

GEORGIA BOARD OF DENTISTRY
Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
May 7, 2021
10:00 a.m.

The following Board members were present:

Dr. Tracy Gay, President
Dr. Brent Stiehl, Vice-President
Dr. Richard Bennett
Dr. Greg Goggans
Dr. Michael Knight
Dr. Glenn Maron
Ms. Misty Mattingly
Dr. Ami Patel
Dr. Debra Wilson
Dr. Bert Yeargan

Staff present:

Eric Lacefield, Executive Director
Max Changus, Assistant Attorney General
Kimberly Emm, Attorney
Brandi Howell, Business Support Analyst I

Visitors:

Dr. Carol Lefebvre
Dr. Randy Kluender

Open Session

Dr. Gay established that a quorum was present and called the meeting to order at 10:13 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.

Executive Order

Dr. Gay asked Ms. Emm to update the Board concerning the Governor’s Executive Order 05.07.21.01.

Ms. Emm explained that the Executive Order suspends the Emergency Rule that was recently approved.

She stated that the Executive Order reads in part as follows:

“That any provision of the laws or regulations of this state, including but not limited to Ga. Comp. R. & Regs. R. 150-3-.01 and Ga. Comp R. & Regs. R. 150-3-.02-11, that requires regional dental examinations for the assessment of clinical competencies to be performed on human subjects or on manikin-based typodonts using dental virtual-haptic machine simulation is hereby suspended to the extent necessary to allow dental license applicants to submit results from either the Central Regional Dental Testing Service (CRDTS) or American Board of Dental Examiners (ADEX) manikin-based typodont examinations, conducted with or without the use of virtual haptic machine simulation, taken on or after January 1, 2021 to the Georgia State Board of Dentistry with an application for licensure. The Board of Dentistry shall accept satisfactory results from any such exam as meeting the assessment of clinical competencies regional dental examinations requirement for licensure and, provided all other requirements of licensure are met, shall issue an unrestricted dental license to any such applicant. Licenses issued pursuant to this Order shall not be issued as temporary, provisional, or conditional licenses unless requested by the applicant or otherwise permitted by law or regulation.”

Dr. Gay inquired to where this information can be found for public view. Ms. Emm responded that the Executive Order is posted on the Governor’s website.

Approval of Minutes

Dr. Bennett made a motion to approve the Public and Executive Session minutes from the April 9, 2021 Conference Call. Dr. Goggans seconded and the Board voted unanimously in favor of the motion.

Mr. Scott Lofranco, GDA, requested clarification regarding the Governor's Executive Order. He stated that the Board previously held discussion that the emergency rule would be in effect for the duration of the emergency and for a period of not more than 120 days thereafter. Mr. Lofranco inquired as to whether or not the 120 days was still applicable. Ms. Emm responded by explaining the emergency rule that would have given the 120 days thereafter has been suspended. She continued by stating that the Executive Order will expire when the Public Health State of Emergency is terminated or ceases to be renewed.

Report of Licenses Issued

Dr. Bennett made a motion to ratify the list of licenses issued. Ms. Mattingly seconded and the Board voted unanimously in favor of the motion.

Petitions for Rule Waiver or Variance

Rule Variance Petition from Dr. Belinda Phan, DN122216: The Board reconsidered this petition that was tabled at its April meeting. Dr. Bennett made a motion to deny the rule variance petition as there was no substantial hardship demonstrated; however, refer Dr. Phan to Executive Order 05.07.21.01 posted on the Board's website. Dr. Goggans seconded and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Barbara Miller: The Board considered Dr. Miller's petition for the variance of Rule 150-7-.04(1)(c), which defines full-time clinical practice as a minimum of 1,000 hours for each twelve month period of licensure immediately preceding the date of application in the hands on treatment of patients. Dr. Bennett made a motion to deny the rule variance petition as O.C.G.A. § 43-11-41(a)(1) requires an applicant to be in full-time clinical practice for the five years immediately preceding the date of the application. As such, the Board has no authority to waive the law. Dr. Goggans seconded and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Deepal Patel: Dr. Maron made a motion to grant the rule variance petition based on the special circumstances related to the COVID-19 pandemic. The Board also finds that Dr. Patel has provided adequate justification for the variance since she successfully passed the 2020 ADEX clinical examination, which involved a live patient. Ms. Mattingly seconded and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Harjaap Singh: Mr. Singh, who was on the call, spoke to the Board. He stated that he passed the exam on a manikin in 2021. Dr. Gay responded that if Mr. Singh has passed the entire exam, there is no need for a variance as he can apply for licensure per the Governor's Executive Order. Dr. Bennett made a motion to deny the rule variance petition as there was no substantial hardship demonstrated. Dr. Goggans seconded and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. John Powe: Dr. Bennett made a motion to deny the rule variance petition as there was no substantial hardship demonstrated. Dr. Patel seconded. Discussion was held. Dr. Powe, who was on the call, spoke to the Board. Dr. Powe explained that he passed NERB in 2010. He stated he is licensed in Connecticut and enrolled in a periodontal residency in 2018 and as such, does not qualify for licensure by credentials. Dr. Powe discussed his hardships. Dr. Gay thanked Dr. Powe for the information. There being no further discussion, the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Summer Stringer: Dr. Bennett made a motion to deny the rule variance petition as there was no substantial hardship demonstrated; however, refer Dr. Stringer to Executive Order 05.07.21.01 posted on the Board's website. Dr. Goggans seconded and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Zhewu Xu: Dr. Goggans made a motion to grant the rule variance petition based on the special circumstances related to the COVID-19 pandemic. The Board also finds that

