

**STAFF
AND
BOARD**

FROM THE PRESIDENT'S CHAIR

Dr. Thomas Gerald Walker



The Evolution of Dentistry And the Board

As dentistry evolves, so must the Board evolve. Organized dentistry has now eliminated the term “specialties” in defining the advanced degrees in dentistry. Instead of specialists in orthodontics, oral surgery, periodontics, and the other six specialties of dentistry, now the ADA has defined specialties as “advanced education.” With the emergence of Dental Anesthesiologists, Dental Sleep Medicine, and Implantology, organized dentistry has altered the landscape on how to define specialties.

ADA, under the auspices of CODA, has now designated specialties as advanced education. This evolution is encouraging to the dynamic growth of dental care, but it places our Board into a precarious position in enforcing the statutes of the Dental Practice Act. Our DPA is dictated by the state legislature. What defines us as a profession is that we police ourselves via the Board; otherwise we would be a trade.

Our DPA defines specialties that are a direct reflection of the ADA’s current definition of the nine specialties, so with ADA’s change in defined specialties, our Board will have to approach the legislature to open the DPA and alter the recognitions of advanced education. The changing of our DPA via the legislature always opens the political curtain of special interests to use influence to alter the DPA.

To paraphrase Heraclitus, “the only constant is change,” so as dentistry evolves so must the Board. But to ensure the safety of the public, the future philosophy and direction of the Board will depend on those elected Board members to step up to face these challenges.

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Prosecuting Counsel

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Kevin Lane
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The Board's Accomplishments

By Dr. Adolphus M Jackson



I am now enjoying quite an unusual opportunity: to reflect on a year of being honored to serve as your Board President while remaining on the Board for another year after serving in that esteemed position.

I will remain a voting Board member while also being able to continuously watch the development of the Board's accomplishments that began during my tenure as President in the months and year ahead. I would like to thank the three previous presidents from whom I have had the privilege of learning while observing the enormous contributions they have made to the board. They have consistently made themselves available and imparted their experience, expertise, and wisdom to me.

The most significant of the Board's accomplishments during my tenure as president is the passage of Senate Bill 123, which enacted large-scale amendments to the Dental Practice Act. This bill newly defined "infiltration anesthesia" and "patient abandonment," and most importantly, expanded public access to dental care by creating, for the

first time, an opportunity for dental hygienists to administer infiltration anesthesia.

The Board also successfully made many positive rule modifications. Among those: amending Rule 270-X-2-.17, *Criteria for On-site Inspection for the Use of General Anesthesia and Parenteral Sedation*; Rule 270-X-2-.23, a new rule requiring certain risk and abuse mitigation strategies by dentists who prescribe controlled substances; and Rule 270-X-2-.11, which requires dentists with controlled substance permits to participate in the Prescription Drug Monitoring Program.

The Board participated in its routine audit by the Sunset Committee earlier this year. I, along with other Board members, had the opportunity to travel to Montgomery and answer questions posed by the Sunset Committee members related to our operations. I am pleased to report that we passed our audit and will not be audited for another two years.

Of course, no one person can take credit for any of these significant accomplishments. I've had the privilege of working with six of the finest individuals who serve along with me as voting Board members. Each of them have expertly handled their board responsibilities with great wisdom,

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knowledge, and enthusiasm in each decision determined. We were fortunate to have many other dental organizations and agencies who supported and helped further the Board's initiatives in a timely and effective manner. I can assure that our board staff is very dedicated and extraordinary, taking extreme pride in the way they professionally execute their responsibilities. In October of this year, Brad Edmonds was engaged as our new Executive Director. Mr. Edmonds has done an excellent job in getting up to speed and has already shown himself to be a valuable asset to the board. Mr. Edmonds has degrees in law and business, and applied them in Regions Bank's legal department before coming to the board. When I reflect

upon our many accomplishments, I am humbled that they could come to fruition during my term as President. Our board and its staff truly exemplify what President Harry Truman spoke of, when he stated:

“Men make history and not the other way around. In periods where there is no leadership, society stands still. Progress occurs when courageous, skillful leaders seize the opportunity to change things for the better.”

