

# OHIO STATE DENTAL BOARD

## BOARD MEETING

JUNE 15, 2016

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# OHIO STATE DENTAL BOARD

## BOARD MEETING

**JUNE 15, 2016**

### Attendance

The Ohio State Dental Board (Board) met in Room 1960, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19<sup>th</sup> Floor, Columbus, Ohio on June 15, 2016, beginning at 1:30 p.m. Board members present were:

Marybeth Shaffer, D.M.D., President	Ann Aquillo
Constance Clark, R.D.H., Vice President	Patricia Guttman, D.D.S.
Ashok Das, D.D.S., Secretary	Jeanne Huber, R.D.H.
Martin Chambers, D.D.S., Vice Secretary	Susan Johnston, R.D.H.
Bill Anderson, D.D.S.	Charles Smith, D.D.S.

Burton Job, D.D.S. was not present at the meeting.

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General's Office, Nathan DeLong, Esq. of the Ohio Dental Association (ODA); Michele Carr, R.D.H., Director of The Ohio State University College of Dentistry Department of Dental Hygiene, Greg McDonald, D.D.S., former Board member, Harry Kamdar, M.B.A., Executive Director, Lyndsay Nash, Esq., Deputy Director, Heidi Massaro, Compliance Coordinator, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

### Call to Order

Dr. Marybeth Shaffer introduced herself as the Board President, a general dentist from Columbiana. After extending greetings to everyone President Shaffer noted that there was a quorum present and called the meeting to order at approximately 1:32 p.m.

### Board Business

#### Introduction of Board Members

President Shaffer introduced the Board members. She introduced Ms. Connie Clark, the Board's Vice President and a dental hygienist from Dublin, Dr. Ashok Das, the Board's Secretary and a general dentist from Mason, Dr. Martin Chambers the Board's Vice Secretary, a general dentist from Cleveland, Dr. Bill Anderson, a general dentist from Findlay, Dr. Patricia Guttman, a general dentist from Columbus, Dr. Charles Smith, a general dentist from Tipp City, Ms. Jeanne Huber, a dental hygienist from Dayton, Ms. Susan Johnston, a dental hygienist from Columbus, and Ms. Ann Aquillo, the Board's Public member from Powell.

President Shaffer noted that Dr. Burton Job an oral and maxillofacial surgeon from Akron was unable to attend the meeting.

### **Approval of Agenda**

**Motion by Ms. Clark, second by Dr. Das, to approve the June 15, 2016 Board meeting agenda as presented.**

Motion carried unanimously.

### **Review of Board Meeting Minutes**

#### **May 18, 2016**

**Motion by Ms. Clark, second by Ms. Johnston, to approve the May 18, 2016 Board meeting minutes as presented.**

Motion carried unanimously.

### **Public Comment/Presentations/Correspondence**

President Shaffer noted that there were no Public Comments or Presentations before the Board at this time. She indicated that she would be addressing correspondence in her President's Update later in the meeting.

### **Supervisory Investigative Panel Expense Report**

Dr. Das, as Secretary, attested that he had spent in excess of twenty (20) hours per week attending to Board business. Dr. Chambers, the Board's Vice Secretary, attested that he had spent in excess of twenty (20) hours per week attending to Board business.

**Motion by Ms. Aquillo, second by Ms. Huber, to approve the Supervisory Investigative Panel Expense report.**

Motion carried unanimously.

### **Action Items**

President Shaffer noted that there were no "Action Items" being brought forth for consideration at this time.

### **Enforcement**

#### **Review of Proposed Consent Agreement(s)**

The Board reviewed two (2) proposed Consent Agreements. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes.

#### **Disciplinary**

##### ***Mark G. Benedict, D.D.S.***

**Motion by Ms. Johnston, second by Ms. Aquillo, to approve the proposed consent agreement for Mark G. Benedict, D.D.S., license number 30.015265 and case numbers 15-18-0019 and 15-43-0261.**

Motion carried unanimously.

### Non-Disciplinary

#### *Ammar K. Al-Mahdi, B.D.S.*

**Motion by Ms. Johnston, second by Dr. Smith, to approve the proposed consent agreement for Ammar K. Al-Mahdi, B.D.S., license number 30.024824.**

Motion carried unanimously.

### Notices of Opportunity for Hearing

The Board reviewed one (1) proposed notice of opportunity for hearing. The name of the individual/licensee was not included in the documents reviewed by the Board. The name of the individual/licensee has been added to the minutes for public notice purposes.

#### *Melville Donald Hayes, D.D.S.*

**Motion by Ms. Johnston, second by Ms. Aquillo, to approve the proposed notice of opportunity for hearing and forward it to Melville Donald Hayes, D.D.S, license number 30.015151.**

Motion carried unanimously.

### Enforcement Update

Ms. Nash began the report by informing the Board that there were originally two (2) cases pending hearings, however, one had just been resolved by ratification of a consent agreement. She indicated that there were no pending Hearing Examiners Report and Recommendations, that there were currently forty-six (46) licensees and certificate holders under suspension, forty (40) licensees on probation, and that there were one hundred and seventy four (174) active cases. Ms. Nash said that there was one (1) licensee actively participating in QUIP and no new referrals to QUIP. She informed the members that there were six (6) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed.

### Closed Cases

Due to the requirement in Chapter 4715.03(B) of the Ohio Revised Code, that "A concurrence of a majority of the members of the board shall be required to... ..(6) Dismiss any complaint filed with the board.", President Shaffer reviewed the cases to be closed with the Board.

The following cases are to be closed:

15-17-0471

16-48-1139

16-76-1051

16-00-1078

16-50-1100

16-77-1104

Prior to the vote to close the above listed cases, President Shaffer inquired as to whether any of the Board members had any personal knowledge that the cases that were being voted on today involved either themselves or a personal friend.

Roll call:       Dr. Anderson – No  
                  Ann Aquillo – No  
                  Dr. Chambers – No

Ms. Clark – No  
Dr. Das – No  
Dr. Guttman – No  
Ms. Huber – No  
Ms. Johnston - No  
Dr. Shaffer– No  
Dr. Smith - No

President Shaffer then called for a motion to close the cases.

**Motion by Ms. Johnston, second by Ms. Aquillo, to close the above six (6) cases.**

Roll call: Dr. Anderson – Yes  
Ann Aquillo – Yes  
Dr. Chambers – Yes  
Ms. Clark – Yes  
Dr. Das – Yes  
Dr. Guttman – Yes  
Ms. Huber – Yes  
Ms. Johnston - Yes  
Dr. Shaffer– Yes  
Dr. Smith - Yes

Motion carried unanimously.

### **90-Day Report**

Ms. Nash then reviewed the 90-Day Report with the members. She stated that of the seventy-seven (77) cases reflected in the report by age, 22% were between 91-120 days, 21% were 121-150 days old, 8% were 151-180 days old, and 49% were 180 days old or older.

Proceeding on, Ms. Nash reviewed the 90-Day Report by type with the Board members, indicating that of the major categories, there were 59% awaiting SIP review. She explained that 10% were under review of an expert, 6% were issued a subpoena and are waiting on issues/requested subpoenas, 5% of the cases were pending consent agreements/notice of opportunity/QUIP, 5% were pending hearings with the Board, 5% were re-assigned due to the original investigator not returning to work until July, 7% of the cases were with prosecutors or awaiting information from the complainant, and 3% were in other categories.

President Shaffer thanked Ms. Nash for the Enforcement Report and Update.

## **Licensure**

### **License/Certification/Registration Report (Approved by the Licensure Section)**

Samantha Slater, Licensing Assistant, had prepared a report of the licenses, certificates, and registrations issued since the previous Board meeting.

**Dentist(s)**

**Motion by Ms. Johnston, second by Ms. Aquillo, to approve the licensure report for the following dental licenses issued by a regional board examination:**

30.24740	Benedetti, Vincent	30.24774	Faulkner, Virginia
30.24741	Calcei, Beau	30.24775	Usitalo, Taylor
30.24742	Drews, Brittany	30.24776	Conlisk, Albert
30.24743	Haas, Sarah	30.24777	Gianneschi, Grace
30.24744	Justice, Nathan	30.24778	Matta, Rajendar
30.24745	Naylor, Ryan	30.24779	Jacobson, Eric
30.24746	Sanabria, Omer	30.24780	Skelton, Bradley
30.24747	An, Ying	30.24781	Brasher, Faith
30.24748	Movassaghi, Sonya	30.24782	Awadalla, Laura
30.24749	Diterlizzi, Jason	30.24783	Hurt, Andrew
30.24750	Green, Daniel	30.24784	Rodriguez, Zachary
30.24751	Coughlin, Elizabeth	30.24785	Asaad, Reem
30.24752	Lima, Joseph	30.24786	Martin, Laura
30.24753	Chu, Yong, Han	30.24787	Kim, Suh Hee
30.24754	Fignar, Brittany	30.24788	Dainty, Giovanna
30.24755	Mccann, Kaitlin	30.24789	Candon, James
30.24756	Crawford, Leslie	30.24790	Thanawala, Vivek
30.24757	Hong, Andrew	30.24791	Roy, Brian
30.24758	Dunn, Kaila	30.24792	Nesmith, Elizabeth
30.24759	Venoy, Jacob	30.24793	Gohel, Rajendra
30.24760	Wells, Jonathan	30.24794	Kedarsetty, Santoshiratnam
30.24761	Rogers, Clayton	30.24795	Aouthmany, Bushra
30.24762	Mollica, Thanh	30.24796	Trinh, Huong
30.24763	Pierce, Daniel	30.24797	Difranco, James
30.24764	Roessner, Sara	30.24798	Swonger, Whitney
30.24765	Raffoul, Hannah	30.24799	Loeffel, Erika
30.24766	Jang, Joo	30.24800	Mpiana, Bambi
30.24767	Jenkins, Alyssa	30.24801	Alakailly, Xena
30.24768	Koops, Jed	30.24802	Evanko, Jeffrey
30.24769	Christoff, Zachary	30.24803	Cho, Tiffany
30.24770	Gallagher, Brian	30.24804	Solberg, Stephanie
30.24771	Huron, Anthony	30.24805	Jennings, Andrea
30.24772	Lim, Kwang, Min	30.24806	Coyle, Chad
30.24773	Wiechart, Mary		

Motion carried unanimously.

