

GEORGIA BOARD OF DENTISTRY
Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
January 7, 2022
10:00 a.m.

The following Board members were present:

Dr. Glenn Maron, President
Dr. Ami Patel, Vice-President
Dr. Greg Goggans
Dr. Michael Knight
Ms. Misty Mattingly
Dr. David Reznik
Dr. Brent Stiehl
Dr. Debra Wilson

Staff present:

Eric Lacefield, Executive Director
Kirsten Daughdril, Senior Assistant Attorney General
Max Changus, Assistant Attorney General
Kimberly Emm, Attorney

Visitors:

Elias Haddad
Pamela Cushenan
Iris Suk Mason
Cynthia Hughes
Michelle Boyce
Dr. Randy Kluender
Dr. Carol Lefebvre
Kathryn A. Starr
Kim Laudenslager, CRDTS
Dr. Mark Edwards, CRDTS
Richael Cobler, CRDTS

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 10:10 a.m.

Introduction of Visitors

Mr. Lacefield asked the visitors on the call to send an email via the “Contact Us” portal on the website if he/she would like his/her name reflected as being in attendance in the minutes.

Approval of Minutes

Dr. Knight made a motion to approve the Public and Executive Session minutes from the December 3, 2021, Conference Call. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

Dr. Reznik made a motion to ratify the list of licenses issued. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

Petitions for Rule Waiver or Variance

Rule Variance Petition from Dr. Satishchandran Sruthi: Dr. Goggans made a motion to deny the rule variance petition as there was no substantial hardship demonstrated. Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Elias Haddad: The Board discussed this request for a variance to Rule 150-3-.01. Dr. Haddad was on the call and spoke to the Board regarding his petition. Dr. Haddad explained

that he graduated in 2015, passed the WREB examination and was currently an endodontics resident. After further discussion, Dr. Stiehl made a motion to deny the rule variance petition as there was no substantial hardship demonstrated. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Correspondences

Correspondence from Dr. Naquilla Thomas, Clayton State University: The Board reconsidered this correspondence requesting clarification and guidance concerning taking radiographs, developing and implementing treatment plans within an approved on campus training clinic. Dr. Thomas' inquiry specifically requests clarification regarding the following:

1. *While NO prescribing of radiographs is allowed, clarity is needed as to how a licensed dental hygienist working in an approved on campus training clinic that does not require supervision by a dentist may recommend and take radiographs for the purposes of educational training?*
2. *While NO diagnosing is allowed, clarity is needed as to how a licensed dental hygienist working in an approved on campus training clinic that does not require supervision by a dentist may develop and implement a collaborative (between the dental hygiene student and the dental hygiene faculty) treatment plan for the purposes of educational training?*

Dr. Thomas's letter further discusses O.C.G.A. § 43-11-20(b) and § 43-11-74(d).

Dr. Maron commented that the instruction to take radiographs must come from a dentist and when training for radiographs, it must be supervised by a dentist.

Ms. Mattingly stated that she reached out to several dental hygiene schools around the state and the response was they have always had the dentist diagnose and review the radiographs. She continued by stating that the law does state that the requirement of direct supervision does not apply in an educational setting. Ms. Mattingly added that when patients are seen in the clinic, a licensed dentist must be present because a dental hygienist cannot diagnose. Dr. Maron stated that direct supervision does not apply if the students are taking x-rays on each other, but the educational and didactic portions must be taught by a dentist. Dr. Michelle Boyce responded by stating that she is an educator at Georgia Highlands College. She further stated that direct supervision does not apply in dental hygiene educational settings. She continued by stating that there is nothing in the law requiring the course to be taught by a dentist. Dr. Maron inquired if the course on dental radiology was taught by a dental hygienist. Dr. Boyce responded affirmatively that the entire course is mostly taught by dental hygienists.

Dr. Maron called for a motion to refer this matter to the Attorney General's office. Dr. Reznik made a motion to refer this matter to the Attorney General's office for an interpretation of O.C.G.A. § 43-11-20(b) and § 43-11-74(d) as it relates to Dr. Thomas' two (2) questions above. Discussion was held. Mr. Changus inquired if this was a question of who may provide training on radiographs for dental hygienists. Dr. Maron responded affirmatively and asked if a dental hygienist cannot interpret, how can he/she teach what is of diagnostic quality.

Ms. Wendy Blonde commented that she graduated from dental hygiene school over sixteen (16) years ago and the course was taught by dental hygienists. She added that, when teaching, the dental hygiene educators use a didactic curriculum that identifies landmarks to look for to establish what a didactic image is. Dr. Maron responded by stating that he was just trying to make sure everyone was on the same page. He added that the matter was brought up through the correspondence from Dr. Thomas, who inquired as to what was appropriate. Ms. Blonde stated that the dentist on staff would be responsible for determining the treatment needs for the patients seen in the clinic. Dr. Maron stated that he understood that. He further stated that if the instructor has students coming to him/her asking if something is of diagnostic quality, the

dental hygiene instructor cannot interpret. He continued by stating that he is not saying the Board would stop that from happening, but the Board may need to amend the language.

Dr. Goggans commented that the dental hygienist is not diagnosing; but rather looking at landmarks to determine if it is a quality x-ray. Dr. Boyce agreed and affirmed that is what is being done. Dr. Maron commented that the Board needed to determine if it is appropriate. There being no further discussion, Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion.

