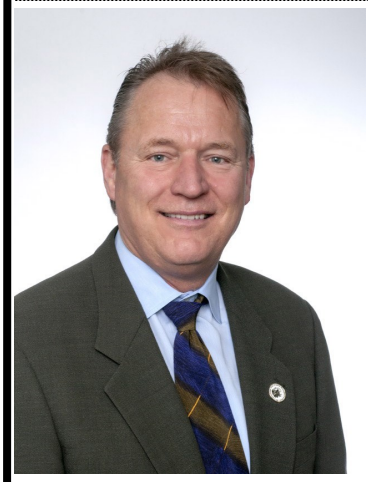
BOARD OF DENTAL EXAMINERS OF ALABAMA

DECEMBER 2021 NEWSLETTER

FROM YOUR NEW BOARD PRESIDENT

Kevin M. Sims, D.M.D., M.S.



Covid-19 and the Incidence of Cracked Tooth Syndrome

Since the beginning of the Covid-19 pandemic, there have been many strange reported medical maladies such as loss of taste and smell, long term debilitating memory loss, and the cracked tooth. Although there are no published studies, the ADA has conducted surveys and there are several published reports, newspaper articles, and news reports that have linked an increased occurrence of cracked teeth to the overall effects of the SARs-CoV-2 pandemic. The pandemic has changed many aspects of our lives and many people, young and old, are living with more direct and indirect stresses. People manifest their stresses in many different ways. Some people may bite their fingernails, some may abuse medications and/or alcohol, and some may unknowingly clench and/or grind their teeth. Similar to many of the reports, in my practice, I have seen more cracked teeth over the past two years than I saw in the preceding ten.

Cracked Tooth Syndrome, CTS, may be defined as a "fractured plane of the tooth of unknown depth, which may originate from the crown, passing through the tooth structure and extending subgingivally, and may progress to connect with the pulp space and/or periodontal ligament."[1] The American Association of Endodontists classifies cracked teeth into five distinct types: Craze line, fractured cusp, cracked tooth, split tooth, and vertical root fracture. ***Craze lines*** are visible fractures, are contained within the enamel, typically can be asymptomatic, and ultimately have an excellent prognosis. ***Fractured cusps*** typically begin at the crown of the tooth, extend into the dentin, terminate in the cervical component of the tooth, and have a good prognosis. A ***cracked tooth*** demonstrates a crack extending from the occlusal surface towards the apex without separating into two distinct pieces, and generally

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Torabinejad M, Walton RE. Principles and Practice. 4th ed. Philadelphia: Saunders; 2008. Endodontics; pp. 110-5

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(Continued from page 1)

has a fair to poor prognosis. A ***split tooth*** demonstrates a crack extending through both marginal ridges, through the center of the tooth potentially causing the tooth to separate into two individual pieces, and generally is considered to have a hopeless prognosis. ***Vertical root fractures*** commence within the root itself, demonstrate a buccal-lingual direction, may only involve one surface rather than complete through and through root fracture, may only involve a portion of the root, and are considered to have a hopeless prognosis.

The etiology of CTS is multifaceted. Generally, there are four major classifications: restorative in nature, occlusal factors, developmental factors, and miscellaneous. Examples of restorative include overpreparation of a tooth and pin/post placement. Examples of occlusal factors include bruxism and excessive and sharp forces applied when biting a hard food. Examples of developmental factors can be seen when a tooth has developmental grooves which create weakness to the tooth structure itself. Examples of miscellaneous factors include foreign bodies such as lingual barbells.

CTS may present with wide and varied clinical signs and symptoms based on the location of the fracture. Patients often present with a history of discomfort of several months and pain when chewing, biting, or drinking cold liquids. Patients often report pain that comes and goes, as the infection builds and is released through a draining fistula tract. The patient may be able to localize the source of the pain even though the tooth has had a root canal (patients often say, “I don’t understand why the tooth hurts . . . it’s had a root canal”). Of course, the pain is a result of the pressure changes within the dentinal tubules and the periodontal ligament space.