I look forward with anticipation to seeing our legislative and regulatory changes in operation and the further efficiencies they bring about. Thank you for allowing me to continue to serve the State of Alabama Board of Dental Examiners.

Let's Talk About Adverse Occurrences

By Dr. Douglas Beckham



The Board's former definition regarding Adverse Occurrences definitely needed a little clarity, therefore we have tried to modify and simplify Board Rule 270-X-2.20, all in the name of clarity. Hopefully this will simplify just a little more.

What is an Adverse Occurrence?

An adverse occurrence is now defined as “any mortality or significant injury occurring during or directly related to a dental procedure or treatment performed by a dentist or in which a dentist participated in any manner whether occurring in an office, hospital, or other outpatient treatment facility...” (emphasis added).

Was the patient admitted to the hospital? If so, this constitutes a significant injury and thusly is an adverse occurrence!

Any adverse occurrence requires the following notifications:

- ◆ Board notification within 7 days of an adverse occurrence.
- ◆ A detailed report to be sent to the Board within 30 days.

The report should be typed and should detail the occurrence and include the information listed below. Please do not just forward a copy of your “notes” and think that will suffice.

- ◆ A detailed description of the dental procedure
- ◆ A description of preoperative physical condition of the patient, including recorded vitals.
- ◆ A list of drugs and dosages administered.
- ◆ A description, in detail, of techniques utilized in administering the drugs used.
- ◆ A description of the adverse occurrence.

The report should include:

- ◆ A detailed description, symptoms of any complications including, but not limited to, the onset and type of symptoms exhibited by the patient.
- ◆ A detailed description of all treatment given to the patient.
- ◆ A detailed description of any response of the patient to the treatment.

Just as a point of reference – there were 18 reports of Adverse Occurrences between 2016 and 2018. Err on the side of safety! If in doubt, call the Board.

Hopefully this makes the definition and the mandate a little clearer!

Controlled Substances

By: Mark R. McIlwain, D.M.D., M.D.



Because of the nationwide opiate crisis, dentistry has made appropriate adjustments to practice patterns and been subject to mandates from insurance companies, government, and law enforcement.

In Alabama, the Governor's Opioid Overdose and Addiction Council suggested changes in the prescriptive practices of dentists.

The concept of morphine milligram equivalents (MME) is an aid to determine equal doses of various opiates. Hydrocodone has an MME of 1 and Oxycodone has an MME of 1.5. Research into the effects of opiates on the dopamine pathways of the brain has shown that 50 MME per day is a threshold dose for lasting brain alterations that predispose one to addiction. These alterations may not be reversible in the adolescent brain. These findings are the basis for Centers for Disease Control (CDC) and Food and Drug Administration (FDA) recommendations for dentists to keep opiate prescriptions under 50 MME/day and prescribe opiates in no longer than seven-day courses. The Department of Justice has instructed the Drug Enforcement Agency (DEA) to monitor Prescription Drug Monitoring Program (PDMP) databases for practitioners who are outliers from the aforementioned recommendations. State professional regu-

latory boards receive notification from various sources when practitioners are found to be outside of the suggested doses and duration of therapy. The Alabama Board of Dental Examiners monthly is called on to determine whether opiate prescriptions by Alabama dentists are appropriate. It is suggested that every controlled substance prescription be associated with a chart note that explains the subjective problem, the objective findings, the diagnostic assessment, and the plan of care. These chart entries often support thoughtful care and appropriate prescribing.

