



Scott Walker, Governor
Dave Ross, Secretary

DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Brittany Lewin (608) 266-2112
March 5, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Pledge of Allegiance
- B. Recognition of Board Members
- C. **Adoption of Agenda (1-4)**
- D. **8:30 a.m. Public Hearing on Chapter DE 8 Patient Dental Records Clearinghouse Rule 14-011 (5-26)**
 - 1) Discuss and Consider Hearing Comments, Clearinghouse Comments, and the Legislative Report on Clearinghouse Rule 14-011
- E. **Approval of Minutes – January 8, 2014 (27-32)**
- F. **Administrative Updates – Discussion and Consideration**
 - 1) Delegations of Authority **(33-36)**
 - 2) License Renewal and Fee Study **(37-38)**

G. Legislative and Administrative Rule Matters – Discussion and Consideration (39-58)

- 1) Discuss and Consider Scope Statement: Chs. DE 1 & 2; Definiton of dentistry, dental specialties
- 2) Discuss and Consider Scope Statement: Chs. DE 2, 3, 7, and 11; Administration of Nitrous Oxide and Practice of Dental Hygiene
- 3) Discuss and Consider Scope Statement: Chs. DE 2, 5 & 6; Pathway to Licensure for Foreign Trained Applicants
- 4) Verbal Update Status of Legislation
- 5) Foreign Trained Applicants – Specialty Licenses
- 6) Discuss and Consider creating a Scope Statement for AB 763 Related to Mobile Dentistry

H. Education and Examination Matters-Discussion and Consideration

- 1) ADEX Dental Examination Committee **(59-60)**
- 2) CRDTS Examiners **(61-72)**

I. Treatment of Oral Lesions with Lasers by Dental Hygienists – Discussion and Consideration

J. Informational Item

- 1) CRDTS 2013 Dental Hygiene Schools’ Report **(75-92)**

K. Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Presentations of Petition(s) for Summary Suspension
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Final Decisions
- 5) Disciplinary Matters
- 6) Administrative Matters
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Class 1 Hearing(s)
- 10) Practice Matters
- 11) Legislative/Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Informational Item(s)
- 14) Speaking Engagement(s), Travel, or Public Relation Request(s)

L. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. s. 19.85(1)(a),); to consider licensure or certification of individuals (Wis. Stat s. 19.85(1)(b), Stats.; to consider closing disciplinary investigations with administrative warnings (Wis. Stat. s. 19.85 (1)(b), and 440.205,); to consider individual histories or disciplinary data (Wis. Stat. s. 19.85 (1)(f),); and to confer with legal counsel (Wis. Stat. s. 19.85(1)(g),).

M. Presentation and Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)

- 1) 12DEN068 and 13DEN028; James F. Marchigiani, D.D.S. **(73-87)**
 - o Case Advisor – Eileen Donohoo

N. Division of Legal Services and Compliance in matter of 13DEN001

- 1) Designate Hearing Official to Preside Over Summary Suspension Proceedings **(89-94)**
- 2) Authorize The Division of Hearings and Appeals to Issue The Final Decision In This Matter **(95-100)**

O. Proposed Administrative Warnings

- 1) 13DEN090; J.O., D.D.S. **(101-104)**

P. Credentialing Matters – Application Review(s) and Personal Interview

- 1) Application Review K.M. (RDH) **(105-146)**
- 2) Application Review K.W. (LA) **(147-154)**
- 3) Application Review W.F. **(155-262)**

Q. Monitoring

- 1) Edward McGrath - Requesting reduction of drug screens **(263-296)**

R. DLSC Matters

- 1) Case Status Report **(297-298)**
- 2) Case Closing(s)

S. Consulting with Legal Counsel

- 1) Update on Elder v. Wisconsin Dentistry Examining Board **(299-300)**

T. Deliberation of Items Received After Preparation of the Agenda

- 1) Disciplinary Matters
- 2) Education and Examination Matters
- 3) Credentialing Matters
- 4) Class 1 Hearings
- 5) Monitoring Matters
- 6) Professional Assistance Procedure (PAP) Matters
- 7) Petition(s) for Summary Suspensions
- 8) Petition(s) for Extension of Time
- 9) Proposed Stipulations, Final Decisions and Orders
- 10) Administrative Warnings
- 11) Proposed Decisions
- 12) Matters Relating to Costs
- 13) Consulting with Legal Counsel
- 14) Petitions for Rehearing
- 15) Case Closings
- 16) Appearances from Requests Received or Renewed

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

ADJOURNMENT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jean MacCubbin, Admin. Rules Coordinator		2) Date When Request Submitted: 02/17/2014 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 20140305	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? PUBLIC HEARING 1. Public Hearing—Ch. DE 8 Patient Dental Records (CR 14-011) 2. Discuss and Consider Hearing Comments, Clearinghouse Comments, and Legislative Report, Ch. DE 8 Patient Dental Records (CR 14-011)	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Hold Public Hearing, Ch. DE 8 Patient Dental Records 2. Discuss and Consider Hearing Comments, Clearinghouse Comments, and Legislative Report MOTION#8: First moved, seconded by Second , to accept all Clearinghouse comments for CR 14-011 relating to DE 8 Patient Dental Records. Motion carried unanimously . MOTION#10: First moved, seconded by Second , to authorize the Chair (or other member) to approve the Legislative Report and Draft for Clearinghouse Rule 14-011 creating ch. DE 8 Patient Dental Records. for submission to the Governor's Office and Legislature. Motion carried unanimously .			
11) Authorization <hr/> <i>Jean MacCubbin</i> 02/17/2014 <hr/> Signature of person making this request Date <hr/> Supervisor (if required) Date <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE :
DENTISTRY EXAMINING BOARD : NOTICE OF PUBLIC HEARING
: :
: (CR)
:

NOTICE IS HEREBY GIVEN that pursuant to authority vested in the Dentistry Examining Board in ss. 15.08 (5) (b) and 227.11 (2) (a), Wis. Stats., and interpreting ss. 146.81 and 447.02, Wis. Stats., the Dentistry Examining Board will hold a public hearing at the time and place indicated below to consider an order to create chapter DE 8, relating to patient dental records

Hearing Date, Time and Location

Date: March 5, 2014
Time: 8:30 a.m.
Location: 1400 East Washington Avenue*
Room 121A
Madison, Wisconsin

* Enter at 55 North Dickenson Street

APPEARANCES AT THE HEARING:

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation, but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to the Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366. Written comments must be received at or before the public hearing to be included in the record of rule-making proceedings.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 146.81 (1) and (4), and 447.02, Stats

Statutory authority: ss. 15.08 (5) (b) and 227.11 (2) (a), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., requires all examining boards to “...promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 227.11 (2) (a), Stats., authorizes all agencies to promulgate rules interpreting the statutes it enforces or administers, when deemed necessary to effectuate the purpose of such statutes.

Related statute or rule: s. 146.81 (1) and (4), Stats.

Plain language analysis:

The proposed rule is to outline the minimum requirements for patient dental records. The rule considers ss. 146.81 (1) and (4), Stats., whereby dentist is defined as a healthcare provider and consequently required to maintain patient health records as specified in s. 146.81 (4). No additional requirements are proposed in this newly created chapter.

SECTION 1. This section creates a new chapter, DE 8 patient dental records and substantially mirrors the patient health records as specified in ch. Med 21, Wisc. Admin. Code. Specific areas of compliance include: retention, confidentiality, destruction and falsification of records.

SECTION 2. This section identifies when in the rule-making process the rule shall become effective.

Summary of, and comparison with, existing or proposed federal regulation:

An Internet-based search of the U.S. Code and Federal Register did not reveal any laws or proposals related to patient dental records, with the exception of the move to electronic records for Medicaid patients in 2016.

Comparison with rules in adjacent states:

An Internet-based search of the four adjacent states revealed the following:

Illinois: In Illinois Department of Financial and Professional Regulation oversees dentists; no rules requiring patient dental records were found.

Iowa: In Iowa, chapter 27 of the Iowa code, 650—27.11 (153,272C), relates to record keeping. Patient dental records must be maintained for a minimum of six years after the date of last examination, prescription, or treatment and for a minor for 6 years after the age of majority. . Similar to other states, when electronic records are kept, a duplicate hard copy record or use of an unalterable electronic record must be maintained.

Michigan: In Michigan the Board of Dentistry rule, 1120 (R 338.11101 - 338.11821), requires records to be maintained for 10 years after the last treatment. In addition charting of dental procedures and a listing of medications administered are two additional requirements unlike proposed in this rule.

Minnesota: In Minnesota, the related rule is 3100.9600, record keeping. This rule requires records to be maintained for 7 years after the last treatment. In the case of a minor patient, the records must be maintained for 7 years beyond the age of majority. In addition an emergency contact, information related to any insurance coverage, and providing an electronic backup are three additional requirements unlike proposed in this rule.

Summary of factual data and analytical methodologies:

No factual data and analytical methodologies were used to draft these rules.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The issue of patient dental records was raised in the context of not having a retention policy and the impact on associated costs related to the amount of storage dentist and firms are currently are maintaining. Section 146.81 (4), Stats., provides a period for destruction of records 5 years after the date of the last entry, or for such longer period as may be otherwise required by law.

Pursuant to s. IV, 3. a., EO # 50, the rules herein were posted on both the state's and the department's administrative rules websites for 14 days in order to solicit comments regarding the rule's potential economic impact on businesses, business sectors, professional associations, local government units, or potentially interested parties.

It is expected that this proposed rule will result in a decrease expense at least in the cost of hard-copy record storage. No specific data was collected or analyzed to come to this conclusion.

Fiscal estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Initial Regulatory Flexibility Analysis or Summary

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266–8608.

Environmental Assessment/Statement: [if required]

N/A

Agency contact person:

Jean MacCubbin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-266-0955 or telecommunications relay at 711; email at Jean.MacCubbin@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Jean MacCubbin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to jean.maccubbin@wisconsin.gov. Comments must be received at or before the public hearing to be held on March 5, 2014 or by email to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapter DE 8 is created to read:

**Chapter DE 8
PATIENT DENTAL RECORDS**

DE 8.01 Authority and purpose. The rules in this chapter are adopted by the board under the authority of ss. 15.08 (5) (b), 227.11 (2) and ch. 447, Stats., to govern the

practice of dentists in the preparation, maintenance, and retention of patient dental records.

DE 8.02 Definitions. In this chapter:

(1) "Patient" means a person who receives dental services from a licensed dentist or dental hygienist.

(2) "Patient dental record" or "patient health care record" has the meaning given in s. 146.81 (4), Stats.

Note: Section 146.81 (4) reads: "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider; and..."

DE 8.10 Minimum standards for patient health care record retention. (1) Patient health care records on every patient administered shall be maintained for a period of at least 10 years after the date of the last entry, unless otherwise required by state or federal law.

(2) A patient health care record prepared by a licensed dentist or dental hygienist shall contain the following health care information that applies to the patient's dental history and condition:

- (a) Pertinent patient history.
- (b) Pertinent objective findings related to examination and test results.
- (c) Assessment or diagnosis.
- (d) Plan of treatment for the patient.

_____ (3) Each patient dental record entry shall at least be dated, identify the practitioner, and be sufficiently legible to allow interpretation by other practitioners for the benefit of the patient.

(4) When patient dental records are maintained in an electronic format, a secure back up or duplicate file shall be maintained.

DE 8.20 Confidentiality of patient health care records. All patient health care records shall remain confidential as provided in s. 146.82, Stats.

Note: Section 146.82, Stats., reads: "**146.82 (1) CONFIDENTIALITY.** All patient health care records shall remain confidential. Patient health care records may be released only to the persons designated in this section or to other persons with the informed consent of the patient or of a person authorized by the patient. This subsection does not prohibit reports made in compliance with s. 253.12 (2), 255.40, or 979.01; records generated or disclosed pursuant to rules promulgated under s. 450.19; testimony authorized under s. 905.04 (4) (h); or releases made for purposes of health care operations, as defined in 45 CFR 164.501, and as authorized under 45 CFR 164, subpart E.

DE 8.30 Preservation or destruction of patient health care records. The preservation or destruction of patient health care records shall be in compliance with s. 146.819, Stats.

Note: Section 146.189, Stats., reads: “**146.819 Preservation or destruction of patient health care records.** (1) Except as provided in sub. (4), any health care provider who ceases practice or business as a health care provider or the personal representative of a deceased health care provider who was an independent practitioner shall do one of the following for all patient health care records in the possession of the health care provider when the health care provider ceased business or practice or died:

(a) Provide for the maintenance of the patient health care records by a person who states, in writing, that the records will be maintained in compliance with ss. 146.81 to 146.835.

(b) Provide for the deletion or destruction of the patient health care records.

(c) Provide for the maintenance of some of the patient health care records, as specified in par. (a), and for the deletion or destruction of some of the records, as specified in par. (b).

(2) If the health care provider or personal representative provides for the maintenance of any of the patient health care records under sub. (1), the health care provider or personal representative shall also do at least one of the following:

(a) Provide written notice, by 1st class mail, to each patient or person authorized by the patient whose records will be maintained, at the last-known address of the patient or person, describing where and by whom the records shall be maintained.

(b) Publish, under ch. 985, a class 3 notice in a newspaper that is published in the county in which the health care provider's or decedent's health care practice was located, specifying where and by whom the patient health care records shall be maintained.

(3) If the health care provider or personal representative provides for the deletion or destruction of any of the patient health care records under sub. (1), the health care provider or personal representative shall also do at least one of the following:

(a) Provide notice to each patient or person authorized by the patient whose records will be deleted or destroyed, that the records pertaining to the patient will be deleted or destroyed. The notice shall be provided at least 35 days prior to deleting or destroying the records, shall be in writing and shall be sent, by 1st class mail, to the last-known address of the patient to whom the records pertain or the last-known address of the person authorized by the patient. The notice shall inform the patient or person authorized by the patient of the date on which the records will be deleted or destroyed, unless the patient or person retrieves them before that date, and the location where, and the dates and times when, the records may be retrieved by the patient or person.

(b) Publish, under ch. 985, a class 3 notice in a newspaper that is published in the county in which the health care provider's or decedent's health care practice was located, specifying the date on which the records will be deleted or destroyed, unless the patient or person authorized by the patient retrieves them before that date, and the location where, and the dates and times when, the records may be retrieved by the patient or person.

(4) This section does not apply to a health care provider that is any of the following:

(a) A community-based residential facility or nursing home licensed under s. 50.03.

(b) A hospital approved under s. 50.35.

(c) A hospice licensed under s. 50.92.

(d) A home health agency licensed under s. 50.49 (4).

(f) A local health department, as defined in s. 250.01 (4), that ceases practice or business and transfers the patient health care records in its possession to a successor local health department. “

DE 8.31 Intentionally falsifying patient records. Intentionally falsifying patient records shall be considered a violation of unprofessional conduct as specified in s. DE 5.02 (7).

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

COPIES OF RULE

Copies of this proposed rule are available upon request to Jean MacCubbin, Administrative rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8366, Madison, Wisconsin 53708-8366, by email at jean.maccubbin@wisconsin.gov or on our website at <http://dsps.wi.gov/Default.aspx?Page=44e541e8-abdd-49da-8fde-046713617e9e>.

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
 Original Updated Corrected

2. Administrative Rule Chapter, Title and Number
Ch. DE 8, Patient Dental Records

3. Subject
Dental Patient Records; record Retention, Record Guidelines

4. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	5. Chapter 20, Stats. Appropriations Affected 20.165(1)(g)
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6. Fiscal Effect of Implementing the Rule
 No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)
 State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?
 Yes No

9. Policy Problem Addressed by the Rule
Currently there are no guidelines or policies on patient dental records retention in chs. DE 1 to 13. Licensees report that hard copy retention of records requires storage and in some cases, off-site storage. Electronic record storage is an option and hard-copy storage could be reduced depending on retention policies. In both cases, a reduction in cost is evitable in the long-term.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
Licensed dentists and dental firms.

