

BOARD OF DENTAL EXAMINERS OF ALABAMA

DECEMBER 2022 NEWSLETTER

FROM YOUR NEW BOARD PRESIDENT

Marshall Allen Williams, D.D.S.



STAFF AND BOARD

Dental Licensure Testing Agencies Past, Present and Future



The Board of Dental Examiners of Alabama was established to ensure that every dentist and dental hygienist practicing in this state meets minimum requirements for safe practice. This is the first sentence that is stated on our website entitled “About the Board of Dental Examiners of Alabama.”

We, your Board of Dental Examiners take this commission as being fundamental in carrying out our duty of protecting the health, safety and welfare of the public of the State of Alabama.

Before obtaining a license to practice dentistry one must pass a strenuous licensing exam. This exam, or board called by some, ensures that each candidate meets minimum standards for safe practice.

The Board of Dental Examiners of Alabama administered the licensure exam when I took it back in the 80's. The clinical parts of the examination were performed on patients. There was a Restorative, Anterior/ Posterior component which consisted of a Class III resin on an anterior tooth. There were three Class II amalgams one of which had to be performed on a molar. There was a periodontal scaling component and an endodontic component which consisted of an access on an anterior tooth. The prosthodontics part consisted of a Class II gold inlay or cast crown restoration, which was done from start to delivery. I also had to take a master impression of a maxillary edentulous arch. All of these procedures were done on live patients with the exception of the endodontic component, with the added stress of the patient showing up late or not showing up at all.

The Board of Dental Examiners now license candidates that successfully complete regional testing agencies exams. We accept the clinical typo-

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dent manikin and patient-based exam of all the approved testing agencies for licensure.

At one time there were five different regional exams that were accepted:

1. CDCA - Commission on Dental Competency Assessments
2. CITA - Council of Interstate Testing Agencies
3. CRDTS - Central Regional Dental Testing Services
4. SRTA - Southern Regional Testing Agency
5. WREB- Western Regional Examining Board

Now CDCA, WREB and CITA have combined to become CDCA-WREB-CITA. SRTA has changed its name to better state its purpose, to State Resources for Testing and Assessments.

All testing agencies administer both typodont manikin and patient-based exams.

There are five skill specific components offered which can be performed on manikin or live patients. Candidates have to contact the state in which they wish to practice confirming all requirements for licensure in that state.

Restorative

The Restorative and the Periodontal Scaling Examinations may be given on a patient or on a manikin. They are conducted in a dental school clinical setting.

The Restorative Examination includes two procedures that are evaluated independently of each other: Anterior Restoration and Posterior Restoration. Evaluations are made, in each case, for acceptability of the case for the examination, preparation of the lesion, restoration of the prepared tooth and treatment management.

The Anterior Restoration consists of preparation and restoration of a class III proximal surface carious lesion on an anterior tooth.

The Posterior Restoration consists of preparation and restoration of a class II proximal surface carious lesion on a posterior tooth.

Candidate performance is evaluated separately for each type of restoration. Candidates treating patients must have each lesion approved for treatment by the Evaluation Station Examiners prior to beginning treatment. If the procedures are performed on the same patient, the procedures are scored individually and the first procedure, once begun, must be completed and evaluated prior to beginning the second procedure.

The Periodontal Scaling Examination

Candidate performance is evaluated for acceptability of the case for the examination (when treating a patient), for subgingival calculus detection, for subgingival removal, for plaque and stain removal (when treating a patient) and for treatment management.

Fixed Prosthodontics and Endodontics Exam Parts

The Endodontics and Prosthodontics parts are performed on a manikin with a typodont in a patient treatment clinic or simulation laboratory.

Endodontics: Candidates have 2.5 to three hours depending on the testing agency to complete the following:

Anterior tooth: access, canal preparation, and obturation

Posterior tooth: access preparation and canal identification

Prosthodontics: Candidates have four hours total to complete all of the following:

Ceramic Crown: preparation of a maxillary incisor for an all-ceramic crown

Cast Metal Crown: preparation of a molar for a cast metal bridge abutment crown

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Porcelain-Fused-to-Metal Crown: preparation of a premolar for a porcelain-fused-to-metal bridge abutment crown

Computer-based Examination: The Diagnostic Skills Examination OSCE

The computer-based Diagnostic Skills Examination Objective Structured Clinical Examination (DSE OSCE) is administered at a Computer Testing Center.

