

OHIO STATE DENTAL BOARD

SUMMER 2003

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From The
EXECUTIVE DIRECTOR
Lili C. Reitz, Esq.

PROPOSED NEW LAW:

Senate Bill 51 (SB 51) and House Bill 156 (HB 156), were introduced

within the last two months, backed by the Ohio Dental Association (ODA) and the Ohio Dental Hygienists' Association (ODHA).

I want to take this opportunity to provide you with information regarding the Board's concerns with respect to specific provisions contained in both bills dealing with licensure requirements and Board composition. Included in this information will be portions of testimony presented by Board President Dr. Edward Hills, Board Secretary Dr. Eleanore Awadalla, and myself as Executive Director, before the Senate

Health, Human Services and Aging Committee and the House Health Committee the past several weeks. Additional testimony on the bill is expected in the upcoming weeks.

The mission of the Board is to protect the public through three primary functions: licensure, regulation and enforcement. To protect the public through the licensure function, we ensure that only qualified persons receive licenses to practice dentistry and dental hygiene in Ohio.

Dr. Awadalla testified at length about the examination function and process. She stated that the proposed bills would allow dentists who are unable to properly restore a tooth, prepare a crown, or perform a root canal to practice in Ohio. This is simply not acceptable.

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LICENSURE REQUIREMENTS:

Currently, Ohio law requires that a dentist who wishes to practice in our state must show minimum competency in five basic areas of dentistry. The Bills rescind this basic requirement of proven competency in all of these areas. If the bills are passed, the citizens of Ohio could be treated for a root canal or a cavity by a dentist who has been unable to demonstrate these basic necessary skills or knowledge to properly treat the patient.

Dr. Awadalla addressed the status of licensure examinations throughout the country as follows. She explained that although licensure requirements vary among jurisdictions, all jurisdictions require three (3) things:

1. An educational requirement
2. A written exam on theory of dentistry
3. A clinical demonstration exam

The clinical exam requirement must consist of testing basic dental procedures currently performed by practicing dentists.

It is recommended by the American Dental Association and the American Association of Dental Examiners (AADE) that a minimum core content of a clinical examination in dentistry for purposes of initial licensure

should include certain disciplines. These disciplines are:

1. Diagnosis and treatment planning
2. Restorative dentistry
3. Periodontics
4. Fixed prosthodontics
5. Endodontics

Each of these is a separate discipline requiring the demonstration of significantly separate skills. Each discipline is scored separately on the exam.

Dr. Awadalla explained that there are four (4) regional board examinations and also state-only examinations. Under the proposed legislation, Ohio would be mandated to accept anyone who passed ANY of these examinations. She said that this is a concern for good reason. Some regions and state-only examinations do not even test all five (5) basic areas of competency. Therefore, under both bills, Ohio would be required to allow a dentist to practice on Ohio's citizens without having proven that he has the skills necessary to perform these basic dental procedures.

Further, some regional board examinations do not require that the candidates pass all parts of the examination. For example, a candidate could fail the restorative portion, and yet pass the overall exami-

nation. Under the bills, Ohio would be required to allow this dentist to restore teeth on Ohio citizens.

Dr. Awadalla stated that under current Ohio law, each candidate must demonstrate minimum competence in each of these disciplines in order to be licensed in Ohio. This is called a conjunctive scoring model, re-

“...the proposed bill allows dentists who are unable to properly restore a tooth, prepare a crown, or perform a root canal to practice in Ohio. This is simply not acceptable.”

—Dr. Awadalla

quiring passage of all parts. The North East Regional Board of Dental Examiners (NERB), of which Ohio is a part, and the Southern Regional Testing Agency (SRTA) both employ a conjunctive scoring model, requiring passage of all these disciplines in order to pass the entire exam. Two (2) regions, the Western Regional Examining Board (WREB) and Central Regional Dental Testing Service, Inc. (CRDTS), do not require the candidate to pass all disciplines.

Rather, they employ an overall compensatory (average) model (i.e., a candidate could fail the restorative or endodontic portion, and still pass the entire exam).

Current law requires that a dentist demonstrate competence in all five basic areas of dentistry in order to be licensed in Ohio. To do otherwise would be a significant risk to the health, safety and welfare of the patients.

The Board knows little to nothing about state-only examinations. These are exams that are typically created, administered and scored by members of that state dental board and only that exam is acceptable for licensure in that state. Also, most, if not all, of these states do not share what the exam entails. Therefore, there is no way the Board can assess whether these

exams would be acceptable under the prevailing standards.