Diagnosis of CTS can often be challenging even for the most seasoned dentist. Delayed diagnosis can result in delayed treatment which could ultimately lead to tooth failure and removal. A thorough dental history can help the clinician in the proper diagnosis and treatment plan. Evaluating the patient for parafunctional habits (clenching, grinding, and chewing on hard objects) is of the upmost importance. A history of cold sensitivity and sharp pain when biting hard foods can also help in the diagnosis of CTS. Keep in mind that symptoms may vary based on the orientation and depth of a crack.

The clinical examination should involve close inspection of the clinical crown and for the presence of worn or failing restorations. The removal of failing restorations can often reveal the presence of a fracture and give an indication of the best treatment plan for the patient.

The clinical examination should include probing the sextant with a periodontal probe. If the patient demonstrates generalized normal probing depths with a site-specific deep sulcus/pocket, that can indicate the orientation and location of the crack. The presence of a draining fistula tract can be also help in the diagnosis of CTS.

Some clinicians also use methylene blue or gentian violet to highlight the presence of a crack. This technique can only help localize supragingival cracks. Bite pain that ceases once the occlusal force is eliminated is a classic sign associated with CTS. Bite sticks applied strategically to various points of the tooth can help to isolate cracks.

Radiographs should be taken when attempting to diagnose CTS. Clear radiographic evidence of CTS may not be seen in every patient. This can be explained because the orientation and extent of the crack may not be perpendicular to the radiographic beam. There may be changes in the radiodensity

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and opacity of the surrounding hard tissues.

Transillumination of a cracked tooth is an important but often underutilized diagnostic tool. The light source is applied directly to a clean dry tooth. A tooth without a crack or craze line will transmit the light through the crown of the tooth without distortion. If the tooth has a crack, the light transmission will be arrested, and the crack will be visible.

The use of a clinical microscope is another excellent tool to evaluate a tooth suspected of CTS. The external surface of the crown as well as the pulp chamber can readily be inspected with this diagnostic tool. The major limitation is the cost of the microscope.

The management of the tooth diagnosed with CTS depends on the site, direction, and degree of the crack. Superficial cracks are easy to detect and simple to manage. Minor cracks are often restored with simple restorations or may evolve to a full crown. Deep cracks may involve the tooth pulp and require root canal therapy and a crown to protect the tooth.

In certain circumstances the cracked tooth may not be able to be repaired. This occurs when the crack extends beyond the crown/pulp chamber and involves the root of the tooth below the crestal bone. These teeth cannot be repaired and should be extracted and replaced with either a dental implant or a bridge.

In conclusion, prevention is the best defense. An occlusal guard should be considered when the clinical evidence suggests that your patient may be bruxing. The world does appear to be changing, and not necessarily for the better. We all experience the "stresses of life" but we have the tools to prevent, diagnose, and manage these stresses that our patients may experience.

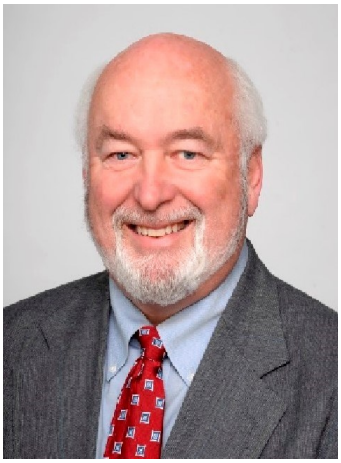
KEEP YOUR SENSE OF HUMOR

"I don't trust anyone who doesn't laugh."
— Maya Angelou

- What award did the dentist win? A little plaque.
- What do dentists call the x-rays they take of patients' teeth? Tooth pics.
- What did the dentist say to the tooth when he had to leave the room? I'll fill you in when I get back.
- Which teeth do you need to brush? The ones you want to keep.
- If a kid has 25 candy bars and they eat 22 of them, what do they have? Cavities.
- What did the dentist say when Tiger Woods came in for an appointment? You have a hole in one.
- My teeth were stained, so the dentist asked me, "do you smoke or drink coffee?" I told him I drink it.

