicit or receive gifts or grants from any source, has no connection with any religious or political entities, and is totally supported by its course tuition.

INR's address and other contact information follows:

P.O. Box 5757, Concord, CA 94524-0757
 Customer service: 1-877-246-6336 or (925) 609-2820
 Fax: (925) 687-0860
 E-Mail: info@inrseminars.com; website: www.INRseminars.com
 Tax Identification Number 94-2949987.
 Education expenses (including enrollment fees, books, tapes, travel costs) may be deductible if they improve or maintain professional skills. Treat. Reg. Sec. 1.162-5. Recording of the seminar, or any portion by any means is strictly prohibited. INR's liability to any registrant for any reason shall not exceed the amount of tuition paid by such registrant.
 For American Disability Act (ADA) accommodations or for addressing a grievance, please fax the request to INR at (925) 687-0860. Or, please send the request by email to: info@inrseminars.com

1A-TDS

BRAIN INJURY:

Stroke, Alzheimer's, & Head Trauma

Instructor: R.S. Hullon, M.D., J.D.

Seminar registration is from 7:45 AM to 8:15 AM. The seminar will begin at 8:30 AM. A lunch break (on your own) will take place from approximately 11:30 AM to 12:20 PM. The course will adjourn at 3:30 PM, at which time course completion certificates are distributed.

LECTURE

- **The "Fragile" Brain:** "Jello-Like" Tissue Structure, Meninges, and Cerebrospinal Fluid.
- **The "Three-Part" Brain:** The Reptilian Brain Stem, Mammalian Limbic System, and Oh-So-Human Cerebral Hemispheres. The Effects of Brain Injury.
- **Memory and Brain Injury.** The Structure of Human Memory. Memory Deficits for Facts and Procedures: Is There a Difference in Alzheimer's Disease?
- **Speech and Language:** The Most Asymmetrical of All Gifts: Left-Hemisphere Speech and Language Dominance, Aphasias, and Communicating with Aphasic Medical and Dental Patients.
- **The Microscopic Brain:** Glial Cells, Neurons, Electrical and Biochemical Signalling. Drugs That Affect Brain Chemistry.
- **Cortical and Subcortical Dementias:** Early Diagnosis Can Be Brain-saving. Treatable Dementias. Irreversible Dementias: Alzheimer's, Pick's, Parkinson's, and Other Dementias.
- **Oral Care for Parkinson's Patients:** Involuntary Hand Movements and Tooth-Brushing.
- **Alzheimer's Disease (AD):** Incidence, Pathogenesis, Genetic Factors, and Clinical Features. The Acetylcholine Connection.
- **Alzheimer's Disease and Depression.** Differential Diagnosis of Alzheimer's and Depression. Antidepressant Interactions with Drugs Used in Dentistry.
- **Who Doesn't Get Alzheimer's Disease?** Characteristics of People Who Live Long Lives and Avoid Dementia.
- **Medical Treatment for Alzheimer's.** Current Treatment and Prevention.
- **Keeping the Brain "Fit":** Ways to Maintain and Increase Memory, Learning, and Thinking Skills with Nutritional and Lifestyle Changes. Does Keeping the Brain Busy Prevent Alzheimer's Disease?
- **Salmon for Your Brain:** Can Omega-3 Fatty Acids Reduce the Risk of Dementia?
- **Stroke: A True Emergency.** Types of Strokes: Ischemic and Hemorrhagic. The Significance of TIA's.
- **Critical Factors in Stroke:** Location, Timing and Size of Strokes. Transient Ischemic Attacks and Right vs. Left Hemisphere Strokes. Anterior, Middle, and Posterior Cerebral Artery Strokes: Which Is Most Likely?
- **Risk Factors for Stroke:** How the Risk of a Stroke Can Be Minimized or Avoided.
- **Gum Disease, Inflammation, and Stroke:** Is There a Connection?
- **Acute Treatments for Stroke.** Tissue Plasminogen Activator. MERCI Retriever.
- **Head Trauma and Traumatic Brain Injury:** The Greatest Cause of Death and Disability in the Young. Incidence, Symptoms, Common Causes, and Outcomes.
- **Football, Boxing, and Brain Injury.** Dementia Pugilistica. Head Traumas and Concussions. Sports, Head Trauma, and Cognitive Decline.
- **Guidelines for Sports Concussions.** Three Levels of Concussion and Recommendations for Diagnosis and Management.
- **Recovery from Traumatic Brain Injury.** How Much and How Long? How Many Recover After Severe Brain Injury?
- **Do Neurons Grow Back After Traumatic Brain Damage?** Promoting Synaptogenesis.
- **Oral Care and Dental Management of Brain Injured Patients.** Issues with Memory, Eye-Hand Coordination, and Communication.

6 CREDIT HOURS / www.INRseminars.com

MEETING TIME & LOCATION

ROCHESTER, MN
 Thu., Feb. 24, 2011
 8:30 AM to 3:30 PM
 Ramada Hotel & Conference Center
 1517 Southwest 16th Street
 Rochester, MN

TUITION: \$86.00 per person with pre-registration (\$101.00 at the door if space remains). Tuition includes a syllabus. (Group pre-registration rate: \$81.00 per person. To qualify, 3 or more registrations must be submitted together. Please list names of all registrants.)

TO REGISTER:

There are **four** ways to register:

- 1) **Online:** www.INRseminars.com
- 2) **By mail:** Complete and return the Registration Form below.
- 3) **By phone:** Register toll-free with Visa, MasterCard, American Express®, or Discover® by calling **1-800-937-6878**. (This number is for registrations only.)
- 4) **By fax:** Fax the completed registration form—including Visa, MasterCard, American Express®, or Discover® Number—to (925) 687-0860.

For all inquiries, please contact **customer service at 1-877-246-6336 or (925) 609-2820.**

Please register early and arrive before the scheduled start time. Space is limited. Attendees requiring special accommodation must advise INR in writing at least 50 days in advance and provide proof of disability. Registrations are subject to cancellation after the scheduled start time. A transfer can be made from one seminar location to another if space is available. Registrants cancelling up to 72 hours before a seminar will receive a tuition refund less a \$25.00 administrative fee or, if requested, a full-value voucher, good for one year, for a future seminar. Cancellation or voucher requests must be made in writing. If a seminar cannot be held for reasons beyond the control of the sponsor (e.g., acts of God), the registrant will receive free admission to a rescheduled seminar or a full-value voucher, good for one year, for a future seminar. A \$25.00 service charge applies to each returned check. Nonpayment of full tuition may, at the sponsor's option, result in cancellation of CE credits issued. The syllabus is not available for separate purchase. Fees subject to change without notice.

REGISTRATION FORM

(This registration form may be copied.)

✓ Thu., Feb. 24, 2011 (Rochester, MN)

Please return form to:
 INR
 P.O. Box 6757
 Concord, CA 94524-0757
 TOLL-FREE: 1-877-246-6336
 TEL: (925) 609-2820
 FAX: (925) 687-0860

Please print:

Name: _____ Profession: _____

Home Address: _____ Professional License #: _____

City: _____ State: _____ Zip: _____ Lic. Exp. Date: _____

Home Phone: (____) _____ Work Phone: (____) _____ Employer: _____

Please enclose full payment with registration form. Check method of payment. E-Mail: _____ (needed for confirmation & receipt)

_____ Check for \$ _____ (Make payable to INR)

_____ Charge the amount of \$ _____ to my _____ Visa _____ MasterCard _____ American Express® _____ Discover®

Card Number: _____ Exp. Date: _____
(enter all raised numbers)

Signature: _____
 Please provide an e-mail address above to receive a confirmation and directions to the meeting site.

CODE: BR-U1430_DDS

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Course Request: IDAA – Nutrition: How You Can It Important for Patients and You!**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

This course was originally denied continuing education credit by the Chair of the Committee. The Iowa Dental Assistant Association (IDAA) requested that the full Committee reconsider the initial denial. The application was forwarded to all Committee members for review and recommendation regarding credit.

The Committee is currently compromised of 6 members; there is one vacancy. The Committee members voted as follows: Recommending Approval – 5 members; Recommending Denial – 1 member.

IDB’s Continuing Education Rules

The Board’s administrative rules describe acceptable and unacceptable continuing education subject matter:

25.3(7) Subject matter acceptable for continuing dental education credit:

a. In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or course outlines shall clearly establish conformance with the following criteria:

- (1) The subject matter is of value to dentistry and directly applicable to oral health care.
- (2) The information presented enables the dental professional to enhance the dental health of the public.
- (3) The dental professional is able to apply the knowledge gained within the professional capacity of the individual.
- (4) The dental science courses include, but are not limited to, those within the eight recognized dental specialty areas and topics such as geriatric dentistry, hospital dentistry, oral diagnosis, oral rehabilitation and preventative dentistry.

b. Acceptable subject matter includes courses in patient treatment record keeping, risk management, sexual boundaries, communication, and OSHA regulations, and courses related to clinical practice. A course on Iowa jurisprudence that has been prior-approved by the board is also acceptable subject matter.

c. Unacceptable subject matter includes personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations. While desirable, those subjects are not applicable to dental skills, knowledge, and competence.

Excerpt from Board rule 650—25.1(153): “The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.”

Committee Recommendation

The Committee recommends that the Board approve this course for five hours of continuing education.

Attached for Review

- ❖ 1/26/11 Committee Chair’s Action on Application
- ❖ 1/27/11 Letter from IDB Executive Director to IDAA
- ❖ Copy of original application and 2/16/11 supplemental information
- ❖ Copies of Committee members’ recommendations



STATE OF IOWA IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

Application for Prior Approval of Continuing Education Course

January 14, 2011

Attached is an application for approval of a continuing education course submitted by Patti Ensey.

Sponsor: Iowa Dental Assistant Association

Course Title: Nutrition-How you can make it important for your Patients and you!

Speaker(s): Joe Dunning

Please review the enclosed information. Return this form to the Board office with your comments. Our fax number is 515/281-7969. If you have any questions or concerns, please call me at 515/242-6369. Thank you.

Approve. _____ hours of continuing education awarded.
 Do not approve.

Comments

Doesn't really address how this course is going help patients oral health seems to be geared more toward fitness.

Marijo Beasler
Signature of Committee Member

1/26/11
Date



STATE OF IOWA IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

January 27, 2011

Iowa Dental Assistant Association
Attn: Patti Ensey
1301 Canal Shore Dr
LeClaire, IA 52753

Dear Ms. Ensey:

Re: Nutrition-How you can make it important for you Patients and you!

Your request for approval of the above course was submitted to the Iowa Dental Board's Advisory Committee on Continuing Education for review.

The Chairperson of the Advisory Committee has determined that continuing education credit hours be denied for this course of study. While interesting, the subject does not fulfill the intent of Board's guidelines for continuing education.

For further information, please refer to IAC 650 – Chapter 25.3(7)4b. You can access a copy of board rules at <http://www.dentalboard.iowa.gov/iacbychapter.html>.

Sincerely,

Melanie Johnson, J.D.
Executive Director

MJ/ad

RECEIVED

JAN 13 2011

IOWA DENTAL BOARD

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: IOWA Dental Assistant Assoc.

Address: 1301 Canal Shore Dr. LeClaire, Iowa 52753

Phone: 563-579-4300 Fax: 563-332-1649 E-mail: ensey4@yahoo.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
Dental School
Dental Hygiene School
Dental Assisting School
Military
Other (please specify):

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

4. Course Title: Nutrition - How You Can Make It Important for Your Patients and You!

5. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

6. Course date: April 30, 2011 Hours of instruction: 2 (two)

7. Provide a detailed breakdown of contact hours for the course or program:

Mr. Dunning will provide nutritional information pertinent to ourselves + our patients. Joe will focus on how we can improve our immune system to maintain our health, using both holistic approach + the use of antioxidants. Joe will also help us focus on making the right nutritional choices for both our pt's + ourselves.

8. Provide the name(s) and briefly state the qualifications of the speaker(s): Please see the enclosed video I have provided.

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Patti Ensey, CDA, RDA, IDAA Pres.

Title: Pres. IDAA Phone Number: 563-332-7734 (wk)

Fax Number: 563-332-1649 E-mail: ensey4@yahoo.com

Address: ~~3773 N. 1st St~~ 301 Canal Shore Dr. LoClaire, IA 52753

Signature: Patti Ensey, CDA, RDA, Pres. IDAA Date: 1-10-11

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687

Dental Shared/ConEd App Prior Approval.doc

(over)

See back of sheet



Annual meeting

Wednesday, December 29, 2010 4:52 PM

From: "e nsey" <ensey4@yahoo.com>

To: "Kristee Malmberg" <kmalmbe@kirkwood.edu>, "Jane Slach" <jslach@kirkwood.edu>, "Christi Winders" <christiwinders@yahoo.com>

Hey gals,

Thought I would email y'all to see if you had any speakers for the state meeting on Saturday. Joe Dunning is speaking in the afternoon, Maureen got Delta Dental to speak - they will only do one session, and they would like not to be in conflict with another speaker. I told Maureen to tell them they could be at 8am or 10am.

So, Jane, Christi, and Kristee, what do you think about this line up for the meeting at a glance - Please change if you think necessary

Friday - Pre Board Time to be decided - was not sure if we were doing any student involvement

Saturday Registration : 7am - 7:45am
speaker 8am - 9:45am
speaker 10am - 11:45am

lunch (INCL) 12pm - 1:15pm

key note speaker 1:30pm - 3:30pm

- Joe Dunning

house of delegates 3:45pm - 4:45pm

social in pres suite 5:30pm - 7:00pm

Sunday post board 8:00am - 10:00am

Joe's fee is \$50.00 per hour. He will probably need a screen and projector, and mic, don't know about the others at this time.

Is this do able?????

Patti

this is our proposed meeting at a glance - we are having our Board meeting Jan 22 we will finalize them

Experience, Education Bio for Joe Dunning

NUTRITIONAL SOLUTIONS

BY JOE DUNNING

111 E. 50TH Street

Davenport, Ia 52806

Phone: 563-723-2181

Education:

- **1970-1975 Bachelor of Science Degree. Internship and Field work was completed in adaptive physical education. Graduated with double majors in Adaptive Physical Education and Recreation and Law Enforcement. Truman University, Kirksville, Missouri.**
- **Was awarded the title of Certified Nutritional Consultant and was selected for the board of advisors in 2005 as a result of graduating with a score of 98% on all curriculum and 100% on required research papers; Institute for Alternative Medicine, Santa Cruz, California.**
- **1992 Certified Personal Fitness Trainer; International Fitness Professionals Association, Los Angeles, California.**

Work Experience:

- **Currently owner and operator of NUTRITIONAL SOLUTIONS BY JOE DUNNING**
- **Director of Nutrition and Fitness at Tri-Med Health & Wellness Center. Director of Marketing for Healthy Essentials LLC., California.**
- **Director of Nutrition and Fitness at Newport Beach Athletic Club**
- **Owner and operator of fitness facility.**
- **Numerous seminars, workshops, lectures and teaching health care professionals in the field of nutrition.**
- **Featured speaker at National Training on Clinical and Applied Nutrition.**



**NUTRITIONAL
SOLUTIONS
BY
JOE DUNNING**

**111 E. 50th Street
DAVENPORT, IA 52806**

*LOCATED IN BAYSIDE TAN

Phone:563-723-2181

E-mail:HealthyJoe@live.com



**CERTIFIED NUTRITIONIST
CERTIFIED PERSONAL TRAINER
HOLISTIC HEALTH PRACTITIONER**

Honors/ Activities:

- **Various community awards for service and activities.**
- **Co-star CBS affiliate T.V. Station “Fitness Break”.**
- **Multi-title in power lifting, and bodybuilding, seven time national qualifier.**
- **Certified member of the American Association of Drugless Practitioners.**

Experience:

- **“I have worked in nutrition, health, wellness, and fitness for 30 years. Most recently my focus has been in the areas of nutritional wellness working with multi disciplinary settings. This includes many M.D.'s and oncologists. The best results have been with the combination of conventional medical treatment, while working simultaneously with my holistic nutritional approach which is always with the approval of the oncologist. My focus is on the internal environment and boosting of the immune system with antioxidants. Success has been seen in colon, breast, bone, lung, and intestinal cancers. My passion to learn and work in this field was prompted and fueled by the loss of my sister, and parents while pursuing my education”.**

ANNOUNCING:

- **I am very excited to announce my new website! Complete nutritional programs to educate, guide, and motivate you to accomplish YOUR health and wellness goals! A Free Report is immediately available, which addresses the many concerns people have come to me with over the past 30 years, you will find it AMAZING! There is also the very popular “Ask the Nutritionist” section, so you can send me ANY question you would like answered. A monthly newsletter is also available, filled with valuable information, FREE of charge! This is available to EVERYONE...no purchase required.**

For your Free Report, monthly newsletter, or to check out the nutritional programs & menu plans, please go to:

www.gethealthywithjoe.com

Thank you,

Joe Dunning

Attention;

Angie

4 pages

from:

Patti Ensey, IDAA Pres, CDA, RDA

Here is the new info for Joe Dunning.