The following are examples 50 MME or lower prescriptions for less than 7 days:

Hydrocodone 7.5/325 #20 (1/2 to 1 every 4-6 hours prn pain). MME=1

Percocet 5/325 #20 (1/2 to 1 every 4-6 hours prn pain). MME=1.5

Hydrocodone 5/325 #20 (1/2 to 1 every 4-6 hours prn pain). MME=1

Percocet 7.5/325 #20 (1/2 to 1 every 6 hours prn pain). MME=1.5

The Prescription Drug Monitoring Program of the Alabama Department of Public Health records every controlled substance prescription filled in Alabama. The database is accessible by Alabama prescribers who obtain a user ID and password from the Department of Public Health. The PDMP database is helpful to Alabama dentists in the following cases:

1. Any time a patient reveals that they receive

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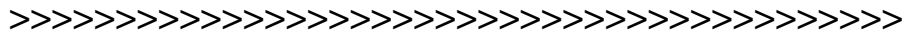
chronic opiates. The database will reveal exactly what they are taking and who prescribes to them. This information is useful because most prescribers of chronic pain medicines have a patient contract that requires notification of the need for any additional acute pain medicines. Most prescribers of chronic pain medicines will manage the patient's need for breakthrough pain medications or give parameters for the prescribing dentist. Another important factor is all chronic pain medicines reduce saliva and the patient will benefit from frequent dental visits and daily fluoride treatments.

2. Patients who require pain medicines for longer than seven days, or multiple prescriptions over a ninety (90) day period, require a check of the PDMP to check for diversion and/or abuse. The prescriber

should document in the patient's chart that the PDMP was checked to show due diligence in patient care and proper prescribing.

The good news is that in spite of national news articles that many adolescents' first opiate is prescribed by a dentist, we all know that dental pain is also that patient's first encounter with serious pain. How we as practitioners appropriately handle this first need for opiates may determine how a young patient will perceive pain and pain medicines for his/her lifetime. Dentistry in Alabama has significantly reduced the amount and frequency of pain medicines prescribed to patients over the last year.

Additional educational resources: Prescribing [courses](#) listed by SAMHSA; a state-by-state [overview](#) of opioid prescribing guidelines; CDC [guidelines](#) for prescribing opiates for chronic pain.



JUST A REMINDER

DENTISTS:

- ⇒ Make sure you have renewed and paid for your dental license and all permits you hold: e.g., *State Controlled Substance, Oral Conscious Sedation, Parenteral Sedation, General Anesthesia*. If you have not received a printed copy of your 2019 annual renewal certificate for your dental license and one for each of your permits, please call the Board office immediately. Do not practice dentistry after December 31, 2018 without a certificate for each of your current licenses/permits.
- ⇒ Make sure that all hygienists who are in your employ can produce a license renewal certificate for 2019 before allowing them to practice hygiene after December 31st.

HYGIENISTS:

- ⇒ Make sure you have renewed and paid for your hygiene license before practicing hygiene in 2019. If you have not received a printed annual renewal certificate for your hygiene license, please call the Board office immediately.

ALL LICENSEES:

- ⇒ Notify us by mail, fax, or email anytime your home, office, or employer contact information changes. We use email for most correspondence, so it is mandatory that we have your correct email address AND that you have enabled receipt of emails from BDEAL@DENTALBOARD.ORG.

Mandatory Continuing Education For Dentists and Dental Hygienists

By Dr. Kevin M. Sims



CE

CONTINUING EDUCATION CE RECORD KEEPING AND REQUIREMENTS

That nasty little thing that we need to do as professionals to validate that we are maintaining competency and to further our knowledge base to better care for our patients. No body

likes to do it, but it is a mandatory requirement to renew our dental licenses.

Every year there seems to be some degree of confusion when it comes to CE hours. To avoid any confusion, I would like to address some salient points related to Board Rule 270-X-4.04 from a common-sense approach. I would like to point out that there are some new rule changes that are mentioned here that have not become rule as of today. To keep it brief, I will hit the high points, but if there were any questions, I would refer you to 270-X-4.04 or to call the Board office directly at 205-985-7267.

Dentists and dental hygienists have different CE requirements primarily in hours earned rather than content of CE education.

Dentists are required to:

1. Complete 20 hours of CE every year as requirement for license renewal with the following rules:
 - a. No more than 10 hours of CE can be derived from digital, online internet courses, journals, publications, correspondence courses, or video or audio recordings;
 - b. All 20 hours can be derived by attending live CE presentations.