Dr. Xu provided adequate justification for the variance since he successfully passed the 2020 ADEX clinical examination, which involved a live patient. Dr. Bennett seconded and the Board voted unanimously in favor of the motion.

Correspondence from Dr. Carol Lefebvre, Dental College of Georgia on behalf of the Class of 2021

The Board considered this correspondence requesting the Board accept the results of a testing agency standard manikin-based CRDTS or ADEX exam during the current state of emergency. Dr. Gay commented that this matter has been addressed by the Governor's Executive Order. Additionally, he stated that the school held a live patient exam a few weeks ago.

Dr. Lefebvre, who was on the call, spoke to the Board. Dr. Lefebvre agreed that the Executive Order did address the vast majority of her comments; however, there was one question that was not addressed concerning the haptic exam and the validity testing that typically occurs. Dr. Lefebvre stated that the Integrated National Board Dental Examination and the OSCE (Objective Structured Clinical Examination), for example, have validity tests that go along with them. She stated when the Dental College of Georgia (DCG) asked CRDTS to provide a validity test to go with haptic, CRDTS referred DCG to Promethean Dental Systems, and to date, a response from Promethean Dental Systems has not been received. Dr. Lefebvre inquired as to what evidence based articles does the board use in making its decision. Dr. Gay responded by stating that he was unaware of those studies. He further stated that he knows the Board was trying to come up with an option that was acceptable. Dr. Gay stated that, at this juncture, it does not matter due to the Governor's Executive Order. Dr. Lefebvre responded by stating she was concerned when the state of emergency ends the Board would then require the haptic machine. She further stated that there are no other states using the haptic machine for dental licensure. Dr. Yeargan commented that he thinks the Board is going to accept the live patient exam from ADEX and CRDTS after the state of emergency is over. Dr. Lefebvre inquired as to whether or not the haptic machine would be considered for licensure following the end of the state of emergency. Dr. Gay responded by stating only the Emergency Rule required the haptic machine simulation. Dr. Lefebvre commented that DCG students have no experience with the haptic machine and thanked the Board for its time.

Correspondence from Dr. Britney Lewis

The Board reconsidered this correspondence, which was tabled from its April meeting, requesting clarification of Rule 150-14-.04 Administration of Injectable Pharmacologics. Specifically, Dr. Lewis' correspondence mentions language in the rule that states in part, "*in connection with a dental procedure in a dental treatment setting*" and asks if this should be interpreted to mean a treatment must be treatment planned in conjunction with a dental procedure, following a comprehensive dental exam, or at the same time of another dental procedure. After discussion, the Board directed staff to respond by stating that Botox can be used in the forehead area in conjunction with a proper examination and treatment plan justifying such use.

Correspondence from Holly Schuler

The Board discussed this correspondence requesting the Board consider authorization of dental hygienists to provide local anesthesia, administer laser treatment for bacterial contamination and the ability to work under general supervision for periodontal maintenance procedures. Ms. Mattingly suggested the Board refer this matter to the Rules Committee to review. Ms. Schuler, who was on the call, spoke to the Board regarding this matter. She stated that dentists perform small surgeries daily and if one thinks about the amount of time the dentists have to get up out of their chairs takes away from the continuity of care and takes longer for the dentist to perform the procedure. She stated this causes distraction and keeping continuity from beginning to end. She further stated that letting the dental hygienist handle his/her own root scaling, planning and anesthesia would be beneficial. Dr. Maron stated that Ms. Schuler's comments about saving time and money are not helping her argument. He suggested the Board refer the matter to Rules to review. The Board agreed. Dr. Gay stated the correspondences from Dr. Britney Pullium, Dr.