NOTE: - this speaker was approved by IDB

Back in 08.

Hopefully this works - it is not Fitness.

Thanks for your help Angie. I will be submitting additional speakers for our meeting by the end of next wk.

Patti Ensey

my fax . 563-332-1649



ATTENTION - Angie

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

FAX 515-281-7969

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Iowa Dental Assistants Association

Address: 1301 Canal Shore Drive LeClaire, IA 52753

Phone: 563-332-7734 (wk) Fax: 563-332-1649 E-mail: ensey4@yahoo.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
 Dental School
 Dental Hygiene School
 Dental Assisting School
 Military
 Other (please specify): _____

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
 Home study (e.g. self assessment, reading, educational TV)
 Participation
 Discussion
 Demonstration

4. Course Title: Nutritional Applications to Improve Periodontal Disease

5. Course Subject:

- Related to clinical practice
 Patient record keeping
 Risk Management
 Communication
 OSHA regulations/Infection Control
 Other: _____

6. Course date: April 2, 2011 Hours of instruction: 3

#7. Provide a detailed breakdown of contact hours for the course program:

Mr. Dunning will be providing pertinent information for the dental professional to use in office on how diet can affect our patients periodontally. Joe will be going in dept on a cellular level as to what nutritionally you can do to combat periodontal disease. Joe will also go in depth nutritionally, to help our patients balance their blood sugars, (for diabetic and pre diabetic), to help with nutritional needs for cavity prevention. Joe will also help us to understand how detrimental soda, juices, and energy drinks are to ones health. He will also be discussing the different vitamins and nutrients as well as what natural foods our bodies need to maintain a healthy system. Joe will also be discussing the cause and prevention of halatosis, cold sores, canker sores and other mouth ailments. Childrens nutritional needs will also be addressed.

At the end of the seminar there will be time for questions and answers.

In conclusion:

Attendees will be able to understand the need to help our patients with their nutritional concerns, as well as their childrens. Attendees will also be made aware of how to improve our own health. how a balanced diet will help boost the body's immune system, so we can be less vulnerable to oral diseases. Attendees will understand that even diet drinks can be harmful to our teeth and bodies.

7. Provide a detailed breakdown of contact hours for the course or program:

Mr. Dunning will be providing pertinent information for the dental professional to use in office on how diet can affect our patients periodontally. Joe will go in depth Nutritionally to help patients understand how to help pts with their blood sugar (if diabetic) to help with Nutritional Needs for cavity prevention. Joe will go into major vitamins & minerals for healthy teeth & gums. Joe will go into depth on how detrimental Soda & Flavored Water are to one's health. How a healthy body promotes healthy teeth & gums

8. Provide the name(s) and briefly state the qualifications of the speaker(s):

Please See Attached Curriculum Vite on Speaker

Attachment

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Patti Ensey, CDA, RDA

Title: Pres. IDAA Phone Number: 563-332-7734 (wk)

Fax Number: 563-332-1649 E-mail: ensey4@yahoo.com

Address: 1301 Canal Shore Drive LeClaire, IA 52753

Signature: Patti Ensey Date: 2-16-11

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED \$10 FEE PER COURSE TO:

Iowa Dental Board
 Advisory Committee on Continuing Education
 400 S.W. 8th Street, Suite D
 Des Moines, Iowa 50309-4687

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Course Request: IDA – Great Communication, Great Production**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

This course was originally denied continuing education credit by the Chair of the Committee. The Iowa Dental Association (IDA) requested that the full Committee reconsider the initial denial. The application was forwarded to all Committee members for review and recommendation regarding credit.

The Committee is currently comprised of 6 members; there is one vacancy. The Committee members voted as follows:

- Recommending Approval (full credit) – 1 member
- Recommending Approval (partial credit of 1 hour) – 3 members
- Recommending Denial – 2 members

IDB's Continuing Education Rules

The Board's administrative rules describe acceptable and unacceptable continuing education subject matter:

25.3(7) Subject matter acceptable for continuing dental education credit:

a. In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or course outlines shall clearly establish conformance with the following criteria:

- (1) The subject matter is of value to dentistry and directly applicable to oral health care.
- (2) The information presented enables the dental professional to enhance the dental health of the public.
- (3) The dental professional is able to apply the knowledge gained within the professional capacity of the individual.
- (4) The dental science courses include, but are not limited to, those within the eight recognized dental specialty areas and topics such as geriatric dentistry, hospital dentistry, oral diagnosis, oral rehabilitation and preventative dentistry.

b. Acceptable subject matter includes courses in patient treatment record keeping, risk management, sexual boundaries, communication, and OSHA regulations, and courses related to clinical practice. A course on Iowa jurisprudence that has been prior-approved by the board is also acceptable subject matter.

c. Unacceptable subject matter includes personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations. While desirable, those subjects are not applicable to dental skills, knowledge, and competence.

Excerpt from Board rule 650—25.1(153): “The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.”

Committee Recommendation

The Committee requests that the Board make the final decision regarding credit for this course.

Attached for Review

- ❖ February 28, 2011, Committee Chair's action on application
- ❖ March 7, 2011 Letter from IDB Executive Director to IDA
- ❖ Copy of course description from IDA & bio of Cathy Jameson
- ❖ Copies of Committee members' recommendations

**IOWA DENTAL ASSOCIATION / 2011 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

SUNDAY, MAY 8, 2011

TIME: 8:00 a.m. - Noon (1/2 hour break)

SPEAKER: CATHY JAMESON

TOPIC: Great Communication=Great Product

CEU'S REQUESTED: 3.5 CEU'S

*Course:
Good Comm Great Prod.
+
Speak Your Peace*

TIME: 1:30 p.m. - 4:30 p.m. (1/2 hour break)

SPEAKER: CATHY JAMESON

TOPIC: Speak Your Peace

CEU'S REQUESTED: 2.5 CEU'S

Will not be awarded CEU's

*Communication courses
should be between
licensee + patient not
among office staff.
Courses are more
 geared toward
inter-office communication*

TIME: 8:30 a.m. - 1:00 p.m. (15 minute break)

SPEAKER: DR. JOHN VASELANEY

TOPIC: Dental Professional Liability Risk Man

CEU'S REQUESTED: 4.5 CE

*Course:
Dental Professional
Liability Risk
Management Seminar
by Dr. Vaselaney*

**-PLEASE SEE
FOR SPEAKER CREDIT**

*I approve the
course but would
like input from the
field committee*



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

March 7, 2011

Iowa Dental Association
Attn: Suzanne Lamemola
5530 West Parkway Suite 100
PO Box 31088
Johnston, IA 50131

Dear Ms. Lamemola:

Re: 1. Great Communication=Great Product
2. Speak Your Peace

Your request for approval of the above courses was submitted to the Iowa Dental Board's Advisory Committee on Continuing Education for review.

The Chairperson of the Advisory Committee has determined that continuing education credit hours be denied for both courses of study. While interesting, the subject does not fulfill the intent of Board's guidelines for continuing education.

For further information, please refer to IAC 650 – Chapter 25.3(7)4b. You can access a copy of board rules at <http://www.dentalboard.iowa.gov/iacbychapter.html>.

Sincerely,

Melanie Johnson, J.D.
Executive Director

MJ/ad

jameson *speaks*

"GREAT COMMUNICATION =
GREAT PRODUCTION"

course synopsis

Dr. John and Cathy Jameson built a successful, profitable practice by providing comprehensive diagnosis, treatment planning and case presentation. The systems they will teach you during this session will prove invaluable to you, your team and your practice. The bottom line to success is communicative skill. Most doctors have more dentistry sitting in their charts than they have ever performed. Learn proven presentation and communication skills to be used by the entire team that will increase your case acceptance to 90 - 95%.

Also, learn to overcome the "fear of cost", which is fast becoming the number one reason dental treatment is not accepted. Case acceptance is not just the doctor's responsibility. Everyone on the team has a significant role. You DO make a difference.

course topics

- LEARN communication skills that encourage treatment acceptance.
- UNDERSTAND how to establish trusting patient relationships.
- DETERMINE patient's wants.
- BECOME excellent educators through the effective use of technology.
- LEARN to define and overcome objections.
- DISCOVER ways to ask for a commitment - or "close".
- LEARN the skills of making good financial arrangements. Overcome the "fear of cost".
- GET the dentistry out of your charts and into the mouths of the patients. You have a practice within your practice.
- DOUBLE your practice from within.

This course is recommended for all dental professionals.

Great Communication Equals Great Production

Communication skill is the bottom line to the success of any relationship, including relationships between and among team members and with patients. Specialized knowledge is an essential part of the dental profession. As professionals, you have a mastery of your clinical skills, your specialized knowledge. But specialized knowledge alone will not guarantee success. Research cited in the Journal of Business Communication soundly identifies communication as the most important factor in successful job performance. Communication skills were rated “extremely important” by 85% and 95% of those officers reported that communication skills were considered when they hired employees.

In this course, you will:

1. Learn the importance of communication in today’s workplace
2. Discover ways to include the entire team in providing optimum care for each patient. Each person on the team is as important as every other person. Nurture the talent of each person.
3. Find out how to establish better relationships with both new and long term patients
4. Study proven methods of educating people about the the value of oral health and the opportunities in dentistry today
5. Find ways to use your technology and visual aids to support your patient education
6. Learn how to involve your patients in “owning” their own treatment protocol.

Cathy Jameson

Cathy Jameson is founder and CEO of Jameson Management, an international dental coaching, speaking and product development firm. The Jameson Method of Management, developed by Cathy, offers proven business and clinical systems for helping dental professionals improve their practices through comprehensive coaching. Cathy earned a bachelor's degree in Education from the University of Nebraska at Omaha and then a Master's Degree in psychology from Goddard College; she recently received her doctorate from Walden University. She considers herself a life long learner and encourages those around her to be in a constant state of study, growth and action.

Cathy is a member of the National Association of Female Executives and the National Speakers Association. She is an Advisory Board Member for Red Earth of Oklahoma, serves on the Board of Governors for Oklahoma State University Foundation and is the namesake of an endowed scholarship for the Oklahoma State University College of Education, to which she is a Hall of Fame inductee. In addition, Cathy was recently honored as a Distinguished Alumna from Oklahoma State for her contributions to her profession and her community; the highest honor bestowed upon former students.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Course Request: IDA – Speak Your Peace**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

This course was originally denied continuing education credit by the Chair of the Committee. The Iowa Dental Association (IDA) requested that the full Committee reconsider the initial denial. The application was forwarded to all Committee members for review and recommendation regarding credit.

The Committee is currently comprised of 6 members; there is one vacancy. The Committee members voted as follows:

- Recommending Approval (partial credit of 1 hour) – 2 members
- Recommending Denial – 4 members

IDB’s Continuing Education Rules

The Board’s administrative rules describe acceptable and unacceptable continuing education subject matter:

25.3(7) Subject matter acceptable for continuing dental education credit:

a. In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or course outlines shall clearly establish conformance with the following criteria:

- (1) The subject matter is of value to dentistry and directly applicable to oral health care.
- (2) The information presented enables the dental professional to enhance the dental health of the public.
- (3) The dental professional is able to apply the knowledge gained within the professional capacity of the individual.
- (4) The dental science courses include, but are not limited to, those within the eight recognized dental specialty areas and topics such as geriatric dentistry, hospital dentistry, oral diagnosis, oral rehabilitation and preventative dentistry.

b. Acceptable subject matter includes courses in patient treatment record keeping, risk management, sexual boundaries, communication, and OSHA regulations, and courses related to clinical practice. A course on Iowa jurisprudence that has been prior-approved by the board is also acceptable subject matter.

c. Unacceptable subject matter includes personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations. While desirable, those subjects are not applicable to dental skills, knowledge, and competence.

Excerpt from Board rule 650—25.1(153): “The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.”

Committee Recommendation

The Committee requests that the Board make the final decision regarding credit for this course.

Attached for Review

- ❖ February 28, 2011, Committee Chair’s action on application
- ❖ March 7, 2011, Letter from IDB Executive Director to IDA
- ❖ Copy of course description from IDA & bio of Cathy Jameson
- ❖ Copies of Committee members’ recommendations

**IOWA DENTAL ASSOCIATION / 2011 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

SUNDAY, MAY 8, 2011

TIME: 8:00 a.m. - Noon (1/2 hour break)

SPEAKER: CATHY JAMESON

TOPIC: Great Communication=Great Product

CEU'S REQUESTED: 3.5

CEU'S

*Courses:
Great Comm. Great Prod.
+
Speak Your Peace*

TIME: 1:30 p.m. - 4:30 p.m. (1/2 hour break)

SPEAKER: CATHY JAMESON

TOPIC: Speak Your Peace

CEU'S REQUESTED: 2.5

CEU'S

*Will not be awarded CEU's
Communication courses
should be between
licensee + patient not
among office staff.*

TIME: 8:30 a.m. - 1:00 p.m. (15 minute break)

SPEAKER: DR. JOHN VASELANEY

TOPIC: Dental Professional Liability Risk Man:

CEU'S REQUESTED: 4.5

CE

*Courses are more
geared toward
inter-office communication*

*Courses:
Dental Professional
Liability Risk
Management Seminar
by Dr. Vaselaney*

**-PLEASE SEE
FOR SPEAKER CREDIT**

*I approve the
course but would
like input from the
field committee*



STATE OF IOWA IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

March 7, 2011

Iowa Dental Association
Attn: Suzanne Lamemola
5530 West Parkway Suite 100
PO Box 31088
Johnston, IA 50131

Dear Ms. Lamemola:

Re: 1. Great Communication=Great Product
2. Speak Your Peace

Your request for approval of the above courses was submitted to the Iowa Dental Board's Advisory Committee on Continuing Education for review.

The Chairperson of the Advisory Committee has determined that continuing education credit hours be denied for both courses of study. While interesting, the subject does not fulfill the intent of Board's guidelines for continuing education.

For further information, please refer to IAC 650 – Chapter 25.3(7)4b. You can access a copy of board rules at <http://www.dentalboard.iowa.gov/iacbychapter.html>.

Sincerely,

Melanie Johnson, J.D.
Executive Director

MJ/ad

Jameson *Speaks*

"SPEAK YOUR PEACE" CONTROLLING STRESS IN YOUR PRACTICE THROUGH EFFECTIVE COMMUNICATION

course synopsis

Stress for the healthcare professional is real. Poor communication can lead to endless, stressful situations in a dental office. The Jameson team educates you on the importance of great communication in combating stress and teaches the skills that open the lines of communication and keep them open. Improved communication has proven valuable in reducing burnout and dropout; improving job satisfaction and teamwork and reducing stress; and increasing productivity.

course topics

- **WHAT'S** on your mind? Identify your stressors – this is the first step to stress control.
- **THEN** what? Learn how to control those stressors once you identify them.
- **TALK** the talk. Learn effective communication and listening skills to help you increase productivity, gain understanding and avoid misunderstandings and mistakes.
- **SPEAK** your peace. Learn how to say what you need to say without offending others.
- **BECOME** a problem solver. Learn effective problem solving skills and develop skills for constructive confrontation so that you can resolve problems and conflicts instead of cause them. Vital tools for both your personal and professional life!
- **BECOME** a student of stress control. Learn and practice the 12 steps to controlling stress and energizing your life!

This course is recommended for all healthcare professionals.

Speak Your Peace

Communication skills are vital to both personal and professional fulfillment in the workplace today. Communication between and among team members is vital to a healthy work environment where people want to come to work, are productive while there working with patients, and do not want to leave. Clear, constructive communication is foundational to an outstanding team; a team with excellent communication skills effectively helps patients recognize the need for treatment. Research shows that conflict among team members is the number one source of stress in dental practices. Learn how to develop communication channels that create and support a stress controlled, congenial work environment and its positive effects on patient wellbeing. Getting along with and feeling a sense of camaraderie with co-workers, including "the boss" is the avenue to "peace" and "healthy patients".

1. Discover ways to improve team cohesiveness which ultimately improves patient communication and the patient's overall experience
2. Determine ways to listen to better understand others. Learn the skills necessary to hear what your patients are really saying to build relationships of trust and value.
3. Speak clearly in order to get your own message across accurately to both team members and patients.
4. Learn the 7 steps of diagnosing and solving organizational problems leading to higher quality patient care.
5. Study proven methods of addressing challenging team and patient situations so that these do not escalate.
6. Understand the elements and characteristics of the communication process and how that process is critical in the patient relationship.
7. Create an environment where people get along and enjoy working with one another and how this has positive effects on patient wellbeing.