Correspondence from Thomas Beusse, GDA

The Board considered this correspondence requesting clarification regarding Rule 150-8-.01(q)(2)(ii), which requires the dentist to provide, *“A means for the patient to obtain a copy of his or her dental records. The notice shall be mailed at least fourteen (14) days prior to the date of termination of the dentist/patient relationship, unless the termination results from an unforeseen emergency (such as sudden injury or illness), in which case the notice shall be mailed as soon as practicable under the circumstances.”* Mr. Beusse’s question specifically asks if the notice has to be physically mailed, or could the notice be served through electronic means such as email so long as all other conditions of the notice are met. After discussion, Ms. Mattingly made a motion to amend Rule 150-8-.01(q)(2)(ii) to require the notice be sent certified mail. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

General – Dr. Glenn Maron

Dr. Maron reported that he appointed Dr. Patel to the CRDTS Examination Committee.

Dr. Maron thanked the Georgia Dental Association for its recent article regarding the dental licensure exam and licensure pathways. He stated that Mr. Lacefield and Ms. Emm receive numerous inquiries on what specific examinations are required for licensure. He further stated the article was very well written.

Dr. Maron commented that he was happy to report the Board was moving in the right direction. He stated the Board would be discussing local anesthesia later in the meeting. He added that the Board was becoming a more progressive Board; however, its goal was still to protect the citizens of Georgia.

Sedation Committee Report – Dr. Glenn Maron

Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation General Anesthesia:

Dr. Maron reported the changes presented to the Board for consideration were recommendations made by the Sedation Committee.

Dr. Wilson made a motion to post Rule 150-13-.01 Conscious Sedation Permits. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Rule 150-13-.01. Conscious Sedation Permits

- (1) When the intent is minimal sedation (anxiolysis), which is defined as a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway with unaffected ventilatory and cardiovascular function and respond normally to tactile and verbal stimulation, a permit for conscious sedation is not required.
 - (a) When the intent is minimal sedation for adults, the initial dosing is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. For adults, supplemental dosing that may be necessary for prolonged procedures should not exceed one-half of the initial drug dose and should not be administered until the dentist has determined that the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

- (b) The use of preoperative sedatives for children (age 12 and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals. Children can become moderately sedated despite the intended level of minimal sedation. Should this occur, the guidelines for moderate sedation apply. For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
- (2) No dentist shall administer conscious sedation at the moderate level in Georgia in accordance with the definition of conscious sedation as defined by O.C.G.A. 43-11-1 unless such dentist possesses a permit based on a credentials review. The permits issued are Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation.
- (3) Moderate Conscious Sedation is defined as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (4) Moderate Enteral Conscious Sedation is any technique of administration in which the drugs are absorbed through the gastrointestinal tract or oral mucosa, i.e. oral, rectal, and sublingual.
 - (a) To obtain a Moderate Enteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
 - 1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training necessary to administer and manage moderate enteral conscious sedation; or
 - 2. Completion of an in-person continuing education course of a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction plus management of at least ten (10) adult case experiences which provides competency in moderate enteral conscious sedation which may include simulated cases.
 - (b) To obtain a Moderate Enteral Conscious Sedation Permit for pediatric patients (age 12 and under) a dentist must provide certification of an in-person continuing education course of a board approved organization in pediatric sedation including twenty-four (24) hours of pediatric-specific instruction after adult training and ten (10) pediatric patient experiences to include supervised administration of sedation of at least five (5) patients; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.
- (5) Moderate Parenteral Conscious Sedation is any technique utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation.
 - (a) To obtain a Moderate Parenteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
 - (1) Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation; or
 - (2) Completion of a continuing education course of a board approved organization consisting of a minimum of sixty (60) hours of didactic instruction plus in-person management of at least twenty (20) patients, which provides competency in moderate parenteral conscious sedation.
 - (b) To obtain a Moderate Parenteral Conscious Sedation Permit for pediatric patients (age 12 and under) a dentist must provide certification of a continuing education course of a board approved organization in pediatric sedation including not less than sixty (60) hours didactic and in-person supervised administration of sedation of twenty (20) patients; or completion of

an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.

- (6) The dentist issued a permit in either Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation shall maintain a properly equipped facility for the administration of such sedation, staffed with appropriately trained and supervised personnel. The facility must have equipment capable of delivering positive pressure oxygen ventilation, a pulse oximeter, suction equipment that allows aspiration of the oral and pharyngeal cavities, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, a fail-safe inhalation system if nitrous oxide/oxygen is used, equipment necessary to establish intravascular access, equipment to continuously monitor blood pressure and heart rate, appropriate emergency drugs per ACLS or PALS protocol, a manual or automatic external defibrillator, and a recovery area with available oxygen and suction. The facility shall have continual monitoring of end tidal CO₂ (expired carbon dioxide) unless invalidated by the nature of the patient, procedure, or equipment. "Continual" shall mean "repeated regularly and frequently in steady rapid succession." All of the aforementioned equipment, drugs, and supplies must be stationary and not subject to transfer from one facility to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection. The dentist and all support personnel must be certified in cardiopulmonary resuscitation at the basic life support healthcare provider level given by a board approved sponsor with update not to exceed two years per board rules 150-3-.08, 150-3-.09, 150-5-.04, 150-5-.05. Additionally, the dentist must have current certification in advanced cardiovascular life support (ACLS) for adult permits or pediatric advanced life support (PALS) for pediatric permits or an appropriate dental sedation/anesthesia emergency management course as approved by the board. Any dental hygienist or dental assistant, expanded or general, performing phlebotomy or venipuncture procedures must be in compliance with O.C.G.A. § 43-11-23.
- (a) The dentist must take four (4) hours of continuing education every two (2) years in pharmacology, anesthesia, emergency medicine or sedation, as part of the 40 hour requirement for license renewal, to maintain certification for the Enteral and/or Parenteral Conscious Sedation Permits. Certification of this continuing education must be submitted at renewal.
- (b) The Georgia Board of Dentistry shall be given a written, thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant change to the facility.
- (c) When a Certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist for the administration of conscious sedation, the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board that incorporates the level and mode of sedation administered by the CRNA.
- (d) The dentist must be certified in cardiopulmonary resuscitation at the basic and advanced levels and all support personnel who provide direct hands-on patient care must be certified in cardiopulmonary resuscitation at the basic life support level given by a board approved provider with an update not to exceed two years. While any conscious sedation procedure is underway, a minimum of two support personnel certified in basic cardiopulmonary resuscitation must be present.
- (7) A licensed dentist shall not delegate to a dental assistant or a dental hygienist the administration of any medication or drugs given to a patient through phlebotomy and venipuncture procedures.
- (78) The requirements as set forth in this rule apply to all new permit applicants upon its effective date. Current, active sedation permit holders are grandfathered for educational requirements and will have until December 31, 2011 to comply with facility requirements including monitoring and emergency equipment, drugs, and supplies, and periodic emergency training requirements for the dentist and all support personnel.
- (89) Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.