Kyle Emer, Dr. Hope Marshall and Dr. Priyanka Yadav were the same as Ms. Schuler's correspondence and suggested those be referred to the Rules Committee as well.

Mr. Lofranco stated the Board has previously discussed periodontal maintenance and general supervision. He stated the minutes reflect testimony provided by the dental school and periodontists in the Atlanta area. He stated that he could not imagine the Board changing its position. Ms. Mattingly commented that she would like to see the Rules Committee move this matter forward as it will continue to be an issue. Mr. Lofranco commented that the local anesthesia issue would require statutory authority. He stated that when the general supervision law was discussed in 2015 and 2016 the Georgia Dental Association (GDA) offered the Georgia Dental Hygiene Association the choice of general supervision or the ability to administer local anesthesia and it was his understanding that GDHA chose general supervision. Dr. Bennett commented that, based on his historical time with the Board, the subject of dental hygienists providing local anesthesia has come up numerous times. He stated that it is his understanding that the Board does not have authority to issue a rule that would allow for such. He further stated that if it is not allowable, he sees no reason for it to be referred to the Rules Committee. Dr. Gay suggested referring it to the Rules Committee and if it is determined the Board has no authority, then the matter should be dropped.

Rules Committee Report – Dr. Ami Patel

The Board discussed Rule 150-11-.01 Specialties. Ms. Emm stated the Board does need to have a discussion on the unofficial specialty of dental implantation and implantology only because there has been a case in other state where this was contested and that state did have to change its rule as far as the specialties it accepted. She further stated the information on that case had been previously provided to the Board. Additionally, there were communications from the attorney involved with that case seeking clarification as to whether or not Georgia accepted that dental implantation and implantology as a specialty. Dr. Maron stated that it is not a specialty because it is not recognized by the ADA as a specialty. Ms. Emm responded that the court decided the ADA is not the deciding vote on that because the ADA is still an association. Dr. Maron inquired as to who is the deciding vote. Dr. Goggans responded that the Board is the deciding vote. Dr. Maron commented that it is not a separate specialty. He added that there are multiple specialists who provide implant placement and multiple general dentists do it as well. Dr. Maron stated that there is no officially organized residency unlike the other specialties that are recognized and there is not any data to support dental implantation and implantology be a separate specialty. Mr. Changus agreed that the lack of data supporting this is a good statement. There being no further discussion, Dr. Patel made a motion to post Rule 150-11-.01 Specialties. Ms. Mattingly seconded and the Board voted unanimously in favor of the motion.

Rule 150-11-.01. Specialties

- (1) The Georgia Board of Dentistry recognizes nine (9) specialties of dental practice, which are defined as follows:
 - (a) Dental Public Health: Dental Public Health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice that serves the community as a patient rather than the individual. It is concerned with dental health education of the public, which applied dental prevention and control of dental diseases on a community basis. A dentist who represents himself or herself as a "public health dentist," "specialist in dental public health" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
 - (b) Endodontics: Endodontics is that branch of dentistry that deals with diagnosis and treatment of oral conditions that arise as a result of pathoses of the dental pulp. Its study encompasses related basic and clinical sciences including the biology of the normal pulp and supporting

structures, etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and periradicular tissues. A dentist who represents himself or herself as an "endodontist," "specialist in endodontics" or similar term, has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time representation is made.

- (c) **Oral Pathology:** Oral Pathology is that branch of science that deals with the nature of the diseases affecting the oral and adjacent regions, through study of its causes, its processes and its effect, together with the associated alterations of oral structure and function. The practice of oral pathology shall include the development and application of this knowledge through the use of clinical, microscopic, radiograph, biochemical or other such laboratory examinations or procedures as may be required to establish a diagnosis and/or gain other information necessary to maintain the health of the patient, or to correct the result of structural or functional changes produced by alterations from the normal. A dentist who represents himself or herself as an "oral pathologist," "specialist in oral pathology" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
- (d) **Oral and Maxillofacial Surgery:** Oral and maxillofacial surgery is the specialty of dentistry that includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region. A dentist who represents himself or herself as an "oral and/or maxillofacial surgeon," "specialist in oral and/or maxillofacial surgery" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
- (e) **Orthodontics:** Orthodontics is that area of dentistry concerned with the supervision, guidance and correction of the growing of mature dentofacial structures, including the conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures. A dentist who represents himself or herself as an "orthodontist," "Specialist in orthodontics" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
- (f) **Pediatric Dentistry:** Pediatric Dentistry is the practice and teaching of comprehensive preventive and therapeutic oral health care of children from birth through adolescence. It shall be construed to include care for special patients beyond the age of adolescence who demonstrate mental, physical and/or emotional problems. A dentist who represents himself or herself as a "pediatric dentist," "specialist in pediatric dentistry" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
- (g) **Periodontics:** Periodontics is that branch of dentistry that deals with the diagnosis and treatment of disease of the supporting and surrounding tissues of the teeth. The maintenance of the health of these structures and tissues, achieved through periodontal treatment procedures, is also considered to be the responsibility of the dentist. The scope shall be limited to preclude permanent restorative dentistry. A dentist who represents himself or

herself as a "periodontist," "specialist in periodontics" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.

