

GEORGIA BOARD OF DENTISTRY
Board Meeting
January 16, 2009

The Board Meeting for the Georgia Board of Dentistry was held on Friday, January 16, 2009 at the Professional Licensing Board, 237 Coliseum Drive, Macon, Georgia.

The following Board members were present:	Others Present:
Dr. Thomas Godfrey Dr. Becky Carlon Dr. Clyde Andrews Dr. Isaac Hadley Dr. Clark Carroll Dr. Henry Cook Dr. Stephen Holcomb Dr. Logan Nalley	Reagan Dean, Board Attorney Julie Fisher, Board Attorney Anita Martin, Executive Director Carol White, Board Secretary Shannon Wilson, Intern Dr. John Cosby Dr. Mark Ritz Dr. Don Benton Dr. Carol Wooden Kara Moore Kent Perry Dr. Jay Shirley Dr. John Harrington Jack Bickel Chris Hasty Martha Phillips Doug Torbush Melana McClatchey Dr. Lindsay Holliday Kelly Godfrey

Dr. Godfrey established that a quorum was present and the meeting that was scheduled to begin at 9:30 a.m., was called to order at 9:51 a.m. Dr. Godfrey recessed the meeting and called the Public Hearing to order at 9:51 a.m.

Introduction of visitors – Dr. Godfrey welcomed the visitors.

PUBLIC HEARING

1. **Board Rule 150-5-.02: Qualifications for Dental Hygienist** – Dr. Mark Ritz, Melana McClatchy, and Martha Phillips gave verbal comments on behalf of the GDA. Dr. John Cosby gave comments on behalf of CRDTS. Dr. Lindsay Holliday gave verbal comments.
2. **Board Rule 150-13-.01: Conscious Sedation Permits** – Written comment provided from Dr. Lee Getter, Dr. Jay Shirley and Dr. Mark Ritz provided verbal comments. Dr. Andrews stated that a new license type that will impact the administrative processing.
3. **Board Rule 150-13-.02: Deep Sedation/General Anesthesia** – No additional comment

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comments received.

The hearing was adjourned at 11:30 a.m.

The Board meeting was reconvened at 11:30 a.m.

Minutes from the December 5, 2008 board meeting:

- Approved as amended.

Minutes from the December 9, 2008 Conference Call meeting:

- Approved

Consider for ratification licenses that have been administratively issued:

Dr. Cook made a motion, Dr. Nalley seconded and the Board voted to **ratify** the following newly issued licenses.

NEWLY LICENSED DENTISTS 1-2-2009

License #	Name	Profession	Status	Issue Date
DN013826	Anderson, Bruce William	Dentist	Active	11/25/2008
DN013827	George, Joby K	Dentist	Active	12/4/2008
DN013828	Stearns, Anne	Dentist	Active	12/8/2008
DN013829	McDonald, Edward D	Dentist	Active	12/9/2008
DN013830	Sandvi, Christopher George	Dentist	Active	12/9/2008
DN013831	Collins, Joel	Dentist	Active	12/16/2008
DN013832	Hamsher, John Fremont	Dentist	Active	12/23/2008
DN013833	Kyles, Billy Jason	Dentist	Active	12/24/2008

Newly Licensed Dental Hygienist 1-2-2009

License #	Name	Profession	Status	Issue Date
DH010632	Ouzts, Nikki Cherie	Dental Hygienist	Active	11/25/2008
DH010633	Clemons, Shaunta N	Dental Hygienist	Active	12/4/2008
DH010634	Nettles, Michele Lynn	Dental Hygienist	Active	12/22/2008
DH010635	Ray, Sonya Marie	Dental Hygienist	Active	12/24/2008

Consideration of Board Rule 150-5-.02 – Voted to adopt.

150-5-.02 Qualifications for Dental Hygienists.

(1) No persons shall be issued a license to practice as a dental hygienist unless such person is a graduate of a school or college for dental hygienists recognized by the board and accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency. Such school or college must conduct a course consisting of not less than two (2) academic years for dental hygiene graduation.

(2) All applicants must show passage of all sections with a score of 75 or higher on a

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clinical examination administered by the board or a testing agency designated and approved by the board. The board will only consider examination results from the Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005. SRTA retake examination results will be accepted until December 31, 2006. After December 31, 2005, the board will only consider the ~~American Board of Dental Examiners' (ADEX)~~ dental hygiene examination as uniformly administered by the Central Regional Dental Testing Service, Inc. (CRDTS) or any other ~~ADEX~~ ~~certified~~ testing agency designated and approved by the board. Applicants must also pass a jurisprudence examination on the laws and rules governing the practice of dental hygiene in the State of Georgia. Such examinations shall be administered in the English language. The Board may hold other examinations as may be required and necessary.