(910) Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

(4011) Late Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

Dr. Reznik made a motion to post Rule 150-13-.02 Deep Sedation General Anesthesia. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Rule 150-13-.02. Deep Sedation/General Anesthesia Permits

- (1) The educational requirements for a permit to use deep sedation/general anesthesia in Georgia shall be equal to those set forth in O.C.G.A. § 43-11-21.1.
- (2) The following guidelines shall apply to the administration of deep sedation/general anesthesia in the dental office or a site approved by the Board:
 - (a) When administration of deep sedation/general anesthesia is provided by another qualified dentist holding a current (Georgia) deep sedation/general anesthesia permit or by a physician anesthesiologist, the operating dentist and the staff must be certified in cardiopulmonary resuscitation at the basic life support level given by a board-approved sponsor with an update not to exceed two years per board Rules 150-3-.08, 150-3-.09, 150-5-.04, and 150-5-.05.
 - (b) When a certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist, administration of deep sedation/general anesthesia by a CRNA shall require the operating dentist to have completed training in deep sedation/general anesthesia, commensurate with these guidelines.
 - (c) A dentist administering deep sedation/general anesthesia must document current successful completion of an advanced cardiac life support (ACLS) course (or an appropriate equivalent).
 - (d) All staff must be certified in cardiopulmonary resuscitation at the basic life support level given by a board-approved sponsor with an update not to exceed two years per board Rules 150-3-.08, 150-3-.09, 150-5-.04, and 150-5-.05.
 - (e) Any dental hygienist or dental assistant, expanded or general, performing phlebotomy or venipuncture procedures must be in compliance with O.C.G.A. § 43-11-23.
 - (f) A licensed dentist shall not delegate to a dental assistant or a dental hygienist the administration of any medication or drugs given to a patient through phlebotomy and venipuncture procedures.
- (3) In all areas in which this level of anesthesia is being conducted, the dentist shall maintain a properly equipped facility for the administration of deep sedation/general anesthesia, staffed with appropriately trained and supervised personnel. The facility must have equipment capable of delivering positive pressure oxygen ventilation, a pulse oximeter, suction equipment that allows aspiration of the oral and pharyngeal cavity, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, a fail-safe inhalation system if nitrous oxide/oxygen is used, equipment to continuously monitor blood pressure and heart rate and rhythm, EKG monitor, appropriate emergency drugs per ACLS protocol including reversal agents for narcotics and/or benzodiazepines depending on which is actually utilized, a manual or automatic external defibrillator, and a recovery area with available oxygen and suction. The facility shall have continual monitoring of end tidal CO₂ (expired carbon dioxide) unless invalidated by the nature of the patient, procedure or equipment. "Continual" shall mean "repeated regularly and frequently in steady rapid succession." All of the aforementioned equipment and supplies must be stationary and not subject to transfer from one facility to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection.
 - (a) The dentist must be certified in cardiopulmonary resuscitation at the basic and advanced levels and all immediate support personnel who provide direct hands-on patient care must be certified in cardiopulmonary resuscitation at the basic life support level given by a board

approved provider with an update not to exceed two years. While any deep sedation/general anesthesia procedure is underway, a minimum of two immediate support personnel certified in basic cardiopulmonary resuscitation must be present.

- (4) The Georgia Board of Dentistry shall be given a written thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant changes in the facility. Changes in the method of administration of deep sedation/general anesthesia should also be brought to the attention of the Board. The permit holder shall be subject to an on-site inspection.
- (5) The dentist must take four (4) hours of continuing education every two (2) years in pharmacology, anesthesia, emergency medicine or sedation as part of the forty (40) hour requirement for license renewal to maintain certification for the deep sedation/general anesthesia permit. Certification of this continuing education must be submitted at renewal.
- (6) Permit fees: As shown in the schedule of fees adopted by the Board.
- (7) Renewal fees: As shown in the schedule of fees adopted by the Board.
- (8) Late renewal fees: As shown in the schedule of fees adopted by the Board.

Amendment to Sedation Applications: Dr. Maron reported that the Sedation Committee felt that possession of multiple permits increases risk to patients, and as such, recommended amending each sedation application to require the following language:

“If you are applying for more than one location, please include a written statement addressing how you will handle post operative issues/complications, including how patients will be able to contact you about post operative issues/complications, your anticipated response time to those patients, and the physical location(s) where you would anticipate seeing those patients, if necessary. Please also address how patients will be notified of how post operative issues/complications will be handled.”

Dr. Reznik made a motion to approve the language. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Attorney General’s Report – Mr. Max Changus

No report.

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Ms. Kimberly Emm

Board Approved Treatment Facilities: Dr. Reznik made a motion to post the listing to the Board’s website. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Rules Discussion

Rule 150-10-.01 Fraudulent, Misleading or Deceptive Advertising: Dr. Stiehl made a motion to post Rule 150-10-.01 Fraudulent, Misleading or Deceptive Advertising. Ms. Mattingly seconded and the Board voted unanimously in favor of the motion.