**Dental Hygienist(s)**

**Motion by Ms. Huber, second by Ms. Johnston, to approve the licensure report for the following dental hygiene licenses issued by a regional board examination:**

31.15048	Adams, Taylor	31.15087	Parran, Brittney
31.15049	Balyo, Carlee	31.15088	Sampson, Katelyn
31.15050	Bennett, Staci	31.15089	Smith, Macy
31.15051	Beshears, Elizabeth	31.15090	Pesicek, Macey
31.15052	Engle, Chelsie	31.15091	Phillippo, Rose
31.15053	Freeland, Brianna	31.15092	Plymesser, Courtney
31.15054	Hamilton, Kirstie	31.15093	Walker, Hannah
31.15055	Hoover, Rianna	31.15094	Wolfe, Kourtney
31.15056	Huber, Mickey	31.15095	Bauer, Katelyn
31.15057	Meyerhoeffer, Holly	31.15096	Detray, Jessica
31.15058	Sherer, Vanna	31.15097	Gerstner, Mckenna
31.15059	Von Lehmden, Katherine	31.15098	Jurczyk, Elizabeth
31.15060	Bragg, Makenzie	31.15099	Kahle, Rachel
31.15061	Carder, Jessica	31.15100	Kunk, Abbey
31.15062	Fetzer, Emma	31.15101	Love, Taylor
31.15063	Fischer, Daniela	31.15102	Meyer, Emily
31.15064	Gooden, Brittani	31.15103	Odenweller, Alicia
31.15065	Gremling, Katlynn	31.15104	Ontrop, Kelsee
31.15066	Knape, Marina	31.15105	Remlinger, Jasmine
31.15067	Lammers, Alison	31.15106	Schlarman, Chelsea
31.15068	Louk, Vaida	31.15107	Smith, Sherry
31.15069	Malone, Jaliedy	31.15108	Szymczak, Rachel
31.15070	Pepper, Jessica	31.15109	White, Paige
31.15071	Prater, Brooke	31.15110	Wynk, Rachael
31.15072	Rauch, Lindsey	31.15111	Cavin, Molly
31.15073	Stine, Mary	31.15112	Diehl, Kathy
31.15074	Trzkovich, Rebecca	31.15113	Gartrell, Ella
31.15075	Whited, Jacqueline	31.15114	Ingle, Sara
31.15076	Compton, Kristin	31.15115	Lee, Kimphuong
31.15077	Dentkos, Kayla	31.15116	Mahalati Shirazi, Ehsan
31.15078	Hagee, Nadya	31.15117	Pickens, Jessica
31.15079	Nicolay, Samantha	31.15118	Slack, Bruklynne
31.15080	Satterwaite, Kari	31.15119	Mcarthur, Megan
31.15081	Solt, Abigail	31.15120	Biglin, Julie
31.15082	Whitmore, Emily	31.15121	Pallos, Season
31.15083	Gamble, Kallie	31.15122	Buckenberger, Erin
31.15084	Hoffman, Melissa	31.15123	Homerick, Kelly
31.15085	Witten, Elizabeth	31.15124	Wilhelm, Katrina
31.15086	Bast, Emily	31.15125	Geiger, Catherine

31.15126	Harper, Hailey	31.15155	Capek, Caitlyn
31.15127	Mikesell, Bethany L	31.15156	Schwankhaus, Megan
31.15128	Bowen, Britney	31.15157	Schultz, Rachel
31.15129	Casey, Allyson	31.15158	Ward, Natalie
31.15130	Kryling, Noley	31.15159	Ledford, Alicia
31.15131	Saylor, Ashley	31.15160	Romanovich, Alicia
31.15132	Ward, Keyana	31.15161	Kelly, Samantha
31.15133	Blythe, Devin	31.15162	Wantz, Angelina
31.15134	Cassidy, Hannah	31.15163	Hemingway, Shontae
31.15135	Eisele, Kelly	31.15164	Bullard, Tammy
31.15136	Householder, Traci	31.15165	Rusnak, Olivia
31.15137	Heitkamp, Jessica	31.15166	Mcclain, Megan
31.15138	Hill, Abbie	31.15167	Swaggerty, Rachel
31.15139	Mccreary, Mary	31.15168	Woytsek, Marites
31.15140	Hart, Jessica	31.15169	Finney, Taylor
31.15141	Knapke, Sarah	31.15170	Zeiler, Rebecca
31.15142	Partido, Brian	31.15171	Riffle, Christina
31.15143	Hawkins, Mandy	31.15172	Knight, Kendra
31.15144	Ferguson, Jennifer	31.15173	Ortiz, Meagan
31.15145	Gardner, Carolyn	31.15174	O'neill, Katharine
31.15146	Hintz, Alli	31.15175	Winfield, Caroline
31.15147	Scott, Samantha	31.15176	Stone, Lauren
31.15148	Desmond, Molly	31.15177	Rufener, Bethany
31.15149	Haas, Hailee	31.15178	Myers, Jason
31.15150	Leep, Maddison	31.15179	Miller, Jenessa
31.15151	Creeks, Bailee	31.15180	Dorris, Alexa
31.15152	Patuto, Samantha	31.15181	Baughman, Emily
31.15153	Atwood, Heather	31.15182	Raudebaugh, Chandler
31.15154	Wright, Alaynee		

Motion carried unanimously.

### **Dental Assistant Radiographer(s)**

**Motion by Ms. Clark, second by Ms. Aquillo, to approve the licensure report for the following dental assistant radiographer certificates issued by: acceptable certification or licensure in another state, certification by the Dental Assisting National Board (DANB) or the Ohio Commission on Dental Assistant Certification (OCDAC), or successful completion of the Board-approved radiography course:**

51.29984	Bachman, Leanna	51.29988	Bissler, Chelsea
51.29985	Barish, Kennedy	51.29989	Boyer, Rebecca
51.29986	Basista, Monica	51.29990	Bradley, Leah
51.29987	Berry, Breona	51.29991	Brumfield, Melissa

51.29992	Burgos Calderon, Keyla	51.30034	Reynolds, Sara
51.29993	Burrell, Amber	51.30035	Roman, Juan
51.29994	Bussell, Mariah	51.30036	Roth, Nicole
51.29995	Cheek, Kaitlyn	51.30037	Sammons, Shannon
51.29996	Childs, Brittanie	51.30038	Schaefer, Cherokee
51.29997	Clark, Tessa	51.30039	Shullo, Samantha
51.29998	Colgate, Amelia	51.30040	Smith, Shannon
51.29999	Colon, Suleika	51.30041	Smith, Ganell
51.30000	Craven, Morgan	51.30042	Thompson, Hannah
51.30001	Cross, Jennifer	51.30043	Torres, Suzzette
51.30002	Daniels, Sarah	51.30044	Tripp, Wendy
51.30003	Dibell, Jennifer	51.30045	Twyman, Lauren
51.30004	Doppes, Rebecca	51.30046	Wess, Courtney
51.30005	Eick, Meghan	51.30047	Williamson, Erika
51.30006	Fedor, Danielle	51.30048	Wilson, Atayala
51.30007	Furbee, Mallory	51.30049	Woosley, Charlesee
51.30008	Green, Jocelyn	51.30050	Akram, Stephanie
51.30009	Gregory, Brooke	51.30051	Al-Raie, Mera
51.30010	Griffin, Cassie	51.30052	Almakky, Omar
51.30011	Grill, Kyla	51.30053	Benton, Jennifer
51.30012	Hamilton, Madison	51.30054	Brison, Angel
51.30013	Hault, Mikaela	51.30055	Brown, Sheila
51.30014	Hill, Kaylie	51.30056	Connolly, Makayla
51.30015	Hollis, Ciara	51.30057	Cummins, Mercedes
51.30016	Host, Katelyn	51.30058	Davis, Ann
51.30017	Johnson, Maiya	51.30059	Dotson, Sharonda
51.30018	Kempf, Kirsten	51.30060	Enderlein, Amanda
51.30019	Keogh, Jennifer	51.30061	Gayden, Camre
51.30020	Kolodziej, Sarah	51.30062	Gill, Brooke
51.30021	Kotyash, Angela	51.30063	Gorey, Corrine
51.30022	Laney, Courtnie	51.30064	Grigsby, Beth
51.30023	Maayah, Jacklin	51.30065	Guadarrama-Millimen, Delani
51.30024	Mackey, Sydney	51.30066	Harris, Ambria
51.30025	Mcleary, Kelsey	51.30067	Hunter, Christin
51.30026	Moore, Caci	51.30068	Jin, Ryan
51.30027	Navarro, Carina	51.30069	Johnston, Natalie
51.30028	Navarro, Veronica	51.30070	Kindy, Courtney
51.30029	Oney, Melissa	51.30071	Lathan, Nicole
51.30030	Parks, Myranda	51.30072	Lowery, Amara
51.30031	Pavlish, Kayla	51.30073	Maurer, Angela
51.30032	Payne, Cameron	51.30074	Mcadoo, Mariya
51.30033	Province, Jessica	51.30075	Mccartney, Kaitlyn

51.30076	McCoy, Megan	51.30118	Riede, Brooke
51.30077	Miller, Aarika	51.30119	Rigo, Jaena
51.30078	Miller, Brooke	51.30120	Rositano, Mary
51.30079	Mlocki, Margaret	51.30121	Sams, Marissa
51.30080	Needham, Brandy	51.30122	Santel, Victoria
51.30081	Pasqualini, Elizabeth	51.30123	Smith, Taylor
51.30082	Popa, Jessica	51.30124	Trummer, Madelyn
51.30083	Preston, Hannah	51.30125	Vannewkirk, Cathy
51.30084	Ruoff, Jessie	51.30126	Velez, Keila
51.30085	Setser, Brandy	51.30127	Wilhelm, Vanessa
51.30086	Shroyer, Megan	51.30128	Curran, Aryn
51.30087	Sobe, Jordan	51.30129	Aubrey, Shyann
51.30088	Steele, Meagan	51.30130	Bishop, Hayli
51.30089	Strobhar, Stephanie	51.30131	Collins, Travonna
51.30090	Taylor, Samantha	51.30132	Dutton, Mary
51.30091	Thornton, Jacob	51.30133	Harper, Gelisha
51.30092	Walsh, Isabel	51.30134	Heideman, Julie
51.30093	Whitfield, Joanne	51.30135	Herbawi, Amena
51.30094	Wright, Christa	51.30136	Hopkins, Morgan
51.30095	Allen, Christina	51.30137	Hoplight, Britta
51.30096	Ballard, Kyra	51.30138	Johnson, Aubrey
51.30097	Benne, Morgan	51.30139	Kitchen, Shanika
51.30098	Brooks, Desmond	51.30140	Maynard, Kathaline
51.30099	Chaffin, Bethany	51.30141	Mcmillin, Jessica
51.30100	Charles, Saphire	51.30142	Menefee, Camryn
51.30101	Dimodica, Miranda	51.30143	Metzcar, Kalie
51.30102	Do, Dona	51.30144	Nasrallah, Mousa
51.30103	Higgins, Kelly	51.30145	Poling, Kori
51.30104	Highfill, Lydia	51.30146	Rittwage, Alyssa
51.30105	Houlahan, Sean	51.30147	Robertson, Riesha
51.30106	Huntington, Tzu-En	51.30148	Rountree, Janice
51.30107	Jamison, Brittney	51.30149	Sharif, Muna
51.30108	Johnson, Jacob	51.30150	Simpson, Caitlyn
51.30109	Lawrence, Erin	51.30151	Slankard, Ashley
51.30110	Mccabe, Bryttanii	51.30152	Slone, Brooklynn
51.30111	Mitchell, Emily	51.30153	Smith, Tesla
51.30112	Montis, Stephanie	51.30154	Stanley, Trisha
51.30113	Mossbarger, Ashleigh	51.30155	Stapleton, Elizabeth
51.30114	Mustafa, Ibrahim	51.30156	Tanner, Katie
51.30115	Muzichuk, Vera	51.30157	Valadez, Amyelida
51.30116	Neurohr, Miranda	51.30158	Zwolenik, Hannah
51.30117	Partridge, Melanie	51.30159	Woodson, Mia