Cathy Jameson

Cathy Jameson is founder and CEO of Jameson Management, an international dental coaching, speaking and product development firm. The Jameson Method of Management, developed by Cathy, offers proven business and clinical systems for helping dental professionals improve their practices through comprehensive coaching. Cathy earned a bachelor's degree in Education from the University of Nebraska at Omaha and then a Master's Degree in psychology from Goddard College; she recently received her doctorate from Walden University. She considers herself a life long learner and encourages those around her to be in a constant state of study, growth and action.

Cathy is a member of the National Association of Female Executives and the National Speakers Association. She is an Advisory Board Member for Red Earth of Oklahoma, serves on the Board of Governors for Oklahoma State University Foundation and is the namesake of an endowed scholarship for the Oklahoma State University College of Education, to which she is a Hall of Fame inductee. In addition, Cathy was recently honored as a Distinguished Alumna from Oklahoma State for her contributions to her profession and her community; the highest honor bestowed upon former students.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Sponsor Application, CPR and the Works**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

This application was received at the Board office on March 28, 2011 and forwarded to the Committee for review on April 6, 2011. At the time of the distribution of the supplemental Board meeting materials on April 7th, Committee members' had not had adequate time to review and return a recommendation.

Rather than delay action on this application until the July Board meeting, it has been added to the April 12th Board agenda. Action may be taken by the full Board at that time, pending receipt of recommendations from Committee members.

Committee Recommendation

TBD

Attached for Review

- ❖ Copy of Continuing Education Sponsor Application

CONTINUING EDUCATION SPONSOR APPLICATION

RECEIVED

IOWA DENTAL BOARD

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687
Phone (515) 281-5157 • www.dentalboard.iowa.gov

APR 04 2011

IOWA DENTAL BOARD

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: CPR and the Works

Contact Person: Anita Siddall Phone: (319) 310-6335 Fax: _____

Address: 866 Oakland Rd NE Cedar Rapids IA 52402 E-mail: Anita3marie@gmail.com

2. Type of organization (attach bylaws if applicable):
- Constituent or component society
 - Dental School
 - Dental Hygiene School
 - Dental Assisting School
 - Other (please specify): Home business

3. If applicable, approximate number of active members 2 (my husband + I)

4. Name of Current Officers	TITLE	ADDRESS	PHONE
<u>Anita Siddall</u>	<u>RDH, BLS instructor</u>	<u>same as above</u>	
<u>Mike Siddall</u>	<u>nursing student co-instructor</u>	<u>"</u>	<u>(319) 310-6335</u>

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.

Name: Anita Siddall Phone: (319) 310-6335 Fax: _____

Full Address: 866 Oakland Rd NE Cedar Rapids IA 52402

Internet Address: _____ E-mail: Anita3marie@gmail.com

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 7

7. Average number of attendees at each course or meeting: 5

8. How many courses, meetings or programs do you anticipate sponsoring this year? 10

9. Which of the following educational methods does your organization use? Please check all applicable.
- Home study (e.g. self assessment, reading, educational TV, internet courses)
 - Lectures
 - Participation
 - Discussion
 - Demonstration

#095 \$100

10. Course Subjects Offered: (check all applicable)

- Related to clinical practice
- Risk Management
- OSHA regulations/Infection Control
- Other: Team read readiness for Medical emergencies in Dental office
- Patient record keeping
- Communication

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
	Healthcare Provider CPR renewal	Anita Siddall	7 courses	3
	Medical Emergencies	Anita Siddall	7 courses	3
	First Aid	Anita Siddall	1 course	1 1/2

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Anita Siddall

Address: 866 Oakland Rd NE Cedar Rapids IA 52402 Phone: (319) 310-6335

Anita Siddall Signature 3-30-2011 Date

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
 IOWA DENTAL BOARD
 Advisory Committee on Continuing Education
 400 S.W. 8th Street, Suite D
 Des Moines, IA 50309-4687

IOWA DENTAL BOARD

Advisory Committee on Continuing Education

400 SW 8th St. Suite D

Des Moines, IA, 50309-4687

Dear Sirs,

This course is very pertinent to the dental profession and taught in a practical and unique way. In this course, participants are members of one dental office and therefore need to be prepared to work in an effective and proficient manner as a team in the event of a medical emergency.

Medical Emergencies can and do happen in dental offices and the members of each office staff should be made aware of the methods best suited to handling each possible emergency according to their specific office's tools available, the doctor's medical emergency training, medical kit, oxygen tank, breathing apparatus available, AED, floor plan and each member's role.

Course Outline:

MEDICAL EMERGENCIES IN THE DENTAL OFFICE, A TEAM APPROACH

This course will be taught in the office of the team that is taking the course so that each member will be more comfortable and knowledgeable of their office specific emergency plan so as to provide efficient, professional, organized and prompt care to their patients in the event of a medical emergency.

1. Incidence of medical Emergencies in Dental offices
 - a. Types of possible emergencies
 - i. Heart Attack
 - ii. Syncope
 - iii. Anxiety attack
 - iv. Obstructed airway
 - v. Seizure
 - vi. Hypoglycemia
 - vii. Angina
 - viii. Severe Allergic Reaction
 - ix. Asthmatic attack
2. Preventing or avoiding emergencies in the dental office is the best approach to daily office protocol.
 - a. Taking vital signs: B/P, Pulse and respiration.
 - b. Anxiety control
 - c. Patient education for their own best dental experience.
 - i. Do not avoid meals
 - ii. Take prescribed meds
 - iii. Clear explanation of treatment and expected patient experience during and post op.

3. Common Medical Kit Contents

- a. Review of office emergency kit:
 - i. Check full contents of specific office medical kit, allowing each team member to familiarize themselves with each item.
 - ii. Function, expiration and use of each item in medical kit is discussed (on occasion reorganization and/or reordering is planned so as to better meet experience and comfort level of DDS)
 - iii. Oxygen tank is checked:
 1. Each team member is allowed to practice turning on Oxygen as well as applying breathing devices (cannula, face mask or Ambu- bag)
 2. Oxygen tank is checked for adequate fullness.
 - iv. AED
 1. Each team member is allowed to turn on AED, note electrodes and proper placement.
 2. Each member acts out the proper use of AED

4. Medical Emergency Scenarios:

- a. An individual sheet has been prepared for each of the medical Emergencies listed above containing common meds the patient may be taking, signs or symptoms of medical emergency condition or episode with recommended treatments.
- b. One or two emergency sheets are given to each student of course with the instructions that he/she should not let others in class see the sheet.
- c. Play acting is carried out of each possible medical emergency as each student in course acts out a typical day as they do their own job in the office, while performing their normal duty we assume the patient they are treating displays the signs or symptoms on the medical emergency sheet they were given.
 - i. As a team all the members decide how this patient will best be cared for:
 1. What is the CODE of this particular office in the event of emergency? (if none is in existence, one is decided upon)
 2. Each team member's role in each emergency
 - a. Retrieve medical kit
 - b. Retrieve oxygen
 - c. Retrieve AED
 - d. Call 911 if needed
 - e. Comfort or control other patients
 3. Proper charting of all treatment during each emergency
 4. What medical aides can or should be used from the office armamentarium and who of this team should be bringing it.
 - a. Larger offices will have set roles for certain individuals while smaller offices will change roles accordingly.
 5. Each medical emergency is practiced individually and discussed so that each team member is familiar with the common medications that maybe contained in the medical histories, common signs and symptoms of each emergency with common treatments and outcomes.
- d. Summary of past emergencies of this dental office and how the team worked well together or how they could have improved in operation.

This course takes between 2 and 3.5 hours to complete depending on the size of the dental team in the particular office.

Your Emergency Kit:

- Every Dentist can expect to be involved in the diagnosis and treatment of medical emergencies during the course of clinical practice.
- Every dental office must contain an emergency kit with drugs appropriate to the training of the individual dentist, the patient being treated, and the type of procedures being performed.
- In the midst of a medical emergency there is no time to begin reading labels, leafing through emergency texts, or administering drugs as suggested by a brochure in an emergency kit.

This course is not intended to design your emergency drug kit, but I do hope to help your staff become more comfortable with recognizing some of the more common medical emergencies and using the correct treatment to most aid the suffering patient. Your staff should become an efficient emergency response team.

Here are the medications that we will talk about in the medical emergency scenarios. You may feel comfortable with other medications and if you are trained in their use it is fine for you to include more medications in your office's drug kit.

1. **Oxygen:* There is no contraindication for the use of oxygen in a medical emergency in the Dental Office. Oxygen will not harm the patient and in many situations the outcome of the medical condition will improve with its use.
 2. *Aromatic ammonia:* Aromatic ammonia is a respiratory stimulant. It is the most commonly used drug in the emergency situation. When the vaporole is crushed and placed under the victim's nose the noxious odor acts to stimulate respiration and increase blood pressure. Movement of the arms and legs often occurs in response to inhalation of ammonia. This too acts to increase the return of blood from the periphery and aids in raising blood pressure.
 3. *Glucose preparations:* Glucose preparations are used to restore circulating blood sugar in hypoglycemic patients. This hypoglycemia can occur from fasting or insulin use in diabetic patients.
 4. *Bronchodilators:* Asthmatic patients and patients with allergic reactions manifested primarily by respiratory difficulty will require the use of bronchodilator drugs like Albuterol.
 5. *Antihistamine:* Diphenhydramine is administered intermuscularly at onset of allergy symptoms, then oral antihistamine should be prescribed to maintain relief and prevent relapse.
 6. **Epinephrine:* Used in the treatment of cardiac arrest and anaphylaxis. Epinephrine is important to use in cardiac arrest because no other drug is capable of maintaining coronary artery blood flow while CPR is in progress. Epinephrine also preserves blood flow to the brain. Epinephrine is an effective treatment of acute allergic reactions and acute asthmatic attacks (which did not respond to bronchodilator). Use 0.5ml of a 1:1000 solution subcutaneously or intramuscularly.
 7. **Nitroglycerin:* This vasodilator is used in the immediate management of chest pain (such as may occur with angina pectoris or acute myocardial infarction). Either tablet form or spray form can be used.
- * Indicates mandatory drug for Dental office emergency kit.*

HYPOGLYCEMIA

Symptoms:

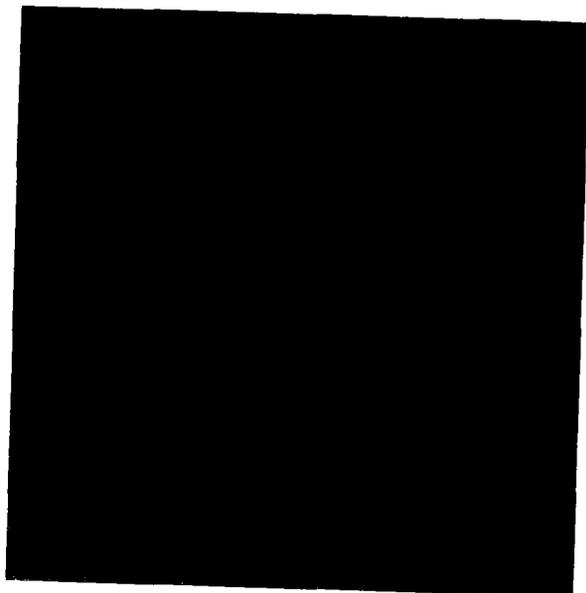
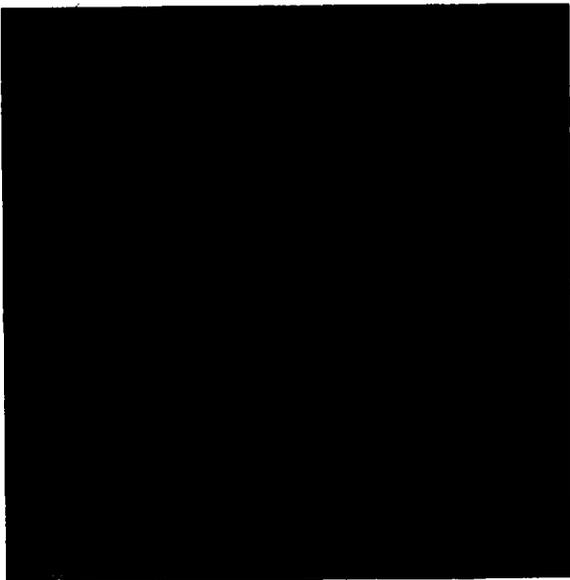
- Confusion
- Hunger
- Sweating
- Unconsciousness/ seizure

Treatment:

- give sugar
Glucose tablets or tube (whole dose!)
Orange juice
Jelly
- Keep patient in office until recovered
- Pt needs ride home & document driver...recommend medical treatment center

If unconscious:

- Call 911



REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Continuing Education Sponsor Application, Apogee Dental Network**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

This application was received at the Board office on April 4, 2011 and forwarded to the Committee for review on April 6, 2011. At the time of the distribution of the supplemental Board meeting materials on April 7th, Committee members' had not had adequate time to review and return a recommendation.

Rather than delay action on this application until the July Board meeting, it has been added to the April 12th Board agenda. Action may be taken by the full Board at that time, pending receipt of recommendations from Committee members.

Committee Recommendation

TBD

Attached for Review

- ❖ Copy of Continuing Education Sponsor Application

CONTINUING EDUCATION SPONSOR APPLICATION

RECEIVED

MAR 28 2011

IOWA DENTAL BOARD

IOWA DENTAL BOARD

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687
Phone (515) 281-5157 • www.dentalboard.iowa.gov

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: Apogee Dental Network
Contact Person: Heather Driscoll Phone: 712-252-3440 / 877-457-0493 Fax: 712-252-5670
Address: 2114 Pierce St. E-mail: driscollh@apogeedental.com

2. Type of organization (attach bylaws if applicable):
[] Constituent or component society [] Dental School
[] Dental Hygiene School [] Dental Assisting School
[X] Other (please specify): Dental coaching + mastermind group

3. If applicable, approximate number of active members 35 members

Table with 4 columns: Name of Current Officers, TITLE, ADDRESS, PHONE. Row 1: Dr. John Meis, President, 2114 Pierce St, Sioux City, IA, 877-457-0493

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.
Name: Heather Driscoll Phone: 877-457-0493 Fax: 712-252-5670
Full Address: 705 Douglas St. #325 Sioux City, IA 51101
Internet Address: www.apogeedental.com E-mail: driscollh@apogeedental.com

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 10

7. Average number of attendees at each course or meeting: 20

8. How many courses, meetings or programs do you anticipate sponsoring this year? 12

- 9. Which of the following educational methods does your organization use? Please check all applicable.
[] Home study (e.g. self assessment, reading, educational TV, internet courses)
[X] Lectures
[X] Participation
[X] Discussion
[] Demonstration

#01196 \$100

10. Course Subjects Offered: (check all applicable)

- Related to clinical practice
- Risk Management
- OSHA regulations/Infection Control
- Other: _____
- Patient record keeping
- Communication

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
1/22-23/10	The Process	Dr. John Meis	Scottsdale, AZ	16
3/19-20/10	The Process	Dr. John Meis	" "	16
4/22-24/10	Apogee Summit	Dr. John Meis	" "	24
6/4-6/5/10	The Leadership Challenge	Heather Driscoll	Denver, CO	16 hrs
7/23-7/24/10	The Process	Dr. John Meis	Scottsdale, AZ	16
9/17-9/18/10	The Process	Dr. John Meis	" "	16
10/22-10/23/10	The Process	Dr. John Meis	" "	16

* continued on separate sheet

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Heather Driscoll

Address: 705 Douglas St. #325 Phone: _____

Heather Driscoll 2-28-11
Signature Date

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
IOWA DENTAL BOARD
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

<u>DATE</u>	<u>COURSE</u>	<u>Instructor</u>	<u>Loc.</u>	<u>Hours</u>
12-10/12-11-10	The Process	Dr. John Meis	Scottsdale Arizona	16
2/11 - 2/12/11	The Masters	Dr. John Meis	" "	16
3/11 - 3/12/11	The Process	Dr. John Meis	" "	16
1/27/11	Behind the Scenes	Dr. John Meis Wendy Briggs	Sioux City, IA	8

Lesson Plan for Human Papillomavirus Continuing Education

Sioux City Study Club

Continuing Education Seminar

April 2011

Jeanette K Miranda, RDH

This is the speaker we have coming in April.

Course Goals

- Understand newest statistics and information on Human Papillomavirus to educate dental patients.
- Develop techniques for using the VELscope.

