

Iowa Dental Board Meeting (Open Session)

SUPPLEMENTAL MEETING MATERIALS (4/19/12)

April 24-25, 2012 Board Meeting

<u>Changes To:</u>	<u>Agenda #</u>	<u>Description</u>
1. Board Open Agenda	Revised 4/19/12	<ul style="list-style-type: none">• <i>New agenda item:</i> Update on non-fee related rule amendments• <i>New agenda item:</i> ADA RFP for development of portfolio-style examination• <i>New agenda item:</i> Discussion of budget• <i>New agenda item:</i> IDB Financial Report as of 3/31/12• <i>New agenda item:</i> licensure by credentials application from Dr. Cheek, D.D.S• <i>Revised:</i> Presentation by Dr. Russell; added IDPH memorandum requesting clarification of rule
2. Administrative Rules	Agenda Item V	<u>New material</u> - Report to Board re: Update On Non-Fee Related Rule Amendments
3. Other Business	Agenda Item VII (2)	(2) <u>New material</u> - Report to Board re: ADA RFP For Development Of Portfolio-Style Examination
	Agenda Item VII (4)	(4) <u>New material</u> - IDB Financial Report as of 3/31/12
4. Licensure/Registration Applications	Agenda Item VIII (2)"b"	<u>New material</u> – Report to Board re: Licensure By Credentials Application From Dr. Cheek, D.D.S.
5. Presentation by Dr. Russell	Agenda Item X	<u>Revised, new material</u> - Added IDPH Memorandum Requesting Clarification of Rule



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

Revised 4/19/12
IOWA DENTAL BOARD
AGENDA
April 24-25, 2012

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

Board Members: Gary D. Roth, D.D.S., Chair; Marijo A. Beasler, R.D.H.; Mary Kelly, R.D.H.; Steven Bradley, D.D.S.; Lynn D. Curry, D.D.S.; Steven Fuller, D.D.S.; Michael J. Rovner, D.D.S.; Diane Meier; Kimberlee Spillers

**Supplemental & new information in red*

Tuesday, April 24, 2012

9:00 a.m.	EXECUTIVE COMMITTEE	Closed Session	<i>Roth, Rovner, Beasler</i>
9:30 a.m.	DENTAL HYGIENE COMMITTEE (See Separate Committee Agenda)	Open/Closed Session	<i>Beasler, Roth, Kelly</i>
	<u>OPEN SESSION</u>	Open Session	<i>Full Board</i>
10:00 a.m.	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 27, 2012 Meeting (Expanded Functions Roundtable Discussion)• January 31- February 1, 2012 Quarterly Meeting• February 1, 2012 Disciplinary Hearing Minutes in the Matter of Dr. Marc Hagen, D.D.S.• March 2, 2012 Telephonic Meeting		
	IV. REPORTS		
	a. EXECUTIVE DIRECTOR'S REPORT		<i>Melanie Johnson</i>
	b. LEGAL REPORT		<i>Sara Scott</i>
	c. ANESTHESIA CREDENTIALS COMMITTEE REPORT		<i>Gary Roth</i>
	1. Recommendations re: pending general anesthesia		

permit application: Dr. Jeffrey Link, D.D.S.

- d. **CONTINUING EDUCATION ADVISORY COMMITTEE REPORT** *Marijo Beasler*
 - 1. Ratification of Actions Taken by Committee Since Last Meeting
- e. **EXECUTIVE COMMITTEE REPORT** *Gary Roth*
- f. **LICENSURE/REGISTRATION COMMITTEE REPORT** *Michael Rovner*
- g. **DENTAL HYGIENE COMMITTEE REPORT** *Marijo Beasler*
- h. **DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT** *Michael Rovner*
- i. **EXAMINATIONS REPORT**
 - 1. CRDTS – Central Regional Dental Testing Service, Inc. *Gary Roth*
Dental Steering Committee Report
 - 2. CRDTS – Central Regional Dental Testing Service, Inc. *Marijo Beasler*
Dental Hygiene Examination Review Committee Report
 - 3. CRDTS – Central Regional Dental Testing Service, Inc. *Gary Roth*
Dental Examination Review Committee Report
- j. **IOWA PRACTITIONERS REVIEW COMMITTEE REPORT**
 - 1. Quarterly IPRC report *Brian Sedars*
- V. **ADMINISTRATIVE RULES/RULE WAIVERS**
 - 1. Update on Status of Proposed Amendments (non-fee related) (added 4/19/12)
- VI. **LEGISLATIVE UPDATE** *Melanie Johnson*
- VII. **OTHER BUSINESS**
 - 1. Acupuncture and Practice of Dentistry
 - 2. ADA RFP for Development of Portfolio-Style Examination (added 4/19/12)
 - 3. Budget Discussion (added 4/19/12)
 - 4. IDB Financial Report as of 3/31/12 (added 4/19/12)
- 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*

Please Note: At the discretion of the Board Chair, agenda items may be taken out of order to accommodate scheduling requests of Board members, presenters or attendees.

- a. Application for Radiography Qualification:
Paula Meyer
- b. Application for Licensure by Credentials: (added 4/19/12)
Dr. John Cheek, D.D.S.

IX. OPPORTUNITY FOR PUBLIC COMMENT *Gary Roth*

X. PRESENTATION (revised 4/19/12)
Public Health Supervision Program Presentation by
Dr. Bob Russell, D.D.S., IDPH
Added IDPH memo. requesting rule clarification

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

Wednesday, April 25, 2012

8:30 a.m. **XII. CONTINUE WITH ANY CLOSED SESSION
AGENDA ITEMS**

**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

**XIV. IDB RULES - REVIEW CURRENT CHAPTERS
FOR POSSIBLE UPDATES, IF TIME
AVAILABLE**

XV. ADJOURN

Next Meeting: July 12-13, 2012

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.

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.

Please Note: At the discretion of the Board Chair, agenda items may be taken out of order to accommodate scheduling requests of Board members, presenters or attendees.

REPORT TO THE IOWA DENTAL BOARD

FYI

DATE OF MEETING: April 24-25, 2012
RE: **Update Re: Proposed Rule Amendments (Non-Fee Related)**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: None. FYI only.

IDB received notice on March 2, 2012 that the Governor's office did not "pre-clear" the Board's December 2011 proposed rule amendments. The proposed amendments included proposed fee increases as well as a number of other rule amendments included:

- Eliminating collection of unnecessary application information, streamlining the application process and providing for a more paperless process in preparation for an online system.
- Implementing the 2011 statutory amendment re: out of state applicants; the amendments identify which clinical exams the Board will for licensure by credentials.
- Deleting fee references in nine different chapters and transferring all fee information into one chapter to make the rules more user-friendly and understandable.
- Consolidating renewal and reinstatement information currently located in multiple chapters into one chapter for ease of reference.
- Rescinding outdated date references related to earlier renewal periods.

The Governor's office staff have confirmed for us that their denial only applied to proposed rules that increased fees, not the other amendments. We have a question pending with them concerning whether or not service charges and fingerprint evaluation/background check costs can be included in the resubmitted filing.

Reimbursement of service charges related to AMANDA, the online licensing system. Other licensing boards have current rules in effect that allow for reimbursement of service charges. The service charges anticipated for AMANDA will be:

Fees charged through the Treasurer's office for credit card processing. Costs are variable. There isn't a flat fee or percentage that is charged for processing the payment. The fees vary based on the number of daily transactions and the total amount charged in a given day or time period. The fees are in the range of 1.36% - 2.06% of the amount of total charges.

E-payment fees to DAS-ITE and Treasurer

ITE Transaction fee: \$0.31 – DAS expects this amount to be reduced in the future.
U.S. Bank Transaction fee: \$0.20 or \$0.27 (based on volume - DAS thinks \$0.20 is likely.)
U.S. Bank Monthly Fee \$95.00 – for maintenance
U.S. Bank Initial Set-up: \$1,150 (one-time fee)

DAS-ITE charge for Enterprise Authentication for each person who logs on to the system. This will be a new charge for implementing DAS-ITE's enterprise authentication/single-sign. It is a system that will allow anyone who uses state online services to set up one user id and password. That single sign-on information will allow a user to access any online state service (e.g. renewing a dental license with us, buying a hunting license from DNR, etc.). It avoids the need for a user to set up multiple user

ids/passwords to access e-government services. DAS-ITE indicated in 2011 that there would be a two cent per login cost charged to the agency where the service is being accessed.

Reimbursement for the increased cost of fingerprint packet and criminal history check.

A fee is collected from applicants to cover the amount IDB is charged to run a criminal history background check plus an amount to cover IDB administrative time. The Iowa Division for Criminal Investigation and the Federal Bureau of Investigation charge a fee for evaluation of the fingerprint packet and criminal history background checks. IDB is currently charged \$45.25 for both the FBI and DCI criminal history background check. To that amount there is added \$10 to cover IDB's administrative time; for a total of \$55.25. The proposed rule amendment would set the IDB's rate of reimbursement for criminal history checks at \$55. This is the same as the Board of Medicine's rate in their rules. This fee is an example of a "\$8.2 fee" or "repayment receipt."

What is a "\$8.2 fee" or "repayment receipt"?

These are monies that IDB takes in for the purposes of offsetting certain expenses. The fingerprint packet and criminal history check are examples of a "\$8.2 fee." IDB collects the fee from applicants who are required to submit to background checks in order to become licensed. The applicant pays the "fee" to IDB, but then IDB has to turn around and pay that same fee to the Department of Public Safety to run the actual check.

In current licensing boards' rules you will see this phrase included with each fee that has been identified as a supplement to an appropriation: "*The fee shall be considered a repayment receipt as defined in Iowa Code section 8.2*" Even though IDB, IBOM, IBON and the Pharmacy Board are funded by fees collected from licensees and haven't received a state general fund appropriation since 2007, the concept of a "\$8.2 fee" continues to exist.

Iowa Code § 147.82

All fees collected by a board listed in section 147.13 [*IDB, IBOM, IBON and Pharmacy are listed in 147.13*] or by the department for the bureau of professional licensure, and fees collected pursuant to sections 124.301 and 147.80 and chapter 155A by the board of pharmacy, shall be retained by each board or by the department for the bureau of professional licensure. The moneys retained by a board shall be used for any of the board's duties, including but not limited to the addition of full-time equivalent positions for program services and investigations. Revenues retained by a board pursuant to this section shall be considered repayment receipts as defined in section 8.2. Notwithstanding section 8.33, moneys retained by a board pursuant to this section are not subject to reversion to the general fund of the state.

Iowa Code § 8.2(8) provides the following:

"Repayment receipts" means those moneys collected by a department or establishment that supplement an appropriation made by the legislature.

Attached for Review

- ❖ Revised rulemaking schedule

2012

RULEMAKING SCHEDULE

- Next Steps:
- Submit an amended Notice of Intended Action and an amended fiscal impact analysis to replace previously filed documents.
 - NOIA originally approved & filed on 12/16/11

April 27	Filing deadline – due by noon
May 16	Proposed rule amendments published in the Iowa Administrative Bulletin.
June 5	Public hearing can be held on or after this date.
June 20	Earliest date the Board could adopt final rule amendments

- ❖ If Board adopts final rule amendments prior to their regularly scheduled quarterly meeting:

June 20	<i>Board adopts final rules at special telephonic meeting</i> ; mtg. must be scheduled in the morning because the rule filing deadline is June 20 th before noon. <ul style="list-style-type: none">- Consider filing as “Adopted & Filed Emergency After Notice” to allow the amendments to become effective in advance of the dental license renewal season. If the CSDC schedule is on target, online renewals would become available beginning July 1st (DDS renewals are due by August 31, 2012).- If the rule amendments are filed as Adopted & Filed Emergency After Notice, the amendments could become effective upon filing on <u>June 20th</u>.- If the regular rulemaking process is filed they would not be effective until <u>August 15th</u>.
June 20	Filing deadline – due by <u>noon</u> ; final rule amendments filed.
July 11	Final rule amendments published in the Iowa Administrative Bulletin.
August 15	Effective date of final amendments (regular rulemaking schedule)

- ❖ If Board waits until the regularly scheduled July 12th quarterly Board meeting to adopt final rule amendments:

July 12	Board adopts final rule amendments <ul style="list-style-type: none">- If the rule amendments are filed as Adopted & Filed Emergency After Notice, the amendments could become effective upon filing the next day on <u>July 13th</u>- If the regular rulemaking process is filed they would not be effective until <u>September 12th</u>.
July 20	Filing deadline – due by <u>noon</u> ; final rules filed.
August 8	Final rules published in the Iowa Administrative Bulletin.
September 12	Effective date of final rules (regular rulemaking schedule)

REPORT TO THE IOWA DENTAL BOARD

For Discussion &
Possible Action

DATE OF MEETING: April 24-25, 2012
RE: ADA RFP for Portfolio-Style Examinations
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Discussion and Possible Action

The American Dental Association (ADA) House of Delegates has stated that it is committed to developing a national clinical licensure examination. In response to a directive from the House of Delegates, in October, 2011 the ADA issued a Request for Proposal to develop a portfolio-style examination for initial licensure. Several state dental boards have submitted letters to the ADA expressing their opposition to the RFP.

Attached for Review

- ❖ Letters from State Dental Boards to ADA
- ❖ October 25, 2011 ADA RFP to Develop a Portfolio-Style Examination
- ❖ ADA Articles of Interest re: Portfolio-Style Examination



Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry

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December 16, 2011

DEC 28 2011

Dr. William R. Calnon, President
American Dental Association
211 E. Chicago Ave.
Chicago, IL 60611-2678

Dear Dr. Calnon:

The Oregon Board of Dentistry (OBD) recently reviewed the resolution passed by the American Dental Association (ADA) House of Delegates regarding the development of a portfolio-style examination for initial licensure.

The OBD also recently reviewed the request by the ADA Workgroup on Development for Portfolio-Style Examinations and is very concerned that the ADA has entered into an area that is beyond the mission and purpose of the ADA.

The stated mission of the ADA: "The ADA is the professional association of dentists that fosters the success of a diverse membership and advances the oral health of the public." Clearly this mission does not and should not have anything directly related to the initial licensure of dentists or dental hygienists; this authority is left to the state dental boards.

The stated mission of the OBD: The Mission of the Oregon Board of Dentistry is to protect the public by assuring that the citizens of Oregon receive the highest possible quality oral health care." Clearly the licensure of dentists and dental hygienists falls under this mission.

The OBD urges the ADA to stop this invasion upon the mission, rights and responsibilities found in the dental practice acts of each state board. Licensure of dentists and dental hygienists is left to the state dental boards, not the ADA.



Dr. William R. Calnon
Page 2
December 16, 2011

The OBD believes that in this time of serious economic difficulties that face our state and nation, as well as the ADA, according to recent review of ADA publications, that the ADA not waste any more of its precious financial and time resources on issues that are not within their mission or purview.

We encourage our fellow dental boards to join in this effort to have the ADA return to its core mission and leave the licensure, regulation and discipline of dental care professionals to the state dental boards where it belongs.

Sincerely yours,

Handwritten signature of Mary W. Davidson in cursive, with "M.D." and "R.D.H." written in the middle.

Mary W. Davidson, M.P.H., R.D.H., L.A.P., President
Oregon Board of Dentistry

Handwritten signature of Patricia Parker in cursive, with "DMD" written at the end.

Patricia Parker, D.M.D., Vice-President
Oregon Board of Dentistry

cc: Dr. White Graves, President-AADB
All State Dental Boards

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William R. Calnon, D.D.S.
President

January 27, 2012

Mary W. Davidson, President
Patricia Parker, Vice President
Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, OR 97201-5519

Dear Ms. Davidson and Doctor Parker:

Thank you for your recent correspondence to the American Dental Association (ADA) regarding the House of Delegates' action directing the ADA to prepare a Request for Proposals (RFP) calling for the development of a portfolio-style examination for initial licensure purposes (Resolution 42H-2010). We appreciate all opinions expressed on this issue.

The ADA fully supports the state dental board's role in regulating the practice of dentistry. The intent of Resolution 42H-2010 is for the ADA to seek the expertise of a qualified agency to develop a portfolio-style examination that could be used by state dental boards as another avenue to evaluate a candidate for licensure, such as the PGY-1 (NY, CT, CA, MN, WA), the National Dental Examining Board of Canada's two part examination (MN) and the portfolio examination recently adopted in California. The RFP was sent to all the dental clinical testing agencies as well as some private test development companies with experience in dental testing.

ADA recognizes the challenges of a portfolio-style examination and hopes that the testing community will view the ADA's action as an opportunity to develop an alternative clinical assessment tool that could be utilized and supported by the state boards.

I hope this clarifies the intent of Resolution 42H-2010.

