

2026 NEWSLETTER

FROM YOUR BOARD PRESIDENT

Mark R. McIlwain, DMD, MD



BOARD AND STAFF

Parting Shot



First, let me say that it has been an honor and pleasure to serve as your Dental Board President for the past year. The majority (95%) of licensees 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 or purposefully provide negligent care. On the other hand, there is a minority (5%) of licensees that 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 2026 and beyond. Most new graduates do not join or start a private practice as an associate or owner. These young doctors go to work for private or corporate Dental Service Organizations (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 a close ongoing relationship with the patients they care for. It then becomes an effort to ensure continuity of care and completion of a coherent treatment plan. If the 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 support the doctor patient relationship.

Third, technology has created the Electronic Dental Record (EDR). I am not impressed with the quality of dental records

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created by the EDR. These records often have enigmatic entries that do not reflect what was done and who the doctor was, doing the procedures. The Dental Practice Act and Board Rules clearly say that coherent legible records that indicate the caregiver 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 illegal 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 after care.

I would ask you to be in the 95% of good ethical doctors and avoid entering the ranks of the 5% of bad unethical doctors. The Dental Board works extremely hard to support and ensure the integrity of Dentistry in Alabama. My best to you all for a rewarding and ethical professional life. Remember, happiness does not come to you it comes from you!



Board Progress: Past, Present, Future

J. Holt Gray, DMD



Greetings to all the licensed dentists and hygienists of Alabama!

While 2025 seemed to sneak past us quicker than a 6-month recall appointment, this last

year brought more significant change to the Board of Dental Examiners of Alabama (BDEA) than we have seen in many years! Reflecting on our progress, I'm excited to witness the BDEA embracing the sentiment of these common quotes:

“Change done thoughtfully is not disruption; it's stewardship.”

“Refusing to evolve is still a decision—just not a good one.”

Below are several changes that transpired at the BDEA over the past 12 months.

New Executive Director

New General Counsel

New Board Attorney (Prosecution)

With these staff changes, your elected Board members have reaffirmed their responsibility to set policy direction in protecting the public while respecting our licensees.

Dental Assistant Functions

The allowable function of assistants is being modernized to include coronal polishing and placement of sealants under the direct supervision of a licensed dentist. We believe this update will improve access to care, particularly considering ongoing post-COVID workforce shortages.

Updated Website

The BDEA invested in a cleaner, mobile-friendly, and intuitive website that organizes rules, regulations, and forms for your information.

Live Streaming Meetings

As we continue to strive for transparency, the BDEA now has its meetings available for viewing via a web application. Additionally, a recording of each meeting can be found on YouTube in case your schedule does not allow for the live viewing.

Wellness Committee

The BDEA restructured its working relationship with the Wellness Committee to ensure more confidentiality for licensees monitored by the program. This may have positive implications regarding contracted providers and helps to encourage a safe space for those seeking help through self-reporting.

Consent Orders

Pursuant to Alabama Administrative Procedure Act 41-22-15, the full Board is now reviewing, discussing, and voting on whether to accept consent orders negotiated with a licensee. This ensures each elected Board member has a voice in the collective final decision of a contested case.

As we look forward to an eventful 2026, items on the immediate horizon for BDEA consideration include preparing for our legislative Sunset Audit and planning more town hall meetings to engage personally with our licensees.

Additional opportunities include updating our Dental Practice Act, revisiting continuing education requirements, cleaning up existing board rules, revamping our complaint protocol process, and more structured reporting of the unlicensed practice of dentistry to authorities.

As always, thank you for your trust in my calling to serve our profession in this way. Feel free to email, text, or call me anytime with questions, comments, or concerns. Please remember to stay proactive, stay compliant, stay connected. We are committed to doing the same for each of you.

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 *will certif-*

icate mail your request with a check for \$25.00 to our office and include the address to which you want it sent.