Learning Objectives

- Identify types of HPV
- Identify prevalence factors
- Discuss treatment options
- Describe stages of disease
- Describe biology of HPV
- Identify systemic, ethnic, cultural factors of disease
- Identify current National and South Dakota statistics about HPV
- Discuss oral manifestations of HPV
- Discuss patient education on HPV
- Describe how to use VELscope

Content

Websites

- Wikipedia, [http://en.wikipedia.org/wiki/Human_papillomavirus#United States](http://en.wikipedia.org/wiki/Human_papillomavirus#United_States)

- Centers for Disease Control, <http://www.cdc.gov/std/HPV/STDFact-HPV.htm#treatment>
- National Institute of Allergy and Infectious Diseases, <http://www3.niaid.nih.gov/topics/genitalWarts/prevention.htm>
- Massimo Origoni, http://www.gfmer.ch/Medical_education/En/PGC_SRH_2009/pdf/HPV_diseases_Origoni_2009.pdf
- South Dakota Department of Health, <http://doh.sd.gov/AllWomenCount/Statistics.aspx>

Articles

- Oral Cancer in Men Caused by HPV, *Journal of Clinical Oncology*, Vol 26, No 4 February 1, 2008: pp. 612-619
- Human Papillomavirus Types in Head and Neck Squamous Cell Carcinomas Worldwide: A Systemic Review, *Cancer Epidemiology Biomarkers & Prevention*, Vol. 14, February 2005, pp. 467-475.

Activities During Lecture

- Introduction (5 minutes)
- Lecture-Power Point (40 minutes)
 - Discuss HPV
 - Discuss oral manifestations, stages and treatment options
 - Review state and national statistics on HPV
 - Discuss patient education on HPV
 - Describe use of Velscope
- VELscope Demonstration Activity (10 minutes)
 - Set-up for the VELscope
 - Safety when using the VELscope

- What to look for when using the VELscope

- Follow-up Questions (5 minutes)

Materials Needed

- Power Point on computer and flash drive
- Handouts



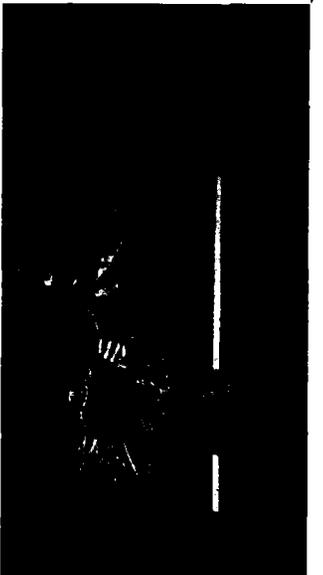
The Apogee Dental Network ProcessTM
Information Package

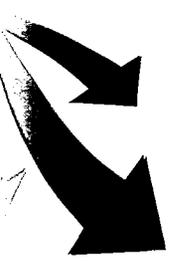


You are a successful dentist. Yet, as many dentists become successful, they reach a point at which moving their practice forward becomes more difficult. As a practice grows it will naturally reach a point where its future growth is blocked. Once blocked, the practice growth will slow dramatically. These blockages occur because the dentist is consumed by dealing with the opportunities, responsibilities, and challenges facing a practice. The practice vision is obscured by the fog that envelopes.

The Apogee Coaching Process is designed to help successful dentists eliminate the fog. By doing so, the dentist can develop a clear vision of the future and an action plan for the present. This has the incredible effect of creating a level of clarity and simplicity that allows the practice to move through the blockages that have been holding it back. The confidence that results makes it easier to reach larger goals both personally and professionally while enjoying even greater levels of satisfaction and peace of mind.

If you are curious about how this process works and how it may enhance your own life, this package has been designed for you.




THE PROCESS™

Connecting with a brighter future

The fog that envelops a practice blocked from growth will keep the dentist focused on past successes or present frustrations instead of focused on the future where all growth and opportunity lie.



Many dentists get caught in the blocked practice situation. The cause of the blockage is obscured because the dentist is buried under the demands and details of not only being the clinician that he or she was trained to be, but also the business person that he or she was never trained to be. Once the practice demands reach a certain level of complication, the fun and satisfaction of being a dentist diminishes and the dental fog sets in.

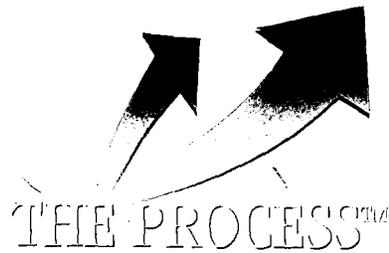
Occasionally, a dentist will experience the opposite. The fun and satisfaction are diminished because the practice is out of control with things happening too fast. The anxiety and pressure builds as the dentist tries to balance the demands of the practice with the demands of their personal life. This complexity can paralyze a dentist just when the opportunities are the greatest; again the dental fog sets in.




THE PROCESS™

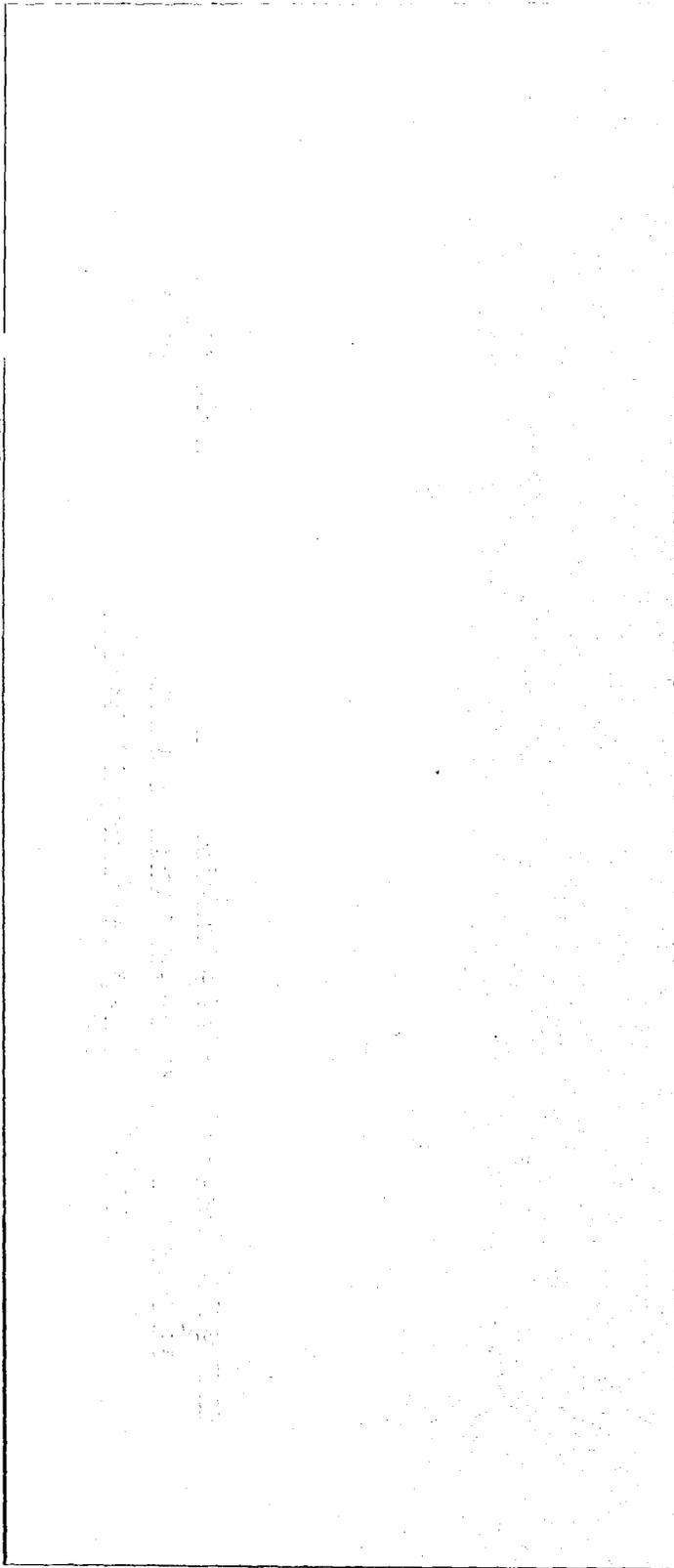
Transformation: Complex to simple, foggy to clear

To clear the fog and eliminate the disappointment and frustration that accompanies a messy set of processes, habits, and resources that make the complex simple.

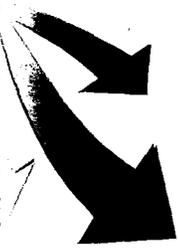


Roughly every 90 days, Apogee Coaching participants meet for a two-day workshop with a group of committed, like-minded dentists and an experienced coach. These workshops become the framework that allows participants to work on their practice, not just in their practice. Each workshop consists of a series of tools which provide the resources to break through the blockages holding the practice back. The workshops also utilize the Mastermind principle described by Napoleon Hill in the classic book "Think and Grow Rich". The Mastermind gives you access to the wisdom and experiences of all the participants.

Progress builds on progress and after 12 months most dentists will have transformed their practices and will be enjoying greater profitability and expanded personal freedom. The process provides a foundation for exponential growth in subsequent years.



THE PROCESS



Step 1: Vision

The Vision Experience™ helps you get really clear, often for the first time in your whole life, about what you want your life to look like. You will establish goals and deadlines that will keep you on track to realize the vision.

What are the three most important improvements you would like to make in your life?



Step 2: Truth

A clinical comprehensive exam allows a dentist to diagnose and present to the patient their true condition. An integral part of Apogee's diagnostic process is The Comprehensive Exam™ which will diagnose the practice blockages that are holding you back. All progress starts with the truth and with this statistical and behavioral analysis of your practice, blockages once obscured by the fog will become apparent.

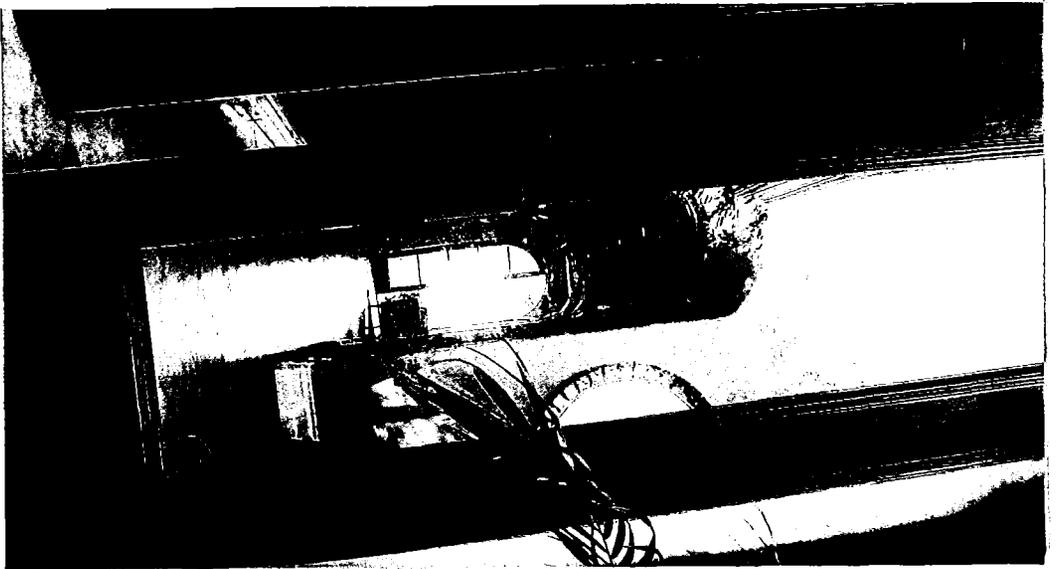
Having a clear picture of what is holding you back, which three blockages would you address first?

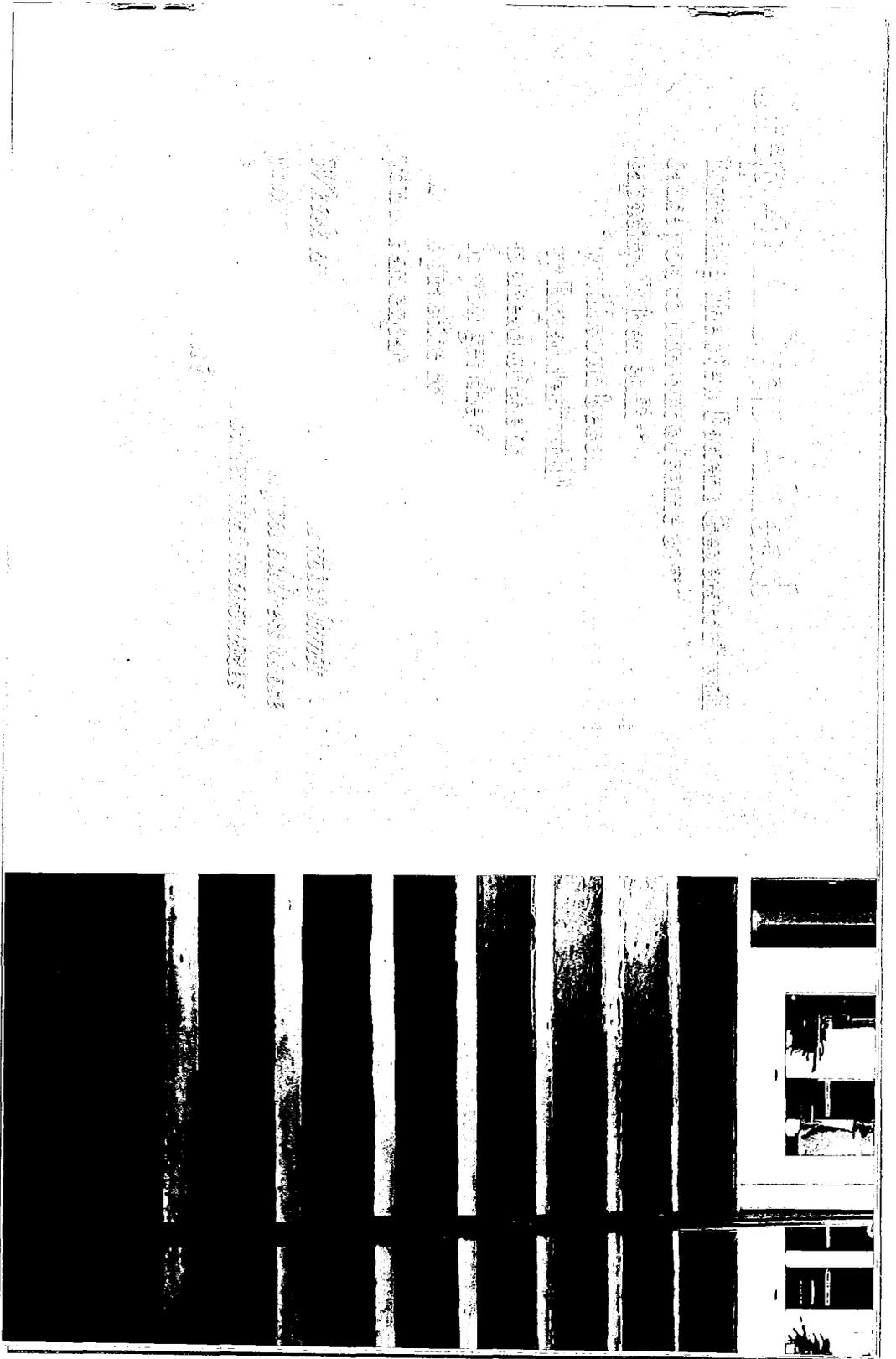


Step 3: Open the Door

Commonly a dentist will believe one of their blockages is a lack of sufficient new patient flow. The New Patient Generator will lay out the order of steps to improve the quantity and quality of new patients that seek your care.

Imagine what your life will be like when you have all the new patients your practice is capable of treating?