11. Identify the local governmental units that participated in the development of this EIA.
None known.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
There are no known adverse economic impacts on these specific businesses.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The rule considers s. 146.81 (4), Stats., patient health records, making the rules under the authority of the Dentistry Examining Board in compliance with state Statutes. An option would be to continue without guidelines on patient records.

14. Long Range Implications of Implementing the Rule
The overhead cost of hard copy record storage is expected to be reduced over time.

15. Compare With Approaches Being Used by Federal Government
None found.

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)
With the exception of the state of Illinois, the three adjacent states require dental records retained for periods of 5, 7 or 10 years.

17. Contact Name Jean MacCubbin	18. Contact Phone Number 608.266.0955
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This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
- Less Stringent Schedules or Deadlines for Compliance or Reporting
- Consolidation or Simplification of Reporting Requirements
- Establishment of performance standards in lieu of Design or Operational Standards
- Exemption of Small Businesses from some or all requirements
- Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
-



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz and Jessica Karls-Ruplinger
Clearinghouse Co-Directors

Terry C. Anderson
Legislative Council Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 14-011

AN ORDER to create chapter DE 8, relating to patient dental records.

Submitted by **DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

01-31-2014 RECEIVED BY LEGISLATIVE COUNCIL.

02-26-2014 REPORT SENT TO AGENCY.

SG:JEO

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]
Comment Attached YES NO
2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]
Comment Attached YES NO
3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]
Comment Attached YES NO
4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]
Comment Attached YES NO
5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]
Comment Attached YES NO
6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]
Comment Attached YES NO
7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]
Comment Attached YES NO



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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Legislative Council Deputy Director

CLEARINGHOUSE RULE 14-011

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated November 2011.]

2. Form, Style and Placement in Administrative Code

- a. The board should capitalize “CHAPTER DE 8”. [s. 1.05 (2), Manual.]
- b. The board should not use bolded text for the title of ch. DE 8. [s. 1.05 (2), Manual.]
- c. Does the board anticipate significant future additions to ch. DE 8? If not, the board should use consecutive and consistent numbering for each section of the chapter. For example, s. DE 8.03, rather than s. DE 8.10, should follow s. DE 8.02.
- d. The board should either delete the note to s. DE 8.02 (2) or rewrite it as a full statutory citation and quote using the same style as the note to s. DE 8.20.
- e. In s. DE 8.10 (2), pars. (a) to (d) should not appear in bold text, and s. DE 8.10 (3) should be indented.

5. Clarity, Grammar, Punctuation and Use of Plain Language

- a. Throughout the proposed rule, the board should use the active voice. For example, use the active voice in s. DE 8.01 instead of “The rules...are adopted”, and in s. DE 8.10 (4) instead of “...shall be maintained”. [1.01(1), Manual.]
- b. In s. DE 8.31, the board should revise the phrase “a violation of unprofessional conduct” for clarity.

**STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD**

**IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
DENTISTRY EXAMINING BOARD : CR 114-011
:
:**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

N/A

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

Currently there are no guidelines or policies on patient dental records in chs. DE 1 to 13. Licensees report that hard copy retention of records requires storage and in some cases, off-site storage. Electronic record storage is an option and hard-copy storage could be reduced depending on retention policies. In both cases, a reduction in cost is evitable in the long-term for small business.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Dentistry Examining Board held a public hearing on March 3, 2014. The following people either testified at the hearing, or submitted written comments:

The Dentistry Examining Board summarizes the comments received either by hearing testimony or by written submission as follows:

The Dentistry Examining Board explains modifications to its rule-making proposal prompted by public comments as follows:

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

All of the remaining recommendations suggested in the Clearinghouse Report have been accepted in whole.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

These rules were not submitted to the Small Business Regulatory review Board.

These rules will not have a significant economic impact on a substantial number of small businesses; although a cost savings should result if the need for hard-copy storage is reduced.

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 14-011)

PROPOSED ORDER

An order of the Dentistry Examining Board to create chapter DE 8, relating to patient dental records

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 146.81 (1) and (4), and 447.02, Stats

Statutory authority: ss. 15.08 (5) (b) and 227.11 (2) (a), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., requires all examining boards to "...promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 227.11 (2) (a), Stats., authorizes all agencies to promulgate rules interpreting the statutes it enforces or administers, when deemed necessary to effectuate the purpose of such statutes.

Related statute or rule: s. 146.81 (1) and (4), Stats.

Plain language analysis:

The proposed rule is to outline the minimum requirements for patient dental records. The rule considers ss. 146.81 (1) and (4), Stats., whereby dentist is defined as a healthcare provider and consequently required to maintain patient health records as specified in s. 146.81 (4). No additional requirements are proposed in this newly created chapter.

SECTION 1. This section creates a new chapter, DE 8 patient dental records and substantially mirrors the patient health records as specified in ch. Med 21, Wisc. Admin. Code. Specific areas of compliance include: retention, confidentiality, destruction and falsification of records.

SECTION 2. This section identifies when in the rule-making process the rule shall become effective.

Summary of, and comparison with, existing or proposed federal regulation:

An Internet-based search of the U.S. Code and Federal Register did not reveal any laws or proposals related to patient dental records, with the exception of the move to electronic records for Medicaid patients in 2016.

Comparison with rules in adjacent states:

An Internet-based search of the four adjacent states revealed the following:

Illinois: In Illinois, the Department of Financial and Professional Regulation oversees dentists; no rules requiring patient dental records were found.

Iowa: In Iowa, chapter 27 of the Iowa code, 650—27.11 (153,272C), relates to record keeping. Patient dental records must be maintained for a minimum of six years after the date of last examination, prescription, or treatment and for a minor for 6 years after the age of majority. . Similar to other states, when electronic records are kept, a duplicate hard copy record or use of an unalterable electronic record must be maintained.

Michigan: In Michigan, the Board of Dentistry rule, 1120 (R 338.11101 - 338.11821), requires records to be maintained for 10 years after the last treatment. In addition charting of dental procedures and a listing of medications administered are two additional requirements unlike proposed in this rule.

Minnesota: In Minnesota, the related rule is 3100.9600, record keeping. This rule requires records to be maintained for 7 years after the last treatment. In the case of a minor patient, the records must be maintained for 7 years beyond the age of majority. In addition an emergency contact, information related to any insurance coverage, and providing an electronic backup are three additional requirements unlike proposed in this rule.

Summary of factual data and analytical methodologies:

Other than reviewing rule text contained in ch. Med 21, no factual data and analytical methodologies were used to draft these rules.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The issue of patient dental records was raised in the context of not having a record retention policy and the impact on associated costs related to the amount of storage dentists and firms are currently are maintaining. Section 146.81 (4), Stats., provides a period for destruction of records 5 years after the date of the last entry, or for such longer period as may be otherwise required by law.

Pursuant to s. IV, 3. a., Executive Order # 50, the rules herein were posted on both the state's and the department's administrative rules websites for 14 days in order to solicit comments regarding the rule's potential economic impact on businesses, business sectors, professional associations, local government units, or potentially interested parties.

It is expected that this proposed rule will result in a decrease expense at least in the cost of hard-copy record storage. No specific data was collected or analyzed to come to this conclusion or to determine an estimated cost savings.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact report:

The agency posted these proposed rule for 14 days to solicit impact on small business; no comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Jean MacCubbin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608.266.0955; email at jean.maccubbin@wisconsin.gov.

Rule text begins on the next page.

TEXT OF RULE

SECTION 1. Chapter DE 8 is created to read:

**CHAPTER DE 8
PATIENT DENTAL RECORDS**

DE 8.01 Authority and purpose. The provisions in this chapter are adopted pursuant to authority in ss. 15.08 (5) (b), 227.11 (2) and ch. 447, Stats., to govern the practice of dentists in the preparation, maintenance, and retention of patient dental records.

DE 8.02 Definitions. In this chapter:

(1) "Patient" means a person who receives dental services from a licensed dentist or dental hygienist.

(2) "Patient dental record" or "patient health care record" has the meaning given in s. 146.81 (4), Stats.

Note: Section 146.81 (4) reads: "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider; and all records made by an ambulance service provider, as defined in s. 256.01 (3), an emergency medical technician, as defined in s. 256.01 (5), or a first responder, as defined in s. 256.01 (9), in administering emergency care procedures to and handling and transporting sick, disabled, or injured individuals. "Patient health care records" includes billing statements and invoices for treatment or services provided by a health care provider and includes health summary forms prepared under s. 302.388 (2). "Patient health care records" does not include those records subject to s. 51.30, reports collected under s. 69.186, records of tests administered under s. 252.15 (5g) or (5j), 343.305, 938.296 (4) or (5) or 968.38 (4) or (5), records related to sales of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1), or a pupil's physical health records maintained by a school under s. 118.125.

DE 8.03 Minimum standards for patient health care record retention. (1) Patient health care records on every patient administered shall be maintained for a period of at least 10 years after the date of the last entry, unless otherwise required by state or federal law.

(2) A patient health care record prepared by a licensed dentist or dental hygienist shall contain the following health care information that applies to the patient's dental history and condition:

(a) Pertinent patient history.

(b) Pertinent objective findings related to examination and test results.

(c) Assessment or diagnosis.

(d) Plan of treatment for the patient.

(2) A patient health care record prepared by a licensed dentist or dental hygienist shall contain the following be the complete health care information that applies to the patient's dental history and condition.

(3) Each patient dental record entry shall at least be dated, identify the practitioner, and be sufficiently legible to allow interpretation by other practitioners for the benefit of the patient.

(4) When maintaining patient dental records in an electronic format, a secure back up or duplicate file shall be maintained.

DE 8.04 Confidentiality of patient health care records. All patient health care records shall remain confidential as provided in s. 146.82, Stats.

Note: Section 146.82, Stats., reads: “**146.82 (1) CONFIDENTIALITY.** All patient health care records shall remain confidential. Patient health care records may be released only to the persons designated in this section or to other persons with the informed consent of the patient or of a person authorized by the patient. This subsection does not prohibit reports made in compliance with s. 253.12 (2), 255.40, or 979.01; records generated or disclosed pursuant to rules promulgated under s. 450.19; testimony authorized under s. 905.04 (4) (h); or releases made for purposes of health care operations, as defined in 45 CFR 164.501, and as authorized under 45 CFR 164, subpart E.

DE 8.05 Preservation or destruction of patient health care records. The preservation or destruction of patient health care records shall be in compliance with s. 146.819, Stats.

Note: Section 146.189, Stats., reads: “**146.819 Preservation or destruction of patient health care records.** (1) Except as provided in sub. (4), any health care provider who ceases practice or business as a health care provider or the personal representative of a deceased health care provider who was an independent practitioner shall do one of the following for all patient health care records in the possession of the health care provider when the health care provider ceased business or practice or died:

(a) Provide for the maintenance of the patient health care records by a person who states, in writing, that the records will be maintained in compliance with ss. 146.81 to 146.835.

(b) Provide for the deletion or destruction of the patient health care records.

(c) Provide for the maintenance of some of the patient health care records, as specified in par. (a), and for the deletion or destruction of some of the records, as specified in par. (b).

(2) If the health care provider or personal representative provides for the maintenance of any of the patient health care records under sub. (1), the health care provider or personal representative shall also do at least one of the following:

(a) Provide written notice, by 1st class mail, to each patient or person authorized by the patient whose records will be maintained, at the last-known address of the patient or person, describing where and by whom the records shall be maintained.

(b) Publish, under ch. 985, a class 3 notice in a newspaper that is published in the county in which the health care provider's or decedent's health care practice was located, specifying where and by whom the patient health care records shall be maintained.

(3) If the health care provider or personal representative provides for the deletion or destruction of any of the patient health care records under sub. (1), the health care provider or personal representative shall also do at least one of the following:

(a) Provide notice to each patient or person authorized by the patient whose records will be deleted or destroyed, that the records pertaining to the patient will be deleted or destroyed. The notice shall be provided at least 35 days prior to deleting or destroying the records, shall be in writing and shall be sent, by 1st class mail, to the last-known address of the patient to whom the records pertain or the last-known address of the person authorized by the patient. The notice shall inform the patient or person authorized by the patient of the date on which the records will be deleted or destroyed, unless the patient or person retrieves them before that date, and the location where, and the dates and times when, the records may be retrieved by the patient or person.

(b) Publish, under ch. 985, a class 3 notice in a newspaper that is published in the county in which the health care provider's or decedent's health care practice was located, specifying the date on which the records will be deleted or destroyed, unless the patient or person authorized by the patient retrieves them before that date, and the location where, and the dates and times when, the records may be retrieved by the patient or person.

(4) This section does not apply to a health care provider that is any of the following:

(a) A community-based residential facility or nursing home licensed under s. 50.03.

(b) A hospital approved under s. 50.35.

(c) A hospice licensed under s. 50.92.

(d) A home health agency licensed under s. 50.49 (4).

(f) A local health department, as defined in s. 250.01 (4), that ceases practice or business and transfers the patient health care records in its possession to a successor local health department. “

DE 8.06 Intentionally falsifying patient records. Intentionally falsifying patient records shall be considered ~~a violation of~~ unprofessional conduct as specified in s. DE 5.02 (7).

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

This Proposed Order of the Dentistry Examining Board is approved for submission to the Governor and Legislature.

Dated _____

Agency _____

Board Chairperson
Dentistry Examining Board

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**DENTISTRY EXAMINING BOARD
MINUTES
JANUARY 8, 2014**

PRESENT: Debra Beres, RDH; Mark Braden, DDS; Eileen Donohoo, RDH; Leonardo Huck, DDS; Lyndsay Knoell, DDS; Sandra Linhart, RDH; Timothy McConville, DDS; Kirk Ritchie, DDS; Beth Welter, DDS

STAFF: Brittany Lewin, Executive Director; Karen Rude-Evans, Bureau Assistant

CALL TO ORDER

Lyndsay Knoell, Chair, called the meeting to order at 8:31 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

MOTION: Eileen Donohoo moved, seconded by Debra Beres, to adopt the agenda as written. Motion carried unanimously.

APPROVAL OF MINUTES OF NOVEMBER 6, 2013

MOTION: Eileen Donohoo moved, seconded by Leo Huck, to approve the minutes of November 6, 2013 as published. Motion carried unanimously.

ELECTION OF BOARD OFFICERS AND APPOINTMENT OF LIAISONS

BOARD CHAIR

NOMINATION: Mark Braden nominated Lyndsay Knoell for the Office of Board Chair. Nomination carried by unanimous consent.

Brittany Lewin called for other nominations three (3) times.

VICE CHAIR

NOMINATION: Lyndsay Knoell nominated Mark Braden for the Office of Vice Chair. Nomination carried by unanimous consent.

Brittany Lewin called for other nominations three (3) times.

SECRETARY

NOMINATION: Lyndsay Knoell nominated Sandra Linhart for the Office of Secretary. Nomination carried by unanimous consent.

Brittany Lewin called for other nominations three (3) times.

2014 ELECTION RESULTS	
Board Chair	Lyndsay Knoell
Vice Chair	Mark Braden
Secretary	Sandra Linhart

LIAISON APPOINTMENTS

Practice Questions Liaisons: All Board Officers
 Screening Panel: Lyndsay Knoell, Sandra Linhart
 DLSC Liaison: Mark Braden
 Credentialing Liaisons: Debra Beres, Leo Huck
 Education and Examinations Liaison: Eileen Donohoo
 Website Liaison: Beth Welter
 PAP Liaison: Tim McConville

MOTION: Eileen Donohoo moved, seconded by Leo Huck, to approve the liaison appointments as listed above. Motion carried unanimously.

