

**GEORGIA BOARD OF DENTISTRY**  
**Dental College of Georgia at Augusta University**  
**1430 John Wesley Gilbert Drive**  
**Augusta, GA 30912**  
**October 7, 2022**  
**10:00 a.m.**

**The following Board members were present:**

Dr. Glenn Maron, President (via Teams)  
Ms. Misty Mattingly, Vice-President  
Dr. Lacey Green  
Dr. Michael Knight  
Dr. Larry Miles  
Dr. David Reznik  
Mr. Mark Scheinfeld  
Dr. Jeffrey Schultz  
Dr. JC Shirley  
Dr. Don Spillers  
Dr. Brent Stiehl  
Dr. Debra Wilson

**Staff present:**

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

**Visitors:**

Emily Yona, ADSO  
Dr. Jerry Cooper, Promethean Dental Systems  
Dr. Richard Callan, Promethean Dental Systems/SRTA  
Erin Boyleston, AU Dental Hygiene  
Jacob Rehak, Class of 2026  
Dr. Randy Kluender, Georgia School of Orthodontics  
Ashton Blackwood, Dental College of Georgia  
Cameron Cushing, D3, Dental College of Georgia  
Tristen Bennett, D2, Dental College of Georgia  
Dionne Aikhionbare, D3, Dental College of Georgia  
Lindsey Murphey, D4, Dental College of Georgia  
Danna Thompson, GDA  
Dr. Kevin Frazier, Dental College of Georgia  
Dr. Alan Furness, Dental College of Georgia  
Dr. Jeffrey James, Dental College of Georgia  
Dr. Carol Lefebvre, Dental College of Georgia  
Cynthia Hughes, RDH  
Margie Miller, AU/Dental College of Georgia  
Amy Doehrman, Director of Boards and Appointments,  
Office of Governor Brian Kemp

**Open Session**

Vice-President Mattingly established that a quorum was present and called the meeting to order at 10:02 a.m.

**Introduction of Visitors**

Vice-President Mattingly welcomed the visitors.

**Approval of Minutes**

Dr. Knight made a motion to approve the July 29, 2022, Examination Committee minutes. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Dr. Knight made a motion to approve the Public and Executive Session minutes from the September 9, 2022, meeting. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Dr. Knight made a motion to approve the September 27, 2022, Conference Call minutes. Dr. Wilson 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.

Dr. Knight made a motion and Dr. Wilson seconded and the Board voted to enter into **Executive Session** for the purpose of receiving legal advice as authorized under O.C.G.A. §§ 50-14-1(e)(2)(c), 50-14-2(1). Voting in favor of the motion were those present who included Dr. Lacey Green, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Dr. JC Shirley, Dr. Don Spillers, Dr. Brent Stiehl, and Dr. Debra Wilson.

### **Executive Session**

The Board requested legal advice.

No votes were taken in Executive Session. Vice-President Mattingly declared the meeting back in Open Session.

### **Open Session**

### **Petitions for Rule Waiver or Variance**

**Rule Variance Petition from Dr. Aujin Kim:** Dr. Reznik made a motion to grant the petition as the Board finds that Dr. Kim has demonstrated evidence of a substantial hardship and provided adequate justification for the variance since he passed the ADEX manikin-based exam in 2022. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

**Rule Variance Petition from Dr. Laharee P. Parikh:** Dr. Wilson made a motion to grant the petition as the Board finds that Dr. Parikh has demonstrated evidence of a substantial hardship and provided adequate justification for the variance since she passed the ADEX manikin-based exam in 2020. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

**Rule Variance Petition from Dr. Margaret E. Bauer:** Dr. Reznik made a motion to grant the petition as the Board finds that Dr. Bauer has demonstrated evidence of a substantial hardship and provided adequate justification for the variance since she passed the CRDTS manikin-based exam in 2020. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

**Rule Waiver Petition from Dr. Grant Dye:** Dr. Wilson made a motion to grant the petition as the Board finds that Dr. Dye has demonstrated evidence of a substantial hardship and provided adequate justification for the waiver since he passed the ADEX manikin-based exam in 2021/2022. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

**Rule Variance Petition from Dr. Rebecca N. Flaughter:** Dr. Knight made a motion to grant the petition as the Board finds that Dr. Flaughter has demonstrated evidence of a substantial hardship and provided adequate justification for the waiver since she passed the ADEX manikin-based exam in 2022. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

**Rule Variance Petition from Dr. Ross Wengrover:** Dr. Knight made a motion to deny the rule variance petition as the Board determined at its meeting on October 1, 2021, that there have been no changes to the content of the ADEX examination since 2015, and as such, it would consider live patient ADEX examinations taken in 2015 or later without a rule variance petition. Dr. Wilson seconded and the Board voted unanimously in favor of the motion. In the same motion, the Board suggested Dr. Wengrover submit an application for licensure by examination for consideration.