The Hidden Curriculum of Dental Regulation: What We Learn When We Serve

Sonya F. White, DDS



When dentists think about service to the profession, they often think of volunteering, mentoring, or organized dentistry. Serving on a regulatory board is a different kind of service—one that happens largely behind the scenes, but carries a responsibility that affects every dental practice in the state.

During my time on the Board of Dental Examiners of Alabama, I have come to appreciate what I think of as the *hidden curriculum* of regulation. These are lessons not taught in dental school, but learned through the responsibility of applying the Alabama Dental Practice Act and the Board rules that govern our profession.

At the core of the Board's work is the Dental Practice Act. It establishes the authority of the Board and sets the framework for licensure, enforcement, and public protection. Board rules flow from that statute and provide consistency and fairness across the state. They ensure that dentists are held to the same standards, regardless of where or how they practice.

Board service quickly reinforces that rules are not arbitrary. Every complaint, consent order, and rule discussion must be evaluated through the law, not personal opinion or individual practice experience. That process protects patients, but it also protects licensees by ensuring due process and consistency.

Serving in this role also requires perspective and restraint. Board members must step back from their own offices and consider how decisions impact the profession as a whole. Regulation is not about authority—it is about accountability and stewardship.

Perhaps the most important lesson is an appreciation for trust. Most patients will never read the Dental Practice Act, but they rely on it every time they sit in a dental chair. That trust depends on thoughtful regulation and board members who take their responsibility seriously.

Regulatory service has reinforced for me that protecting the public and supporting the profession are not competing goals. They are shared responsibilities that require balance, judgment, and respect for the law.

I am grateful to serve alongside board members and staff who approach this work with integrity. While much of what we do happens quietly, the lessons learned through service shape how we lead, how we practice, and how we uphold the standards of dentistry in Alabama.

CE Rule

John W. York, II, DMD



One of the many things the Alabama Board of Dental Examiners does is to ensure all dental licensees in our state obtain the required continuing education requirements as written in the Administrative Code (Board rule). In just a few short months, we will be ending another continuing education cycle, so the Board sent a survey to all licensees to get input on several issues concerning thoughts on the current requirements for dental continuing education. There are two specific issues we will be discussing – 1) rewriting our Continuing Education (CE) rule; and 2) discussing any needed changes to the CE Broker online platform we are currently using.

CE Rule - Currently, 49 out of our 51 states allow Live Online CE to count the same as In-Person CE (counting Washington DC in this statistic). In addition, 21 out of 51 allow all continuing education to be achieved from any modality, which would include any education with a post-test. We have all had productive Zoom meetings where the interaction was just as engaging as if you were there in person. We have also watched top-notch recordings where you can pause and rewind to get the most out of what you are wanting to learn. Since I first discussed this in a recent Board meeting, I estimate that over 80% of the dentists and hygienists I've had contact with are in favor of a change. There are many benefits of changing from only allowing Live in Person, including a greater variety of topics specific to how we choose to practice, the positives of not having to travel, and reduced CE fees in many instances. Suggested changes from the Board will be published on the website, followed by a state-mandated 35 days of public discussion. If there are no major changes, the Board will vote on it at a regularly scheduled meeting. Any proposed changes would take effect on our next CE cycle beginning in October 2026. Stay tuned in the immediate future for developments on this continuing education rule and how it will pertain to you.

CE Broker – Our Dental Board has mandated the use of CE Broker for the last few years and mostly that has been a good change. Things are still being tweaked at times, and we appreciate any concerns or comments you may have concerning CE Broker. Contact any board member using the published contact information on the board website at www.dentalboard.org so your voice can be heard.

We are always here to help with any issue you may have. We look forward to continuing to work with you in the future.

Record Keeping: The Backbone of a Dental Practice

Roberto Pischek, DMD



Keeping thorough records is essential in a dental practice.

A chart should contain a current patient's personal information such as: legal name, address, telephone numbers, insurance information, etc.

Practitioners should go over the patient's past medical history (PMHx) that includes: current usage of medication(s), past surgeries, medical diagnosis, blood pressure, and name of his/her physician(s) and, if possible, their telephone number.