There are three parts:

1. Patient Evaluation (PE): designed to assess the candidate's abilities to recognize critical clinical conditions or situations encountered regularly in the general practice of dentistry.
2. Comprehensive Treatment Planning (CTP): designed to assess the candidate's abilities to recognize critical clinical conditions or situations regularly encountered in the general practice of dentistry, and also to identify the appropriate treatment options required for the clinical condition or situation depicted in simulations.
3. Cross-Cutting Clinical Judgments: designed to recognize critical clinical conditions or situations regularly encountered in the general practice of dentistry and to formulate appropriate treatment options as well as evaluation of treatment outcomes.

Technology has greatly changed our dental world. Just as technology has propelled us forward in dentistry, so has it propelled the licensure exam. We now have the Simodont. The Simodont dental trainer is a virtual-haptic simulator specifically created to help develop hand skills in dental and dental hygiene students and to help in the develop-

ment of the clinical skills necessary to become a dentist or dental hygienist.

The States Resources for Testing and Assessments (SRTA) and Promethean Dental Systems (PDS) have formed a partnership to offer on-demand dental licensure exams for graduating dental students in locations across the country.

PDS used the Simodont dental trainer and combined it with the manikin and digital technology to develop a multimodal licensure examination. According to SRTA, the multimodal dental exam, first to be offered in Athens, GA, at a Promethean testing facility, is a hybrid exam that begins with a virtual-haptic simulation of a procedure in which the student prepares their Restoration, then performs the Restorations on the manikin. SRTA states that using the Simodont Dental trainer with the manikin for testing brings completely objective grading via machine grading with precise computations and visual documentation or grading.

PDS Senior Vice President Mary Jane Harton, DMD said, "Our testing centers offer a stress-free examination environment for students. Candidates can now take a dental licensure exam on their terms, without the stress of the typical masses of students and patients on exam day."

Question: Can this be the future of licensure examination?



DPA and Board Rules Reminders

Bruce E. Cunningham, D.M.D.



Because many of us infrequently review the laws and rules that govern dentistry, the following are a few reminders to help us stay in compliance.

If you change your work address, you need to notify the Board office of your new address within

30 days (Code of Ala. (1975) §34-9-14).

The Board requires standards for infection control in dental offices to conform and comply with current CDC recommendations and guidelines (Alabama Administrative Code, r. 270-X-2-.15). See CDCs “Summary of Infection Prevention Practices in Dental Settings”.

Direct supervision is defined as: Supervision

by a dentist who authorizes the intraoral procedure to be performed, is physically present in the dental facility and available during performance of the procedure, examines the patient during the procedure and takes full professional responsibility for the completed procedure. (Alabama Administrative Code, r. 270-X-3-.06).

For PCs and LLCs, you are required to have on file with the Board Articles of Incorporation/ Organization and any amendments (Alabama Administrative Code, r. 270-X-4-.01(1)(d), 270-X-4-.06(4)).

Mandatory CE has reverted back to the pre-pandemic 20 hours annual requirement with only up to half allowed from non-in-person CE. CPR training must be in person (Alabama Administrative Code, r. 270-X-4-.04).

The Board website provides access to the current DPA and Board rules. Should you still have questions please email or call our Board office.

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 2023 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 fee. If you practice without renewing, you may also be assessed an administrative fine.**
- ◆ Make sure that **all hygienists who are in your employ can produce a license renewal certificate for 2023** 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 2023. If you don't have a printed copy of your 2023 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 fee. If you practice without renewing you, as well as your dentist, may be assessed administrative fines.**

The Importance of Renewing License on Time

Roberto Victor Pischek, D.M.D.



Each year approximately 20-35 dental practitioners fail to renew their license on time.

According to Code of Alabama (1975) §34-9-15 (Annual Registration) "... On or before October 1 of each year, every dentist and dental hygienist licensed or permitted to practice dentistry or dental hygiene in the state shall transmit either online or by United States mail to the secretary-treasurer of the board the completed form prescribed by the board, together with a fee established by the board pursuant to this chapter, and receive thereafter the current annual registration certificate authorizing him or her to continue the practice of dentistry or dental hygiene in the state for a period of one year...."

The Board allows a grace period until December 31st for dentists and dental hygienist to renew their licenses/permits. If the dentist or dental hygienist does not renew by this date, his/her license or permit immediately changes status to expired.