Parting Shot

Mark R. McIlwain, D.M.D., M.D.
Outgoing President of the Board of Dental Examiners



First, let me say that it has been an honor and pleasure to serve as your Dental Board President for the past two years.

The vast majority of licensees (95%?) are ethical and moral, in their financial dealings and patient care. They take their commitment to the healthcare of their patients seriously. These doctors would never take a penny that does not belong to them, nor deliberately provide negligent care. On the other hand, there is a small minority of licensees who are greedy and unethical in patient care. For this reason, your state Dental Board is a necessity.

Second, I want to take a few minutes of your time to highlight the changing paradigm of patient care in 2022 and beyond. The majority of new graduates do not join or start a private practice as an associate or owner. These young doctors go to work for a private or corporate Dental Service Organization (DSO). They are driven by high educational debts ($250,000-$300,000), and work for a percentage of production. This practice pattern change often removes the DSO associate from close, ongoing relationships with the patients they care for. It then becomes an effort to ensure continuity of care and completion of a coherent treatment plan. If a patient cannot tell you the name of their doctor or understand their care, then we have failed as caregivers. All DSO organizations and DSO professional employees must make every effort to create, nurture, and maintain the doctor-patient relationship.

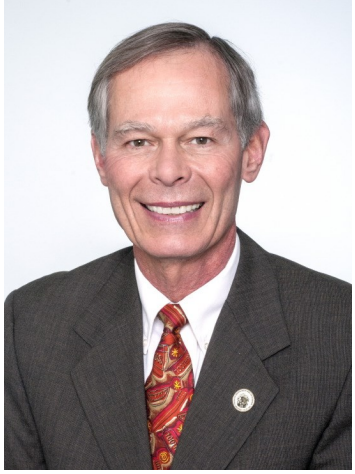
Third, technology has created the Electronic Dental Record (EDR). I am not impressed with the quality of dental records created by the EDR. These records often have enigmatic entries that do not reflect what was done or the name of the doctor who was performing the procedures. The Dental Practice Act and Board Rules clearly state that coherent, legible records that indicate the caregiver's name are a necessity. Technology should not overcome good common sense. If I cannot read your record and figure out what was done and who did it, there is a problem! Take a critical look at your record product and see if you meet the requirements of the law. There is no refuge in ignorance of the law. Your license is a privilege, not a right.

Lastly, new financial relationships between the itinerant specialist and practice owners create a new set of problems for the practice owner-patient relationship. If you allow another doctor to use your office and are paid based on a percentage of the revenue they produce and collect, then this creates a new set of responsibilities. If you refer patients to your renting doctor then this creates an obligation to reveal the financial relationship to your patient, to avoid vicarious liability and an unethical referral. You must assure the itinerant doctor has an effective after hours call system for emergency situations and make sure your patients are not abandoned.

I would ask you to be in the 95% of good and ethical doctors, and avoid entering the ranks of the bad, unethical doctors. The Dental Board works very hard to maintain and ensure the integrity of dentistry in Alabama. My best wishes to you all for a rewarding and ethical professional life. Remember, happiness does not come to you—it comes from you!

Alabama Dental Hygiene Program
A Message to Dentists

Bruce E. Cunningham, D.M.D.



Licensed dentists in Alabama have the privilege of participating in a unique one-year program that allows their dental assistant to obtain a dental hygiene license while working full time. Here are a few of the many requirements for sponsoring dentists:

- Only those dentists who routinely provide dental hygiene and/or periodontal treatments in their office should attempt to participate. Sponsoring dentists must affirm with the student's application that the majority of the required 150 cleanings will include subgingival calculus.

- The sponsoring dentist must have taken an Instructor Certification course that will be valid for the duration of the student's program. The next Instructor Certification course is planned for Sunday, February 6, 2022, in conjunction with UAB SOD's Alumni Weekend at the Hyatt-Wynfrey.

- Because the ADHP is an intensive, accelerated dental hygiene program, only highly motivated students who will attend every class, be studious, and who will have adequate opportunities to perform dental hygiene procedures in your practice, should apply.

