South Dakota State Board of Dentistry

Board Meeting Agenda
10:00 a.m. Central Friday January 14, 2022
Drifters Event Center -- 325 E. Hustan Avenue Ft. Pierre SD 57532

1) **Call to Order**
2) **Open Forum:** 5 minutes for the public to address the Board
3) **Approval of Minutes:** October 22, 2021 Meeting and Public Hearing Minutes
4) **Adoption of Agenda**
5) **Financial Report**
6) **Office Update**
7) **Executive Session - SDCL 1-25-2(3) and (4)**
8) **License Applications**
9) **New Business:**
    a. Anesthesia Rules and Inspection Overview
    b. ADA National Commission on Recognition of Dental Specialties and Certifying Boards Presentation
    c. America Board of Dental Specialties Presentation
    d. Dental Wellness Program Update
    e. Speaker Honorarium Application Review
    f. Declaratory Ruling Request
    g. Compliance
    h. FY 2023 Board Operations
    i. Meeting Date(s)
10) **Executive Session SDCL 1-25-2(3)**
11) **Announcements:** Next Meetings – June 24, 2022 and October 21, 2022
12) **Adjourn**

SD State Board of Dentistry
Board Meeting
Drifters Event Center, Ft. Pierre, SD
Friday October 22, 2021

President Dr. Harold Doerr called the meeting to order at 10:39 am Central.

Board Members Present: Dr. Harold Doerr, Dr. Scott Van Dam, Dr. Nick Renemans, Dr. Brian Prouty, Zona Hornstra and Molly Fulton.

Board Staff Present: Shelly Munson, Megan Borchert, Brittany Novotny, and Lisa Harsma.

Board Staff attending via Telephone: Matthew Templar.

Others Present: Paul Knecht, SD Dental Association (SDDA); Don Roesler, South Dakota Association of Nurse Anesthetists (SDANA); Tim Kappenman (SDDA); Bruce Wintle (SDDA); Jeff Feiock (SDDA); Jay Crossland, South Dakota Society of Oral & Maxillofacial Surgeons; and Ann Schwartz, Delta Dental.

Presenters attending via Telephone: Dr. Orin Ellwein, Dr. MaryJane Hanlon, Fenecia Foster, Britney Moyer, Chanin Hartnett, Jennie Best, Ann Brunick, Cindy Gaskell, Richael Cobler, Dr. Chuck Holt and Dr. Gerry Walker.

Doerr called for public testimony during the open forum. There was no public testimony.

Motion to approve the meeting minutes of June 18, 2021 by Van Dam. Second by Fulton. Motion carried.

Motion to adopt the agenda by Hornstra. Second by Fulton. Motion carried.

Motion to approve the financial statements by Renemans. Second by Hornstra. Motion carried.

Novotny provided an office update.

Motion to move into Executive Session pursuant to SDCL 1-25-2(3) by Fulton. Second by Renemans. Motion carried. The board went into Executive Session at 10:45 am.

Motion to move out of Executive Session by Fulton. Second by Van Dam. Motion carried. The board moved out of Executive Session at 12:44 pm.

Motion to approve the non-disciplinary agreement for case 13.1819 by Renemans. Second by Van Dam. Motion carried.

Motion to approve the agreed disposition for cases 18.1718 and 16.1819 by Fulton. Second by Van Dam. Motion carried.

Motion to approve the agreed disposition for case 25.2021 by Renemans. Second by Van Dam. Motion carried. Hornstra was recused.

Motion to approve the mobile dental application of Mobile Dental Care of Iowa, P.C. by Fulton. Second by Renemans. Motion carried.

Motion to accept each of the 1973-1985 California state dental examinations as equivalent to a dental clinical competency examination per SDCL 36-6A-47 by Hornstra. Second by Renemans. Motion carried.

Motion to approve the Phillips contract, as presented, by Fulton. Second by Prouty. Motion carried.

Motion to approve the dentist applications of Kelsey Anne Ebach, Michael Jaehoon Lee, Nicholas Alexander Meckfessel, Devyn Jean Prodoehl, Shelby Suzanne Roszhart, Jordan Isaac Roszhart and Rebecca Betty Ryan by Renemans. Second by Fulton. Motion carried.

Motion to approve the dental hygienist applications of Jean Louise Bernhoft, Kaylee Jo Blenner, Jillian Olivia Caggiano, Jade Marie Colby, Selinda Dinh, Kira Nicole Jasper, Rachel Jade Lovejoy, Katie Lynn Rus and Brandi Lee Simons by Hornstra. Second by Renemans. Motion carried.

Motion to approve the dentist credential verification applications of Tassanai Poochaneeyangkoon Bates, Jeffrey Neil Brownstein, Michael Diaz, Jenelle Louise Fleagle, Ross L. Johnson, Elizabeth Anne Machi, John Valenti Machi, Luke Michael Nicholson, William Charles Selmer and Daniel Lewis Spain by Fulton. Second by Hornstra. Motion carried.

Motion to approve the dental hygienist credential verification applications of Ashley Beth Akers, Jennifer Rae Gindorff, Jennie Marie Loberg, and Emily Ann Osberg by Hornstra. Second by Renemans. Motion carried.

Cindy Gaskill and Richael Cobler presented an update on the CRDTS exam.

Dr. Chuck Holt and Dr. Gerry Walker presented an update on the SRTA exam.

Motion to approve the components of the patient and manikin based dental clinical competency examinations administered by CRDTS, CDCA, CITA, SRTA and WREB that meet the requirements outlined in 20:43:03:02, as presented, by Renemans. Second by Hornstra. Motion carried.

Motion to approve the components of the patient and manikin based dental hygiene clinical competency examinations administered by CRDTS, CDCA, CITA, SRTA and WREB that meet the requirements outlined in ARSD 20:43:03:09, as presented, by Hornstra. Second by Renemans. Motion carried.

Motion to approve, per 20:43:03:04(4), the patient and manikin based dental clinical competency examinations administered by CRDTS, CDCA, CITA, SRTA and WREB, as presented, by Renemans. Second by Fulton. Motion carried.

Motion to approve, per 20:43:03:10(4) the patient and manikin based dental hygiene clinical competency examinations administered by CRDTS, CDCA, CITA, SRTA and WREB, as presented, by Hornstra. Second by Van Dan. Motion carried.

Dr. MaryJane Hanlon presented information on Promethean Dental Systems to the Board.

Fenecia Foster and Britney Moyer presented an update on the Southeast Tech Dental Assisting Program and status of the CODA Accreditation application.

Chanin Hartnett and Jennie Best presented an update on the Western Dakota Tech Dental Assisting Program and status of the CODA Accreditation process.

Ann Brunick presented an update on the University of South Dakota Dental Hygiene program.

Paul Knecht from the South Dakota Dental Association presented an update on the Dental Wellness Program and the Oral Health Coalition.

Motion to approve the Host Permit Courses, as presented, pursuant to ARSD 20:43:09:04.05 with the approval to become effective on the date that rule goes into effect by Fulton. Second by Van Dam. Motion carried.

Motion to approve the 2022 speaker honorarium application, as presented, by Hornstra. Second by Renemans. Motion carried.

The Board announced the following meeting dates: January 14, 2022, June 24, 2022 and October 21, 2022.

Motion to adjourn by Fulton. Second by Van Dam. Motion carried. The meeting was adjourned at 2:42 pm.

_____

Zona Hornstra, Secretary.

South Dakota State Board of Dentistry
Minutes of Public Hearing
October 22, 2021

Dr. Doerr called the public hearing to order at 10:04 a.m. on Friday, October 22, 2021 and noted that this was time and place for the Public Hearing on the proposed rules of the South Dakota State Board of Dentistry numbered § 20:43:03:07; 20:43:09:01; 20:43:09:02; 20:43:09:03; 20:43:09:04; 20:43:09:04.01; 20:43:09:04.02; 20:43:09:04.03; 20:43:09:04.04; 20:43:09:04.05; 20:43:09:04.06; 20:43:09:05; 20:43:09:06; 20:43:09:06.02; 20:43:09:08; 20:43:09:09; 20:43:09:11; 20:43:09:12; 20:43:09:13; 20:43:09:13.01; 20:43:09:14; 20:43:09:17.