Rule 150-10-.01 Fraudulent, Misleading or Deceptive Advertising

- (1) For purposes of O.C.G.A. § 43-11-47(a)(15), “advertising” shall include any information communicated in a manner designed to attract public attention to the practice of the licensee, including the use of a trade name or corporate name.
- (2) A dentist may provide information regarding ~~himself or herself~~ the dentist personally, his or her the dentist’s practice, and fixed fees associated with routine dental services in a dignified manner in newspapers, magazines, yellow page directories, consumer directories, ~~or~~ comparable written publications, ~~or~~ broadcast advertising, or internet advertising. The dentist shall have ultimate

responsibility for all advertisements approved or placed by the dentist or ~~his or her~~ the dentist's agents, employees, ~~or~~ associates, or contractors. The dentist shall retain a copy, recording, or specification of the advertisement for at least one year following the last appearance or use of the advertisement, and shall provide a copy, recording, or specification to the Board within ten (10) days of any request by the Board.

(3) Advertising may include, but is not limited to, the following information:

- (a) The dentist's title or degree;
- (b) A designation of specialty dental practice, if said specialty is recognized by the Georgia Board of Dentistry pursuant to Rule 150- 11-.01 and complies with section (4) of this rule~~the dentist has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the advertisement is made~~;
- (c) Office and telephone answering hours, office location, office telephone number, and residence address and telephone number;
- (d) Fees for a specific, routine service. For purposes of this Rule, a dental service may be characterized as a "routine dental service" if it is performed frequently in the dentist's practice, is usually provided at a specific fee to substantially all patients receiving the service, and is provided with little or no variance in technique or materials. The following requirements shall be met when a dentist advertises a routine dental service:
 1. If a range of fees is advertised (including use of words such as "from," "as low as," "starting at"), the minimum and maximum fees shall be fully disclosed;
 2. Consultation, treatment planning, or treatment for any routine dental service advertised for a specific fee must be made available for a minimum of sixty (60) days following the date of the last publication or broadcast of that fee, unless another date is specified in the advertisement;
 3. When a routine dental service is advertised as "free," "no charge," or like terms, such service must be made available at no cost for a minimum of sixty (60) days following the date of last publication or broadcast of that fee, unless another date is specified in the advertisement;
 4. When a patient accepts the treatment planned for a routine dental service which was advertised by the dentist for a specific fee during the previous sixty (60) days (or other period specified in the advertisement), any subsequent dental service that is reasonably and ~~foreseeably~~ foreseeably related to the advertised routine service must be provided without additional charge, unless the advertisement for the routine dental service includes the following statement: "ADDITIONAL CHARGES MAY BE INCURRED FOR RELATED SERVICES WHICH MAY BE REQUIRED IN INDIVIDUAL CASES."

(4) Advertising as a Specialist

- (a) A dentist shall not advertise or otherwise hold himself or herself out to the public as a specialist, or use any variation of the term, in an area of practice if the communication is false or misleading.
- (b) It shall be false or misleading for a dentist to hold himself or herself out to the public as a specialist, or any variation of that term, in a practice area unless the dentist:
 1. has completed a qualifying postdoctoral educational program in that area as set forth in Paragraph (c) of this Rule; or
 2. holds a current certification by a qualifying specialty board or organization as set forth in Paragraph (d) of this Rule.
- (c) For purposes of this Rule, a "qualifying postdoctoral educational program" is a postdoctoral advanced dental educational program accredited by an agency recognized by the U.S. Department of Education (U.S. DOE).

(d) In determining whether an organization is a qualifying specialty board or organization, the Board shall consider the following criteria:

1. whether the organization requires completion of an educational program with didactic, clinical, and experiential requirements appropriate for the specialty or subspecialty field of dentistry in which the dentist seeks certification, and the collective didactic, clinical and experiential requirements are similar in scope and complexity to a qualifying postdoctoral educational program. Programs that require solely experiential training, continuing education classes, on-the-job training, or payment to the specialty board shall not constitute a qualifying specialty board or organization;
2. whether the organization requires all dentists seeking certification to pass a written or oral examination, or both, that tests the applicant's knowledge and skill in the specialty or subspecialty area of dentistry and includes a psychometric evaluation for validation;
3. whether the organization has written rules on maintenance of certification and requires periodic recertification;
4. whether the organization has written by-laws and a code of ethics to guide the practice of its members;
5. whether the organization has staff to respond to consumer and regulatory inquiries; and
6. whether the organization is recognized by another entity whose primary purpose is to evaluate and assess dental specialty boards and organizations.

(e) A dentist qualifying under Paragraph (d) of this Rule and advertising or otherwise holding himself or herself out to the public as a specialist, or any variation of that term, shall disclose in the advertisement or communication the specialty board by which the dentist was certified and provide information about the certification criteria or where the certification criteria may be located.

(f) A dentist shall maintain documentation of either completion of a qualifying postdoctoral educational program or of his or her current specialty certification and provide the documentation to the Board upon request. Dentists shall maintain documentation demonstrating that the certifying board qualifies under the criteria in Subparagraphs (d)(1) through (6) of this Rule and provide the documentation to the Board upon request.

(g) Nothing in this Section shall be construed to prohibit a dentist who does not qualify to hold himself or herself out to the public as a specialist under Paragraph (b) of this Rule from restricting his or her practice to one or more specific areas of dentistry or from advertising the availability of his or her services, provided that such advertisements do not include the term "specialist," or any variation of that term, and must state that the services advertised are to be provided by a general dentist.

(45) A dentist may use or participate in the use of professional cards, appointment slips or cards, letterhead, office signs, or similar professional notices, provided they are not false, misleading, or deceptive.