Types of Liaisons	Description	Delegation Date: Board Member Name
Practice Questions Liaisons	Address practice related questions.	Board Officers
Screening Panel Liaison	Reviews complaints received by the Department to determine whether a case should be opened for investigation.	Lyndsay Knoell Sandra Linhart Vacancy – Public Member
Legal Services and Compliance Monitoring	Work with DSPS monitors to carry out board orders	Mark Braden
PAP Liaison	Work with PAP	Tim McConville

	Coordinator to ensure compliance with PAP agreements. See SPS 7 for more information.	
Credentialing Liaison	Consult with Department staff on the processing of applications in line with the parameters set forth in the “Credentialing Procedure” document for the board	Leo Huck Debra Beres
Office of Education and Examination Liaison	Make decisions on routine questions involving the administration of examinations and approval of education programs. Conscious sedation course approval.	Eileen Donohoo Vacancy - Dentist
Website Liaison	Work with DSPS staff to manage/update website content.	Beth Welter Vacancy – Public Member

MOTION: Eileen Donohoo moved, seconded by Beth Welter, that the record indicate the election of Lyndsay Knoell as Chair, Mark Braden as Vice Chair and Sandra Linhart as Secretary, and the delegation of liaisons as appointed. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Hearing Draft for Ch. DE 8 – Patient Dental Records

MOTION: Mark Braden moved, seconded by Kirk Ritchie, to approve the hearing draft as amended for the creation of Ch. DE 8 relating to patient dental records for posting for economic impact comments, submission to the Clearinghouse and notice of public hearing. The public hearing will take place at a future meeting or on March 5, 2014. Motion carried unanimously.

**Discuss and Consider Hearing Scope Input for Statement for Chs. DE 2, 5, 6 etc.,
Pathway to Licensure for foreign-Trained Applicants**

MOTION: Lyndsay Knoell moved, seconded by Mark Braden, to designate Leo Huck to serve as the liaison to DSPS staff for drafting a scope statement for an emergency and permanent rule relating to pathway to licensure for foreign-trained applicants for consideration at the next meeting. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL OR PUBLIC RELATIONS

MOTION: Eileen Donohoo moved, seconded by Tim McConville, to retroactively approve the travel to Marquette University for Dr. Mark Braden. Motion carried unanimously.

CLOSED SESSION

MOTION: Lyndsay Knoell moved, seconded by Leo Huck, to invite Dr. Wendy Pietz to sit in during closed session. Dr. Pietz is a non-voting member. Motion carried unanimously.

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

MOTION: Deb Beres moved seconded by Leo Huck, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Lyndsay Knoell read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Debra Beres-yes; Mark Braden-yes; Eileen Donohoo-yes; Leo Huck-yes; Lyndsay Knoell-yes; Sandra Linhart – yes; Timothy McConville-yes; Kirk Ritchie-yes; and Beth Welter-yes. Motion carried unanimously.

The Board convened into closed session at 9:46 a.m.

RECONVENE TO OPEN SESSION

MOTION: Debra Beres moved, seconded by Eileen Donohoo, to reconvene into open session. Motion carried unanimously.

The Board reconvened into open session at 1:21 p.m.

VOTING ON ITEMS DELIBERATED IN CLOSED SESSION

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Debra Beres moved, seconded by Mark Braden, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **John A. Petty, DDS (12 DEN 021)**. Motion carried unanimously.

MOTION: Debra Beres moved, seconded by Leo Huck, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **William E. Kortsch, DDS (13 DEN 005 and 13 DEN 006)**. Motion carried unanimously.

APPLICATION REVIEW(S)

Personal Interview and Review of Faculty License Application

MOTION: Mark Braden moved, seconded by Eileen Donohoo, to recognize that the applicant, Luis Almeida, is competent to practice Dentistry (faculty license) pursuant to DE 2.015(d). Motion carried unanimously.

Application Reviews

MOTION: Tim McConville moved, seconded by Eileen Donohoo, to approve the application of P.G., and to issue the license when all requirements are met. Motion carried unanimously.

MOTION: Lyndsay Knoell moved, seconded by Mark Braden, to approve the application of F.S., DDS, and to issue the license when all requirements are met. Motion carried unanimously.

MONITORING

MOTION: Beth Welter moved, seconded by Lyndsay Knoell, to deny the request of **Blair Moldenhauer, DMD**, for a reinstatement of stay. He shall not petition the board for a stay or modification of the board order until he has demonstrated twelve (12) consecutive months of absolute compliance with the September 18, 2012 board order. The 12 month restriction is the result of Dr. Moldenhauer 's non-compliance with the board order. Aside from the 12 month modification, the September 18, 2012 board order remains in effect. Motion carried. Eileen Donohoo recused herself from the presentation and deliberation, and abstained from voting.

ADJOURNMENT

MOTION: Kirk Ritchie moved, seconded by Eileen Donohoo, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:51 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brittany Lewin Executive Director		2) Date When Request Submitted: Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 3/5/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters- Delegation of Authority	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <p>Below are standard draft motions to clarify the delegated authority of officers/liasons that were affirmed at the last meeting. As always, a liaison may refer a matter for consideration by the full Board.</p> <p>MOTION: _____ moved, seconded by _____, that the Board delegates authority to the Chair to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board’s Executive Director for purposes of facilitating the completion of assignments during or between meetings. Motion carried unanimously.</p> <p>MOTION: _____ moved, seconded by _____, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department where knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.</p> <p>MOTION: _____ moved, seconded by _____, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” document. Motion carried unanimously. (see below)</p> <p>MOTION: _____ moved, seconded by _____, to delegate authority to the Credentialing Liaison(s) to address all issues related to credentialing matters. Motion carried unanimously.</p>			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: December 20, 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Monitoring: Appointment of Monitoring Liaison and Delegated Authority Motion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Appointment of 2014 Monitoring Liaison 2. Delegated Authority Motion: <i>“ _____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i>			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature of person making this request </div> <div style="text-align: center;"> December 20, 2013 Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Supervisor (if required) </div> <div style="text-align: center;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="text-align: center;"> Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison is a board designee who works with department monitors to enforce the Board's orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board order. The Department Monitor will draft an order and sign on behalf of the Liaison. The temporary reduction will be in effect until Respondent secures employment in the profession.
2. Grant a stay of suspension if Respondent is eligible per the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board approval. The Department Monitor will notify Respondent of the Liaison's decision.
5. Grant a maximum 90-day extension, if warranted and requested in writing by Respondent, to complete Board-ordered CE, pay proceeding costs, and/or pay forfeitures upon Respondent's request.

Current Authorities Delegated to the Department Monitor

The Department Monitor may take the following actions on behalf of the Board, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board-ordered CE and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

Clarification

1. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. (This is consistent with current practice.)

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brittany Lewin Executive Director		2) Date When Request Submitted: 2/25/14 Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 3/5/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters- License Fees and Renewal	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: As a follow-up to the discussion at the previous Dentistry Examining Board meeting, Brittany Lewin, Executive Director, will express the concerns and input received regarding licensing fees and renewal dates to the Department in anticipation of the upcoming fee study, which will begin later this year.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jean MacCubbin, Administrative Rules Coordinator		2) Date When Request Submitted: 02/17/2014 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 20140305	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? LEG_ADMIN MATTERS 1. Discuss and Consider Scope Statement: Chs. DE 1 & 2; Definiton of dentistry, dental specialities, etc. 2. Discuss and Consider Scope Statement: Chs. DE 2, 3, 7, and 11; Administration of Nitrous Oxide and Practice of Dental Hygiene 3. Discuss and Consider Scope Statement: Chs. DE 2, 5 & 6; Pathway to Licensure for Foreign Trained Applicants 4. Verbal Update Status of Legislation	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. *Discuss and Consider Scope Statement: Chs. DE 1 & 2; Definiton of dentistry, dental specialities, etc. MOTION: First moved, seconded by Second , to approve the Scope Statement on chs. DE 1 & 2 relating to Definiton of dentistry, dental specialities, etc. for submission to the Governor's Office and publication and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously . 2. *Discuss and Consider Scope Statement: Chs. DE 2, 3, 7, and 11; Administration of Nitrous Oxide and Practice of Dental Hygiene MOTION: First moved, seconded by Second , to approve the Scope Statement on chs. DE 2, 3, 7, and 11 relating to Administration of Nitrous Oxide and Practice of Dental Hygiene for submission to the Governor's Office and publication and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously . * See also Optional Scope to Combine into One Scope Statement 3. Discuss and Consider Scope Statement: Chs. DE 2, 5 & 6; Pathway to Licensure for Foreign Trained Applicants (Emergency rule or Permanent Rule) MOTION: First moved, seconded by Second , to approve the Scope Statement on chs. DE 2, 5 & 6 relating to Pathway to Licensure for Foreign Trained Applicants for submission to the Governor's Office and publication and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously . 4. Verbal Update Status of Legislation AB 552/SB413			
11) <i>Jean MacCubbin</i> Signature of person making this request Supervisor (if required) Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Authorization 02/17/2014 Date Date Date	

STATEMENT OF SCOPE

Dentistry Examining Board

Rule No.: DE 1 and 2

Relating to: Definitions, dental specialties and physicians excluded from dentistry requirements

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The primary intent of this proposed rule is to incorporate provisions of recently enacted legislation **2014 Act XXX** regarding the definition and practice of dentistry. In addition, the Dentistry Examining Board desires to recognize a dentist's specialty area(s) within the scope of their relevant education, training, and experience and limit the performance of services outside their specialty. Physicians acting within the scope of their license are now excluded from the dentistry requirements specified by statute.

Neither of these chapters have had any major revisions in at least five years. A comprehensive update will be undertaken at this time, specifically addressing typographical errors, formatting, cross-referencing, updating information notes, and other corrections that may reflect recently enacted statutory changes.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The definition of dentistry has been modified through legislation to reflect current practice. To date, a licensed physician may perform tooth extractions and other activities specified by statute. Recently enacted legislation now allows a licensed physician, when acting with the scope of his or her license, to be excluded from the licensing requirements set forth for dentists.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 447.01 (8) (am) reads: "Dentistry "means the examination, evaluation, diagnosis, prevention, or treatment, of diseases, disorders, or conditions within the human oral cavity or its adjacent or associated tissues and structures, or of the maxillofacial area, and their impact on the human body."

Section 447.02 reads: 'Dentistry examining board. (1) The examining board may promulgate rules:

- (a) Governing the reexamination of an applicant who fails an examination specified in s. 447.04 (1) (a) 5. or (2) (a) 5. The rules may specify additional educational requirements for those applicants and may specify the number of times an applicant may be examined.
- (b) Governing the standards and conditions for the use of radiation and ionizing equipment in the practice of dentistry.
- (c) Subject to ch. 553 and s. 447.06 (1), governing dental franchising.
- (d) Specifying practices, in addition to the practices specified under s. 447.01 (3) (a) to (f), that are included within the practice of dental hygiene.
- (e) Providing for the granting of temporary licenses under this chapter.
- (f) Governing compliance with continuing education requirements under s. 447.056.

(2)The examining board shall promulgate rules specifying all of the following:

(a) The conditions for supervision and the degree of supervision required under ss. 447.03 (3) (a), (b) and (d) 2. and 447.065.

(b) The standards, conditions and any educational requirements that are in addition to the requirements specified in s. 447.04 (1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry.

(c) Whether an individual is required to be licensed under this chapter to remove plaque or *materia alba* accretions with mechanical devices.

(d) The oral systemic premedications and subgingival sustained release chemotherapeutic agents that may be administered by a dental hygienist licensed under this chapter under s. 447.06 (2) (e) 1. and 3.

(e) The educational requirements for administration of local anesthesia by a dental hygienist licensed under this chapter under s. 447.06 (2) (e) 2.'

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

The staff time needed to develop the rules is expected to be about 160 hours, depending on the complexity. This includes coordinating the rule-making process with the Board, research, rule drafting, and processing the rules through public hearings, legislative review, and adoption. The agency will utilize existing staff. There are no other resources necessary to develop the rules.

6. List with description of all entities that may be affected by the proposed rule:

Licensed dentists

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

There is no known exiting or proposed federal regulations addressing the specialty licenses for the practice of dentistry.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule is not expected to have a significant adverse economic impact on small business, as defined in s. 227.114 (1).

Contact Person: Jean MacCubbin, (608) 266-0955

Board Chairperson
Dentistry Examining Board

Date Submitted

STATEMENT OF SCOPE

Dentistry Examining Board

Rule No.: DE 2, 3, 7, and 11

Relating to: Administration of nitrous oxide and the practice of dental hygiene

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

To be removed NOTES: The 2014 Act XX This Act specifies an effective date of 7 months after enactment...
2013 Act definition of dentists (bill) create 447.02 (8) (am) and (bm) repeals most of 447.02 (8)
SB 311 After enactment, 7 months later; scope and thru that process;
See 3 chpts. See bill changing definitions **447.01 (8) (am) & (bm)**; to repeal 447.06 (2) (c) 4.; to amend 447.065 (2); and
to create 447.02 (2) (f), 447.04 (2) (d) and 447.06 (2) (e) 4. of the statutes; relating to: Dental hygiene

The primary intent of this proposed rule is to respond to recent legislation and incorporate such provisions that allow the administration of nitrous oxide inhalation analgesia by licensed dental hygienists. Currently, the Dentistry Examining Board certifies qualified dental hygienists to administer anesthesia, which does not include nitrous oxide inhalation analgesia (nitrous oxide). Licensed dentists, having met the training requirements may administer nitrous oxide and with supervision, hygienists may monitor patients. The practice of hygiene will be reviewed and revisions proposed to reflect current practice and use of technology within the practice of dentistry and dental hygiene.

Typographical errors, formatting, and other corrections and cross-references will be made, as some these chapters have not been revised since the 1990's. Where applicable, notes will be updated to reflect current information.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Currently, a dental assistant and dental hygienist may assist the dentist in the monitoring of the patient's condition while undergoing nitrous oxide treatment, [s. DE 12.01(2)]. A dental hygienist may not administer or adjust the concentration of nitrous oxide as s. DE 3.03 (1) prohibits a dental assistant or dental hygienist from administering or prescribing nitrous oxide. In addition, a licensee is not required to apply for a permit for administering sedation separate from an application for a professional license. A Class I sedation permit is not required before the administration of nitrous oxide inhalation analgesia. Under s. DE 11.03 (2), a dentist utilizing nitrous oxide inhalation shall be trained and certified in administering basic life support. This certification is renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or other organizations approved by the board (or DHS). In the current rules, an Application for Dental Hygiene Certificate to Administer Local Anesthesia is required. There are no proposed changes in the type or level of training for a dental hygienist applying for a sedation permit to administer nitrous oxide inhalation analgesia.

Nitrous oxide inhalation analgesia is just one option available for sedation in the practice of dentistry. Research has shown that this class of sedation is used for not only pain control, but also as a sedation that is highly effective in the management of mild to moderate levels of dental anxiety. Nitrous oxide inhalation analgesia is also used in routine procedures undertaken by hygienists such as planing and scaling. It is also administered to patients of all ages having advanced periodontal disease due to dental

anxiety or lack of dental care. Nitrous oxide inhalation analgesia has been highly effective in allowing ongoing audible and verbal communication between the patient and health-care provider during examination and dental procedures.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 447.02 (1) reads: "447.02 Dentistry examining board.(1)The examining board may promulgate rules:

- (a) Governing the reexamination of an applicant who fails an examination specified in s. 447.04 (1) (a) 5. or (2) (a) 5. The rules may specify additional educational requirements for those applicants and may specify the number of times an applicant may be examined.
- (b) Governing the standards and conditions for the use of radiation and ionizing equipment in the practice of dentistry.
- (c) Subject to ch. 553 and s. 447.06 (1), governing dental franchising. (d) Specifying practices, in addition to the practices specified under s. 447.01 (3) (a) to (f), that are included within the practice of dental hygiene.
- (e) Providing for the granting of temporary licenses under this chapter."