The quality of radiographs is also important. One never knows who is going to evaluate them. With the advent of digital radiographs, retaking a radiograph is relatively simple. If digital photographs are taken, they also need to be included in a patient chart.

If a patient comes for a comprehensive dental exam, oral cancer screening, missing teeth, existing restorations, and periodontal charting should be noted on the chart.

If the patient needs a proposed treatment plan, this information too should be included.

After the procedure is complete, practitioners should take time to write what took place, i.e. the quantity of anesthesia used, materials used, consent forms, lab results and any other pertinent information that took place during the appointment. If there was a follow-up telephone call, include that in the chart notes.

Any correspondence or telephone calls that are received should be written or scanned into the patient's chart.

Finally, make sure the chart is signed (not initials) by the dental personnel that performed the procedure(s). This could be the dental assistant, dental hygienist, or the dentist.

When a request for the patient's chart is made, practitioners should not be worried. Keeping a thorough, up to date record that is easy to follow removes stress and confusion.

The Role of the Alabama Board of Dental Examiners

Rene' Talbot, DDS



The Board of Dental Examiners of Alabama was created in 1881, established by the Alabama Dental Association, and formalized through state legislation to regulate the practice of dentistry in Alabama and protect the public. It became the nation's first such regulatory body for dentists, holding its first meeting in Selma on July 19, 1881.

Protecting the public is the core purpose of the Alabama Board of Dental Examiners (BDEA). The Alabama Legislature recognized dental care as an integral part of its citizens' healthcare. The charge was clear: regulate dentistry to promote safe, ethical, and competent care for the people of Alabama. That mission still guides the Board today.

Who is the public protected from?

Traditionally, regulatory boards are viewed as protecting the public from unsafe or unethical practitioners. That responsibility remains real and important. The Board investigates complaints, enforces standards of care, and acts when patient safety is at risk.

At the same time, modern regulation has evolved. Current interpretation of the Board's role recognizes that protecting the public and supporting licensees are not opposing goals. They are linked.

A well-supported, informed, and healthy dental workforce provides better care. That is also public protection.

Advocacy for dentists supports public safety

The BDEA does not act as an adversary to dentists. It serves as a regulator that also recognizes the pressures of modern practice, mental health concerns, and professional burnout.

A clear example is the Board's Wellness Committee.

This program:

- Encourages early support for dentists facing stress, impairment, or personal challenges
- Focuses on treatment and recovery when appropriate
- Helps dentists remain safe, competent providers rather than pushing problems underground

By helping dentists address issues early, the Board reduces risks to patients and preserves careers. That benefits everyone.

Enforcement beyond licensees

Protecting the public also means addressing threats outside the licensed community.

The BDEA is developing a system with law enforcement to identify and stop individuals who practice dentistry without a license. These cases often involve:

- No formal dental education
- No infection control standards
- No accountability to patients

This approach mirrors how medical boards operate. Removing unlicensed providers from practice protects patients from real harm and maintains trust in the profession.

Licensed dentists should not compete with illegal operators who put patients at risk and devalue professional standards.

Perspective from the newest Board member

As the newest member of the Board, I have spent time learning the history behind the BDEA's rules and regulations. Many were written to address real problems at the time and were grounded in patient safety.

That history matters.

At the same time, dentistry has changed. Technology, treatment methods, staffing models, and patient expectations continue to evolve. The Board must respect its regulatory foundation while also considering modern dental practice.

Reviewing rules through both lenses—
historical purpose and current reality—

helps the Board regulate responsibly without losing sight of today's practice environment.

Moving forward

Protecting the public does not require hostility toward licensees. It requires partnership, accountability, and clear communication.

When dentists are supported, standards are upheld, and illegal practice is addressed, the public is better served. That is the mission the Legislature envisioned and the mission the BDEA continues to carry out.

Protecting the public and supporting dentists are not competing goals. They are part of the same responsibility.