(56) Advertising shall not reveal a patient's personally identifiable facts, data or information obtained in a professional capacity, without the patient's written consent.

(67) The following statements in advertising shall be deemed to be misleading to the public for purposes of this Rule:

(a) Statements claiming or implying the superiority of a method of treatment, material, drug or appliance;

(b) Statements that assert or allude that a certain dentist is a specialist or specializes in any branch of dentistry, unless that specialty is recognized by the Georgia Board of Dentistry pursuant to Rule 150-11-.01 and complies with Section (4) of this rule~~the dentist has completed the educational requirements for that specialty as stated in the American Dental Association's specialty practice guidelines in existence at the time the advertisement is made;~~

- (c) Statements that a dentist has received certification by a particular Board, credentialing organization, professional association, or other certifying body when the dentist has not;
- ~~(e)~~(d) Statements that assert or allude that a certain dentist practices at a location, if the dentist does not regularly provide dental treatment to patients at said location;
- ~~(d)~~—Statements offering or announcing “quality dentistry,” “quality work,” “staff of skilled dentists,” “skilled employees,” or other like terms, and statements indicating that uncertified persons perform functions requiring a license under O.C.G.A. § 43-11-1, *et seq.*;
- ~~(e)~~—Statements indicating the availability of superior facilities at a certain office, including statements that an office is “scientifically equipped” or has the “latest modern equipment,” statements making reference to a “modern office,” “modern methods,” “modern devices,” or any similar expressions;
- ~~(e)~~ Statements that a dentist has an ownership interest in a dental practice, facility, or clinic, when that dentist does not in fact have such an ownership interest. The listing of a dentist’s full name in any sign, card, announcement, advertisement, or method used to state or imply that dentistry may or will be done by anyone at any place in this state, in compliance with O.C.G.A. §43-1-18, shall not in and of itself be construed as implying ownership in a dental practice, facility, or clinic for the purposes of this rule;
- (f) Statements that a dental operation or treatment can be performed without causing any pain; and
- ~~(g)~~ Use of a trade name or corporate name that is confusingly similar to a trade name or corporate name already in use by a dental practice in this state. Statements that contain other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.

Dental Hygienist Administration of Local Anesthesia: Ms. Mattingly thanked Dr. Wilson and Dr. Reznik their assistance with putting together the proposed rule. She stated that Georgia would be the 47th state to enact this rule. Ms. Mattingly explained that all dental hygienists are trained in emergencies and have been providing local anesthesia for fifty (50) years. She stated that this would not affect the amount of insurance coverage for dentists. Additionally, she stated the price of insurance coverage for a hygienist is around \$65-\$85. Ms. Mattingly continued by stating that the committee drafted the highest requirements possible. She stated that there has never been a study presented for a safety concern. She further stated that permitting a dental hygienist to administer local anesthesia would allow the hygienist to utilize his/her full skill set, and would put Georgia dental hygiene graduates at the same level as other states. Ms. Mattingly stated that permitting dental hygienists to administer local anesthesia would move Georgia from a laggard state to a progressive state and explained that the dentist would be in control as it is a direct supervision item. She added that it is the Board’s responsibility to determine the line between safe and unsafe practice, and set very high standards. Ms. Mattingly thanked the members of the Board for being openminded and helping hygienists get to this point as it is the furthest this initiative has ever been.

Dr. Wilson commented that the citizens of Georgia owe Ms. Mattingly a debt of gratitude. She added that allowing a dental hygienist to administer local anesthesia would save time for the entire practice. She stated that Ms. Mattingly gives credit to Dr. Reznik and herself for assisting, but Ms. Mattingly did the majority of the work.

Dr. Reznik commented that he had never seen someone as prepared as Ms. Mattingly. He added that he is the reason the draft is more on the conservative side. Dr. Reznik stated that participating in the committee meeting was his first real committee meeting, and if every committee ran that smoothly, this state would be in a great position. He continued by stating that this is an advantage that will speed up the practice and make patient care safe.

Discussion was held by the Board regarding an application and fee. Dr. Goggans inquired as to where the fees would go. Mr. Lacefield responded that all fees go to the General Fund.

Dr. Goggans inquired as to the reason for the age requirement of 12 years of age or older. Dr. Reznik responded by stating that he recommended that age based on information he had read.

Dr. Stiehl inquired if there were an issue, is it something the Board could take away. Ms. Mattingly responded affirmatively.

Ms. Mattingly discussed the fee. She stated the way the rule is written requires a one (1) time application fee. Dr. Maron suggested a separate permit be issued. Ms. Mattingly stated that in most states, because administering local anesthesia is a delegable duty, the states do not require the certification to be renewed and it is typically not separate. Ms. Daughdril commented that the caveat to this is that the rule will have to match all of these provisions back to the laws and the more it looks like a permit or license the less likely the Board has the authority to do it. Ms. Mattingly agreed and stated the Board could promulgate a rule for local anesthesia, but not necessarily create a new permit.

Discussion was held regarding an application and fee. Ms. Mattingly stated that the applicant would need to provide the appropriate documentation to show that he/she meets the requirements. Dr. Maron commented that if the rule is adopted and approved, the Board will get inundated with applications. Mr. Lacefield commented that the application can be created and once approved, the licensee can print the updated license from the website. Dr. Maron inquired as to who would review the applications once received. Mr. Lacefield responded by stating that it would be up to the Board. Ms. Mattingly commented that according to the draft it would not be effective until 2024, which would allow schools time to incorporate this into the dental hygiene program.

Dr. Maron asked if there were enough courses available for those interested in the training. Ms. Mattingly responded that a sixty (60) hour course would be hard to find, but they are available. She added that there is a course scheduled for April in Florida that does meet the Board's requirement.