Dr. Doerr noted that statements made during the hearing were being recorded in the minutes and due notice of this public hearing was published in three South Dakota newspapers and was made to interested parties in advance of the hearing. Dr. Doerr noted that the proposed rules had been edited for compliance with the requirements for form, style and legality as recommended by the South Dakota Legislative Research Council pursuant to SDCL 1-26.

Hearing Officer: Dr. Harold Doerr, Board President.

Members of the Board in attendance: Dr. Scott Van Dam, Dr. Nick Renemans, Dr. Brian Prouty, Zona Hornstra and Molly Fulton.

Board staff in attendance: Brittany Novotny and Lisa Harsma.

Legal Counsel in attendance: Shelly Munson and Megan Borchert.

Others in attendance: Paul Knecht, South Dakota Dental Association (SDDA); Don Roesler, South Dakota Association of Nurse Anesthetists (SDANA); Tim Kappenman (Self); Bruce Wintle (Self); Jeff Feiock (SDDA); Jay Crossland, Self/Oral and Maxillofacial Surgeon and South Dakota Society of Oral & Maxillofacial Surgeons (SDSOMS); and Ann Schwartz, Delta Dental.

Dr. Doerr instructed Brittany Novotny to provide a summary of the project history and process to date, along with an overview of the proposed changes:

Summary of Project History and Process:

- The Anesthesia Credentials Committee (ACC) presented areas in ARSD 20:43:09 identified for update at the public Board of Dentistry meeting held on June 26, 2020. Notice was sent to interested parties in advance of the meeting and information was posted on the Board's website.
- A draft of proposed updates to ARSD 20:43:09 was presented, section by section, at a public Board of Dentistry meeting held on October 23, 2020. Following that meeting, the process to solicit informal stakeholder feedback, and incorporate changes pursuant to that feedback, began. Notice was sent to interested parties in advance of the meeting and information was posted on the Board's website.

- The goal of the informal feedback phase is to obtain feedback, identify areas of concern or consensus, and address areas of concern where possible. As part of the stakeholder informal feedback process:
  - An online form for interested parties to sign up to receive future notification was posted to the Board's website.
  - An online form to submit feedback was posted to the Board's website.
  - An outline of the process and all updated information was posted on the Board's website to keep stakeholders informed.
- A meeting to listen to stakeholder comments was held on December 17, 2020. A stakeholder meeting to outline the process moving forward was held on December 28, 2020. Notice was sent to interested parties in advance of each meeting and information was posted on the Board's website.
- At its public Board of Dentistry meeting on January 8, 2021, the Board appointed a committee comprised of three Board members to further review the draft rules and work with stakeholders. The committee was comprised of a dentist that does not hold a sedation or anesthesia permit, a dentist that holds a general anesthesia and deep sedation permit, and a dentist that holds a moderate sedation permit and utilizes the services of a licensed anesthesia provider (LAP). Notice was sent to interested parties in advance of the meeting and information was posted on the Board's website.
- The Board kept the public comment period open until January 29, 2021. Notice was sent to interested parties requesting feedback during this phase and information was posted on the Board's website.
- At the conclusion of the comment period, the Board appointed committee reviewed feedback that was received, and the draft rules were modified pursuant to that feedback.
- A second draft was released on May 7th. The draft rules were sent to interested parties and posted on the Board's website.
- The Board solicited stakeholder feedback on the second draft and kept the public comment period open until June 1st. Notice was sent to interested parties requesting feedback during this phase and information was posted on the Board's website.
- At the conclusion of the comment period, the Board appointed committee reviewed feedback that was received, and the draft rules were modified pursuant to that feedback.
- A third draft was released prior to the June 18th public board meeting. The draft rules were sent to interested parties and information was posted on the Board's website.
- The draft rules were reviewed during the June 18th public board meeting. Additional changes were incorporated at the meeting to address stakeholder feedback and the Board voted to initiate the formal rule promulgation process. Notice was sent to interested parties in advance of the meeting and information was posted on the Board's website.
- The Board initiated the formal rule promulgation process on August 13th after receiving authorization from the Department of Health to proceed. Notice of the Public Hearing was published in three South Dakota newspapers and was made to interested parties well in advance of the hearing and information was posted on the Board's website.

Summary of Proposed Changes:

20:43:03:07 Continuing education requirements -- Dentists

- Includes host permit in anesthesia continuing education requirements.

20:43:09:01 Definitions.

- Updates definitions - ADA definitions. Places definitions in alphabetical order.

20:43:09:02 Prohibitions.

- Incorporates authority for host dentist to advertise sedation and anesthesia.

20:43:09:03 General anesthesia and deep sedation permit requirements.

- Updates permit requirements. Requires ACLS for all and PALS if sedating patient under 12 years old. Creates a path to obtain a permit both for those with recent anesthesia experience and those with gaps in practice.
- Specifies minimum anesthesia team when general anesthesia or deep sedation is being administered (1 provider, 2 monitors = 3). Expands anesthesia team to those with independent authority to monitor patients under anesthesia.

20:43:09:04 Moderate sedation permit requirements.

- Updates permit requirements. Requires ACLS. Creates a path to obtain a permit both for those with recent sedation experience and those with gaps in practice.
- Requires residency training, along with PALS, for those sedating pediatric patients under 12 years old.
- Requires PALS if utilizing a LAP to sedate pediatric patients under 12 years old.
- Specifies minimum anesthesia team when moderate sedation is being administered (1 provider, 1 monitor = 2). Expands anesthesia team to those with an independent scope of practice to monitor patients under anesthesia.

20:43:09:04.01 Employing or contracting with licensed anesthesia provider that provides general anesthesia, deep sedation, or moderate sedation in dental office.

- Helps ensure patient safety. Sets forth requirements for dentists that utilize a LAP. Incorporates areas based on patient safety issues identified in other states. Specifies minimum anesthesia team when general anesthesia or deep sedation is being administered (1 LAP, 1 host, 1 monitor = 3). Minimum anesthesia team required for administration of moderate sedation is 1 LAP, 1 host = 2.

20:43:09:04.02 Utilizing licensed anesthesia provider for general anesthesia and deep sedation or moderate sedation in ambulatory surgery center or hospital.

- Continues exemption for utilization of LAP in licensed ambulatory surgery centers or hospitals from permit requirements.

20:43:09:04.03 Moderate sedation course requirements.

- Specifies requirements for moderate sedation educational courses and provides for an annual review.
- The ADA does not accredit moderate sedation courses, so this rule incorporates criteria set forth in the current ADA Guidelines for Teaching Pain Control to Dentists and Dental Students.

20:43:09:04.04 Host permit requirements.

- Reduces barriers and increases access to care. ARSD currently in effect requires dentists to hold a moderate sedation permit to administer moderate sedation or to utilize a LAP.
- This draft rule creates and sets forth requirements for a new host permit that would be available for dentists that would like to utilize a LAP, but not administer moderate sedation themselves. The host permit also incorporates authority to monitor patients as part of the anesthesia team.
- Although a host dentist will not be administering sedation, he or she is part of the overall anesthesia team. The host dentist will most often be selecting a LAP to come into his or her office, will be involved with patient selection, and will be operating in the open

(unsecured) airway of the sedated patient. The training required for a host dentist is outlined in the next rule.

20:43:09:04.05 Host course requirements.

- Outlines requirements for host permit educational courses and provides for an annual review. Any course that meets these requirements would be eligible for review and approval on an annual basis. Two initial courses have been identified that would provide this training, each require approximately 6-8 hours of training, involve a relatively small financial investment, and are available online.

20:43:09:04.06 Anesthesia or sedation education – Other.

- Increases portability. Allows the Board to approve sedation or anesthesia training accepted in any state or jurisdiction that resulted in an equivalent permit being issued or maintained in that state or jurisdiction.

20:43:09:05 Nitrous oxide sedation and analgesia permit requirements -- Dentists.