Sincerely,

William R. Calnon

William R. Calnon, D.D.S.
President

WRC/ljh:kb

cc: Dr. White Graves, president, American Board of Dental Boards (AADB)
Executive Directors, state licensing boards
Members, ADA Workgroup on Resolution 42H-2010 (Portfolio Style Examination)
Dr. Anthony Ziebert, senior vice president, Education/Professional Affairs
Ms. Karen Hart, director, Council on Dental Education and Licensure

AUBREY A. BAUDEAN, JR., D.D.S.
H. O. BLACKWOOD, III, D.D.S.
PATRICIA CASSIDY, R.D.H.
WILTON GUILLORY, JR., D.D.S.
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PEYTON B. BURKHALTER
EXECUTIVE DIRECTOR

JAN 03 2012

December 22, 2011

William R. Calnon, D.D.S.
President, American Dental Association
211 E. Chicago Ave.
Chicago, Illinois 60611-2678

*Re: Correspondence of October 25, 2011
RFP for Portfolio-Style Examination*

Dear Dr. Calnon:

This letter will acknowledge the October 25, 2011 correspondence of Dr. Samuel B. Low regarding the ADA's request for proposal for the development of a portfolio-style assessment of clinical skills for the purposes of state dental licensure. The board reviewed the referenced correspondence during our December 3, 2011 board meeting.

The Louisiana State Board of Dentistry is strongly opposed to the ADA becoming involved in the licensing process for the obvious conflict of interest it will cause. It is the sole responsibility of each dental board to evaluate candidates for licensure in their respective states. Individual state dental boards rely on the American Association of Dental Examiners not the ADA to provide examination assessment forms. The Louisiana board believes this function should remain independent of the ADA and vested in the powers and duties of the individual state licensing boards. Accordingly, the board respectfully requests that the ADA reconsider their position on this matter and discontinue the development of the portfolio-style licensing examination.

Thanking you for your attention to this matter, I remain

Respectfully,

Romell J. Madison, D.D.S.
President

Cc: Dr. Samuel B. Low, Trustee, Seventeenth District
Executive directors, state licensing boards

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William R. Calnon, D.D.S.
President

January 27, 2012

Romell J. Madison, D.D.S.
President
Louisiana State Board of Dentistry
One Canal Place
365 Canal Street, Suite 2680
New Orleans, LA 70130

Dear Doctor Madison:

Thank you for your recent correspondence to the American Dental Association (ADA) regarding the House of Delegates' action directing the ADA to prepare a Request for Proposals (RFP) calling for the development of a portfolio-style examination for initial licensure purposes (Resolution 42H-2010). We appreciate all opinions expressed on this issue.

The ADA fully supports the state dental board's role in regulating the practice of dentistry. The intent of Resolution 42H-2010 is for the ADA to seek the expertise of a qualified agency to develop a portfolio-style examination that could be used by state dental boards as another avenue to evaluate a candidate for licensure, such as the PGY-1 (NY, CT, CA, MN, WA), the National Dental Examining Board of Canada's two part examination (MN) and the portfolio examination recently adopted in California. The RFP was sent to all the dental clinical testing agencies as well as some private test development companies with experience in dental testing.

ADA recognizes the challenges of a portfolio-style examination and hopes that the testing community will view the ADA's action as an opportunity to develop an alternative clinical assessment tool that could be utilized and supported by the state boards.

I hope this clarifies the intent of Resolution 42H-2010.

Sincerely,



William R. Calnon, D.D.S.
President

WRC/ljh:kb

cc: Executive Directors, state licensing boards
Members, ADA Workgroup on Resolution 42H-2010 (Portfolio Style Examination)
Dr. Anthony Ziebert, senior vice president, Education/Professional Affairs
Ms. Karen Hart, director, Council on Dental Education and Licensure



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info@crdts.org

Tuesday, December 20, 2011

Ms. Lois Haglund
Portfolio RFP
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611

Dear Ms. Haglund:

At its meeting on November 12, CRDTS Steering Committee, composed of active Board Members from 17 member State Boards, directed CRDTS' officers to provide a written response to the ADA's request for a proposal to develop a portfolio-style assessment of clinical skills for the purposes of state dental licensure. Therefore, this letter is to advise the ADA of some of the many reasons why CRDTS will not be submitting a proposal.

1. First and foremost, licensure is a **governmental function**. State Boards of Dentistry are established by state laws as an arm of the state legislature for the sole purpose of protection of the public by assuring the competence of licensed practitioners and, when necessary, policing the profession. In contrast, the ADA is a voluntary association of licensed, dental practitioners whose purpose is to promote and protect the profession. We recognize that in many instances our purposes are parallel—that is to say, what is in the best interests of the public is often in the best interests of the profession. However, our common interests cannot be extrapolated to the extent that a voluntary association can assume the mantle of a governmental agency and usurp the responsibilities of determining methodologies for the assessment of clinical skills while leaving State Boards in a position of “oversight” as interested bystanders. Indeed, there have been a number of State Board members who have already experienced and commented on the vacuous position of “oversight” as defined in the accreditation process.

The fact that state laws have granted the health profession of dentistry the authority for self-regulation is a ***privilege*** rather than a ***right***. It is a privilege that is currently being challenged in North Carolina by the Federal Trade Commission. Indeed, there has been at least one case in which the court ruled that state licensure standards which were based in part on a determination made by a non-governmental agency constituted an unlawful delegation of the Legislature's authority to license professionals within the State, *Gumbhir v. Kansas State Board of Pharmacy*, 228 Kan. 579 (1980). It is quite likely that if National Board Examinations were being developed today instead of 78 years ago, the ADA would not be allowed to either develop or administer those licensure examinations. Will the right to administer National Boards be met with unwelcome scrutiny if the ADA pursues the revision of state laws/regulations to replace clinical examinations with portfolio-based assessments? We are still operating under the 1979 agreement between ADA and AADB (formerly AADE) whereby the responsibility for theoretical examinations is left, however reluctantly, with the ADA Joint Commission on National Dental Examinations and clinical examinations are solely within the purview of State Boards. However, it should be realized that in the 32 years

Central Regional Dental Testing Service, Inc.

since that agreement was struck, regional groups of State Boards have coalesced, organized themselves and matured into sophisticated testing agencies applying psychometrically sound measurement principles in the development and administration of clinical examinations. The ADA is putting itself, and the entire profession's privilege of self-regulation, in a perilous position when it extends itself further into governmental functions of not only accreditation, but also licensure.

2. We are not trying to say that other dental groups, such as ADA or ADEA, should have no interest or involvement in the evolution of clinical exams. For more than 30 years CRDTS has been responding to concerns and challenges to clinical exams as they have been raised by the ADA, ADEA or ASDA. CRDTS, along with others in the examining community, has responded to most of these concerns and has implemented guidelines, protocols and methodologies that have addressed such issues. In the late 1970's, the issue was criterion-referenced scoring rubrics. Accordingly, CRDTS began developing a criterion-referenced scoring system in 1979 and it was fully implemented by 1981, along with calibration exercises, a protocol to ensure candidate anonymity, independent scoring by examiners and an innovative analysis program to provide statistical data on the examination itself, as well as examiner profiles and comparative reports to the schools. We have participated in ADA-sponsored activities such as the Agenda for Change and the ITEM meetings; and a series of AADB initiatives to develop guidelines for the development and administration of valid and reliable examinations. In the mid 90's we eliminated one patient-based procedure of an indirect cast restoration, and began testing fixed prosthodontics on a manikin. Most recently, we have incorporated the Curriculum Integrated Format into our examination process, as well as integrating into our manuals the ADA document on ethical considerations. So it cannot be imputed that CRDTS, and the entire examining community, are resistant to change or unwilling to work with parties of interest to enhance communications and achieve consensus. Indeed, that is the role that ADA can and should play as the representative of the practicing profession: foster communication, understanding and consensus among all interested parties. To continue to pursue the path that is outlined in the RFP will only serve to alienate the examining community, an important segment of the dental profession, the vast majority of whom are long-term members of the ADA.
3. ADEA and ASDA have been beating the drums for the elimination of patient-based clinical examinations for at least 15 years. But rather than educating those associations and the ADA House of Delegates about the reality of state laws and the rigorous demands of measurement principles, the ADA has allowed itself to be enlisted as the vehicle to force the issue, creating a divisive situation that has the potential to make a national clinical examination ever more difficult to achieve. During the meetings of the ITEM Committee, it was clearly articulated by not only examiners, but also by measurement specialists, that the portfolio assessment model is not psychometrically sound for multiple reasons:
 - a. It is neither appropriate nor legal for faculty to be assessing its own educational product for licensure purposes. While CRDTS allows faculty members to observe an examination to gain a better understanding of what is expected of their students, and we utilize a number of faculty members who have been identified by their State

Central Regional Dental Testing Service, Inc.

- Board as deputy examiners, we do not allow a faculty member to either observe or examine at their own institution.
- b. Using faculty in the role of examiners voids the possibility of maintaining candidate anonymity to eliminate examiner bias.
 - c. An examination cannot be valid unless security of the testing process is maintained. The testing agency, as an independent third party, has no way of verifying that the digital records that they may review are actually the work of the candidate.
 - d. CRDTS uses many digital photographs to calibrate examiners. While they are good teaching mechanisms, they are woefully inadequate for clinical evaluation. The lighting or angulation of a photograph can make an open contact appear closed. We cannot effectively evaluate the depth of the pulpal floor or axial wall, the width of the isthmus, proximal or gingival clearance, etc. Without an explorer, floss or other instruments, we cannot evaluate a margin, contact, occlusion or discriminate between stain, caries or decalcification.
 - e. For a number of years we have been listening to reports of shortages of qualified faculty—400+ unfilled faculty positions in the United States. The one-on-one relationship required for a portfolio assessment, will be expensive and time-consuming for existing faculty. In addition, schools rarely, if ever, have the luxury of utilizing even two, much less three, independent examiners to evaluate each case. The possibility is remote of maintaining the same level of examiner reliability as clinical testing agencies are able to document.
 - f. CRDTS' calibration is constantly commended by our educator/examiners, many of whom ask for copies to use for teaching. Repeatedly we receive reports that calibration is very difficult to accomplish within dental schools. When schools utilize a significant number of adjunct or part-time faculty, it becomes impossible. Since studies have shown that the effects of calibration decline within a short period of time; CRDTS' examiners are recalibrated prior to every examination. How are calibrated faculty/examiners going to be maintained across multiple portfolio evaluations? Maintaining standardized, calibrated examiners across 60 or more dental schools is an insurmountable obstacle to validity and reliability.
 - g. Fidelity is diminished in the portfolio assessment. The target domain is the clinical skill required for actual practice. A portfolio assessment is a report of how those skills were applied rather than an actual demonstration of those skills in a clinical setting.
 - h. Dr. Thomas Haladyna, a measurement specialist who should be well-known to you, has reported to us that although well-developed technology exists for setting cut scores on tests, there is no technology for setting cut scores on portfolio assessments. When done, it is very subjective. "If scoring is mostly subjective, then all the threats to validity that come from subjectivity are present: halo, severity/leniency, central tendency, idiosyncrasy, disinterest, and logical (the scorer redefines what is being rated)".
 - i. We find item 2.e. on page 7 of the RFP to be unprecedented in the testing process. ADA proposes to allow a student who has completed the portfolio evaluation process to decide whether the case will be submitted to an independent third party evaluation prior to any "feedback" by the faculty/examiner. Would you allow a candidate to go

Central Regional Dental Testing Service, Inc.

through all of Part II National Boards and then decide to withhold their answers because things didn't go well and they want to have "do overs"?

These are but some of the reasons that CRDTS' Steering Committee was unanimous in its decision not to devote CRDTS' resources to pursuit of the portfolio methodology. Portfolios were created by educators for educators; and that is the domain in which they should remain. We believe portfolios can be an excellent teaching tool, and they are undoubtedly useful for educators to document their teaching experience and expertise; but they are not a valid and reliable substitute for clinical examinations.

We would encourage the ADA, ADEA and ASDA to revisit their examination policies. The mobility landscape has changed drastically since resolutions were introduced in the 90's to eliminate clinical exams. CRDTS is now accepted in 40 plus states, and collaborative efforts are ongoing. We are very close to universal acceptance of most regional exams. We believe it is inappropriate to be espousing the elimination of our traditional licensure standards at a time when there is a confirmed shortage of faculty and there are currently six new dental schools in development with as many as 20 new schools proposed by 2020. There is also a constant influx of international graduates from non-accredited schools. We need to utilize all instruments at our disposal to distinguish the competent from the incompetent, uphold the standards of our profession and continue to earn the respect and confidence of the public in their dental practitioners.

Sincerely,

Deena Kuempel, DDS

Deena Kuempel, DDS
President

Cc: CRDTS' Steering Committee
Council of Interstate Testing Agencies, Inc.
Western Regional Examining Board
Northeast Regional Board
Southern Regional Testing Agency
American Association of Dental Boards
American Dental Educators' Association
American Student Dental Association

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William R. Calnon, D.D.S.
President

January 27, 2012

Dr. Deena Kuempel
President
Central Regional Dental Testing Service
1725 SW Gage Blvd.
Topeka, KS 66604-3333

Dear Doctor Kuempel:

On behalf of the American Dental Association and the ADA Workgroup, thank you for considering a response to the Request for Proposals for Development of a Portfolio-Style Assessment of Clinical Skills for the Purposes of State Dental Licensure.

Your correspondence states that licensure is a governmental function, which the ADA fully recognizes and supports. The 2010 House of Delegates Resolution 42H-2010 directed the ADA to seek the expertise of a qualified agency to develop a portfolio-style examination that could be used by state dental boards as another avenue to evaluate a candidate for licensure, such as the PGY-1 (NY, CT, CA, MN, WA), the National Dental Examining Board of Canada's two part examination (MN) and the portfolio examination recently adopted in California. The RFP was sent to all the dental clinical testing agencies as well as some private test development companies with experience in dental testing.

ADA recognizes the challenges of a portfolio-style examination and hopes that the testing community will view the ADA's action as an opportunity to develop an alternative clinical assessment tool that could be supported and utilized by the state dental boards.

Sincerely,

William R. Calnon

William R. Calnon, D.D.S.
President

WRC/lh:kb

cc: Dental Regional Testing Agencies
American Dental Education Association
American Board of Dental Examiners
American Student Dental Association
Members, ADA Workgroup on Resolution 42H-2010 (Portfolio Style Examination)
Dr. Anthony Ziebert, senior vice president, Education/Professional Affairs
Ms. Karen Hart, director, Council on Dental Education and Licensure
Dr. Tsung-Hsun Tsai, manager, Research and Development/Psychometrics

Members

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Investigator

Darlene Ratliff-Thomas
Senior Assistant Attorney General

January 19, 2012

Dr. William R. Calnon, President
American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611-2678

Dear Dr. Calnon:

The members of the West Virginia Board of Dental Examiners, at their meeting of January 6, 2012, reviewed the October 25, 2011, American Dental Association's Request for Proposals (RFP) to develop a portfolio-style examination for initial license purposes, along with the Oregon Board of Dentistry's response.

The Board agrees with the Oregon Board of Dentistry unanimously in that it is the responsibility and privilege of the different states to regulate the practice of dentistry and dental hygiene, which includes the responsibility of administering clinical license examinations. It is not the responsibility of the American Dental Association. All of the licensed members of our agency participate with some or all of the regional examination organizations. As a matter of fact our Board recognizes all regional and state clinical examinations as part of the requirements for license. The Board does not recognize licenses obtained through PGY-1 or other non-clinical means.

West Virginia Code, Chapter 30, Article 1, Section 1a, states in part as follows: "The Legislature finds and declares as a matter of public policy the practice of the professions... is a privilege and is not a natural right of individuals. The fundamental purpose of licensure and registration is to protect the public..." By statutory authority, the Board requires candidates for licensure graduate from a CODA approved school of dentistry or dental hygiene and must satisfactorily pass the National Boards as administered by the Joint Commission. However, the West Virginia Board will not abrogate its responsibility to ensure the public, its only master, that minimally competent dentists and dental hygienists are licensed. The license process includes an independent, third-party, clinical examination. To imply clinical examinations are onerous, or

unfair, or just a snapshot is utter nonsense. After all, the candidates are not being tested for proficiency or mastership, only minimal competency. With due respect to ASDA, ADEA, and the American Dental Association, licensure of candidates is the business of the state regulatory agencies.

Very truly yours,

A handwritten signature in black ink, reading "George D. Conard, Jr.", written in a cursive style.