**Rule Variance Petition from Dr. Rita Nguyen:** Dr. Wilson made a motion to deny the rule variance petition as the Board determined at its meeting on October 1, 2021, that there have been no changes to the content of the ADEX examination since 2015, and as such, it would consider live patient ADEX examinations taken in 2015 or later without a rule variance petition. Dr. Knight seconded and the Board voted unanimously in favor of the motion. In the same motion, the Board suggested Dr. Nguyen submit an application for licensure by examination for consideration.

**Rule Variance Petition from Kei-Lara Dunigan:** Dr. Reznik made a motion to grant the petition based on the special circumstances related to the COVID-19 pandemic and the health issues of Ms. Dunigan's father, as noted in her petition. Additionally, the Board also finds that Ms. Dunigan provided adequate justification for the variance since she has been practicing dental hygiene for the past eight (8) years. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

**Rule Waiver Petition from Keri Bealing:** Vice-President Mattingly discussed this request for a waiver of Rule 150-5-.02. She noted that, in the past, the Board has not accepted NERB results for dental hygienists and does not do so currently. Dr. Reznik made a motion to deny the petition as there was no substantial hardship demonstrated. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

### **General – Dr. Glenn Maron**

Vice-President Mattingly stated that Dr. Maron was not feeling well and asked her to remind the members of the Board to be prepared for the public hearing scheduled in November. She noted that the Board will be considering the following rules for adoption: Rule 150-3-.01 Examination for Dental Licensure, Rule 150-3-.09 Continuing Education for Dentists, Rule 150-5-.02 Qualifications for Dental Hygienists, Rule 150-5-.05 Requirements for Continuing Education for Dental Hygienists, Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist, and Rule 150-8-.01 Unprofessional Conduct Defined.

### **Sedation Committee Report – Dr. Glenn Maron**

**Rule 150-13-.01 Conscious Sedation Permits:** Dr. Maron reported that the Sedation Committee met via conference call on September 30, 2022, to discuss a compromise regarding the number of in person hours required for training. He explained that the Sedation Committee felt that for a moderate enteral conscious sedation permit, of the required minimum of twenty-four (24) hours of didactic instruction, eight (8) hours of in person hands on training would be an appropriate compromise. Dr. Maron stated that Dr. Knight was opposed to the Sedation Committee's recommendations and was told he could provide his comments to the full Board. Dr. Knight responded by suggesting the Board move forward with the Sedation Committee's recommendations and post the suggested amendments for public hearing.

Dr. Shirley stated that he had spoken with some of the members of the Sedation Committee. He further stated that he had no concerns regarding the modifications of the hours required for didactic instruction. In regard to the requirements for obtaining a moderate enteral and parenteral conscious sedation permit for pediatric patients, he discussed the portion of the rule that reads, "Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training in pediatric sedation necessary to administer and manage moderate enteral conscious sedation of pediatric patients; or". Dr. Shirley stated that with this amendment, it removed the current language of the rule, which states, "...experience

commensurate with these guidelines.” He discussed his concerns with the removal of this particular language and suggested revising the language to read, “Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training and experience in pediatric sedation commensurate with the requirements of Rule 150-13-.01(4)(b)(2), and necessary to administer and manage moderate enteral conscious sedation of pediatric patients; or”. The Board agreed on Dr. Shirley’s recommendation.

Dr. Shirley made a motion to post Rule 150-13-.01 Conscious Sedation Permits with the suggested amendments. Dr. Knight seconded, the Board voted unanimously in favor of the motion.