- Helps ensure patient safety and regulatory consistency. Updates permit requirements, incorporates scavenger system requirement, and incorporates timeline for education or training to maintain consistency in regulation. Allows the administration of nitrous oxide + MRD of one enteral drug to patients 12 years and older. If a patient is under 12 years old, nitrous oxide can be administered.

20:43:09:06 Nitrous oxide sedation and analgesia permit requirements -- Dental hygienists and registered dental assistants.

- Helps ensure patient safety and regulatory consistency. Updates permit requirements, incorporates equipment requirements to maintain consistency in regulation.

20:43:09:06.02 Minimal sedation.

- Helps ensure pediatric patient safety. Specifies that a dentist may administer, without a sedation or anesthesia permit, up to the MRD of one enteral drug to patients 12 years or older to achieve a state of minimal sedation.

20:43:09:08 Application for permits -- Renewal.

- Incorporates host permit into renewal process.
- Helps ensure patient safety. Requires a dentist that holds a general anesthesia or deep sedation permit complete at least 50 cases of general anesthesia or deep sedation annually. Requires a dentist that holds a moderate sedation permit complete at least 12 cases of moderate sedation annually. Allows completion of continuing education in lieu of cases if a dentist is unable to complete the requisite number of cases annually. Does not have a case requirement for host permit. Requires a dentist that holds a host, moderate, or general anesthesia and deep sedation permit document completion of team training on emergency response protocols in the setting where the anesthesia or sedation is being provided.
- Data has been shared freely with stakeholders throughout the process highlighting that a minority of states have an annual case requirement. However, other models and constructs were review and considered - including the medical model, maintenance of certification for anesthesia providers, credentialing requirements within licensed healthcare facilities, and maintenance of non-core privileges. Case requirements is a consistent component of these models and has been incorporated in this draft to help ensure active practice and recent experience for not just the anesthesia provider, but the entire functioning anesthesia team.

- Note, the advisory opinion currently in effect includes 25 moderate sedation cases per year. The proposed rule has reduced that number to 12.

20:43:09:09 Reports of adverse conditions.

- Requires reporting of adverse conditions and incorporates host permit.

20:43:09:11 Inspection.

- Incorporates criteria for anesthesia inspectors that would allow a variety of professions to act as inspectors, if they have the requisite education and experience in a dental office. Clarifies the timing of inspections currently required.

20:43:09:12 Requirements of inspection.

- Lists the components of a facility, host, moderate and general anesthesia and deep sedation inspection. Allows the flexibility to evaluate alternative inspection models and formats, as it removes the live patient procedure and monitoring requirement.

20:43:09:13 Equipment -- Moderate sedation.

- Updates equipment requirements for moderate sedation.

20:43:09:13.01 Equipment -- General anesthesia and deep sedation.

- Updates equipment requirements for general anesthesia and deep sedation.

20:43:09:14 Clinical guidelines.

- Broadens guidelines and references general standard of care.

20:43:09:17 Emergency response protocol.

- Incorporates requirement that a written emergency response protocol be in place for all patients undergoing moderate sedation, deep

Written Testimony:

Dr. Doerr entered into the record the following letters that were received prior to the hearing:

A. Paul Knecht (SD) – South Dakota Dental Association
B. Teri Schlunsen (SD) – South Dakota Association of Nurse Anesthetists
C. Mark East (SD) – South Dakota State Medical Association
D. Dr. Seri Carney (SD) – South Dakota Society of Anesthesiologists
E. Dr. Mark Bain (SD) - Academy of General Dentistry
F. Dr. B.D. Tiner (IL) - American Association of Oral and Maxillofacial Surgeons
G. South Dakota Pediatric Dentists (All SD) - Dr. Brent Bradley, Dr. Kelli Jobman, Dr. Stephany Liu, Dr. Karli Williams, Dr. Conner Christensen, Dr. Joe Olsen, Dr. Corey Peterson, Dr. JB Skibinski, Dr. John Taggart, Dr. Damon Thielen, Dr. Scott Weyers, and Dr. Thane Crump
H. South Dakota Neighborhood Dental Clinics (SD)
I. Dr. Denis Miller, Dr. Jason Leet and Dr. Lou George (All SD) – Siouxland Oral & Maxillofacial Surgery
J. Dr. Paul Schwartz (PA)
K. Dr. Mike Doerr (SD)
L. Dr. Mattie Bertels (SD)
M. Dr. Mark Terry (SD)
N. Dr. Kevin Croft (UT, holds license in SD)
O. Dr. Josh Nehring (SD)
P. Dr. John Bridges (SD)
Q. Dr. Jesse Fast (SD)
R. Dr. Jennifer Friedman (SD)

S. Dr. Jeff Loftus (SD)
T. Dr. Ike Morgan (SD)
U. Dr. Dan Graves (SD)
V. Dr. Chuck Scanlon (SD)
W. Dr. Cody Gronsten (SD)
X. Dr. Chris Freed (SD)
Y. Dr. Chad Lewison (SD)
Z. Dr. Bruce Wintle (SD)
AA. Dr. Brian Richman (SD)

Oral Testimony:

Dr. Doerr took Oral Testimony. Oral Testimony was presented by the following:

- Dr. Jay Crossland (representing self as practicing oral and maxillofacial surgeon and South Dakota Society of Oral & Maxillofacial Surgeons) testified in support of the proposed rules, noting that the proposed rules improve access to care for patients requiring anesthesia services in dental offices and allow collaboration with other professions. He hoped that the proposed rules will allow the safety record in our state to continue and recommended that the impact of the rules be measured, so if safety is ever an issue the rules can be amended.
- Dr. Jeffrey Feiock (representing South Dakota Dental Association) testified in support of the proposed rules. Dr. Feiock noted the ways in which the SDDA and its practice act taskforce engaged throughout the process, by reviewing and distributing the drafts of the proposed rules to their members statewide and providing feedback to the Board on the multiple drafts. He testified that the SDDA supports the rules as proposed. He noted the rules will increase access to sedation services in dental offices while ensuring the safety of patients receiving those services. He noted that while the proposed number of minimum annual moderate sedation cases was on the high end of the range found in states, the SDDA supports the rule as proposed. He testified that the SDDA supports the creation of the host permit, along with the requirements for such. He noted the SDDA would be happy to work with the Board as the Board reviews the inspection process. He noted the SDDA intends to share the new rules with members and provide education and training to dentists and staff in order for them to be in full compliance. He noted the SDDA appreciates the transparent and thorough process of review undertaken by the Board.
- Dr. Bruce Wintle (representing self as a practicing general dentist) testified in support of the proposed rules. He voiced support for the rules and process and welcomed the addition of the host permit.
- Dr. Tim Kappenman (representing self as a general dentist that is not currently practicing) expressed concern about the number of required annual moderate sedation cases. He testified that he believes 12 annual moderate sedation cases is too high. Dr. Kappenman voiced support for all other proposed rule changes, noting that he believed they were well written.

Dr. Doerr closed testimony and opened the public hearing to Board discussion and/or action.

The Board reviewed the proposed rules, along with all written and oral testimony, highlighting the areas that have generated the most feedback.

Rules Overall: Overall, the Board noted there was much support for the proposed rules in the public comments that were received. The SDDA, AAOMS, SDANA, AGD, a large group of pediatric dentists, along with many practitioners and group practices, have expressed overall support for the rules as proposed. The Board noted that throughout the last year, the participation of stakeholders across the state and the willingness of everyone come to the table to provide feedback, even when not everyone saw see eye to eye, was instrumental in developing the current proposal. The Board thanked stakeholders for taking the time to review each proposal in detail and providing constructive feedback that allowed the Board to make changes to address concerns and questions, which ultimately allowed many stakeholders to support the current proposal.

Host Dentist/Education: The Board noted that one area that has generated feedback throughout the project is the education required of a dentist that would like to utilize or "host" a licensed anesthesia provider. The Board reviewed this area.

The Board reviewed stakeholder feedback advocating that a dentist that will be utilizing a licensed anesthesia provider should hold a sedation permit at the level of the sedation being provided by the licensed anesthesia provider or, at a minimum, hold a moderate sedation permit. The Board also noted that the administrative rules currently in effect require a moderate permit. Alternatively, the Board reviewed stakeholder feedback advocating that no permit requirements or education should be required of a dentist utilizing a licensed anesthesia provider.