- (h) Prosthodontics: Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or Maxillofacial tissues using biocompatible substitutes. A dentist who represents himself or herself as a "prosthodontist," "specialist in prosthodontics" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
 - (i) Oral or Maxillofacial Radiology: Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders, and conditions of the oral and maxillofacial region. A dentist who represents himself or herself as a "specialist in oral and maxillofacial radiology" has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
 - (j) Dental Anesthesiology: Dental anesthesiology is the specialty of dentistry and discipline of anesthesiology encompassing the art and science of managing pain, anxiety, and overall patient health during dental, oral, maxillofacial and adjunctive surgical or diagnostic procedures throughout the entire perioperative period. The specialty is dedicated to promoting patient safety as well as access to care for all dental patients, including the very young and patients with special health care needs. A dentist who represents himself or herself as a "dental anesthesiologist," "specialist in dental anesthesiology" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
 - (k) Oral Medicine: Oral Medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically related diseases, disorders and conditions affecting the oral and maxillofacial region. A dentist who represents himself or herself as a "specialist in oral medicine" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
 - (l) Orofacial Pain: Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management, and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. A dentist who represents himself or herself as a "specialist in orofacial pain" or similar term has completed the educational requirements stated in the American Dental Association's specialty practice guidelines in existence at the time the representation is made.
- (2) Nothing in this Rule shall be construed to prohibit the performance of specialty functions by a dentist who has not completed the educational requirements stated in the American Dental Association's specialty practice guidelines, provided that the dentist does not represent himself or herself as a specialist in the particular area of dentistry.

Dr. Patel made a motion for the Board to post Rule 150-3-.09 Continuing Education for Dentists. Dr. Wilson seconded and the Board voted unanimously in favor of the motion.

Rule 150-3-.09 Continuing Education for Dentists.

(1) Dentists licensed to practice in the state of Georgia shall maintain and furnish to the Board, upon request, official documentation of having completed a minimum of forty (40) hours of continuing education during each biennium. Official documentation shall be defined as documentation from an approved provider that verifies a licensee's attendance at a particular continuing education course. Official documentation of course attendance must be maintained by a dentist for at least three (3) years following the end of the biennium during which the course as taken.

(a) Compliance with all continuing education requirements is a condition for license renewal. Failure to complete all hours of mandatory continuing education shall serve as grounds to deny the renewal of a license and may also result in disciplinary action being taken against a licensee.

(b) Upon its own motion, the Board may at any time randomly select a percentage of actively licenses dentists for the purpose of auditing their compliance with the continuing education requirements of the Board. Those licensees selected for an audit shall submit official documentation of their compliance within thirty (30) days of receipt of the audit letter. Failure to respond to an audit request in a timely manner shall be grounds for disciplinary action against a licensee.

(c) The continuing education requirements shall not apply to dentists whose licenses are on inactive status.

(d) The continuing education requirements shall apply within the first biennium that a dentist is licensed in Georgia. However, in order to meet the continuing education requirements during the first biennium, a newly licensed dentist may submit as their continuing education hours proof of dental coursework taken within the previous two (2) years of the date of the renewal application from a university or other institution accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor agency. Following the first biennium that a dentist is licensed in Georgia such licensees shall comply with the continuing education requirements set forth in Rule 150-3-.09(2) and (3).

(e) The continuing education requirements for dentists holding volunteer licenses may be satisfied by compliance with this rule, or they may alternatively be satisfied by compliance with Rule 150-3-.10.

(2) Coursework, including home study courses, sponsored or approved by the following recognized organizations will be accepted:

(a) American Dental Association/American Dental Hygienists association, and their affiliate associations and societies;

(b) Academy of General Dentistry;

(c) National Dental Association and its affiliate societies;

(d) Colleges, and universities and institutions with programs in dentistry and dental hygiene that are accredited by the Commission on Dental Accreditation of the American Dental Association when the professional continuing education course is held under the auspices of the school of dentistry or school of dental hygiene;

(e) CPR courses offered by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the National Safety Council, EMS Safety Services, or other such agencies approved by the Board.