(3) The applicant must provide the board with a copy of his or her score showing passage of all sections with a score of 75 or higher on the National Board Examination.

(4) An applicant for dental hygiene licensure must provide the board with the following items:

(a) An official transcript under seal showing the date of graduation and degree awarded from an accredited dental hygiene school certified by the appropriate officials;

(b) A certified copy of the results of the clinical examination given by the board or a testing agency designated and approved by the board;

(c) Copies of score of the National Board Examination;

(d) Proof of current CPR certification;

(e) Copies of any and all National Practitioner's Data Bank reports pertaining to the applicant;

(f) Furnish a criminal background check. The applicant shall be responsible for all fees associated with the performance of a background check; and

(g) Verification of licensure from all states where the applicant has ever held or currently holds a license to practice dental hygiene. All such licenses shall be unencumbered by any past or present disciplinary action.

Authority O.C.G.A. Secs. 43-11-7 to 43-11-9, 43-11-20, 43-11-70 to 43-11-

Consideration of Board Rule 150-13-.01 Voted not to adopt.

DRAFT 150-13-.01 Conscious Sedation Permits.

~~(1) When the intent is anxiolysis only, which is defined as the diminution or elimination of anxiety, and the appropriate dosage of nitrous oxide/oxygen inhalation and/or oral agents is administered, a permit for conscious sedation is not required.~~

When the intent is minimal sedation (anxiolysis) only, 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.

Minimal sedation is limited to a single enteral drug with initial dosing that 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. 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

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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.

(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 ~~and/or Combination Inhalation/Enteral Conscious Sedation~~ or Moderate Parenteral Conscious Sedation.

~~(3) An Enteral and/or Combination Inhalation/Enteral Conscious Sedation Permit holder may administer and manage enteral and or combination inhalation/enteral conscious sedation. To obtain an Enteral and/or Combination Inhalation/Enteral Conscious Sedation Permit, a dentist must provide certification of the following:~~

~~(a) Completion of an ADA accredited postdoctoral training program, which affords comprehensive training necessary to administer and manage enteral and or combination inhalation/enteral conscious sedation; or~~

~~(b) Completion of a continuing education course, which consists of a minimum of eighteen (18) hours of didactic instruction plus twenty (20) hours of participation or video clinically oriented experiences, which provides competency in enteral and/or combination inhalation/enteral conscious sedation. The course content must be equal to that described for an approved continuing education program in these techniques in the *ADA Guidelines for Teaching Comprehensive Control of Anxiety and Pain in Dentistry*, 2002 edition, or its successor publication.~~

~~(c) The dentist must have a properly equipped facility for the administration of enteral and/or combination inhalation/enteral conscious sedation and be staffed with appropriately trained and supervised personnel. The facility must have the equipment capable of delivering positive pressure oxygen ventilation, and a pulse oximeter. The applicant must submit verification that the facility meets the above requirements and may be subject to an on-site inspection.~~

~~(d) The dentist and all support personnel 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) 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 Combination Inhalation/Enteral Conscious Sedation permit. Certification of this continuing education must be submitted at renewal.~~

~~(f) 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.~~

~~(g) If the permit holder intends to sedate patients under the age of twelve (12) years, an additional twelve (12) hours of pediatric specific instruction divided between didactic and participation or video clinical experience must be obtained. This educational documentation must be submitted with the application for the Enteral and/or Combination Inhalation/Enteral Conscious Sedation Permit.~~

~~(h) When a certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist for the administration of conscious~~

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sedation by Enteral and/or Combination Inhalation/Enteral Conscious Sedation the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board.

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) The dentist utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation, 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 cavity, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, and a recovery area with available oxygen and suction. All of the afore mentioned equipment and supplies must be stationary and not subject to transfer from one site to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection. A Parenteral Conscious Sedation Permit holder may administer and manage the following: parenteral, enteral and/or a combination inhalation/enteral or parenteral conscious sedation. To obtain a Parenteral Conscious Sedation Permit, the dentist must provide certification of the following:~~

~~(a) Completion of an ADA-accredited, postdoctoral training program, which affords comprehensive training to administer and manage parenteral conscious sedation; or
(b) Completion of a continuing education course consisting of a minimum of sixty (60) hours of didactic instruction plus management of at least twenty (20) patients, which provide competency in parenteral conscious sedation. The course content must be equal to that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2002 edition, or its successor publication.~~

~~(c) The dentist utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation, 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 cavity, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, and a recovery area with available oxygen and suction. All of the afore mentioned equipment and supplies must be stationary and not subject to transfer from one site to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection.~~

~~(d) The dentist and all support personnel 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) The dentist must take four (4) hours of continuing education every two (2) years in~~

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pharmacology, anesthesia, emergency medicine or sedation, as part of the 40 hour requirement for license renewal, to maintain certification for the Parenteral Conscious Sedation Permit. Certification of this continuing education must be submitted at renewal.