- As their clinical instructor, you are expected to closely supervise their patient care to ensure that they recognize periodontal disease and dental accretions, and that they are becoming competent hygienists.

In addition to the above, there is much more important information you will need from the course and the manual. As always, the Board staff is available to answer your questions.

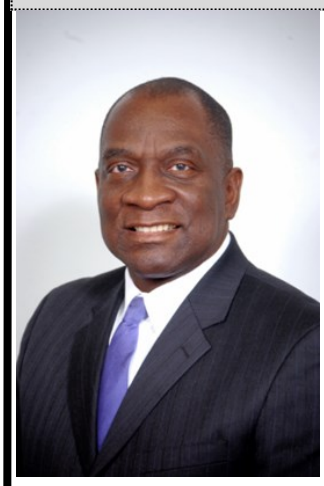
******ADHP******

How do I change my address/phone/email on my record?

- You must notify the Board within 30 days of new office or home contact information.
- Email linda@dentalboard.org;
- identify your name and license number;
- identify whether it is an update for your home or your office or if it is an additional office;
- if address or phone, identify which address/phone it will be replacing.

Whose Records Are They Anyway?

Marshall A. Williams, D.D.S.



The Dental record or patient chart is the official office document that records the treatment performed in the dental office. The recording of accurate patient information is essential to dentistry. It can contribute to providing the best possible care for the patient. Records provide a means of communication between the treating doctor and other doctors who will care for the patient. The dental record serves to provide continuity of care for the patient, is important when submitting dental benefit claims, and is critical in the event of a malpractice claim.

Another way dental records may be used is to help provide information to appropriate legal authorities that will aid in the identification of a dead or missing person.

Patients have the right to see, review, request, and obtain a copy of their records:

34-9-15.1 Release of Records
(a) Upon the request of a patient or authorized agent of a patient, a dentist shall promptly release to the patient or his or her authorized agent legible and accurate copies of all records of the patient regardless of how they are generated or maintained. The reasonable costs of reproducing copies shall not be more than the amounts authorized by statue and in the absence of any statutory authority no more than the actual cost of the reproduction.

Dentists are required to provide copies of their records to patients even if the patients' financial account is unpaid or past due:

34-19-15.1
(b) The release of records under this section shall not be made contingent upon the payment of any fee or charge owed by the patient.

The dentist who has a sole private practice owns the physical record of the patient and is the legal guardian of the chart and its complete contents. On the other hand, dentists today practice in different environments. The ADA Guidelines for practice success provide a good reference in dental record ownership.

A dentist working in a practice, in an office sharing arrangement in which the dentist is either an employee or an independent contractor, should be sure that their contract clearly specifies who owns the dental records and when the dentist may have access to them.

Employee dentists should review their agreements to make sure there is language to grant access to patients' records, in the event that they are needed for any legal proceedings.

In a multi-practitioner practice of any nature, determining the party responsible for maintaining the original patient record for any patient treated at the practice facility may depend on the legal structure of the practice, such as the type of Professional Corporation (PC). Unless an applicable agreement specifies differently, a professional corporation

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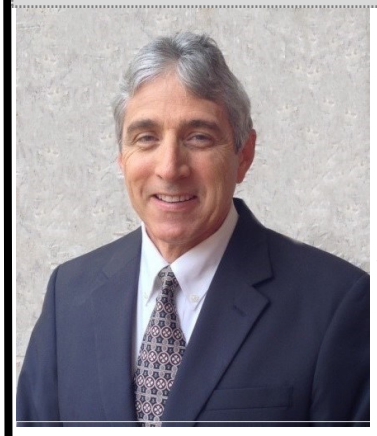
would likely be considered the owner of a paper or an electronic dental record, whether or not the owner was involved in the patient's treatment.

A practitioner who is in the market to sell their practice should make sure that the contract includes language that requires the purchaser to retain patients' records for at least 7 years, and 7 years past the age of majority for minor patients. This allows the seller access to the records in the event they are needed. There is a possibility that the seller may require the records for defense in litigation.