51.30160	Turner, Elizabeth	51.30165	Deeter, Janis
51.30161	Strodes, Kendra	51.30166	Brooks, Stephanie
51.30162	Stout, Serena	51.30167	Benson, Amanda
51.30163	Nguyen, Lulu	51.30168	Barney, Jaycee
51.30164	Dicke, Jacob	51.30169	Galati, Amanda

Motion carried unanimously.

### Limited Resident's

**Motion by Ms. Aquillo, second by Dr. Smith, to approve the licensure report for the following limited resident's licenses:**

RES.3675	Byard, Devin	RES.3695	Jacobs, Kimberly
RES.3676	Martinez, Eileen	RES.3696	Schimp, Lindsey
RES.3677	Nestor, Amy	RES.3697	Winslow, Jennifer
RES.3678	Skulski, Brennan	RES.3698	Zeeb, Kristine
RES.3679	Toole, Alexandra	RES.3699	Ciullo, Christine
RES.3680	Mohammed, Zubair	RES.3700	Efobi, Tabitha
RES.3681	Jujjavarapu, Sindhu	RES.3701	Eliliwi, Manhal
RES.3682	Patel, Kimi	RES.3702	Jeppsen, John
RES.3683	Sherman, Zachary	RES.3703	Leach, Matthew
RES.3684	Constantin, Monica	RES.3704	Nasr Azadani, Ehsan Nia
RES.3685	Doshi, Anuja	RES.3705	Wade, Spencer
RES.3686	Hinckley, Lon	RES.3706	Zelko, Amy
RES.3687	Jacobs, Todd	RES.3707	Ahmed, Saher
RES.3688	Joy, Marcus	RES.3708	Lipp, Kelly
RES.3689	Lancaster, Lydia	RES.3709	Liu, Tong
RES.3690	Marshall, Jordan	RES.3710	Moreno, Colleen
RES.3691	Minga, Timothy	RES.3711	Pittman, Shauna
RES.3692	Noblitt, Benjamin	RES.3712	Shah, Sweety
RES.3693	Skelton, Bradley	RES.3713	Watts, Kathryn
RES.3694	Anderson, Matthew	RES.3714	Yetter, Crystal

Motion carried unanimously.

### Limited Continuing Education

**Motion by Ms. Johnston, second by Dr. Smith, to approve the licensure report for the following limited continuing education licenses:**

LCE.310Holmes, Kurt	LCE.312Nagao, Joshua
LCE.311Luepke, Paul	LCE.313Pease, Gregory

Motion carried unanimously.

### Coronal Polishing

**Motion by Ms. Clark, second by Ms. Johnston, to approve the licensure report for the following coronal polishing certificates issued by: certification by the Dental Assisting National Board (DANB) or the Ohio Commission on Dental Assistant Certification (OCDAC) and completion of the requirements necessary to obtain certification:**

CP.1604	Charley, Courtney	CP.1608	Boso, Amy
CP.1605	Danner, Destiney	CP.1609	Hendrickson, Dana
CP.1606	Lytle, Donita	CP.1610	Miranda, Miguel
CP.1607	Meyers, Ashley N	CP.1611	Christ, Christine

Motion carried unanimously.

### Expanded Function Dental Auxiliary

**Motion by Ms. Clark, second by Dr. Anderson, to approve the licensure report for the following expanded function dental auxiliary registrations issued by: certification by the Dental Assisting National Board (DANB) or the Ohio Commission on Dental Assistant Certification (OCDAC) and completion of the requirements necessary to obtain registration:**

EFDA.2364	Bragg, Makenzie	EFDA.2380	Gray, Vanessa
EFDA.2365	Carder, Jessica	EFDA.2381	Hagans, Breanna
EFDA.2366	Fetzer, Emma	EFDA.2382	Halbisen, Holly
EFDA.2367	Gooden, Brittani	EFDA.2383	Hart, Kar-Nita
EFDA.2368	Lammers, Alison	EFDA.2384	Jurosek, Shawna
EFDA.2369	Pepper, Jessica	EFDA.2385	Knipp, Rebekah
EFDA.2370	Whited, Jacqueline	EFDA.2386	Murrey, Andrea
EFDA.2371	Dentkos, Kayla	EFDA.2387	Naftanail, Sarah
EFDA.2372	Prater, Brooke	EFDA.2388	Posey, Tristina L
EFDA.2373	Wiley-Marcotte, Jason	EFDA.2389	Post, Allison
EFDA.2374	Ansley, Courtney	EFDA.2390	Shinsky, Jeanelle
EFDA.2375	Calarco, Kaitlin	EFDA.2391	Shotwell, Jamirra
EFDA.2376	Davis, Andrea	EFDA.2392	Smith, Mackenzie
EFDA.2377	Delano, Amy J	EFDA.2393	Trudel, Allison
EFDA.2378	Evtushenko, Olga	EFDA.2394	Wardwell, Samantha
EFDA.2379	Gould, Christina	EFDA.2395	Leatherberry, Rachel

Motion carried unanimously.

## Permits – General Anesthesia/Conscious Sedation

President Shaffer stated that the Board’s Anesthesia Consultant, had vetted the following individuals who have applied for Anesthesia and Conscious Sedation permits, evaluations have been conducted, and the applicants are recommended to receive Permits for the specified modality.

### General Anesthesia

Jean O’Banion, D.D.S. - Dublin, Ohio

Benjamin Simonton, D.D.S. – Toledo, Ohio

### Conscious Sedation

Erik Fink, D.D.S., Columbus, Ohio – Intravenous

**Motion by Ms. Johnston, second by Dr. Das, to grant permits to the applicants for General Anesthesia and Conscious Sedation Permits as listed.**

Motion carried unanimously.

## Reinstatement Application(s)

### Dentist

Eric M. Ornella, D.D.S.

**Motion by Dr. Smith, second by Ms. Johnston, to reinstate the license of Eric M. Ornella, D.D.S. to practice dentistry in the state of Ohio.**

Motion carried unanimously.

### Dental Hygienist(s)

Bridget Bently-Lykins, R.D.H.

Molly Johnston, R.D.H.

Craig Kastner, R.D.H.

Marjan Souayrixay, R.D.H.

**Motion by Dr. Anderson, second by Ms. Huber, to reinstate the licenses of Bridget Bently-Lykins, Molly Johnston, Craig Kastner, and Marian Souayrixay to practice dental hygiene in the state of Ohio.**

Motion carried unanimously.

## Committee Reports

### Ad Hoc

#### Review of Expert Resumes

Ms. Clark stated that the Ad Hoc Committee met earlier that day and noted that there was a quorum present. She stated that the members had been provided information on several dentists for consideration as expert witnesses for the Board. The committee members determined that more information was needed before any

decision could be made. Ms. Clark explained that members decided during the course of the discussions that three (3) members of the Education Committee; Ms. Johnston, Dr. Smith, and herself, would assist in the development of an application to be considered as an expert witness for the Board. Ms. Clark informed the Board that the combined members from both committees would be working to develop a form and an approval process for the experts which they hope to present to the Board at the meeting in July.

### **Strategic Priority #5 – Establish New Disciplinary Guidelines**

Ms. Clark shared that the Committee had continued their discussions of Strategic Priority #5 regarding establishing new disciplinary guidelines. A working document provided by President Shaffer combined information from both the Board's current Disciplinary Guidelines and the Disciplinary Guidelines from the Medical Board of Ohio as similar violations were found in both documents. A copy of the working document would be distributed to all of the committee members with the request for all of them to review the violations of the Dental Practice Act and to begin establishing/developing consistency in disciplinary actions or reprimands. Ms. Clark mentioned that the members have decided to invite consultants such as, former Board Presidents, Board Secretaries, and even former disciplined licensees to participate in the ongoing discussions on the development of the guidelines. She stated that the goal is to have the completed guidelines by March, 2017.

### **Strategic Priority #2 – Explore Portability and Reciprocity**

Ms. Clark stated that the members had briefly discussed Strategic Priority #2 regarding the exploration of licensure portability and reciprocity. She stated that one of the first steps was to determine each individual state's acceptance criteria for licensure. Recognizing that this topic is slated for discussion on a national level during upcoming meetings for both the Commission on Dental Competency Assessments (CDCA) and the American Association on Dental Boards (AADB), Ms. Clark suggested that the target date originally set for completion of this priority should be moved until information had been gathered at the national meetings and brought back to the committee for consideration.

**Motion by Ms. Aquillo, second by Dr. Guttman, to approve the Ad Hoc Board Operations Committee Report as presented.**

Motion carried unanimously.

## **Education**

### **CE Audit Update**

Ms. Johnston informed the Board members that the Education Committee had met earlier that morning with all committee members present. She stated that the members had received an update on the status of the continuing education audit and noted that staff had been unable to review more of the audits due to time and manpower constraints. It had been suggested that committee members consider donating their time and knowledge to help review more of the audits.