(f) 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.

(g) If the permit holder intends to sedate patients under the age of twelve (12) years, a minimum of five (5) pediatric specific instructional experiences, both didactic and clinical, must be included. This educational documentation must be submitted with the application for the Parenteral Conscious Sedation Permit.

(h) 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 utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation, the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board.

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. To obtain a Moderate Enteral Conscious sedation Permit, a dentist must provide certification of the following:

- (a) Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training necessary to administer and manage moderate enteral conscious sedation; or
- (b) Completion of a continuing education course, 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.

(5) Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.

Moderate Parenteral Conscious Sedation is any technique utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation. To obtain a Moderate Parenteral Conscious Sedation Permit, a dentist must provide certification of the following:

- (a) Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation; or
- (b) Completion of a continuing education course consisting of a minimum of sixty (60) hours of didactic instruction plus management of at least twenty (20) patients, which provide competency in moderate parenteral conscious sedation.

(6) Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry. 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 intravenous access, equipment to continuously monitor blood pressure and heart rate, appropriate emergency drugs per ACLS protocol, an automatic external defibrillator (AED), and a recovery area with available oxygen and suction. All of the afore

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mentioned 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. 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 cardiac life support (ACLS) or an appropriate dental sedation/anesthesia emergency management course as approved by the board.

(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) If the permit holder intends to sedate patients under the age of twelve (12) years, a minimum of five (5) pediatric-specific instructional experiences, both didactic and clinical, must be included. This educational documentation must be submitted with the application for the Parenteral Conscious Sedation Permit.

(d) 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 utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation, the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board.

(7) The requirements as set forth in this rule apply to all new permit applicants upon its effective date and shall apply to current, active sedation permit holders as of October 2011.

~~(7) Late Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.~~ Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.

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

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

Authority O.C.G.A. Secs.

Consideration of Board Rule 150-13-.02 – Voted not to adopt.

DRAFT - 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

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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.

(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, appropriate emergency drugs per ACLS protocol, an automatic external defibrillator (ADE), and a recovery area with available oxygen and suction. All of the aforementioned equipment and supplies must be stationary and not subject to transfer from one site to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection.

(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.

Authority O.C.G.A. §§

Dental Hygiene Committee

Dr. Holcomb reported that information has been sent out from CRDTS to the dental hygiene educators about the changes in the examination.

Legislative Committee – Drs. Steve Holcomb & Henry Cook

- Executive Director, Anita Martin, provided a letter from Senator Lee Hawkins and Lt. Gov. Casey Cagle re: volunteer care and continuing education. Dr. Mark Ritz, Dr. Kent Perry and Dr. John Cosby gave comment as to mid-level practitioners. Dr. Mark Ritz

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provided information to the Board on the federal Red Flag Rules which will require policies and to be implemented in dental offices to prevent identity health and the liability that may lie with a dentist.

Rules Committee – Dr. Clyde Andrews

- Plans to hold a rules committee meeting before the next meeting – will continue with review of the sedation rules.
- Rule 150-5-.03 – Will be considered by the Rules Committee to provide additional revision that will add specificity concerning hygiene supervision at public health facilities.
- Board requests that the Rules Committee further research emergency rules.
- Board requests that the Rules Committee draft rules to allow dentist and dental hygienist – 1-4 CE credits for instate volunteer work.