Whose records are they anyway? Whether the dental record is owned by a single dentist or a corporation, records contain important information for both the dentist and the patient. The treating practitioner must be aware of who owns those records, and must understand his or her professional, ethical, and legal responsibilities.

Fee Spliting

Roberto V. Pischek, D.M.D.



There is some confusion about dividing/splitting fees, especially at this time of the year.

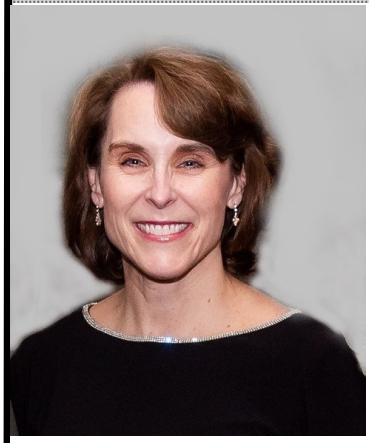
Per Ala. Code (1975), § 34-9-18(a)(9), **no** licensee of the Board of Dental Examiners may divide fees or agree to divide or split the fee received for dental services with any person for bringing or referring a patient "without the knowledge of the patient or his or her legal representative, except the division of fees between dentists practicing in a partnership and sharing professional fees, or in case of one licensed dentist employing another."

Because online website-based discount programs such as Groupon retain a percentage of the monies paid by the consumer for the dental service, such transactions may be construed as a violation of the DPA unless the patient is informed on the offer that the website service is retaining a portion of the fee. Therefore, it is the opinion of the Board of Dental Examiners that participation in such online discounting programs with this notification is acceptable and is not a violation of the Dental Practice Act.

Then there is the question whether a gift card(s) given to the referring dentist is a violation of the DPA. It is not a violation of the DPA, as long the gift card(s) cannot be exchanged for money. Again, if in doubt, please contact the Dental Board staff for clarification.

Maintaining Records

Dr. Melodie Anderson Jones



As dentists, we have many professional responsibilities each day. One of the most important is maintaining records.

The first record that we maintain is the patient record. As outlined in Board Rule, Ala. Admin. Code r. 270-X-2-.22, dentists must maintain complete records on all patients. The records must be maintained as long as the patient is treated by the dentist and the dental practice, and for a period of seven years after the date of the last entry in the patient record, as recommended by the American Dental Association (ADA). For patients who are minors, records must be maintained for seven years after they reach the age of majority. Your liability insurer might require that records be maintained for a longer time.

These records must include the patient's first and last name, contact information, health history, and notes on treatment rendered. The treatment notes are to include the type of treatment rendered and the reason for the treatment. Treatment entries must have the name and/or initials of the treating dentist and/or dental hygienist. These entries must clearly identify who wrote the entry by using initials or other means of identifying who wrote the entry.

Patient records must have records of financial transactions, radiographs, and correspondence between the treating dentists and any subsequent dentists and other healthcare providers. The patient record must also include pathology reports and all other pertinent information involved in the care of the patient.

Patient records may also include treatment plans, letters to patients, letters from patients, and informed consent forms. Anything related to patient treatment and care should be included in the patient record.

These records must be maintained in physical and/or digital format. At the appropriate time when patient treatment has ceased, usually seven years after the last entry, the patient record may be disposed of in accordance with the current American Dental Association (ADA) guidelines.

Another record to maintain is the dental laboratory prescription. As outlined in the Dental Practice Act, Ala. Code (1975), § 34-9-21, these prescriptions are to accompany impressions, scans, and any cast to the dental lab, commercial lab, or private technician. This also applies to dental scans and digital impressions. The lab prescription is to have the name and address of the lab, the patient's name or identification number, the date of the prescription, the description of the work to be done, materials to use, the signature of the dentist, and the license number of the dentist. The lab prescription must be retained in a permanent file in physical and/or digital form for a period of two years by the dentist and by the dental laboratory. The lab prescription can be made in duplicate form and copied and placed in the patient chart in order to fulfill this requirement. In addition, any entry in the patient record would be helpful in maintaining the lab prescription.