The dentist or dental hygienist can file reinstatement paperwork to re-activate his/her license or permit. If the license is reinstated by June 30th, a non-disciplinary penalty of up to \$500.00 for dentists and up to \$250.00 for hygienists will be imposed. It is important to note, a licensee is only allowed one (1) non-disciplinary penalty within five (5) years of the reinstatement. If the dental practitioner or dental hygienist continues to practice after July 1st, with an expired license or permit, he/she would not be eligible for a non-disciplinary penalty and would likely be noticed for a hearing. At that point, of course, this is a disciplinary matter.

Please note that if you have other permits to be renewed (Controlled Substance Permit, General Anesthesia, Oral Conscious Sedation, etc.), do not forget to do so during the renewal period to avoid any penalties.

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 licensing@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.

Prescription Drug Monitoring Program

Melodie Anderson Jones, D.M.D.



The Alabama Prescription Drug Monitoring Program (PDMP) was designed to help health care providers protect the public from the abuse of controlled substances. The program assists in detecting diversion, abuse, and misuse of controlled substances as defined under Alabama Uniform Controlled Substances Act (Code of Alabama (1975) § 20-2-210). The law authorized the Alabama Department of Public Health (ADPH) to establish, create and maintain a controlled substances prescription database program requiring health care providers that prescribe Schedule II, III, IV, V controlled substances to report those prescriptions to the database. It continues to provide effective state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.

The PDMP is an electronic database that tracks controlled substance prescription inquiries from in-state and some out-of-state prescribers. This program can provide dentists and healthcare professionals timely information about prescribing and patient behaviors that contribute to the opioid epidemic and facilitate an effective response to protect the public.

The State of Alabama has implemented ways to make the PDMP easier to use and access for the health care provider. The ADPH is continuing to provide education opportunities for all health care providers. The ADPH is holding PDMP town hall events and continuing education programs around the state.

Visit www.alabamapublichealth.gov/pdmp for more information about training opportunities to learn how to use the PDMP.

Using the PDMP is especially important to Alabama's dental professionals. This database allows the dentist to examine reports and MyRx reports. Additionally, the program enables the health care provider to interpret patient reports including NarxCare Risk Scores, Rx Graphs, prescription summary data, and individual prescription data. This allows for the correction of common prescription errors and to identify high risk drug combinations.

The PDMP has been shown to change prescribing behaviors, the use of multiple health care providers by patients, and decreased substance abuse treatment admissions. Check the PDMP before you write a prescription for a controlled substance for your patients. You can see patient prescription histories to help you decide to prescribe or not to prescribe a narcotic for your patients.

According to the Drug Enforcement Agency (DEA), the responsibility for proper prescribing and dispensing of controlled substances is with the prescribing dental professional and the corresponding responsibility rests with the pharmacist who fills the prescription.

As dentists in the State of Alabama, you are required to register with and use the PDMP if you hold a DEA Certificate of Registration and an Alabama Controlled Substance permit.

Though dentists are permitted to access the PDMP database, this is protected patient information and should only be referenced before prescribing.

Our job as dental professionals is to protect the public and our patients. One of the most important ways to protect our patients is to help end the opioid epidemic that plagues our country. The PDMP gives us the tools and information to safely treat our patients by minimizing the use of controlled substances in patient treatment. The PDMP is another important step in ending the Opioid Epidemic.

The Standard of Care, Complaints, and Negligence

Mark R. McIlwain, D.M.D., M.D.



The Board of Dental Examiners receives complaints from Licensees, Patients, and other government agencies and other state boards. These complaints have all identifying information removed and are given to the assigned Board member for case review. The licensee that is subject to the complaint is asked to submit a Letter of Response and all relevant clinical data (chart, records, radiographs, digital images, models) for review. The Case Review Board member then carefully studies the complaint and case to determine if a probable violation of the Dental Practice Act or Board Rules has occurred. The Case Review Board member presents the case to the Board and makes one of two recommendations. No evidence to sustain or to notice the licensee for a hearing. The Board then considers the summarized case presentation and Case Review board member recommendation. The

Board then votes to confirm or reject.

Most complaint cases involve if there was a violation of the standard of care. The standard of care: In performing professional services for a patient, a dentist's duty to the patient shall be to exercise such reasonable care, diligence, and skill as dentists in the same general neighborhood and in the same general line of practice ordinarily had exercised in a like case. The same general neighborhood means the dental community in the State of Alabama and United States. The same general line of practice means General Dentistry or a Dental Specialty. The standard of care is the minimum acceptable level of care and competency. This is not the average care where 50% fall above or below some threshold. It is care and competency that most of your dental peers would find acceptable. This does not mean that two competent dentists could look at a patient's situation and both derive different treatment plans that both are within the standard of care. It is reasonable to assume that the standard of care continues to evolve in dentistry.