Dr. Goggans commented that if the Board voted to post the rule, a public hearing would need to be scheduled for public input. He asked Ms. Mattingly how quickly she thought applications would come into the Board office. Ms. Mattingly responded by stating that she believes the applications the Board would see first would be those wanting to reciprocate. She further stated the first course that meets the requirements would be the Florida course in April.

There being no further discussion, Ms. Mattingly made a motion to post Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygiene Designation. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

150-5-.07 Administration of Local Anesthetic by Dental Hygienist Designation

(1) A dental hygienist, under the direct supervision of a Georgia licensed dentist, may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, to a non-sedated patient that requires local anesthesia for pain management and who is 12 years of age or older if the following criteria are met.

(a) Submit application for Administration of Local Anesthetic by Dental Hygienist Designation to include:

1. One-time application fee set by the Board;

2. Proof of successful completion of a course in the administration of local anesthesia pursuant to section (2)(a) or (2)(b);
3. Proof of current certification in basic or advanced cardiac life support; and
4. Proof of coverage under a professional liability occurrence or claims insurance policy with a policy limit minimum of \$1,000,000.

(b) The designation is not subject to renewal but is part of the dental hygienist's permanent record and must be prominently displayed at the location where the dental hygienist is authorized to administer local anesthesia.

(2) Educational and Practical Experience Requirements:

(a) Graduate of a Commission on Dental Accreditation (CODA) approved curriculum program.

1. Dental hygiene anesthesia courses or programs required for dental hygienists licensed in Georgia to qualify to administer local anesthetics:

(i) Shall be taught using lecture and laboratory/clinical formats from by a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) or its successor agency, a similar organization approved by the United States Department of Education, or the Board.

(ii) The training program shall include, at a minimum, a sixty (60) hour course comprised of thirty (30) didactic hours, fifteen (15) laboratory hours, and fifteen (15) clinical hours which shall include, but not be limited to, the following:

(I) Theory of pain control,

(II) Selection-of-pain-control modalities,

(III) Anatomy,

(IV) Neurophysiology,

(V) Pharmacology of local anesthetics,

(VI) Pharmacology of vasoconstrictors,

(VII) Psychological aspects of pain control,

(VIII) Systemic complications,

(IX) Techniques of maxillary anesthesia,

(X) Techniques of mandibular anesthesia,

(XI) Infection control,

(XII) Safety Injection practices, and

(XIII) Medical emergencies involving local anesthesia.

(iii) Laboratory and clinical instruction shall be provided with a faculty to student ratio of no greater than 1:5 under the direct supervision of a dentist licensed in this state.

(iv) Courses must be taught to a minimum score of eighty percent (80%) in the parenteral administration of local anesthesia, and successful students shall be awarded a certificate of completion.

2. Effective for the graduating class of 2024 and after, students that graduate from a CODA-approved dental hygiene program in Georgia will have met the standards of a sixty (60) hour course comprised of thirty (30) didactic hours, fifteen (15) laboratory hours, and fifteen (15) clinical hours. Laboratory and clinical instruction shall be provided with a faculty to student ratio of no greater than 1:5 under the direct supervision of a dentist licensed in this state and therefore meet the requirements set forth for local anesthesia.

(b) Reciprocity.

1. The Board may approve a dental hygienist licensed in this State, who also holds a license in any other U.S. state or territory, to provide local anesthesia upon the dental hygienist meeting and providing proof of the following criteria. The dental hygienist must:

(i) Have a current Georgia license and be in good standing;

(ii) Produce satisfactory evidence of the required education, training, and clinical qualifications to provide local anesthesia;

(iii) Have been practicing dental hygiene, as defined in rule 150-5-.03, under the supervision of a licensed dentist for a minimum of two years immediately preceding the date of the application; and

(iv) Have successfully completed a course of study on local anesthetics offered through a school or college approved by the United States Department of Education, CODA-approved, or a Board-approved continuing education provider that includes all of the following:

(I) A minimum of sixteen (16) lecture hours on pharmacology, physiology, equipment, block and infiltration techniques, legal issues, and fourteen (14) lecture hours on medical emergencies, including systemic complications;

(II) A minimum of fifteen (15) clinical hours of instruction and experience in administering local anesthesia injections; and

(III) Completion of at least twelve (12) block and twelve (12) infiltration injections, within the twelve (12) months immediately preceding the application for designation, under the direct supervision of a licensed dentist who must certify the applicant's competency.

(c) If a reciprocity applicant cannot satisfy the requirements as set forth in section (2)(b), the Board may require the licensed dental hygienist to complete all or parts of the requirements specified in section (2)(a) before the applicant can be deemed qualified to obtain this designation.

(3) Continuing Education: Dental hygienists who hold the administration of local anesthetic designation must complete two (2) hours of approved continuing education per biennium, which shall include a review of local anesthetic techniques, contraindications, systemic complications, medical emergencies related to local anesthesia, and a general overview of dental office emergencies. These hours may be used as part of the twenty-two (22) hours of continuing education required each biennium.

Appearance

Representatives from SRTA, Ms. Jessica Bui, Executive Director, and Dr. Mark Muncy, were on the call, along with Dr. MaryJane Hanlon from Promethean Dental Systems. Ms. Bui inquired if the members had

any questions regarding the documentation provided. Dr. Maron asked if SRTA offered an in person live patient examination. Ms. Bui affirmed that SRTA did offer a live patient examination.

Dr. Stiehl inquired if SRTA's requirements were different from other agencies. Ms. Bui stated that there are very slight differences. She added that SRTA does not have a diagnostic skill portion; however, SRTA is working on that for next year.