George D. Conard, Jr., D.D.S., President
West Virginia Board of Dental Examiners

CC: All State Boards of Dentistry



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BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
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NASHVILLE, TENNESSEE 37243

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www.Tennessee.gov/health

February 2, 2012

Dr. William R. Calnon, President
American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611-2678

Dear Dr. Calnon:

The members of the Tennessee board of Dentistry, at their meeting of January 26-27, 2012, reviewed the October 25, 2011 American Dental Association's Request for Proposals (RFP) to develop a portfolio-style examination for initial license purposes, along with the Oregon board of Dentistry and West Virginia Board of Dental Examiners responses.

The Board agrees with the Oregon Board of Dentistry and the West Virginia Board of Dental Examiners unanimously in that it is the responsibility and privilege of the state boards to regulate the practice of dentistry and dental hygiene, which includes the responsibility of administering clinical licensure examinations. The Board agreed that it was not the responsibility of the American Dental Association. All of the dentist and dental hygiene members of the Board participate with the Southern Regional Testing Agency (SRTA) clinical examination and the Board recently voted to accept and participate in the American Board of Dental Examiners (ADEX) clinical examination. In addition, the Board accepts the Western Regional Examining Board (WREB) examination. The Board does not recognize licenses obtained through PGY-1 or other non-clinical means.

Tennessee Code Annotated Title 63, Chapter 5, Section 105 states that "the board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by the other section of this chapter (2) conduct examinations to ascertain the qualifications and fitness of applicants for licenses to practice dentistry and of applicants for certificates to practice a specialty in dentistry or licenses to practice as a dental hygienist or registered as a dental assistant". In addition, Tennessee Code Annotated Title 63, Chapter 5, Section 111 states that the "board shall recognize a certificate granted by the American Dental Association's Commission on National Board Dental Examinations and may accept the results of its own board examination or the results of an examination conducted by one (1) or more of the regional testing agencies". The candidates are being tested for minimal competency, not proficiency or mastership. The Board stated that the licensure and examination of candidates is the business of the state regulatory agencies, not of any associations.

Sincerely,


John M. Douglass, Jr., D.D.S., President
Tennessee Board of Dentistry

CC: All State Boards of Dentistry

Johnson, Melanie [IDB]

From: McCollum, Phil [IDB]
Sent: Thursday, March 15, 2012 7:42 AM
To: Johnson, Melanie [IDB]
Subject: FW: ADA's portfolio style exam

Not sure if you're on this list or not?

Phil McCollum
Investigator
Iowa Dental Board
515-281-5157
visit us on the web <http://www.dentalboard.iowa.gov/>

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From: Debra Bridges [<mailto:debra.bridges@wyo.gov>]
Sent: Wednesday, March 14, 2012 4:27 PM
To: barbushk@ada.org
Cc: paul.david@tn.gov; brenda.donohue@alaska.gov; dennis@dentalboard.org; donna.cobb@arkansas.gov; elaine.hugunin@azdentalboard.us; Richard_DeCuir@dca.ca.gov; maulid.miskell@dora.state.co.us; jennifer.filippone@po.state.ct.us; bonnie.rampersaud@dc.gov; michele.howard@state.de.us; sue_foster@doh.state.fl.us; aomartin@sos.ga.gov; jkobashigawa@dcca.hawaii.gov; McCollum, Phil [IDB]; susan.miller@isbd.idaho.gov; jerry.r.miller@illinois.gov; cvaught@pla.in.gov; betty.wright@dental.state.ks.us; BrianK.Bishop@ky.gov; pburkhalter@isbd.org; kathy.atkinson@state.ma.us; Sheffiel@dnhm.state.md.us; teneale.e.johnson@maine.gov; RamsdellR@michigan.gov; marshall.shragg@state.mn.us; brian.barnett@pr.mo.gov; diane@msbde.state.ms.us; dlibsdden@mt.gov; bwhite@ncdentalboard.org; ritamichel@aol.com; Becky.Wisell@dhhs.ne.gov; dentalboard@nhsa.state.nh.us; Eisenmengerj@dca.lps.state.nj.us; kathy.ortiz1@state.nm.us; kjkelly@nsbde.nv.gov; dcottrel@mail.nysed.gov; Lili.Reitz@den.state.oh.us; susan.rogers@dentistry.ok.gov; Patrick.Braatz@state.or.us; st-dentistry@state.pa.us; webmaster@salud.gov.pr; Gail.Giuliano@health.ri.gov; reynoldsv@llr.sc.gov; Brittany@sdboardofdentistry.com; SSanders@tsbde.state.tx.us; ntaxin@utah.gov; sandra.reen@dhp.virginia.gov; lydia.scott@usvi-doh.org; dlafail@sec.state.vt.us; jennifer.santiago@doh.wa.gov; kelli.kaalele@wisconsin.gov; wvbde@suddenlinkmail.com; dbridg@wyo.gov; Hart, Karen; Ziebert, Anthony J.; Brian T. Kennedy (bkennedy@nycap.rr.com); Brittany Bensch (bensch@uw.edu); Chris Salierno (drsalierno@gmail.com); David Perkins (dperkdmd@yahoo.com); Low, Samuel B.; Patrick M. Lloyd (lloyd.256@osu.edu); Vigna, Edward J.
Subject: ADA's portfolio style exam

Dr. William R. Calnon, President
American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611-2678

Dear Dr. Calnon:

The members of the Wyoming Board of Dental Examiners, at their meeting of February 24, 2012, reviewed the ADA's proposal to develop a portfolio-style of exam for initial licensure.

The Wyoming Dental Board agrees with the Oregon, West Virginia, and Tennessee Dental Boards in that it is the responsibility and privilege of each state to regulate and license the practice of dentistry and dental hygiene. Every Board member is experienced and cognitive about the profession.

The licensure process includes an independent, fair, third party, clinical examination. The Wyoming Board has evaluated the clinical examinations in great detail and recognizes the value of an independent third party clinical examining entity. To imply the clinical examinations are onerous or unfair is ridiculous.

The Wyoming Board of Dental Examiners does not support the portfolio-style examination nor the ADA's involvement in their pursuit. The Wyoming board urges the ADA to stop this invasion upon the the rights of each state to decide its licensing process.

Respectfully,

Nick A. Bouzis D.D.S.
President Wyoming Board of Dental Examiners

cc: All State Boards of Dentistry

E-Mail to and from me, in connection with the transaction of public business, is subject to the Wyoming Public Records Act and may be disclosed to third parties.

Johnson, Melanie [IDB]

From: Donna Cobb [Donna.Cobb@arkansas.gov]
Sent: Tuesday, April 10, 2012 11:42 AM
To: keith@dentalboard.org; brenda.donohue@alaska.gov; elaine.huginin@azdentalboard.us; Dea Smith (Dea.Smith@tn.gov); dentalboard@dca.ca.gov; mauid.miskell@dora.state.co.us; oplc.dph@ct.gov; michele.howard@state.de.us; bonnie.rampersaud@dc.gov; sue_foster@doh.state.fl.us; aomartin@sos.ga.gov; james.k.kobashigawa@dcca.hawaii.gov; susan.miller@isbd.idaho.gov; jerry.r.miller@illinois.gov; cvaught@pla.in.gov; Johnson, Melanie [IDB]; lane.hemsley@dental.ks.gov; brian.k.bishop@ky.gov; pburkhalter@isbd.org; teneale.e.johnson@maine.gov; sheffiel@dhhm.state.md.us; kathy.atkinson@state.ma.us; ramsdellr@michigan.gov; marshall.shagg@state.mn.us; Diane@dentalboard.ms.gov; brian.barnett@pr.mo.gov; dlibsdden@mt.gov; becky.wisell@nebraska.gov; kjkelly@nsbde.nv.gov; rjarvis@nhsa.state.nh.us; eisenmengerj@lps.state.nj.us; kathy.ortiz1@state.nm.us; dcottrel@mail.nysed.gov; bwhite@ncdentalboard.org; ritamichel@aol.com; lili.reitz@den.state.oh.us; susan.rogers@dentistry.ok.gov; patrick.braatz@state.or.us; st-dentistry@state.pa.us; Gail.Giuliano@health.ri.gov; coxk@llr.sc.gov; brittany@sdboardofdentistry.com; smEEK@dentalboard.texas.gov; ntaxin@utah.gov; dlafail@sec.state.vt.us; sandra.renn@dhp.virginia.gov; jennifer.santiago@doh.wa.gov; vicki.brown@doh.wa.gov; wvbde@suddenlinkmail.com; berni.mattsson@wisconsin.gov; debra.bridges@wyo.gov
Subject: Letter to ADA Concerning Portfolio-Style Examination
Attachments: ADAOpposalLtr.doc

Good Morning!

Please see the attached being sent to the ADA and all State Boards.

Donna Cobb
Executive Director
Arkansas State Board of Dental Examiners
101 East Capitol Avenue, Suite 111
Little Rock, Arkansas 72201
Phone: (501) 682-2085
Fax: (501) 682-3543
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H. Warren Whitis, DDS
President
Osceola

17 April 2012

Drew W. Toole, DDS
Vice-President
Pine Bluff

Dr. William R. Calnon, President
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611-2678

George Martin, DDS
Secretary-Treasurer
Fayetteville

Dear Dr. Calnon,

Robert D. Keene, DDS
North Little Rock

The Arkansas State Board of Dental Examiners met on Friday, March 16, 2012, and reviewed the October 25, 2011, American Dental Association's Request for Proposals (RFP) to develop a portfolio-style examination for initial license and the letters from the Boards of Tennessee, Oregon, West Virginia, Wyoming and Louisiana. The Board voted unanimously to vehemently oppose the ADA's proposal and expressed concern that the ADA would even consider this subjugation upon the States' authority to protect its citizens.

David Bell, DDS
Arkadelphia

David E. Walker, DDS
Pine Bluff

The ASBDE implores the ADA to withdraw this proposal and continue to follow their stated mission: "The ADA is the **professional association** of dentists that fosters the success of a diverse **membership** and advances the oral health of the public."

Jennifer Lamb, RDH
Little Rock

Sincerely,

A handwritten signature in cursive script that reads "H. Warren Whitis".

Sheila Castin
Public Member
Little Rock

H. Warren Whitis, D.D.S.
President

cc: Dr. White Graves, AADB President
All State Dental Boards

Date: October 25, 2011

To: Presidents and Executive Directors,
American Board of Dental Examiners
Regional Testing Agencies

From: Dr. Samuel B. Low, trustee *Samuel B. Low by SBL*
Seventeenth District
Chair, ADA Workgroup on Development of RFP for Portfolio-Style Examination

Lois Haglund, manager, Dental Licensure
Council on Dental Education and Licensure

Lois J. Haglund

Subject: Request for Proposals

In response to a directive from its House of Delegates, the American Dental Association (ADA) has developed a Request for Proposals (RFP) to develop a portfolio-style examination for initial licensure purposes that could assess clinical competence of candidates via a psychometrically valid and reliable third-party assessment process (attached).

Accordingly, the ADA seeks qualified agencies or individuals to develop this portfolio model that could be used by state boards of dentistry and dental education programs to assess a candidate's minimal competence based on treatment provided to a student's patients of record during his/her dental education program. Please see the Background and General Information section of the attached RFP for more detailed information.

The ADA understands that your organization may have the expertise to conduct the project. We hope that you will give the RFP serious consideration. The deadline for receipt of proposals is December 26, 2011. Please share this information with the appropriate individuals in your organization. The ADA looks forward to your response.

If you have any questions, you may contact us at 312.440.2694 or haglundl@ada.org.

SBL/LJH

Attachment

cc: Members, Workgroup on 42H-2010
Dr. Anthony Ziebert, interim senior vice president, Education/Professional Affairs
Ms. Karen Hart, director, Council on Dental Education and Licensure

**Development of a Portfolio-Style Assessment of Clinical
Skills for the Purposes of State Dental Licensure**

REQUEST FOR PROPOSAL

Release Date: October 31, 2011

American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

ADA American Dental Association®

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1. INTRODUCTION/STATEMENT OF PURPOSE

The American Dental Association (ADA) is soliciting proposals in response to an October 2010 ADA House of Delegates directive to develop a portfolio-style examination for licensure purposes that could assess clinical competence of candidates for initial licensure via a psychometrically valid and reliable third-party assessment process. This directive also calls for a complementary written/interactive examination to assess issues not deemed adequately addressed in the portfolio model, such as ethics and professionalism. This RFP requests proposals from agencies that could develop an examination process using a portfolio-style assessment for the ADA as directed by the House of Delegates.

- a. **Eligibility Criteria:** Applicants are encouraged to apply, who are affiliated with a qualified organization, knowledgeable and experienced in educational measurement, and knowledgeable and experienced in certification and/or licensure testing. Examples of qualified organizations include: testing service agencies and organizations, clinical examination agencies, and corporations and individuals with expertise in test development and psychometric principles.

2. BACKGROUND AND GENERAL INFORMATION

- a. **About the American Dental Association.** Founded in 1859, the American Dental Association (ADA) is the oldest national association of dentists in the United States. It is a non-profit corporation organized under the laws of the State of Illinois. The ADA is a voluntary organization of dentists whose objective is to promote the art and science of dentistry and to encourage the improvement of the health of the public. The membership of the ADA includes 157,000 professionals making it the largest national association of dentists. ADA members have access to a wide variety of benefits, products and services ranging from scientific and clinical resources, insurance and retirement programs, continuing education, meetings and publications such as the Journal of the American Dental Association (JADA). The governing body of the ADA is the House of Delegates composed of representative ADA member dentists and representative dental students in ADA Commission on Dental Accreditation-accredited education (DDS/DMD) programs. The administrative body of the ADA is the Board of Trustees composed of active, dues-paying members of the ADA.
- b. **The Existing Dental Licensing Process.** Dental licensing is the responsibility of the individual jurisdiction's (state) government. This responsibility is usually delegated to the jurisdiction's board of dentistry, also known as state board of dental examiners. Specific dental licensure requirements vary among jurisdictions, but all jurisdictions have three common requirements for initial licensure: an educational requirement, a written (theoretical) examination requirement and a clinical (performance) examination requirement.

The educational requirement for nearly all licensing jurisdictions is graduation from a dental education program accredited by the ADA Commission on Dental Accreditation (CODA). Only one jurisdiction (MN) does not require graduation from an accredited program, but rather reviews graduates of non-accredited (international)

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programs on a case-by-case basis and makes a determination if the program they attended is equivalent to a CODA-accredited program.

The written (theoretical) examination requirement is the National Board Dental Examinations (Parts I and II) that is administered by the Joint Commission on National Dental Examinations (JCNDE) of the American Dental Association. These examinations are designed to assist the state boards of dentistry in determining whether or not a candidate for licensure has assimilated the theoretical basis of biomedical and dental sciences taught in those schools to a level of competency that protects the health, welfare and safety of the public. Part I is focused on the basic sciences (anatomic sciences, biochemistry, physiology, microbiology, pathology, dental anatomy and occlusion) and students usually take this examination at the end of their second year of dental school. Part II tests the dental sciences and includes a case-based component that asks questions related to patient care. Dental students usually take Part II during their fourth year of dental school. The JCNDE is currently in the process of developing an integrated examination that is intended to replace the current Parts I and II. This new examination is expected to be ready for implementation within the next five years.

The clinical patient-based examination requirement serves as a capstone assessment of a candidate's clinical skills to assist states in determining whether initial licensure candidates can demonstrate critical competencies necessary for safely providing oral health services to the public. Currently, there are five regional dental clinical testing agencies and four independent states administering clinical examinations (*Attachment A*). State dental boards contract with/become members of one or more of these regional testing agencies to administer the clinical examination requirement for initial licensure in their states. The five regional testing agencies are Central Regional Dental Testing Service (CRDTS), Council of Interstate Testing Agencies (CITA), North East Regional Examining Board (NERB), Southern Regional Testing Agency (SRTA) and the Western Regional Examining Board (WREB). Four jurisdictions (DE, FL, NV and the VI) administer exams independently of a regional testing agency. Some states may also accept examination results from testing agencies in which they are not members.

In spring 2005, the American Board of Dental Examiners (ADEX)¹ was established as an examination development agency with the intent of developing a common examination that all state boards would utilize and accept. Initially, the majority of state and regional testing agencies participated in development of the examination, but when the ADEX Dental and Dental Hygiene Examinations were ready for use in fall 2005, only NERB and CRDTS administered the ADEX Examinations. In 2009, CRDTS withdrew from ADEX leaving NERB the only regional testing agency and

¹ ADEX is a private not for profit consortium of state and regional dental boards throughout the United States and its territories that provides for the ongoing development of a series of common, national dental licensing examinations that are uniformly administered by individual state or regional testing agencies on behalf of their participating and recognizing licensing jurisdictions.