Section 447.02 (2) (b) and (e) reads: "447.02 (2) The examining board shall promulgate rules specifying all of the following:

- (b) The standards, conditions and any educational requirements that are in addition to the requirements specified in s. 447.04 (1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry.
- (e) The educational requirements for administration of local anesthesia by a dental hygienist licensed under this chapter under s. 447.06 (2) (e) 2.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

The staff time needed to develop the rules is expected to be about 160 hours, depending on the complexity. This includes coordinating the rule-making process with the Board, research, rule drafting, and processing the rules through public hearings, legislative review, and adoption. The agency will utilize existing staff. There are no other resources necessary to develop the rules.

6. List with description of all entities that may be affected by the proposed rule:

Licensed dental hygienists and dentists

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

There is no known exiting or proposed federal regulations addressing the administration of nitrous oxide inhalation analgesia by licensed dental hygienists. With regard to the definition of "dentistry" or limitations on dental specialties, no exiting or proposed federal regulations were found.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule is not expected to have a significant adverse economic impact on small business, as defined in s. 227.114 (1).

Contact Person: Jean MacCubbin, (608) 266-0955

Board Chairperson
Dentistry Examining Board

Date Submitted

COMBINED

STATEMENT OF SCOPE

Dentistry Examining Board

Rule No.: DE 1, 2, 3, 7, and 11

Relating to: Definitions, dental specialties and physicians excluded from dentistry requirements, administration of nitrous oxide by hygienists and the practice of dental hygiene

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

To be removed NOTES: The 2014 Act XX This Act specifies an effective date of 7 months after enactment...
2013 Act definition of dentists (bill) create 447.02 (8) (am) and (bm) repeals most of 447.02 (8)
SB 311 After enactment, 7 months later; scope and thru that process;
See 3 chpts. See bill changing definitions **447.01 (8) (am) & (bm)**; to repeal 447.06 (2) (c) 4.; to amend 447.065 (2); and to create 447.02 (2) (f), 447.04 (2) (d) and 447.06 (2) (e) 4. of the statutes; relating to: Dental hygiene

The primary intent of this proposed rule is to respond to recent legislation and incorporate such provisions that modify the definition and practice of dentistry, and allow the administration of nitrous oxide inhalation analgesia by licensed dental hygienists.

Currently, the Dentistry Examining Board certifies qualified dental hygienists to administer anesthesia, which does not include nitrous oxide inhalation analgesia (nitrous oxide). Licensed dentists, having met the training requirements may administer nitrous oxide and with supervision, hygienists may monitor patients. The practice of hygiene will be reviewed and revisions proposed to reflect current practice and use of technology within the practice of dentistry and dental hygiene.

In addition, the Dentistry Examining Board desires to recognize a dentist's specialty area(s) within the scope of their relevant education, training, and experience and limit the performance of services outside their specialty. Physicians acting within the scope of their license are now excluded from the dentistry requirements specified by statute.

A number of these chapters have had any major revisions in at least five years. A comprehensive update will be undertaken at this time, specifically addressing typographical errors, formatting, cross-referencing, updating information notes, and other corrections that may reflect recently enacted statutory changes.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The definition of dentistry has been modified through legislation to reflect current practice. To date, a licensed physician may perform tooth extractions and other activities specified by statute. Recently enacted legislation now allows a licensed physician, when acting within the scope of his or her license, to be excluded from the licensing requirements set forth for dentists.

Currently, a dental assistant and dental hygienist may assist the dentist in the monitoring of the patient's condition while undergoing nitrous oxide treatment, [s. DE 12.01(2)]. A dental hygienist may not administer or adjust the concentration of nitrous oxide as s. DE 3.03 (1) prohibits a dental assistant or dental hygienist from administering or prescribing nitrous oxide. In addition, a licensee is not required to

apply for a permit for administering sedation separate from an application for a professional license. A Class I sedation permit is not required before the administration of nitrous oxide inhalation analgesia. Under s. DE 11.03 (2), a dentist utilizing nitrous oxide inhalation shall be trained and certified in administering basic life support. This certification is renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or other organizations approved by the board (or DHS). In the current rules, an Application for Dental Hygiene Certificate to Administer Local Anesthesia is required. There are no proposed changes in the type or level of training for a dental hygienist applying for a sedation permit to administer nitrous oxide inhalation analgesia.

Nitrous oxide inhalation analgesia is just one option available for sedation in the practice of dentistry. Research has shown that this class of sedation is used for not only pain control, but also as a sedation that is highly effective in the management of mild to moderate levels of dental anxiety. Nitrous oxide inhalation analgesia is also used in routine procedures undertaken by hygienists such as planing and scaling. It is also administered to patients of all ages having advanced periodontal disease due to dental anxiety or lack of dental care. Nitrous oxide inhalation analgesia has been highly effective in allowing ongoing audible and verbal communication between the patient and health-care provider during examination and dental procedures.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 447.01 (8) (am) reads: "Dentistry "means the examination, evaluation, diagnosis, prevention, or treatment, of diseases, disorders, or conditions within the human oral cavity or its adjacent or associated tissues and structures, or of the maxillofacial area, and their impact on the human body."

Section 447.02 reads: 'Dentistry examining board. (1) The examining board may promulgate rules:

- (a) Governing the reexamination of an applicant who fails an examination specified in s. 447.04 (1) (a) 5. or (2) (a) 5. The rules may specify additional educational requirements for those applicants and may specify the number of times an applicant may be examined.
- (b) Governing the standards and conditions for the use of radiation and ionizing equipment in the practice of dentistry.
- (c) Subject to ch. 553 and s. 447.06 (1), governing dental franchising.
- (d) Specifying practices, in addition to the practices specified under s. 447.01 (3) (a) to (f), that are included within the practice of dental hygiene.
- (e) Providing for the granting of temporary licenses under this chapter.
- (f) Governing compliance with continuing education requirements under s. 447.056.

(2) The examining board shall promulgate rules specifying all of the following:

- (a) The conditions for supervision and the degree of supervision required under ss. 447.03 (3) (a), (b) and (d) 2. and 447.065.
- (b) The standards, conditions and any educational requirements that are in addition to the requirements specified in s. 447.04 (1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry.
- (c) Whether an individual is required to be licensed under this chapter to remove plaque or *materia alba* accretions with mechanical devices.
- (d) The oral systemic premedications and subgingival sustained release chemotherapeutic agents that may be administered by a dental hygienist licensed under this chapter under s. 447.06 (2) (e) 1. and 3.
- (e) The educational requirements for administration of local anesthesia by a dental hygienist licensed under this chapter under s. 447.06 (2) (e) 2.'

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

The staff time needed to develop the rules is expected to be about 300 hours, depending on the complexity. This includes coordinating the rule-making process with the Board, research, rule drafting, and processing the rules through public hearings, legislative review, and adoption. The agency will utilize existing staff. There are no other resources necessary to develop the rules.

6. List with description of all entities that may be affected by the proposed rule:

Licensed dental hygienists and dentists

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

There is no known existing or proposed federal regulations addressing the administration of nitrous oxide inhalation analgesia by licensed dental hygienists. With regard to the definition of “dentistry” or limitations on dental specialties, no existing or proposed federal regulations were found.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule is not expected to have a significant adverse economic impact on small business, as defined in s. 227.114 (1).

Contact Person: Jean MacCubbin, (608) 266-0955

Board Chairperson
Dentistry Examining Board

Date Submitted

DRAFT

STATEMENT OF SCOPE

Dentistry Examining Board

Rule No.: Chs. DE 2, 5 & 6

Relating to: Pathway to licensure for foreign-trained applicants for licensure as dentists

Rule Type: Emergency and Permanent

1. Finding/nature of emergency (Emergency Rule only):

The Dentistry Examining Board finds that an emergency exists and that revisions to chs. DE 2, 5 and 6 are necessary for the immediate preservation of the public health and welfare. Regionally, Wisconsin is perceived as having some of the weakest rules regarding foreign-trained applicants and their eligibility to apply for state licensure.

Statements of the facts constituting the emergency are:

- 1) In 2007, the rules in place for submitting an application for a licensed dentist in the State of Wisconsin were changed primarily to address an internal backlog.
- 2) While the rule revisions at that time streamlined the application and approval process, they inadvertently created application requirement for foreign-trained applicants whereby Wisconsin had less stringent requirements than most states in the upper mid-west.
- 3) Since this time, the Credentialing Committee of the Dentistry Examining Board, in reviewing more current applications from foreign-trained applicants, found that the education requirements of newly licensed dentists for not equitable for U.S.-trained and foreign-trained applicants.
- 4) By reviewing the education and training requirements for foreign-trained applicants by other mid-western states, Wisconsin is in a position to modify and align their requirements such that such applicants have similar requirements when applying for licensure in this state.

2. Detailed description of the objective of the proposed rule:

The primary intent of this proposed rule is to revise and clarify the pathway to licensure for foreign-trained applicants. In reviewing applications from individuals whose education was obtained other than from an accredited U.S. or Canadian dental school, the Credentialing Committee of the Dentistry Examining Board (the Board) determined that eligibility for application for licensure in Wisconsin was inconsistent with eligible requirements of most states in the upper mid-west.

Research was further conducted of the rules for a number of mid-western states; it was determined that Wisconsin standards, which changed in 2007, were now perceived as the weakest of the states surveyed. While Wisconsin requires the passage of a clinical exam for these applicants and additional training (one year AGD or GPR), these requirements are no longer considered equivalent to obtaining a DDS/DMD degree via the traditional degree route in Wisconsin.

Requirements will be established for both initial licensure and endorsement for foreign-trained applicants. Typographical errors, formatting, and other corrections, such as definitions, will be made where appropriate, as well as needed cross references in other chapters in this series.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

After 2007, a new provision for initial licensure that applied only to foreign-trained applicants was created. The provisions qualified a foreign-trained dentist eligible to apply for a Wisconsin license if he or she submitted to the Board evidence of graduation from a non-U.S. or Canadian accredited dental school and

evidence of the successful completion of an accredited postgraduate program in advanced education in general dentistry or an accredited general dental practice residency. In addition, a foreign-trained dentist must submit the same information required of non-foreign trained dentists listed in s. DE 2.01 (1) (a) to (d), (f) and (g) prior to initial application.

To be deleted for final copy

July 2003: Board Motion:

“ . . .to require all foreign-trained dentists, prior to applying for Wisconsin licensure, would need to: first successfully pass National Boards Part I and II, attend an ADA accredited dental school for a minimum of 2 years, which would result in the candidate receiving a DDS/DMD degree, successfully pass either CRDTS or WREB; and in addition, all foreign trained applicants are acted on by the Credentialing Committee” ***(motion carried unanimously)***

Like Wisconsin, a number of adjacent states--Illinois, Indiana, Iowa, Ohio, Michigan and Minnesota, all require a degree (DDS or DMD) from a U.S. or Canadian accredited dental school. Unlike Wisconsin and except for Minnesota, these states also require a minimum of a 2-year specialty program. Iowa allows either the degree (DDS or DMD) or a 2 yr-IDP (undergrad). In lieu of the 2-year specialty program, Wisconsin allows the one-year AGD or GPR training.

Regionally, Wisconsin is perceived as having some of the weakest rules where foreign-trained applicants come to obtain licensure. This route to licensure affects the number of 'seats' available to applicants with degrees, education and training from ADA CODA (American Dental Association - Commission on Dental Accreditation) institutions. For example, Marquette University Dental School requires foreign-trained dentists who were trained in countries outside the United States and Canada, but wish to apply for advanced standing admission, are required to complete three-years of training before a DDS degree is conferred. As with all applicants, these applicants are admitted on a space-available basis.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 447.02 (2) (b) reads: "Dentistry examining board. (2)The examining board shall promulgate rules specifying all of the following:

(b) The standards, conditions and any educational requirements that are in addition to the requirements specified in s. 447.04 (1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

The staff time needed to develop the rules is expected to be about 200 hours, depending on the complexity. This includes coordinating the rule-making process with the Board, research, rule drafting, and processing the rules through public hearings, legislative review, and adoption. The agency will utilize existing staff. There are no other resources necessary to develop the rules.

6. List with description of all entities that may be affected by the proposed rule:

Applicants with foreign-based training and/or degrees and Wisconsin licensed dental hygienists and dentists

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

There are no known existing or proposed federal regulations addressing the licensure requirements for dentists from U.S., Canadian or foreign-based schools and institutions.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

There is minimal or no economic impact of implementing this rule and is not likely to have a significant economic impact on small businesses.

Contact Person: Jean MacCubbin, (608) 266-0955

Board Chairperson
Dentistry Examining Board

Date Submitted

DRAFT

STATEMENT OF SCOPE

Dentistry Examining Board

Rule No.: Chs. DE 2, 5 & 6

Relating to: Pathway to licensure for foreign-trained applicants for licensure as dentists

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The primary intent of this proposed rule is to revise and clarify the pathway to licensure for foreign-trained applicants. In reviewing applications from individuals whose education was obtained other than from an accredited U.S. or Canadian dental school, the Credentialing Committee of the Dentistry Examining Board (the Board) determined that eligibility for application for licensure in Wisconsin was inconsistent with eligibility requirements of most states in the upper mid-west.

Research was further conducted of the rules for a number of mid-western states; it was determined that Wisconsin standards, which changed in 2007, were now perceived as the weakest of the states surveyed. While Wisconsin requires the passage of a clinical exam for these applicants and additional training (one year AGD or GPR), these requirements are no longer considered equivalent to obtaining a DDS/DMD degree via the traditional degree route in Wisconsin.

Requirements will be established for both initial licensure and endorsement for foreign-trained applicants. Typographical errors, formatting, and other corrections, such as definitions, will be made where appropriate, as well as needed cross references in other chapters in this series.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

After 2007, a new provision for initial licensure that applied only to foreign-trained applicants was created. The provisions qualified a foreign-trained dentist eligible to apply for a Wisconsin license if he or she submitted to the Board evidence of graduation from a non-U.S. or Canadian accredited dental school and evidence of the successful completion of an accredited postgraduate program in advanced education in general dentistry or an accredited general dental practice residency. In addition, a foreign-trained dentist must submit the same information required of non-foreign trained dentists listed in s. DE 2.01 (1) (a) to (d), (f) and (g) prior to initial application.

To be deleted for final copy

July 2003: Board Motion:

“ . . .to require all foreign-trained dentists, prior to applying for Wisconsin licensure, would need to: first successfully pass National Boards Part I and II, attend an ADA accredited dental school for a minimum of 2 years, which would result in the candidate receiving a DDS/DMD degree, successfully pass either CRDTS or WREB; and in addition, all foreign trained applicants are acted on by the Credentialing Committee” ***(motion carried unanimously)***

Like Wisconsin, a number of adjacent states--Illinois, Indiana, Iowa, Ohio, Michigan and Minnesota, all require a degree (DDS or DMD) from a U.S. or Canadian accredited dental school. Unlike Wisconsin and except for Minnesota, these states also require a minimum of a 2-year specialty program. Iowa allows

either the degree (DDS or DMD) or a 2 yr-IDP (undergrad). In lieu of the 2-year specialty program, Wisconsin allows the one-year AGD or GPR training.