The Board explained that the rules, as proposed, have been modified to strike a balance between these competing viewpoints. The proposed rules create a new concept; the host permit. This host permit will allow a dentist to utilize a licensed anesthesia provider but not administer medications resulting in moderate sedation, deep sedation or general anesthesia.

Recognizing that the dentist with a host permit cannot administer moderate sedation or above, the proposed rules do not require that level of moderate sedation education. Although the host dentist cannot administer sedation or anesthesia, the Board recognized that the host dentist will be hiring or contracting with a licensed anesthesia provider, working with the licensed anesthesia provider on patient selection, operating in an often open, or unsecured, airway of a sedated patient, and will be part of the team that responds if and when an emergency arises. Thus, the proposed rules require education tailored to the role of the host dentist that is utilizing a licensed anesthesia provider. Two courses have been identified that meet this criterion, are offered online, and provide a base level of training for the host dentist. The host dentist must also maintain ACLS and, where appropriate, PALS, as well as complete the inspection process and maintain continuing education.

Dr. Doerr noted specifically that the proposed rules set up base requirements that allow licensees a framework from which they can build a team model of care and create a culture of safety within the dental office by incorporating comprehensive systems and processes that ensure patient safety. In doing so, he noted that the rules can not only increase access to sedation services in our dental offices but do so in a safe manner.

Annual Case Requirement to Maintain a Sedation or Anesthesia Permit: The requirement that moderate permit holders complete a certain number of cases on an annual basis to maintain a permit has generated discussion throughout this project. The Board reviewed this area. The Board reviewed stakeholder feedback advocating for more annual cases and also reviewed stakeholder feedback advocating for fewer annual cases or no cases.

The Board explained that the proposed rules have decreased the moderate sedation annual cases from 25, which is currently included in a Board advisory opinion, to 12. The proposed rules have also incorporated an additional path that allows a dentist to complete continuing education to maintain the moderate permit if the dentist is unable to complete the required annual cases.

The Board explained that data has been shared freely with stakeholders throughout the past year noting that a minority of states have an annual case requirement to maintain a sedation or anesthesia permit. However, the Board highlighted that other models were reviewed and considered - including the medical model, maintenance of certification for anesthesia providers, credentialing requirements within licensed healthcare facilities, and maintenance of non-core privileges. The Board noted that case requirements is a consistent component of these models and has been incorporated into the rules to help ensure active practice and recent experience for not only the anesthesia provider, but the entire functioning anesthesia team.

The Board noted that deep sedation and general anesthesia permit holders must complete 50 cases annually and would also be eligible for the alternate continuing education path if unable to complete the cases. The Board noted the annual cases for the deep sedation and general anesthesia permit holders has not generated feedback.

Dr. Doerr noted specifically that the minimum number of annual cases and alternate continuing education path provide flexibility, but also highlighted that licensees have the ultimate responsibility to ensure that they are maintaining competency and meeting the standard of care for all services provided.

Process and Opportunity for Stakeholder Feedback: The Board reviewed feedback from many organizations and licensees supporting the Board's transparent process and recognizing the ability to participate in that process, provide feedback, and see changes made pursuant to that feedback. The Board reviewed feedback from a few licensees that expressed opposition to the entire process.

The Board highlighted that work on the initial draft began in June of 2020, and that the Board chose to invest significant time and resources over the course of more than a year to provide multiple opportunities to provide feedback on multiple drafts of the rules. The Board felt this lengthy process was necessary because this is a complex topic and understanding the feedback and perspectives of licensees and stakeholders in relation to the various drafts was important. The Board noted that the current proposal is very different from that initial draft and emphasized that significant changes have been incorporated into the current draft because of the constructive feedback received from stakeholders.

Dr. Doerr noted specifically that the feedback received was very diverse, which provided perspectives and constructive feedback that were helpful throughout this project. He highlighted

that stakeholder feedback led to many changes that have been incorporated into the current draft and, in turn, has allowed for broad stakeholder support of the current draft.

Other: The Board reviewed all additional feedback including, continuing education approval, location of emergency equipment, definitions, and other topics raised by one or two stakeholders.

The Board discussed the proposed rules overall, along with additional stakeholder feedback.

At the conclusion of the review and Board discussion, Dr. Doerr opened the public hearing to Board action.

Renemans moved to add the sentence "Reflex withdrawal from a painful stimulus is not considered a purposeful response." on page 6, line 15 after "tactile stimulation." Second by Van Dam. Hornstra, Fulton, Prouty, Renemans, Van Dam, and Doerr voted aye. Motion carried.

Van Dam moved that the South Dakota State Board of Dentistry approve the adoption of the amended rules ARSD § 20:43:03:07; 20:43:09:01; 20:43:09:02; 20:43:09:03; 20:43:09:04; 20:43:09:04.01; 20:43:09:04.02; 20:43:09:04.03; 20:43:09:04.04; 20:43:09:04.05; 20:43:09:04.06; 20:43:09:05; 20:43:09:06; 20:43:09:06.02; 20:43:09:08; 20:43:09:09; 20:43:09:11; 20:43:09:12; 20:43:09:13; 20:43:09:13.01; 20:43:09:14; 20:43:09:17 including the LRC edits for compliance with the requirements for form, style and legality. Second by Prouty. Hornstra, Fulton, Prouty, Renemans, Van Dam, and Doerr voted aye. Motion carried.

There being no further business, the public hearing was adjourned at 10:38 a.m.

_____

Zona Hornstra, Secretary

Remaining Authority by Object/Subobject

Expenditures current through 12/04/2021 01:50:32 PM
HEALTH -- Summary
FY 2022 Version -- AS -- Budgeted and Informational
FY Remaining: 57.3%

09202 Board of Dentistry - Info

Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
EMPLOYEE SALARIES							
5101030	Board & Comm Mbrs Fees	9,516	660	0	0	8,856	93.1
Subtotal		**9,516**	**660**	**0**	**0**	**8,856**	**93.1**
EMPLOYEE BENEFITS							
5102010	Oasi-employer's Share	876	50	0	0	826	94.3
Subtotal		**876**	**50**	**0**	**0**	**826**	**94.3**
51 Personal Services Subtotal		**10,392**	**710**	**0**	**0**	**9,682**	**93.2**
TRAVEL							
5203030	Auto-priv (in-st.) H/rte	1,500	0	0	0	1,500	100.0
5203070	Air-charter-in State	22,000	15,450	0	0	6,550	29.8
5203100	Lodging/in-state	1,266	0	0	0	1,266	100.0
5203130	Non-employ. Travel-in St.	2,500	0	0	0	2,500	100.0
5203140	Meals/taxable/in-state	305	0	0	0	305	100.0
5203150	Non-taxable Meals/in-st	200	0	0	0	200	100.0
5203260	Air-comm-out-of-state	1,000	0	0	0	1,000	100.0
5203330	Non-employ Travel-out-st.	3,000	0	0	0	3,000	100.0
Subtotal		**31,771**	**15,450**	**0**	**0**	**16,321**	**51.4**
CONTRACTUAL SERVICES							
5204010	Subscriptions	300	872	0	0	-572	0.0
5204020	Dues & Membership Fees	5,000	2,960	0	0	2,040	40.8
5204050	Computer Consultant	34,400	571	31,929	0	1,900	5.5
5204060	Ed & Training Consultant	3,307	0	0	0	3,307	100.0
5204080	Legal Consultant	28,616	16,748	0	0	11,868	41.5
5204090	Management Consultant	268,000	142,847	126,855	0	-1,702	0.0
5204100	Medical Consultant	40,000	14,622	235,378	0	-210,000	0.0
5204130	Other Consulting	7,000	4,731	71,297	0	-69,028	0.0
5204160	Workshop Registration Fee	2,000	0	0	0	2,000	100.0
5204181	Computer Services-state	316	0	0	0	316	100.0
5204190	Computer Services-private	500	0	0	0	500	100.0
5204200	Central Services	3,209	2,713	0	0	496	15.5
5204203	Central Services	203	0	0	0	203	100.0
5204204	Central Services	1,211	1,233	0	0	-22	0.0
5204207	Central Services	1,016	153	0	0	863	84.9
5204360	Advertising-newspaper	400	257	0	0	143	35.8