### **Strategic Priority #4 – Develop Online C.E. Tracking and Monitoring**

Ms. Johnston stated that the committee had briefly discussed Strategic Priority #4 regarding the development of online CE tracking and monitoring. She stated that the members had been made aware that the new eLicensing program has an education module which may include a tracking mechanism for continuing

education and it was decided to postpone hosting presentations from CEZoom, CE Broker, and the Dental Exchange until after it has been determined the exact capabilities of the new eLicensing program as the Board may not need to contract with an outside vendor.

### **Biennial Sponsor Application(s)**

Ms. Johnston stated that the committee had reviewed three (3) sponsor applications that had been submitted since the previous meeting for consideration of approval. She stated that all the application were in compliance with the requirements set forth in the Dental Practice Act and Board guidelines.

### **2016-2017 Biennial Sponsor Renewal Application(s)**

Kent Morris Orthodontics – *Pending receipt of Goals/Objectives for 2016-2017*

ROE Dental Laboratory

Violet Orthodontics, L.L.C.

### **Permanent vs. Biennial vs. Board Accepted Continuing Education Sponsors**

Ms. Johnston informed the Board that the committee had again discussed the matter brought forth at the previous Board meeting by Dr. Larry Sangrik regarding Permanent vs. Biennial vs. Board-accepted continuing education sponsors. She stated that permanent sponsors are very clearly defined in statute and rule as organizations, schools, or other dental-related organizations and not individuals. She indicated that Ms. Nash had been in attendance and participated in the discussions and had noted that Dr. Sangrik's references to restraint of trade were not valid in that the Board recognizes several hundred thousand organizations as permanent sponsors. Ms. Johnston informed the Board that Ms. Nash would be preparing a response to Dr. Sangrik's letter reiterating why he will not be considered for approval as a permanent sponsor.

### **Strategic Priority #3 – Establishing Remediation Education Guidelines**

Ms. Johnston said the committee members had furthered their discussion on Strategic Plan Priority #3 – Establishing Remediation Education Guidelines. They determined that they must clearly define who can provide remediation education before they can set parameters for remedial education courses. Remedial education providers who have already have been vetted through an educational accrediting body should be faculty members or former faculty members who may contract with permanent sponsors to provide remedial education. She stated that there are any number of accredited dental schools and residency programs, as well as dental hygiene and dental assisting programs in Ohio and contiguous states whom the Board may approach to create of list of remedial education providers. She stated that once we have begun to develop a listing of providers then the parameters of educational objectives, reporting mechanisms, evaluation and examinations guidelines can be developed.

**Motion by Ms. Clark, second by Dr. Das to accept the report and to approve the applications as presented.**

Motion carried unanimously.

### **Law and Rules Review**

Dr. Chambers informed the Board members that the Committee had met earlier that day and all members were in attendance. He stated that the committee begun their discussions with rule 4715-5-04 regarding specialty designation and 4715-13-05 regarding advertising specialty services. The Committee decided to issue an invitation to former Board member, Dr. Frank Recker, to attend the next meeting in July to present

on draft model language regarding advertising regulation. Dr. Anderson had provided copies to the Chair and President Shaffer of the constitution and bylaws and the application from the American Board of Dental Specialties, an accreditation body dental specialties. Dr. Chambers requested that these documents be shared with all the Committee members prior to their next meeting in July as these two (2) rules are intertwined and will require careful consideration for amending.

Dr. Chambers stated that the Committee had discussed revision of scores for the Test of English as a Foreign Language (TOEFL) for graduates of unaccredited dental colleges located outside the United States in rule 4715-18-01. Ms. Nash had researched the matter and informed the Committee that the TOEFL examination was no longer being provided in a paper format and only offered online. Using information gathered from the Medical Board of Ohio and the Ohio Board of Nursing, the Committee has decided to set the passing score for the examination at 75%.

Director Kamdar reminded the Board and specifically the Committee members that the deadline for Strategic Priority #9 Review and update of statute and rules which was listed under new business is to have the Dental Practice Act updated by June 30, 2017. He recommended all the Board and Committee members review and familiarize themselves with the timeline in the Strategic Tracker prior to the next meeting. He added that with regards to the presentation by Dr. Recker, 30-40 minutes of the meeting in July will be afforded for Dr. Recker's presentation with another 30 minutes for question and answers.

**Motion by Dr. Anderson, second by Ms. Aquillo, to approve the Laws and Rules Review Committee report as presented.**

Motion carried unanimously.

## Operations

Ms. Aquillo informed the Board members that the Operations Committee did not meet that day and had nothing new to report at this time.

## Policy

Ms. Johnston informed the Board members that at the previous meeting in July, she had presented the members with recommendations for review and consideration out of the Policy Committee regarding six (6) policies that were being considered to be rescinded or amended. They were recommending the following:

### To Rescind:

- Policy For Re-Entry Into The Practice Of Dental Hygiene By Dental Hygienists Who Have Not Practiced Within Five Years Immediately Prior To Application For Licensure By Criteria Approval In The State Of Ohio.
- Policy Regarding Bleaching Services Offered in Mall Kiosks and Salons By Non-licensed Dental Personnel.
- Policy On Therapeutic Prescribing
- Policy To Clarify Requirements for Corporate Names.
- Policy For Acceptable Application Procedures And Continuing Education Guidelines For Sponsors Of Continuing Education

**To Revise:**

- Policy Regarding Oral Conscious Sedation

**Motion by Ms. Aquillo, second by Ms. Clark, to accept the recommendations of the Policy Committee and rescind and amend the policies as listed.**

Discussion followed wherein Dr. Chambers brought forth his concerns with rescinding the Policy on Therapeutic Prescribing. The policy had been developed and approved within the last two (2) years with broad-reaching implications that advancing education in pharmacology for dentists would include therapeutic pharmacological management of the patient in order to include the dentist as a healthcare team member, specifically when providing dental treatment. Dr. Chambers said that the Policy Committee should reconsider their recommendation to rescind this policy as the public deserves to have guidelines from the Board to license holders regarding their scope of practice in overall healthcare and patient treatment.

Motion failed.

**Motion by Dr. Chambers, second by Ms. Clark, to accept the Policy Committees recommendations with the exception of rescinding the Policy on Therapeutic Prescribing which will be referred back to the Committee for further consideration.**

Motion carried unanimously.

## Scope of Practice

Dr. Das informed the Board members that the Scope of Practice Committee did not meet that day and had nothing new to report at this time.

## Executive Updates

### President's Update

#### **Correspondence from Stanwood H. Kanna, D.D.S., President of the American Board of Dental Examiners (ADEX) regarding examination comparability and licensure portability**

President Shaffer stated that she had shared two (2) correspondence with the Board members. The first was a letter from Stanwood Kanna, President of the American Board of Dental Examiners (ADEX) [Appendix A] addressing their concern about a joint letter sent to dental boards across the United States from the American Dental Association (ADA) and American Dental Education Association (ADEA) regarding licensure portability. The letter to the boards indicated that they [ADA and ADEA] had "conducted a careful analysis of the examinations" offered by the various testing agencies (including those that offer the ADEX examination" and determined that the examination are "conceptually comparable." President Shaffer shared that ADEX believes that licensure portability is a matter left to individual state practice acts to determine credentialing criterion.

### **Letter to Stanwood Kanna, D.D.S., President of ADEX from Andrew L. Cole of LeClairRyan and Chad W. Buckendahl, Ph.D. regarding American Dental Association (ADA) and American Dental Education Association (ADEA) unsupported claims of examination comparability**

President Shaffer then directed the members' attention to the second letter that she had shared with them from Andrew L. Cole of LeClairRyan and Chad W. Buckendahl, Ph.D., an independent psychometrician, regarding the ADA and ADEA's unsupported claims of examination comparability [Appendix B]. She informed the Board that the letter to Mr. Stanwood goes into great detail in disseminating the technical component of test development and validation to include the key elements which focus on domain specification, fairness for candidates, reliability of scores and decisions, and passing scores that reflect entry-level practice.

### **Correspondence from Stanwood H. Kanna, D.D.S., President of ADEX Regarding the Patient Centered Curriculum Integrated Format**

President Shaffer stated that she had shared a third correspondence with the Board members. The letter was from Dr. Kanna of ADEX regarding the Patient Centered Curriculum Integrated Format (PC-CIF) [Appendix C]. Dr. Shaffer specifically directed the members to the ADA Resolution 1: 2007 which states in pertinent part:

"An initial clinical licensure process that provides candidates an opportunity to successfully complete an independent "third party" clinical assessment prior to graduation from a dental education program...includes patient care as part of the assessment, it should be performed by candidates on patients of record, whenever possible, within an appropriately sequenced treatment plan. The competencies assessed by the clinical examining agency should be selected components of current dental education program curricula."

President Shaffer then commented that Ohio accepts all examinations except the examination provide by the Council of Interstate Testing Agencies, Inc. (CITA) and therefore, Ohio is the most versatile, most portable state in the Union. Regardless, she stated the Board has an ethical responsibility to patients that the path to licensure ensures competency in the profession.

### **MetroHealth letter to the Board regarding General Practice Residency (GPR) Program**

President Shaffer informed the members that the Board had received a letter of support for applications of licensure for two (2) individuals who graduated from unaccredited dental colleges outside the United States. She then read the letter into the record [Appendix D].

President Shaffer informed the Board that while the author of the letter, Abdulla Ghori, M.D., Designated Institutional Official for Graduate Clinical Education, indicated that MetroHealth's GPR program is accredited by the Commission on Dental Accreditation for twelve months with an optional second year of training, research into this claim has resulted in the determination that MetroHealth's GPR program is **only** accredited for a twelve month program. This means that recent graduates, as well as candidates for licensure who are currently in their first year and intending on possibly completing a second year are ineligible for licensure in Ohio under current law and rules.

Discussion followed wherein concerns were expressed regarding how long the Board has been licensing graduates from this program and what, if anything should happen now that it has been determined that the program is ineligible, how should the Board handle the current applications for licensure, how should the Board inform residency programs that the spirit or intent of the rule as written was that graduates of unaccredited dental colleges located outside the United States must complete two (2) years of clinical training

in general dentistry from an accredited institution. It was determined that this matter need not be resolved during this discussion but that it must be resolved quickly, with integrity and fairness.

## **Executive Director's Update**

### **Meeting with Dr. Paul Sohi**

Director Kamdar began by informing the members that he had met with Dr. Paul Sohi on June 7, 2015. He stated that Dr. Sohi was professional, cordial and respectful. He expressed interest in meeting with the Board members regarding their work on the disciplinary guidelines strategic priority. Director Kamdar stated that he will be contacting Dr. Sohi with a listing of future Board/committee meeting dates to determine his availability.