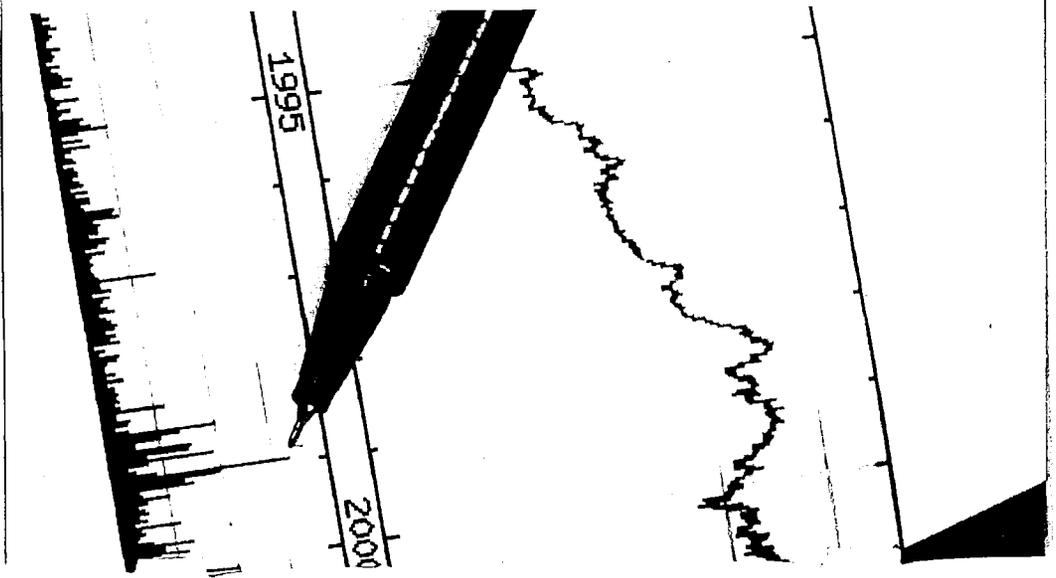




Step 5: Practice Multipliers

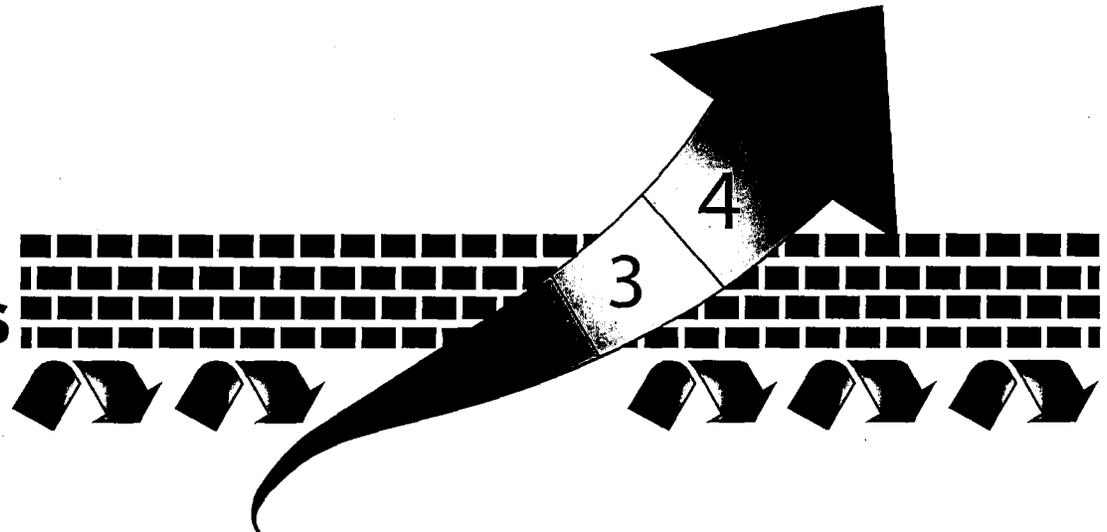
There are many activities that will add results to a practice. There are also activities that will multiply results. Your practice results will be dramatic by placing your effort on activities that have the greatest impact. The Bigger Future™ will identify the practice multipliers that will accelerate your growth.

How much do you want your income to multiply over the next three years?

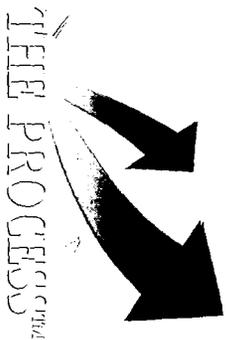
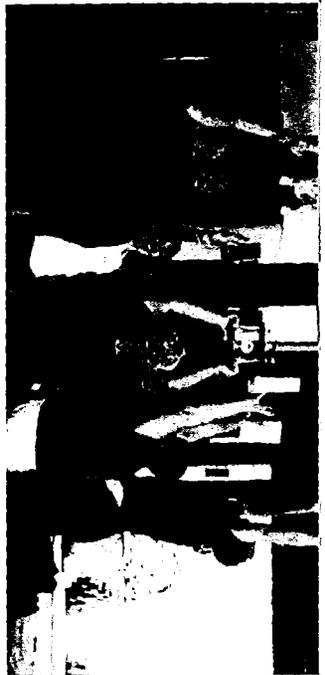


CLARITY, CONFIDENCE, AND ENTHUSIASM

**PRACTICE
BLOCKAGES**



CONFUSION, FRUSTRATION, AND PARALYSIS



Why Dentists join Apogee's Coaching Process

The Process™ is a system to accelerate your progress towards reaching your biggest business and personal goals.

Many dentists feel as though they know exactly how to expand their practice. Implementing trial and error techniques they attempt to break the code of practice growth. Setbacks cause their passion and motivation to wane. Confusion and frustration set in. Others experience practice growth that is chaotic and stressful. Distraction soon keeps them from focusing on their bigger future. Blockage and practice plateaus then become inevitable.

Your practice transformation is more effective with a structured path helping you set achievable, incremental goals that hold you accountable on a quarterly basis. Transformation is easier when done within a group of other supportive, successful, highly motivated dentists who are also committed to The Process™. Professional growth is easier when you are provided proven tools that help you achieve better results with less stress and effort.

We invite you to spend two days each quarter in a structured process that will allow you to focus on your goals and issues. You will generate more energy and satisfaction. Your confidence will soar. You will finally take control over the work-life balance issues that plague so many in our profession.

If The Process™ is what you need to take your practice to the next level, call and speak to a member of our team. We will be happy to help you register for The Process™ or answer any questions you may have.





Testimonials

“Thanks for all of your work putting the group together. This is one of the best experiences in management training in my career.”

Dr. Charles Tozzer

“Getting these ideas has been a fabulous experience. Everything from sedation to practice management, to team management...the wealth of ideas has been incredible.”

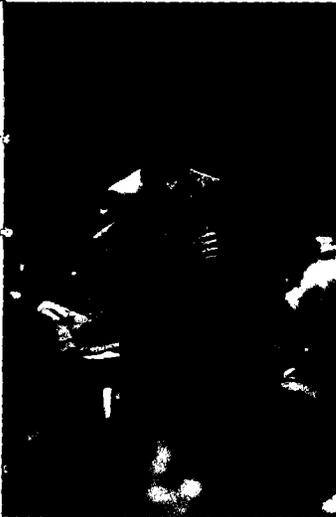
Dr. Tom Peltzer

“I appreciate beyond measure what you have done with this group.”

Dr. Gary Cameron

“John’s mastermind initiative is an incredible opportunity for practices. Dental practices have a tendency toward isolation – and, as a result, each office reinvents the wheel as it grows. Through mastermind, you will find a group of like minded individuals to share ideas, pushing and encouraging all members to grow. It’s really a can’t miss opportunity.”

*David J. Ahearn, DDS
President, Design/Ergonomics
www.desergo.com*



"It's been a wonderful journey. I can't put a value on the connections that I have made."

Dr. David Gage

"We get... We give... together we make things better for ourselves, each other, our teams and most importantly for our patients."

Dr. Mitch Friedman

"It's really not about the money, but the philosophy ingrained in us. You have really given me the gift of a salary check. THANK YOU!"

Dr. John F. Smith

"Thanks for the conversation. It's one of the best hours I have spent in my entire career. Before the conversation started, I was confused, frustrated and disappointed. I knew my practice should be taking off more than it was. It just felt like we're supposed to make a jump but it felt like our shoes were glued to the ground. I had no idea what to work on next. After a one hour conversation with you, I am now very clear. Not only do I know exactly what steps to take next, I am extremely certain that I can make the progress I have been dreaming about. It is so exciting to feel confident that I can do what needs to be done to reach our potential. Thanks so much for making the process fun and re-filling me with the passion to make it happen."

Dr. Mike Ariana

The Mastermind

Dr. John Meis attended the "Elite Conference" in Scottsdale, Arizona.

The Elite Conference was a practice management conference for practices collecting in the top 5% nationally. A group of conference attendees gathered at a local restaurant to eat dinner together. Since a table of 20 was not readily available, the group sat on the patio around an open fire in the night desert air and began talking.

As the group began to discuss their practices, one person would throw out a question or a problem they were struggling with, then the entire group would respond from their own perspective. The group experienced the mastermind concept that Napoleon Hill referred to in his great book, "Think and Grow Rich."



The Network is Born

Dr. Meis invited some of the most successful, most compelling, and most thought-provoking doctors to form a mastermind group. The group became known as the Elite Mastermind™. The group was so successful that the members of the Elite Mastermind™ began to speak with other colleagues. Word spread about the fabulous information being shared and about the tremendous growth of the practices. Dentists from all over the country soon requested mentoring. The Apogee Dental Network was born.

Today the Network consists of The Process™, a mastermind coaching group that practices consulting and management retreats for dentists and their teams.





***To register for The Process™ or
for more information, call:***

Phone: 712-899-4061

Email: info@apogeedental.com

Website: www.apogeedental.com

Address: 2114 Pierce St. - Sioux City, IA 51104

REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

DATE OF MEETING: April 12-13, 2011
RE: Quarterly Report on IPRC Activities
SUBMITTED BY: Brian Sedars, Health Professions Investigator
ACTION REQUESTED: None.

The Iowa Practitioner Review Committee evaluates, assists, and monitors the recovery, rehabilitation, or maintenance of dentists, hygienists, or assistants who self-report impairments. As necessary, the Committee notifies the Board in the event of noncompliance with contract provisions.

The IPRC is both an advocate for the health of a practitioner and a means to protect the health and safety of the public.

The Board's administrative rules require the Committee to submit a quarterly report to the Board on the activities of the IPRC. Attached is the quarterly report.

Iowa Dental Board Iowa Practitioner Review Committee Year to date-2011

	2011
Self Reports	5
Current Participants	11
Contracts under Review	3
Discharged Participants (as of 1/1)	0

REPORT TO THE IOWA DENTAL BOARD

DISCUSSION AND
POSSIBLE ACTION

DATE OF MEETING: April 12-13, 2011
RE: Rules – Final Rule Amendments for Chapters 11 and 12 (Notice ARC #9243B)
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Discussion and Possible Action on Final Rule Amendments

Background

On November 2, 2010 the Board approved the filing of proposed rules to amend Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene,” and Chapter 12, “Dental and Dental Hygiene Examinations.” The purpose of the proposed amendments is to establish Central Regional Dental Testing Service, Inc. (CRDTS) as the examination the Dental Board will recognize for purposes of licensure in Iowa as a dentist or dental hygienist. The amendments would remove Western Regional Examining Board, Inc. (WREB) and American Board of Dental Examiners, Inc. (ADEX) from the list of allowable examinations for purposes of licensure in the state.

A public hearing was held on December 21, 2010. Comments were received by e-mail, U.S. Mail and at the public hearing.

Action at January 25-26, 2011 Meeting

Both the Dental Hygiene Committee and the Board voted to table the discussion and vote regarding final action on the pending rules.

Options For Consideration By the Board

The proposed rules are eligible for final adoption. There are a number of options available to the Board:

1. Adoption of final rule amendments as proposed, no changes.
2. Adoption of final rule amendments with changes in response to the comments received.
3. Adoption of a Notice of Termination and terminating the rulemaking.
4. Deferring action until a later date. This Notice of Intended Action will expire on May 30, 2011.

REPORT TO THE IOWA DENTAL BOARD

DISCUSSION

DATE OF MEETING: April 12-13, 2011
RE: **Volunteer Health Care Provider (VHCPP) Rule Amendments**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review and Discussion of IDPH Rule Amendments

Request for Review of Iowa Department of Public Health's VHCPP Rule Amendments

The attached request was received at the board office asking that the Iowa Dental Board review proposed rule amendments initiated by the Iowa Department of Public Health (IDPH). For purposes of the VHCPP program only, IDPH proposed the following definitions:

“Major dental surgery” means oral or maxillofacial surgery which requires deep sedation or general anesthesia.

“Minor dental surgery” means the simple minimally invasive removal of teeth and soft tissue incisions, including the surgical removal of a small foreign body, drainage of infection and small cysts, or the surgical removal of broken or decayed teeth at or below the gum line.

“Minor surgical procedure” means a surgical procedure ordinarily performed in a private provider's office, free clinic, or specialty health care provider office.

Background

The Iowa Department of Public Health has proposed rule amendments to VHCPP. In advance of the October Board meeting, IDPH contacted the board office about the draft amendments. They inquired about the possibility of making a presentation to the full Board. They indicated they would be consulting with other stakeholders, such as the Iowa Dental Association, for input prior to the filing of proposed rule amendments. After reviewing the request with the Board Chair, it was determined that the Board traditionally does not take formal action on IDPH rule amendments. Because these definitions were limited to the VHCPP program only and define what the program will and will not cover, the amendments were viewed as policy decisions for IDPH re: the appropriate degree of financial risk that should be covered under their program. These definitions do not apply to the Board's oversight, licensure or discipline of dentists.

The last day for public comment was December 21, 2010. IDPH received comments from IDA re: the proposed rules. IDPH has been contacted regarding the future plans for this rulemaking.

At the January 25, 2011 meeting the Board voted to provide feedback and input about the proposed rules.

Attached for review

- ❖ Copy of 12/7/10 Letter from Dr. Bruce Cochrane, D.D.S. requesting Board review
- ❖ Copy of 12/13/10 Letter from IDA to Dawn Mouw, IDPH re: VHCPP amendments
- ❖ Copy of the IDPH Notice of Intended Action (proposed VHCPP amendments).

R. Bruce Cochrane, D.D.S., P.C.
Practice Limited to Periodontics

1611 1st Avenue North
Fort Dodge, Iowa 50501
515-576-8151

114 East 5th Street
Spencer, Iowa 51301
712-262-9395

318 South Maple
Carroll, Iowa 51401
712-792-6313

310 East Call St.
Algona, IA 50511
515-395-2340

December 7, 2010

Melanie Johnston
Executive Director Iowa Dental Board
400 SW 8th Street Suite D
Des Moines, Iowa 50309

RECEIVED

DEC 17 2010

IOWA DENTAL BOARD

Dear Ms. Johnston,

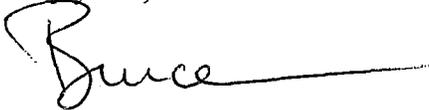
I recently received a copy of the Iowa Department of Public Health's proposed rule changes with regards to the Volunteer Health Care Provider Program, in which they adopt new definitions defining major and minor dental surgery and minor surgical procedures. It strikes me as incongruous that the Department of Public Health is defining dentistry and dental procedures. I can see the potential for a number of pitfalls in this situation. I have been advised by Larry Carl, Executive Director of the Iowa Dental Association, that Dr. Bob Russell, of the Iowa Department of Public Health, has advised him that he was not the source for these definitions which in my mind means that some bureaucratic non-dental executive is making decisions and defining dentistry for which he or she is wholly unqualified. In my mind as an Iowa dental provider it is the duty and prerogative of the Board of Dental Examiners and only the Board to define dentistry.

I further understand from Mr. Carl that the Department of Public Health addressed this issue to Dr. Roth and Dr. Roth advised the Department of Public Health that the Board of Dental Examiners had no interest in these rule changes. I would respectfully ask that you present this information to the Board of Dental Examiners and that the issue be revisited.

I am sure, as it occurs in many situations, I do not have access to all of the pertinent information as to how these decisions were made, but I am deeply alarmed by these rule proposals and I think it is an issue that the Board of Dental Examiners as a whole should voice an opinion on.

I appreciate your interest in this matter.

Sincerely yours,



Dr. R Bruce Cochrane DDS
RBC/jmh

Cc; Larry Carl; Dr. Lynn Curry



BrownWinick
ATTORNEYS AT LAW

Brown, Winick, Graves, Gross,
Baskerville and Schoenebaum, P.L.C.

666 Grand Avenue, Suite 2000
Ruan Center, Des Moines, IA 50309-2510

December 13, 2010

direct phone: 515-242-2490
direct fax: 515-323-8590
email: cownie@brownwinick.com

Dawn Mouw
Division of Health Promotion and Chronic Disease Prevention
Department of Public Health
8809 Woodmayr Circle
Norwalk, Iowa 50211

VIA E-MAIL: dawn.mouw@idph.state.ia.us

Re: Volunteer Health Care Provider Program Proposed Rules

Dear Ms. Mouw:

As noted in my previous correspondence in April and June of this year, this firm serves as counsel to the Iowa Dental Association (the "Association"). The Association and its member dentists are committed to ensuring that all Iowans, regardless of socio-economic status, have access to high-quality dental care. In fact, last month, members of the Association provided dental treatment at no cost to more than 1,500 low-income Iowans at the U.S. Cellular Center in Cedar Rapids during the Association's annual Iowa Mission of Mercy. These services were valued at more than \$950,000.

It has come to the attention of the Association that on December 1, 2010 the Iowa Department of Public Health (the "Department") proposed new rules (the "Proposed Rules") related to the Volunteer Health Care Provider Program ("VHCPP"). As you know, the Department adopted new rules related to the VHCPP last summer. Those rules went into effect on July 7, 2010. Although the Department had originally proposed to adopt new definitions of "minor dental surgery" and "primary dental care service," the Department chose not to include these definitions in the final rules. The Department explained that it would not adopt those definitions at that time "to allow discussion with the Dental Board and the Iowa Dental Association." In response, we submitted a letter on June 14, 2010, accepting this invitation to begin a dialogue between the Department and the Association. Unfortunately, it appears that the Department's invitation was less than genuine as the Department has now proposed new rules without following through on its offer of dialogue.