Typically these exams are low budget items as the states do not have the money that the regional boards have to spend on experts and academicians to update the exams on a yearly basis. Scoring of these exams is also a mystery.

Dr. Awadalla explained that we select the NERB exam as our licensing exam because:

1. It tests the five (5) crucial areas of minimum competency.
2. It uses the conjunctive scoring model, i.e., a candidate must pass all five (5) parts in order to pass the examination.
3. It was proven reliable in the U.S. District Court, Northern District of Ohio 1999 in Baji vs. NERB.

4. Board members are involved in the examination process, its development, and delivery. This is crucial to the mission of the Board. We affect decisions regarding the exam which ultimately affects our citizens.

These two (2) pieces of legislation specifically prohibit Board members from affiliating with and participating in the regional board process. Participation is essential to ensure that the examination is and continues to be what we need it to be. If these bills pass, Ohio would be the first and only state in the nation to not be a part of the examination process.

It is important to note also that our current rules provide that all regional boards are accepted for licensure, provided that all five parts are taken and passed by the applicant.

ACCESS TO CARE:

Dr. Hills addressed the access to care issue. He stated that geographic distribution of dentists is a growing concern. A need to serve low-income patients exists in both rural and urban settings.

He explained that in these bill, the Ohio Dental Association (ODA) proposes to address the crisis in access to dental care by establishing a dental loan repayment program for new graduates who agree to work in

designated shortage areas, and to tighten up immunity for dentists who VOLUNTEER to work in these areas. The Board is in support of these aspects of the bills.

It was further indicated that the ODA asserts that by mandating that the Board accept all licensure exams and thus lowering our current standards for licensure, that the additional dentists who come into our state will assist in addressing the access to care issue. ODA has

stated that provisions in both bills regarding the licensure examination were to combat a **potential** shortage of dentists.

Dr. Hills notes that there is **no link** between licensure requirements and access to dental care. It is a misstatement to say that if the Board provides more people with the ability to obtain a license to practice dentistry, they will choose to practice with the indi-

Continued on next page

ACCESS TO CARE: cont'd

gent populations throughout the state of Ohio. Increasing the number of dentists equates to more dentists competing, NOT more dentists available and working with needy populations. Therefore, lowering the standards for dental licensure in Ohio, as proposed by both bills, will not solve or even address the access to care need in Ohio.

Dr. Hills pointed out that the Board has attempted, through the rule making process, to implement rules expanding duties of dental auxiliaries, such as dental hygienists and dental assistants, to address the access issue. Unfortunately we have been unsuccessful, mainly due to disagreements on practice issues between the private professional associations.

He stated that in his opinion, which I believe is shared by many who work in this area with the poor and underserved, the only way to begin to address the access issue is to allow trained hygienists and assistants to provide more services under the direction of the dentist. This legislation does nothing in this regard.

BOARD COMPOSITION:

The bills propose to increase the size of the Board from seven (7) to fourteen (14) members: adding four dentists, two dental hygienists, and one consumer member.

Dr. Hills believed this to be an attempt to water down the Board by increasing our size and eliminating one of our basic responsibilities to the public. He noted that

there have been several references to the Board and the issues surrounding the Board three years ago, and he assured the committee that this is a new Board, with three new dental members, and a new public member on the Board. He stated that things are not as they were, and that we are making changes and improvements to better protect the public.

The bills do not provide for a fee increase to support doubling the size of the Board. The estimated increase in costs for seven additional members is at least approximately \$50,000 per year; **\$100,000 per biennium**. This is for travel and payroll costs only, and does not include administrative costs such as personnel, phone usage, copying and mailings, etc.

SPECIALISTS:

The proposed legislation limits the number of specialists on the Board. While it may be true that on average there are more general dentists than there are specialists, having specialists on the Board does not change what

the we do in terms of our mission. Whether a specialist or a general dentist, all licensees are held to the same professional standards of care, therefore, whether a specialist or general dentist is reviewing a particular

matter, the same standards will apply. Further, having individuals with specialized knowledge on the Board has proven very beneficial in terms of committee work, etc.

TERMS:

We are very concerned that the legislation changes the length of the terms one serves on the Board from five (5) years to three

(3) years, with a maximum of two (2) terms (public member term would not change).