(f) National and State Associations and/or societies of all specialties in dentistry recognized under Georgia law;

(g) Veterans Administration Dental Department;

(h) Armed Forces Dental Department;

(i) Georgia Department of Public Health;

(j) American Medical Association, the National Medical Association and its affiliate associations and societies;

(k) Hospitals accredited by the Joint Commission on Accreditation of Hospital Organizations (JCAHO).

(3) Course content:

- (a) All courses must reflect the professional needs of the dentist in providing quality dental health care to the public;
- (b) At least thirty (30) hours of the minimum requirement shall be clinical courses in the actual delivery of dental services to the patient or to the community;
- (c) Four (4) credit hours for successful completion of the CPR course required by Georgia law may be used to satisfy continuing education requirements per renewal period;
- (d) ~~Effective for the 2019 renewal year, one (1) hour of the minimum requirement shall include the impact of opioid abuse, and/or the proper prescription writing, and/or the use of opioids in dental practice;~~
- (e) Effective for the 2021 renewal year and all subsequent license renewal periods thereafter, one (1) hour of the minimum requirement shall include legal ethics and professionalism in the practice of dentistry, which shall include but not be limited to legislative updates/changes to the Georgia Dental Practice Act and Georgia Board of Dentistry Rules, Policies, and Advisory Opinions/Rulings; professional conduct/ethics; proper billing practices; professional liability; and risk management.
- (ef) Up to fifteen (15) hours of continuing education per year may be obtained by assisting the Board with administering the clinical licensing examination. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency listed in 150-3-.09 (2);
- (fg) Eight (8) hours per biennium may be obtained by assisting the board with investigations of licensees. This may include consultant review on behalf of the Georgia Board of Dentistry and peer reviews completed by committees of the Georgia Dental Association but shall be limited to two (2) hours for each case reviewed. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency listed in 150-3-.09 (2);
- (gh) Up to ten (10) hours of continuing education per year may be obtained by teaching clinical dentistry or dental hygiene at any ADA-approved educational facility. These hours shall be awarded in writing by the course director at the facility and approved by the Continuing Education Committee of the Georgia Board of Dentistry;
- (hi) Up to ten (10) hours of continuing education per biennium may be obtained by providing, uncompensated dental care at a public agency or institution, not for profit agency, not for profit institution, nonprofit corporation, ~~or not for profit association,~~ or through a program established by a not for profit or non-profit agency, institution, corporation, or association, that has been approved by the Georgia Board of Dentistry, which provides dentistry services to indigent patients;
- (ij) Up to twenty (20) hours of continuing education per biennium may be obtained by members of the Georgia Board of Dentistry for member service, where one continuing education hour is credited for each five hours of Board service provided.

(4) Criteria for receiving credit for attending an approved continuing education course:

- (a) Credit hours are not retroactive or cumulative. All credit hours must be received during the two (2) year period to which they are applied;
- (b) One credit hour for each hour of course attendance will be allowed;
- (c) Only twelve hours of credit will be accepted per calendar day;
- (d) Effective January 1, 2008, at least twenty (20) of the required forty (40) hours of credit must be acquired in person at an on-site course or seminar; you are not allowed to acquire all CE hours through on-line courses, electronic means, journal studies, etc.

(5) Criteria for receiving credit for teaching an approved continuing education course:

- (a) Credit hours for teaching an approved course must be obtained and used during the biennium that the approved course is taught;
- (b) A dentist who teaches an approved continuing education course is eligible to receive two (2) credit hours for each hour of course work that he or she presents at a particular course. Credit will

be given for teaching a particular course on one occasion. A maximum of ten (10) credit hours per biennium may be obtained by a dentist by whom an approved continuing education course is taught;

(c) Only continuing education courses sponsored by organizations designated in Rule 150-3.09(2) will be considered for credit pursuant to this subsection of the rule.

(d) In the event that an audit is conducted of the continuing education hours of a dentist who has taught a course approved by a recognized organization, the following information shall be required to document the dentist's role in presenting a continuing education course:

(i) Documentation from an approved provider verifying that the dentist presented an approved continuing education course;

(ii) Documentation from an approved provider reflecting the content of the course;

(iii) Documentation from an approved provider specifying the list of materials used as a part of the course; and

(iv) Documentation from an approved provider verifying the hours earned and the dates and times that the course in question was given.

(e) In the event that an approved continuing education course is taught by more than one dentist, continuing education credit will be given for those portions of coursework for which the dentist is directly involved and primarily responsible for the preparation and presentation thereof. Continuing education credit will not be available to a dentist whose participation in preparing and presenting an approved course is not readily identifiable.

(6) Criteria for receiving credit for providing uncompensated indigent dental care.