Greetings from your Dental Hygiene Board Member

Kelley Perry, RDH



Many dental hygienists want flexibility in how they work — including being treated as independent contractors (paid on a 1099-NEC). However, in Alabama, the combination of state dental law and federal employment classification rules means that dental hygienists almost always must be treated as employees (W-2) rather than true independent contractors.

Alabama Law Requires Supervision by a Licensed Dentist

Under the Alabama Dental Practice Act, any dental hygienist practicing in the state must work only under the direct supervision of a licensed dentist. This is a statutory requirement — not optional.

“A dental hygienist shall work only under the direct supervision of a licensed dentist practicing in this state...”

Alabama law does not permit hygienists to practice independently. Because their clinical work must be supervised and directed by a dentist, hygienists do not operate an independent business in the eyes of state regulators.

State Supervision Requirement Affects Employment Classification

Being under direct supervision means:

The dentist (or dental practice) controls:

- *What tasks you perform
- *How and when they are done
- *The clinical protocols and office policies

This level of control usually makes the hygienist an employee, not an independent contractor, under federal employment tests (IRS and Department of Labor criteria).

For a worker to be a true independent contractor, the key is that the worker must run an independent business and control:

- *How the work is done
- *What tools are used
- *Whether the worker can accept jobs from multiple clients

For a worker to be a true independent contractor, the key is that the worker must run an independent business and control:

- *How the work is done
- *What tools are used
- *Whether the worker can accept jobs from multiple clients
- *Their schedule and work methods independently of the dentist

Because dental hygienists cannot practice without supervision and must follow dentist-controlled standards, Alabama hygienists generally do not meet the criteria for independent contractor status.

According to IRS guidelines: A worker is an independent contractor if the employer has the right to control only the result of the work, not how the work is done.

But in dentistry:

- *A dentist controls procedures and supervision.
- *The dental office provides tools, schedules, supplies, and protocols.

This setup typically makes the hygienist a W-2 employee, not a 1099 contractor, per IRS rules.

Even if an office tries to issue a 1099, both the dentist and hygienist could face IRS review, back taxes, and penalties if the relationship is inconsistent with worker classification tests.

Hygienists may lose worker protections like workers' compensation, unemployment insurance, and wage/hour rights if incorrectly classified.

Temporary or part-time doesn't automatically make you 1099. Even short or flexible assignments often qualify as employment if supervision, schedules, and office control are present.

In Alabama:

Dental hygienists must be supervised by a dentist under state law.

This law reinforces that hygienists aren't independent practitioners in a business sense. Because of this supervision and state regulation, they gener-

ally cannot be legitimately classified as 1099 independent contractors under IRS employment standards.

Therefore, most hygienists must be treated as employees (W-2), not 1099 contractors. Under the Alabama Dental Practice Act (Title 34, Chapter 9): Every licensed dentist and dental hygienist must notify the Board (through the Secretary-Treasurer) within 30 days after changing their place of practice or address (street, city, county).

This is the primary 30-day reporting requirement codified in statute and applies broadly to contact/practice location updates.

While the base statute (34-9-14) focuses on address changes, Alabama Administrative Code specifically for hygienists adds an employer reporting requirement:

A licensed dental hygienist must notify the Board within 30 days of changing employer or employer address. This is a board rule, but it carries regulatory force once adopted.

The corresponding statute § 34-9-28 historically addressed notifying the Board of a change of address or employer for hygienists, though current online compilations are fragmented; the administrative rule above reflects the current board requirement.

Change of practice address Dentist & Dental Hygienist Within 30 days Alabama Code § 34-9-14
Change of employer Dental Hygienist (per Board rule) Within 30 days Ala. Admin. Code r. 270-X-3-.08

Change in employment for mobile/portable facility providers Operator (for dentists/hygienists at that facility) 15 days (specific to mobile/portable facility rules) Code § 34-9-6.1(g)

If you're a dental hygienist practicing in Alabama, you must report both address changes and employer changes to the Board in writing within 30 days.