### **eLicensing**

Director Kamdar shared with the Board that the "go live" date for the eLicensing system migration has been delayed by D.A.S. (Department of Administrative Services) to late August rather than the June 27, 2017 initial launch date. He explained that Ms. Nash, along with several other staff members who had been testing the software, had expressed repeated concerns regarding "bugs" in the software, inconsistencies, and reservations due to lack of response to problems by the IT staff. He stated that he had been in contact with them about these issues and it was decided to postpone the launch date until many more of the issues have been resolved. This delay in launch of the new eLicensing system impacts several boards.

### **New Website**

Director Kamdar indicated that the "go live" for the new Board website had been scheduled to occur a couple of weeks after the launch of the new eLicensing system. However, with the delay in eLicensing, the new website should still be up and running by the end of the month. He stated that Erica Pleiman has been working diligently with the staff at D.A.S. on this project. While we would eventually like to have our website be the "Gold Standard" of websites, Board members should keep in mind that this will be the launch of version 1.0. He expects that as more people have the opportunity to view the site, we will be making enhancements through their feedback and making it more user friendly.

### **Strategic Plan**

Continuing on, Director Kamdar commented that he had taken the opportunity to speak with most of the chairs of the Boards committees to discuss the Strategic Tracker and the deadline dates for the priorities. He stated that based upon the discussions he would be revising some of the dates and distributing the revised Strategic Tracker.

### **New Licensing Coordinator – Samantha Slater**

Director Kamdar announced to the members that Samantha Slater is now the official Licensing Coordinator for the Board. He commented that Ms. Slater has done a splendid job taking over the licensing affairs for the Board including development, training, and testing of the new eLicensing software. Director Kamdar stated that due to Ms. Slater's hard work and supportive teamwork from other office personnel, we will no longer require two (2) full-time staff in licensure. He indicated that this transition coincides with the efforts to go paperless, utilizing electronic payment processing, and online renewal processing.

## Team DEN

Director Kamdar shared that a lot of teamwork has been occurring with Team DEN (moniker for Dental Board staff). He stated that we now have preliminary guidelines on cross-training of staff which will allow for back-up of key positions. He then recognized Heidi Massaro for her assistance in preparation of materials and for helping with the slide presentation for the Board meeting.

## Executive Session

**Motion by Ms. Aquillo, second by Dr. Das, to move the Board into executive session to confer with Board counsel regarding a pending or imminent court action pursuant to Ohio Revised Code Section 121.22 (G)(3).**

Roll call vote: Dr. Anderson – Yes  
Ms. Aquillo – Yes  
Dr. Chambers – Yes  
Ms. Clark – Yes  
Dr. Das – Yes  
Dr. Guttman – Yes  
Ms. Huber – Yes  
Ms. Johnston – Yes  
Dr. Shaffer – Yes  
Dr. Smith - Yes

Motion carried unanimously.

President Shaffer requested Director Kamdar, Ms. Nash, and Ms. Bockbrader to attend the Executive Session at the appropriate time to provide the legal update.

## Open Session

At 3:24 p.m. the Board resumed open session.

## Anything for the Good of the Board

### Committee Assignments

President Shaffer informed the Board members that a revised document regarding the committee assignments had been provided for their review, however, she stated that they have a very large amount of work to complete as a result of the development of a Strategic Plan and she appreciates everybody “rolling up their sleeves” to get these priorities done. She commented that she has been spending a lot of time in discussions with Director Kamdar working very hard trying to find time for committees to meet and to do the work that they need to do. She explained that she was seeking their guidance in resolving these schedule challenges and was suggesting combining the Scope of Practice and Policy Committees and thereby making Dr. Das and Ms. Johnston co-chairs. Additionally, President Shaffer stated that she would like the Board to consider making the Operations Committee a “reportable” committee in that they would not meet unless necessary and report quarterly to the Director and the Board.

Discussion followed wherein Dr. Das, Ms. Johnston, and Ms. Aquillo, as current chairs of the committees involved, agreed that this would be a workable resolution to the scheduling challenges. President Shaffer concluded the discussion by informing the members that she would again be revising the committee assignment listing and would forward the new one to the members soon.

## Adjourn

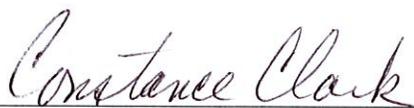
**Motion by Ms. Aquillo, second by Dr. Das, to adjourn the meeting.**

Motion carried unanimously.

President Shaffer adjourned the meeting at 3:29 p.m. and reminded the Board members that their next meeting would be July 27, 2016.



Marybeth Shaffer, D.D.S.  
President



Constance Clark, R.D.H.  
Vice President

## Appendix A

American Board of Dental Examiners, Inc. (ADEX) letter to the Board regarding licensure portability



**AMERICAN BOARD OF DENTAL EXAMINERS, INC.**

**Stanwood Kanna, D.D.S., President**  
**William Pappas, D.D.S., Vice-President**  
**Jeffery Hartsog, D.M.D., Secretary**  
**Conrad McVea, III, D.D.S., Treasurer**  
**Bruce Barrette, D.D.S., Past President**

May 17, 2016

Ohio State Dental Board  
18th Floor  
77 S. High St.  
Columbus, OH 43215-6135



Dear Members of the Ohio State Dental Board:

It has come to our attention that the ADA and ADEA have written to dental boards for several states and territories expressing a high level of concern over licensure portability. In the letters we have seen, the ADA and ADEA suggest that the ADA has "conducted a careful analysis of the examinations" offered by the various testing agencies (including those that offer the ADEX examination) and determined that the examinations are "conceptually comparable." The ADA and ADEA suggest that any state dental board that accepts fewer than all of the available clinical licensure examinations is acting arbitrarily and speciously and in an anticompetitive manner.

As a preliminary matter, the ADEX is not aware of any evaluation of its examination by the ADA. In fact, on May 10, 2016, Dr. Jeffers of the ADA Licensure Task Force wrote to the ADEX to request "the information necessary to understand the ADEX and the validity evidence that exists to support test usage and interpretation." Clearly the ADA had not conducted a "careful analysis" of the ADEX examination prior to its February letter.

We at ADEX are also perplexed by the ADA and ADEA stance on the best manner of increasing licensure portability. While licensure portability is more a matter of state practices regarding licensure by credential rather than an issue involving clinical licensure examinations, the ADA and ADEA letter does not even mention licensure by credential. Instead, the ADA and ADEA focus their letter on what we refer to as "test portability," i.e. the number of jurisdictions which accept a particular clinical licensure examination.

It is certainly true that test portability would be increased if every state dental board were to shirk its duty to evaluate the quality and validity of the various examinations and simply accept every available licensure examination. We at ADEX, however, believe a better way to improve test portability is to develop a better examination in an effort to obtain universal acceptance. That is what the ADEX has set out to do, and, as noted in Dr. Jeffers May 10, 2016 letter, the ADEX examination is now accepted in 45 jurisdictions. The ADEX is at a loss to understand the "high level of concern" regarding test portability voiced by the ADA and ADEA given the widespread acceptance of the ADEX examination.

What the ADA does not mention in its letter is that it has previously stated its intent to enter the clinical licensure testing arena. While it may be in the ADA's interest to pave the way for acceptance of its clinical licensure examination by urging dental boards to begin accepting all available examinations, it is likely not in the public interest to have dental boards stop paying careful attention to the qualities of dental licensure examinations.

**P.O. Box 50718 • Mesa, AZ 85208**  
**Telephone (503) 724-1104**  
[ADEXOFFICE@aol.com](mailto:ADEXOFFICE@aol.com)  
[www.adexexams.org](http://www.adexexams.org)

Ohio State Dental Board  
May 17, 2016  
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We have asked our psychometrician Dr. Chad Buckendahl to review and respond to the technical assertions regarding test comparability in the letter from the ADA and ADEA. We have also asked our lawyer Andrew Cole of LeClairRyan to review the antitrust issues. Their joint response to the ADEX is enclosed.

Sincerely yours,



Stanwood H. Kania, President  
American Board of Dental Examiners, Inc.

Enclosures

## Appendix B

Letter to Stanwood Kanna, President of ADEX from Andrew L. Cole of LeClairRyan and Chad W. Buckendahl, Ph.D. regarding American Dental Association (ADA) and American Dental Education Association (ADEA) unsupported claims of examination comparability with enclosures

Andrew L. Cole  
LeClairRyan  
180 Admiral Cochrane Drive, Suite 520  
Annapolis, Maryland 21401

Chad Buckendahl, Ph.D.  
ACS Ventures, LLC  
11035 Lavender Hill Drive #160-433  
Las Vegas, Nevada 89135

May 17, 2016

Dr. Stanwood Kanna  
President  
American Board of Dental Examiners, Inc.  
P.O. Box 50718  
Mesa, Arizona 85208

Dear Dr. Kanna,

We write at your request to address and respond to certain assertions made in a recent joint communication issued by the American Dental Association (ADA) and the American Dental Education Association (ADEA) (the "ADA/ADEA Letter"). In their letter, the ADA and ADEA make certain assertions regarding the comparability of clinical licensure examinations in dentistry offered by different agencies. Premised on this assertion, the ADA and ADEA recommend that state boards of dentistry relax their due diligence in evaluating testing options so as to foster portability of licenses across state lines and avoid antitrust concerns. We are concerned not only by the unsupported claims regarding comparability of licensure examinations and the possibility of antitrust concerns, but also by a clear conflict of interest that is not disclosed in the ADA/ADEA Letter.

We understand that the ADA has publicly declared that it is developing its own dental clinical licensure examination. It is unclear why the ADA would seek to become a participant in the dental licensure testing arena, an arena in which it purports to find no fault with *any* of the several existing clinical licensure examinations, unless its motivation is to capture some or all of the revenue stream from these examinations. The ADA's status as a potential future examination provider presents a clear conflict of interest and taints its recommendation that all states should accept all examinations. What is particularly insidious is that this recommendation is presented as though coming from a neutral observer.

In addition to this undisclosed conflict of interest, and the faulty reasoning behind the ADA's purported comparative analysis of examinations (discussed more fully below), the ADA has recently acknowledged that it has not, contrary to representations in the ADA/ADEA Letter, conducted the "careful analysis" of the various clinical licensure examinations suggested in the letter.