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General: - Dr. Thomas Godfrey

- Rule Waiver Request from Gordon D. Barfield on Rule 150-7-.04 – Motion Dr. Holcomb, seconded Dr. Nalley and request was approved.
- Request from James H. Allen regarding exam – Motion Dr. Carroll, seconded Dr. Hadley and motion carried to deny request.
- Dr. Godfrey discussed a letter from Secretary of State Karen Handel requesting that the Board provide a statement /interviews concerning whitening kiosks. A copy was provided to the GDA. Dr. Holcomb stated that board members had not been trained on media relations. Further expressed that issuing a statement of this type is very complex. Dr. Godfrey referred to the Rules committee for drafting a response utilizing the GDA position paper, the Board letter from Dr. Van Haywood, and other resources as may be necessary to provide a proper media response. Board will utilize the resources of the GDA spokesperson pool for input on the content of the document. The response is to be reviewed by the Board before it is provided to Secretary Handel.
- Dr. Ritz provided comments from the DGA re: a position paper on teeth whitening that was provided to the board. Further stated that the GDA has grave concern re: this unlicensed practice. Issues of concern ...public safety, diagnostic process by UL individuals. Dr. Holcomb requested that the GDA consider providing the board with a list of “sympathetic” DA’s in the state that will consider prosecuting these cases. Mr. Dean advised that the board has taken action on issues of unlicensed practice. The Board has also referred cases of ULP for local prosecution. He further advised that the Board could seek a civil injunction.

Attorney General’s Open Session – Mr. Reagan Dean

Letter to Scott Ballard re: Hortman’s Denture Clinic – Viewed as informational. Dr. Holcomb requested that Reagan follow-up with a telephone call to Mr. Ballard – Mr. Dean agrees. Dr. Holcomb made a motion that Dr. Godfrey draft a letter to the AG and request another Special Prosecutor be appointed – if Mr. Dean finds that Mr. Ballard has not taken any action on this matter, the Board votes to send the letter. A copy of the letter will be sent to Secretary Handel.

Miscellaneous

Executive Director Martin will research any prior Board decision as to what dental hygiene supervision may be required when there was only one chair in a public health setting.

EXECUTIVE SESSION

Dr. Holcomb made a motion, Dr. Carroll seconded, and the Board voted to enter into **Executive Session** in accordance with O.C.G.A §43-1-19(h)(2) and §43-1-2(k) to deliberate on applications and enforcement matters and to receive information on applications, investigative reports, and the Assistant Attorney General’s report. Voting in favor of the motion were those present who included Drs. Hadley, Nalley, Cook, Andrews, and Carlon. The Board concluded **Executive Session** in order to vote on these matters and continue with the public session.

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Appointments:

11:00 a.m. – K.N.C. – Dental applicant, denial appeal – Approved

11:30 a.m. – J.W.B. – Dental credentials denial appointment – Approved

11:45 a.m. – L.R. – Dental Hygienist, Renewal denial appeal – Approve renewal under a private consent order.

1:00 p.m. – C.R.C. – Dental Reinstatement Applicant, Appeal Appointment – Board will reconsider licensure upon completion of a 1 year GPR after which she must take and pass the Clinical Examination and meeting all other conditions except National Boards in effect in Board Rule 150-3-.01 and provide information from the student loan people that they would allow her to be licensed. Fulfillment of these requirements does not obligate the board in awarding licensure upon completion.

1:30 p.m. – M.R.R. – Dental Hygiene Applicant, denial appeal - Approved

Applications/Licensure:

1. K.J.M. – Dental Hygienist, Reinstatement – Schedule for LOC
2. W.L.N. – Dental Applicant, arrest/conviction - Approved
3. V.L.W. – Reason Denial Licensure & Consideration – Uphold decision and cite the law.
4. J.B.Y. – Dental Applicant, requesting approval for licensure - Approved

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Licensure Overview Committee – Dr. Isaac Hadley

- S.M.P – Reinstatement approved under public consent order citing period of unlicensed practice.
- Dr. Denise Noel – Request to lift probation approved with conditions.
- A.R. – No Show

Investigative Report – Dr. Logan Nalley, Jr. – Approved

Based upon information received, the Investigative Committee request that a complaint of unlicensed practice be opened against a “Dr.” K.H. in Roberta.

Executive Director’s Report – Ms. Anita Martin

Provided consent order for acceptance on Sylvester Carlo, DMD

Attorney General’s Report – Mr. Reagan Dean & Ms. Julie Fisher

Provided consent order for acceptance on Michael A. Knight, DDS, James McGee, DMD, Scott Wade Smith, DDS

Miscellaneous

Refer to Dr. Carlon – a copy of the credentials laws from California.
The May Board meeting is rescheduled for May 8, 2009.

Dr. Holcomb motioned, Dr. Carroll seconded and the Board voted to approve all recommendations made in Executive Session.

Board meeting adjourned at 4:34 p.m.

Minutes recorded by: Carol White, Board Secretary

Minutes reviewed and edited by: Anita O. Martin, Executive Director

These minutes will be signed and approved on February 6, 2009.