#### 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 approved by the board ~~of from~~ a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction, of which eight (8) hours must be in-person, plus management of at least ten (10) adult ~~case-patient~~ 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 the following:

1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training and experience in pediatric sedation commensurate with the requirements of Rule 150-13-.01(4)(b)(2), and necessary to administer and manage moderate enteral conscious sedation of pediatric patients; or
2. Completion of an ~~in-person~~ continuing education course approved by the board ~~of~~ from a board approved organization ~~in pediatric sedation, including which~~ consists of a minimum of twenty-four (24) hours of pediatric-specific didactic instruction, of which eight (8) hours must be ~~in-person~~, after adult training and ten (10) pediatric patient experiences, ~~to which~~ include supervised administration of sedation ~~of to~~ 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)~~1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation; or
- ~~(2)~~2. Completion of a continuing education course approved by the board ~~of~~ from a board approved organization ~~consisting which~~ consists of a minimum of sixty (60) hours of didactic instruction, of which twenty (20) hours must be ~~in-person~~, plus ~~in-person~~ management of at least twenty (20) ~~patients~~ adult patient experiences, 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 the following:

1. ~~or~~ Completion of an ADA-accredited postdoctoral training program, that provides pediatric sedation experience commensurate with these guidelines which affords comprehensive training and experience in pediatric sedation commensurate with requirements of Rule 150-13-.01(5)(b)(2) and necessary to administer and manage moderate parenteral conscious sedation of pediatric patients; or-
2. Completion of ~~of~~ a continuing education course approved by the board ~~of~~ from a board approved organization, ~~in pediatric sedation including not less than~~ which consists of a minimum of sixty (60) hours of pediatric-specific didactic instruction, of which twenty (20) hours must be in person, after adult training and ~~in-person~~ supervised administration of sedation of twenty (20) pediatric patient experiences to include supervised administration of sedation to at least ten (10) 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. Knight made a motion and Dr. Wilson seconded that the formulation and adoption of the proposed rule amendment does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule amendment cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, Board 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 the proposed rule amendment will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

**Attorney General's Report – Mr. Max Changus**

No report.

**Executive Director's Report – Mr. Eric Lacefield**

**Relocation of Department of Community Health Offices:** Mr. Lacefield reported that the board office is still on schedule to move in December. He explained that staff have begun packing documents for the move. He stated that he will keep the Board updated regarding this matter. Mr. Lacefield further stated that he still expects the Board to hold its November and December meetings at the 2 Peachtree Street location.

At this point in the meeting, the Board went back to the Sedation Committee Report and discussed online evaluations. Dr. Knight inquired as to how many board-approved evaluators there are. Mr. Lacefield responded by stating he was not aware of the exact number, but there are quite a few. He stated that the issue seems to be that some evaluators do not have the time to conduct the evaluations. He added that more evaluators are needed, especially in the northwest Georgia, south Georgia, and metro Atlanta areas. Dr. Knight inquired as to how many provisional permits have been extended. He stated that there are numerous applicants waiting to be evaluated that have requested extensions for his/her provisional permit multiple times.

Dr. Maron commented that he has discussed this matter with Dr. Knight. He suggested the Sedation Committee further discuss the issue so it can establish parameters that would allow for online/zoom evaluations. He added that he believes it is an excellent suggestion that could catch up the backlog. Dr. Shirley agreed with establishing parameters. He requested the Sedation Committee provide the Board with the number of applicants that currently hold a provisional permit and are waiting to be evaluated.

Mr. Changus commented that the Board would have issues with allowing online evaluations as O.C.G.A. § 43-11-21 and § 43-11-21.1 require an “on-site examination”. Dr. Reznik asked how the Board could change the statute. Vice-President Mattingly responded by stating that a legislative change would need to occur. Dr. Reznik stated that he believes several members could get together and move this forward. Dr. Maron inquired if the Board would need to set up a meeting with members of the legislature to change the language in the statute. Mr. Changus answered affirmatively.

Dr. Knight asked Ms. Doehrman how hard it would be to have the language in the statute modified. He stated that there are many applicants that have had a provisional permit for longer than necessary. He further stated that if the Board could speed up the process, that would be great. Ms. Doehrman inquired if the backlog of evaluations was due to the pandemic. Vice-President Mattingly responded by stating the backlog is due to the pandemic and not having enough evaluators to do the evaluations. Ms. Doehrman commented that if the backlog is due to the pandemic, it may be possible to issue an Executive Order and then push towards a legislative change. In regard to the legislative process, she explained that the Governor's office steps in at the end. Ms. Doehrman stated that she could not speak as to how easy or hard that would be depending on what is the legislative agenda is. She continued by stating there may be legislators that may be willing to work with the Board on this matter. She stated that she would look into seeing if something could be done via Executive Order as a first step. Dr. Maron commented that, before the Board puts that burden on Ms. Doehrman, the Sedation Committee should meet first to discuss

parameters for online evaluations. Ms. Doehrman commented that if the Board was seeking a legislative change, talks should have begun yesterday.