(Continued on page 9)

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If you ever need guidance on maintaining records or anything related to patient care, please ask the Board staff. The staff is here to help you as we serve the public in the practice of dentistry and the care of our patients. The Board website, www.dentalboard.org, is an excellent resource. Refer to the Dental Practice Act and other resources available to you on our website. The professionals on the Board and staff are here to help you and keep our patients safe.

Stay healthy and safe everyone!

DON'T PAY MORE FOR YOUR LICENSE RENEWAL

DENTISTS:

- Make sure you have renewed and paid for your dental license and all permits you hold. If you don't have a printed copy for each of your 2022 annual renewal certificates, log in again to the renewal portal and **PRINT** them from the *PROFILE* page. **After Dec. 31, reinstatement of your license will cost an additional $250.00 fee. If you practice without renewing, you can also be assessed an administrative fine.**
- Make sure that **all hygienists who are in your employ can produce a license renewal certificate for 2022** before allowing them to practice hygiene after December 31. This will avoid costly administrative fines for you as well as for your hygienist.

HYGIENISTS:

- Make sure you have renewed and paid for your hygiene license (and infiltration permit if you hold one) before practicing hygiene/infiltration in 2022. If you don't have a printed copy of your 2022 annual renewal certificates, log in again to the renewal portal and **PRINT** them from the *PROFILE* page. **After Dec. 31, reinstatement of your license will cost an additional $100.00 fee. If you practice without renewing you, as well as your dentist, can be assessed administrative fines.**

KNOW THE RULES:

- The Alabama Practice Act and Board Rules are available from the Board home page, www.dentalboard.org. Review these periodically to ensure the safety of your patients and your staff.

HOW DO I CHANGE MY NAME ON MY LICENSE?

You are not required to change your name, but you can if so desired

- If it was a marriage: email a copy of your marriage certificate to linda@dentalboard.org and state how you want your name to read on your license.
- If it was a divorce: email just the one page (usually the last page) of your divorce decree that states you may return to your former name.
- If it was by court order: email a copy of the court order allowing change of name and state how you want your name to read on your license.
- There is no fee for name change on your license but if you want a replacement *wall certificate* mail your request with a check for $25.00 to our office and include the address to which you want it sent.

Alabama Dental Hygiene Program (ADHP)

Message to Interested Dental Assistants

Sandra Kay Alexander, RDH

The ADHP is an accelerated and intense dental hygiene program for those who are not faint of heart and who are willing to sacrifice family time, and to study many hours. The student will need a clinical instructor who will also have to make sacrifices in their practice.

If you want to attend ADHP, and you are your dentist's primary dental assistant, your dentist has to rely on someone else to help perform your duties. Another dental assistant or dental hygienist has to step up and cover for you. The dental hygienist must be willing to give up their chair and patients for you to practice your clinical skills. Your employer must want this opportunity for you as much as you do; otherwise, you will have a hard time completing your required 150 mandatory prophylaxes. One hundred (100) of these patients must be adults on whom you can identify supra- and subgingival calculus and then remove the accretions.

Clinical failures on the State Board Licensure Exams often can be blamed on the candidate's inability to identify by feel the subgingival calculus and on failures to remove the calculus deposits.
If you are employed by an Endodontist, Orthodontist, Oral Surgeon, or Pedodontist, this program might not be for you. You may ace the academics, but if you don't have the clinical skills that are required for licensure and experience on at least the mandatory minimum number of patients, it is nearly impossible to be successful on the clinical exam.