Board members with experience are crucial to the Board and its effectiveness and efficiency. Having turnover every three (3)

to six (6) years would result in chaos, inefficiency, and risk that the important work of the Board would not be completed in a satisfactory manner. It is also important to note again that the State Medical Board of Ohio has two (2), five (5) year terms for its members, with an option to petition for additional terms, of which many of their members

have had additional terms. This has resulted in having veteran experienced board members assisting new board members in board operations, etc.

The State Medical Board of Ohio licenses approximately 53,000 licensees, has a staff of 78 and it has 12 members on the

board. The Ohio Board of Nursing has approximately 190,000 licensees to regulate, it has a staff of 49 and a board comprised of 13 members. The Dental Board has approximately 23,000 licensees, a staff of 13, and currently seven (7) board members. We believe the size of our board is consistent with the work load we have.

AMENDMENTS:

Based on negotiation and compromise, the Senate Bill was amended as follows:

- The prohibition that the Board members not participate in the examination was removed;
- State-only examinations are

not acceptable for licensure; and

- Any candidate must pass all parts of a regional board examination to qualify for licensure;
- The Board member terms changed to four (4) years.

The Bill in the House is ongoing and only the last two (2) amendments mentioned above have been made thus far.

In HB 156, Board members cannot participate in the exam, and state-only examinations will be acceptable for licensure.

CONCLUSION:

It should not be perceived as negative or detrimental that a regulatory board and the corresponding professional associations have differences of opinions on certain issues. However, both groups should always be working in concert to provide greater access to care, demanding the highest professional standards possible, and ensuring the public as a whole is properly represented and protected.

All interested groups including the Board are busy meeting with legislators on the issues contained in the bills. If you have opinions on these issues that you would like heard, you may send them to me at the Board office and I will forward the information, or you may wish to correspond directly with the sponsors of the bills:

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William J. Lightfoot, D.D.S.

Farewell to William J. Lightfoot, D.D.S.

the mark, focusing all along on protection of the public.

In addition, Dr. Lightfoot served as Chair of the Board's Treatment Center Approval Committee and as the Chair of the Board's Law and Rules Review Committee. In these capacities, Dr. Lightfoot was instrumental in facilitating numerous changes to the rules which govern the profession and implementing guidelines for approval of treatment centers and for the personal appearances of suspended, impaired licensees before the Board, making our jobs as Board members who follow him more effective.

Dr. Lightfoot is an active member of the North East Regional Board of Dental Examiners, in addition to his Board duties, and will continue in

this work. He will also continue as an active member of the American Association of Dental Examiners.

Dr. Lightfoot served in all these capacities with professionalism and dedication, and his hard work which has truly demonstrated his level of passion and commitment, greatly benefited the Board, the profession, and the public we all serve.

Dr. Lightfoot's efforts, along with the friendships he has made with the rest of us, will be difficult to replace. We hope and trust that we will continue to benefit from his knowledge and expertise in the future.

Dr. Lightfoot was appointed to the Board in April of 1993. He served in many capacities during his 10 years on the Board. Dr. Lightfoot served as President and several years as the Board Secretary, overseeing the enforcement arm of the Board. In that role, Dr. Lightfoot spent many hours reviewing investigations and making determinations regarding actions to be taken against licensees who had fallen short of



Scott Borgemenke

Farewell to Scott Borgemenke

he was sincere and committed in his efforts to ensure that the Board continued to fulfill its mission to protect the public. As a member of the Board, Mr. Borgemenke served on the Law and Rules Review and Policy Committees, and also served as Chair of the Communications Committee.

Mr. Borgemenke was a very effective consumer representative on the Board, and we are grateful for his involvement in our efforts and for his guidance and advice along the way.

Mr. Borgemenke resigned to accept

a position on the State Racing Commission. He is currently the President of Strategic Policy Advisors, a Columbus-based public affairs, government relations and campaign consulting firm.

The Board wishes him well in all of his future endeavors!

Scott Borgemenke was appointed to serve as the Board's public member in April of 2000. During his term on the Board, he provided a unique perspective as a dental consumer on a multitude of issues involving the Board and





Gregory A. McDonald, D.D.S.

Gregory A. McDonald, D.D.S. was recently appointed by Governor Bob Taft as a new member to the Board replacing Will-

Welcome to Our New Board Members: Gregory A. McDonald, D.D.S.

iam J. Lightfoot, D.D.S. whose term ended April 6, 2003. In addition, Governor Taft appointed Mark Landes, Esq. to fill the vacancy left by Scott Borgemenke upon his resignation as the public member of the Board.