(a) Up to ten (10) hours of continuing education per biennium may be obtained by providing, uncompensated dental care at a public agency or institution, not for profit agency, not for profit institution, nonprofit corporation, ~~or not for profit association,~~ or through a program established by a not for profit or non-profit agency, institution, corporation, or association, that has been approved by the Georgia Board of Dentistry, which provides dentistry services to indigent patients.

(b) Dentists may receive one hour of continuing education for every four hours of indigent dental care the dentist provides, up to ten (10) hours. Such continuing education credits will be applied toward the dentist's clinical courses.

(c) All credit hours must be received during the two (2) year renewal period;

(d) All appropriate medical/dental records must be kept;

(e) Dentists shall at all times be required to meet the minimal standards of acceptable and prevailing dental practice in Georgia;

(f) The Board shall have the right to request the following:

1. Documentation from the organization indicating that the dentist provided the dental services;

2. Documentation from the organization that it provided medical and/or dental services to the indigent and/or those making up the underserved populations;

3. Notarized verifications from the organization documenting the dentist's agreement not to receive compensation for the services provided;

4. Documentation from the organization detailing the actual number of hours spent providing said services; and

5. Documentation from the dentist and/or organization verifying the services provided.

(7) Effective January 1, 2012, dentists may receive continuing education credit for dental coursework taken during a residency program from a university or other institution accredited by the Commission on Dental Accreditation of the American Dental Association. Such coursework must have been taken during the current license renewal period.

(1) Submission of a copy of the certificate of completion of program showing dates of completion is sufficient proof of coursework.

(2) One (1) credit hour equals one (1) continuing education credit.

Dr. Patel made a motion to post Rule 150-5-.05 Requirements for Continuing Education for Dental Hygienists. Dr. Bennett seconded and the Board voted unanimously in favor of the motion.

Rule 150-5-.05 Requirements for Continuing Education for Dental Hygienists.

(1) Dental hygienists licensed to practice in the state of Georgia shall maintain and furnish to the Board, upon request, official documentation of having completed a minimum of twenty-two (22) hours of continuing education during each biennium. Official documentation shall be defined as documentation from an approved provider that verifies a licensee's attendance at a particular continuing education course. Official documentation of course attendance must be maintained by a dental hygienist for at least three (3) years following the end of the biennium during which the course was taken.

(a) Compliance with all continuing education requirements is a condition for license renewal. Failure to complete all hours of mandatory continuing education shall serve as grounds to deny the renewal of a license and may also result in disciplinary action being taken against a licensee.

(b) Upon its own motion, the Board may at any time randomly select a percentage of actively licensed dental hygienists for the purpose of auditing their compliance with the continuing education requirements of the Board. Those licensees selected for an audit shall submit official documentation of their compliance within thirty (30) days of receipt of the audit letter. Failure to respond to an audit request in a timely manner shall be grounds for disciplinary action against a licensee.

(c) The continuing education requirements shall apply within the first biennium that a dental hygienist is licensed in Georgia. However, in order to meet the continuing education requirements during the first biennium, a newly licensed dental hygienist may submit as their continuing education hours proof of dental hygiene coursework taken within the previous two (2) years of the date of the renewal application from a university or other institution accredited by the Commission on Dental Accreditation of the American Dental Association. Following the first biennium that a dental hygienist is licensed in Georgia such licensees shall comply with the continuing education requirements set forth in Rule 150-5-.05(2) and (3).

(d) The continuing education requirements shall not apply to dental hygienists who are on inactive status.

(e) The continuing education requirements for dental hygienists holding volunteer licenses may be satisfied by compliance with this rule, or they may alternatively be satisfied by compliance with Rule 150-3-.10.

(2) Coursework, including home study courses, sponsored or approved by any organization recognized under Rule 150-3-.09(2) will be accepted.

(3) Course content:

(a) All courses must reflect the professional needs of the hygienist providing quality dental health care to the public;

(b) At least fifteen (15) hours of the minimum requirement must be scientific courses in the actual delivery of dental services to the patient or to the community;

(c) Four (4) credit hours for successful completion of the CPR course required by Georgia law offered by the American Heart Association, the American Red Cross, the American Safety and Health Institute, the National Safety Council, EMS Safety Services, or other such agencies approved by the Board may be used to satisfy continuing education requirements per renewal period.

(d) Up to eight (8) hours of continuing education per year may be obtained by assisting the Board with administering the clinical licensing examination or by assisting the Board with investigations of licensees. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency or organization listed in 150-3-.09(2).