2. Dentists are required to maintain current certification in Basic Cardiac Life Support (BCLS) obtained for the American Heart Association, American Red Cross or an equivalent program.
 - a. This requirement must be obtained by attending an in-person training program.
 - b. During the two-year CPR certification term, a dentist may only apply 4 hours of CPR training to his/her annual (20 hours) CE requirement in the renewal period that it was earned. For example, I had to renew my ACLS certification in which I was awarded 10 CE credit hours. I could only use 4 hours of the 10 CE hours toward the total of 20 hours required for this year.
3. Dentists must maintain current certification in infectious disease control as it relates to the dental office and or to the practice of dentistry. During the 4-year infectious disease control certification term, a dentist may only apply 2 hours of said training to his/her annual (20 hours) CE requirement in the renewal period in which it was earned.
4. Dentists must achieve a minimum of 2 hours of Continuing Education in the subject of prescribing controlled substances every 4 years.
5. Dentists who hold an Oral Conscious Sedation Permit must also complete a minimum of 4 hours of Continuing Education in the subject of sedation and/or anesthesia every 4 years.
6. Dentists may only count a total of 4 hours for the annual (20 hours) when coursework CE is related in the areas of insurance, government regulations, and tort liability and/or risk management.
7. Practice management courses shall not exceed a

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total of 3 hours for the annual (20 hours) renewal period.

Dental Hygienists are required to:

1. Complete 12 hours of CE every year as a condition of licensure renewal with the following rules:
 - a. No more than 6 hours of CE can be derived from digital, online internet courses, journals, publications, correspondence courses, or video or audio recordings.
 - b. All 12 hours can be derived by attending live CE presentations.
2. Dental Hygienists are required to maintain current certification in Basic Cardiac Life Support (BCLS) obtained for the American Heart Association, American Red Cross or an equivalent program.
 - a. This requirement must be obtained by attending an in-person training program.
 - b. During the two-year CPR certification term, a dentist hygienist may only apply 2 hours of CPR training to their annual (12 hours) CE requirement in the renewal period that it was earned.
3. Dental Hygienists must maintain current certification in infectious disease control as it relates to the dental office and or to the practice of dentistry. During the 4-year infectious disease control certification term, a dental hygienist may only apply 2 hours of said training to their annual (12 hours) CE requirement in the renewal period in which it was earned.
4. The combined number of hours of continuing education training in the course of areas of insurance, government regulations, and tort liability and/or risk management shall not exceed a total of 4 hours for the annual (12 hours) renewal period. Practice management courses shall not exceed a

total of 3 hours for the annual (12 hours) renewal period.

Dentists and dental hygienists are often giving back to the communities that they serve. Can I receive CE credits when I give of my time to those who are less fortunate?

1. Dentists and dental hygienists will be allowed up to 4 hours of credit for the twelve-month period for pro bono charitable work performed at a non-profit clinic located within the State of Alabama offering dental services. Any work done by a dental hygienist must be under the direct supervision of a dentist licensed in the State of Alabama. 1 hour of continuing education credit shall be awarded for every 4 hours of service.

I am a dentist who either just finished my residency or am finishing my residency. Are there any special CE requirements that I should take note of?

1. Licensees who have graduated or completed a dental residency in the year of their initial licensure shall only be required to accrue and prove compliance with required hours of continuing education through the end of the subsequent year following licensure. Thereafter, licensees shall comply with CE requirements set forth above. However, said licensees must be able to prove compliance with this rule regarding CPR and infectious disease control certification.

How long do I have to keep my CE records?