Dr. Stanwood Kanna  
President  
American Board of Dental Examiners, Inc.  
May 18, 2016  
Page 2 of 6

In a May letter to the ADEX, Dr. Jeffers, writing on behalf of the ADA Licensure Task Force,<sup>1</sup> acknowledges that the ADA has not in fact conducted any meaningful comparative evaluation or analysis of the various clinical licensure examinations.<sup>2</sup> In his letter Dr. Jeffers requests that the ADEX turn over its technical information so that the ADA may conduct the very analysis it previously claimed to have conducted. It is not clear why, in the first instance, the ADA feels it is responsible for undertaking a comparative analysis of clinical licensure examinations, but it is clear that the ADA has not, to date, actually performed any meaningful analysis.

Notwithstanding the fact that the ADA and ADEA have not, to date, conducted any meaningful comparative analysis of dental licensure examinations, the ADA/ADEA Letter purports to set forth information demonstrating the comparability of these tests. To assist you in understanding the technical components of test development and validation, and to explain why the technical aspects of the ADA/ADEA Letter are essentially meaningless, we highlight specific technical issues in the ADA/ADEA Letter and address them by providing a brief description of the key elements that stakeholders should consider when evaluating the comparability of clinical licensure examinations in dentistry. These key elements are based on a validation framework for licensure testing programs that prioritizes sources of evidence that are most important to supporting the interpretation and use of scores (Kane, 2006; Buckendahl & Plake, 2006). For licensure testing programs at risk for legal challenge, these key elements focus on 1) domain specification, 2) fairness for candidates, 3) reliability of scores and decisions, and 4) passing scores that reflect entry-level practice (see Buckendahl & Hunt, 2005).

Because some technical information for licensure testing programs is often proprietary and not publicly available, it is difficult for an external agency unfamiliar with program specifics to comment on the development and validation. Notwithstanding these difficulties, and the ADA's acknowledgement that it lacks sufficient information from which to make comparative determinations, the ADA/ADEA Letter suggests that this has occurred. Specifically, the ADA/ADEA Letter asserts that "The ADA has conducted a careful analysis of the examinations administered by each of the clinical testing agencies. . . and has come to the conclusion that these examinations. . . [are] conceptually comparable." The authors then continue to assert a number of characteristics of these examinations that are purported to be comparable to the point of interchangeable with respect to the resultant decisions about candidates' minimum competency.

Upon closer inspection of each of these bullet points, there are a number of problems with the authors' approach. Many of the statements are generic to the point of applying to virtually any credible licensure examination program (e.g., guidance from the *Test Standards*, documenting activities in a technical report, conducting a practice analysis, taking steps to

<sup>1</sup> Dr. Jeffers is also one of the signatories to the February 26, 2016 letter to state dental boards.

<sup>2</sup> As an aside, it is also not clear to us that the ADA possesses the requisite expertise necessary to conduct such an evaluation even if were free from conflicts of interest, and had sufficient information with which to do so.

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reduce bias, conducting empirical analysis). It is not possible to evaluate the comparability of the substance of the examinations at such a cursory level. Fortune and Cromack (1995) provide a useful description of the characteristics of a clinical licensure examination program that could be considered in an independent evaluation. Further, some of the assertions are inaccurate.

Specifically, the authors indicate that each agency “makes a determination of candidate minimum competency in periodontics on a patient-based exam for scaling and root planning; and utilizes simulation to determine minimum competency in prosthodontics (crown preparation) and endodontics.” Although the ADEX exams administered by CDCA and CITA, and the exams administered by SRTA provide a periodontal scaling examination as an option for States that require it, this is not a required component of the examination as determined by the programs’ practice analysis. CRDTS and WREB do require a patient-based periodontal scaling examination. Similarly, ADEX, SRTA, and CRDTS examinations include a clinical skills performance prosthodontics examination, WREB’s examinations do not. In addition, CRDTS does not include a diagnosis and treatment planning exam. The inclusion or exclusion of domains is a function of the practice analysis process and results; not merely a function of sampling error, as suggested by the authors. This mere topic level similarity is an insufficient basis from which to conclude comparability.

Although each agency has a restorative component in its examination, the scoring and evaluation criteria, its application, and the resultant decisions may be very different. For example, the differential interpretation of the impact of remaining caries in a restorative preparation by agencies is an important one to highlight. If one agency’s scoring criteria defines this as a domain critical error that would fail a candidate on that exam versus another agency’s interpretation that this represents something that may be characteristic of a passing candidate, the decision by the agency as well as the risk management decisions by a State board of dentistry cannot be interpreted as trivial.

A comprehensive evaluation of the comparability of examinations would include at a minimum: technical manuals, administration manuals (candidate and examiner), scoring criteria, and reliability and decision consistency evidence. This evidence is promulgated as a professional expectation in the *Standards for Educational and Psychological Testing* (AERA, APA, & NCME, 2014). The review and conclusions suggested by the ADA/ADEA Letter’s authors do not suggest that an in-depth analysis of the unique aspects of these programs were considered.

The authors’ inclusion of the example of efforts to create a Uniform Bar Exam does not support the premise or conclusion of the letter, nor is it a comparable example. The ADA and ADEA do not seek the adoption of a ‘uniform’ licensure examination, rather the ADA and ADEA suggest that every state should accept *every* available examination. That would be analogous to suggesting that in the legal profession every state accept the bar exam developed by every other state. We are aware of no move in the legal profession, or any other profession, to adopt such a policy.

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Notwithstanding that the fact that the ADA has conducted no meaningful evaluation of the comparability of dental licensure examinations, the ADA/ADEA Letter asserts that the purported comparability of examinations means that any state dental board that accepts fewer than all of the examinations acts in an “arbitrary” and “specious” manner and in restraint of trade (by restricting interstate mobility of licenses). By raising the spectre of antitrust liability, the ADA and ADEA seek to bully state dental boards into abdicating their obligation to evaluate the various licensure examinations and instead simply accept all licensure examinations as the ‘least anticompetitive’ option.

Each state dental board is tasked by its state with vetting dental licensure exams. It is the duty of each State board to determine which test or tests best differentiate between qualified and non-qualified applicants for licensure in order to protect the public from the practice of dentistry by unqualified individuals.

Licensure, by its very nature, is anti-competitive in the sense that it restricts entry into a particular market. That being said, the Supreme Court has long recognized that some anti-competitive restrictions are necessary for certain professions in order to protect the public. As the Supreme Court noted in its recent decision *North Carolina State Board of Dental Examiners v. Federal Trade Commission*, 135 S.Ct. 1101 (2015), “States . . . when acting in their respective realm need not adhere in all contexts to a model of unfettered competition. . . . [I]n some spheres, they impose restrictions on occupations . . . or otherwise limit competition to achieve public objectives. . . . If every duly enacted state law or policy were required to conform to the mandates of the Sherman Act, thus promoting competition at the expense of other values a State may deem fundamental, federal antitrust law would impose an impermissible burden on the States’ power to regulate.” *Id.* at 1104 (quoting *Exxon Corp. v. Governor of Maryland*, 437 U.S. 117, 133 (1978)).

While State dental boards should certainly be mindful of antitrust concerns while carrying out their functions and duties, it is misplaced for the ADA/ADEA Letter to raise such concerns in the context of designating licensure examinations. Unlike the regulation of teeth whitening presented in *North Carolina State Board of Dental Examiners*, which involved extra-legislative action by the North Carolina State Board of Dental Examiners, virtually every state designates its approved licensure examination by statute, or by a legislative rule. This sort of deliberate state action is specifically protected from antitrust liability. As noted in *North Carolina State Board of Dental Examiners*, “State legislation . . . will satisfy [the] standard [for *Parker*<sup>3</sup> immunity] and *ipso facto* are exempt from the operation of the antitrust laws because they are an undoubted exercise of state sovereign authority.” *Id.* at 1110.

It is worth pointing out that the ADA stated in its *Amicus* brief in *North Carolina State Board of Dental Examiners* that it “support[ed] the determination by state legislatures across this country that the health professions should be regulated by knowledgeable health care professionals who have practical experience in the profession that they are regulating.” The ADA also stated that it believed “the public is best served when state regulatory boards duly

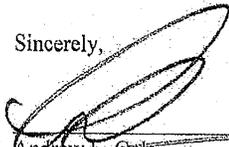
<sup>3</sup> The phrase *Parker* immunity refers to the Supreme Court’s 1943 decision in *Parker v. Brown*, 317 U.S. 341 (1943) in which it held that States are immune from antitrust law when acting in their sovereign capacity.

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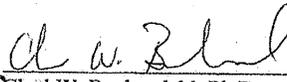
constituted in accordance with state law are free to make decisions on public health issues based on clinical experience without fear of second-guessing under the federal antitrust laws." Now, contrary to its prior position, it appears the ADA, rather than supporting the independence of State dental boards, suggests that the states should essentially abdicate their responsibility to protect the public from the unqualified practice of dentistry to the ADA, and simply follow the lead of the ADA in accepting all licensure examinations.

Please feel free to contact us with questions.

Sincerely,



Andrew L. Cole  
Attorney at Law  
LeClairRyan



Chad W. Buckendahl, Ph.D.  
Partner  
ACS Ventures, LLC

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President  
American Board of Dental Examiners, Inc.  
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#### Disclosures of Conflict

Dr. Buckendahl has provided varying levels of consultation for the following organizations that are involved in dental licensure testing: American Dental Association, American Board of Dental Examiners, Commission on Dental Competency Assessments (formerly North East Regional Board of Dental Examiners), Council of Interstate Testing Agencies, CSW Computer Simulations, Kentucky Board of Dentistry, National Dental Examining Board of Canada, North Carolina Board of Dental Examiners, and Southern Regional Testing Agency.



February 26, 2016

Dr. Zebulon Vance Morgan IV  
President  
South Carolina Board of Dentistry  
P.O. Box 11329  
Columbia, SC 29211-1329

Dear Doctor Morgan:

We are writing to express the high level of concern that the American Dental Association (ADA), its Licensure Task Force and Council on Dental Education and Licensure, and the American Dental Education Association (ADEA) have with regard to the status of licensure for dentists in the United States. While licensure portability is an important matter to dental professionals, particularly to those pursuing initial licensure or attempting to relocate to another state, it is clear that the dental boards of a number of states, including your own, continue to engage in conduct that restricts, rather than enhances, that portability.