Regionally, Wisconsin is perceived as having some of the weakest rules where foreign-trained applicants come to obtain licensure. This route to licensure affects the number of 'seats' available to applicants with degrees, education and training from ADA CODA (American Dental Association - Commission on Dental Accreditation) institutions. For example, Marquette University Dental School requires foreign-trained dentists who were trained in countries outside the United States and Canada, but wish to apply for advanced standing admission, are required to complete three-years of training before a DDS degree is conferred. As with all applicants, these applicants are admitted on a space-available basis.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 447.02 (2) (b) reads: "Dentistry examining board. (2)The examining board shall promulgate rules specifying all of the following:

(b) The standards, conditions and any educational requirements that are in addition to the requirements specified in s. 447.04 (1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

The staff time needed to develop the rules is expected to be about 200 hours, depending on the complexity. This includes coordinating the rule-making process with the Board, research, rule drafting, and processing the rules through public hearings, legislative review, and adoption. The agency will utilize existing staff. There are no other resources necessary to develop the rules.

6. List with description of all entities that may be affected by the proposed rule:

Applicants with foreign-based training and/or degrees and Wisconsin licensed dental hygienists and dentists

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

There are no known existing or proposed federal regulations addressing the licensure requirements for dentists from U.S., Canadian or foreign-based schools and institutions.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

There is minimal or no economic impact of implementing this rule and is not likely to have a significant economic impact on small businesses.

Contact Person: Jean MacCubbin, (608) 266-0955

Board Chairperson
Dentistry Examining Board

Date Submitted

**State of Wisconsin
Department of Safety & Professional Services
AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request: Jean MacCubbin, Admin. Rules Coordinator		2) Date When Request Submitted: 2/26/2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 20140305	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? LEG_ADMIN MATTERS-2 1. Discuss and Consider Creating Scope Statement for AB763, Mobile Dentistry	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (<u>Fill out Board Appearance Request</u>) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <p style="margin-left: 40px;">1. Discuss and Consider Creating Scope Statement for AB763, Mobile Dentistry</p> <p style="margin-left: 40px;">Review amended bill AB 763, regulation of mobile dentistry programs and rule-making authority (attached).</p> <p style="margin-left: 40px;">Provide input into a "mobile dentistry registration program" and related application and renewal requirements (including licensure, denial, revocation, reinstatement); procedures for access to patient records/continuity of care, standards of conduct; program registrant's contact information/licensing; and a listing of program registrations accessible to the public.</p> <p style="margin-left: 40px;">MOTION First moved, seconded by Second, to designate (Name of Board Member) to serve as liaison to DSPS staff for drafting the Scope Statement relating to the regulation of mobile dentistry programs for consideration at a future meeting.</p>			
11) Jean MacCubbin	Authorization		2/26/2014
Signature of person making this request		Date	



**ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO ASSEMBLY BILL 763**

February 24, 2014 - Offered by Representative MURPHY.

1 **AN ACT to amend** 447.07 (1), 447.07 (3) (intro.), 447.07 (3) (a), 447.07 (3) (b),
2 447.07 (3) (e), 447.07 (3) (f), 447.07 (3) (m), 447.07 (5) and 447.07 (7); and **to**
3 **create** 440.03 (13) (b) 38m., 440.08 (2) (a) 46y., 447.01 (10), 447.02 (2) (f), (g) and
4 (h) and 447.058 of the statutes; **relating to:** regulation of mobile dentistry
5 programs and granting rule-making authority.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

6 **SECTION 1.** 440.03 (13) (b) 38m. of the statutes is created to read:
7 440.03 (13) (b) 38m. Mobile dentistry program registrant.

8 **SECTION 2.** 440.08 (2) (a) 46y. of the statutes is created to read:

9 440.08 (2) (a) 46y. Mobile dentistry program registration: October 1 of each
10 odd-numbered year.

11 **SECTION 3.** 447.01 (10) of the statutes is created to read:

1 447.01 (10) "Mobile dentistry program registrant" means a person registered
2 under s. 447.058.

3 **SECTION 4.** 447.02 (2) (f), (g) and (h) of the statutes are created to read:

4 447.02 (2) (f) A requirement that a mobile dentistry program registrant
5 establish procedures for a patient treated in the mobile dentistry program to access
6 his or her patient records.

7 (g) Standards of conduct for the operation of a mobile dentistry program in this
8 state, the provision of dental services through a mobile dentistry program, and the
9 use of portable dental equipment.

10 (h) A definition of "mobile dentistry program" and the activities that constitute
11 the operation of a mobile dentistry program for purposes of the registration
12 requirement under s. 447.058.

13 **SECTION 5.** 447.058 of the statutes is created to read:

14 **447.058 Mobile dentistry program registration. (1) REGISTRATION**
15 **REQUIRED.** No person may own or operate a mobile dentistry program in this state
16 unless the person is registered under this section. A person that wishes to own or
17 operate more than one mobile dentistry program in this state shall apply for a
18 separate registration under this section for each mobile dentistry program the
19 person owns or operates.

20 **(2) REGISTRATION.** (a) The examining board may grant a registration under this
21 section to a person who does all of the following:

22 1. Submits an application for registration to the department on a form provided
23 by the department. The application shall include the person's name and tax
24 identification number, the person's business address and telephone number, and any
25 other information the department or the examining board requires.

1 2. Pays the fee specified in s. 440.05 (1).

2 3. Satisfies any other requirements established by the examining board by
3 rule.

4 (b) A mobile dentistry program registrant shall submit an application for
5 renewal, and the applicable renewal fee determined by the department under s.
6 440.03 (9) (a), to the department on a form provided by the department on or before
7 the applicable renewal date specified under s. 440.08 (2) (a).

8 **SECTION 6.** 447.07 (1) of the statutes is amended to read:

9 447.07 (1) The examining board may, without further notice or process, limit,
10 suspend, or revoke the license or certificate of any dentist or dental hygienist, or the
11 registration of a mobile dentistry program registrant, who fails, within 60 days after
12 the mailing of written notice to the dentist's ~~or~~, dental hygienist's, or registrant's
13 last-known address, to renew his ~~or her~~ the license ~~or~~, certificate, or registration.

14 **SECTION 7.** 447.07 (3) (intro.) of the statutes is amended to read:

15 447.07 (3) (intro.) Subject to the rules promulgated under s. 440.03 (1), the
16 examining board may make investigations and conduct hearings in regard to any
17 alleged action of any dentist or dental hygienist, of a mobile dentistry program
18 registrant, or of any other person it has reason to believe is engaged in or has engaged
19 in the practice of dentistry or dental hygiene, or the operation of a mobile dentistry
20 program, in this state, and may, on its own motion, or upon complaint in writing,
21 reprimand any dentist or dental hygienist who is licensed or certified under this
22 chapter, or any mobile dentistry program registrant, or deny, limit, suspend, or
23 revoke his or her license or certificate, or the registration of the mobile dentistry
24 program registrant, if it finds that the dentist ~~or~~, dental hygienist, or mobile
25 dentistry program registrant has done any of the following:

1 **SECTION 8.** 447.07 (3) (a) of the statutes is amended to read:

2 447.07 (3) (a) Engaged in unprofessional conduct or violated the standards of
3 conduct established by the examining board under s. 447.02 (2) (g).

4 **SECTION 9.** 447.07 (3) (b) of the statutes is amended to read:

5 447.07 (3) (b) Made any false statement or given any false information in
6 connection with an application for a license ~~or~~, certificate, or registration or for
7 renewal or reinstatement of a license ~~or~~, certificate, or registration, or received a
8 license ~~or~~, certificate, or registration through error.

9 **SECTION 10.** 447.07 (3) (e) of the statutes is amended to read:

10 447.07 (3) (e) Subject to ss. 111.321, 111.322, and 111.335, been convicted of a
11 crime, the circumstances of which substantially relate to the practice of dentistry or
12 dental hygiene or the operation of a mobile dentistry program.

13 **SECTION 11.** 447.07 (3) (f) of the statutes is amended to read:

14 447.07 (3) (f) Violated this chapter or any federal or state statute or rule ~~which~~
15 that relates to the practice of dentistry or dental hygiene, or the operation of a mobile
16 dentistry program.

17 **SECTION 12.** 447.07 (3) (m) of the statutes is amended to read:

18 447.07 (3) (m) Made a substantial misrepresentation in the course of practice,
19 or in the operation of a mobile dentistry program, that was relied upon by a client.

20 **SECTION 13.** 447.07 (5) of the statutes is amended to read:

21 447.07 (5) The examining board may reinstate a license ~~or~~, certificate, or
22 registration that has been voluntarily surrendered or revoked on terms and
23 conditions that it considers appropriate. This subsection does not apply to a license
24 or registration that is revoked under s. 440.12.

25 **SECTION 14.** 447.07 (7) of the statutes is amended to read:

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brittany Lewin Executive Director		2) Date When Request Submitted: 2/25/14	
		Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 3/5/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Education and Examination Matters- ADEX Dental Examination Committee	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Board is able to select one dentist to represent the Board to serve as a member of the ADEX Dental Examination Committee for a term of 3 years.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

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7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: See attached interest and resumes of a dental hygienist and a dentist to become CRDTS examiners. Seeking Board approval to serve as board CRDTS examiners.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Brittany Lewin
Executive Director, Division of Policy Development
Wisconsin Department of Safety and Professional Services
608.261.5406

February 26, 2014

Dear Ms. Lewin:

This letter is to express my interest in becoming a Dental Hygiene Examiner for Central Regional Dental Testing Services, Inc. (CRDTS). I have been a full time dental hygiene and assisting instructor and coordinator for close to 20 years.

After graduating with a Bachelor's degree in Dental Hygiene from Marquette University, I spent the first 15 years of my career practicing dental hygiene and gaining hands on experience in the field. Over the next 20 years, I utilized this experience to transition into the education sector, where I became a full time instructor for the Dental Assisting and Dental Hygiene programs at Lakeshore Technical College (LTC). During this time I occasionally worked in a number of dental offices as a temporary hygienist to help maintain my clinical skills.

I continued to further my own education by earning a Master's degree in Management and Organizational Behavior from Silver Lake College, and I am currently the Director of the Dental Assistant Program and Coordinator of the Dental Hygiene Program at LTC. I will be retiring from this full time position in May of 2014, but will remain on in an advisory role for the dental programs at LTC.

My goal is to continue in some capacity in the dental profession. I would like to use my experience to help certify the next generation of dental hygiene professionals and maintain the integrity of the profession. My Curriculum Vitae is attached for your review and I can provide more information or references upon request.

Thank you for your consideration.

Sincerely,

Geri

Geraldine M. Peterson, BSDH, MS
Dental Assistant/Hygiene Programs
Lakeshore Technical College

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Geraldine Mary Peterson



Full name

Geraldine Mary Peterson

Current Rank or title and date of initial appointment

Dental Hygiene Instructor/Site Coordinator, May, 1996

Rank or title currently held and date of appointment to the rank or title

Dental Assistant Program Director/Instructor, May 2002

Nature of appointment

Full-time instructor, salaried

Educational Preparation

Name of Institution	Silver Lake College
Location	2406 S Alverno Road Manitowoc, WI 54220
Date Attended	August 2002
Date Graduate	May 2004
Degree	M.S.
No. Credits	39
Major:	MOB
Name of Institution	Marquette University
Location	1442 West Wisconsin Avenue Milwaukee, WI 53233
Date Attended	August 1975
Date Graduate	May 1979
Degree	B.S.D.H.
No. Credits	122
Major	Dental Hygiene
Minor	English
Name of Institution	University of Wisconsin Eau Claire
Location	105 Garfield Avenue Eau Claire, WI 54701
Date Attended	August 1974 – May 1975
No. Credits	30

Teaching Experience

From Mo./Year	1994
To Mo./Year	Present
Name of School	Lakeshore Technical College
Location	1290 North Avenue Cleveland, WI
Position	Dental Assistant Instructor
Responsibilities	Didactic Dental Radiography Dental and General Anatomy Laboratory Radiography Lab
From Mo./Year	1996
To Mo./Year	Present
Name of School	Lakeshore Technical College
Location	1290 North Avenue Cleveland, WI
Position	Dental Hygiene Instructor/Site Coordinator
Responsibilities	Clinical instructor Calibration with Distant Sites Coordinate Facilities/Staff at LTC Campus
From Mo./Year	1999
To Mo./Year:	Present
Name of School:	Lakeshore Technical College
Location	1290 North Avenue Cleveland, WI
Position	Director/Instructor Dental Assistant Program; Instructor/Site Coordinator Dental Hygiene Program
Responsibilities	Didactic Dental Radiography for Assistant and Hygiene Programs Dental Materials for Hygiene Oral Anatomy, Embryology and Histology Lab/Clinical Clinical instructor for hygiene Lab for Radiography

Occupational Experience

From Mo./Year	1994
To Mo./Year	Present
Total Hours	Variable
Employer	Self- RDH Affiliates: Hired out as a temp in 20-30 dental offices in the following areas beginning in 1994
Location	Lakeshore area (Manitowoc, Sheboygan, Fond du Lac, Green Bay, Calumet)
Job Description	Dental Hygiene
From Mo./Year	1990
To Mo./Year	1994
Total Hours	3400
Employer	Dr. Thomas J. Peterson
Location	519 Christel Drive Valders, WI
Job Description	Dental Hygiene
From Mo./Year	1989
To Mo./Year	1990
Total Hours	590
Employer	Dr. Leon Cummings
Location	2229 S. Memorial Place Sheboygan, WI
Job Description	Dental Hygiene
From Mo./Year	1979
To Mo./Year	1989
Total Hours	10,286
Employer	Dental Park, S.C.
Location	1503 Randolph Court Manitowoc, WI
Job Description	Dental Hygiene

Continuing Education

- 2013** **Orascopeptic Loupes In-Service**, Sean Nolan, District Manager. Orascopeptic Sybron Dental Specialties. November 22, 2013.
- Radiology Assessment**, Doreen Johnson, RDH, MA, Ed., Dentsply International. April 19, 2013.
- Passive Self-Ligation Orthodontics**, Instructor: Dr. Jeff Just; Provider: Sue Kolb, Director of Continuing Education and Events; Ormco Lifelong Learning Series. January 31, 2013.
- 2012** **Dental Implants: Assessment & Maintenance Strategies**, Doreen Johnson, RDH, MA, Ed. Dentsply International, Dentsply Implants. September 27, 2012.
- Dental Hygiene Student Conference and Faculty Meeting**, “*Be prepared for CRDTS*”, Penny Fudally, RDH, Med, CRDTS Hygiene Examination Review Committee, Chairperson. “*What Can We Do and Where?*”, “*Outside the Walls of a Dental Office*”, Matt Crespin, MPH, RDH, Associate Director, Children’s Health Alliance of Wisconsin. State Faculty Meeting. Waukesha County Technical College. March 30, 2012
- 2011** **Ethics In-service**, WCTC faculty in-service. September 16, 2011.
- Digital Radiography in Dentistry: Moving from Film-Based to Digital Imaging**, Gail F. Williamson, RDH, MS. Proctor & Gamble CE Online Interactive Course. April 11, 2011.
- Bloodborne Pathogens-Healthcare Workers**, Lezage Training Center-Online, March 31, 2011
- 2010** **Educational Methodology for Dental Hygiene Instruction**
2 hours, Waukesha County Technical College, Mark R. Jorgensen, October 26, 2010
- Management of Medical Emergencies and Other dental Procedures in the Dental Office**: 5 CEU’s, Waukesha Technical College, Dr. Joseph A. Best, September 24, 2010
- Dentsply In-Service, Educational Methodology, Cariology**, Doreen Smeltzer, February 12, 2010
- TalEval, WCTC January 14, 2010

2009

Bloodborne Pathogen Training, Jay Scherer, December 4, 2009

TalEval and Admissions Criteria, November 20, 2009

Tal Eval, October 23, 2009

WCTC C.E.: The Three P's in Dentistry, September 25, 2009

Periodontal and Cardiovascular Disease, Fran Wolf, MD. Astra Tech.
May 14, 2009.