1. It is the responsibility of each dentist and dental hygienist to maintain and compile accurate records relating to all continuing education courses or activities they have attended and completed. Accurate records shall mean a certification or evidence of attendance at any continuing education courses. It shall be the responsibility of each dentist/dental hygienist to maintain the

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- above described documentation and information pertaining to each year for a period of 2 years and this information shall be submitted to the Board of Dental Examiners of Alabama within 30 days after a request for the same by the Board.
2. Each dentist/dental hygienist must submit during the license renewal period of each calendar year, evidence or documentation of satisfactory completion of the required hours of continuing education provided for in these rules. This information shall be submitted on an affidavit and/or other means to be approved and provided by the Board of Dental Examiners of Alabama. Upon receipt of this information it shall be reviewed by the Board of Dental Examiners of Alabama and the dentist/dental hygienist shall then be notified that either:
 - a. They have fulfilled the requirements of these rules and their annual registration will be issued, OR
 - b. They will be notified there are deficiencies or non-compliance with these rules and they will be subject to a non-disciplinary administrative penalty as set forth in Board Rule 270-X-5.09(1)(e).
 3. Any dentist or dental hygienist who receives notification that they will be subject to a non-disciplinary administrative penalty because of non-compliance with these rules may appeal in writing to the Board of Dental Examiners of Alabama within 30 days from the date of the Board's notification to them of their non-compliance. Upon the receipt of the written appeal, the Board may request the submission of additional information or records or may require the dentist/dental hygienist to appear before the Board in connection with the appeal.

Heaven forbid, but can The Board audit me to make sure I am meeting my CE requirements?

1. The Board of Dental Examiners of Alabama may randomly audit the continuing education documentation or information to be maintained or submitted by each dentist/dental hygienist as described herein to assure compliance with these rules. Failure to maintain the documentation or information set forth in these rules, the submission of false or misleading information or documentation to the Board, or failure to submit requested documentation or information within the time specified by the Board may subject the dental hygienist to a non-disciplinary administrative penalty.

As a dentist or dental hygienist, can I ever request a CE waiver?

1. Upon written request to the Board of Dental Examiners of Alabama, and upon the demonstration of good and sufficient cause, the Board may grant a waiver or extension of time for the completion of the annual hour requirements for continuing education as set forth herein. Any such request must be received by the Board prior to September 1st of the year in which the waiver or extension applies. Any such request received after the above referenced date will be considered untimely and denied. The dentist/dental hygienist who seeks such a waiver or extension shall submit to the Board any documentation required by the Board, which the Board deems appropriate for it to make a decision concerning that waiver or extension.

I am looking at CE courses that are being offered this year. What are the course requirements that would make it acceptable to the Board of Dental Examiners?

1. Continuing dental education may include, but is not limited to, attendance at lectures, study clubs, college and post graduate courses, scientific sessions of conventions, research, graduate studies, teachings, service as a clinician, analog and/or digital media, journals, internet

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courses, publications, or correspondence courses. Continuing education programs may include, but are not limited to, programs that address any of the following:

- a. Competency in treating patients who are medically compromised or who experience medical emergencies during the course of dental treatment;
- b. Knowledge of pharmaceutical products and the protocol of the proper use of medications or controlled substances;
- c. Competency to diagnose oral pathology;
- d. Awareness of currently accepted methods of infection control;
- e. Basic medical and scientific subjects including but not limited to biology, physiology, pathology, biochemistry and pharmacology, analgesia, diet and nutrition, microbiology, anatomy, dental anatomy, microscopic anatomy, chemistry, organic chemistry, and neurology;
- f. Clinical and technological subjects including but not limited to techniques and procedures in general dentistry or recognized specialties, dental materials and equipment, diagnosis and treatment planning, asepsis and sterilization techniques and radiology;
- g. Subjects pertinent to health and safety including but not limited to public health problems, communicable diseases, emergency care, cardiopulmonary resuscitation, advanced life support, patient stress management, the laws and rules governing the practice of dentistry/dental hygiene, and ethical considerations in the practice of dentistry/dental hygiene; and,
- h. Insurance, governmental regulations and tort liability and/or risk management.

Unacceptable Continuing Education subject matter would include:

1. Programs or courses that focus on the following areas cannot be considered acceptable or satisfactory continuing education:
 - a. Personal finances;
 - b. Presentations by political or public figures or other persons who do not deal primarily with dental or dental hygiene practice;
 - c. Personal motivational courses; and,
 - d. Basic educational or cultural subjects not directly related to the practice of dentistry/dental hygiene, outside the scope of the dentist/dental hygienist's practice or inconsistent with the dentist/dental hygienist's scope of practice.