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Nevada the only independent state using the ADEX Examinations. In 2011, the Florida legislature eliminated its own clinical examination and approved the use of the ADEX Examinations effective October 1, 2011. As of this writing, NERB and the Nevada, Hawaii and Florida state dental boards administer the ADEX Examinations, while the remaining state and regional testing agencies administer their own exams.

The lack of one common clinical examination that is accepted by all state dental boards presents a challenge to dentists seeking licensure and to state dental boards alike. Dentist provider mobility between states is negatively affected, which in certain geographic areas presents a significant challenge to the public in accessing care from a dentist. Other challenges related to clinical examinations have for many years created discussion and disagreement among the dental practicing, education and licensing communities. These challenges include that the clinical examination is only a snapshot of candidate's competence, exams are not standardized due to patient variability and examiner variability and calibration, and there is potential difficulty in finding patients with standard, appropriate conditions for the examinations. Some of these challenges present ethical dilemmas for students, such as patient brokering and delaying a patient's needed treatment as much as a year in order to use that patient for the clinical examination. The ADA encourages testing agencies, dental education programs and students to adhere to its position statement, *Ethical Considerations When Using Human Subjects/Patients in the Examination Process (Attachment B)*.

For the reasons noted above, states have begun to look at alternatives to the current clinical examination. For example, New York eliminated the clinical examination requirement for initial licensure in 2001 and mandated completion of a postdoctoral residency program accredited by the ADA Commission on Dental Accreditation that is at least one year in length (PGY-1). Several other states (CT, MN, WA, CA) grant licensure applicants the option of completing the PGY-1 in lieu of a clinical examination. However, the examination community is concerned that this option lacks an objective assessment of the PGY-1 resident. The widespread lack of confidence on the part of various state boards with regard to the programs' perceived inability to dismiss residents for poor academic performance is a barrier to acceptance of the PGY-1 pathway by the examining community. The PGY-1 concept is accepted in the policies of the ADA, American Student Dental Association and the American Dental Education Association. Currently, only the American Association of Dental Boards opposes this approach.

Another alternative pathway for initial licensure is the two-part examination of the National Dental Examining Board of Canada (NDEB). The Minnesota Board of Dentistry adopted this pathway in 2010 for graduates of the University of Minnesota. This examination consists of a written examination that tests the ability to apply basic and clinical science knowledge in assessing and planning care for patients and an Objective Structured Clinical Examination (OSCE) that employs clinical scenarios to test clinical decision making. To date, Minnesota is the only state utilizing this model.

Lastly, California conducted an extensive study of alternative models and ultimately agreed to pursue the portfolio model. (Comira, Psychometric Services Division, prepared a complete report for the Dental Board of California - Alternative Pathways for Initial Licensure for General Dentists, Final Report, February 2009). In 2010, the governor signed into law a new school-based portfolio initial licensure examination option; this is in addition to the existing options of taking the Western Regional Examining Board clinical examination or completing a one-year general practice residency. The California portfolio examination can be described as a series of examinations administered in a series of patient encounters in several competency domains as outlined below. Students are rated according to standardized rating scales by faculty examiners who are formally trained in their use. The new law became effective January 1, 2011. The Dental Board is in the process of adopting regulations containing the specific details of the process before the option can be made available.

3. SCOPE OF WORK, SPECIFICATIONS & REQUIREMENTS

- a. **Description of Work:** The agency should develop, pilot, validate and recommend an implementation process for a portfolio model examination to assess the clinical competency of students enrolled or graduating from an accredited dental education program via an independent third party for the purpose of state licensure.

Competencies/domains to be included are:

- Endodontics
- Direct restoration (e.g., amalgam, composite)
- Indirect restoration/fixed prosthodontics (e.g., inlays, onlays, crowns, bridges, veneers)
- Removable prosthodontics
- Periodontics
- Oral Surgery
- Anesthesia, infection control, diagnosis and treatment planning - to be observed/assessed in conjunction with the above listed competencies/domains

Proposals should adhere to the following concepts - the model portfolio examination process should:

- Be ethical and professional—use patients of record within the school's current system of evaluation [curriculum integrated format (CIF)]²; candidate must perform services independently without faculty or examiner assistance;

² **Curriculum Integrated Format:** An initial clinical licensure process that provides candidates an opportunity to successfully complete an independent "third party" clinical assessment prior to graduation from a dental education program accredited by the ADA Commission on Dental Accreditation.

If such a process includes patient care as part of the assessment, it should be performed by candidates on patients of record, whenever possible, within an appropriately sequenced treatment plan. The competencies assessed by the clinical examining agency should be selected components of current dental education program curricula.

All portions of this assessment are available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan and to allow candidates to remediate and retake any portions of the assessment which they have not successfully completed.

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- Have oversight by respective state licensing jurisdiction – examiners should make final determination of competency, not faculty; (Be conducted by an independent 3rd party)
- Assess clinical competencies;
- Be psychometrically sound (valid and reliable);
- Be cost effective and feasible—should not require additional resources from students, schools or state licensing jurisdictions and should minimize disruption;
- Have a built-in system for external audit;
- Have mechanisms to assess outcomes of the portfolio process;
- Enable portability among states while respecting states' rights; and
- Have a remediation process.

Proposals may consider the following as an example of a potential process for evaluating a competency:

1. Allow mechanisms for state boards to audit process at their discretion to ensure integrity of process/exam
2. A proposed process:
 - a. The student/candidate will designate a procedure for his competency/assessment and work with a designated, calibrated faculty member.
 - b. A computer program will record all required data generated during the competency exam.
 - c. The patient's medical history, pre-op radiograph and digital photograph, pre-op digital recording of the tooth selected as well as any other relevant material will be entered into a computer data base.
 - d. The candidate will prepare the selected tooth to "ideal" and record another digital reading of the preparation. The candidate will determine if the preparation needs to be altered for any reason and document any requests for alterations in writing specifying the exact location, amount of tooth structure needed to be removed and the reason for the request. The faculty/examiner will review the request and evaluate the appropriateness for the modifications. The faculty/examiner will grant or deny each request. No further information is given to the student. The faculty/examiner will note into the database the reason for denial. Any requests with no clinical justification or that demonstrate a complete lack of clinical judgment or knowledge could result in the termination of the exam and temporization. When the student has completed his/her preparation to his/her satisfaction s/he will then take another digital recording of the preparation. If caries remains or an unrecognized pulp exposure is present the tooth should be temporized. If all caries has been removed and there has not been a pulp exposure then the student may restore the tooth. A digital recording should then be taken of the final restoration. A digital photograph of each critical stage should also be included in the database.
 - e. The student will decide if s/he wants to submit this case for portfolio evaluation to an independent third party evaluation prior to any "feedback" by the faculty/examiner.

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b. Requirements.

Materials to include in the proposal:

- Applicant qualifications for this project
- Model portfolio examination, process and protocols
- Plan outlining timelines to submit deliverables
- Proposed software applications and any related technology requirements for the model examination and implementation
- Budget for design and implementation of the model examination
- Examination administration, scoring and security requirements

c. Timelines and Deliverables.

Timelines. The following is a tentative timeline that will apply to the RFP, but may change in accordance with the ADA's needs or unforeseen circumstances. Changes will be communicated by e-mail to all applicants.

October 24, 2011	Issue request for proposal
December 26, 2011	Deadline for receipt of proposals
May 18, 2012	Announcement of selected RFP(s)
October 22, 2012	Report and funding request submitted to ADA House of Delegates for Approval
November 1, 2012	Approved agency notified
December 1, 2012	Project start date
December 1, 2013	Project due date

During the course of the project, quarterly status updates via conference call or e-mail will be expected.

Deliverables: The proposal shall include a highly detailed project description containing an executive summary. The proposal shall include:

- Components of the portfolio examination.
- Technical Specifications.
The proposal should be delivered so it can be viewed using desktop operating system – Windows 7 and software application system – Microsoft Office Word and Excel. The proposal should contain software applications and any related technology requirements for the model examination and implementation.
- Administrative, Grading/Scoring, and Security Processes.
Scoring Methods. The proposal shall provide psychometrically sound procedures for scoring and score reporting as it relates to purpose of this Project, including criteria for scoring, software requirements, method and materials for calibration of examiners and remediation policies.
Security. The proposal shall describe in a clear and concise manner the protocols used in the administration of the portfolio examination and the adequacy of those methods for the security of the content of the examinations and confidentiality of candidate personal information and results.

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- Pilot. The proposal shall include a description of the process for piloting the portfolio examination.
 - Financial Implications. The proposal shall include a detailed list of anticipated costs which correspond to the total proposed sum to be paid to the applicants(s).
 - Significant Dates. The proposal shall include the dates when significant steps in the Project will be completed.
- d. **Communication.** Inquiries, questions and requests for clarification related to this RFP are to be directed in writing (mail, e-mail or fax) and directed to:

American Dental Association
Attn: Ms. Lois Haglund
211 E. Chicago Avenue
Chicago, IL 60611

Phone: 312-440-2694
Fax: 312-440-2915
E-mail: haglundl@ada.org

The ADA will make a good faith effort to respond in writing to each question and request for clarification within 10 business days.

4. **PROPOSAL FORMAT**

- a. **Understanding the RFP.** This section should contain a description of the applicant's understanding of the objective of the project and its scope. In responding to this RFP, the applicant accepts full responsibility to understand the RFP in its entirety, including making any inquiries to the ADA as necessary.
- b. **Experience and Qualifications.** This section should demonstrate that the consultant has the experience, qualifications, and resources to meet the requirements of the RFP. If the consultant is part of a consulting organization, a detailed explanation of the organization should be submitted. The consultant, including the individual(s) assigned to the project, should hold a Ph.D. in Educational Psychology or Educational Measurement and should have experience in consulting for certification or licensure examinations within the past 5 years. Resumes or curriculum vitae of consultants, or individuals assigned to this project by the consulting organization, are to be included with the proposal. These documents should include the names and references of clients to whom these individuals have provided consulting services within the past five years.
- c. **Proposal Submission.** An application cover sheet and complete proposal preparation instructions are provided at the end of this RFP. Submitted proposals must include the required items listed under "Deliverables" on page 8.

Proposals may be submitted in electronic format, CD or print form. Electronic proposals are to be submitted to haglundl@ada.org. If submitted in CD or print form, please provide ten (10) copies. All proposals must be submitted by December 26, 2011 to:

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Ms. Lois Haglund
Portfolio RFP
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611

The receipt of each proposal will be acknowledged in writing.

5. EVALUATION

- a. **Criteria for Selection.** The proposals will initially be evaluated by outside, independent reviewers engaged by the ADA for this purpose. An ADA Review Committee comprised of members of the ADA Board of Trustees, the ADA's Council on Dental Education and Licensure (CDEL), the New Dentist Committee and the American Student Dental Association will review the outside reviewers' evaluations of the proposals. The Committee will make the final selection based on the reviewers' reports and on the following:
- the overall experience and qualifications of the applicant with work of a similar nature, including computer software to be used to capture all required data generated during the portfolio exam;
 - potential of applicant to develop materials as defined;
 - capacity to pilot the examination;
 - willingness to work with the ADA to assess pilots and make revisions, as appropriate; and
 - demonstrated mechanisms for participants to evaluate the examination process and evaluators
 - appropriateness and competitiveness of the budget, timetable and other key factors.
- b. **Notification.** The selected applicant(s) will be notified in writing on May 18, 2012. A funding request to move forward with the development of the portfolio-style assessment will be considered by the 2012 ADA House of Delegates.

6. CONTRACT INFORMATION

A contract, incorporating the terms of the RFP and the proposal of the applicant(s), will be provided by the American Dental Association.

The services of the applicant(s) shall be required as stipulated in the RFP and the Proposal. The term of the contract may be modified by mutual consent of both the applicant(s) and the American Dental Association. Modifications must be in writing and signed by both parties to be binding.

The American Dental Association reserves the right to terminate any contract awarded related or pursuant to this RFP upon thirty (30) days written notice.

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All materials submitted in response to this RFP with the exception of copyrighted examination materials, questions, answers and clinical material reproductions utilized in the examination materials will become the property of the American Dental Association. Proposals not selected will be considered confidential and will not be disclosed.

The resulting contract will be for the amount specified in the selected proposal and approved by the 2012 ADA House of Delegates.

All services shall be performed between December 1, 2012 and December 31.

The Final Report, when submitted, shall become the property of the American Dental Association.

All costs incurred in meeting the requirements of this project will be the responsibility of the applicant(s). Two payments will be made to the applicant(s). A payment of thirty percent (30%) of the total cost will be paid within two weeks of the signing of the contract. A final payment, the unpaid balance of the amount agreed upon in the proposal, will be made to the applicant(s) upon acceptance of the Final Report by the American Dental Association.

7. TERMS AND CONDITIONS

Neither this RFP nor any responses hereto shall be considered a binding offer or agreement. If ADA and any responding Respondent decide to pursue a business relationship for any or all of the services or equipment specified in this RFP, the parties will negotiate the terms and conditions of a definitive, binding written agreement which shall be executed by the parties. Until and unless a definitive written agreement is executed, ADA shall have no obligation with respect to any Respondent in connection with this RFP.

This RFP is not an offer to contract, but rather an invitation to a Respondent to submit a bid. Submission of a proposal or bid in response to this RFP does not obligate ADA to award a contract to a Respondent or to any Respondent, even if all requirements stated in this RFP are met. ADA reserves the right to contract with a Respondent for reasons other than lowest price. Any final agreement between ADA and Respondent will contain additional terms and conditions regarding the provision of services or equipment described in this RFP. Any final agreement shall be a written instrument executed by duly authorized representatives of the parties.

Respondent's RFP response shall be an offer by Respondent which may be accepted by ADA. The pricing, terms, and conditions stated in Respondent's response must remain valid for a period of one hundred twenty (120) days after submission of the RFP to ADA.

This RFP and Respondent's response shall be deemed confidential ADA information. Any discussions that the Respondent may wish to initiate regarding this RFP should be undertaken only between the Respondent and ADA. Respondents are not to share any information gathered either in conversation or in proposals with any third parties,

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including but not limited to other business organizations, subsidiaries, partners or competitive companies without prior written permission from ADA.

ADA reserves the right to accept or reject a Respondent's bid or proposal to this RFP for any reason and to enter into discussions and/or negotiations with one or more qualified Respondents at the same time, if such action is in the best interest of ADA.

ADA reserves the right to select a limited number of Respondents to make a "Best and Final Offer" for the services or equipment which are the subject of this RFP. Respondents selected to provide a "Best and Final Offer" shall be based on Respondent qualifications and responsiveness as determined solely by ADA.

All Respondent's costs and expenses incurred in the preparation and delivery of any bids or proposals (response) in response to this RFP are Respondent's sole responsibility.

ADA reserves the right to award contracts to more than one Respondent for each of the services identified in this RFP. If Respondent's bid or proposal is based on a group purchase, Respondents must specifically identify this in their response.

All submissions by Respondents shall become the sole and exclusive property of ADA and will not be returned by ADA to Respondents.

8. ATTACHMENTS

- A. Regional Testing Agency Membership Chart
- B. ADA Statement on Ethical Use of Patients

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Attachment A: State Membership in the Clinical Testing Agencies

This table contains information known at the time of publication about states' affiliations with the clinical testing agencies. Some states may also accept examination results from testing agencies in which they are not members. This information is subject to change. Candidates seeking licensure in a specific state should contact that state's board of dentistry to obtain the most up-to-date information about which examination results are accepted in the state *prior* to registering for any clinical examination. For state dental board contact information go to www.dentalboards.org. **May 2011**

Council of Interstate Testing Agencies, Inc. (CITA) http://www.citaexam.com			
Alabama	Mississippi	Puerto Rico	
Louisiana	North Carolina	West Virginia	
Central Regional Dental Testing Services, Inc. (CRDTS) http://www.crdts.org			
Colorado	Kansas	North Dakota	Wisconsin
Georgia	Minnesota	South Carolina	Wyoming
Hawaii	Missouri	South Dakota	
Illinois	Nebraska	Washington ¹	
Iowa	New Mexico	West Virginia	
North East Regional Board of Dental Examiners, Inc. (NERB) (ADEX) ⁶ http://www.nerb.org			
Connecticut	Maryland	New York ³	Vermont
District of Columbia	Massachusetts	Ohio	West Virginia
Indiana	Michigan	Oregon	Wisconsin
Illinois	New Hampshire	Pennsylvania	
Maine	New Jersey	Rhode Island	
Southern Regional Testing Agency, Inc. (SRTA) http://www.srta.org			
Arkansas	South Carolina	Virginia	
Kentucky	Tennessee	West Virginia	
Western Regional Examining Board (WREB) http://www.wreb.org			
Alaska	Kansas	North Dakota	Utah
Arizona	Missouri	Oklahoma	Washington
California ²	Montana	Oregon	Wyoming
Idaho	New Mexico	Texas	
Independent States that Administer Clinical Licensing Examinations			
Delaware 302-744-4500	Florida (ADEX) ⁵ 850-245-4474	Nevada (ADEX) ⁴ 702-486-7044	Virgin Islands 340-774-0117

¹ **Washington** is a member of WREB. Only the dental examination falls under CRDTS.