Remaining Authority by Object/Subobject

Expenditures current through 12/04/2021 01:50:32 PM
HEALTH – Summary
FY 2022 Version – AS – Budgeted and Informational
FY Remaining: 57.3%

09202 Board of Dentistry - Info

Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
5204480 Microfilm & Photography	500	0	0	0	500	100.0
5204510 Rents-other	725	500	0	0	225	31.0
5204530 Telecommunications Srvcs	4,000	34	0	0	3,966	99.2
5204550 Garbage & Sewer	0	45	0	0	-45	0.0
5204590 Ins Premiums & Surety Bds	1,500	0	0	0	1,500	100.0
5204960 Other Contractual Service	12,000	692	0	0	11,308	94.2
Subtotal	**414,203**	**188,978**	**465,459**	**0**	**-240,234**	**0.0**
SUPPLIES & MATERIALS						
5205020 Office Supplies	1,100	30	0	0	1,070	97.3
5205310 Printing-state	1,000	0	0	0	1,000	100.0
5205320 Printing-commercial	1,600	0	0	0	1,600	100.0
5205350 Postage	4,500	1,744	0	0	2,756	61.2
5205390 Food Stuffs	500	541	0	0	-41	0.0
Subtotal	**8,700**	**2,315**	**0**	**0**	**6,385**	**73.4**
GRANTS AND SUBSIDIES						
5206070 Grants To Non-profit Org	7,500	0	0	0	7,500	100.0
Subtotal	**7,500**	**0**	**0**	**0**	**7,500**	**100.0**
OTHER						
5208010 Other	500	0	0	0	500	100.0
Subtotal	**500**	**0**	**0**	**0**	**500**	**100.0**
52 Operating Subtotal	**462,674**	**206,743**	**465,459**	**0**	**-209,528**	**0.0**
Total	**473,066**	**207,453**	**465,459**	**0**	**-199,846**	**0.0**

AGENCY 09 HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY - INFO

COMPANY NO 6503
COMPANY NAME PROFESSIONAL & LICENSING BOARDS

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
092020061807	6503	4293005	DENTIST CREDENTIAL	1,500.00	7,500.00
092020061807	6503	4293015	HYGIENIST CREDENTIAL	400.00	1,400.00
092020061807	6503	4293105	DENTIST NEW LICENSE	300.00	1,050.00
092020061807	6503	4293110	DENTIST LICENSE RENEWAL	.00	2,890.00
092020061807	6503	4293115	DENTIST JP EXAM	1,125.00	5,175.00
092020061807	6503	4293125	DENTIST REINSTATE LICENSE	.00	675.00
092020061807	6503	4293135	DENTIST NITROUS OXIDE	120.00	400.00
092020061807	6503	4293137	DENTIST NITROUS RENEW	.00	280.00
092020061807	6503	4293145	DENTIST MOD SEDAT RENEW	.00	50.00
092020061807	6503	4293150	DENTIST GA/DEEP SEDATION	.00	100.00
092020061807	6503	4293152	DENTIST GA/DEEP SED RENEW	.00	50.00
092020061807	6503	4293205	HYGIENIST NEW LICENSE	100.00	600.00
092020061807	6503	4293210	HYGIENIST RENEWAL LICENSE	.00	3,990.00
092020061807	6503	4293215	HYGIENIST JP EXAM	345.00	1,495.00
092020061807	6503	4293220	HYGIENIST ANESTH RENEW	.00	840.00
092020061807	6503	4293222	HYGIENIST ANESTHESIA	120.00	400.00
092020061807	6503	4293225	HYGIENIST REINSTATE	.00	805.00
092020061807	6503	4293235	HYGIENIST NITRIOUS OXIDE	120.00	320.00
092020061807	6503	4293237	HYGIENIST NIT OXIDE RENEW	.00	640.00
092020061807	6503	4293305	RADIOLOGY NEW	760.00	3,760.00
092020061807	6503	4293307	RADIOLOGY RENEWAL	.00	1,520.00
092020061807	6503	4293315	RADIOLOGY REINSTATE	.00	960.00
092020061807	6503	4293405	ADA EXPANDED FUNCTION NEW	360.00	2,840.00
092020061807	6503	4293410	ADA EXPAND FUNCTION RENEW	.00	1,220.00

AGENCY 09 HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY - INFO

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
092020061807	6503	4293415	ADA EXPAND FUNCT REINSTAT	.00	680.00	
092020061807	6503	4293420	ADA EXPAND FUNC ADMIN NIT	160.00	1,520.00	
092020061807	6503	4293422	ADA EXPAND FUNC NIT RENEW	.00	600.00	
092020061807	6503	4293505	CORPORATE NEW LICENSE	.00	600.00	
092020061807	6503	4293510	CORPORATE RENEWAL	.00	1,300.00	
092020061807	6503	4293600	TEMP LICENSE	300.00	1,250.00	
ACCT:	4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		5,710.00	44,910.00	*
ACCT:	42	LICENSES, PERMITS & FEES		5,710.00	44,910.00	**
092020061807	6503	4595000	VERIFICATION LETTERS	75.00	500.00	
092020061807	6503	4595800	LIST OF PRACTITIONERS	600.00	2,550.00	
ACCT:	4595			675.00	3,050.00	*
ACCT:	45	CHARGES FOR SALES & SERVICES		675.00	3,050.00	**
092020061807	6503	4920045	NONOPERATING REVENUES	.00	8,731.74	
ACCT:	4920	NONOPERATING REVENUE		.00	8,731.74	*
ACCT:	49	OTHER REVENUE		.00	8,731.74	**
CNTR:	092020061807			6,385.00	56,691.74	***
CNTR:	092020061			6,385.00	56,691.74	****
CNTR:	0920200			6,385.00	56,691.74	*****
COMP:	6503			6,385.00	56,691.74	******
B UNIT:	09202			6,385.00	56,691.74	*******

AGENCY: 09 HEALTH
BUDGET UNIT: 09202 BOARD OF DENTISTRY - INFO

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061807	1140000	500,246.64	DR	BOARD OF DENTISTRY
COMPANY/SOURCE TOTAL 6503 618			500,246.64	DR *	
COMP/BUDG UNIT TOTAL 6503 09202			500,246.64	DR **	
BUDGET UNIT TOTAL 09202			500,246.64	DR ***	

Dentist Credential		
First Name	Middle Name	Last Name
Fleur	Arden	Berbos
Jay		Khorsandi
David	Lee	Porter
Erwin	John	Rewwer
Preston	Michael	Schraeder
Garret	Andrew	Thorlakson

Dentist New		
First Name	Middle Name	Last Name
Duong	Dai	Ly
Michael	C	Ottaviano

Hygienist Credential		
First Name	Middle Name	Last Name
Aftan	Darlene	Bacon
Shakhnoza		Haydar

Hygienist New		
First Name	Middle Name	Last Name
Kimberlee	Ann	Elmore
Mayra		Gonzalez
Courtney	Marie	Kurtz
Daniela		Rojas

Hygienist Military		
First Name	Middle Name	Last Name
Courtney	Ann	Kennedy

Anesthesia Credentials Committee
(ARSD 20:43:09:16)

Current Membership	Proposed Membership	2022 Appointments (June)
Board Member/ Chair	Board Member/ Chair	Board Member/Chair
GA/Deep Permit	GA/Deep Permit (OMFS)	
GA/Deep Permit	GA/Deep Permit (Specialist)	Term 2022-2027 Application
GA/Deep Permit	GA/Deep or Moderate Permit Rotates depending on Board Member/Chair *(Opposite permit of Chair to maintain 3 GA/Deep and 3 Moderate permits)*	
Moderate Permit	Moderate Permit (General Dentist)	
Moderate Permit	Moderate Permit (Specialist)	Term 2022-2027 Application
No GA/Deep or Moderate Permit	Host Permit	Term 2022-2025 Application

Routine Anesthesia Inspections

Facility Inspection - Temporary Host, Moderate, Moderate + Pediatric, or General Anesthesia and Deep Sedation Permit

A facility inspection required to obtain a temporary permit will include:

1. Practitioner Checklist: Practitioner Completes the Practitioner Anesthesia Inspection Checklist.

Reference Document: Practitioner Anesthesia Inspection Checklist-Facility Inspection/Temporary Permit.