What constitutes 1 hour of continuing educational credit?

1. One hour of continuing education credit shall be given for each hour of attendance and an hour of attendance shall be defined as exceeding 50 minutes.

How many continuing education credits can I receive if I teach an approved subject matter course?

2. Two hours of continuing education credit shall be given for each hour taught by a dentist/dental hygienist at a continuing education program provided, however, that no more than ½ of the annual required hours can be completed or satisfied in this manner. A dentist/dental hygienist cannot attain more than 8 hours of continuing education credit for any one day.

Who can provide continuing educational courses?

1. Programs meeting the general requirements of paragraph 5(a) above may be developed and offered to dentists/dental hygienists by any of the following agencies or organizations:
 - a. National, state, district or local dental/dental hygiene associations;

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- b. Accredited dental/dental hygiene colleges or schools.

How can I get a continuing educational program approved?

1. Courses may be approved by the Board, or its designee, if the following 5 criteria are submitted to the Board and approved:
 - a. Didactic/clinical subject matter;
 - b. Lecture participation;
 - c. Outline objectives;
 - d. Hours commensurate with time spent; and,
 - e. Presenter qualifications.
2. Remember the Board of Dental Examiners of Alabama shall have the right to monitor or audit any course or program to determine whether that course or program is in compliance with these rules.

Dentists or dental hygienists may be excused from continuing educational requirements if:

1. Any dentist/dental hygienist licensed in the State of Alabama but practicing outside the State of Alabama; however, if such person returns to the State of Alabama, and desires to practice dentistry/dental hygiene, he/she shall then be required to submit evidence to the Board of Dental Examiners of Alabama prior to being allowed to practice, that they have attended and completed within the preceding 5 years continuing education courses or programs which comply with these rules in a number of hours not less than 20 nor more than 100.
2. Dentists enrolled fulltime in a postgraduate specialty training or residency program at a dental school accredited by the American Dental Association’s Commission on Dental Accreditation.
3. Dental hygienists enrolled fulltime in an academic program directly related to dentistry/

dental hygiene, including but not limited to the Alabama Dental Hygiene Program.

4. Any dentist/dental hygienist who has permanently retired from the practice of dentistry/dental hygiene; however, if said person desires to return to the active practice of dentistry/dental hygiene, then he/she shall then be required to submit evidence to the Board of Dental Examiners of Alabama, prior to being allowed to practice, that they have attended and completed within the preceding 5 years continuing education courses or programs which comply with these rules.
5. Dentists/dental hygienists who are not practicing and can demonstrate to the Board of Dental Examiners of Alabama good cause for being excused from the application of these rules, such excuses including but not limited to age, disability, illness, or disease. If such person returns to the active practice of dentistry/dental hygiene, then that person shall first be required to attend and complete continuing education courses or programs that would comply with these rules in a number of hours deemed appropriate by the Board of Dental Examiners of Alabama.
6. Any dentist/dental hygienist who fails to comply with the provisions of these rules or who otherwise violates the Alabama Dental Practice Act in connection with the requirements of these rules or relating to any information to be maintained or submitted to the Board as provided for in these rules shall be assessed a non-disciplinary administrative penalty.

Remember, CE is a mandatory requirement, but it can also be fun and bring new therapeutic modalities to our offices to better care for our patients. If you have any questions please do not hesitate to call the Board of Dental Examiners.

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From Our Newest Board Member