The standard of care is taught in Dental Schools, reviewed in Textbooks, and revised in Evidence Based/Peer Reviewed Literature. The purpose of mandatory continuing education is the protection of the public by assuring minimal education and competency to maintain the individual licensee's awareness of the standard of care.

Negligence is defined as the failure to do what a reasonably prudent dentist or dental hygienist would have done under similar circumstances or the doing of that which a reasonably prudent practitioner would not have done under the same or similar circumstances. Negligence is a violation of the Dental Practice Act and Board Rules. The patient does not have to be harmed for the dentist or dental hygienist to be negligent.

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 Record of Treatment

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



Over the past 5 years, I have learned many things about the Board of Dental Examiners and how it relates to the care of my patients. I remember my first review of a patient complaint like it was yesterday. The process works like this: the patient files a complaint with the Board and then the Board assigns the case to a Board member to review. The Board will ask for the patient's chart and review that chart to render an opinion as to whether there is no evidence to sustain the patient's complaint or that the complaint appears valid and should be brought before the Board for a hearing. I have found that what is written or not written in the chart is probably the single most important factor that can help the dentist who is facing a hearing in front of the Board.

Over the years, I have found that dentists' records of treatment are often incomplete. The dentist is often in a hurry and writes the bare minimum in the record of treatment. As dentists we must remember that the record of treatment is a legal document. We must write the document as if it were to be read in a court setting. The record of treatment should contain at a minimum the SOAP acronym (Subjective, Objective, Assessment, Plan).

Subjective. What is the reason that the patient is in your office? What is their chief complaint? Give a clear and concise reason why you are seeing the patient. Often write down, in the patient's own words, what they are concerned about. How long has this been an issue? What have they done about their concern? Have they seen anybody else about their concerns? If so, what were those recommendations? Did the patient follow through with those recommendations? Why or why not?

Objective. Evaluate the patient extraorally and intraorally. Notice anything remarkable and unremarkable. Document all present and missing teeth and the presence of any pathology. Document a comprehensive periodontal examination. Obtain radiographs as indicated. Document health as well as disease. Document the patient's blood pressure. Obtain a complete medication profile noting any allergies.

Assessment. Summarize your findings. Document the diagnosis and any other alternative diagnoses. Develop a working diagnosis and alternative diagnoses if there are viable alternatives.

Plan. Review and document all treatment options with the patient. Discuss in length the benefits and risks with the various proposed treatments. Discuss the time course required for the completion of the proposed treatments. Document referrals to other dental care providers or specialists.

Other areas that have been issues with records of treatment include:

Illegible writing. Write in a clear and concise fashion. Write in ink rather than pencil. If you make a mistake, draw a single line through the error and initial the error.

Avoid abbreviations. Only use abbreviations that are commonly used in the dental literature.

Describe clearly what procedure was performed. Document the use of any pharmaceutical agents.

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Document any drugs that have been prescribed for the patient.

Avoid blanks or unwritten spaces in the Record of Treatment. This can give the appearance that something might be added later.

Document any deviation from the treatment plan. Document any unexpected occurrences and the rationalization for the deviation from the original plan.

Document post-operative instructions that are given either verbally or in written form.

Document the patient leaving the office without obvious signs or symptoms of distress.

Document any phone conversations of yourself or staff members with the patient. Document the content of the conversation and how it may relate to the patient's care.

Document any missed appointments that may have occurred.

Document that the patient has been given contact information for the practitioner or the clinic whether telephone, email, or text for after-hours emergency care.

Limit all documentation to a professional nature. Avoid personal derogatory statements or characterizations of patients.

Do not write in the Record of Treatment as if you are "thinking out loud". If unclear about what to write, create a "mock write up" outside the patient's chart. Once your thoughts are written in a clear and orderly fashion, transcribe the write up into the patient's chart.

Document when patients do not comply with the prescribed treatment plans or post procedural care instructions.

In summary, the record of treatment is the single most important aspect of the patient's chart. The dentist should write clear, concise, complete notes that are related to the patient's care. I believe it is worthy to approach writing in the chart in a manner consistent with the expectation that the Record of Treatment will be read out loud in front of the Board or in a court of law.

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 licensing@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 licensing@dentalboard.org and request that a *license certification letter* be sent to you (address) or to the state board (address).