Dr. Shirley stated that he would like to know how many applicants there are with provisional permits. Dr. Maron stated that he requested Ms. Stafford provide him with how many applicants held extended provisional permits. Dr. Shirley responded by stating that it would be helpful to know that information. There being no further discussion, the Board agreed that the Sedation Committee should schedule a conference call to discuss the matter further.

Dr. Schultz commented that Florida has never had a backlog because the Florida Board hired a third party organization, which consists of retired oral surgeons, to conduct the evaluations. He stated that there may be an opportunity for the Board to work with a third party to alleviate the backlog. He further stated that the third party organization is well regulated and the Florida Board has oversight of such. Dr. Maron responded by stating that the only issue is Florida pays the evaluators more than Georgia does. He stated that the payment to the evaluators in Georgia is minuscule. He further stated that there are only a handful that do things because it is the right thing to do, whereas there are others that are motivated financially. Dr. Stiehl commented that it would be helpful if the Board were able to pay a more significant amount to the evaluators. Dr. Maron discussed the issue of not having an operating budget the money could come out of as none of the fees stay with the Board. He suggested the topic be further discussed by the Sedation Committee.

Mr. Scheinfeld inquired if the dentist could pay an additional fee for an expedited evaluation that would not come out of the Board's budget. Mr. Changus responded by stating that the statute only speaks to the facility being "certified by on-site examination". He added that the statute does not specify who has to do the examination, and is something the Sedation Committee could further discuss.

#### **Legal Services – Mr. Clint Joiner**

No report.

#### **Miscellaneous**

**Proposed 2023 Meeting Dates:** Dr. Knight made a motion to adopt the 2023 meeting dates as presented. Dr. Wilson seconded and the Board voted unanimously in favor of the motion.

Dr. Knight made a motion and Dr. Wilson 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. Lacey Green, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Dr. JC Shirley, Dr. Don Spillers, Dr. Brent Stiehl, and Dr. Debra Wilson.

### **Executive Session**

#### **Applications**

- A.K.
- L.P.P.
- M.E.B.
- G.E.D.
- A.L.G.
- B.K.
- B.P.



- J.R.A.
- A.D.D.
- G.Z.
- M.M.C.
- S.F.H.
- J.C.K.
- J.S.A.

### **Correspondences**

- C.C.C.
- S.S.S.

### **Investigative Committee Report – Dr. Brent Stiehl**

Report presented:

- DENT210468
- DENT220457
- DENT190408
- DENT190440
- DENT190337
- DENT190503
- DENT190325
- DENT190328
- DENT190439
- DENT190462
- DENT190483
- DENT200097
- DENT200098
- DENT200107
- DENT200257
- DENT200301
- DENT200193
- DENT190349
- DENT200075
- DENT190281
- DENT200061
- DENT200119
- DENT200070
- DENT190060
- DENT190309
- DENT190375
- DENT200102
- DENT190100
- DENT190286
- DENT190361
- DENT190465
- DENT190425
- DENT200484

- DENT200234
- DENT200366
- DENT200287
- DENT200342
- DENT200443
- DENT180361
- DENT210479
- DENT210449
- DENT210032
- DENT210026
- DENT210383
- DENT220327
- DENT210431
- DENT210031
- DENT210083
- DENT220170
- DENT220338
- DENT210055
- DENT210052
- DENT210421
- DENT220059
- DENT220060

**Attorney General’s Report – Mr. Max Changus**

Mr. Changus discussed the following:

- Pending litigation

Mr. Changus discussed the following individual:

- D.C.L.

**Miscellaneous**

The Board requested legal advice regarding O.C.G.A. § 43-11-2.

**Executive Director’s Report – Mr. Eric Lacefield**

Received legal advice regarding retention of investigative files.

**Legal Services – Mr. Clint Joiner**

No report.

No votes were taken in Executive Session. Vice-President Mattingly declared the meeting back in Open Session.

<b>Open Session</b>
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Dr. Wilson made a motion to approve all recommendations based on deliberations made in Executive Session as follows:

**Applications**

- A.K. Dental Exam Applicant Approved application
- L.P.P. Dental Exam Applicant Approved application
- M.E.B. Dental Exam Applicant Approved application
- G.E.D. Dental Exam Applicant Approved application
- A.L.G. Dental Hygiene Credentials Applicant Denied application
- B.K. Dental Credentials Applicant Approved application
- B.P. Initial Moderate Enteral CS Approved for provisional permit
- J.R.A. Initial Moderate Enteral CS Approved for provisional permit
- A.D.D. Initial Moderate Parenteral CS Approved for provisional permit
- G.Z. Initial Moderate Parenteral CS Approved for provisional permit
- M.M.C. Initial Moderate Parenteral CS Approved for provisional permit
- S.F.H. Initial Moderate Parenteral CS Approved for provisional permit
- J.C.K. Dental Reinstatement Applicant Approved application
- J.S.A. Dental Hygiene Reinstatement Board directed staff to respond by stating that the individual’s request for an extension was denied. Individual would need to reapply and submit all required documentation, along with the application fee.