By Dr. Bruce Edward Cunningham

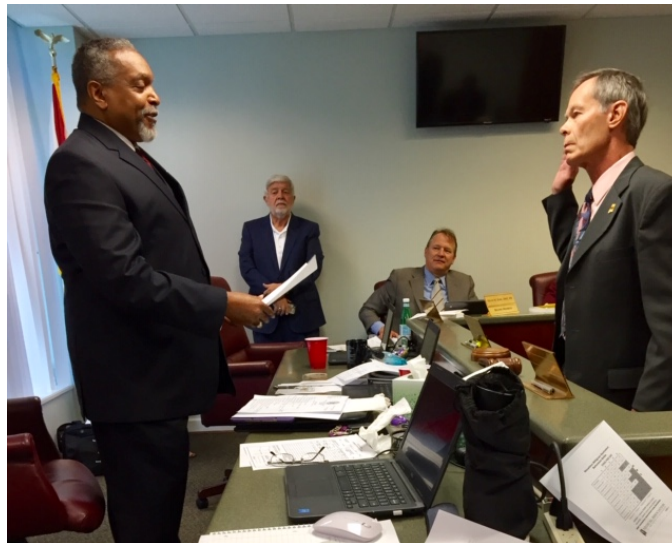


EXCEPTIONAL

As the newest member of the Board, I am honored and humbled to be selected to serve with our exceptional Board and staff. Already, I have been amazed by the professionalism and seriousness with which everyone fulfills his/her responsibilities.

My election to the Board has caused me to reflect upon some of the important lessons I have learned. In reading and studying *Leadership and Self-Deception* by the Arbinger Institute, I became painfully aware that I often caused the problems I thought were caused by someone else resulting in my hurtful justifying thoughts, words, and deeds. When dealing with Board issues, I will try first to be self-aware, introspective, and humble, acknowledging my personal bias and questioning my own virtue.

The people of Alabama are already well served by the Board and staff; I want to do my part to further their efforts.



I, Bruce Edward Cunningham, solemnly swear that I will support the Constitution of the United States,
and the Constitution of the State of Alabama,
so long as I continue a citizen thereof;
and that I will faithfully and honestly discharge the duties of the office
upon which I am about to enter, to the best of my ability.
So help me God.

For the Hygienist — News You Can Use

By: Sherry S. Campbell, R.D.H.



The excitement of joining the nation with the passing of legislation to allow hygienists in our state to administer infiltration anesthesia to patients—this was a tremendous joy and feat. I thank each one of you that made phone calls and emails

to your representatives; together we were successful. The first UAB inaugural class session has been completed with clinical rotations left which should be concluded by February. Many of you are on a waiting list for future courses, so continue to watch for upcoming courses to attain your education and training.

As always, check our website for changes to The Dental Practice Act as to how it affects you, and your license. We have made changes to your CE requirements and posted these changes for you to read and be informed. Rule 270-x-4-.04 lists all mandatory continuing education requirements. The newest changes include that half of your hours (6 of the 12) must be related to the practice of dental hygiene.

Changes have been made to Rule 270-x-4.04(5) (a) that defines specific continuing education credentials that will be accepted. We are continually working to revise our Dental Practice Act, adding language into the Act for an expanded array of media programs to provide continuing education, even through study clubs. All hygiene study

clubs, by the way, need to submit an annual list of outlined lectures that will be provided for continuing education to receive our stamp of approval.

Professional organizations are important and provide topnotch lectures, helpful information, and comradery. There is a need to add more organizations in our state. If your area does not have a local study club, start one.

Renew your license ON TIME. Our profession is no stranger to drug and alcohol abuse. There is a Wellness Program that is directed by Dr. Garver. This program was designed to protect the public yet give care and help to the impaired dental health professionals who are licensed to practice in our state. If you have a problem, please self-report. Remember that your license is not an entitlement but a privilege. Always put your patient's oral health needs and best interest first. Continue to be the best practitioner you can be and never settle for mediocre. Challenge yourself to learn more and do more.



From the Desk of the New Executive Director

By Bradley W. Edmonds, JD, MS, MBA



This would be an exciting time to be even an experienced Executive Director of the Board of Dental Examiners—let alone a brand-new Director!

Among the changes brought about in 2018 were amendments to the Dental Practice Act and to many rules. My first weeks on the job came in the middle of the annual Board election and license renewal period, the latter employing a software program that was new to dentists and dental hygienists. The phones certainly were ringing at the Dental Board office!

We are continuing to move rules and regulations through the byzantine legislative process. The new Rule on reporting adverse occurrences, 270-X-2-.20, became effective November 25, and the new Continuing Education rule, Rule 270-X-4-.04, will become effective in a few months.