² **California.** California is a WREB member and administers its own state board examination.

³ **New York** accepts NERB dental hygiene examination. No longer requires a clinical examination for initial dental licensure; applicants must complete an accredited postgraduate program at least one year in length (PGY-1).

⁴ **Nevada** is not a member of any clinical testing agency but is a member of ADEX⁵ and administers the ADEX Dental and Dental Hygiene Examinations. Nevada also accepts WREB results.

⁵ **Florida** is not a member of any clinical testing agency but is a member of ADEX⁵ and administers the ADEX Dental and Dental Hygiene Examinations.

⁶ **ADEX** – ADEX is a private not for profit consortium of state and regional dental boards throughout the United States and its territories that provides for the ongoing development of a series of common, national dental licensing examinations that are uniformly administered by individual state or regional testing agencies on behalf of their participating and recognizing licensing jurisdictions.

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Attachment B: Ethical Considerations When Using Human Subjects/Patients in the Examination Process: American Dental Association Council on Ethics, Bylaws and Judicial Affairs

The following information is intended to assist dental licensure candidates, as well as examiners and educators involved in the testing process, in recognizing ethical considerations when patients are part of the clinical licensure process.

Background: Dental licensure is intended to ensure that only qualified individuals are licensed to provide dental treatment to the public. Most licensing jurisdictions have three general requirements: an educational requirement-graduation from a dental education program accredited by the Commission on Dental Accreditation; a written (theoretical) examination-to determine whether the applicant has achieved the theoretical bases at a level of competence that protects the health, welfare and safety of the public; and a clinical examination in which a candidate demonstrates the clinical knowledge, skills and abilities necessary to safely practice dentistry.

Anecdotal information and experiences reported in the literature by licensees and educators have raised ethical considerations when human subjects/patients are used in the examination process.¹⁻⁶ While others disagree, it is recognized that the profession must ensure that the welfare of patients is safeguarded in every step of the clinical licensure examination process.⁷

The licensure examination process is evolving. Many clinical examination agencies continue to monitor developments for applicability and affordability of alternatives to human subjects/patients in providing valid and reliable assessment of clinical competence.

The ADA has voiced its position regarding the use of human subjects/patients in clinical examinations through a series of resolutions culminating with the adoption of the 2005 House of Delegates' Resolution 20H-2005.⁸⁻¹⁰ This resolution reaffirms ADA support for the elimination of human subjects/patients in the clinical licensure examination process while giving exception to a more recent methodology for testing known as the curriculum-integrated format (CIF). The 2006 ADA House of Delegates directed the ADA Council on Dental Education and Licensure to develop a definition of CIF and present it to the 2007 House of Delegates. The 2007 House adopted the following definition (1H:2007):

Curriculum Integrated Format: An initial clinical licensure process that provides candidates an opportunity to successfully complete an independent "third party" clinical assessment prior to graduation from a dental education program accredited by the ADA Commission on Dental Accreditation.

If such a process includes patient care as part of the assessment, it should be performed by candidates on patients of record, whenever possible, within an appropriately sequenced treatment plan. The competencies assessed by the clinical examining agency should be selected components of current dental education program curricula.

All portions of this assessment are available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate

treatment plan and to allow candidates to remediate and retake any portions of the assessment which they have not successfully completed.

Given that currently there are no new technologies that completely eliminate the use of human subjects/patients in the clinical examination processes, the ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA) ¹¹ called on major stakeholders, including the ADA's Council on Dental Education and Licensure (CDEL), to provide input for the development of a statement that would identify key ethical considerations and provide guidance to help ensure the welfare of the patient remains paramount.

Ethical Considerations When Using Human Subjects/Patients in the Examination Process

1. Soliciting and Selecting Patients: The ADA Principles of Ethics and Code of Professional Conduct¹² (ADA Code), Section 3, Principle: Beneficence states that the "dentist's primary obligation is service to the patient" and to provide "competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration given to the needs, desires and values of the patient." The current examination processes require candidates to perform restorative and periodontal treatments on patients. In light of the principle stated above, this may create an ethical dilemma for the candidate when seeking patients to sit for the exam.

Candidates should refrain from the following:

1. Reimbursements between candidates and patients in excess of that which would be considered reasonable (remuneration for travel, lodging and meals).
2. Remuneration for acquiring patients between licensure applicants.
3. Utilizing patient brokering companies.
4. Delaying treatment beyond that which would be considered acceptable in a typical treatment plan (e.g. delaying treatment of a carious lesion for 24 months).

2. Patient Involvement and Consent: The ADA Code, Section 1, Principle: Patient Autonomy states that "the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities." Candidates and dental examiners support patient involvement in the clinical examination process by having a written consent form that minimally contains the following basic elements:

1. A statement that the patient is a participant in a clinical licensure examination, that the candidate is not a licensed dentist, a description of the procedures to be followed and an explanation that the care received might not be complete.
2. A description of any reasonably foreseeable risks or discomforts to the patient.
3. A description of any benefits to the patient or to others which may reasonably be expected as a result of participation.
4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the patient.
5. An explanation of whom to contact for answers to pertinent questions about the care received.
6. A statement that participation is voluntary and that the patient may discontinue participation at any time without penalty or loss of benefits to which the patient is otherwise entitled.

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3. Patient Care: The ADA Code, Section 3, Principle: Beneficence states that the dentist has a "duty to promote the patient's welfare." Candidates can do this by ensuring that the interests of their patient are of primary importance while taking the exam. Examiners contribute to this by ensuring that candidates are adequately monitored during the exam process such that the following treatment does not occur:

1. Unnecessary treatment of incipient caries.
2. Unnecessary patient discomfort.
3. Unnecessarily delaying examination and treatment during the test.

4. Follow-Up Treatment: The ADA Code, Section 2, Principle: Nonmaleficence states that "professionals have a duty to protect the patient from harm." To ensure that the patient's oral health is not jeopardized in the event that he/she requires follow-up care, candidates and dental examiners should make certain that the patient receives the following:

1. A clear explanation of what treatment was performed as well as what follow-up care may be necessary.
2. Contact information for pain management.
3. Complete referral information for patients in need of additional dental care.
4. Complete follow-up care ensured by the mechanism established by the testing agency to address care given during the examination that may need additional attention.

Sources:

1. Dr. Lloyd A. George Nov. 3, 2005 Letter to Dr. James W. Antoon, chair CEBJA
2. CEBJA March 2, 2006 Strategic Issue Discussion – Use of Patients in Clinical Licensure Examinations
3. Richard R. Ranney, D.D.S., et al., "A Survey of Deans and ADEA Activities on Dental Licensure Issues" Journal of Dental Education, October 2003
4. Allan J. Formicola, D.D.S., et al., "Banning Live Patients as Test Subjects on Licensing Examinations," Journal of Dental Education, May 2002
5. "The Agenda for Change," Objectives Developed at the Invitational Conference for Dental Clinical Testing Agencies by representatives of the clinical testing agencies and other organizations with an interest in dental licensure sponsored by the American Dental Association. It is considered informational and does not represent policy of the ADA. March 4, 1997
6. ASDA Resolution 202RC-2005, Revision of Policy L-1 Initial Licensure Pathways
7. Position Statement of the American Association of Dental Examiners in Response to ADA Resolution 64H, Oct. 12, 2001
8. ADA HOD Resolution 34-2006, Definition of Curriculum Integrated Format
9. ADA HOD Resolution 20H-2005, Elimination of the Use of Human Subjects in Clinical Licensure/Board Examinations
10. ADA House of Delegates (HOD) Resolution 64H-2000, Elimination of the Use of Human Subjects in Clinical Licensing/Board Examinations
11. CEBJA is the ADA agency responsible for providing guidance and advice and for formulating and disseminating materials on ethical and professional conduct in the practice and promotion of dentistry.
12. The entire text of the ADA Principles of Ethics and Code of Professional Conduct can be found on the ADA website at www.ada.org.

October 2008

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Application Cover Sheet

1. Applicant/Agency/Institution/Affiliation:

2. Please attach one electronic copy of the applicant agency/institution/affiliation's tax exempt status (e.g. IRS 501 (c) (3), other certification of immunity from taxation, or W-9 form) to this application.

3. Total Project Duration: From _____ to _____

4. Budget request: \$ _____

5. Name and Title of Project Leader: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

6. Name and title of Applicant's Authorized Representative, if relevant.
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

7. Signature of Project Leader: _____ Date: _____

Only the original signatures of the designated individuals are acceptable. Signatures verify that all information in this application is true, complete and accurate to the best of the individual's knowledge.

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Proposal Preparation and Instructions

Submission Deadline: December 26, 2011

Contact: Lois Haglund
Portfolio RFP
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
haglundl@ada.org
312-440-2694

Items A through F are required materials to be included, in order, in your proposal. The completed proposal in electronic format must be submitted by December 26, 2011 to haglundl@ada.org. If electronic submission is not available, please mail 10 (ten) CDs or hard copies by December 26, 2011 to the above address.

- A. Cover sheet
- B. Table of Contents that labels each of the following sections of the proposal:
 1. An abstract of the proposed project. The abstract should serve as a concise and accurate description of the proposed work when it is separated from other application materials.
 2. A Proposal Narrative that includes the information listed below. This section of the application should be no more than 10 pages, double-spaced in 11-point type with one-inch margins. All pertinent figures, charts, tables should be included in this section.
 - a. Relevant background information for the proposed activity, high-lighting how the proposed project meets the objective of the RFP.
 - b. The model, process and protocols for the project, including administration, scoring and security.
 - c. A description of the software technology and any related technology requirements for the exam and implementation to be employed in the project including
 - i. A clear description of how any data is to be collected and how it is to be organized to facilitate the production of sample reports, and
 - ii. The details of proposed analytic methods, statistical tools or software applications to be used.
- C. Proposed Budget including a breakdown of the details of each expenditure category for which the funds are requested.
- D. The qualifications of the principal investigator and other key members of the project team (including consultants) should be briefly described in the Proposal Narrative and included on the Biographical Data Form.
- E. Brief description of the adequacy of the project's timetable and of other key project resources to reach the stated objectives.
- F. Appendices are to be used only as necessary, but should include
 - a. Literature cited, including complete titles and all authors
 - b. Current biographical data forms for key project team members

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- c. For proposals that include the participation or collaboration of organizations or individuals outside of the applicant agency, a letter of agreement documenting each agency's and any consultant's willingness to cooperate, should be included. The letter must include a description of their roles in the project.
- d. Contact information for five references (if possible) from projects similar in size, application and scope and a brief description of their implementation.

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December 13, 2010

Delegates move forward on national licensure exam

By Karen Fox



Dr. Kennedy

Orlando, Fla.—The 2010 ADA House of Delegates underscored its commitment to developing a national clinical licensure examination that evaluates candidates in accordance with Association policies on live patients.

The action follows a year-long study by an ADA workgroup and some new innovations in state licensure. In passing Resolution 42H-2010, the House initiated a request-for-proposals process for the “development of a portfolio-style examination for licensure purposes designed to assess a candidate’s clinical competence with a third-party assessment that is valid and reliable psychometrically, including a complementary written/interactive examination to assess issues not deemed adequately addressed in the portfolio model, such as ethics and professionalism.”

“The House has said, in clear terms, a new examination process must be developed,” said Dr. Samuel B. Low, the ADA 17th District trustee who was recently appointed chair of a new workgroup brought together by Res. 42H-2010.

“There is no doubt there is a schism between the examining community, the academic community and practicing community on this issue, but we are going to have to start collaborating so that we can achieve the best of all worlds: that is, live patient examinations, quality psychometrics, and a written exam that deals with ethics and treatment planning,” said Dr. Low. “I truly believe we can do this.”

The idea of having one national exam that assesses clinical competence of dental graduates dates back to the early 1900s. What’s new are alternative methodologies for evaluating competency for initial licensure and concerns over the ethical treatment of patients, such as the growth of “patient brokers,” or business interests that identify “ideal” patients for testing services and sell those services to students.

“What we need is an exam that meets the needs of everyone,” said Dr. Brian T. Kennedy, chair of the Council on Dental Education and Licensure. “That could be a portfolio-style assessment that is truly curriculum-integrated, one that evaluates more competencies and allows for outside objective evaluation that would protect the public, and one that avoids putting students in a situation where there is patient brokering for a snapshot, high-stakes exam.”



Dr. Low

A new workgroup will oversee the development and announcement of the RFP process in 2011 and

consideration of the received proposals in 2012. In addition to Dr. Low and Dr. Kennedy (the ADA representative to CDEL), the group includes Dr. Edward J. Vigna, ADA 10th District trustee; Dr. Patrick M. Lloyd (the American Dental Education Association representative to CDEL); Dr. David Perkins (the American Association of Dental Boards representative to CDEL); Dr. Christopher Salierno, ADA New Dentist Committee; and Brittany Bensch, American Student Dental Association.

The House of Delegates re-visited the issue of a national exam in 2009 with the consideration of Resolution 26S-1-2009, which called for the House to direct CDEL to study the development of a Part III examination of the National Boards that would evaluate clinical competency, ethics and professionalism in keeping with the ADA policy, Eliminating Use of Human Subjects in Board Examinations. That workgroup was chaired by Dr. William R. Calnon, now ADA president-elect; and included Dr. Charles H. Norman, ADA 16th District trustee; Dr. Kennedy; Dr. Lloyd; and Dr. Perkins.

With representation from the practice, education and examining communities, the workgroup held frank discussions of issues related to dental licensure.

"I don't think there was an opinion that was not voiced and not voiced strongly," said Dr. Kennedy. "We took this issue apart from every angle we could trying to find common ground and move things forward. In the end, we agreed that if the concept of a national exam is to be viable, it would have to address the concerns of all parties. The ADA can facilitate that process."

(Read more about the 26S-1 workgroup at www.ada.org/news/3915.aspx.)

The workgroup studied the perspectives and policies of the licensure community, as well as dental educators and students; the history of dental licensure; alternative initial licensing methods now in use; and California's recently enacted legislation making the state the first in the nation to create a dental school-based portfolio examination process.

Many are watching California as the state unveils a new licensure process that gives dental students the option of taking a school-based licensure exam that allows them to build a portfolio of completed clinical experiences and competency exams in seven subject areas over the entire course of their final year of dental school.

(Read more about the legislation at www.ada.org/news/4890.aspx.)

The workgroup zeroed in on portfolio-style assessments, which are conducted using patients of record, as a methodology that shows great promise and supports policies on the ethical treatment of patients, said Dr. Kennedy. Portfolio assessments could also address the examining community's concerns over the lack of fidelity in simulation alternatives that do not involve live patients.

The strength of Res. 42H-2010 is that it's a compromise resolution, added Dr. Low.

"With a portfolio-style assessment, you still have a live patient but not in a scenario where the patient can be used for a particular objective and possibly never seen again," said Dr. Low. "I think that is why the House reinforced the elimination of live patients but also sought a compromise that enables the dexterity of dental students to be tested."

A secondary challenge facing the workgroup is whether states will accept one national exam.

"States have the right to accept any examination or methodology for initial licensure that they choose," said Dr. Kennedy. "However, if we can come up with something objective that allows for independent evaluation and meets state boards' regulatory obligations to protect the public, we can move toward broader acceptance." He likened a national exam to licensure by credentials, which was initially met with some resistance but is now accepted in 46 states.

"This will be an evolutionary process," said Dr. Kennedy. "If it's something that makes sense, is economically feasible and can be ethically accomplished, the states have no objective reason not to consider its implementation.

"As more states utilize the process," Dr. Kennedy continued, "there will be less rationale to administer a less comprehensive examination process with all the problems we know to be associated with it."

Developing and administering an exam has high start-up costs and ongoing administrative costs for dental boards, schools and students. "The request for proposals will give us a more accurate estimation of the financial implications," said Dr. Low.

The workgroup will begin its meetings in 2011.

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October 18, 2010

California OKs nation's first portfolio exam for licensure

By Karen Fox

Sacramento, Calif.—Dental students in California will soon have a new pathway for obtaining initial licensure. Last month the state became the first in the nation to create a dental school-based portfolio examination process.

A multiyear lobbying effort resulted in Gov. Arnold Schwarzenegger signing Assembly Bill 1524 Sept. 29. Once regulations are adopted, students will have the option of taking a school-based licensure exam that allows them to build a portfolio of completed clinical experiences and competency exams in seven subject areas over the entire course of their final year of dental school.