The Association remains concerned that the Proposed Rules improperly discriminate against

December 13, 2010

Page 2

VHCPP dental patients by limiting the services that such patients can obtain from dentists participating in the VHCPP. Such discrimination threatens to limit the ability of the Association's member dentists to provide care for low-income Iowans. The Association, therefore, opposes the Proposed Rules.

As noted in my previous correspondence, the rules that the Department originally proposed in March 2010 would have severely limited the ability of VHCPP dental patients to obtain critical dental services that are necessary to their oral health, including services that would be readily available to a patient with the ability to pay in virtually any dental office in the state. The Proposed Rules do nothing to alleviate this concern. The authorizing statute for the VHCPP provides that the Department of Public Health may identify the services to be provided through the VHCPP, which "may include but shall not be limited to . . . dental services provided under chapter 153." Iowa Code Section 153.13 provides that persons engaged in the "practice of dentistry" include:

Persons who perform examination, diagnosis, treatment, and attempted correction by any medicine, appliance, surgery, or other appropriate method of any disease, condition, disorder, lesion, injury, deformity, or defect of the oral cavity and maxillofacial area, including teeth, gums, jaws, and associated structures and tissue, which methods by education, background experience, and expertise are common to the practice of dentistry.

The Proposed Rules would curtail the scope of practice of dentists participating in the VHCPP and would limit the services that VHCPP patients can receive from dentists participating in the VHCPP. Rather than permitting dentists to provide the full range of services that are included in the "practice of dentistry," as indicated in the statute, the Department draws unwarranted distinctions within the scope of practice of dentists. These distinctions include "major dental surgery," "minor dental surgery," and "minor surgical procedures." Under Iowa law, the Iowa Dental Board is charged with defining the scope of practice of dentists. By restricting the scope of practice of dentists participating in the VHCPP, the Department intrudes into the jurisdiction of the Dental Board. Defining the scope of practice of dentists should be left to the exclusive discretion of the Iowa Dental Board.

The Association is also concerned that by codifying these definitions in the Administrative Code, the Department opens the possibility for other agencies to incorporate these definitions by reference for purposes other than the VHCPP. Defining which procedures constitute the practice of dentistry, and creating any necessary subdivisions within the practice of dentistry, should remain the exclusive province of the Dental Board. A majority of the members of the Dental Board are licensed dentists. Therefore, only the Dental Board has the necessary expertise to make such determinations.

Unlike the rules that the Department proposed in March, the Proposed Rules would impose some similar restrictions on the services that VHCPP patients can obtain from other participating

December 13, 2010

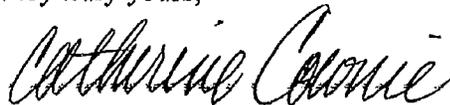
Page 3

health-care professionals. For example, the Proposed Rules would require physicians performing "major surgical procedures" to do so in a hospital or outpatient surgical facility that has executed a sponsor entity agreement, to assure adequate presurgical and postsurgical care, and to be a specialty health care provider. In the case of physicians, however, the Proposed Rules do not define what constitutes a "major surgical procedure." The Department apparently decided to defer to the Iowa Board of Medicine with respect to the definition of "major surgical procedure." Likewise, the Department should defer to the Iowa Dental Board to define what constitutes the major and minor dental surgery.

The Proposed Rules also include internal inconsistencies that could lead to confusion or unintended interpretations. Although the Proposed Rules define "major dental surgery" and "minor dental surgery," the Proposed Rules do not define what constitutes "primary dental care service." Instead of dividing the scope of practice of dentists, the Proposed Rules should be modified to cover all services that constitute the "practice of dentistry," as defined in Iowa Code section 153.13, subject to the exclusion of services that are limited to dentists who are designated as specialists under the rules of the Iowa Dental Board.

For these reasons, the Association opposes the Proposed Rules and urges the Department to revise the Proposed Rules to reflect the Association's concerns. On behalf of the Association, I reiterate that the Association stands ready to discuss these concerns with the Department. I would welcome the opportunity to schedule a meeting with you and appropriate representatives of the Department to begin a dialogue and to resolve these concerns. Please do not hesitate to contact me if you have any questions.

Very truly yours,



Catherine C. Cownie

CCC:af

ARC 9245B

PUBLIC HEALTH DEPARTMENT[641]**Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 135.24, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 88, “Volunteer Health Care Provider Program,” Iowa Administrative Code.

These amendments provide clarification on surgery to be performed in a volunteer health care provider clinic, where surgery can be performed, who can perform the surgery, and the required follow-up for the surgery. The amendments also alphabetically organize the health care provider professions eligible to receive Volunteer Health Care Provider Program (VHCPP) protection. Definitions have been added to provide further clarification regarding the VHCPP.

Any interested person may make written comments on these proposed amendments on or before December 21, 2010, addressed to Dawn Mouw, Division of Health Promotion and Chronic Disease Prevention, Department of Public Health, 8809 Woodmayr Circle, Norwalk, Iowa 50211; E-mail dawn.mouw@idph.state.ia.us.

Also, a public hearing will be held on Tuesday, December 21, 2010, from 9 to 10 a.m on GoToMeeting. Interested persons may join the meeting by computer by accessing the following Web site: <https://www1.gotomeeting.com/join/847635881>. The use of microphone and speakers (VoIP) or a headset is recommended. Or interested persons may join the meeting by telephone in the U.S. and Canada (toll-free) 1-877-568-4106; the access code is 847-635-881, and an audio PIN will be shown after the person joins the meeting. Persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments.

Any person who plans to participate in the public hearing and has special requirements, such as those related to hearing or mobility impairments, should contact the Department to advise of specific needs.

These amendments are intended to implement 2009 Iowa Code Supplement section 135.24.

The following amendments are proposed.

ITEM 1. Adopt the following new definitions in rule 641—88.2(135):

- **“Major dental surgery”** means oral or maxillofacial surgery which requires deep sedation or general anesthesia.
- **“Minor dental surgery”** means the simple minimally invasive removal of teeth and soft tissue incisions, including the surgical removal of a small foreign body, drainage of infection and small cysts, or the surgical removal of broken or decayed teeth at or below the gum line.
- **“Minor surgical procedure”** means a surgical procedure ordinarily performed in a private provider’s office, free clinic, or specialty health care provider office.

ITEM 2. Amend rule 641—88.2(135), definitions of “Sponsor entity” and “Sponsor entity agreement,” as follows:

“Sponsor entity” or **“sponsor entity clinic”** means a hospital, clinic, free clinic, health care facility, health care referral program, charitable organization, specialty health care provider office or field dental clinic. Each sponsor entity has a fully executed sponsor entity agreement. The sponsor entity agreement shall allow an individual volunteer health care provider to deliver health care services to uninsured and underinsured persons as an agent of the state.

“Sponsor entity agreement” means a signed contract between the VHCPP and a hospital, clinic, free clinic, health care facility, health care referral program, charitable organization, specialty health care

PUBLIC HEALTH DEPARTMENT[641](cont'd)

provider office or field dental clinic allowing an individual volunteer health care provider to deliver free health care services through the VHCPP at the sponsor entity location.

ITEM 3. Amend paragraphs 88.3(2)“d” and “e” as follows:

d. The protected clinic shall submit a list of the clinic board of directors and contact information for the board of directors, if applicable.

e. ~~The~~ If the protected clinic is a charitable organization within the meaning of Section 501(c)(3) of the Internal Revenue Code, the protected clinic shall ~~submit~~ provide proof of IRC Section 501(c)(3) status to the VHCPP.

ITEM 4. Amend subrule 88.3(3) as follows:

88.3(3) Sponsor entity or sponsor entity clinic. As a condition of sponsoring individual volunteer health care providers in the VHCPP, a hospital, clinic, free clinic, health care facility, health care referral program, charitable organization, specialty health care provider office or field dental clinic shall comply with subrules 88.4(1) through 88.4(5).

ITEM 5. Amend subparagraph 88.5(1)“d”(1) as follows:

(1) Advanced registered nurse practitioners for: well-child examinations; annual adult examinations; diagnosis and treatment of acute and chronic conditions; health education; health maintenance; immunizations; and minor surgical procedures. Certified registered nurse anesthetists may provide anesthesia services for major surgical procedures only if the following conditions are satisfied:

1. The surgery is performed in a hospital as defined in Iowa Code section 135B.1(3) or an outpatient surgical facility as defined in Iowa Code section 135.61(21);

2. The hospital or outpatient surgical facility at which the surgery is performed has executed a sponsor entity agreement;

3. The physician performing the surgery provides or assures the provision of adequate presurgical and postsurgical care, including any follow-up necessary to address postoperative complications; and

4. The physician performing the surgery is an individual specialty health care provider or part of a group of specialty health care providers which has registered with the department as a specialty health care provider office.

ITEM 6. Amend subparagraph 88.5(1)“d”(3) as follows:

(3) Bachelor social workers for: psychosocial assessment and intervention through direct contact with clients; referral to other qualified resources for assistance; performance of social histories; problem identification; establishment of goals and monitoring of progress; interviewing techniques; counseling; social work administration; supervision; evaluation; interdisciplinary consultation and collaboration; ~~and research of service delivery, including development and implementation of organizational policies and procedures in program management.~~

ITEM 7. Amend subparagraph 88.5(1)“d”(7) as follows:

→ (7) Dentists for: ~~dental examinations; diagnosis and treatment of acute and chronic conditions; health education; health maintenance; and minor surgical procedures~~ primary dental care services; minor dental surgery; and major dental surgery.

1. Minor dental surgery is a covered health care service only if the following conditions are satisfied:

• The dentist performs the surgery at a sponsor entity or protected clinic; and

• The dentist provides or assures the provision of adequate presurgical and postsurgical care, including any follow-up necessary to address postsurgical complications.

→ 2. Major dental surgery is a covered health care service only if the following conditions are satisfied:

• The dentist performs the surgery in the dentist’s private office or other facility at which major dental surgery is ordinarily performed;

• The dentist provides or assures the provision of adequate presurgical and postsurgical care, including any follow-up necessary to address postsurgical complications; and

PUBLIC HEALTH DEPARTMENT[641](cont'd)

→ 3. The dentist performing the surgery is an individual specialty health care provider or part of a group of specialty health care providers which has registered with the department as a specialty health care provider office.

ITEM 8. Amend subparagraphs 88.5(1)“d”(15) to (20) as follows:

~~(15)~~ Optometrists for: examinations; diagnosis and treatment of the human eye and adnexa; health education; and health maintenance.

~~(15)~~ (16) Pharmacists for: drug dispensing; patient counseling; health screenings and education; and immunizations.

~~(16)~~ (17) Physical therapists for: interpretation of performance, tests, and measurements; evaluation and treatment of human capabilities and impairments; use of physical agents, therapeutic exercises, and rehabilitative procedures to prevent, correct, minimize, or alleviate a physical impairment; establishment and modification of physical therapy programs; treatment planning; and patient instruction/education.

~~(17)~~ (18) Physicians and physician assistants for: well-child examinations; annual adult examinations; diagnosis and treatment of acute and chronic conditions; health education; health maintenance; immunizations; and minor surgical procedures. Physicians may perform major surgical procedures if the following conditions are satisfied:

1. The surgery is performed in a hospital as defined in Iowa Code section 135B.1(3) or an outpatient surgical facility as defined in Iowa Code section 135.61(21);

2. The hospital or outpatient surgical facility at which the surgery is performed has executed a sponsor entity agreement;

3. The physician provides or assures the provision of adequate presurgical and postsurgical care, including any follow-up necessary to address postoperative complications; and

4. The physician performing the surgery is an individual specialty health care provider or part of a group of specialty health care providers which has registered with the department as a specialty health care provider office.

~~(19)~~ Podiatrists for: examinations; diagnosis and treatment; health education; health maintenance; and minor surgical procedures.

~~(18)~~ (20) Psychologists for: counseling and the use of psychological remedial measures with persons with adjustment or emotional problems.

~~(19)~~ Optometrists for: examinations; diagnosis and treatment of the human eye and adnexa; health education; and health maintenance.

~~(20)~~ Podiatrists for: examinations; diagnosis and treatment; health education; health maintenance; and minor surgical procedures.

ITEM 9. Amend subrule 88.6(1) as follows:

88.6(1) The claim involves medical injury alleged to have been proximately caused by health care services which were identified and approved in the protection or sponsor agreement with the VHCPP and then only to the extent the health care services were provided by or under the direct supervision of the individual volunteer health care provider, including claims based on negligent delegation of health care, or the individual volunteer health care provider is named as a defendant solely because of the individual volunteer health care provider's participation in the protected clinic or sponsor entity clinic.

ITEM 10. Amend subrule 88.6(6) as follows:

88.6(6) The individual volunteer health care provider, protected clinic, or sponsor entity clinic is eligible and registered as provided in rule 641—88.3(135) or the care is provided by an individual volunteer a health care provider who holds current professional liability insurance coverage and an active unrestricted license to practice in Iowa under Iowa Code chapter 147A, 148, 148A, 148B, 148C, 149, 151, 152, 152B, 152E, 153, 154, 154B, 154C, 154D, 154F, or 155A and has been approved by the VHCPP.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Request from Iowa Dental Association for Reconsideration – Creation of New Volunteer/Free Care Only License Category**
SUBMITTED BY: Melanie Johnson, Executive Director; Jennifer Hart, Agency Rules Administrator
ACTION REQUESTED: Action on Request to Reconsider

This request was tabled at the January 25-26, 2011 Board meeting due to time constraints.

Request from Iowa Dental Association for Reconsideration – Creation of New Volunteer/Free Care Only License Category

The attached request was received from the Iowa Dental Association asking the board to consider the creation of a volunteer/free care only license, particularly for retired Iowa dentists and hygienists. The board previously considered this request as a petition for rulemaking in October 2009 and voted to deny the petition. The IDA is asking the board to reconsider this issue.

Background

The board has received several requests in the past from individual dentists, dental hygienists, and dental assistants to waive the fees required for renewal due to retirement, hardship, etc. The board's rules on fees contain a specific provision that fees are not subject to waiver. Because of the potential fiscal impact of waiving fees for licensees and registrants, the board has denied all requests for fee waivers or exemptions. Similarly, the board also received and denied several requests to eliminate the fee associated with obtaining a temporary permit to provide volunteer services. In making that decision, the board cited that several other states have a fee for temporary volunteer permits and concern of the fiscal impact. The board noted that several hours of staff time and resources such as printing and mailing costs are devoted to every application review and renewal processed. The board decided to maintain a reduced fee of \$25 for volunteer temporary permits in recognition of their support of the program. It was also noted that the associations that were interested in supporting these requests could consider using association funds to reimburse licensees for associated costs in support of their individual volunteer programs.

Petition for Rulemaking

In October 2009, the IDA filed a petition for rulemaking requesting that the board amend its rules to allow temporary permits to be issued to retired dentists and dental hygienists for educational purposes and for providing volunteer services. The board voted to deny the petition for legal reasons and because it stated there was a lack of documented need for the proposed rule change. In addition, the board cited state law which required that qualifications for a temporary permit should be substantially equivalent to those required for licensure and the IDA proposal would have enabled licensees who had not maintained current continuing education or clinical practice skills to practice. The board also expressed the importance of providing the same high level of quality dental care to patients in free clinics or education settings as that provided to patients in all other settings. Because many volunteer and free clinics treat patients with more complex, challenging care needs in circumstances that are less

than ideal, the board felt it was even more important that licensees practicing in these settings maintain the same requirements for continuing education and ongoing practice as other licensees.

Fiscal Impact

It is unclear at this time the potential fiscal impact the IDA's requested change would have on the board's budget. The board's database currently reflect that there are 1,928 actively licensed dentists, and of those, 1,615 show an Iowa address. Workforce data from the University of Iowa Dentist Tracking System showed that there were approximately 1,485 dentists working in Iowa in December 2009. This means there could be anywhere from 120 to several hundred dentists that may be retired yet still maintain an Iowa license. Similar numbers are expected for dental hygiene licensees and dental assistant registrants.

Reducing or eliminating the fee could have a substantial impact. The board does not have enough data at this time to determine the extent of the potential fiscal impact. When the board's new database program becomes operational (anticipated March 2011), the board will be able to compile and analyze additional details on the number of licensees or registrants who report a status of retired yet still continue to renew their license or registration, and approx. number of hours these licensees or registrants report working in a given year.

Attached for review

- ❖ IDA Survey Results Concerning Retired Iowa Dentist or Dental Hygienist License
- ❖ Excerpt Board Minutes October 2009 re: petition for rulemaking

Hart, Jennifer [IDB]

From: Johnson, Melanie [IDB]
Sent: Monday, December 27, 2010 2:33 PM
To: McCollum, Phil [IDB]; Weeg, Theresa [AG]; Hart, Jennifer [IDB]
Subject: Fwd: Second request to create a "volunteer/free care only" Iowa dentist/hygienist license
Attachments: 20101227104822184.pdf; ATT00001..htm

Could I please get some background re: their request and the Board's decision? Thank you.