As you know, there are five clinical test administration agencies for dentistry: the Commission on Dental Competency Assessments (CDCA, formerly NERB); Central Regional Dental Testing Service, Inc. (CRDTS); Council of Interstate Testing Agencies, Inc. (CITA); the Southern Regional Testing Agency, Inc. (SRTA); and the Western Regional Examining Board (WREB). The ADA has conducted a careful analysis of the examinations administered by each of the clinical testing agencies (CDCA and CITA administer the American Board of Dental Examiners (ADEX) dental exam, while CRDTS, SRTA, and WREB administer their own exams) and has come to the conclusion that these examinations adhere to a common set of core design and content requirements that renders them conceptually comparable. In particular, each agency:

- utilizes the *Standards for Educational and Psychological Testing* as the guidelines for evaluating the validity of their exams;
- produces a publically available technical report that documents and summarizes available validity and reliability evidence concerning the examinations;
- utilizes conjunctive scoring, requiring candidates to pass each of a series of tests in order to pass the full examination;
- conducts a practice analysis on a regular basis to ensure that test content reflects normal, everyday tasks performed in general dental practice;
- reduces examiner bias and enhances fairness by ensuring that examiners do not know the identity of the candidate whose performance they are evaluating;

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- requires three examiners to evaluate performance on each exam and sub-exam;
- requires examiners to participate in calibration exercises to align examiner perspectives and provide a common frame of reference;
- conducts prospective and retrospective evaluations of examiner consistency and reliability;
- makes a determination of candidate minimal competency in restorative dentistry on a patient-based exam for a Class III composite resin preparation and restoration and either a Class II amalgam or composite resin preparation and restoration;
- makes a determination of candidate minimal competency in periodontics on a patient-based exam for scaling and root planning; and
- utilizes simulation to determine minimal competency in prosthodontics (crown preparation) and endodontics.

Given the aforementioned commonality in design and content requirements, any apparent differences in the performance of these clinical examinations can be called into question and potentially interpreted as simply reflecting sampling error. In light of this, accepting the results from certain clinical examinations and not others appears specious. It has been a longstanding policy of the ADA that it represents unnecessary and meaningless duplication to require a candidate seeking licensure in different states to demonstrate his or her theoretical knowledge and clinical skill on separate examinations for each jurisdiction, especially when it is clear that the core requirements, administration, and outcomes are virtually indistinguishable between each examination.

It is our understanding that your state affirmatively elects not to accept the examination results from all of these test administration agencies. The decision of your board, as well as the boards of a number of other states, to accept the test results of only a select number of clinical test administration agencies appears highly arbitrary. Moreover, those decisions have an arguably anticompetitive effect in restricting the mobility of dentists wishing to move from one state to another. As you know, the whole concept of licensure is currently under attack because of its inherent effect on competition; it is therefore incumbent on the dental profession to ensure that any such restraints are not susceptible to a claim that they are unreasonable in nature. Indeed, the House of Delegates of the American Bar Association recently passed a resolution urging bar admission authorities in various states to adopt a Universal Bar Examination in order to facilitate mobility for new lawyers. This concept of mobility among professionals is obviously gaining additional momentum.

In light of these circumstances, we respectfully request that your Board pursue the necessary steps to accept successful completion of all of the clinical test administration agency examinations for dental licensure in your state. Recognizing that the dental board's primary mission is protecting the public in your state, we believe that the board has the authority and autonomy to pursue this change. It will increase portability of dental professionals and access to quality dental care for patients.

Dr. Zebulon Vance Morgan IV  
February 26, 2016  
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We would be pleased to meet with you or your board to further discuss this matter.

Sincerely,



Carol Gomez Summerhays, D.D.S., M.A.G.D.  
President  
American Dental Association



Huw F. Thomas, B.D.S., M.S., Ph.D.  
Dean, Tufts University School of Dental Medicine  
Chair of the ADEA Board of Directors



Gary L. Roberts, D.D.S.  
President-elect



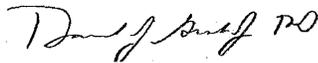
Cecile A. Feldman, D.M.D., M.B.A.  
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Immediate Past Chair of the ADEA Board of Directors



Daniel J. Gesek, Jr., D.M.D.  
Chair  
Council on Dental Education and Licensure

KMH:eg

cc: Ms. Kate K. Cox, administrator, South Carolina Board of Dentistry  
Dr. John J. Sanders, dean, Medical University of South Carolina James B. Edwards  
College of Dental Medicine  
Dr. Christopher T. Griffin, president, South Carolina Dental Association  
Mr. Phil Latham, executive director, South Carolina Dental Association  
Dr. Julian Hal Fair, III, ADA Trustee, Sixteenth District  
Dr. Kathleen O'Loughlin, executive director and chief operating officer (ADA)  
Dr. Richard W. Valachovic, president and chief executive officer (ADEA)

## Appendix C

American Board of Dental Examiners, Inc. (ADEX) letter to the Board regarding uniform dental and dental hygiene examinations and Patient Centered Curriculum Integrated Format (PC-CIF)



**Stanwood Kanna, D.D.S., President**  
**William Pappas, D.D.S., Vice-President**  
**Jeffery Hartsog, D.M.D., Secretary**  
**Conrad McVea, III, D.D.S., Treasurer**  
**Bruce Barrette, D.D.S., Past President**

June 5, 2016

Dear State Board of Dentistry,

In recent years there has been a strong move to create a uniform national dental and dental hygiene licensure examination driven by the American Board of Dental Examiners (ADEX), an exam development corporation and the Regional Testing Agencies that administer the ADEX developed dental licensure examination. Currently there are 41 States, 3 US Jurisdictions and the Country of Jamaica that accept the ADEX dental licensure examination for initial licensure. This is by far the most widely accepted initial dental licensure examination in the country.

The ADEX has committed itself to designing the most comprehensive, current and ethical clinical licensure examination in dentistry. As dentistry changes in its delivery and scope so must the licensure examination. Test design and guidelines of test development are uniform in order to be valid and reliable. The challenge with dental examinations in the past has been with its delivery or administration. Having a unique and critical component of the examination that necessitates clinical performance standards on patients has been in the past more focused on student (candidate) orientation than patient centered resulting in ethical challenges. The ADEX through its newly developed Patient Centered Curriculum Integrated Format has now addressed this concern by focusing the exam format to taking care of the needs of the patient. The result has been rewarding to both the patient and the candidate.

As you familiarize yourself with this new PC-CIF format be assured that ADEX in conjunction with educators, examiners and those testing agencies that deliver the ADEX exam are constantly working to provide your state with the most comprehensive, widely accepted, valid, reliable and ethical initial licensure exam in dentistry and dental hygiene. Please do not hesitate to contact ADEX or myself if you have any questions.

Sincerely,



Stanwood H. Kanna DDS, President  
American Board of Dental Examiners, Inc. (ADEX)

Enclosures

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### The Patient Centered Curriculum Integrated Format (PC CIF)

This new format of the ADEX CIF examination was originally called the “Buffalo Format” because it was developed in conjunction with the University at Buffalo and the New York Board of Dentistry and was successfully piloted at the University at Buffalo in 2015. In 2016 the PC CIF is currently being offered to all dental schools that would like to host this format

The PC CIF is a modification of the Curriculum Integrated (CIF) Format that focuses on patient care needs, rather than the candidate’s examination. The examination itself is the identical ADEX Licensing Examination for initial licensure in dentistry. That is the content, criteria, scoring, and performance parameters are identical no matter which format is being administered.

The American Board of Dental Examiners, Inc. (ADEX) and its testing agencies have introduced an examination format for candidates at dental schools, which is designed to focus on patient needs to enhance the patient experience in the sections of the examination that evaluate the care provided by the candidate during the examination process.

As context for this approach, the American Dental Association (ADA) has adopted a policy that the only acceptable examination format that includes providing patient treatment is the Curriculum Integrated Format with the adoption of ADA resolution 20 H– 2005, and defined the Curriculum Integrated Format in ADA resolution 1H-2007 which is included as Appendix A.

The ADEX examination was in compliance with the 2005 resolution and substantially in compliance with the 2007 resolution. However, ADEX and its testing agencies wanted to comply with all provisions of the ADA definition, as well as adopting an examination format that would fulfill all of the ethical concerns identified in the ADA paper entitled, *Ethical Considerations When Using Patients in the Examination Process*, which had been recently revised in May, 2013. For readers interested in the full text of this document, please see the attached document.

As part of the validity argument for continuing to use the scores and decisions from this new approach, the ADEX examination content, criteria, scoring, and performance parameters remain identical to the previous examination. However, **the new examination administration format now allows the dental school to ensure that the care provided in the examination process is done on a patient of record, and provided within an appropriately sequenced treatment plan as defined by the dental school.** The examination assessments are given multiple times within the school year, to allow for candidate remediation and retake prior to graduation as well as patient scheduling and treatment plans concerns.

Equally important, is that follow-up patient care required as a result of candidate performance is completed under the supervision of the dental school faculty, utilizing the treatment protocols and philosophy of the host dental school. Finally, the patient care provided by the dental student, during the examination process, can also be independently evaluated by the dental school faculty to fulfill the CODA required competencies, if necessary. Patient informed consent is completed for both the dental school and the testing agency throughout the process.

Keeping in mind the technical and legal requirements for licensure examinations, **this format was developed in collaboration with educators, examiners, and representatives from organized dentistry.** The goal was to balance the responsibilities of maintaining the independence of the licensure process with a focus within the examination on the needs of the patient in a continuing effort to develop the most ethical examination process possible when patient care is a component.

The administrative format differences in the PC CIF Format are:

1. Calibrated school faculty may assist candidates in selection of patients of record at the school, for the ADEX Restorative and Periodontal examinations that meet the requirements set by ADEX for the examination process. The faculty's role is to validate that the patient's proposed care is appropriate to be provided under the school's treatment planning protocols.
2. The examiners have final determination about what lesions/cases are accepted for the examination and which are not. The patient's medical status and blood pressure are always evaluated at the time of care. Additionally, the proposed care is also evaluated to validate the treatment being provided meets examination requirements.
3. Faculty and the school's protocols have the final determination *if* care will be provided. The institutional treatment protocols of the dental school will determine the timing of care and the type of care provided. For example a dental school's proposed care based on the extent of caries is preserved; so that re-mineralization and the depth of caries prior to treatment is a school decision.
4. The faculty may also evaluate the treatment provided to the patients and this may or may not be incorporated as part of a school student competency program.
5. Faculty may also enter treatment provided into the school database as it occurs during the examination as dictated by school protocol.
6. The schools faculty will determine, schedule, and supervise any patient follow-up care that may be required.
7. Candidates who are unsuccessful will have their performance explained to them by their faculty and the faculty will supervise any required patient care.
8. The exam scheduling allows for multiple school visits and candidates challenging only those parts of the examination for which they have treatment-planned patients. In this respect the examination process is scheduled over multiple visits allowing the candidate to focus on the patient's needs rather than a single examination date.