2. Facility Inspection*: Inspector and Practitioner connect via video conferencing or in person to conduct a review of the facility/layout to ensure familiarity with the facility and ability to readily access emergency equipment and drugs.

Reference Document: Facility Inspection/Temporary Permit Office Anesthesia Inspection Results Form.

**Utilization of video conferencing to conduct a facility inspection (temporary permit) is allowed if an inspection has been conducted in the facility in the prior 5 years.*

Temporary Permit Issued (12 Months)

A temporary permit allows the dentist to administer sedation/anesthesia or host a licensed anesthesia provider for a period of up to 12 months. During the term of the temporary permit, the dentist must pass a full inspection to obtain a regular permit. To maintain the permit, the dentist must pass a full inspection once in every five year licensure cycle.

Full Inspection - Host, Moderate, Moderate + Pediatric, or General Anesthesia and Deep Sedation Permit

A full inspection required to obtain and maintain a permit will include:

1. Practitioner Checklist/Anesthesia Records: Practitioner Completes the Practitioner Anesthesia Inspection Checklist and submits three redacted anesthesia records.

Reference Documents:

- Practitioner Anesthesia Inspection Checklist - Full Inspection.
- Office Anesthesia Inspection Results Full Inspection - Form 1 (Checklist and Records Review).

2. Inspection*: Inspector and Practitioner connect via video conferencing to conduct a review of:

a. Emergency Roles and Responsibilities;
b. Written Resources;
c. Emergency Drugs;
d. Equipment;
e. Demonstrations; and
f. Simulated Emergencies.

Reference Document: Office Anesthesia Inspection Results Full Inspection - Form 2 (Emergency Response Review)

* Inspection does not include a patient procedure.

This is an educational summary only.
Please review the draft rules and/or current documents for specific requirements and information.

South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.com

PRACTITIONER ANESTHESIA INSPECTION CHECKLIST
FACILITY INSPECTION / TEMPORARY PERMIT

Name of Practitioner _____ License Number _____

Name of Office _____ Date _____

Address _____

Telephone _____

Email _____

- THIS FORM MUST BE COMPLETED BY THE PRACTITIONER LISTED ABOVE –
PRACTITIONER MUST INITIAL EACH QUESTION

PERMIT – Please check only one:	
General Anesthesia and Deep Sedation	
Moderate Sedation (Patients 12 years and Older)	
Pediatric Moderate Sedation	
Host	

STAFF – Please verify by initialing:	**YES**	**NO**
I delegate duties in accordance with Board Administrative Rules and Laws and verify that all individuals that monitor patients under moderate sedation, deep sedation or general anesthesia hold the appropriate permit issued by the Board or are otherwise authorized by law to monitor.		
I delegate injection of medication through an intravenous site per ARSD 20:43:09:10.01.		
If yes, I certify compliance with ARSD 20:43:09:10 and 20:43:09:10.01 and I have verified current certification of staff (DAANCE). *If you do not delegate injection, please leave blank.*		

OFFICE FACILITY AND EQUIPMENT - Please verify that the following are operational and available, *in appropriate sizes where applicable*, when moderate sedation, deep sedation or general anesthesia is being administered to a patient:	**YES**	**NO**
MONITORING AND EMERGENCY EQUIPMENT		
Automated blood pressure monitor (and appropriately sized cuffs)		
Manual blood pressure cuffs (appropriately sized) and stethoscope		
Electrocardiograph		
Automated External Defibrillator (AED) and pads (unexpired)		
Pulse Oximeter		
Measurement of EtCO2/Capnography		
Precordial Stethoscope		
Emergency medications organized and labeled, located within or near operating theater		
OPERATING THEATER(S)		
Allow at least three individuals to move freely about the patient.		
Permit easy access to emergency equipment and for emergency personnel.		
OPERATING CHAIR OR TABLE		
Permits the patient to be positioned so the operating team can maintain the airway.		
Permits the team to alter the patient's position quickly in an emergency.		
Provides a firm platform for the management of cardiopulmonary resuscitation.		
LIGHTING SYSTEM		
There is a backup lighting system.		
The backup lighting system is of sufficient intensity to permit completion of any operation underway at the time of general power failure.		
SUCTION EQUIPMENT		
The suction equipment permits aspiration of the oral and pharyngeal cavities.		
There is a backup suction device available.		
OXYGEN DELIVERY SYSTEM		
There is an adequate backup oxygen delivery system available.		
The oxygen delivery system has appropriately sized full-face masks for patients, appropriate connectors, and is it capable of delivering oxygen to the patient under positive pressure.		
RECOVERY AREA *(Recovery Area can be the Operating Theater)*		
Has available oxygen.		
Has available adequate suction.		
Has adequate lighting.		
Has adequate electrical outlets.		
Has monitoring equipment that includes pulse oximeter and blood pressure monitor.		
Recovery area allows for adequate movement of personnel and use of equipment.		

ANCILLARY EQUIPMENT	YES	NO
Laryngoscope complete with an adequate selection of blades, spare batteries and bulbs		
Appropriately sized endotracheal tubes and appropriate connectors		
Appropriately sized oral and nasal airways		
Appropriately sized supraglottic airways		
Tonsillar or pharyngeal type suction tip adaptable to all office outlets		
Endotracheal tube forceps (McGill)		
Equipment adequate to establish an intravenous infusion		
Printed emergency algorithms: ACLS and anesthesia emergencies. PALS, if applicable		
Glucometer and test strips (unexpired)		
Intraosseous Vascular Access Kit		
Equipment available to perform a cricothyroidotomy or surgical airway		
Ability to communicate within the office in case of emergency and quickly call 911		

DRUGS - Please verify, by initialing and supplying the requested information, that these drugs are available when moderate sedation, deep sedation or general anesthesia is being administered to a patient:	YES	NO	NAME OF DRUG:	**Expiration Date:** *(MM/DD/YY)*
Vasopressor drug				
Corticosteroid drug				
Bronchodilator drug				
Muscle relaxant drug				
Intravenous medication for treatment of cardiopulmonary arrest				
Narcotic antagonist drug				
Benzodiazepine antagonist drug				
Antihistamine drug				
Antiarrhythmic drug				
Anticholinergic drug				
Coronary artery vasodilator drug				
Antihypertensive drug				
Anti-Emetic drug				

DRUGS - Please verify, by initialing and supplying the requested information, that these drugs are available when moderate sedation, deep sedation or general anesthesia is being administered to a patient:	**YES**	**NO**	**NAME OF DRUGS:**	**Expiration Date:** *(MM/DD/YY)*
Current ACLS Algorithm Drugs				

Please list any drugs that have been ordered, but are on backorder:	**Anticipated ship date:**

Inhalation Anesthetics (other than nitrous oxide) – Please verify by initialing and supplying the requested information.	**YES**	**NO**
Inhalation anesthetics other than nitrous oxide are used		

If yes, please list the following:

a. Mechanism of response for Malignant Hyperthermia

Drug: _____ Expiration Date: _____

b. Method used to continuously monitor temperature: _____

EMERGENCIES - Please verify by initialing:	**YES**
I have a written emergency response protocol in place for all patients undergoing moderate sedation, deep sedation, or general anesthesia.	
Within the prior 12 months, the individuals involved in caring for a patient undergoing moderate sedation, deep sedation, or general anesthesia completed a review of appropriate emergency scenarios and were able to demonstrate knowledge and ability in recognition and treatment of these emergencies, including all of the following: Respiratory: Laryngospasm, Bronchospasm, Emesis and Aspiration, and Airway Obstruction Cardiovascular: Angina/Myocardial Infarction, Hypotension, Hypertension Other: Syncope, Hyperventilation Syndrome, Seizures, Malignant Hyperthermia, and Severe Allergic Reaction	