Dr. McDonald is a General Dentist in the City of Springboro and serves as an Investigator for the Warren County Coroner's Office, as a Forensic Dentist for the Montgomery

County Coroner's Office, and as Clearcreek Township Trustee in Warren County. He has been President of the Dayton Dental Society and served on the Board of Directors and on several councils for the Ohio Dental Association. He attended the University of Dayton and Wright State University for his undergraduate degree, and the University of Tennessee for his Doctorate. Dr. McDonald is married and has one son.



Mark Landes, Esq.

Mark Landes, Esq. was a prosecutor with the cavalry stationed on the Iron Curtain, served as a civil litigator at The Pentagon, and now represents clients

Mark Landes, Esq.

throughout the nation. He is trusted with the defense of 52 counties in Ohio as well as other government entities and businesses. He regularly teaches ethics and professionalism to the legal profession.

In addition, Mr. Landes was appointed special monitor for the U.S. District Court and is Special Counsel for the Ohio Attorney General. He is also on the Drafting Committee of the Ohio Jury Instructions for employment discrimination cases. Mr. Landes has been the President of the

local chapter of the Federal Bar Association, the Chair of the Employment Law Section of the Columbus Bar Association, and is the Chair of the Federal Courts Committee of the Ohio State Bar Association.

Mr. Landes graduated from Johns Hopkins University (B.A., 1978) and earned his law degree from The Ohio State University (J.D., 1982).

We extend a warm welcome to our two (2) newest members.

New Delegable and Non-Delegable Duties

Amended Ohio Administrative Code (OAC) Section 4715-9-01, which became effective May 15, 2003, now allows dental hygienists to perform the bleaching of teeth under the direct supervision of a licensed dentist. This duty includes standard and light-cured power gel bleaching by the dental hygienist but does not include laser bleaching. Dentists and dental hygienists are the only members of the dental team permitted to perform this function under the Dental Practice Act.

Additionally, pursuant to amended OAC Section 4715-11-03, the use of Light Amplification by Stimulated Emission of Radiation (LASER) technologies (excluding caries susceptibility testing devices) may not be delegated to any dental auxiliary. Only a licensed dentist may perform procedures utilizing LASER technologies.

POLICY REGARDING PATIENT RECORDS

The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal. To that end, the Board adopts the following policy regarding patient records.

Currently, the Dental Practice Act does not specifically address the issue of ownership and release of patient records. However, based on relevant law and other source material, it is the Board's position that a dentist must release a copy of the patient record upon request.

Ownership:

Patient records belong to the treating practitioner, however, the patient has an absolute right to a copy of his/her patient records.

Providing copies of records:

A dentist has the ethical obligation on request of either the patient or the patient's subsequent treating dentist with patient authorization and release, to furnish copies of patient records. This can be done either gratuitously or for a nominal, reasonable cost for copying. The copies, including dental x-rays and the like, should include any and all information as will be beneficial for the future uninterrupted, consistent treatment of the patient

Record, defined:

For purposes of this policy, a patient record includes any document or combination of documents that pertains to a patient's medical/dental history, diagnosis, prognosis, or medical/dental condition, and that is generated and maintained in the process of the patient's dental treatment.

Patient records include:

- medical/dental history
- written progress notes
- radiographs
- models
- billing information

A patient record should not include:

- care related to another patient
- peer review/quality assurance information/documents
- correspondence/notes from attorneys
- aberrant/deviant statements

Costs:

This obligation to provide a copy of records exists whether or not the patient's account is paid in full. Since the patient has an absolute right to a copy of his/her records, a dentist may not ignore a request for records due to an unpaid balance for services rendered. Further, a dentist cannot demand payment for copies up front. The dentist may add the fee for copies to the unpaid balance, and include this in any claim for reimbursement, but

records cannot be held hostage for payment of any kind.

Ramifications:

It is the Board's position that failure of a dentist to provide to a patient a copy of his/her records is unethical. Failure to do so could be a potential violation of the standard of care for the profession, which is grounds for discipline pursuant to Ohio Revised Code 4715.30 (A)(7).

...based on relevant law and other source material, it is the Board's position that a dentist must release a copy of the patient record upon request.