Sent from my iPad

Begin forwarded message:

From: "Larry Carl" <Larry.Carl@IowaDental.org>
To: "Johnson, Melanie [IDB]" <Melanie.Johnson@iowa.gov>
Subject: Second request to create a "volunteer/free care only" Iowa dentist/hygienist license

December 27, 2010

Melanie:

A few months ago, the Iowa Dental Association leadership requested that the Iowa Dental Board consider the creation of a "volunteer" license particularly for retired Iowa dentists and hygienists. The Iowa Dental Board considered the request and declined to take action. The reasons for declining the request were somewhat vague, so I hesitate to attempt to list the reasons here. I'm sure IDB staff will be able to share the reasoning with you.

Never let it be said the Iowa Dental Association leadership isn't prepared to seek review of a decision if the time and circumstances have changed. We've completed a sample survey of retired member dentists and I wanted to share the results.

Additionally, there has been a changed of leadership at the Iowa Dental Board, so my leadership asked that I make a second ask.

Please consider the advantages of a new "volunteer" licensure provision (volunteer/free care only) for both Iowa dentists and hygienists at your January/2011 board meeting.

Thank you!

Larry

Lawrence F. Carl, CAE
Iowa Dental Association
5530 West Parkway Suite 100
P.O. Box 31088
Johnston IA 50131-9428

SURVEY SUMMARY

Retired Iowa Dentist or Dental Hygienist License

Acting as the Chairman of the sub-committee on Volunteer Dental Professional licensure we obtained the most current list available of retired dentists from Dr. Ray Kuthy. We note that there are 367 retired dentists in Iowa from age 50 to 93. In an informal survey we polled 37 dentists (10%) between the ages of 50 and 80. We found almost universal acceptance for this idea of a retired volunteer license.

We asked if there was a volunteer license available would they take advantage of it and would they be likely to volunteer. Further we asked if these retired dentists maintained a current license so they could volunteer. We found universal acceptance for the concept. I am enclosing the comments of some of the dentists polled. There was one dentist that indicated he would drop his existing license if there was a volunteer license. We ran into some dentists who indicated while they thought it was a good idea they probably would not take advantage of it themselves because of health issues or they felt they had been out of dentistry too long and would be concerned about their quality of work. I think this indicates that older dentists are self limiting and are not likely to get in over their heads.

Some of the high light comments are;

"There is so much experience being wasted, it is very much needed to treat people who otherwise don't have access to dental care"

"It is an excellent idea; it is an untapped market for volunteers"

"I would no' doubt volunteer if there was a license available"

"It is a superb idea. I probably still would not give up my current license"

"It is a good idea but I unfortunately would not be able to volunteer due to my failing eyesight"

"I believe it is a good idea but it has been too long since I practiced"

"I believe it is a wonderful idea. I am too old to go to Guatemala anymore"

"I think it is a very good idea. I believe there would be a lot more retired dentists who volunteer if a license was available"

"I absolutely think it is a great idea. I believe it is something that needs to be done"

"It is too costly to maintain a regular dental license just to give your services away"

"I am totally retired and though I think it is a wonderful idea. I wouldn't be able to volunteer because it has been too long since I practiced"

"It would be a tremendous value to our citizens and state"

"It would be a wonderful incentive. I definitely know there is a need and there are a lot of people out there who need help"

A retired dental license for volunteer dentistry is currently available in 43 states. All states where a retired license is available provide that license at a minimal cost. Most states, providing this type of license, do so while requiring little or no con-ed requirements. Considering the type of simple dentistry provided in a volunteer setting this makes sense.

I was interested in the most common reasons dentists would not volunteer; too old, not physically able or too long out of dentistry. These reasons indicate dentists continue to be

caring professionals and understand their own limitations. I don't think we would get retired dentists volunteering for work they are no longer capable of doing.

There was only one dentist who indicated he would switch his active license to a retired license. If a Retired Dental Professional license becomes available in Iowa there is apt to be a small loss of licensure fees to the Iowa Board of Dental Examiners. However there would also be the potential gain of tens of thousands of dollars in free dentistry provided to our most needy citizens.

Respectfully submitted,

PETITION FOR RULEMAKING

Petition by the Iowa Dental Association for the
Amendment of Rules Relating to Temporary Permits
Iowa Code Chapter 153.19
Iowa Administrative Code 650 – Chapter 13

The members reviewed the Petition for Rulemaking filed with the board by the Iowa Dental Association (IDA). The Dental Hygiene Committee of the Board also reviewed the petition at its October 27, 2009, meeting.

The petition filed on October 8, 2009, proposes to amend Iowa Administrative Code 650—13.3(153) by allowing temporary permits to be issued to retired dentists and retired dental hygienists for educational purposes and for providing volunteer services. The petition further proposes that the board adopt separate requirements for the issuance of a temporary permit to retired dentists and retired dental hygienists. Such rules would set forth a maximum number of years since active practice, continuing education requirements, limitations on the services to be provided to the permit holder and/or other additional requirements beyond those currently set forth in subrules 13.3(2) and 13.3(3).

After careful consideration of the proposed Petition for Rulemaking, the Board voted to deny the petition for the following reasons:

- The law authorizing issuance of temporary permits is intended to provide licensure options for persons who do not hold a permanent license. The Court of Appeals, in two recent cases, *Imber v. Board of Medical Examiners* and *Lyons v. Board of Medical Examiners*, affirmed that a person holding a professional license continues to hold that license even if the status of the license is inactive or lapsed. Accordingly, issuance of a temporary license to a person who already holds a professional license is not appropriate.
- The petition points out that Iowa Code section 153.19 allows the Board to issue temporary permits if the Board believes “*a need exists* and the person possesses the qualifications prescribed by the board for the permit, which shall be substantially equivalent to those required for licensure....” The Board expressed concern that there is a lack of documented need for the proposed rule change. Currently, retired dentists or dental hygienists can provide volunteer or educational services as long as they maintain an active license in Iowa. Board records indicate that approximately 125 dentists and dental hygienists maintain active status licensure while reporting no current work address. Approximately another 100 dentists and dental hygienists maintain a current inactive licensure status that would allow them to provide services after reactivating the license by taking required continuing education courses. Many of these dentists and dental hygienists are retired and are able to meet renewal requirements and provide volunteer services if they choose. The Board also noted that of the over 1,300 volunteers who participated, they were aware of only one dentist who was retired with a lapsed license and who asked to provide volunteer clinical services at the recent IDA Mission of Mercy event. The Board noted that while the dentist was not able to provide clinical

services at the event, there are many other important but non-clinical duties retired dentists or dental hygienists may perform at such events.

- Iowa Code section 153.19 states that temporary permits may be provided only if “a need exists and the person possesses the qualifications prescribed by the board for the permit, ***which shall be substantially equivalent to those required for licensure....***” Licensed dental hygienists and dentists in Iowa must maintain active CPR, receive training in the identification and reporting of child and dependent adult abuse, and obtain 30 hours of continuing education every biennium. These requirements promote patient safety by ensuring licensees can respond appropriately to patient emergencies. Further, these requirements ensure that licensees engage in education activities designed to review existing concepts and techniques and to update knowledge on advances in dental and medical sciences. The objective is to improve the knowledge, skills, and ability of the individual to deliver the highest quality of service to the public and professions. 650 IAC 25.1(153).
- As temporary permit holders are not required to obtain continuing education hours, or provide regular clinical services to maintain their skills, the requirements would not be substantially equivalent to those required to licensure. For additional comparison, the Board and the Dental Hygiene Committee normally require dentists or dental hygienists who have not engaged in clinical activity for five or more years to successfully complete remedial education or retake the clinical licensing examination to reinstate a lapsed license. Licensure by credentials candidates must also provide evidence of three years of ongoing active practice to be eligible to apply for an Iowa license.
- The potential fiscal impact of the proposal has not been established. If many of the retired dentists and dental hygienists who now choose to maintain active license status instead elected to utilize a temporary permit, revenues could be substantially impacted at a time when the State is in a severe financial crisis.
- Of largest concern to the Board is the importance of providing the same level of high quality dental care to patients in free clinics or educational settings as that provided to patients in all other settings. While the Board recognizes that access to care is an important problem in Iowa, the Board also believes that all patients deserve the same quality of dental care regardless of the setting. Many volunteer and free clinics treat patients with more complex, challenging care needs because many of these patients do not otherwise receive ongoing dental care, and the circumstances in which this care is provided are not ideal. Allowing dentists or dental hygienists who had not demonstrated similar currency in their knowledge and skills as that required of active licensees in private practice settings to provide volunteer services may give the appearance that quality of care can be sacrificed in an effort to promote access to dental care.

For these reasons, the Board voted to deny the proposed petition for rulemaking at this time. The Board applauds the efforts the IDA has undertaken to address the access to care problem, particularly with the Mission of Mercy events. However, the Board does not believe the rule

change sought by this petition would improve access to dental care while ensuring that all patients in Iowa receive the same quality dental care.

Motion by Dr. Roth, seconded Ms. Parsons, to deny the petition for rulemaking.

Vote: Ms. Parsons, aye; Dr. Rovner, aye; Dr. Roth, aye; Ms. Beasler, aye; Ms. Meier, aye; Dr. Grimes, nay; Dr. Curry, nay.

Motion carried, 5-2.

CONSIDERATION OF RULES

650 Iowa Administrative Code
Chapter 29 Deep Sedation/General Anesthesia, Conscious Sedation and Nitrous Oxide Inhalation
Analgesia
Defining Sedation
Public Comments
For Discussion

Ms. Hart reported that the comments from the ACC will be incorporated in the submitted draft. The rules will be submitted for public comments through December. The board could then move forward with the rule changes in January.

650 Iowa Administrative Code
New Chapter
Iowa Department of Revenue
Certificate of Noncompliance
Filed Notice of Intended Action
Eligible for Adoption

The Board is required to participate in the Certificate of Non-compliance program of the Iowa Department of Revenue. Rules were drafted to address this. No written comments were received.

Motion by Dr. Roth, seconded Ms. Beasler, to adopt the rules as submitted.

Vote: Unanimous.
Motion carried.

650-Iowa Administrative Code
Various Chapters
Miscellaneous provisions
Filed Notice of Intended Action
Eligible for Adoption

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: April 12-13, 2011
RE: **Report – Actions Taken by Executive Director on Applications for Licensure, Registration and Permit**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Ratification of Executive Director’s Actions on Applications

Background

The Board’s administrative rules authorize the executive director to review applications and act within the scope of the following delegated authority:

650—11.8(147,153) Review of applications. Upon receipt of a completed application, the executive director as authorized by the board has discretion to:

1. Authorize the issuance of the license, permit, or registration.
2. Refer the license, permit, or registration application to the license committee for review and consideration when the executive director determines that matters including, but not limited to, prior criminal history, chemical dependence, competency, physical or psychological illness, malpractice claims or settlements, or professional disciplinary history are relevant in determining the applicants’ qualifications for license, permit, or registration.

At each regular meeting of the Board a report is provided on the actions taken by the executive director on applications. Attached is a listing of the actions taken as of March 21, 2011. An updated list will be distributed at the meeting.

Proposed Motion

I move that the Board ratify the actions taken by the executive director on licenses, registrations and permits since the last board meeting.

Practitioner Licensed from 01/25/2011 - 03/21/2011

**Dental Assistant
 Trainee**

Oltmanns, Kelsey Katheryn
 200 Gibbs St
 Anamosa IA 52205
 Date of Birth: 03/26/1993

License Number: T10953
 Orig Issue Date: 01/25/2011
 Expiration Date:

Wilsey, Jessica Kaye
 32 Cedar Ct
 Montrose IA 52639
 Date of Birth: 10/10/1985

License Number: T10954
 Orig Issue Date: 01/26/2011
 Expiration Date:

McNamer, Desiree Renae
 1085 E Division St
 Apt B46
 Ottumwa IA 52501
 Date of Birth: 10/17/1988

License Number: T10955
 Orig Issue Date: 01/27/2011
 Expiration Date:

Ames, Alyssa Mae
 149 Jamestown Rd
 Mason City IA 50401
 Date of Birth: 03/04/1988

License Number: T10957
 Orig Issue Date: 01/27/2011
 Expiration Date:

Keegan, Kimberly J.
 915 Bridge Ave
 Davenport IA 52803
 Date of Birth: 08/13/1983

License Number: T10956
 Orig Issue Date: 01/27/2011
 Expiration Date:

Thomas, Kristie Lynn
 2311 Pear Ln
 Madrid IA 50156
 Date of Birth: 04/29/1988

License Number: T10958
 Orig Issue Date: 01/31/2011
 Expiration Date:

**Dental Assistant
 Trainee**

Mittlestadt, Ashley Nicole
 PO Box 163
 Collins IA 50055
 Date of Birth: 07/16/1986

License Number: T10959
 Orig Issue Date: 02/04/2011
 Expiration Date:

Jones, Lynze Marie
 1447 W High St
 Davenport IA 52804
 Date of Birth: 10/05/1984

License Number: T10960
 Orig Issue Date: 02/04/2011
 Expiration Date:

Raes, Jeffrey Scott
 4838 Jersey Ridge Rd
 Apt 10
 Davenport IA 52806
 Date of Birth: 04/12/1984

License Number: T10964
 Orig Issue Date: 02/17/2011
 Expiration Date:

Torres, Kelly Hope
 2217 Geneva St
 Sioux City IA 51103
 Date of Birth: 02/28/1978

License Number: T10961
 Orig Issue Date: 02/17/2011
 Expiration Date:

Slach, Lyndsey Marie
 2837-17th St
 Rock Island IL 61201
 Date of Birth: 12/09/1986

License Number: T10962
 Orig Issue Date: 02/17/2011
 Expiration Date:

Sprung, Terry Lee
 1040 330th St
 Plymouth IA 50464-8001
 Date of Birth: 08/11/1948

License Number: T10965
 Orig Issue Date: 02/17/2011
 Expiration Date:

Practitioner Licensed from 01/25/2011 - 03/21/2011

**Dental Assistant
Trainee**

Oesterle, Mallorie Ann
 823 Burnett Ave Apt 3
 Ames IA 50010
 Date of Birth: 01/23/1986

License Number: T10966
 Orig Issue Date: 02/24/2011
 Expiration Date:

Dorr, Helen Jane
 2825 Forest Rd
 Davenport IA 52807
 Date of Birth: 10/28/1957

License Number: T10967
 Orig Issue Date: 03/02/2011
 Expiration Date:

Sharpelyuk, Yekaterina
 6579 Vista Dr
 Apt 79203
 West Des Moines IA 50266
 Date of Birth: 10/02/1988

License Number: T10968
 Orig Issue Date: 03/03/2011
 Expiration Date:

Swinscoe, Michele D.
 1100 Lincoln Rd #16
 Bettendorf IA 52722
 Date of Birth: 08/17/1965

License Number: T10969
 Orig Issue Date: 03/03/2011
 Expiration Date:

Riggins, Catherine Lois
 PO Box 90
 Blanchard IA 51630
 Date of Birth: 12/29/1984

License Number: T10970
 Orig Issue Date: 03/03/2011
 Expiration Date:

Kruse, Kara Kimberly
 1499 330th Ave
 Wever IA 52658
 Date of Birth: 06/15/1987

License Number: T10975
 Orig Issue Date: 03/07/2011
 Expiration Date:

**Dental Assistant
Trainee**

Hanson, Melissa J.
 4140 7th Pl
 Des Moines IA 50313
 Date of Birth: 02/13/1987

License Number: T10974
 Orig Issue Date: 03/07/2011
 Expiration Date:

Forshier, Alexandria Lynnell
 713 Auburn Ave
 Chariton IA 50049
 Date of Birth: 01/09/1990

License Number: T10972
 Orig Issue Date: 03/07/2011
 Expiration Date:

Newell, Monique Alyce
 2160 Taylor Dr
 Iowa City IA 52240
 Date of Birth: 08/14/1987

License Number: T10973
 Orig Issue Date: 03/07/2011
 Expiration Date:

Consamus, Jamie Jordan
 50125 Gold Leaf Dr
 Ames IA 50014
 Date of Birth: 05/20/1993

License Number: T10977
 Orig Issue Date: 03/07/2011
 Expiration Date:

Genthe, Yanina L.
 2515 Bartelt Rd
 Apt 2A
 Iowa City IA 52246
 Date of Birth: 06/28/1975

License Number: T10979
 Orig Issue Date: 03/09/2011
 Expiration Date:

Brown, Tori Ann
 417 Michelle Ln
 Walcott IA 52773
 Date of Birth: 07/09/1988

License Number: T10978
 Orig Issue Date: 03/09/2011
 Expiration Date:

Practitioner Licensed from 01/25/2011 - 03/21/2011

**Dental Assistant
Trainee**

Haralson, Karen L.
 1108 Hwy 71
 PO Box 223
 Okoboji IA 51355
 Date of Birth: 08/02/1964