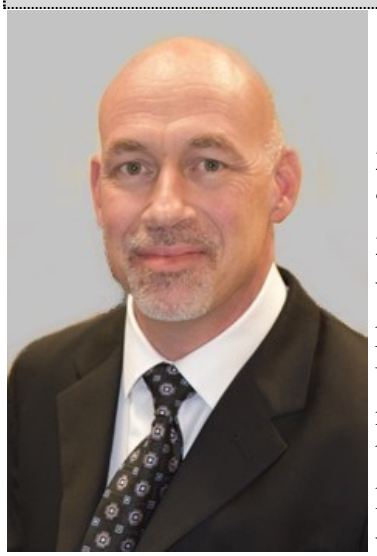
If you cannot get to class on time, and stay awake during class, this program is not for you. If you want to attend or participate in someone's wedding during a class weekend, this class is not for you. Only funerals for family members are approved, with an obituary or other documentation. If you are sick, you must bring a physician's excuse, a COVID19-positive test result, or documentation that you were in quarantine. You should not make any plans of any kind that will require missing class or extended periods of work.

You must have the books, instruments, and typodont required by the program. The books must be the correct editions.

So, if you are highly motivated, willing to spend many hours studying, and you have a dental team that is ready to sacrifice time and be willing to provide adequate opportunities for your teaching and learning experience, then this program is for you. It is recommended that you and your dentist read Board Rule, Ala. Admin. Code r. 270-X-3-.04, the Rule governing the ADHP. Board Rules are linked from our home page, www.dentalboard.org.

From the Director's Chair

Bradley W. Edmonds, J.D., M.S., M.B.A.



I wrote in this space last year that 2020 had been "eventful." Well, 2021 has been as well. The COVID-19 pandemic has continued, sometimes reaching higher numbers of infection and hospitalization than were seen in 2020. For several weeks, our state's health care providers were forced to handle more intensive care patients than they had intensive care beds.

The Board of Dental Examiners was again forced to respond. The Board continually updated its Opinion on guidelines for safe practice through April 9, 2021, at which point the Board finally determined to redesignate the guidelines as "recommendations" rather than an Opinion. Remember, however, that practitioners still are required to comply with current CDC recommendations pursuant to Board Rule, Ala. Admin. Code r. 270-X-2-.15.

The Board further developed facility with virtual meeting technology, and adapted to the slow reopening of the economy and social distancing restrictions by conducting this year's Alabama Dental Hygiene Program in a hybrid in-person/virtual format. Also with respect to the ADHP, the 2022 incoming class will be the ADHP's first to take only regional licensing exams, rather than a regional clinical exam and a didactic exam authored by the Board. The pandemic did not slow the Board's continuing efforts to improve the program, as it has ever since ADHP's founding in the 1950s.

To provide further flexibility to practitioners, in light of the fact that some in-person training remains difficult to obtain, the Board extended existing CPR and ACLS certifications through September 30, 2022. Likewise, the Board is allowing all continuing education to be earned online by licensees through September 30, 2022. The Board also informed licensees on updates in CDC guidance, through a mass email to all licensees.

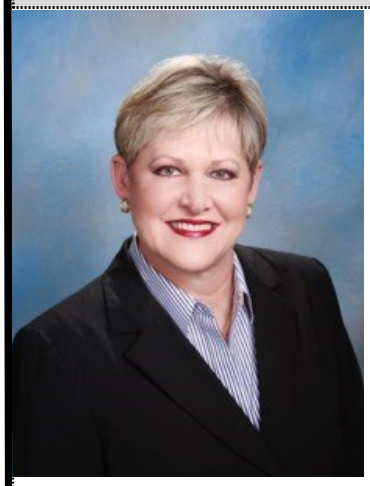
In short, the Board remained nimble and flexible, balancing the health care needs of the public with restrictions forced by the pandemic, in 2021 as it did in 2020. One hopes that, for next year's newsletter, this article need not discuss the pandemic at all.

How Do I Get a Copy of My License/Permit Registration?

At midnight, December 31, the online portal will close for license renewal; but you can still go to that same portal to print your registrations at any time of the year. If you don't have the link from the renewal email you can access the portal from our online portal webpage.

DID YOU KNOW…

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



That the Board has an established protocol it follows for complaints against licensees? The protocol is posted on the Board's website, www.dentalboard.org.

When a complaint is filed against a dentist or hygienist, a Board member is assigned to the investigation of the matter. Importantly, the licensee's name is not revealed to the Board member.