The Dental Board of California sponsored the measure with support from the California Dental Association and all six California dental schools.

"CDA is very pleased and proud to have been an active participant with the board and the dental schools in the development of AB 1524," said Dr. Thomas Stewart, California Dental Association president. "As chair of the dental board's examinations committee, Dr. Stephen Casagrande has exercised tremendous leadership over the last two years in bringing all parties together to build this exciting new licensure option for California dental students."

With the passage of AB 1524, California joins Minnesota, New York, Connecticut and Washington as states at the forefront of bold new licensure initiatives.

In 2009, Minnesota became the first state to offer a nonpatient based clinical licensure exam when the Minnesota Board of Dentistry approved the National Dental Examining Board of Canada's two-part exam, starting in May 2010 for graduates of the University of Minnesota School of Dentistry. The board based its decision on increased collaboration with the dental school that showed board members how students are admitted, progressed and clinically evaluated. In addition to a written component, the NDEBC exam includes a nonpatient based objective, structured clinical exam. Officials at the UM dental school said that 26 out of 101 graduates opted to take the NDEBC

ADA policy on live patients, curriculum-integrated format, PGY1 detailed

While the ADA recognizes and supports the state's right to regulate dental licensure, the Association has adopted policies on a number of licensure topics, including the elimination of human subjects from the clinical licensure examination process and exams that evaluate students while they are still in dental school.

Ten years ago, the ADA House of Delegates passed Resolution 64H-2000 which called for the elimination of human subjects from licensure exams by 2005, a goal that was reaffirmed by the 2005 House. Res. 20H-2005 also supported the curriculum-integrated format of licensure exams that evaluate dental students while they are in dental school.

In 2003, the House amended the Guidelines for Licensure and Policy on Dental Licensure to state that the clinical exam requirement for initial licensure may be met by successful completion of a one-year, CODA-accredited postgraduate program in general dentistry that contains competency

exam in 2010.

The portfolio licensure exam process in California replaces the clinical exam administered by the dental board. CDA officials say that exam was rarely taken in recent years as students have had the option of taking the Western Regional Examining Board's exam since 2005. The WREB exam will continue to be an option for candidates for initial licensure. In fact, candidates who seek greater mobility in practice may prefer to take the WREB exam, as it is accepted in 15 states. At least for now, candidates opting for the school-based portfolio exam process will be limited to practicing in California.

According to a CDA statement, the portfolio exam process will work like this: "The portfolio licensure exam model created by AB 1524 will allow students at the six California dental schools to complete the licensure process over the course of their final year in dental school instead of waiting until after graduation. If they choose this option, students will be required to complete specific clinical experience benchmarks in seven categories and pass a final assessment in each area whenever they and the dental school faculty feel they are ready. Once all experience benchmarks and assessments have been completed satisfactorily, the students will submit their finished portfolio to the Dental Board for final approval and licensure."

Even though the new law becomes effective Jan. 1, 2011, the dental board will need time to adopt and obtain approval for the regulations containing the more detailed structure of the portfolio exam process, which will likely take one to two years. Each dental school will then be required to develop its own process, calibrate faculty examiners and make the portfolio exam available to students.

"Although the implementation phase will take some time and will vary by school, we are delighted to be launching this process with the enactment of AB 1524," said Dr. Stewart.

"California is now at the forefront of an exciting new era in dental licensure, and CDA is pleased to be a part of it."

Candidates for initial licensure in California have other options, too.

Since 2008, the state has accepted a 12-month general practice residency or advanced education in general dentistry program accredited by the ADA Commission on Dental Accreditation as an alternative to a clinical licensure exam. In 2007, New York began requiring that candidates for initial licensure complete a year-long

assessments (or in an ADA-recognized dental specialty program).

In 2007 the Council on Dental Education and Licensure—with input from the American Student Dental Association, American Association of Dental Examiners (now the American Association of Dental Boards) and the American Dental Education Association—developed a definition of the curriculum-integrated format, which the 2007 House adopted in Res. 1H-2007. That definition called for independent third-party assessment while stating that if live patients are used, they should be patients of record and that treatment should be provided within the school year as part of the normal treatment plan. The definition also calls for the exam to be given multiple times during the school year and encourages remediation.

Most recently, the 2009 House of Delegates directed the Council on Dental Education and Licensure to study the feasibility of a new Part III examination of the National Boards that would evaluate clinical competency, ethics and professionalism in keeping with the 2005 ADA policy on the use of human subjects. A workgroup appointed by ADA Immediate Past President Ron Tankersley has been studying that issue for the past year and submitted a report to the 2010 House, which was meeting in Orlando, Fla., at press time for this issue of the ADA News.

To read more about dental licensure, visit www.ada.org/489.aspx.

postgraduate residency (also known as PGY1) in lieu of taking an exam. Minnesota, Connecticut and Washington state also permit graduates the option of completing a PGY1.

California is also one of 46 states that offer licensure by credentials.

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Dental Board

		FINAL				
REVENUES	FY11 Estimated Budget	FY11 Actual as of 9.30.11	FY11 % Spent (Actual/Budget)	FY12 Estimated Budget	FY12 Actual as of 03.31.12	FY12 % Spent (Actual/Budget)
Prior FY Carryover of fees	180,568.18	180,568.18	100%	147,910.69	147,910.69	100%
204 Intra-State Transfers	252,599.00	157,119.49	62%	104,339.00	-	0%
401 Licensing Fees (new and renewal)	729,999.82	734,608.87	101%	770,589.31	815,508.40	106%
401 §8.2 reimbursement receipts					60,532.00	
Revenue Total	1,163,167.00	1,072,296.54	92%	1,022,839.00	1,023,951.09	100%
Class EXPENDITURES						
101 Personnel	653,563.00	651,650.49	100%	585,275.00	411,022.26	70%
202 In-State Travel	10,000.00	8,241.53	82%	9,500.00	5,917.02	62%
203 State Vehicle Operation	3,000.00	2,171.40	72%	2,500.00	1,427.94	57%
204 State Vehicle Depreciation	2,160.00	-	0%	2,160.00	-	0%
205 Out-of-State Travel	4,831.00	1,978.90	0%	3,500.00	3,965.43	0%
301 Office Supplies	510.00	448.19	88%	7,500.00	5,866.84	78%
309 Printing and Binding	490.00	(2,558.75)	-522%	9,000.00	5,859.93	65%
313 Postage	500.00	(5,649.55)	-1130%	9,000.00	9,847.25	109%
401 Communications	8,500.00	8,243.60	97%	9,500.00	7,375.36	78%
402 Rentals	50,118.00	43,482.73	87%	50,200.00	41,235.54	82%
405 Professional & Scientific Services	4,900.00	1,808.50	37%	2,500.00	2,937.50	118%
406 Outside Services	1,000.00	(1,476.26)	-148%	1,750.00	18,169.35	1038%
407 Intra-State Transfers	100.00	28.12	28%	100.00	13.88	14%
409 Outside Repairs	2,000.00	1,797.35	90%	1,000.00	488.00	49%
411 Attorney General Reimbursement	22,000.00	19,134.61	87%	-	-	0%
412 Auditor of State Reimbursement	2,000.00	1,242.97	62%	-	-	0%
414 Reimbursement to other Agencies	4,000.00	1,838.94	46%	15,500.00	12,119.89	78%
416 ITD Reimbursements	15,000.00	13,645.76	91%	23,600.00	9,380.67	40%
432 Gov Transfer Attorney General	-	-	0%	21,000.00	12,781.53	61%
433 Gov Transfer Auditor of State	-	-	0%	2,000.00	374.61	19%
501 Equipment/Non-Inventory	24,000.00	-	0%	1,221.00	-	0%
502 Office Equipment	1,100.00	498.00	45%	100.00	918.00	918%
503 Equipment/Non-Inventory	875.00	884.75	101%	50.00	-	0%
510 IT Equipment	281,414.00	176,939.57	63%	145,355.00	6,514.51	4%
601 Claims	-	-	0%	-	-	0%
602 Other Expenses & Obligations	96.00	25.00	26%	49,518.00	-	0%
701 Licenses	-	-	-	-	-	0%
705 Refund	10.00	10.00		10.00	-	
Expenditure Total	1,092,167.00	924,385.85	85%	951,839.00	556,215.51	58%
RECAP	FY11 Budget	FY11 TO DATE	FY11 %	FY12 Budget	FY12 TO DATE	FY11 %
Total Revenue	1,163,167.00	1,072,296.54	92%	1,022,839.00	1,023,951.09	100%
Total Expenditures	1,092,167.00	924,385.85	85%	951,839.00	556,215.51	58%
Balance	71,000.00	147,910.69		71,000.00	467,735.58	
Approp Close Out &/or Appeal Boards						
Estimated Carry Forward to next Fiscal Year	71,000.00	147,910.69		71,000.00	467,735.58	

REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: April 24-25, 2012
RE: Application for License – John Cheek, D.D.S.
SUBMITTED BY: Licensure/Registration Committee
ACTION REQUESTED: Board Action on Committee Recommendation

(For Open Session -Confidential Info. Redacted from Summary)

Issue(s) for Committee Review

Dr. Cheek was licensed in Ohio. Dr. Cheek was disciplined on two occasions. Ultimately, Ohio filed charges against Dr. Cheek for poor record keeping as it related to sedation cases in 2007. Dr. Cheek complied with all of the terms of both orders. In 2011, the Ohio State Dental Board released Dr. Cheek from probationary status.

Background

9/1975	Dr. Cheek graduated from dental school at the Ohio State University.
9/1975	Dr. Cheek was issued a dental license in Ohio.
4/5/2002	Dr. Cheek entered into a consent agreement with the Ohio State Dental Board. <ul style="list-style-type: none"> In part, Dr. Cheek's license was temporarily surrendered. Dr. Cheek was also required to seek aftercare treatment, was subject to random UAs, and was under probation for 5 years. See order for further details.
12/5/2007	The Ohio State Dental Board filed charges against Dr. Cheek for poor record keeping as it related to his sedation cases.

Committee Recommendation

The Committee will provide its recommendation at the Board meeting.

Attached for Review

- ❖ Application for License (Confidential Info. Redacted)
- ❖ 2002 Ohio Board Order
- ❖ 2007 Ohio Board Orders

APPLICATION FOR IOWA DENTAL LICENSE

RECEIVED

IOWA DENTAL BOARD

400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
Ph. (515) 281-5157 http://www.dentalboard.iowa.gov

JAN 13 2012



Please read the accompanying instructions prior to completing this application.

Application by: _____ Examination _____ Credentials

1. IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle, Suffix)				Cheek, John Arthur			
Other Names Used: (e.g. Maiden)							
Home Address:				810 Old woods Road		Telephone:	
						614-436-1952	
City:		County:		State:		Zip:	
Columbus		Franklin		Ohio		43235	
Work Address:				4488 W. Broad Street		Telephone:	
						614-878-7778	
City:		County:		State:		Zip:	
Columbus		Franklin		Ohio		43228	
Home Fax:		Home E-mail:		Work Fax:		Work E-mail:	
—		jatml@hotmail.com		614-878-2725		—	
Social Security Number:		Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.					
[Redacted]							
Height:		Weight:		Hair Color:		Eye Color:	
6'2"		220 #		Lt. brown		green	
Identifying Marks:				U.S. Citizen?		If No, Visa Type or Alien Registration Number:	
none				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Birth:		City of Birth:		State of Birth:		Country of Birth:	
Oct. 28, 1949		Columbus		Ohio		USA	
Father's Full Name:				Mother's Full Name:			
Frank Louis Cheek				Louise Gertrude Cheek			
Full Name & Address of Nearest Relative Not Living With You:				271 Burns Dr.		Phone/Email Address:	
Linda Louise Armstrong sister				Westerville, Ohio		614-890-5455	

2. BASIS FOR APPLICATION

43081

EXAMINATION	PASS	DATE(S):
National Board Examination (Attach original or a notarized copy of National Board card reflecting scores.)	<input checked="" type="checkbox"/> Passed	
Central Regional Dental Testing Service (CRDTS) Western Regional Examining Board (WREB) American Board of Dental Examiners (ADEX) (Attach scores from each examination attempt.)	<input type="checkbox"/> Passed <input type="checkbox"/> Passed <input type="checkbox"/> Passed	N/A CB 2/22/12
Iowa Jurisprudence Examination (Required by every applicant.)	(not yet completed - 2/22/12) <input type="checkbox"/> Passed	
Other National, Regional, or State Licensure Examinations (List all other examinations taken. Include the date and scores.)	<input checked="" type="checkbox"/> Passed	1975
NERB Ohio Dental Licensing exam		

Office Use	Lic. #	Fec. CK # 1339 \$510	CPR:	Cert. License:
	Date issued:	F-prints: mailed 1-13-12	Clinical Exam(s):	References:
	Marriage Cert:	Cert. Education: ✓	Nat'l Bd: ✓ 4/74, 4/75	3 Yrs. Practice (Cred): ✓ 011
	Letter/Authorization: ✓	Diploma: ✓	Juris:	NPDB: ✓

Please use home address or e-mail

Name of Applicant John A. Cheek

3. PRELIMINARY EDUCATION

Name of High School: <u>North High School</u>	City, State: <u>Columbus, Ohio</u>	From (Mo, Yr): <u>9-1964</u>	To (Mo, Yr): <u>6-1967</u>
Name of College: <u>Ohio State University</u>	City, State: <u>Columbus, Ohio</u>	From (Mo, Yr): <u>9-1967</u>	To (Mo, Yr): <u>6-1972</u>
Name of College:	City, State:	From (Mo, Yr):	To (Mo, Yr):

4. DENTAL EDUCATION

Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1)			
Year (2)			
Year (3)			
Year (4) <u>Ohio State University</u>	<u>Columbus, Ohio USA</u>	<u>9-1972</u>	<u>9-1975</u>
Degree Received: <u>DDS</u>		Date of Degree: <u>September 1975</u>	

5. POST-GRADUATE DENTAL TRAINING

Institution: <u>Ohio State University</u>	Specialty: <u>Oral Surgery</u>	From (Mo, Yr): <u>6-76</u>	To (Mo, Yr): <u>6-1979</u>
Address: <u>305 W. 12th Ave</u>	City: <u>Columbus</u>	State/Providence: <u>Ohio 43210</u>	

6. CHRONOLOGY OF ACTIVITIES

Provide a chronological listing of all dental and non-dental activities from the date of your graduation from dental school to the present date, with no more than a three (3) month gap in time. Include months, years, location (city & state), and type of practice. Attach additional sheets of paper, if necessary, labeled with your name and signed by you. Attach a practice reference for each practice location in the last three (3) years.

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
<u>Private Practice Oral Surgery</u> <u>for location, see 1st pg of app. 2124/12CB</u>	<u>7-1979</u>	<u>present</u>
<u>7 month gap explained in questions</u> <u>(April - Sept, 2002)</u>		

7. LICENSE INFORMATION

List all state/countries in which you are or have ever been licensed.				
State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
<u>Ohio/USA</u>	<u>30.014928</u>	<u>9-1975</u>	<u>Permanent</u>	<u>Exam</u>

CONSENT AGREEMENT
BETWEEN
JOHN A. CHEEK, D.D.S.
AND
THE OHIO STATE DENTAL BOARD

This CONSENT AGREEMENT is entered into by and between, JOHN A. CHEEK, D.D.S., (DR. CHEEK) and THE OHIO STATE DENTAL BOARD, (BOARD), the state agency charged with enforcing the Dental Practice Act, Chapter 4715 of the Ohio Revised Code.

DR. CHEEK voluntarily enters into this AGREEMENT being fully informed of his rights under Chapter 119, Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudication hearing on the issues considered herein.

This CONSENT AGREEMENT is entered into on the basis of the following stipulations, admissions and understandings:

- A. The OHIO STATE DENTAL BOARD is empowered by Section 4715.30(A)(8), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for "inability to practice under accepted standards of the profession because of physical or mental disability, dependence on alcohol or other drugs, or excessive use of alcohol or other drugs."
- B. DR. CHEEK is currently licensed to practice dentistry in the State of Ohio.
- C. The OHIO STATE DENTAL BOARD enters into this CONSENT AGREEMENT in lieu of further formal proceedings based upon the violations of Section 4715.30(A)(8). The BOARD expressly reserves the right to institute additional formal proceedings based upon any other violations of Chapter 4715 of the Ohio Revised Code whether occurring before or after the effective date of this AGREEMENT.