Therefore, the school may wish to have several smaller PC CIF examinations at regular intervals rather than one large Perio/Restorative Examination as in the past. This is arranged between the school and the testing agency when scheduling the examination series. The school is usually allowed to schedule the candidates and their patients for each of these smaller exams. Candidates will challenge the procedures for which the school has approved the proposed patient treatment initially, but may take any one (or more) procedures not taken the first time at a later exam. Failing procedures can also be taken at a subsequent session.

**Ethical Considerations When Using Human Subjects/Patients in the Examination Process**  
**Page 1****American Dental Association Council on Ethics, Bylaws and Judicial Affairs**

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

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

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

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

The ADA has voiced its position regarding the use of human subjects/patients in clinical examinations through a series of resolutions culminating with the adoption of the 2005 House of Delegates' Resolution 20H-2005.<sup>8-10</sup> This resolution reaffirms ADA support for the elimination of human subjects/patients in the clinical licensure examination process while giving exception to a more recent methodology for testing known as the curriculum-integrated format (CIF). The 2006 ADA House of Delegates directed the ADA Council on Dental Education and Licensure to develop a definition of CIF and present it to the 2007 House of Delegates. The 2007 House adopted the following definition (1H:2007):

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

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

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

**Ethical Considerations When Using Human Subjects/Patients in the Examination Process**  
**Page 2****American Dental Association Council on Ethics, Bylaws and Judicial Affairs**

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

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

1. **Soliciting and Selecting Patients:** The ADA Principles of Ethics and Code of Professional Conduct<sup>12</sup> (ADA Code), Section 3, Principle: Beneficence states that the "dentist's primary obligation is service to the patient" and to provide "competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration given to the needs, desires and values of the patient." The current examination processes require candidates to perform restorative and periodontal treatments on patients. In light of the principle stated above, this may create an ethical dilemma for the candidate when seeking patients to sit for the exam. Candidates should refrain from the following:
  1. Reimbursements between candidates and patients in excess of that which would be considered reasonable (remuneration for travel, lodging and meals).
  2. Remuneration for acquiring patients between licensure applicants.
  3. Utilizing patient brokering companies.
  4. Delaying treatment beyond that which would be considered acceptable in a typical treatment plan (e.g. delaying treatment of a carious lesion for 24 months).
  
2. **Patient Involvement and Consent:** The ADA Code, Section 1, Principle: Patient Autonomy states that "the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities." Candidates and dental examiners support patient involvement in the clinical examination process by having a written consent form that minimally contains the following basic elements:
  1. A statement that the patient is a participant in a clinical licensure examination, that the candidate is not a licensed dentist, a description of the procedures to be followed and an explanation that the care received might not be complete.
  2. A description of any reasonably foreseeable risks or discomforts to the patient.
  3. A description of any benefits to the patient or to others which may reasonably be expected as a result of participation.
  4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the patient.
  5. An explanation of whom to contact for answers to pertinent questions about the care received.
  6. A statement that participation is voluntary and that the patient may discontinue participation at any time without penalty or loss of benefits to which the patient is otherwise entitled.

**Ethical Considerations When Using Human Subjects/Patients in the Examination Process**  
**Page 3****American Dental Association Council on Ethics, Bylaws and Judicial Affairs**

3. **Patient Care:** The ADA Code, Section 3, Principle: Beneficence states that the dentist has a "duty to promote the patient's welfare." Candidates can do this by ensuring that the interests of their patient are of primary importance while taking the exam. Examiners contribute to this by ensuring that candidates are adequately monitored during the exam process such that the following treatment does not occur:
  1. Unnecessary treatment of incipient caries.
  2. Unnecessary patient discomfort.
  3. Unnecessarily delaying examination and treatment during the test.
  
4. **Follow-Up Treatment:** The ADA Code, Section 2, Principle: Nonmaleficence states that "professionals have a duty to protect the patient from harm." To ensure that the patient's oral health is not jeopardized in the event that he/she requires follow-up care, candidates and dental examiners should make certain that the patient receives the following:
  1. A clear explanation of what treatment was performed as well as what follow-up care may be necessary.
  2. Contact information for pain management.
  3. Complete referral information for patients in need of additional dental care.
  4. Complete follow-up care ensured by the mechanism established by the testing agency to address care given during the examination that may need additional attention.

**Sources:**

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

October 2008

**ADA RESOLUTION 1H:2007**

The ADA has voiced its position regarding the use of patients in clinical examinations through a series of resolutions culminating with the adoption of the 2005 House of Delegates' Resolution 20H-2005.

This resolution reaffirms ADA support for the elimination of patients in the clinical licensure examination process while giving exception to ... testing known as the curriculum-integrated format (CIF)

ADA Resolution 1H:2007 further defined what the ADA meant by a CIF examination.

**Curriculum Integrated Format:**

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

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

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

## Appendix D

### MetroHealth letter to the Board regarding General Practice Residency (GPR) Program



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Cleveland, Ohio 44109-1998  
216-778-7800  
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June 14, 2016

**VIA ELECTRONIC MAIL [lyndsay.nash@den.state.oh.us]  
& FEDERAL EXPRESS**

Ohio State Dental Board  
c/o Lyndsay Nash, Esq.  
Riffe Center  
77 S. High Street, 17th Floor  
Columbus, OH 43215-6135

Members of the Ohio State Dental Board:

I write to express The MetroHealth System's strong support of the applications for licensure of Drs. [REDACTED] – all of whom will graduate at the end of this month after two successful years of training in MetroHealth's General Practice Residency program. I also write to express MetroHealth's significant concerns regarding our understanding of the parameters of the Board's review of their applications. When Dr. [REDACTED] recently reported that the Board had told him he needed to submit some (undefined) additional information concerning his residency program to support his application, we immediately reached out to the Board. It was only through this follow-up with Board staff that MetroHealth learned that the Board may be questioning whether MetroHealth's GPR program meets the requirements of the Board's rules. MetroHealth's GPR program, which is accredited by the Commission on Dental Accreditation for twelve months with an optional second year of training, does meet the clear requirements of the rules and MetroHealth respectfully submits that there is no basis to suggest otherwise.

The requirements for licensure rightly obligate applicants to establish that they have sufficient post-graduate training in order to be granted a license to practice dentistry in Ohio. The Board's rules provide that, for foreign dental graduates, one option for such training is to have "successfully completed a minimum of two years of clinical training in . . . a General practice residency (GPR) program from an accredited institution." O.A.C. 4715-18-01(A)(7)(b). Drs. [REDACTED] have satisfied these requirements, as MetroHealth confirmed to the Board in their applications. We are left at a loss as to why any further scrutiny would be applied to their applications on this issue.

As the Board is well aware, graduates of MetroHealth's GPR program have been consistently granted licenses to practice dentistry in Ohio – including graduates of U.S. dental schools and

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foreign dental graduates. Indeed, for almost 10 years, the Board has granted licenses to foreign dental graduates who have completed two years of GPR training at MetroHealth. In doing so, the Board has recognized that MetroHealth's program constitutes "two years of clinical training in . . . a [GPR] program from an accredited institution." The rule has not changed, nor has MetroHealth's accreditation status. MetroHealth is an accredited institution in that its GPR program is and has been accredited by CODA as a twelve-month program with an optional second year. There also is no basis on which to question the validity of MetroHealth's GPR program. In fact, no one has described to MetroHealth any substantive concern with the program. Thus, the only possible explanation is that the Board is considering changing its rule to require applicants to have completed training in a two-year accredited program, as opposed to the current requirement of two years at an accredited institution.

The suggestion that the Board would consider changing the rule at this time and in this manner is unreasonable and we very much hope that this is not the case. Most immediately, it truly is the eleventh hour for these residents, who applied for residency, were granted a limited license from the Board, and completed two years of training – all with the understanding that MetroHealth's GPR program met the requirements of the Board's rules and would allow for them to receive a license to practice in this state. The Board indeed previously granted these same residents – along with MetroHealth's current first-year residents and its incoming class of residents – a limited license in Ohio. This approval, under O.A.C. 4715-7-01(B), further confirmed that the MetroHealth GPR program met the Board's requirements and is "approved or accredited by [CODA] and/or the Ohio state dental board." That the residents and MetroHealth have relied on the Board's consistent application of its rules and its assessment of MetroHealth's program cannot be minimized.

A new 'interpretation' of O.A.C. 4715-18-01(A)(7)(b) to require foreign dental graduates to complete clinical training in a two-year accredited program, as opposed to two years at an accredited institution, plainly contradicts the language of the rule. Further, it would be an unreasonable interpretation given that there are no such programs in Ohio – and there only appear to be four total in the U.S.<sup>1</sup> – and given that it contradicts, with no apparent explanation, the Board's consistent application of the rule for nearly a decade. However, it is not a change in interpretation; it would be a change of the rule. Such a change would trigger the important attendant processes associated with amending the rules – including notice to the affected parties and the right to comment.

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<sup>1</sup> Notably, the Board's rule also allows foreign dental graduates to have completed two years of training in an AEGD program from an accredited institution. O.A.C. 4715-18-01(A)(7)(c). There are no such two-year CODA-accredited programs in Ohio either. CODA's website reflects that there are only three such programs at non-military institutions in the U.S.

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To the extent the Board wishes to reconsider its rule and initiates a proposed new rule on the training requirements for foreign dental graduates, MetroHealth would welcome the opportunity to participate in the discussion and provide information to the Board regarding its experience and insight on this issue. In the meantime, MetroHealth strongly urges the Board to maintain its consistent and well-supported application of the operative rules and grant the applications for licensure submitted by Dr. [REDACTED]

If MetroHealth can provide any further information, beyond that already submitted by the applicants and by MetroHealth, please do not hesitate to contact me. We greatly appreciate your timely consideration of this important issue.

Sincerely,

*Abdulla K. Ghori*

Abdulla Ghori, MD

Designated Institutional Official for Graduate Clinical Education

Associate Professor, Case Western Reserve University School of Medicine

cc: Akram Boutros, MD, FACHE  
Michael Phillips, Esq.