In regard to the future of the dental examination, Dr. Muncy stated that SRTA is willing to adapt to what the Board requires. He further stated that the difference between judging criteria is minor, but the exams were basically the same. He added that SRTA is candidate focused. Dr. Muncy stated that SRTA does not lessen its standards, but offers lunch and learns and mock exams so the candidate can prepare to the highest degree. He continued by stating that SRTA are not educators, but he was proud to say that SRTA wants the candidates to succeed. Dr. Muncy stated that SRTA grades on a pass/fail system. There are no letter or number grades.

Dr. Stiehl stated that he has participated in several exams. He explained that the examiners want to pass the candidates as well. He stated that it is very stressful, and candidates assume examiners are trying not to pass them. Dr. Stiehl further stated that the examiner never sees the student, and if a student fails, there have been five (5) dentists that have looked at the work. He continued by stating that the schools are under pressure to produce passing students. He stated that one of the things he likes about Promethean is accessibility. Dr. Stiehl stated that schools cannot get enough patients or hold exams with the Covid pandemic. He stated that, with Promethean, the exam is accessible any time. Dr. Stiehl commented that he was not fond of the pass/fail criteria. He stated that if you have to take 1 mm off, the candidate can show the examiner where it was over or under reduced. Dr. Stiehl stated that he likes that the examiner could see exactly what went wrong.

Dr. Maron inquired as to whether there was any talk of merging all of the exams. He added that he knew they were all for profit, but the goal is to keep patients safe. Dr. Hanlon responded that over the last year WREB/CITA/CDCA consolidated and joined together. She stated that she does not foresee any further merging. Dr. Hanlon explained that they do want to do more objective grading via artificial intelligence and computer software. She stated that Promethean can tell down to 1000th of a millimeter. She further stated that the SRTA exam was no different then what was given at CRDTS last year. Dr. Hanlon stated that the request is for the Board to approve the three (3) modes offered, which are live patient, manikin, and multimodal.

Dr. Stiehl asked if there was any reason for the Board not to approve the exam. He stated that the Board would need a cutoff date or it will run into the same issues it did with accepting the ADEX exam. He further stated that he does like the patient-based exam. In reviewing candidates, he stated there could be two (2) dentists; one that has beautiful hands and one that may not. He stated that the examiner can show the student exactly what went wrong, and how he/she can remediate. Dr. Stiehl recommended the Board move forward with accepting the SRTA examination because he likes Promethean Dental Systems. Dr. Hanlon commented that she anticipates that states will need options and cautioned the Board with limiting the exam to just a live patient exam.

Dr. Wilson commented that she has been an examiner for CITA. She stated that at the CITA convention the merger between CITA, CDCA, and WREB was announced. She further stated that it seems cumbersome for students to navigate the testing field and is not fair to the students or the boards.

Dr. Muncy explained that the concept of merging has been around at least thirty (30) years. He stated that it was pursued at SRTA many times and SRTA has entered and exited partnerships. He added that multiple agencies are a good thing and competition is healthy. Dr. Muncy stated that, originally in his day,

examiners of the Board had direct input on development and administration. He further stated that if everything is put under one umbrella, states might lose their input.

Mr. Lacefield stated that the Board requires all sections of the exam to be passed at rate of 75% or higher. He further stated the rule lists the components required of the exam. He stated that it appears SRTA is requesting approval for its three (3) modes offered and the rule does not permit that.

Dr. Maron thanked Ms. Bui, Dr. Muncy and Dr. Hanlon for providing the information to the Board and stated that the Board would take this matter under advisement.

Pam Cushenan was on the call and spoke to the Board. She stated that she passed the live patient SRTA exam in 1987. She requested that when the Board considers an exam allowed for a dentist, to also consider it for dental hygienists as well. She explained that a dental hygienist must receive 2000 hours of direct clinical care before he/she can sit for a final exam. Ms. Cushenan stated that she would like for the Board to consider that and let everyone all move together.

A representative from CRDTS spoke to the Board. The representative stated that CRDTS still offers patient based exams and wanted to clarify that it also has independent sites that have been developed.

Dr. Brent Stiehl made a motion and Dr. David Reznik seconded and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h), § 43-11-47(h), and § 43-1-2(h), to deliberate and receive information on applications, investigative reports, and the Assistant Attorney General's report. Voting in favor of the motion were those present who included Dr. Greg Goggans, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Ami Patel, Dr. David Reznik, Dr. Brent Stiehl, and Dr. Debra Wilson.

Executive Session

Licensure Overview Committee Appointments/Discussion Cases

- S.L.S.
- S.H.
- M.D.W.
- S.F.H.
- G.C.F.
- E.M.B.
- D.V.S.
- G.L.B.
- J.S.C.
- S.G.E.
- M.A.F.
- R.L.M.
- C.M.W.
- P.G.S.
- C.C.K.
- N.C.
- J.F.A.
- D.G.K.
- S.D.P.
- J.C.C.A.
- L.A.K.

- M.H.C.
- D.C.W.
- D.J.W.
- T.D.P.
- J.S.H.
- J.C.B.
- D.T.R.
- M.D.D.

Applications

- A.M.D.
- R.K.
- E.H.
- A.O.A.
- D.R.
- R.W.P.
- R.N.H.
- C.O.C.
- J.W.S.
- M.M.M.
- T.D.W.
- R.C.
- K.M.P.
- S.A.R.
- A.V.

Correspondences

- N.B.
- A.H.A.
- M.S.D.

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

- DENT190420
- DENT220282

Attorney General’s Report – Mr. Max Changus

Mr. Changus presented the following consent order for acceptance:

- N.A.W.

Mr. Changus discussed the following:

- Legal advice regarding O.C.G.A. § 43-11-6 and § 45-7-21.

Executive Director’s Report – Mr. Eric Lacefield

- M.J.F.

Legal Services – Ms. Kimberly Emm

- S.R.B.