I've learned an ocean of new information, including getting new vendor contracts through a whole other byzantine legislative process.

The main thing I've learned, however, is how the agency's amazing staff meets numerous challenges and succeeds in solving problems. The resources we have in house continue to impress me. The bookkeeping, administrative details including frequent reporting to Montgomery, updating the website, handling questions from licensees (including some complicated ones), handling the complaint process—the expertise and dedication I've seen have been not only a comfort to me, but marvelously effective in accomplishing the agency's mission of enforcing the Dental Practice Act to protect the public.

I'm excited about the future of this organization, and look forward to seeing what happens in 2019!

Did You Know

By: Donna L. Dixon, D.M.D., M.A., J.D.



DID YOU KNOW...

You must notify the Board of Dental Examiners when you change your place of practice? Code of Alabama (1975) §34-9-14 mandates that a dentist make such a notification within

thirty (30) days after relocation. Recently, the Board has considered how this statute may affect *locum tenens* practitioners. Please be aware that the Board opines that if a *locum tenens* dentist is knowingly going to practice at a particular location for at least thirty (30) days, even if only 1-2 days per week, he/she should notify the Board of this “routine” practice location.

DID YOU ALSO KNOW...

That if you dispense/administer controlled substances in your office, Federal Law dictates that you order Schedules I and II narcotics using DEA Form 222, and all controlled substances (II-V) should be ordered through a pharmaceutical company. Do not forget that even though Propofol is not controlled or classified by the DEA, it **is** classified as a schedule IV drug by the state; therefore, it is required that obtaining/dispensing of this drug be documented in a practitioner’s inventory/ dispensing log.

It is not appropriate, and, in fact, unlawful to write a prescription to yourself, your practice, or your employee(s) to obtain controlled substances from a pharmacy for the purpose of dispensing. The Code of Federal Regulations Title 21, §1306.04 "Purpose of Issue of Prescription" states: "(b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients." Remember, pharmacists are quick to report such instances to the Board. Of course, the order forms and invoices must be retained as part of the inventory and dispensing log to maintain accurate records. Please retain your inventory and dispensing log for at least five years. Do not be “sloppy” in your record keeping and storage of your controlled substances!

FINALLY...

Speaking of drugs...the Board has decided that prescribing Diflucan is within the scope of dental practice if antibiotics typically lead to a yeast infection in the patient for whom the antibiotics are prescribed, or if the patient develops a concurrent yeast infection during the course of antibiotics prescribed by you.

Farewell

By Dr. Stephen R Stricklin



In October, after eight years as a member of the Board of Dental Examiners of Alabama, I left and a new board member joined the five dentists and one hygienist.

Our board is elected by Alabama licensed dentists and hygienists. We are only one

of four state dental boards with this privilege. I finished my original five-year tenure in October 2015; then on December 25, 2015, Dr. Howard Gamble died. When a board vacancy occurs, the immediate past president is offered the opportunity to fill the vacancy. Dr. Gamble's term ran for three more years, so here I am again at the end of my service on the board.

As I look back over the last eight years, I note that dentistry in America and Alabama has been and is CHANGING! Corporate management of dental practice, dentists acquiring and merging individual practices, third party payers (insurance companies) controlling our fees, utiliza-

tion of auxiliaries, hygienists giving infiltration anesthesia, the explosion of opioid use and abuse—these are just some of the issues your board evaluates. It is both exhilarating and challenging to be on the board.

Another great thing about being a dentist in Alabama is the relationships between the University of Alabama dental school, the Dental Alumni Association, and the Board of Dental Examiners of Alabama. We work together to protect the public we serve and to advance the practice of dentistry. Not all states enjoy this relationship.

Let me invite all Alabama dentists to consider running for, and being part of, the Board of Dental Examiners of Alabama. The board's primary role is to protect the public, and you would be able to oversee how dentistry will be provided in the future.

I started by saying that it has been both a challenge and privilege to serve on the board. It has also been my honor to serve with other Alabama dental leaders. To my fellow board members and to you, Alabama dentists, Thank You!