WHEREFORE, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any further formal proceedings at this time, DR. CHEEK, knowingly and voluntarily agrees with the BOARD, to the following PROBATIONARY terms, conditions and limitations:

- 1. DR. CHEEK's, license to practice dentistry is indefinitely suspended. It is expressly understood that during this period of suspension the following conditions shall apply:
 - a. DR. CHEEK may employ a licensed operator, i.e., dentists, and dental hygienists, and dental assistant radiographers to perform dentistry or dental hygiene duties or otherwise treat patient during the period of suspension.

- b. DR. CHEEK may derive income from a legal or beneficial interest in a dental practice.
 - c. Continued advertising is permissible during the term of the suspension.
2. Prior to reinstatement, the BOARD shall review the documentation submitted pursuant to 2. a., b., and c., to determine whether DR. CHEEK is physically/mentally able to return to the practice of dentistry.
- a. DR. CHEEK shall provide to the BOARD a written report of evaluation by a treating practitioner, approved by the BOARD, indicating that DR. CHEEK is no longer drug or alcohol dependent and is able to practice dentistry in accordance with the accepted standards of the profession. This evaluation shall be in writing and shall state with particularity the basis for such determination.
 - b. DR. CHEEK shall provide the BOARD with documentation from an approved treatment provider that he has successfully completed treatment and is in compliance with any aftercare or outpatient treatment.
 - c. DR. CHEEK shall provide satisfactory documentation of continuous participation in a drug and alcohol rehabilitation program, such as AA or NA or Caduceus, approved in advance by the BOARD, for no less than three days per week, or as otherwise directed by the BOARD.
3. Upon reinstatement, DR. CHEEK's certificate shall be subject to the following PROBATIONARY terms, conditions and limitations for a period of five (5) years:
- a. DR. CHEEK shall obey all federal, state and local laws, and all rules governing the practice of dentistry in Ohio.
 - b. DR. CHEEK shall submit quarterly declarations under penalty of BOARD disciplinary action stating whether there has been compliance with all the conditions of this CONSENT AGREEMENT.
 - c. DR. CHEEK shall appear in person for quarterly interviews before the BOARD or its designated representative, or as otherwise directed by the BOARD.

- d. In the event that DR. CHEEK should leave Ohio for three (3) continuous months, or reside or practice outside the State, DR. CHEEK must notify the BOARD in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this period under the CONSENT AGREEMENT, unless otherwise determined by motion of the BOARD in instances where the BOARD can be assured that probationary monitoring is otherwise being performed.
- e. In the event DR. CHEEK is found by the Secretary of the BOARD to have failed to comply with any provision of this agreement, and is so notified of that deficiency in writing, such periods of noncompliance will not apply to the reduction of the probationary period under this CONSENT AGREEMENT.
- f. DR. CHEEK shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of DR. CHEEK's chemical dependency.
- g. DR. CHEEK shall abstain completely from the use of alcohol.
- h. DR. CHEEK shall participate in an aftercare program approved in advance by the Board. Participation must be for a minimum of one (1) year or until successful completion of the program, whichever occurs later. Failure to comply with any terms or conditions of the aftercare program may result in an automatic suspension of license to practice dentistry/dental hygiene.
- i. DR. CHEEK shall maintain participation in AA or NA, approved in advance by the BOARD no less than three days per week, or as otherwise directed by the BOARD. On a quarterly basis, DR. CHEEK shall submit acceptable documentary evidence of continuing compliance with this program to the BOARD. Failure to comply with terms of this paragraph may result in an automatic suspension of license to practice dentistry/dental hygiene.
- j. DR. CHEEK shall participate in a Caduceus program approved in advance by the BOARD. On a quarterly basis, DR. CHEEK shall submit acceptable documentary evidence of continuing compliance with this program to the BOARD.

- k. The BOARD reserves the right to request DR. CHEEK to submit to random urine screenings for drugs and alcohol, as directed by the BOARD, and shall submit results of such screening to the BOARD within seven (7) days of the screening. Failure to submit such results may result in automatic suspension of DR. CHEEK's license to practice dentistry.
- l. Further, the BOARD retains the right to require and DR. CHEEK agrees to submit additional random blood or urine specimens for analysis upon request and without prior notice, and shall submit results of such screening to the BOARD within seven (7) days of the screening. Failure to submit such results may result in automatic suspension of DR. CHEEK's license to practice dentistry. It is expressly agreed that DR. CHEEK's license to practice dentistry shall automatically be suspended indefinitely should any specimen test positive for alcohol/drugs, or should DR. CHEEK refuse to submit to a chemical test(s) of his blood, breath, or urine for purposes of determining his alcohol and/or drug content.
- m. If DR. CHEEK fails to comply with the terms and conditions of this CONSENT AGREEMENT, DR. CHEEK may be subjected to an automatic suspension of his license to practice dentistry.
- n. Upon successful completion of probation, DR. CHEEK's license will be fully restored.

If DR. CHEEK fails to comply with or violates this CONSENT AGREEMENT in any respect, the BOARD, after giving DR. CHEEK notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of DR. CHEEK's license to practice dentistry.

Any administrative action initiated by the BOARD based on alleged violation of this CONSENT AGREEMENT shall comply with the Administrative Procedure Act, Chapter 119, Ohio Revised Code.

DR. CHEEK acknowledges and understands that this CONSENT AGREEMENT shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code and may be reported to any appropriate data bank or reporting agency.

DR. CHEEK waives any and all claims he may have against the State of Ohio, the BOARD and members, officers, employees and/or agents of either, arising out of matters which are the subject of this CONSENT AGREEMENT.

DR. CHEEK acknowledges that he has had adequate opportunity to ask questions concerning the terms of this CONSENT AGREEMENT and that all questions asked have been answered in a satisfactory manner.

WHEREFORE, in consideration of the mutual promise contained herein, and subject to the conditions and limitations stated herein, the BOARD hereby suspends the disciplinary proceeding against DR. CHEEK pending successful completion of these terms and conditions.

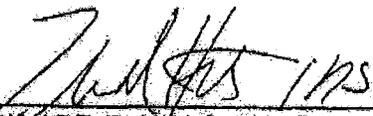
It is expressly understood that this CONSENT AGREEMENT is subject to ratification by the BOARD prior to signature by the President and Secretary and shall become effective upon the last date of signature below.



JOHN A. CHEEK, D.D.S.

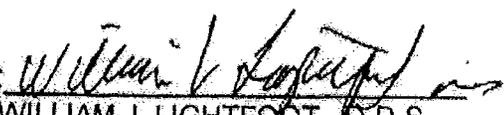
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DATE

OHIO STATE DENTAL BOARD

By: 

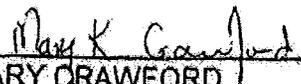
EDWARD R. HILLS, D.D.S.
President

4-17-02
DATE

By: 

WILLIAM J. LIGHTFOOT, D.D.S.
Secretary

4/17/02
DATE



MARY CRAWFORD
Assistant Attorney General
Counsel for the Ohio State Dental Board

4/18/02
DATE



Ohio State Dental Board

Lili C. Reitz, Esq.
Executive Director

77 South High Street, 18th Floor
Columbus, Ohio 43219-6135

614/466-2580

Fax # 614/752-8995

www.state.oh.us/den

Edward P. Hills, D.D.S.
President

Eleanora Avodella, D.D.S.
Secretary

William J. Lightfoot, D.D.S.

T. Michael Murphy, D.D.S.

Paul Vesoulis, D.D.S.

Lynda L. Sabat, R.D.H.

Scott P. Borgemeke

September 20, 2002

John A. Cheek, DDS, MD
4488 West Broad Street
Columbus, OH 43228

Re: Reinstatement

Dear Dr. Cheek:

This letter will confirm that the Ohio State Dental Board (Board) reinstated your license to practice dentistry in the state of Ohio at its meeting on September 11, 2002.

Please be advised that your license is now subject to the probationary terms, conditions and limitations set forth in the consent agreement between you and the Board (copy attached) executed on April 17, 2002. Your license will be on probationary status, and you are subject to these probationary terms, for five (5) years, beginning on the date of reinstatement, which was September 11, 2002.

If you have questions or concerns regarding your consent agreement, please contact Assistant Director Michael R. Everhart at the Board office.

Sincerely,

WILLIAM J. LIGHTFOOT, DDS
Acting Secretary

OHIO STATE DENTAL BOARD
77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OHIO 43215-6135

December 5, 2007

IN RE: The Suitability of)
 John A. Cheek, D.D.S., MD)
 License No. 30-014928)
 To Retain His License)
 To Practice Dentistry)

TO: John A. Cheek, D.D.S., MD)
 4488 W. Broad Street)
 Columbus, Ohio 43228)

**NOTICE OF OPPORTUNITY
FOR HEARING**

Case No. 04-25-0627

NOTICE OF OPPORTUNITY FOR HEARING

In accordance with Chapter 119. and Chapter 4715. of the Ohio Revised Code, you are hereby notified that the Ohio State Dental Board intends to determine whether or not to warn, reprimand or otherwise discipline you or to suspend or revoke your license to practice dentistry in Ohio for one or more of the following reasons.

COUNT 1

During your surgical treatment of the following patients, you failed to maintain a complete and time oriented anesthesia record:

<u>Patient No.</u>	<u>Date(s) of Treatment</u>
1	4/22/03 - 11/12/04
2	3/15/05-4/13/05
3	3/7/06-3/17/06
4	11/23/04 – 1/11/05
5	4/6/04 – 5/14/04
6	9/21/04
7	12/23/03 – 1/2/04
8	5/14/03
9	10/3/03
10	11/22/02 – 12/30/02
11	11/25/02

COUNT 2

During your surgical treatment of the following patients, you failed to properly document and/or failed to perform continuous monitoring including heart rate, blood pressure, respiratory rate, and/or oxygen saturation:

<u>Patient No.</u>	<u>Date(s) of Treatment</u>
1	4/22/03 - 11/12/04
2	3/15/05-4/13/05
3	3/7/06-3/17/06

4	11/23/04 – 1/11/05
5	4/6/04 – 5/14/04
6	9/21/04
7	12/23/03 – 1/2/04
8	5/14/03
9	10/3/03
10	11/22/02 – 12/30/02
11	11/25/02

COUNT 3

During your surgical treatment of the following patients, you intubated the trachea of the patient, but failed to monitor their end tidal CO2:

<u>Patient No.</u>	<u>Date(s) of Treatment</u>
1	4/22/03 - 11/12/04
2	3/15/05-4/13/05
4	11/23/04 – 1/11/05

COUNT 4

You administered inappropriate outpatient general anesthesia and performed surgical procedures on Patients 1, 2, 4, 6, 7, 8, 9, in your dental office. The decision to treat these patients in your office in this fashion put them at unnecessary risk based on their medical histories and physical status.

COUNT 5

You failed to properly document and/or monitor accurate vital sign readings for Patients 1-11. In fact, your records note standard vital sign readings for each patient, regardless of age, physical status, and/or medical condition.

COUNT 6

You failed to start an intravenous line prior to induction of general anesthesia (where appropriate), or after induction of general anesthesia and before initiation of surgery (where appropriate), for Patients 1 and 4-11.

COUNT 7

On or about November 12, 2004, you administered Fluothane to Patient 1 as an induction agent with nitrous oxide and oxygen for general anesthesia on this healthy adult whose only complaint was anxiety over the needle.

COUNT 8

During your treatment of Patient No. 6 on 9/21/04, you did not obtain a preoperative cardiac consultation on a patient with a medical history of coronary artery disease (status-post angioplasty), hypertension, hyperlipidemia and anxiety disorder, and furthermore administered an inhalation anesthetic agent which is a myocardial depressant in an office setting.

COUNT 9

You failed to maintain documentation from an outside calibration agency verifying that your anesthesia equipment is properly calibrated on an annual basis.

COUNT 10

Your patient records for Patients 1-11 are of poor quality. This includes, but is not limited to, failure to include necessary accurate information, and the use of letters and symbols in a fashion that cannot be interpreted by other health care providers, which places your patients at risk.

COUNT 11

In your care and treatment of Patients 1-11, you demonstrate a pattern of unsafe practice which places your patients at unnecessary risk.

The conduct described in counts 1-11 above constitutes dental care that departs from or fails to conform to the acceptable standard of care for dentistry. In accordance with Section 4715.30(A)(7) of the Ohio Revised Code:

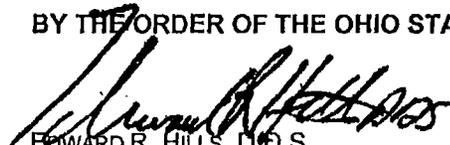
The holder of a certificate or license issued under this chapter is subject to disciplinary action by the state dental board for any of the following reasons: (7) Providing or allowing dental hygienists or other practitioners of auxiliary dental occupations working under the certificate or license holder's supervision, or a dentist holding a temporary limited continuing education license under division (C) of section 4715.16 of the Revised Code working under the certificate or license holder's direct supervision, to provide dental care that departs from or fails to conform to accepted standards for the profession, whether or not injury to a patient results;

Pursuant to Chapter 119 of the Ohio Revised Code, you are advised that you are entitled to a hearing on this matter. If you wish to request such a hearing, the request must be made in writing and must be received in the offices of the Ohio State Dental Board within thirty (30) days of the date of the mailing of this Notice.

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or you may present your position, arguments or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing made within thirty (30) days of the date of the mailing of this Notice, the Ohio State Dental Board may, in your absence, and upon consideration of the foregoing charges, in its discretion, warn, reprimand or otherwise discipline you, or suspend or revoke your license.

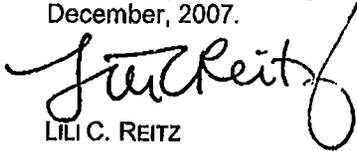
BY THE ORDER OF THE OHIO STATE DENTAL BOARD


EDWARD R. HILLS, D.D.S.
Secretary

SEAL

Notice of Opportunity (cont'd)
John A. Cheek, D.D.S., MD
Case No. 04-25-0627
Page 4

I, Lili C. Reitz, Executive Director of the Ohio State Dental Board, hereby certify that the foregoing Notice of Opportunity for Hearing was mailed to John A. Cheek, DDS by Certified U.S. Mail, on this 6th day of December, 2007.



LILI C. REITZ

Executive Director

S E A L

Certified Mail No. 70063450000372571073

**CONSENT AGREEMENT
BETWEEN JOHN C. CHEEK, DDS, MD
AND
THE OHIO STATE DENTAL BOARD**

This CONSENT AGREEMENT is entered into by and between JOHN A. CHEEK, DDS, MD (DR. CHEEK) and THE OHIO STATE DENTAL BOARD (BOARD), the state agency charged with enforcing the Dental Practice Act, Chapter 4715 of the Ohio Revised Code.

DR. CHEEK enters into this CONSENT AGREEMENT being fully informed of his rights afforded under Chapter 119, Ohio Revised Code, including the right to representation by counsel and a right to a formal adjudication hearing on the issues considered herein. DR. CHEEK acknowledges and agrees that he was duly notified of these rights by way of the December 5, 2007 Notice of Opportunity for Hearing, attached hereto as Appendix A and incorporated herein by this reference.

This CONSENT AGREEMENT is entered into on the basis of the following stipulations, admissions, and understandings:

- A. The BOARD is empowered by Section 4715.30, Ohio Revised Code, to suspend, revoke, place on probation, limit, or censure a certificate holder for violation of any of the enumerated grounds.
- B. DR. CHEEK is licensed to practice dentistry in the State of Ohio, License No. 30.014928.
- C. On December 5, 2007 the Board issued a Notice of Opportunity containing 11 counts involving 11 patient records and alleging a deviation from accepted standards of care, including the failure to properly keep and maintain complete records.
- D. DR. CHEEK acknowledges the Dental Board had legitimate concerns about the cases specified in the Notice of Opportunity, and specifically admits the substandard record keeping at those times indicated in the Notice, i.e., up to Feb. 2006.
- E. Both parties acknowledge that testimony and evidence has already been

taken in this matter extending over multiple months and that both parties are more informed of the allegations and evidence supporting their respective positions, and mitigation factors, including DR. CHEEK's implementation of multiple record keeping, monitoring, and equipment modifications in his practice.