Colgate In-Service, Michele Odo, May 8, 2009

WDA State Convention, Drugs in Dentistry, Dr. Joe Best, May 2009

Ultradent In-Service, Barb Marasco, April 24, 2009

Chicago Midwinter Dental Society Meeting, February 2009

Johnson and Johnson In-Service, Wendy Swanson, February 2, 2009

2008

Chicago Midwinter Dental Society Meeting, February 2008

Johnson and Johnson In-Service, Jim McCormick, November 14, 2008

Densply In-Service, Doreen Smeltzer, October 17, 2008

Bloodborne Pathogen Training, Tim Greene, September 12, 2008

Ultradent Elite Conference, Dr. Dan Fischer, July 30 – August 1, 2008

Hu-Friedy Presentation, Jill Walker, March 14, 2008

Chicago Midwinter Dental Society Meeting, February 2008

2007

3M Espe, Omni Gel Presentation, Paul Gernand, November 9, 2007

Premier Presentation, Gail Roitman-Trauger, November 2, 2007

Dental Implications in Bisphosphonate Induced Osteonecrosis of the Jaw, Ma' Lou Sabino, October 19, 2007

WCTC Bloodborne Pathogen Training, Tim Greene, September 7, 2007

Chicago Midwinter Dental Society Meeting, February 2007

- 2006** **WCTC Bloodborne Pathogen Training**, Tim Greene, September 29, 2006
Lunch ‘n Learn: “Dental Caries: Advances in Detection and Disease Management,” Doreen Smeltzer, May 12, 2006
Chicago Midwinter Dental Society Meeting, February 2006
- 2005** **WCTC Bloodborne Pathogens**, Tim Greene, September 30, 2005
New Advance Listerine and CPC Containing Mouthrinses, Jim McCormick, April 22, 2005
Dentsply: Oraquix, Deb Rosema & Doreen Smeltzer, March 11, 2005
Chicago Midwinter Dental Society Meeting, February 2005
- 2004** **WCTC In-Service: Dental Hygiene Care Plan**, December 3, 2004
WCTC In-service, November 5, 2004
 Subgingival Scaling
 Perio Therapy
 New Patient Criteria
 Quality Assessment Program
 Pt. Profile
 Med Clearance
 Prescription of Radiographs
 Informed Consent
 DH Care Plan
 Tx. Plan
 Care of Oral Prostheses
CRDTS Annual Workshop, March 11 – 13, 2004

Faculty Information

- Licenses** Wisconsin #2648-16, expires September 30, 2015
 Wisconsin Dental Hygiene
 State of Wisconsin Technical College System Certification
 #50 Course Construction/Wisconsin Instructional Design System
 #51 Philosophy of VTAE
 #52 Teaching Methods
 #53 Educational Psychology
 #54 Educational Evaluation

#55 Guidance and Counseling
#69 Educational Diversity

CPR

American Red Cross CPR for the Professional Rescuer
Expires 5/2015

Professional Organizations

Wisconsin Dental Hygiene Association: 2004 - Present

American Dental Hygiene Association: 2004 – Present

Committees

Advisory committees for WCTC and LTC

Mission of Mercy (M.O.M.): 2010

Community Service

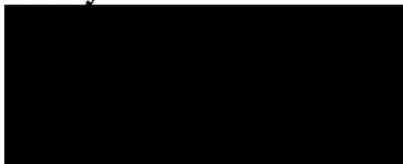
Volunteer in the Lakeshore Community Dental Clinic: 2004 - Present

Mission of Mercy: 2010

Fund raising for military troops: April 2010

Curriculum Vitae

Mary M Hirsch D.D.S.



Education

University of Wisconsin-Madison 1978
B.S. Natural Science-Genetics

Marquette University School of Dentistry
Doctor of Dental Surgery 1982

Associations

Dane County Dental Association
Wisconsin Dental Association
American Dental Association
Academy of General Dentistry
Chicago Dental Society

Awards and Certifications

Fellowship Award-Academy of General Dentistry 1995

Invisalign Provider Certification 2002

American Heart Assoc. Healthcare Provider CPR w/AED

Teaching Experience

Madison College, Madison, WI 2007-present

Clinical Dentist, first year dental hygiene clinic 2007-2013

Clinical Dentist, second year dental hygiene clinic 2013-

Provided pedodontic dental services to low income children for Children's Dental Health Program 2007-2013

Marquette University Dental School, Milwaukee, WI

Affiliated Associate Professor 2011-2013

Related Experience

Dentist, Madison Family Dental Assoc. 1982-1985
Providing dental services in a large group setting.

Dentist Madsen & Hirsch S.C. 1985-present
Providing dental services in a small family practice.
Special interests are adult orthodontics and endodontics.

Mission of Mercy Volunteer, summers 2011,2012,2013

Professional Development

Madison College,
Teaching Methods
Marquette Dental School, 188 hours
Post degree training in topics of gnathology, operative dentistry, treatment planning, occlusal management and ceramic restorations.

United States Dental Institute
Post degree training in orthodontics for general practitioners 1986-1988, 127 hours

Endodontic Seminars, 65 hours
Pediatric Dentistry, 11 hours
Myofacial Pain/ Dysfunction , 142 hours
Basic Sciences, 25 hours
Periodontis, 46 hours
Practice Management 75 hours
Oral Medicine, Diagnosis, and Pathology, 26 hours
Special Patient Care, 11 hours
Esthetics, 10.5 hours.

WI Dentistry Examining Board

ATTN: Dr. Lyndsay Knoell, Chair

WI Department of Safety and Professional Services

PO Box 8935

1400 East Washington Avenue

Madison, WI 53708

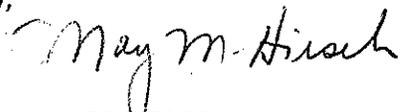
January 14, 2014

Dear Dr. Knoell and members of the Examining Board,

I attended the Board meeting this month, at the invitation of Mara Brooks from the Wisconsin Dental Association, because of my interest in joining the board at some future point in time. I was very impressed with the diligence of the board to remain fair and objective in the matters I witnessed being addressed. After Mara informed me that openings on the board would not be available for a couple of years, I also expressed my interest in being a board examiner and asked if this was possible. She referred me to Kimber Cobb, from CRDTS, who was enthusiastic about my name being added to the roster with the request of being authorized by the WDEB.

I have enclosed my CV which includes my experience with dental education both at Marquette with dental students and dental hygiene students at Madison College. I am very interested in the educational processes for our future dental health care professionals and doing what I can to ensure both the protection of the public and the reputation of our profession with involvement on some level with the WDEB. Thank you for your consideration, and I hope to receive your authorization as a deputy board examiner.

Sincerely,



Mary M. Hirsch DDS FAGD

**State of Wisconsin
Department of Safety & Professional Services**

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10) Describe the issue and action that should be addressed: See attached interest and resumes of a dental hygienist and a dentist to become CRDTS examiners. Seeking Board approval to serve as board CRDTS examiners.			
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Central Regional Dental Testing Service, Inc.

February 5, 2014

TO: Regional State Boards of Dentistry

FROM: Penny Fudally, R.D.H., Chair, Examination Review Committee

SUBJECT: Annual School's Report

You will find enclosed copies of CRDTS' 2013 Dental Hygiene Schools' Reports. The Steering Committee has established policy that each State Board should receive copies of the reports and be given the confidential code numbers for the schools which lie within their State's jurisdiction. The 2013 code numbers for your State's schools appear below.

WISCONSIN DENTAL HYGIENE PROGRAMS:

Code #	School
66	Chippewa Technical College
70	Fox Valley Technical College
68	Madison Area Technical College
71	Milwaukee Area Technical College
65	North Central Technical Institute
69	Northeast Wisconsin Technical Institute
67	Waukesha County Technical College

THE HISTORY OF THE UNITED STATES

CHAPTER I

The first part of the history of the United States is the history of the discovery and settlement of the continent. The discovery of the continent is attributed to Christopher Columbus in 1492. The settlement of the continent began with the arrival of the first European settlers in 1607. The early years of settlement were marked by hardship and struggle, but the settlers eventually established a permanent presence on the continent.

The second part of the history of the United States is the history of the American Revolution. The American Revolution was a war fought between the thirteen original colonies and Great Britain from 1775 to 1783. The revolution resulted in the colonies gaining independence and the formation of the United States of America.

- 1. The American Revolution
- 2. The American Civil War
- 3. The American West
- 4. The American Industrial Revolution
- 5. The American Progressive Era
- 6. The American New Deal
- 7. The American Cold War
- 8. The American Vietnam War
- 9. The American Space Age
- 10. The American Information Age

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.

**2013
ANNUAL REPORT TO PROGRAM DIRECTORS
ON
DENTAL HYGIENE EXAMINATION RESULTS**

Prepared by Lynn Ray, R.D.H., B.S.

Director of Analysis

February 2014

Kimber Cobb, R.D.H., B.S.

Director of Dental Examinations and Data Management

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the statistical analysis performed.

3. The third part of the document presents the results of the study, showing the relationship between the variables investigated. It includes several tables and graphs that illustrate the findings.

4. The final part of the document discusses the implications of the results and provides recommendations for further research. It also includes a conclusion that summarizes the main findings of the study.

INTRODUCTION

The administration of a clinical board examination in dental hygiene is a demanding task. Over the past thirty years the Central Regional Dental Testing Service, Inc., has taken a number of steps to improve its examination program. The administration of the test has been rigorously standardized so that it is as fair as possible to all candidates no matter where they might take the examination. The test has been designed to insure that candidates demonstrate minimal competence on most basic dental hygiene skills. However, a clinical test which uses a different patient for each candidate and many different examiner teams must also be designed so that differences in these two variables can be measured and controlled. The computer analysis of all dental hygiene test administrations which CRDTS initiated in 1977 provides an important tool to monitor variables and conduct further research and examination refinement. Through continual analysis and refinement we have taken significant steps to insure the test's reliability. This process of refinement will continue in years to come as testing methodologies and student performance both improve.

It is believed that the publication of an annual report on candidate performance will be of benefit to program directors and faculty within the region as well as to the future practice and profession of dental hygiene. The five objectives which CRDTS wishes to accomplish by the regular reporting of examination results are summarized below.

OBJECTIVES

1. **To provide an annual summary of the content and performance expected on each portion of the examination.**

Table 1 summarizes the content and weights of the examination which were in force during the 2013 examining year. Not only does this table clearly describe all performance expectations, it does so in a way that can be used by faculty for program self-assessment through mock board examinations. CRDTS reserves the right to modify test content and performance standards on the various procedures from time to time in order to insure the validity of the test in a changing practice environment. Annual review of this table will reveal any such changes which have been incorporated into the test and the candidate's guide will be annually updated to describe any changes in examination parameters.

It should be noted that CRDTS is a testing agency and, as such, it reports final scores to candidates and State Boards, leaving the decision as to whether a candidate has passed or failed up to each Board. While most states use 75 points as their minimum passing score, this is not always the case. For purposes of statistical analysis, this report uses 75 points as the minimum passing score.

2. **To provide an annual summary of candidates examined from each program within CRDTS jurisdiction.**

Table 2 lists all regional programs participating in the examination and the number of graduates from each who took the examination as a proportion of all candidates taking the examinations. This table simply provides a perspective on the data which is subsequently reported. The order of programs on this table does not coincide with the identification codes of each program as shown on Tables 3 through 9. All regional schools are assigned a code number; however, in some instances there may be insufficient data to include a school in the report. Therefore, those schools with fewer than 3 candidates are deleted from the report.

3. **To provide a summary of candidate performance by dental hygiene program.**

Table 3 provides an analysis of overall test performance for the Dental Hygiene Examination by program. Indices used include: Pass Rate, Mean Scores and a Ranking based on the Mean Score. A review of these tables should give some perspective on the overall capabilities of each dental hygiene program. While this information should be helpful in assessing program strength, caution should be taken when interpreting results. As you well know, the competence of successive classes from a given institution can vary considerably from year to year; however, consistent examination results may well be indicative of program strength.

4. **To provide an analysis of candidate performance by candidate status on each procedure of the clinical examination.**

Each Table provides a summary of candidate performance on the Clinical Exam's different procedures. Candidate performance has been analyzed according to the information available from applications about the candidates' status. The categories analyzed include: current graduates from within the region served by CRDTS or those from a CRDTS' test site outside the region, current graduates from outside the region, previous graduates and candidates who have previously failed the examination. With the *exception* of previous failures, each category of candidate status includes *only those candidates taking the exam for the first time*; those candidates who retake the exam are classified as previous failures, regardless of their status as current or previous graduates, or education within or outside CRDTS' member states. The differing pass rates for each group are viewed as one measure of the test's validity. The analysis of differences between recent and previous graduates provides one method of measuring the capability of prior graduates to maintain their technical skills.

5. **To provide an analysis of candidate performance by dental hygiene program on each procedure on the clinical examination.**

Tables 4 through 9 provide an analysis of candidate performance on each procedure on the test. Program faculty should be able to make some inferences as to the relative strength of their graduates in each clinical discipline. This analysis could provide a basis for course assessment or curriculum improvement in each program.

DESCRIPTION OF INDICES

In order to encourage the most appropriate interpretation of the data presented in the various tables, each of the indices used is described in detail as follows:

Program Code - To insure anonymity from examiners as well as other institutions each has been assigned a code number known only by the Program Director of that institution. Code numbers will be randomly re-assigned each year to assure continuing confidentiality. All regional schools are assigned a code number; however, in some instances there may be insufficient data to include a school in the report. In such cases, those school codes are deleted from the report.

Mean Score - With the scoring system that CRDTS adopted with ADEX in 2006, weighted points are deducted for each error that is confirmed by at least two out of three independent examiners. Consequently, mean scores are now a better barometer of relative performance than they once were when CRDTS used a conjunctive scoring system in which candidates were awarded either *all* or *none* of the points for a procedure, depending on whether they fulfilled the minimum performance criteria for that skill. It should be recognized that **candidates who did not complete the exam due to failure to submit an acceptable treatment selection are assigned a score of "0" in all parts of the exam**, and this may have a substantial impact on the mean score. Mean scores are reported for each skill set and they are used for the Ranking of programs.

Pass Rate - Unless otherwise indicated, the numbers in columns labeled "Candidates Passing" represent the percentages of candidates participating in the exam who scored 75 points or more on the examination or a procedure in the examination, rounded to the nearest hundredth of a percentage point. **Those candidates who never presented an acceptable treatment selection are counted as a failure in every examination part and overall.**

Critical Failures - For a number of years, CRDTS has maintained a criterion for critical failure of tissue management. Any tissue laceration will result in a 4 point deduction in tissue management. However, major damage to the tissue which is inconsistent with the procedure and pre-existing condition and four or more confirmed lacerations are considered critical failures and will result in automatic failure of the Clinical Exam. Table 9 displays the information for tissue management for each school.

Ranking by Mean Scores - Since there is always a tendency for institutional faculty to compare their performance with that of other programs we have addressed that task in as reasonable a fashion as possible. Since the range of pass rates is usually restricted and often greatly influenced by the failure of a single candidate (particularly in a small program), pass rates are not used for ranking purposes. We use *the mean score* for each program as the index for program comparison. Not only is there a greater variation between programs when this index is used, it is far less sensitive to the failure of one or two candidates than pass rates. It is, therefore, more reflective of overall candidate performance, and hence, a more meaningful indicator of program performance.