Next, a letter requesting an explanation is sent to the licensee. The explanation that the practitioner provides is probably the most important thing received during the investigation! This is the licensee's opportunity to provide their "side of the story." This explanation, including the entire patient chart, is vital to the Board member when deciding whether to notice the matter for a hearing, or dismiss the complaint as being unsupported by the evidence.

If you are ever informed that the Board has received a complaint against you, you should ensure that the letter of explanation is written in your own words—not your lawyer's. Your command of the terminology and of the dental issues implicated will be superior to your lawyer's.

After all documentation requested has been received, the Board member in charge presents the case to the entire Board with a recommendation for the disposition of the matter. Please realize that this is the Board's decision—not mine! The remainder of the investigative team provides its input, but does not make the final decision whether to notice a case for a disciplinary hearing, or dismiss the matter.

Complaints received by the Board, and legal proceedings thereafter, are not pleasant for anyone involved. Please remember that your cooperation and honesty during such a difficult time may lead to an expedient and satisfactory resolution to such an upsetting situation.

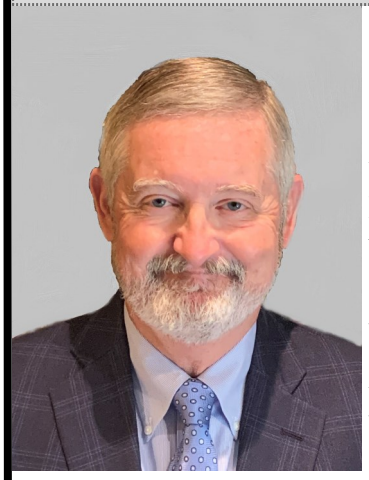
I'm Applying for a License in Another State

- Most states require an official license certification directly from the Alabama Board. If the application has a specific form to use, fill out your part, scan and send to linda@dentalboard.org. State where the form should be sent (back to you in a sealed envelope or directly to the state). In either case, give the address for it to be sent.

- If there is no formal form, email linda@dentalboard.org and request that a *license certification letter* be sent to you (address) or to the state board (address).

New Guy on the Block

Ray H. McLaughlin, DMD



Having been an Alabama licensed dentist for more than 40 years, and past President of the Alabama Academy of General Dentistry and the UA School of Dentistry Alumni Association, I was asked by a colleague to consider running for the Board of Dental examiners of Alabama. My life had become simpler, so a time commitment once a month seemed an easy challenge to meet. For. Five. Years.

Well, in 2 months I have just begun to learn what may truly take the entire 5 years, and then some, to learn. The Board is an arm of state government, and thus operates under strict rules and procedures. The agency cannot be used as a tool to further personal goals, but is truly focused on assuring that Alabamians receive safe and quality dentistry.

The board is comprised of seven members elected by their peers—six dentists and one hygienist. We are supported by an in-house legal team, an investigator who also provides security, the Alabama Dental Hygiene Program staff that oversees hygiene education and licensing, very experienced office staffers managing a budget, and daily expenses and licensing issues all tied together by our executive director.

The board approves license and permit applications, hears complaints and conducts hearings where necessary, and runs the ADHP. At my first meeting, I had to review a case to be heard the next day—complete with a hearing officer, witnesses, the respondent (the defendant) and the respondent's attorney. Just as in any court, there was also a court reporter capturing every word.

In the meantime, we are contemplating reconfiguring the Board's office building, and are developing plans with the goal to provide a safer and more accessible building. In two of my three meetings, we have actually worked through a mealtime, confirming that being a Board member is truly a working assignment.

After I've been here for a year, I hope to report on what I've learned up to that milestone.

Someone Wants to Look Up My License

Your license status can be viewed on our website homepage www.dentalboard.org under LICENSE LOOKUP. This is public information.

The instructions are to: ***Enter only first and last name of licensee (and verification code) OR enter only the 4 numeric digits of the license number (and verification code).***

The members and staff of the Board of Dental Examiners of Alabama wish you a safe holiday and a wonderful 2022!