CONTINUING EDUCATION REQUIREMENTS

Pursuant to Ohio Revised Code Sections 4715.141 and 4715.25, licensed dentists and dental hygienists are required to obtain continuing education (CE) hours in order to renew their Ohio licenses. There are dual aspects for approval of CE; approved program sponsors and clinically relevant topics.

Any Ohio dental or dental hygiene licensee who intends to renew their license at the end of the biennium, December 31, 2003, must obtain the requisite number of CE hours from an approved sponsor of the Board. There are only two (2) types of Board-approved CE sponsors; Permanent and Biennial. A listing of approved Permanent and Biennial sponsors is available on-line at www.state.oh.us/den or you may contact the Board at 614/466-2580.

PERMANENT SPONSOR -

An organization, school or other dental-related organization or entity who conducts professional education courses. Those being:

- (1) "American Dental Association", and constituent and component dental associations and societies affiliated with the "American Dental Association."
- (2) "National Dental Association", and constituent and component dental associations and societies affiliated with the "National Dental Association."
- (3) "American Dental Hygienists Association", and its recognized constituents, components and affiliated societies.
- (4) "National Dental Hygienists Association", and constituent and component dental hygienists' associations and societies affiliated with the "National Dental Hygienists Association."
- (5) "National, state, district or local dental specialty organiza-

tions affiliated with the "American Dental Association"

- (6) "Academy of General Dentistry" and its constituent and component organizations.
- (7) Colleges and universities with accredited schools of dentistry or dental hygiene and community colleges with approved dental hygiene programs, when the continuing professional education program is held under the auspices of the school of dentistry or dental hygiene, or the dental hygiene program.
- (8) Colleges or universities accredited by an accrediting agency approved by the United States Office of Education.
- (9) Hospitals accredited by the "Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- (10) "Other organizations, schools or other dental related organizations that by board action are listed as permanent sponsors.

BIENNIAL SPONSOR -

Individuals, trade corporations, institutions, study clubs, dental research clinics, and nondental-related entities or groups that have applied and been approved by the board as sponsors for the current biennium.

Additionally, by policy the Board accepts *American Dental Association Continuing Education Recognition Program* (ADA CERP) providers as long as they remain in good standing and are in compliance with the recognition standards and criteria of the *ADA CERP Committee* and the *Council on Dental Education and Licensure*. A listing of approved ADA CERP providers is available on-line at www.ada.org or you may contact the ADA at 312/440-2869.

CURRENTLY, dentists and dental hygienists must complete continuing education that reflects appropriate didactic and clinical training for subject matter as de-

Continued on next page

defined by the *American Dental Association's* (ADA) definition of dentistry, which states in pertinent part:

”Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillo-facial area and/or the adjacent and associated structures and their impact on the human body...”

Therefore, course content must comply with the guidelines set forth in Ohio Revised Code Section 4715.141(A)(1) to (A)(7). Those guidelines are as follows:

- (1) Competency in treating patients who are medically compromised or who experience medical emergencies during the course of dental treatment;
- (2) Knowledge of pharmaceutical products and the protocol of the proper use of medications;
- (3) Competence to diagnose oral pathology;
- (4) Awareness of currently accepted methods of infection control;
- (5) Basic medical and scientific subjects including, but not limited to, biology, physiology, pathology, biochemistry, and pharmacology;
- (6) Clinical and technological

subjects including, but not limited to, clinical techniques and procedures, materials, and equipment;

- (7) Subjects pertinent to health and safety.

The Board has determined that the intent of dental and dental hygiene CE is to improve the clinical application of dentistry and dental hygiene to the citizens of the state of Ohio. Examples of course content which will not be considered acceptable for CE credit are practice management, money management, personal finance or business, basic educational or cultural subjects, teaching of the use of the Internet, general physical fitness or personal health issues, presentations by political or public figures, motivational courses, alternative medicine/theory which has no scientific basis, etc. In addition, dentists and dental hygienists who take the same exact course more than once during a biennium will only be permitted to claim the total continuing education hours for the first completion of the course.

NEW CE RULES became effective April 5, 2001 which provide for specific CE hours in substance abuse and infection control for dentists. Additionally, both dentists and dental hygienists must obtain, at a minimum, twenty-five percent (25%) of their CE hours through directly

interactive presentation formats. Pursuant to Ohio Administrative Code Section 4715-8-01(A) through (H), dentists and dental hygienists must obtain appropriate CE hours in the following categories of credit:

(A) Education and scientific courses

A minimum of 25% (10 hours for dentists and 3 hours for dental hygienists) must be obtained in a directly interactive presentation format.