In place of individual program rankings and with the growth in the number of regional programs, we have used a system of modified quintile rankings, with "1" being the highest ranking and "5" being the lowest in comparison to other regional schools. It is obvious that minor differences in mean scores should not be overlaid by assignment of grossly different ranks. The restriction of such differences to a few broad categories is regarded as a far more practical method of differentiating between the strengths of the various programs. With approximately 80 graduating classes being ranked, a given quintile should normally contain approximately around 16 programs. However, when the strict adherence to such divisions would unfairly place programs with closely equivalent numbers of confirmed errors into different categories, the number of programs in each quintile has been adjusted accordingly. In addition, if the mean scores are clustered very closely together with little differentiation, the quintile rankings will be delimited to a smaller number of categories.

TREATMENT SELECTION (TS)

Table 4 displays information about the treatment selections presented by graduates from each school. Candidates *must* select a minimum of six and no more than ten teeth for treatment. The selected teeth must present at least 14 surfaces of explorer-detectable calculus. If the first treatment selection is unacceptable, the candidate is penalized 7 penalty points and may present a second selection. If a second treatment selection fails to meet the criteria, the candidate is penalized another 7 penalty points; subsequent treatment selections may be presented with no additional penalties other than loss of time. Table 4 displays the number of penalties that were assigned for an unacceptable treatment selection, and the percentage of candidates that never presented an acceptable treatment selection and, therefore, did not complete the examination. *These incomplete procedures are counted among the failures in each section of the clinical examination.*

INCOMPLETE PROCEDURES

Program Directors should be aware of the impact that incomplete procedures have on the analysis. If any of your students do not have an acceptable patient or fail to complete all portions of the examination for any reason, it will have an effect on the data. The percentage of your candidates who attempted to start the exam, but did not complete it, is shown in the last column of Table 4. This will allow you to assess the impact of incomplete procedures on the pass rates of students from your program.

SUMMARY

Dental hygiene faculty, program directors, advisory committees and institutional administrators are all concerned with the quality of their educational program. A variety of internal and external program evaluation methods are regularly used within each program. These include faculty review, student feedback, employer satisfaction and external accreditation at both the program and institutional levels. This report has been prepared as a guide for program directors and faculty for their own use as one additional external program evaluation mechanism, and should not be used in the absence of several other mechanisms. Your comments on the usefulness of its current format will be most appreciated.

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TABLE 1
2013 SCORING SYSTEM

Oral Evaluation, Scaling, Plaque/Stain Removal – 100 Points

1. Oral Evaluation – 14 Points

- 7 scorable items
- 2 points are awarded for each Intra/Extra-Oral structure that is evaluated and described correctly

2. Periodontal Probing – 12 Points

- 12 measurements evaluated on two teeth
- 1 point for each correctly measured pocket depth

3. Scaling

Treatment Selection

- Penalty points are assessed for treatment selections that do not meet the described criteria
- 7 penalty points for 1st rejection
- 7 penalty points for 2nd rejection
- No additional penalty points deducted for subsequent rejections but an acceptable treatment selection must be submitted within the allotted time limits

Scaling – 56 Points

- 14 scorable items
- 4 points are awarded for each of the 14 required surfaces that are acceptably debrided of subgingival calculus

Plaque/Stain Removal – 6 Points

- 6 scorable items on 6 teeth
- 1 point is awarded for the first six teeth in the treatment selection that are free of plaque/stain

Tissue Management – 12 Points

- 3 scorable items on tissue surrounding treatment selection
- 4 points deducted for each area of tissue damage
- Critical Errors: Damage to 4 or more areas of gingival tissue within or near the treatment selection or any instance of severe damage to the lips or mucosa will be considered a critical error and result in failure of Part II of the Dental Hygiene Examination

Treatment Standards

The Candidate's Guide describes certain activities on the part of a candidate that warrant a penalty deduction from the score. If a penalty has been deducted from the examination score, a notation will appear in the candidate's score report. Penalty deductions are assessed for each occurrence of a deficiency noted.

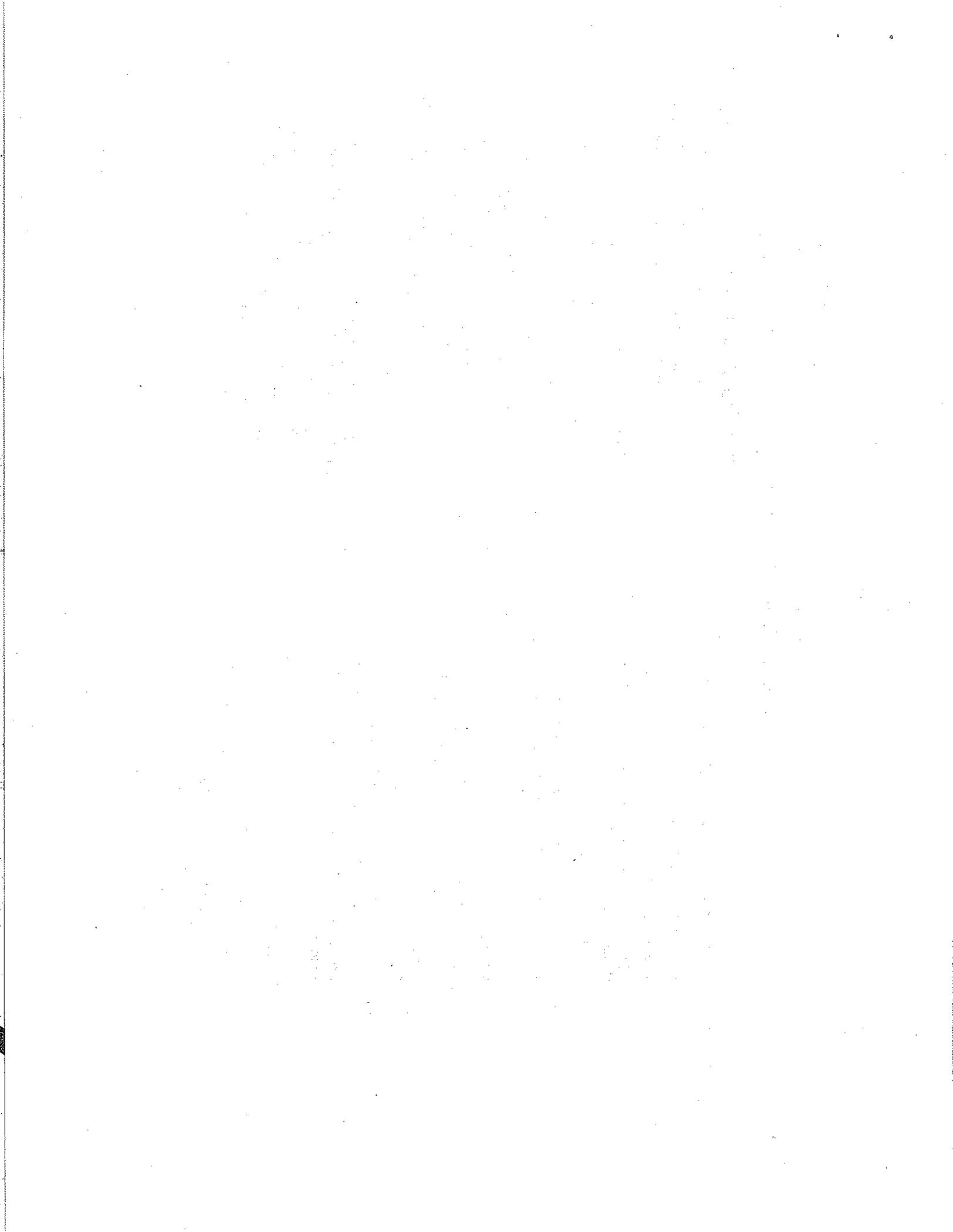


TABLE 2

2013 SUMMARY OF DENTAL HYGIENE PROGRAMS AND CRDTS CANDIDATES

<u>State Program</u>		<u>% of Total # Candidates</u>
<u>Alabama</u>	Fortis Institute – Birmingham	0.56%
	Wallace State Community College	1.22%
<u>Colorado</u>	Concorde Career College—Aurora	2.39%
	Colorado NW Community College	1.44%
	Community College of Denver	1.33%
	Pueblo Community College	0.78%
<u>Georgia</u>	Athens Technical College	0.72%
	Central Georgia Technical College-Macon	0.78%
	Central Georgia Technical College-Warner-Robins	0.67%
	Clayton College & State University	1.50%
	Columbus Technical College	0.78%
	Darton College	0.78%
	Fortis College - Smyrna	1.05%
	Georgia Regents University	1.28%
	Georgia Highlands	0.72%
	Georgia Perimeter College	1.28%
	Lanier Technical College	0.78%
	Savannah Technical College	0.89%
	Southeastern Technical College	0.33%
<u>Hawaii</u>	University of Hawaii - Manoa	0.78%
	University of Hawaii Maui College	0.56%
<u>Illinois</u>	Carl Sandburg College	1.11%
	Lewis & Clark	1.11%
<u>Iowa</u>	Des Moines Area Community College	1.17%
	Hawkeye Community College	1.00%
	Iowa Central Community College	0.50%
	Iowa Western Community College	1.55%
	Kirkwood Community College	1.05%
<u>Kansas</u>	Flint Hills Technical College	0.78%
	Johnson County Community College	1.39%
	Manhattan Area Technical College	0.50%
	Wichita State University	1.83%
<u>Minnesota</u>	Argosy University	2.33%
	Century College	0.72%
	Herzing College	2.28%
	Lake Superior College - Duluth	1.17%
	Minnesota State University-Mankato	1.05%
	Minnesota State CC & Tech College (Moorhead)	1.00%
	Normandale Community College	1.11%
	Rochester Community College	0.89%
	St. Cloud Technical College	0.67%
	University of Minnesota	1.28%
<u>Missouri</u>	Concorde College	2.61%
	Missouri College	1.39%
	Missouri Southern State College	0.83%
	North Central Missouri College	0.50%
	St. Louis Community C. at Forest Park	1.44%
	State Fair Community College	0.50%
	University of Missouri at Kansas City	1.50%
<u>Nebraska</u>	Central Community College	0.72%
	University of Nebraska	1.22%
<u>New Mexico</u>	Eastern New Mexico University	0.33%
	Pima Medical Institute-Albuquerque	1.39%
	San Juan College	0.56%
	University of New Mexico	1.17%
<u>North Dakota</u>	North Dakota State School of Science	1.22%
<u>South Carolina</u>	Florence Darlington Technical College	0.50%
	Horry Georgetown Technical College	0.28%
	Midlands Technical College	0.89%
	Trident Technical College	1.33%
<u>South Dakota</u>	University of South Dakota	1.67%
<u>Texas</u>	Amarillo College	1.50%
	Coastal Bend College	1.17%
	Coleman College of Health Science-Houston	0.50%
	Concorde Career College—Dallas	1.55%
	Concorde Career College—San Antonio	1.28%
	Del Mar College	1.11%
	Lamar Institute of Technology	1.17%
	Lone Star College	0.78%
	Sanford Brown College-Dallas	1.17%
<u>West Virginia</u>	West Liberty State College	0.72%
<u>Wisconsin</u>	Chippewa Technical College	0.56%
	Fox Valley Technical College	0.83%
	Madison Area Technical College	1.94%
	Milwaukee Area Technical College	1.61%
	North Central Technical Institute	1.61%
	Northeast Wisconsin Technical Institute	0.94%
<u>Wyoming</u>	Waukesha County Technical College	0.61%
	Laramie County Community College	0.94%
	Sheridan College	1.17%
	1st Time Regional Graduates	87.78%
	1st Time Non-Regional Graduates	1.55%
	Previous Graduate	2.28%
	Previous Failure	8.16%

Table 3
ANALYSIS OF CLINICAL EXAM RESULTS
BY DENTAL HYGIENE PROGRAM

PROGRAM CODE	MEAN SCORE (of 100 Pts)	CANDIDATES PASSING % **	QUINTILE RANKING BY MEAN SCORE
1	85.48	92.59	4
2	84.90	85.11	4
3	89.56	100.00	3
4	77.44	88.89	5
5	85.84	88.00	4
6	95.38	100.00	1
7	73.13	80.00	5
8	95.53	100.00	1
9	77.50	70.00	5
10	71.50	68.18	5
11	91.43	91.30	2
12	80.53	73.33	5
13	94.54	100.00	1
14	88.36	92.86	3
15	77.64	71.43	5
16	60.92	66.67	5
17	85.61	78.26	4
18	93.22	96.30	2
19	92.81	100.00	2
20	91.42	100.00	2
21	94.00	100.00	1
22	91.86	100.00	2
23	85.50	83.33	4
24	90.86	85.71	3
25	92.54	94.74	2
26	89.36	92.86	3
27	90.52	93.94	3
28	85.72	84.00	4
29	91.44	100.00	2
30	89.83	87.50	3
31	81.46	83.72	4
32	95.64	100.00	1
33	76.77	80.77	5
34	92.23	95.45	2
35	96.24	100.00	1
36	94.76	100.00	1
37	97.41	100.00	1
38	93.89	100.00	2
39	90.10	85.00	3
40	54.71	57.14	5
41	80.82	78.57	5
42	91.30	95.65	2
43	95.00	100.00	1
44	88.41	82.35	3
45	92.90	100.00	2
46	93.64	92.86	2
47	85.30	90.00	4
48	83.05	75.00	4
49	91.10	95.00	2
50	94.45	100.00	1
51	82.71	83.33	4
52	91.15	97.56	2
53	91.70	95.65	2
54	94.21	100.00	1
55	91.46	84.62	2
56	92.08	100.00	2
57	83.50	77.78	4
58	83.25	93.75	4
59	91.62	95.24	2
60	91.68	100.00	2
61	88.48	85.71	3
62	86.89	88.89	3
63	92.06	94.44	2
64	92.96	92.86	2
65	83.00	89.66	4
66	94.80	100.00	1
67	90.18	81.82	3
68	89.77	91.43	3
69	96.88	100.00	3
70	90.67	93.33	3
71	91.03	93.10	2
72	98.32	100.00	1
73	96.85	100.00	1
74	72.83	66.67	5
75	81.76	85.71	4
76	81.80	85.71	4
77	94.52	100.00	1
78	86.20	80.00	3
79	93.21	100.00	2
80	95.11	100.00	1
81	72.31	75.00	5
82	69.31	69.23	5
Non-CRDTS Grad	86.18	85.71	
Previous Grad	81.69	84.75	
Prev Failures	83.90	79.85	
TOTALCAND	86.79	90.79	

Table 4

ANALYSIS OF NUMBER OF TREATMENT SELECTIONS REJECTED

PROGRAM CODE	% 1 TSW Rejected (-7)	% 2 ND TSW Rejected (-14)	No Acceptable TS %*
1	24.13	10.34	10.34
2	36.17	12.76	4.25
3	11.11		
4	33.33	22.22	11.11
5	20.83	8.33	4.16
6	7.69	3.85	
7	50.00	16.66	16.66
8			
9	10.00	10.00	10.00
10	22.72	18.18	13.64
11	21.74	17.39	4.34
12	28.57	14.28	7.14
13	15.38		
14	7.14	7.14	7.14
15	28.57	21.43	7.1
16	58.33	33.33	25.00
17	17.39	8.70	
18	11.11	7.40	
19	12.50		
20	16.66	8.33	
21			
22	28.57	7.14	
23	33.33	16.66	
24			
25	26.32	10.52	
26	28.57	7.14	
27	3.03	3.03	
28	12.00	12.00	4.00
29	22.22	11.11	
30	20.83	12.50	4.16
31	20.93	13.95	9.30
32			
33	30.76	19.23	11.53
34			
35			
36	14.28		
37	3.7		
38	22.22		
39			
40	47.62	33.33	28.57
41	32.14	10.71	7.1
42	26.08	13.04	4.34
43			
44	11.76		
45	4.76		
46	14.28	7.14	
47	30.00	10.00	10.00
48			
49			
50	10.00		
51	47.62	16.66	4.76
52	4.88		
53	13.04	4.34	
54	15.78	5.26	
55			
56			
57	27.77	11.11	5.55
58	6.66	6.66	6.66
59	4.76	4.76	4.76
60			
61	4.76		
62	22.22		
63	16.67	5.56	
64	7.14	3.57	
65	13.79	6.89	6.89
66	20.00		
67	18.18	9.09	
68	11.42	8.57	2.86
69			
70	33.33	26.66	
71	24.13	13.79	
72			
73			
74	33.33	16.66	16.66
75	19.04	14.28	14.28
76	40.00	20.00	10.00
77	4.00		
78			
79	8.33		
80	11.11		
81	25.00	18.75	18.75
82	38.46	23.07	15.38
Non-CRDTS Grad	14.28	10.70	7.14
Prev Graduates	13.55	11.86	8.47
Previous Failures	15.64	6.12	2.72

* Incomplete procedure, counted as failures for all procedures and total clinical examination.