Greetings from your Dental Hygiene Board Member

Sandra Kay Alexander, RDH



In contemplating all that I am thankful for this Thanksgiving season as I work on this newsletter article, I feel a little overwhelmed.

I am very thankful that the pandemic is manageable and most of our lives are almost back to normal. As you recall, during the COVID restrictions, the Board had the daunting task of providing guidance and direction to the state's dental professionals, which allowed dental clinics/offices to re-open. As of the November 2022 board meeting, the Board has moved back to simply requiring all clinics/offices to follow current CDC recommendations.

Though I know that Dental Hygienists were not happy with the license renewal fee increase to \$70.00/year, fees were increased across the board for all licenses and permits.

As of October 1, 2022, continuing education hours have returned to six (6) hours in-person and six (6) hours of reading, internet, or video. Make sure to keep good documentation on reading and videos. The Board partnered with CE Brokers to develop a database to document, track, and allow for random audits of your continuing education. In late November/early December 2022, all active licensees will get an email invitation to create a FREE CE Broker account. This email will be sent to the email address that you have on file with the Board office. Beginning in the 2023-2024 renewal period, the use of CE Brokers will be required for all licensees. This will give you 10 months to learn the system!

Those of you who provide CE will be able to work with CE Brokers to post your courses on their website and have the opportunity to upload the sign-in rosters, which will automatically credit attendees.

As far as legislative news, the Board is working on several updates to board rules. One of which involves a required ethics course as part of your 12 hours. Additionally, changes and updates to several statutes in the Alabama Dental Practice Act are being discussed. Any changes that occur will be published on the board's website.

Please be diligent in reading your emails from the Board of Dental Examiners. They may pertain to YOU.

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

- ◆ At midnight, December 31, 2022, 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.



*H*ave you ever...

...had a patient who is uncooperative or abusive to you and/or your staff? Perhaps you feel the need to dismiss them from your practice. Unfortunately, many practitioners face this situation. Please be aware, however, that the Dental Practice Act addresses how to appropriately handle patient dismissal without facing patient abandonment charges.

§34-9-1(11) clearly defines patient abandonment. It states that patient abandonment occurs if dental treatment is terminated without giving the patient adequate (at least 15 days) notice before the termination of dental treatment. Adequate notice includes informing the patient that you will provide/be available for emergency treatment for them during that notice period when they are seeking a new dentist. Abandonment may also occur if you jeopardize the patient's health during the termination period.

Many practitioners elect to provide a longer notice period. Alabama law only requires 15 days, though. Please seek legal counsel when drafting a dismissal letter to avoid justified complaints of abandonment! Do not dismiss patients who are in a "temporary state." Their treatment status must be stable.

Also, please ensure that, during the notice period, emergencies are properly treated. If a dismissed patient is seen (or verbally counseled) for a non-emergent situation during the notice period, it could be inferred that you have "taken them back" as a patient. You must adequately educate your staff regarding the definition of an emergency so that dismissed patients may be appropriately scheduled.



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 licensing@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.

The Times They are A-Changin'!

W. Blake Strickland



My name is Blake Strickland, and I am proud to serve as your executive director! As my predecessor stepped away in February, I was honored to be asked to move from the Board's investigator role to become the interim executive director. In July, the Board offered me the opportunity to become the full-time director, which I gladly accepted.

As we move forward in a "post-COVID" world, your board staff and I are working diligently to ensure that your interaction with us, whether for renewals, continuing education, or new permits, is as seamless as possible. From making all of our online forms fillable, enhancing the online renewal system, updating our website, to working with a vendor to assist our licensees with documenting continuing education, we are constantly looking for ways to be both effective and efficient.

Several staffing changes have occurred in 2022, as well. We are excited to have Mary Beth Finn, Ed.D. as our Financial Services Manager and Brooke Schwartz, B.S., R.D.H. as our new Licensing Clerk. We lost an incredible employee, Linda Dlugosz, to a well-deserved retirement. Linda left a great legacy for Brooke to build upon!

I look forward to serving our 8,000+ dental professional licensees in 2023! I encourage each of you to get to know your Board members and staff. Whether supporting your Board in new legislation or learning of the ongoing improvements to our ADHP, help us carry Alabama strongly into the new year! Wishing you, your families, and your staff a Merry Christmas and the Happiest of New Years!



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.

The members and staff of the Board of Dental Examiners of Alabama wish you a safe holiday and a wonderful 2023!