(B) Substance abuse education

A minimum of 2, maximum of 7 CE hours for **dentists only** must be obtained in a directly interactive presentation format.

(C) Infection control education

A minimum of 2, maximum of 7 CE hours for **dentists only** must be obtained in this category.

(D) Supervised self-instruction

A maximum of 75% (30 hours for dentists and 9 hours for dental hygienists) may be obtained in this category. This self-instruction must include a testing mechanism to ensure completion of the CE.

(E) Nonsupervised self-instruction

A maximum of 5% (2 hours for dentists and a half hour for dental hygienists) may be obtained in this category. There need not be a testing mechanism or documentation for this type of CE.

(F) Papers, publications and scientific presentations – A maximum of 10% (*4 hours for dentists and 1 hour for dental hygienists*) may be obtained by the original authoring, publication or presentation of papers, essays or formal lectures to fellow professionals.

(G) Teaching and research appointments – A maximum of 10% (*4 hours for dentists and 1 hour for dental hygienists*) may be obtained by licensees holding a documented part-time faculty or research appointment through an accredited institution and is involved in at least a one-half day per week teaching or research activity.

(H) Table clinics – A maxi-

mum of 5% (*2 hours for dentists and a half hour for dental hygienists*) may be obtained for the original presentation or documented viewing of a table clinic at a professional meeting.

Any licensee who has graduated from an accredited dental school or dental hygiene program or who completed an accredited residency program during the current biennium is exempt from the continuing education requirement for their first renewal period.

Any applicant who cannot meet the CE requirements due to unusual circumstances (including military duty), emergency or

special hardship may obtain a Request for Continuing Education Waiver form (waiver request) from the Board executive office or download the form from our website. Once you have submitted the waiver request to the executive office, the Board will then consider alternatives such as waivers for some or all of the hours needed and/or permitting an extension of time to get the necessary hours. Please inform the Board in writing as soon as possible of any special circumstances as indicated herein, so that your situation can be addressed in as timely a fashion as possible.



Upcoming Dental and Dental Hygiene Licensure Renewal

Renewal for all dentists and dental hygienists is fast approaching.

As with previous renewals, all dental and dental hygiene licensees will be mailed renewal applications along with the Log of Continuing Education form by mid-November of this year.

All renewals are due **NO LATER THAN** December 31, 2003, but should be submitted prior to December 1st, 2003 to ensure that there are no delays

in licensure renewal. By law, all licensees are suspended automatically if they fail to renew.

The Board has a procedure for processing late renewals, but tech-

nically, if you practice on an expired, suspended license, you are violating the law. Therefore, timely renewal is extremely important.

Correction to Winter 2002 Newsletter

In our Winter 2002 edition of the Ohio State Dental Board Newsletter, we reported that the Ohio Dental Forensic Team (ODFT) was one (1) of only two (2) other states whose dentists participated in the identification of victims of the attacks in New York. This information was in error. While many forensic teams were actually invited

to assist in the recovery efforts, the Ohio Dental Forensic Team was the first non-New York group to be invited to the World Trade Center. Thank you to Frank Wright, DMD, ODFT member for pointing out our error. We sincerely apologize for this misinformation.

MILITARY PERSONNEL

The Ohio State Dental Board (Board) issued a memorandum in April 2003 regarding licensure renewal for military personnel: The purpose of this memorandum is to clarify renewal procedures for those dentists who are scheduled to renew at the end of the year and have been called to active duty in any of the military services.

If you will or may be unable to meet requirements for renewal regarding continuing education, please advise the Board in writing the specifics of your situa-

tion. The Board will then consider alternatives including waivers for some of the hours needed and/or permitting an extension of time to get the necessary hours. Further, if you will not be available at your Board listed address towards the end of the year to receive, complete, sign and have notarized your renewal application, please again inform the Board in writing of the particular circumstances regarding this. The Board will then consider alternatives as requested, including extending the deadline for renewal and/or waiving late fees

for renewal for military personnel on a case by case basis.

Please inform the Board in writing as soon as possible of any special circumstances so that your situation can be addressed in as timely a fashion as possible.

Thank you for your service to this country, especially during this difficult and tenuous time.



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