**Correspondences**

- C.C.C. Correspondence regarding application The Board viewed this correspondence for informational purposes only.
- S.S.S. Renewal Pending Refer to Legal Services

**Investigative Committee Report – Dr. Brent Stiehl**

Report presented:

<b>Complaint Number</b>	<b>Allegations</b>	<b>Recommendation</b>
DENT210468	Quality of Care/Substandard Practice	Close No Action
DENT220457	Unlicensed Practice	Refer to Department of Law
DENT190408	Quality of Care/Substandard Practice	Close No Action
DENT190440	Quality of Care/Substandard Practice	Close No Action
DENT190337	Quality of Care/Substandard Practice	Close No Action
DENT190503	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT190325	Quality of Care/Substandard Practice	See DENT190323
DENT190328	Billing	See DENT190323
DENT190439	Billing	See DENT190323
DENT190462	Fraud	See DENT190323
DENT190483	Quality of Care/Substandard Practice	See DENT190323
DENT200097	Fraud	See DENT190323
DENT200098	Billing	See DENT190323
DENT200107	Fraud	See DENT190323
DENT200257	Fraud	See DENT190323
DENT200301	Fraud	See DENT190323

DENT200193	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT190349	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT200075	Malpractice	Close No Action
DENT190281	Quality of Care/Substandard Practice	Close No Action
DENT200061	Quality of Care/Substandard Practice	Close No Action
DENT200119	Quality of Care/Substandard Practice	Close No Action
DENT200070	Quality of Care/Substandard Practice	Close No Action
DENT190060	Quality of Care/Substandard Practice	Refer to the Department of Law
DENT190309	Quality of Care/Substandard Practice	Close No Action
DENT190375	Quality of Care/Substandard Practice	Close No Action
DENT200102	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT190100	Quality of Care/Substandard Practice	Refer to the Department of Law
DENT190286	Quality of Care/Substandard Practice	See DENT190100
DENT190361	Billing	Close No Action
DENT190465	Quality of Care/Substandard Practice	See DENT190100
DENT190425	Quality of Care/Substandard Practice	Close No Action
DENT200484	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT200234	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT200366	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT200287	Quality of Care/Substandard Practice	Close with Mitigating Circumstances Letter
DENT200342	Billing	Close No Action
DENT200443	Malpractice	Close No Action
DENT180361	Records release	Close No Action
DENT210479	Quality of Care	Close No Action
DENT210449	Unprofessional Conduct	Close No Action
DENT210032	Billing	Close No Action
DENT210026	Quality of Care/Substandard Practice	Close No Action
DENT210383	Quality of Care	Close No Action
DENT220327	Quality of Care	Close No Action
DENT210431	Billing	Close No Action
DENT210031	Billing/unsanitary conditions	Close No Action
DENT210083	Quality of Care	Close No Action
DENT220170	Quality of Care	Close No Action
DENT220338	Unprofessional Conduct	Close No Action
DENT210055	Unprofessional Conduct	Close No Action
DENT210052	Quality of Care	Close No Action
DENT210421	Quality of Care/Substandard Practice	Close No Action
DENT220059	Records release	Close with Letter of Concern
DENT220060	Records Release	Close with Letter of Concern

### **Attorney General's Report – Mr. Max Changus**

Mr. Changus discussed the following:

- Pending litigation Board authorized the Special Assistant Attorney General to communicate with opposing attorney.

Mr. Changus discussed the following individual:

- D.C.L. Board agreed on proposed course required for consent order.

**Miscellaneous**

The Board requested legal advice regarding O.C.G.A. § 43-11-2.

**Executive Director's Report – Mr. Eric Lacefield**

Received legal advice regarding retention of investigative files.

**Legal Services – Mr. Clint Joiner**

No report.

Dr. Knight seconded, and the Board voted in favor of the motion, with the exception of Dr. Shirley and Dr. Reznik, who opposed the vote regarding G.Z.

With no further business, the Board meeting adjourned at 12:57 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, November 4, 2022, at 10:00 a.m. at the Department of Community Health's office located at 2 Peachtree Street, N.W., 5th Floor, Atlanta, GA 30303.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director