LICENSED ANESTHESIA PROVIDER (LAP) - Please verify by initialing:	**YES**	**NO**
I utilize a LAP to administer moderate sedation, deep sedation, or general anesthesia to dental patients.		
If yes, I certify compliance with ARSD 20:43:09:04.01 and have a written contract or agreement that satisfies the criteria outlined in this rule. *If you do not utilize a LAP, please leave blank.*		

MISCELLANEOUS - Please verify by initialing:	**YES**
I can proficiently start an intravenous line.	
I have reviewed and am compliant with the requirements of ARSD 20:43:09 in all offices in which I administer or utilize a licensed anesthesia provider to administer moderate sedation, deep sedation, or general anesthesia.	
All emergency equipment is inspected and maintained on a prudent and regularly scheduled basis, according to manufacturer specifications where applicable.	
All emergency drugs are inspected on a prudent and regularly scheduled basis.	
I understand that per ARSD 20:43:09:09 I must notify the Board within 72 hours after any death or any incident that results in a temporary or permanent physical or mental injury requiring medical treatment of a patient during, or as a result of, the administration of general anesthesia, deep sedation, moderate sedation, or nitrous oxide and failure to comply with this reporting requirement may result in a suspension of my host, moderate sedation, or general anesthesia and deep sedation permit. I further understand that this reporting requirement applies if I am administering anesthesia or sedation or if I am utilizing a licensed anesthesia provider to administer sedation or anesthesia to my patient.	
I can competently administer the level of sedation or anesthesia authorized by my permit. *If host permit evaluation, please leave blank.*	

OFFICES: I administer or utilize a licensed anesthesia provider to administer moderate sedation, deep sedation or general anesthesia in the following offices *(Attach additional sheets if necessary)*.

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

I, _____(print name), being first duly sworn, certify that I am the person referred to in this inspection form and that under penalty of perjury all the information contained in this inspection form and in any attachments or additional documents submitted herewith are true and correct. I attest that each practice location where moderate sedation, deep sedation, or general anesthesia services are provided are compliant with ARSD § 20:43:09 and any applicable state or federal regulations. I understand that falsification or omission of information, including intentional failure to provide complete information or concealment of relevant information, may result in revocation of a permit or license, or may be considered as the basis for discipline.

Practitioner Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____ 20_____

My commission expires _____

_____

Notary Public

For Office Use Only: Date Received:

South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.com

FACILITY INSPECTION / TEMPORARY PERMIT
OFFICE ANESTHESIA INSPECTION RESULTS FORM

Instructions - For each assigned inspection:

- The inspector will receive a copy of a practitioner's completed checklist. Upon receipt, the inspector should review that checklist and complete the *Practitioner Inspection Checklist Review* section below.
- The inspector should then contact practitioner to schedule a facility inspection (video conferencing/in person). If the practitioner has applied for a host permit, this facility inspection should occur with both the practitioner and the licensed anesthesia provider.
- During the facility inspection, the inspector should complete the remainder of the form below.
- At the end of the facility inspection, the inspector should email this completed form to the board office at contactus@sdboardofdentistry.com.

Name of Practitioner _____ License Number _____

Name of Office Evaluated _____ Date of Evaluation _____

Address of Office Evaluated _____

Inspector: _____ Inspection Date: _____

PERMIT – *Please check one:*	
General Anesthesia and Deep Sedation	
Moderate Sedation (Patients 12 years and Older)	
Pediatric Moderate Sedation	
Host	

PRACTITIONER INSPECTION CHECKLIST REVIEW *Please review practitioner's completed inspection checklist and answer the question below. This review should be completed prior to the facility inspection.*	**YES**	**NO**
Practitioner Checklist is complete and satisfactory.		
If no, please list deficiencies or concerns:		

Method Used for Facility Inspection

Utilization of video conferencing technology to conduct a facility inspection (temporary permit) is allowed if an inspection has been conducted in the facility in the prior 5 years.

Date of Last Inspection at this Facility: _____

Current inspection was conducted via (Select One):

Video Conferencing _____ In Person _____

FACILITY/LAYOUT *Please ask practitioner to show how he or she would access emergency equipment and drugs to verify the practitioner is familiar with the facility and able to readily access emergency equipment and drugs. If practitioner has applied for a host permit, please ask the same of the licensed anesthesia provider.* ***- Emergency response scenarios are not part of this inspection -***	**YES**	**NO**
Practitioner is familiar with facility and able to readily access emergency equipment and drugs.		
If host permit, licensed anesthesia provider is familiar with facility and able to readily access emergency equipment and drugs. *Leave blank if not applicable.*		
Operating Theater appears to be of a size and layout that allows at least three individuals to move freely about the patient and permits access to emergency equipment and for emergency personnel.		
If no, please list deficiencies or concerns:		

INSPECTION: *Please review practitioner inspection checklist and then select one*	
PASS -- The inspection form is complete and practitioner is familiar with facility layout. I recommend practitioner pass the inspection.	
RECTIFY DEFICIENCIES – I recommend that the practitioner be notified of the deficiencies noted below and have _____ days to rectify the deficiencies before a permit is issued.	
FAIL – I recommend that the practitioner not be issued a temporary permit until the deficiencies noted below are rectified and a new inspection is completed.	
DEFICIENCIES:	

Signature of Inspector: _____

Printed Name of Inspector: _____

Phone: _____ Email: _____

Please email this completed form to contactus@sdboardofdentistry.com.

For Office Use Only: Inspection Received:

FACILITY INSPECTION/TEMPORARY PERMIT

CHECKLIST REVIEW - INSPECTION FORM 1
CRITERIA FOR PASS/FAIL

1. Category One Deficiencies
    a. Minor drug missing or expired. Minor drug includes: anti-emetic, corticosteroids, or any class IIB ACLS medications. *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    b. Minor equipment missing or dysfunctional. Minor equipment includes: precordial stethoscope or manual blood pressure cuff.
    c. Minor deficiency that would not pose a significant risk for patient harm.
2. Category Two Deficiencies
    a. Absence of appropriate oxygen or oxygen delivery system.
    b. Major drug missing or expired. Any drug not listed under category one deficiency would be considered a major drug (category two deficiency). *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    c. Major equipment missing or dysfunctional. Any equipment not listed under category one deficiency would be considered major equipment (category two deficiency).
    d. Major deficiency that would pose a significant risk for patient harm.
3. Evaluation criteria for pass/fail and rectification of deficiencies
    a. Category One Deficiencies
        i. Up to three deficiencies can be rectified within a specified time and can be proven by receipt of purchase or other requirements.
        ii. Four or more deficiencies will be an automatic failure.
    b. Category Two Deficiencies
        i. Any one deficiency will be automatic failure.
    c. All deficiencies resulting in failure will be mailed to the practitioner by certified mail for date of receipt. No anesthesia will be delivered from that time until a new inspection can be completed, which may be conducted in-person.