Table 5
ANALYSIS OF ORAL EVALUATION RESULTS
14 POINTS POSSIBLE

PROGRAM CODE	MEAN SCORE (of 14 Pts)	CANDIDATES PASSING % *	QUINTILE RANKING BY MEAN SCORE
1	12.37	92.59	4
2	12.04	72.34	4
3	13.11	88.89	2
4	10.89	66.67	5
5	12.32	88.00	2
6	13.00	92.31	2
7	10.53	80.00	5
8	12.87	80.00	3
9	11.80	70.00	5
10	11.73	86.36	5
11	12.87	86.96	3
12	12.93	93.33	3
13	13.69	92.31	1
14	12.71	85.71	3
15	12.43	85.71	4
16	8.67	58.33	5
17	13.13	95.65	2
18	13.41	100.00	1
19	13.50	100.00	1
20	13.33	100.00	2
21	13.69	92.31	1
22	13.29	92.86	2
23	13.33	100.00	2
24	13.00	92.86	2
25	12.11	68.42	4
26	13.57	100.00	1
27	13.33	100.00	2
28	12.72	92.00	3
29	12.22	88.89	4
30	13.00	91.67	2
31	12.04	86.05	4
32	12.86	92.86	3
33	11.69	84.62	5
34	12.91	81.82	3
35	13.43	100.00	1
36	12.76	85.71	3
37	13.41	96.30	1
38	12.67	88.89	3
39	13.00	85.00	2
40	8.19	52.38	5
41	11.50	82.14	5
42	12.61	91.30	4
43	13.43	100.00	1
44	13.18	94.12	2
45	12.76	95.24	3
46	13.29	92.86	2
47	12.20	90.00	4
48	12.80	95.00	3
49	13.70	95.00	1
50	13.50	100.00	2
51	12.43	85.71	4
52	13.32	97.56	2
53	13.65	95.65	1
54	13.16	89.47	2
55	13.54	100.00	1
56	13.00	83.33	2
57	12.67	94.44	4
58	12.25	93.75	4
59	12.86	95.24	3
60	12.95	84.21	3
61	11.71	61.90	5
62	12.00	66.67	4
63	13.22	94.44	2
64	13.57	100.00	1
65	12.21	89.66	4
66	13.20	100.00	2
67	13.27	100.00	2
68	12.97	91.43	3
69	13.76	94.12	1
70	13.73	100.00	1
71	13.17	93.10	2
72	13.36	95.45	2
73	13.85	95.45	1
74	10.67	83.33	5
75	11.43	85.71	5
76	11.80	90.00	5
77	12.96	92.00	3
78	13.20	100.00	2
79	13.00	95.83	2
80	13.56	100.00	1
81	10.63	75.00	5
82	11.08	84.62	5
Non-CRDTS Grad	12.21	85.71	
Previous Grad	11.71	79.66	
Prev Failures	12.63	87.31	
TOTALCAND	13.19	92.67	

Table 6
ANALYSIS OF PERIODONTAL MEASUREMENT RESULTS
12 POINTS POSSIBLE

PROGRAM CODE	MEAN SCORE (of 12 Pts)	% CANDIDATES PASSING	QUINTILE RANKING BY MEAN SCORE
1	10.93	92.59	4
2	11.39	95.74	4
3	11.56	100.00	3
4	10.67	88.89	4
5	11.36	96.00	4
6	11.85	100.00	2
7	9.13	80.00	5
8	11.90	100.00	1
9	10.80	90.00	4
10	10.05	81.82	5
11	11.52	95.65	3
12	10.87	93.33	4
13	11.46	100.00	3
14	10.64	92.86	4
15	10.79	85.71	4
16	7.92	66.67	5
17	11.83	100.00	2
18	11.89	100.00	2
19	11.69	100.00	3
20	11.83	100.00	2
21	11.31	92.31	4
22	11.93	100.00	1
23	12.00	100.00	1
24	11.71	100.00	3
25	11.79	100.00	3
26	11.57	92.86	3
27	12.00	100.00	1
28	11.40	96.00	4
29	12.00	100.00	1
30	11.50	95.83	3
31	10.76	90.70	4
32	11.93	100.00	1
33	10.15	84.62	5
34	11.95	100.00	1
35	11.67	100.00	3
36	11.90	100.00	1
37	11.22	96.30	4
38	12.00	100.00	1
39	11.75	100.00	3
40	7.33	61.90	5
41	10.25	78.57	5
42	11.30	95.65	4
43	11.86	100.00	2
44	11.82	100.00	2
45	11.81	100.00	2
46	11.79	100.00	3
47	10.70	90.00	4
48	11.75	100.00	3
49	11.85	100.00	2
50	11.95	100.00	1
51	11.43	95.24	3
52	11.85	100.00	2
53	11.91	100.00	1
54	11.95	100.00	1
55	12.00	100.00	1
56	11.67	100.00	4
57	11.17	94.44	4
58	10.50	93.75	5
59	10.95	95.24	4
60	11.74	100.00	3
61	11.95	100.00	1
62	11.89	100.00	2
63	11.83	100.00	2
64	11.89	100.00	2
65	11.10	93.10	4
66	11.90	100.00	1
67	11.82	100.00	2
68	11.43	94.29	3
69	11.24	94.12	4
70	11.87	100.00	2
71	11.52	96.55	3
72	11.82	100.00	2
73	11.85	100.00	2
74	9.17	66.67	5
75	10.00	85.71	5
76	10.40	90.00	5
77	11.60	96.00	3
78	11.40	100.00	4
79	11.88	100.00	2
80	11.89	100.00	2
81	9.75	81.25	5
82	10.08	84.62	5
Non-CRDTS Grad	11.36	92.86	
Previous Grad	10.81	91.53	
Prev Failures	11.55	97.76	
TOTALCAND	11.76	98.82	

**Table 7
ANALYSIS OF SCALING RESULTS
56 POINTS POSSIBLE**

PROGRAM CODE	MEAN SCORE (of 56 Pts)	CANDIDATES SCORING 75% +*	QUINTILE RANKING BY MEAN SCORE
1	47.41	85.19	4
2	47.45	80.85	4
3	48.89	77.78	3
4	42.67	88.89	5
5	46.56	72.00	4
6	53.69	100.00	1
7	41.60	80.00	5
8	53.33	96.67	1
9	38.80	70.00	5
10	36.00	59.09	5
11	51.65	91.30	2
12	42.13	60.00	5
13	52.92	92.31	1
14	49.14	85.71	3
15	40.29	57.14	5
16	34.33	66.67	5
17	44.00	69.57	4
18	52.15	92.59	2
19	50.50	87.50	2
20	50.33	91.67	3
21	51.08	84.62	2
22	51.14	92.86	2
23	43.33	66.67	4
24	48.29	85.71	3
25	54.32	100.00	1
26	48.86	78.57	3
27	50.55	93.94	2
28	45.76	76.00	4
29	51.56	100.00	2
30	50.33	87.50	3
31	43.48	67.44	4
32	52.86	100.00	1
33	41.54	65.38	5
34	49.82	90.91	3
35	53.14	100.00	1
36	53.33	100.00	1
37	55.41	100.00	1
38	52.89	100.00	1
39	48.00	80.00	3
40	29.71	47.62	5
41	45.14	75.00	4
42	52.52	95.65	1
43	52.29	85.71	2
44	46.59	76.47	4
45	50.86	90.48	2
46	52.29	92.86	2
47	48.00	90.00	3
48	40.60	50.00	5
49	48.40	75.00	3
50	52.20	95.00	2
51	45.81	80.95	4
52	48.49	78.05	3
53	49.91	86.96	3
54	53.26	100.00	1
55	48.62	76.92	3
56	49.67	91.67	3
57	44.89	72.22	4
58	45.18	87.50	4
59	50.67	90.48	2
60	50.74	89.47	2
61	47.81	80.95	4
62	47.11	77.78	4
63	51.56	100.00	2
64	50.29	92.86	3
65	43.45	68.97	4
66	53.20	100.00	1
67	49.09	81.82	3
68	49.03	88.57	3
69	53.88	100.00	1
70	51.47	86.67	2
71	51.31	89.66	2
72	55.45	100.00	1
73	53.54	100.00	1
74	39.33	50.00	5
75	45.71	85.71	4
76	44.80	90.00	4
77	52.80	96.00	1
78	44.00	100.00	4
79	51.00	95.83	2
80	52.44	100.00	2
81	37.75	50.00	5
82	36.31	61.54	5
Non-CRDTs Grad	48.71	85.71	
Previous Grad	45.36	86.27	
Prev Failures	43.73	64.93	
TOTALCAND	49.90	86.24	

*ALL Candidates who scored 75% of the 56 possible points on the procedure. Failures include those who scored less than 75%, plus the candidates who never completed the procedure due to an unacceptable treatment selection.

Table 8

ANALYSIS OF PLAQUE/STAIN REMOVAL RESULTS
6 POINTS POSSIBLE

PROGRAM CODE	MEAN SCORE (of 6 Pts)	CANDIDATES PASSING % *	QUINTILE RANKING BY MEAN SCORE
1	5.37	85.19	4
2	5.57	91.49	4
3	5.89	100.00	2
4	5.11	88.89	5
5	5.64	96.00	3
6	5.81	96.15	3
7	4.80	80.00	5
8	5.50	86.67	4
9	5.30	90.00	4
10	4.68	68.18	5
11	5.70	91.30	3
12	5.47	86.67	4
13	6.00	100.00	1
14	5.57	92.86	4
15	5.50	92.86	4
16	4.00	66.67	5
17	5.87	95.65	2
18	5.85	100.00	2
19	6.00	100.00	1
20	6.00	100.00	1
21	5.92	100.00	2
22	6.00	100.00	1
23	6.00	100.00	1
24	6.00	100.00	1
25	5.84	100.00	3
26	6.00	100.00	1
27	5.97	100.00	2
28	5.63	92.00	3
29	6.00	100.00	1
30	5.63	91.67	3
31	5.46	90.70	4
32	6.00	100.00	1
33	5.12	84.62	5
34	5.82	95.45	3
35	6.00	100.00	1
36	5.95	100.00	2
37	5.81	96.30	3
38	5.89	100.00	2
39	5.95	100.00	2
40	3.71	61.90	5
41	5.25	89.29	4
42	5.70	95.65	3
43	6.00	100.00	1
44	5.76	100.00	3
45	6.00	100.00	1
46	6.00	100.00	1
47	5.40	90.00	4
48	5.90	100.00	2
49	5.85	100.00	2
50	5.50	85.00	4
51	5.48	90.48	4
52	5.88	97.56	2
53	5.70	91.30	3
54	5.74	94.74	3
55	5.62	100.00	3
56	5.92	100.00	2
57	5.61	94.44	3
58	5.08	87.50	5
59	5.71	95.24	3
60	5.95	100.00	2
61	5.71	90.48	3
62	5.67	88.89	3
63	5.78	94.44	3
64	5.96	100.00	2
65	5.52	93.10	4
66	5.90	100.00	2
67	5.91	81.82	2
68	5.69	97.14	3
69	6.00	100.00	1
70	5.80	93.33	3
71	5.76	93.10	3
72	5.91	100.00	2
73	6.00	100.00	1
74	4.83	83.33	5
75	4.67	76.19	5
76	5.40	90.00	4
77	5.88	96.00	2
78	5.60	80.00	3
79	6.00	100.00	1
80	6.00	100.00	1
81	4.85	81.25	5
82	4.77	81.25	5
Non-CRDTS Grad	5.75	96.43	
Previous Grad	5.36	86.44	
Prev Failures	5.65	91.79	
TOTALCAND	5.79	93.26	

*ALL Candidates who scored 75% of the 6 possible points on the procedure. Failures include those who scored less than 75%, plus the candidates who never completed the procedure due to an unacceptable treatment selection.

Table 9
ANALYSIS OF TISSUE MANAGEMENT RESULTS
12 POINTS POSSIBLE

PROGRAM CODE	MEAN SCORE (of 12 Pts)	CANDIDATES PASSING %	QUARTILE RANKING BY MEAN SCORE
1	10.96	88.89	4
2	11.37	93.62	3
3	12.00	100.00	1
4	10.67	88.89	4
5	11.52	96.00	3
6	12.00	100.00	1
7	9.60	80.00	5
8	12.00	100.00	1
9	10.80	90.00	4
10	10.00	81.82	5
11	11.83	95.65	2
12	11.20	93.33	4
13	12.00	100.00	1
14	10.29	85.71	5
15	11.14	92.86	4
16	8.00	66.67	5
17	12.00	100.00	1
18	11.33	85.19	3
19	12.00	100.00	1
20	11.67	91.67	3
21	12.00	100.00	1
22	12.00	100.00	1
23	12.00	100.00	1
24	12.00	100.00	1
25	11.37	94.74	3
26	12.00	100.00	1
27	11.52	93.94	3
28	11.52	100.00	3
29	12.00	100.00	1
30	11.50	95.83	3
31	10.96	90.70	4
32	12.00	100.00	1
33	10.62	88.46	4
34	11.82	100.00	2
35	12.00	100.00	1
36	11.81	95.24	2
37	11.70	92.59	2
38	12.00	100.00	1
39	11.40	95.00	3
40	7.43	61.90	5
41	10.68	89.29	4
42	11.30	91.30	3
43	11.43	85.71	3
44	12.00	100.00	1
45	11.81	95.24	2
46	12.00	100.00	1
47	10.40	90.00	5
48	12.00	100.00	1
49	11.80	95.00	2
50	12.00	100.00	1
51	11.43	95.24	3
52	11.88	97.56	2
53	11.83	95.65	2
54	11.79	95.85	2
55	12.00	100.00	1
56	12.00	100.00	1
57	11.33	94.44	3
58	10.61	93.75	4
59	11.43	95.24	3
60	12.00	100.00	1
61	11.62	95.24	3
62	12.00	100.00	1
63	12.00	100.00	1
64	12.00	100.00	1
65	11.03	93.10	4
66	12.00	100.00	1
67	12.00	100.00	1
68	11.66	97.14	3
69	12.00	100.00	1
70	12.00	100.00	1
71	11.86	96.55	2
72	11.77	95.45	2
73	11.62	95.45	3
74	10.00	83.33	5
75	10.29	85.71	5
76	10.80	90.00	4
77	11.80	96.00	2
78	12.00	100.00	1
79	12.00	100.00	1
80	12.00	100.00	1
81	9.75	81.25	5
82	10.15	84.62	5
Non-CRDTS Grad	11.39	92.86	
Previous Grad	10.85	84.75	
Prev Failures	11.61	96.27	
TOTALCAND	11.89	92.23	