WHEREFORE, in consideration of the BOARD suspending the disciplinary proceedings with respect to the Notice of Opportunity for Hearing dated December 5, 2007, DR. CHEEK knowingly and voluntarily agrees to the following terms, conditions, and limitations:

1. DR. CHEEK's General Anesthesia permit will be subject to the following terms and conditions:

- a. On a date mutually agreed upon, DR. CHEEK shall successfully perform two (2) live general anesthesia cases under observation by a Board approved consultant(s). Simulated cases will not be acceptable. The costs for this evaluation, including any costs for the consultant(s) at \$400.00 per case, will be paid for by DR. CHEEK. The Board shall not designate as its consultant any person who had any prior involvement in the pending matter on behalf of the BOARD.
- b. If requested by the Board, DR. CHEEK shall have an office anesthesia evaluation performed by the Ohio Society of Oral and Maxillofacial Surgeons every year for three years and the results of each evaluation must be sent to the Board within 30 days of receipt of said evaluation.
- c. DR. CHEEK shall complete twenty (20) hours of education through a BOARD approved course in general anesthesia. It is expressly understood that the twenty (20) hours of education shall be in addition to the forty (40) hours of continuing education credit required for renewal of his license under R.C. § 4715.141.
- d. DR. CHEEK shall take and pass an outcome assessment test on the education set forth in paragraph (c) with a score of at least 80%. This test will be administered at the BOARD office.
- e. The requirements set forth in paragraphs (a), (c) and (d) above shall be successfully completed within ninety (90) days from the date that the Board ratifies this CONSENT AGREEMENT.

2. DR. CHEEK'S license to practice dentistry shall be subject to the following terms and conditions for a period of two (2) years:

2

- a. DR. CHEEK shall fully cooperate with the BOARD investigators in future inspections and evaluations in accordance with law;
 - b. Further, upon BOARD request, DR. CHEEK shall make any or all of his patient records available for inspection and review. At the BOARD's discretion, such records may be reviewed by a consultant to the BOARD;
 - c. DR. CHEEK shall obey all federal, state and local laws, and all rules governing the practice of dentistry in Ohio.
3. DR. CHEEK agrees to file a voluntary dismissal with prejudice of the public records mandamus action filed against the Board in Franklin County Common Pleas Court, Case No. 09-CVH-02-2656.
 4. DR. CHEEK agrees that if, in the discretion of the Secretary of the BOARD, he appears to have violated or breached any term or condition of this CONSENT AGREEMENT, the BOARD has the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this CONSENT AGREEMENT.

Any actions initiated by the BOARD based on alleged violations or breaches of this CONSENT AGREEMENT shall comply with the Administrative Procedures Act, Chapter 119, Ohio Revised Code.
 5. DR. CHEEK, with the intention of binding himself and his successors in interest and assigns, holds harmless from liability and forever discharges the State of Ohio, the BOARD, and any of their members, officers, attorneys, agents, and/or employees, personally or in their official capacities, from any and all claims that were raised or could have been raised in or relating to this matter, including, but not limited to, costs, expenses, attorney fees, and/or all other damages.
 6. DR. CHEEK acknowledges that he has had an opportunity to ask questions concerning the terms of this CONSENT AGREEMENT and that all questions asked have been answered in a satisfactory manner.

WHEREFORE, in consideration of the mutual promises contained herein, and subject to the terms, conditions, and limitations stated herein, the BOARD hereby agrees to suspend the disciplinary proceedings against DR. CHEEK pending successful completion of these terms and conditions.

~~Katherine Bockbrader~~
Katherine Bockbrader, ESQ
Assistant Attorney General

4-8-09
DATE

15

**OHIO
STATE
DENTAL
BOARD**

April 8, 2011

Lili C. Reitz, Esq.
Executive Director

614-466-2580/tel
614-752-8995/fax

Billie Sue Kyger, D.D.S.
President

Lawrence B. Kaye, D.D.S.
Vice President

William G. Leffler, D.D.S.
Secretary

Ketki B. Desai, D.D.S.
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Clifford Jones, R.D.H.

Linda L. Staloy, R.D.H.

Constance F. Clark, R.D.H.

James J. Lawrence

77 S. High Street, 17th Floor
Columbus, Ohio 43215-6135

John A. Cheek, D.D.S.
4488 W. Broad St.
Columbus, OH 43228

RE: Case # 04-25-0627

Dear Dr. Cheek:

On or about April 8, 2009, you entered into a Consent Agreement with the Ohio State Dental Board, wherein your license was subject to probationary conditions for a minimum of two (2) years.

You have substantially complied with the terms of the Consent Agreement and have fulfilled the probationary terms. Your license to practice dentistry in the state of Ohio is now fully restored.

Your cooperation in this matter has been greatly appreciated.

Sincerely,

THE OHIO STATE DENTAL BOARD



WILLIAM G. LEFFLER, D.D.S.
Board Secretary

WGL/hm

C: File

Revised 4/19/12

REPORT TO THE IOWA DENTAL BOARD

FYI

DATE OF MEETING: April 24-25, 2012
RE: **Presentation: Public Health Supervision**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: None, FYI only

Background

Board rules authorize a dentist to provide supervision to a dental hygienist if the dentist has an active Iowa license and the services are provided in public health settings. When working together in a public health supervision relationship, a dentist and a dental hygienist enter into a written agreement that specifies their respective responsibilities.

Public health supervision agreements are filed with the Oral Health Bureau of the Iowa Department of Public Health. The Oral Health Bureau is responsible for collecting the annual reports of services provided by dental hygienists working under public health supervision. Board rules specify that IDPH will provide summary reports to the Board on an annual basis.

I have invited Dr. Bob Russell, DDS, MPH to give a presentation to the Board at the April meeting about the public health supervision program. Dr. Russell is State Dental Director, Chief Oral Health Bureau, with the Iowa Department of Public Health.

For additional information about the history of PH supervision reports, please visit the IDPH website at: http://www.idph.state.ia.us/hpcdp/oral_health_reports.asp

Attached for Review:

- ❖ IPDH Calendar Year 2010 Services Report, Public Health Supervision of Dental **Assistants Hygienists**
- ❖ Template: Public Health Supervision Agreement
- ❖ Template: Dental Hygienist Public Health Supervision Reporting Form
- ❖ **4/18/12 Memorandum from Dr. Bobby Russell re: Request for Clarification of Public Health Supervision in Pre-School Settings**



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Calendar Year 2010 Services Report
Public Health Supervision of Dental Hygienists

Total Number of Dental Hygienists with Supervision Agreement: 63

Total Number of Dentists with Supervision Agreement: 42

Service	Total Provided	Total Clients Age 0-20	Total Clients Age 21+
Sealant	20,433	4,090	3
Prophylaxis	1,086	731	355
Open Mouth Screening	54,442	52,842	1,600
Fluoride Application	32,469	30,849	1,043
Education	17,377	19,658	1,470
Other (x-rays)	71	53	18

Referral to Dentist(s)			
Clients Age 0-20		Clients Age 21+	
Regular Care	Urgent Care	Regular Care	Urgent Care
25,724	3,982	1,151	288

PUBLIC HEALTH SUPERVISION AGREEMENT

Agreement Between:

Supervising Dentist's Name: _____

Work Address: _____

Work Phone: _____ **Work Fax:** _____

E-mail: _____ **License #:** _____

Dental Hygienist's Name: _____

Work Address: _____

Work Phone: _____ **Work Fax:** _____

E-mail: _____ **License #:** _____

Years of Clinical Practice Experience*: _____

* A minimum of three years of clinical practice experience is required.

Location (s) Where Services Will Be Provided:

A public health setting is limited to schools, Head Start Programs, federally qualified health centers, public health dental vans, free clinics, nonprofit community health centers; and federal, state, or local public health programs.

Public Health Setting (e.g. school, free clinic): _____

Clinic/Location Name or Service Site: _____

Address: _____

Phone: _____ **Fax:** _____

Public Health Setting (e.g. school, free clinic): _____

Clinic/Location Name or Service Site: _____

Address: _____

Phone: _____ **Fax:** _____

(If necessary, attach a separate sheet listing any additional locations.)

Consultation Requirements

A dentist in a public health supervision agreement must be available to provide communication and consultation with the dental hygienist. A dental hygienist working under public health supervision must maintain contact and communication with their supervising dentist. Specify the type (e.g. in person, telephone), frequency, and other details regarding how communication and consultation will be maintained:

Dental Records

Specify the procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist:

Location of Records: _____

Patient Considerations

A dental hygienist working under public health supervision must practice according to age and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient.

Medical conditions that require a dental evaluation prior to hygiene services:

Considerations for medically-compromised patients:

In addition, for each patient the hygienist must:

- **Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs.**

- **Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services.**

Standing Orders

Procedure: Oral Prophylaxis **Age Group:** _____

Standing Orders: _____

Period of time, no more than 12 months, in which an exam by a dentist must occur prior to providing this service to a patient again: _____

Procedure: Oral Prophylaxis **Age Group:** _____

Standing Orders: _____

Period of time, no more than 12 months, in which an exam by a dentist must occur prior to providing this service to a patient again: _____

Procedure: Educational Services **Age Group:** _____

Standing Orders: _____

Educational services can continue to be provided if no dental exam has taken place. Yes No

Procedure: Assessment/Screening **Age Group:** _____

Standing Orders: _____

Assessment/screening can continue to be provided if no dental exam has taken place. Yes No

Procedure: Fluoride Varnish **Age Group:** _____

Standing Orders: _____

Fluoride varnish can continue to be provided if no dental exam has taken place. Yes No

Procedure: Sealants **Age Group:** _____

Standing Orders: _____

Period of time, no more than 12 months, in which an exam by a dentist must occur prior to providing this service to a patient again: _____

Procedure: Sealants **Age Group:** _____

Standing Orders: _____

Period of time, no more than 12 months, in which an exam by a dentist must occur prior to providing this service to a patient again: _____

Procedure: _____ **Age Group:** _____

Standing Orders: _____

Period of time, no more than 12 months, in which an exam by a dentist must occur prior to providing this service to a patient again: _____

Continue on separate sheets as necessary for each procedure and age group.

Other Requirements

Indicate any other conditions or requirements for your supervision agreement here.

This public health supervision agreement must be reviewed at least biennially. A copy of the agreement must be mailed to the Oral Health Bureau at the Iowa Department of Public Health and made available to the Board of Dental Examiners upon request.

A dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of the program or in the case of an ongoing program, at least annually. The report shall be filed with the Oral Health Bureau of the Iowa Department of Public Health on forms provided by the department. For reporting forms, contact the department at the address and phone number specified below.

A copy of current board rules is attached.

I agree to provide public health supervision to the dental hygienist named herein according to the details specified in this public health supervision agreement and the rules of the Iowa Board of Dental Examiners.

Signature	Date
------------------	-------------

I agree to provide dental hygiene services according to the details specified in this public health supervision agreement and the rules of the Iowa Board of Dental Examiners.

Signature	Date
------------------	-------------

For questions regarding public health supervision rules, contact the Board of Dental Examiners at (515) 281-5157 or visit the Board's website at <http://www.state.ia.us/dentalboard> .

Maintain a copy of this agreement at each public health location where public health supervision is provided. A copy must also be mailed to:

**Iowa Department of Public Health
Oral Health Bureau
321 E. 12th St
Des Moines, IA 50319
Phone: (515) 281-3733 * Fax (515) 242-6384 * <http://www.idph.state.ia.us>**

650—10.5(153) Public health supervision allowed. A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist if the dentist has an active Iowa license and the services are provided in public health settings.

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; and federal, state, or local public health programs.

10.5(2) Public health supervision defined. “Public health supervision” means all of the following:

a. The dentist authorizes and delegates the services provided by a dental hygienist to a patient in a public health setting, with the exception that hygiene services may be rendered without the patient’s first being examined by a licensed dentist;

b. The dentist is not required to provide future dental treatment to patients served under public health supervision;

c. The dentist and the dental hygienist have entered into a written supervision agreement that details the responsibilities of each licensee, as specified in subrule 10.5(3); and

d. The dental hygienist has an active Iowa license with a minimum of three years of clinical practice experience.

10.5(3) Licensee responsibilities. When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities.

a. The dentist providing public health supervision must:

(1) Be available to provide communication and consultation with the dental hygienist;

(2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;

(3) Specify a period of time, no more than 12 months, in which an examination by a dentist must occur prior to providing further hygiene services. However, this examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement; and

(4) Specify the location or locations where the hygiene services will be provided under public health supervision.

b. A dental hygienist providing services under public health supervision may provide assessments; screenings; data collection; and educational, therapeutic, preventive, and diagnostic services as defined in rule 10.3(153), except for the administration of local anesthesia or nitrous oxide inhalation analgesia, and must:

(1) Maintain contact and communication with the dentist providing public health supervision;

(2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and

(5) Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist, including where these records are to be located.

c. The written agreement for public health supervision must be maintained by the dentist and the dental hygienist and must be made available to the board upon request. The dentist and dental hygienist must review the agreement at least biennially.

d. A copy of the agreement shall be filed with the Oral Health Bureau, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

10.5(4) Reporting requirements. Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the oral health bureau of the Iowa department of public health on forms provided and include information related to the number of patients seen and services provided to enable the department to assess the impact of the program. The department will provide summary reports to the board on an annual basis.

This rule is intended to implement Iowa Code section 153.15.

IOWA: Dental Hygienist Public Health Supervision Reporting Form

Dental Hygienist Name: _____

Supervising Dentist Name: _____

Beginning Service Date: _____ Ending Service Date: _____

Public Health Setting: (Check one)

- | | | |
|------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Public Health Dental Van | <input type="checkbox"/> Federal Public Health Program |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Free Clinic | <input type="checkbox"/> State Public Health Program |
| <input type="checkbox"/> Federally Qualified Health Center | <input type="checkbox"/> Nonprofit Community Health Center | <input type="checkbox"/> Local Public Health Program |

Clinic/Location Name or Service Site: _____

Address: _____

Service Provided	Total Number Provided	Total Number Clients Served Ages 0-20	Total Number Clients Served Ages 21+	Total Hygienist Hours
Sealant				
Prophylaxis				
Assessment/Screening				
Fluoride varnish application				
Education				
Other (please specify)				

Referral to Dentist(s)	Clients Age 0-20		Clients Age 21+	
	Regular Care	Urgent Care	Regular Care	Urgent Care

Dental Hygienist Signature: _____

This reporting form must be completed and returned to the Iowa Department of Public Health at least annually. Return to:

Iowa Department of Public Health
 Oral Health Bureau
 Attn: Public Health Supervision
 321 E. 12th Street
 Des Moines, IA 50319-0075



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

April 18, 2012

Memorandum to the Iowa Dental Board

RE: Clarification of Rules in Regards to Public Health Supervision in Pre-School Settings

Submitted By: Bob Russell, DDS, Public Health Dental Director

Action Required: Ruling on Definition of Pre-school vs. Child Care Centers As Accepted Sites for Public Health Supervision Activities

Background:

Public Health Supervision – definition of approved locations include schools and preschool settings. The current Iowa definition between Child Care Centers and Pre-schools lack clarity and often overlap. This has resulted in difficulty for dental hygienists operating under PHS agreements to determine when they might be out of compliance with IDB rules for acceptable locations as defined below:

The definition of "public health setting" in the Board's rules currently does not include child care centers:

[650 IAC 10.5(1)]

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

The current Iowa statutory language, depending on source, on Pre-schools and Child Care Centers are as follows:

(1) Iowa Department of Human Services [DHS] - This is from the IAC DHS rules about "Child Care Centers

441—109.1(237A) Definitions.

"Child care center" or "center" means a facility providing child day care for seven or more children, except when the facility is registered as a child development home. For the purposes of this chapter, the word "center" shall apply to a child care center or preschool, unless otherwise specified.

"Child care facility" or "facility" means a child care center, a preschool, or a registered child development home.

"Preschool" means a child day care facility which provides care to children aged three through five, for periods of time not exceeding three hours per day. The preschool's program is designed to help the children develop intellectual, social and motor skills, and to extend their interest in and understanding of the world about them.

This is from the IAC rules about accreditation of schools as defined by the Iowa Department of Education

General standards. 12.1(1)

Schools and school districts governed by general accreditation standards.

These standards govern the accreditation of all prekindergarten, if offered, or kindergarten through grade 12 school districts operated by public school corporations and the accreditation, if requested, of prekindergarten or kindergarten through grade 12 schools operated under nonpublic auspices.

281—12.2

Definitions 281 - 12.5(1)

Prekindergarten program.

If a school offers a prekindergarten program, the program shall be designed to help children to work and play with others, to express themselves, to learn to use and manage their bodies, and to extend their interests and understanding of the world about them. The prekindergarten program shall relate the role of the family to the child's developing sense of self and perception of others. Planning and carrying out prekindergarten activities designed to encourage cooperative efforts between home and school shall focus on community resources. A prekindergarten teacher shall hold a license/certificate licensing/certifying that the holder is qualified to teach in prekindergarten. A nonpublic school which offers only a prekindergarten may, but is not required to seek and obtain accreditation.

"Prekindergarten program"

includes a school district's implementation of the preschool program established pursuant to [2007 Iowa Acts, House File 877](#), section 2, and is otherwise described herein in subrule [12.5\(1\)](#).

Respectfully Submitted

Sincerely,



Bob Russell, DDS, MPH
State Public Health Dental Director