- K.J.K.

No votes were taken in Executive Session. Dr. Maron declared the meeting back in Open Session.

Open Session

In regard to Board Rules 150-13-.01 Conscious Sedation Permits, 150-13-.02 Deep Sedation General Anesthesia, 150-10-.01 Fraudulent, Misleading or Deceptive Advertising, and 150-5-.07 Administration of Local Anesthetic by Dental Hygienist Designation voted on by the Board earlier in the meeting, a motion was made by Dr. Reznik, seconded by Dr. Stiehl, and the Board voted that the formulation and adoption of these proposed rule amendments does not impose excessive regulatory cost on any licensee and any cost to comply with the rule amendments cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, Board also voted that it is not legal or feasible to meet the objectives of the relevant code sections to adopt or implement differing actions for businesses as listed at O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of these proposed rule amendments will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

Dr. Goggans made a motion for the Board to grant consent to the withdrawal of Bryan Thernes as counsel for pending litigation. Dr. Wilson seconded and the Board voted unanimously in favor of the motion.

Dr. Stiehl inquired as to the status of the Board’s consideration of ordering a sleep study. Ms. Emm responded that the Board has received information on the matter and is taking it under advisement. Dr. Stiehl requested Ms. Mattingly take part in this matter. Ms. Mattingly responded that she would be honored to partner with Dr. Stiehl.

Dr. Maron reported that the Sedation Committee would be meeting at 2:00 p.m. later in the day.

Ms. Mattingly made a motion to approve all recommendations based on deliberations made in Executive Session as follows:

Licensure Overview Committee Appointments/Discussion Cases

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • S.L.S. • S.H. • M.D.W. • S.F.H. • G.C.F. • E.M.B. • D.V.S. • G.L.B. | <ul style="list-style-type: none"> Dental Licensee Dental Licensee Renewal Pending Renewal Pending Renewal Pending Renewal Pending Renewal Pending | <ul style="list-style-type: none"> Schedule to meet with the Licensure Overview Committee Refer to the Department of Law Approve pending receipt of additional information. Approved for renewal Approved for renewal Approved for renewal Renew with letter stating the Board has not concluded its consideration of the matter. Renew with letter stating the Board has not concluded its consideration of the matter. |
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• J.S.C.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• S.G.E.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• M.A.F.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• R.L.M.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• C.M.W.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• P.G.S.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• C.C.K.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• N.C.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• J.F.A.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• D.G.K.	Renewal Pending	Approved for renewal
• S.D.P.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• J.C.C.A.	Renewal Pending	Schedule to meet with the Licensure Overview Committee
• L.A.K.	Renewal Pending	Approved pending receipt of additional information.
• M.H.C.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• D.C.W.	Renewal Pending	Approved for renewal
• D.J.W.	Renewal Pending	Approved pending receipt of additional information.
• T.D.P.	Renewal Pending	Approved for renewal
• J.S.H.	Renewal Pending	Approved with letter of concern
• J.C.B.	Renewal Pending	Refer to Legal Services
• D.T.R.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.
• M.D.D.	Renewal Pending	Renew with letter stating the Board has not concluded its consideration of the matter.

Applications

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| • A.M.D. | Dental Exam Applicant | Denied application |
| • R.K. | Dental Exam Applicant | Approved application |
| • E.H. | Dental Exam Applicant | Table pending receipt of additional information |
| • A.O.A. | Dental Credentials Applicant | Denied application |
| • D.R. | Dental Credentials Applicant | Schedule to meet with the Licensure Overview Committee |
| • R.W.P. | Dental Credentials Applicant | Approved application |
| • R.N.H. | Dental Credentials Applicant | Schedule to meet with the Licensure Overview Committee |
| • C.O.C. | Initial Moderate Enteral CS | Table pending receipt of additional information |
| • J.W.S. | Initial Moderate Parenteral CS | Approved for provisional permit |
| • M.M.M. | Initial Moderate Parenteral CS | Table pending receipt of additional information |
| • T.D.W. | Initial Moderate Parenteral CS | Approved for provisional permit |
| • R.C. | Initial Moderate Parenteral CS | Approved for provisional permit |
| • K.M.P. | Dental Hygiene Reinstatement | Approved application |
| • S.A.R. | Dental Hygiene Reinstatement | Approved application |
| • A.V. | Public Health Applicant | Denied application |

Correspondences

- | | | |
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| • N.B. | Request regarding remediation | Approved request |
| • A.H.A. | Request for authorization to take ADEX exam | Denied request |
| • M.S.D. | Correspondence regarding outpt facility | Approved request |

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

- | | |
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| • DENT190420 | Refer to the Department of Law |
| • DENT220282 | Refer to the Department of Law |

Attorney General’s Report – Mr. Max Changus

Mr. Changus presented the following consent order for acceptance:

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| • N.A.W. | Private Consent Order accepted |
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Mr. Changus discussed the following:

- Legal advice regarding O.C.G.A. § 43-11-6 and § 45-7-21. Rescind the request.

Executive Director’s Report – Mr. Eric Lacefield

- | | | |
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| • M.J.F. | Moderate Enteral CS Renewal | Allow license to lapse or submit the required documentation. |
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Legal Services – Ms. Kimberly Emm

- | | | |
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| • S.R.B. | Correspondence | Approved request |
| • K.J.K. | Correspondence | The Board viewed this correspondence |

for informational purposes only.

Dr. Stiehl seconded and the Board voted unanimously in favor of the motion.

With no further business, the Board meeting adjourned at 12:53 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held via conference call on Friday, February 4, 2022, at 10:00 a.m. at the Department of Community Health's office located at 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303.

Minutes recorded by Kimberly Emm, Attorney

Minutes edited by Eric R. Lacefield, Executive Director