License Number: T10982
 Orig Issue Date: 03/15/2011
 Expiration Date:

Smith, Dyana Janelle
 940 S Center
 Geneseo IL 61254
 Date of Birth: 09/26/1985

License Number: T10983
 Orig Issue Date: 03/15/2011
 Expiration Date:

Hernandez, Latasha Lydia Chauncie
 615 Gray St
 Des Moines IA 50315
 Date of Birth: 10/27/1988

License Number: T10984
 Orig Issue Date: 03/15/2011
 Expiration Date:

Porter, Raquel
 4312 Victoria Ave
 Bellevue NE 68123
 Date of Birth: 01/27/1982

License Number: T10990
 Orig Issue Date: 03/17/2011
 Expiration Date:

Dyrdahl, Shelby Lynn
 705 Perry St
 Davenport IA 52803
 Date of Birth: 07/09/1991

License Number: T10989
 Orig Issue Date: 03/17/2011
 Expiration Date:

Miller, Lyndsay Rae
 1600 S Patterson
 Sioux City IA 51106
 Date of Birth: 11/23/1987

License Number: T10987
 Orig Issue Date: 03/17/2011
 Expiration Date:

**Dental Assistant
Trainee**

Denny, Kara Lynn
 607 E Iowa Ave
 George IA 51237
 Date of Birth: 06/02/1986

License Number: T10985
 Orig Issue Date: 03/17/2011
 Expiration Date:

Hostetler, Jenna Nicole
 2137 Hwy 70
 Nichols IA 52766
 Date of Birth: 01/23/1991

License Number: T10986
 Orig Issue Date: 03/17/2011
 Expiration Date:

Hakel, Jill Marie
 1738 F Rd
 West Point NE 68788
 Date of Birth: 03/08/1973

License Number: T10988
 Orig Issue Date: 03/17/2011
 Expiration Date:

Dental Hygienist

Pitts, Amanda Abigail, D.H.
 724 38th St.
 West Des Moines IA 50265
 Date of Birth: 08/12/1976

License Number: 03954
 Orig Issue Date: 01/28/2011
 Expiration Date: 08/31/2011

Carmona, Bianca P., D.H.
 1723 6th St.
 Rock Island IL 61201
 Date of Birth: 12/04/1976

License Number: 03955
 Orig Issue Date: 01/28/2011
 Expiration Date: 08/31/2011

Nybo, Anna Lynn, D.H.
 1595 County Rd. 11
 Tracy MN 56175
 Date of Birth: 01/07/1985

License Number: 03953
 Orig Issue Date: 01/28/2011
 Expiration Date: 08/31/2011

Practitioner Licensed from 01/25/2011 - 03/21/2011

Dental Hygienist

Marshall, Tayler Marie, D.H.
2910 Autumn Dr.
Marion IA 52302
Date of Birth: 01/10/1985

License Number: 03957
Orig Issue Date: 02/25/2011
Expiration Date: 08/31/2011

Rickelman, Amanda Jean, D.H.
420 5th St. #12
Coralville IA 52241
Date of Birth: 05/30/1984

License Number: 03956
Orig Issue Date: 02/25/2011
Expiration Date: 08/31/2011

Knaeble, Jessica Nicole, D.H.
3924 Noble Ave. N
Robbinsdale MN 55422
Date of Birth: 07/07/1988

License Number: 03958
Orig Issue Date: 02/28/2011
Expiration Date: 08/31/2011

Dentist

Trogdon, Gavin A., D.D.S.
2903 Schuemann Dr.
Bellevue NE 68123
Date of Birth: 12/27/1983

License Number: 08793
Orig Issue Date: 01/27/2011
Expiration Date: 08/31/2012

Geneser, Teresa Silva, D.M.D.
UIA College of Dentistry
200 Hawkins Dr.
Iowa City IA 52242
Date of Birth: 01/16/1982

License Number: 08795
Orig Issue Date: 02/28/2011
Expiration Date: 08/31/2012

Youngers, Nicole Marie, D.D.S.
366 Glenn St.
Ashland OR 97520
Date of Birth: 12/19/1980

License Number: 08796
Orig Issue Date: 02/28/2011
Expiration Date: 08/31/2012

Dentist

Winder, Lucas Tyler, D.D.S.
2750 Shadow View Dr.
#W421
Eugene OR 97408
Date of Birth: 06/06/1982

License Number: 08797
Orig Issue Date: 02/28/2011
Expiration Date: 08/31/2012

Smith, Nicholas Rindels, D.D.S.
UIA College of Dentistry
219 DSB - S
Iowa City IA 52242
Date of Birth: 07/19/1983

License Number: 08798
Orig Issue Date: 02/28/2011
Expiration Date: 08/31/2012

Fremi, Luke James, D.D.S.
120 N Oak Park Ave. #320
Oak Park IL 60301
Date of Birth: 10/28/1981

License Number: 08794
Orig Issue Date: 02/28/2011
Expiration Date: 08/31/2012

Norby, Clinton Edward, D.D.S.
200 Hawkins Dr
PFP Level 5
Iowa City IA 52242
Date of Birth: 03/15/1978

License Number: 08801
Orig Issue Date: 03/10/2011
Expiration Date: 08/31/2012

Beier, Carrie Christine, D.D.S.
142 Valley Oak Dr.
Napa CA 94458
Date of Birth: 07/02/1984

License Number: 08800
Orig Issue Date: 03/10/2011
Expiration Date: 08/31/2012

Ade, Sarah Lynn, D.M.D.
5202 37th Ave. Ct.
Moline IL 61265
Date of Birth: 10/31/1982

License Number: 08799
Orig Issue Date: 03/10/2011
Expiration Date: 08/31/2012

Practitioner Licensed from 01/25/2011 - 03/21/2011

Dentist

Nguyen, Jessica Viet, D.D.S.
321 S 5th St. #248
Ames IA 50010
Date of Birth: 05/06/1977

License Number: 08802
Orig Issue Date: 03/10/2011
Expiration Date: 08/31/2012

Richman, Joshua Thomas, D.D.S.
140 Mayhill St. #120
Saddle Brook NJ 07663
Date of Birth: 05/09/1978

License Number: 08803
Orig Issue Date: 03/17/2011
Expiration Date: 08/31/2012

Local Anesthesia Permit

Nybo, Anna Lynn, D.H.
1595 County Rd. 11
Tracy MN 56175
Date of Birth: 01/07/1985

License Number: 2634
Orig Issue Date: 01/28/2011
Expiration Date: 08/31/2011

Carmona, Bianca P., D.H.
1723 6th St.
Rock Island IL 61201
Date of Birth: 12/04/1976

License Number: 2635
Orig Issue Date: 01/28/2011
Expiration Date: 08/31/2011

Kohn, Aimee Michelle, D.H.
913 8th Ave. SW
Pipestone MN 56164
Date of Birth: 03/03/1974

License Number: 2636
Orig Issue Date: 02/25/2011
Expiration Date: 08/31/2011

Rickelman, Amanda Jean, D.H.
420 5th St. #12
Coralville IA 52241
Date of Birth: 05/30/1984

License Number: 2637
Orig Issue Date: 02/25/2011
Expiration Date: 08/31/2011

Local Anesthesia Permit

Marshall, Tayler Marie, D.H.
2910 Autumn Dr.
Marion IA 52302
Date of Birth: 01/10/1985

License Number: 2638
Orig Issue Date: 02/25/2011
Expiration Date: 08/31/2011

Knaeble, Jessica Nicole, D.H.
3924 Noble Ave. N
Robbinsdale MN 55422
Date of Birth: 07/07/1988

License Number: 2639
Orig Issue Date: 02/28/2011
Expiration Date: 08/31/2011

Moderate Sedation Permit

Leppo, Rick Theuninck, D.M.D.
3513 5th St. A
East Moline IL 61244
Date of Birth: 05/03/1982

License Number: MS0090
Orig Issue Date: 02/17/2011
Expiration Date: 08/31/2012

Ruehs, Kelley Jo, DDS
1301 West First St
Cedar Falls IA 50613
Date of Birth: 03/11/1972

License Number: MS0092
Orig Issue Date: 03/10/2011
Expiration Date: 08/31/2011

Gregorsok, Robert Lee, D.D.S.
1301 W 1st St
Cedar Falls IA 50613
Date of Birth: 08/12/1970

License Number: MS0091
Orig Issue Date: 03/10/2011
Expiration Date: 08/31/2011

Qual/Reg Dental Asst

Cunningham, Lacey Anne
321 Milwaukee Ave
Waterloo IA 50707
Date of Birth: 03/23/1988

License Number: Q10963
Orig Issue Date: 02/17/2011
Expiration Date: 08/31/2011

Practitioner Licensed from 01/25/2011 - 03/21/2011**Qual/Reg Dental Asst**

Manhart, Samantha Lyn
3441 Avenue D
Council Bluffs IA 51501
Date of Birth: 03/11/1987

License Number: Q10971
Orig Issue Date: 03/03/2011
Expiration Date: 08/31/2011

English, Samantha Jo
35 Liloc Ct
Geneseo IL 61254
Date of Birth: 10/07/1988

License Number: Q10976
Orig Issue Date: 03/07/2011
Expiration Date: 08/31/2011

Berning, Tiffany Rose
805 Troy Dr
Carroll IA 51401
Date of Birth: 02/19/1988

License Number: Q10980
Orig Issue Date: 03/10/2011
Expiration Date: 08/31/2011

Cooling, Ashleigh Marie
PO Box 1725
Cedar Rapids IA 52406
Date of Birth: 01/26/1985

License Number: Q10981
Orig Issue Date: 03/14/2011
Expiration Date: 08/31/2011

Practitioner Profession Change Report from 01/25/2011 - 03/21/2011

Qual/Reg Dental Asst

Trusty, Melanie Ann
 607 Mallard Pointe Dr NW
 Bondurant IA 50035
 Date of Birth: 05/22/1979

License Number: Q07261
 Orig Issue Date: 07/03/2001
 Expiration Date: 08/31/2011

Carnahan, Wendy Kay
 3420 E 39th St
 Des Moines IA 50317
 Date of Birth: 10/26/1984

License Number: Q10202
 Orig Issue Date: 01/30/2009
 Expiration Date: 08/31/2011

Borowski, Agnieszka Agata
 13493 Angle Rd
 Ottumwa IA 52501
 Date of Birth: 12/23/1964

License Number: Q10209
 Orig Issue Date: 02/04/2009
 Expiration Date: 08/31/2011

Foster, Destrina Sherrine
 504 S Iowa St
 Manly IA 50456
 Date of Birth: 02/17/1973

License Number: Q10534
 Orig Issue Date: 11/09/2009
 Expiration Date: 08/31/2011

Paulsen, Jessica Rose
 568 Lakeshore Dr
 North Sioux City SD 57049
 Date of Birth: 04/20/1982

License Number: Q10544
 Orig Issue Date: 12/01/2009
 Expiration Date: 08/31/2011

Foster, Joyce Rico
 8102 Elm Dr
 Apt 7
 La Vista NE 68128
 Date of Birth: 01/26/1968

License Number: Q10582
 Orig Issue Date: 01/14/2010
 Expiration Date: 08/31/2011

Qual/Reg Dental Asst

Richards, Ashley Lynn
 3102 10th Ave
 Council Bluffs IA 51501
 Date of Birth: 11/12/1986

License Number: Q10597
 Orig Issue Date: 02/08/2010
 Expiration Date: 08/31/2011

Follmann, Amanda Nicole
 311 11th St
 Manilla IA 51454
 Date of Birth: 06/22/1987

License Number: Q10599
 Orig Issue Date: 02/09/2010
 Expiration Date: 08/31/2011

Todd, Kimberly Lou
 5110 6th Ave
 Sioux City IA 51106
 Date of Birth: 01/20/1968

License Number: Q10609
 Orig Issue Date: 02/22/2010
 Expiration Date: 08/31/2011

Schreiber, Brenda Lynn
 3705-170th St
 Goose Lake IA 52750
 Date of Birth: 03/12/1969

License Number: Q10614
 Orig Issue Date: 03/09/2010
 Expiration Date: 08/31/2011

Steckelberg, Lindsey Ann
 563 6th Ave
 PO Box 117
 Manilla IA 51454
 Date of Birth: 10/09/1989

License Number: Q10617
 Orig Issue Date: 03/12/2010
 Expiration Date: 08/31/2011

Abreu, Teresa Jo
 3912 Sherman Blvd
 Des Moines IA 50310
 Date of Birth: 09/23/1985

License Number: Q10619
 Orig Issue Date: 03/19/2010
 Expiration Date: 08/31/2011

Practitioner Profession Change Report from 01/25/2011 - 03/21/2011

Qual/Reg Dental Asst

Butler, Traci Jo
10948 Thrush Ave
Mason City IA 50401
Date of Birth: 06/26/1986

License Number: Q10622
Orig Issue Date: 03/25/2010
Expiration Date: 08/31/2011

Stover, Kelsey Campbell
5522 55th Ave
Eldon IA 52554
Date of Birth: 03/20/1990

License Number: Q10647
Orig Issue Date: 05/03/2010
Expiration Date: 08/31/2011

Spanel, Samantha Marie
4300 Seger Ave
Sioux City IA 51106
Date of Birth: 06/22/1988

License Number: Q10649
Orig Issue Date: 05/06/2010
Expiration Date: 08/31/2011

Esbeck, Jordan Lea
8350 EP True Pkwy #4205
West Des Moines IA 50266
Date of Birth: 12/12/1983

License Number: Q10664
Orig Issue Date: 05/20/2010
Expiration Date: 08/31/2011

Cox, Emily Kay
921 W 16th St
Davenport IA 52804
Date of Birth: 03/23/1990

License Number: Q10708
Orig Issue Date: 06/22/2010
Expiration Date: 08/31/2011

Meyermann, Jessica Lee
2604 N 4th St
Apt 1415
Clinton IA 52732
Date of Birth: 05/02/1984

License Number: Q10707
Orig Issue Date: 06/22/2010
Expiration Date: 08/31/2011

Qual/Reg Dental Asst

Moomey, Kristin Jo
2717 Spinning Wheel Ct
Muscatine IA 52761
Date of Birth: 10/21/1980

License Number: Q10727
Orig Issue Date: 06/29/2010
Expiration Date: 08/31/2011

Goodrow, Nicole
3723 G Ave NE
Cedar Rapids IA 52402
Date of Birth: 06/29/1979

License Number: Q10730
Orig Issue Date: 07/02/2010
Expiration Date: 08/31/2011

Tiernan, Jessica Mae
2560 Ridgeview Way
Marion IA 52302
Date of Birth: 07/13/1980

License Number: Q10763
Orig Issue Date: 07/23/2010
Expiration Date: 08/31/2011

Gebauer, Sarah Michelle
1323 NW 23rd Ln
Ankeny IA 50023
Date of Birth: 04/12/1989

License Number: Q10777
Orig Issue Date: 07/28/2010
Expiration Date: 08/31/2011

Santisteban, Anna Elisa
2129 Washington St
Elk Horn IA 51531
Date of Birth: 03/03/1989

License Number: Q10823
Orig Issue Date: 08/31/2010
Expiration Date: 08/31/2011

Halbach, Nichole Mae
108 East School St
Stacyville IA 50476
Date of Birth: 03/22/1989

License Number: Q10855
Orig Issue Date: 09/15/2010
Expiration Date: 08/31/2011

Practitioner Profession Change Report from 01/25/2011 - 03/21/2011

Qual/Reg Dental Asst

Cross, Jennifer Michelle
 405 Anderson St
 PO Box 59
 Jewell IA 50130
 Date of Birth: 03/17/1983

License Number: Q10857
 Orig Issue Date: 09/15/2010
 Expiration Date: 08/31/2011

Classen, Amber Elizabeth
 3183 Carver Rd
 Lorimor IA 50149
 Date of Birth: 06/25/1988

License Number: Q10874
 Orig Issue Date: 10/06/2010
 Expiration Date: 08/31/2011

Ambriz, Lauren Colleen
 1026 12th Ave
 Moline IL 61265
 Date of Birth: 05/17/1990

License Number: Q10945
 Orig Issue Date: 01/06/2011
 Expiration Date: 08/31/2011

Cooling, Ashleigh Marie
 PO Box 1725
 Cedar Rapids IA 52406
 Date of Birth: 01/26/1985

License Number: Q10981
 Orig Issue Date: 03/14/2011
 Expiration Date: 08/31/2011

Registered Dental Asst

Harland, Alisha Nicole
 2006 Hwy 92
 Washington IA 52353
 Date of Birth: 04/26/1990

License Number: R10402
 Orig Issue Date: 08/04/2009
 Expiration Date: 08/31/2011

Eastvold, Emma Jean
 5693 380th St
 Buffalo Center IA 50424
 Date of Birth: 04/08/1984

License Number: R10691
 Orig Issue Date: 06/15/2010
 Expiration Date: 08/31/2011