(e) Up to five (5) hours of continuing education per biennium may be obtained by teaching dental hygiene at any ADA-approved educational facility. These hours shall be awarded, in writing, by the

course director at the facility and approved by the Continuing Education Committee of the Georgia Board of Dentistry.

(f) Up to five (5) hours of continuing education per biennium may be obtained by providing, uncompensated dental hygiene care at a public agency or institution, not for profit agency, not for profit institution, nonprofit corporation, ~~or~~ not for profit association, or through a program established by a not for profit or non-profit agency, institution, corporation, or association, that has been approved by the Georgia Board of Dentistry, which provides dental hygiene services to indigent patients.

(g) Up to ten (10) hours of continuing education per biennium may be obtained by members of the Georgia Board of Dentistry for member service, where one continuing education hour is credited for each five hours of Board service provided.

(4) Criteria for receiving credit for attending an approved continuing education course:

(a) Credit hours are not retroactive or cumulative. All credit hours must be received during the two

(2) year period to which they are applied; and

(b) One credit hour for each hour of course attendance will be allowed;

(c) Only twelve hours of credit will be accepted per calendar day;

(d) Effective January 1, 2008, at least eleven (11) of the required twenty-two (22) hours of credit must be acquired in person at an on-site course or seminar; you are not allowed to acquire all CE hours through on-line courses, electronic means, journal studies, etc.

(5) Criteria for receiving credit for teaching an approved continuing education course:

(a) Credit hours for teaching an approved course must be obtained and used during the biennium that the approved course is taught;

(b) A dental hygienist that teaches an approved continuing education course is eligible to receive two (2) credit hours for each hour of coursework that he or she presents at a particular course.

Credit will be given for teaching a particular course on one occasion only. A maximum of five (5) credit hours per biennium may be obtained by a dental hygienist by whom an approved continuing education course is taught;

(c) Only continuing education course designated in Rule 150-5.05(2) as being sponsored or approved by recognized organizations will be considered for credit pursuant to this subsection of the rule. Courses taught by a dental hygienist prior to or a part of the process of obtaining his or her R.D.H. shall not be eligible for consideration pursuant to this provision of the rule;

(d) In the event that an audit is conducted of the continuing education hours of a dental hygienist who has taught a course approved by a recognized organization, the following shall be required to document the dental hygienists role in presenting a continuing education course:

1. Documentation from an approved provider verifying that the dental hygienist presented an approved continuing education course;

2. Documentation from an approved provider reflecting the content of the course;

3. Documentation from an approved provider specifying the list of materials used as part of the course; and

4. Documentation from an approved provider verifying the hours earned and the dates and times that the course in question was given.

(e) In the event that an approved continuing education course is taught by more than one dental hygienist, continuing education credit will be given for those portions of course work in which the dental hygienist is directly involved and primarily responsible for the preparation and presentation thereof. Continuing education credit will not be available to a dental hygienist whose participation in preparing and presenting an approved course is not readily identifiable.

(6) Criteria for receiving credit for providing uncompensated indigent dental hygiene care.

(a) Up to five (5) hours of continuing education per biennium may be obtained by providing uncompensated dental hygiene care at a public agency or institution, not for profit agency, not for profit institution, nonprofit corporation, ~~or~~ not for profit association, or through a program established by a not for profit or non-profit agency, institution, corporation, or association, that has

been approved by the Georgia Board of Dentistry, which provides dental hygiene services to indigent patients.

(b) Dental hygienists may receive one hour of continuing education for every four hours of indigent dental hygiene care the dental hygienist provides, up to five (5) hours. Such continuing education credits will be applied toward the dental hygienist's clinical courses.

(c) All credit hours must be received during the two (2) year renewal period;

(d) Dental hygienists shall at all times be required to meet the minimal standards of acceptable and prevailing practice in Georgia;

(e) The Board shall have the right to request the following:

1. Documentation from the organization indicating that the dental hygienist provided the services;
2. Documentation from the organization that it provided medical and/or dental hygiene services to the indigent and/or those making up the underserved populations;
3. Notarized verifications from the organization documenting the dental hygienist agreement not to receive compensation for the services provided;
4. Documentation from the organization detailing the actual number of hours spent providing said services; and
5. Documentation from the dental hygienist and/or organization verifying the services provided.

A motion was made by Ms. Mattingly, seconded by Dr. Bennett, and the Board voted that the formulation and adoption of these 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 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 thanked Dr. Patel for taking the initiative of moving these rules forward.

Attorney General's Report – Mr. Max Changus

No report.

Executive Director's Report – Mr. Eric Lacefield

Temporary Licensure: Mr. Lacefield reported that the New Graduate Temporary Dental and Dental Hygiene Licensure Guidelines and Requirements will expire at the end of the month. He inquired as to whether or not the Board wished to extend the expiration date. He stated that the Board extended temporary licensure to 2021 graduates at its March meeting. Dr. Bennett commented that live patient exams are being offered. Additionally, Dr. Bennett stated the Executive Order will assist those candidates who are not able to negotiate a live patient exam. As such, he stated that he does not see the need for the Board to continue offering temporary licensure. Dr. Patel agreed. With no further discussion, Dr. Bennett made a motion to extend the expiration date for the temporary licenses and discontinue the New Graduate Temporary Dental and Dental Hygiene Licensure Guidelines and Requirements. Dr. Patel seconded and the Board voted unanimously in favor of the motion.

Legal Services – Ms. Kimberly Emm

No report.

Appearance

Dr. Keyanni Shaw spoke to the Board regarding the two (2) rule petitions she submitted that were denied by the Board. Dr. Shaw explained that she previously applied for a variance due to her passing the 2019 ADEX exam. She explained that both of her petitions were denied; however, she has listened to several board meetings where other individuals in the same situation were granted a variance. Discussion held by the Board. Dr. Bennett suggested Dr. Shaw submit an application for licensure as the Board has shown a willingness to accept it.

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

Executive Session

Appearances

- K.D.H.
- K.B.R.

Licensure Overview Committee Appointments/Discussion Cases

- R.L.D.
- C.W.

Applications

- B.M.M.
- B.E.H.
- R.H.E.
- R.A.
- R.S.H.
- J.S.C.
- A.H.K.
- K.F.C.

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

- DENT190272

Attorney General's Report – Mr. Max Changus

Mr. Changus presented the following consent orders for acceptance:

- E.B.
- T.N.P.
- D.T.
- G.W.

Mr. Changus discussed the following cases:

- A.B.
- J.J.

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

Correspondences

- N.J.C.
- V.F.S.

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Ms. Kimberly Emm

- E.S.
- N.A.I.

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

Open Session

Dr. Bennett made a motion to approve all recommendations based on deliberations made in Executive Session:

Appearances

- | | | |
|----------|------------------------------|-----------------------------|
| • K.D.H. | Denied Credentials Applicant | Overturn denial and approve |
| • K.B.R. | Denied Reinstatement | Upheld denial |

Licensure Overview Committee Appointments/Discussion Cases

- | | | |
|----------|---------------------------------|--|
| • R.L.D. | General Anesthesia Applicant | Denied application / Refer to Legal Services |
| • C.W. | Request regarding consent order | Granted six (6) month extension |

Applications

- | | | |
|----------|------------------------------|--|
| • B.M.M. | Credentials Applicant | Denied application |
| • B.E.H. | Credentials Applicant | Approved as of August 2021 pending receipt of additional information |
| • R.H.E. | Credentials Applicant | Approved pending receipt of additional information |
| • R.A. | Credentials Applicant | Approved pending receipt of additional information |
| • R.S.H. | Credentials Applicant | Denied application |
| • J.S.C. | Dental Hygiene Credentials | Approved application |
| • A.H.K. | Dental Hygiene Reinstatement | Approved application |
| • K.F.C. | Dental Hygiene Reinstatement | Table pending receipt of additional information |

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

Complaint Number	Allegations	Recommendation
DENT190272	Quality of Care/Substandard Practice	Close No Action

Attorney General’s Report – Mr. Max Changus

Mr. Changus presented the following consent orders for acceptance:

- E.B. Public Consent Agreement for Licensure accepted (ratification)
- T.N.P. Public Consent Agreement for Renewal accepted
- D.T. Public Consent Agreement for Licensure accepted
- G.W. Public Consent Order accepted

Mr. Changus discussed the following cases:

- A.B. Denied counterproposal
- J.J. Update provided

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

Correspondences

- N.J.C. Denial upheld
- V.F.S. Denial upheld

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Ms. Kimberly Emm

- E.S. Open records request Approved request
- N.A.I. Request regarding consent order Denied request

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

Petition for Rule Waiver or Variance

Rule Variance Petition from Dr. Keyanni Shaw: Dr. Maron made a motion to overturn the Board’s previous vote of denial and grant the rule variance petition based on the special circumstances related to the COVID-19 pandemic. The Board also finds that Dr. Shaw has provided adequate justification for the variance since she successfully passed the 2019 ADEX clinical examination, which involved a live patient. Dr. Wilson seconded and the Board voted unanimously in favor of the motion.

With no further business, the Board meeting adjourned at 12:34 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held via conference call on Friday, June 4, 2021, 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 Brandi Howell, Business Support Analyst I
Minutes edited by Eric R. Lacefield, Executive Director