South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.com

PRACTITIONER ANESTHESIA INSPECTION CHECKLIST
FULL INSPECTION

Name of Practitioner _____ License Number _____

Name of Office _____ Date _____

Address _____

Telephone _____

Email _____

- THIS FORM MUST BE COMPLETED BY THE PRACTITIONER LISTED ABOVE –
PRACTITIONER MUST INITIAL EACH QUESTION

PERMIT – Please check only one:	
General Anesthesia and Deep Sedation	
Moderate Sedation (Patients 12 years and Older)	
Pediatric Moderate Sedation	
Host	

STAFF – Please verify the following by initialing each:	**YES**	**NO**
I delegate duties in accordance with Board Administrative Rules and Laws and verify that all individuals that monitor patients under moderate sedation, deep sedation or general anesthesia hold the appropriate permit issued by the Board or are otherwise authorized by law to monitor.		
I delegate injection of medication through an intravenous site per ARSD 20:43:09:10.01.		
If yes, I certify compliance with ARSD 20:43:09:10 and 20:43:09:10.01 and I have verified current certification of staff (DAANCE). *If you do not delegate injection, please leave blank.*		

OFFICE FACILITY AND EQUIPMENT - Please verify, by initialing each and supplying the requested information, that the following are operational and available, *in appropriate sizes where applicable*, when moderate sedation, deep sedation or general anesthesia is being administered to a patient:	**YES**	**NO**
MONITORING AND EMERGENCY EQUIPMENT		
Automated blood pressure monitor (and appropriately sized cuffs)		
Manual blood pressure cuffs (appropriately sized) and stethoscope		
Electrocardiograph		
Automated External Defibrillator (AED) and pads (unexpired)		
Pulse Oximeter		
Measurement of EtCO2/Capnography		
Precordial Stethoscope		
Emergency medications organized and labeled, located within or near operating theater.		
OPERATING THEATER(S)		
Allow at least three individuals to move freely about the patient.		
Permit easy access to emergency equipment and for emergency personnel.		
OPERATING CHAIR OR TABLE		
Permits the patient to be positioned so the operating team can maintain the airway.		
Permits the team to alter the patient's position quickly in an emergency.		
Provides a firm platform for the management of cardiopulmonary resuscitation.		
LIGHTING SYSTEM		
There is a backup lighting system.		
The backup lighting system is of sufficient intensity to permit completion of any operation underway at the time of general power failure.		
SUCTION EQUIPMENT		
The suction equipment permits aspiration of the oral and pharyngeal cavities.		
There is a backup suction device available.		
OXYGEN DELIVERY SYSTEM		
There is an adequate backup oxygen delivery system available.		
The oxygen delivery system has appropriately sized full-face masks for patients, appropriate connectors, and is it capable of delivering oxygen to the patient under positive pressure.		
RECOVERY AREA *(Recovery Area can be the Operating Theater)*		
Has available oxygen.		
Has available adequate suction.		
Has adequate lighting.		
Has adequate electrical outlets.		
Has monitoring equipment in recovery area including pulse oximeter and blood pressure.		
Recovery area allows for adequate movement of personnel and use of equipment.		

ANCILLARY EQUIPMENT	YES	NO
Laryngoscope complete with an adequate selection of blades, spare batteries and bulbs.		
Appropriately sized endotracheal tubes and appropriate connectors.		
Appropriately sized oral and nasal airways		
Appropriately sized supraglottic airways		
Tonsillar or pharyngeal type suction tip adaptable to all office outlets		
Endotracheal tube forceps (McGill)		
Equipment adequate to establish an intravenous infusion		
Printed emergency algorithms: ACLS and anesthesia emergencies. PALS, if applicable.		
Glucometer and test strips (unexpired)		
Intraosseous Vascular Access Kit		
Equipment available to perform a cricothyroidotomy or surgical airway		
Ability to communicate within the office in case of emergency and quickly call 911		

DRUGS - Please verify, by initialing each and supplying the requested information, that these drugs are available when moderate sedation, deep sedation or general anesthesia is being administered to a patient:	YES	NO	NAME OF DRUG:	**Expiration Date:** *(MM/DD/YY)*
Vasopressor drug				
Corticosteroid drug				
Bronchodilator drug				
Muscle relaxant drug				
Intravenous medication for treatment of cardiopulmonary arrest				
Narcotic antagonist drug				
Benzodiazepine antagonist drug				
Antihistamine drug				
Antiarrhythmic drug				
Anticholinergic drug				
Coronary artery vasodilator drug				
Antihypertensive drug				
Anti-Emetic drug				

DRUGS - Please verify, by initialing and supplying the requested information, that these drugs are available when moderate sedation, deep sedation or general anesthesia is being administered to a patient:	**YES**	**NO**	**NAME OF DRUGS:**	**Expiration Date:** *(MM/DD/YY)*
Current ACLS Algorithm Drugs				

Please list any drugs that have been ordered, but are on backorder:	**Anticipated ship date:**

Inhalation Anesthetics (other than nitrous oxide) – Please verify by initialing and supplying the requested information.	**YES**	**NO**
Inhalation anesthetics other than nitrous oxide are used		

If yes, please list the following:

a. Mechanism of response for Malignant Hyperthermia

Drug: _____ Expiration Date: _____

b. Method used to continuously monitor temperature: _____

EMERGENCIES - Please verify by initialing each:	**YES**
I have a written emergency response protocol in place for all patients undergoing moderate sedation, deep sedation, or general anesthesia.	
Within the prior 12 months, the individuals involved in caring for a patient undergoing moderate sedation, deep sedation, or general anesthesia completed a review of appropriate emergency scenarios and were able to demonstrate knowledge and ability in recognition and treatment of these emergencies, including all of the following: Respiratory: Laryngospasm, Bronchospasm, Emesis and Aspiration, and Airway Obstruction Cardiovascular: Angina/Myocardial Infarction, Hypotension, Hypertension Other: Syncope, Hyperventilation Syndrome, Seizures, Malignant Hyperthermia, and Severe Allergic Reaction	

ANESTHESIA RECORDS - Please verify the following by initialing each:	**YES**
I have attached to this form in hard copy three anesthesia records, corresponding anesthesia consent forms, and corresponding patient evaluation records from my patients that have undergone moderate sedation, deep sedation, or general anesthesia in the last 12 months. *Please do not include the operative report.*	
The anesthesia records have been redacted and do not contain any protected health information (HIPAA PHI).	

LICENSED ANESTHESIA PROVIDER (LAP) - Please verify the following by initialing each:	**YES**	**NO**
I utilize a LAP to administer moderate sedation, deep sedation, or general anesthesia to dental patients.		
If yes, I certify compliance with ARSD 20:43:09:04.01 and have a written contract or agreement that satisfies the criteria outlined in this rule. *If you do not utilize a LAP, please leave blank.*		

MISCELLANEOUS - Please verify by initialing each:	**YES**
I can proficiently start an intravenous line.	
I have reviewed and am compliant with the requirements of ARSD 20:43:09 in all offices in which I administer or utilize a licensed anesthesia provider to administer moderate sedation, deep sedation, or general anesthesia.	
All emergency equipment is inspected and maintained on a prudent and regularly scheduled basis, according to manufacturer specifications where applicable.	
All emergency drugs are inspected on a prudent and regularly scheduled basis.	
I understand that per ARSD 20:43:09:09 I must notify the Board within 72 hours after any death or any incident that results in a temporary or permanent physical or mental injury requiring medical treatment of a patient during, or as a result of, the administration of general anesthesia, deep sedation, moderate sedation, or nitrous oxide and failure to comply with this reporting requirement may result in a suspension of my host, moderate, or general anesthesia and deep sedation permit. I further understand that this reporting requirement applies if I am administering anesthesia or sedation or if I am utilizing a licensed anesthesia provider to administer sedation or anesthesia to my patient.	
I can competently administer the level of sedation or anesthesia authorized by my permit. *If host permit evaluation, please leave blank.*	

ADDITIONAL LOCATIONS: I administer or utilize a licensed anesthesia provider to administer moderate sedation, deep sedation or general anesthesia in the following offices *(Attach additional sheets if necessary)*.

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

Office Name:_____

Phone: _____

Physical Address:_____

Mailing Address:_____

Level of Sedation or Anesthesia Provided at this Location:_____

I, _____(print name), being first duly sworn, certify that I am the person referred to in this inspection form and that under penalty of perjury all the information contained in this inspection form and in any attachments or additional documents submitted herewith are true and correct. I attest that each practice location where moderate sedation, deep sedation, or general anesthesia services are provided are compliant with ARSD § 20:43:09 and any applicable state or federal regulations. I understand that falsification or omission of information, including intentional failure to provide complete information or concealment of relevant information, may result in revocation of a permit or license, or may be considered as the basis for discipline.

Practitioner Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____ 20_____

My commission expires _____

_____

Notary Public

For Office Use Only:

South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.com

OFFICE ANESTHESIA INSPECTION RESULTS
FULL INSPECTION– FORM 1
CHECKLIST AND RECORDS REVIEW

Instructions - For each assigned inspection:
- The inspector will receive a copy of a practitioner's completed checklist and three redacted anesthesia records.
- The inspector should review these documents, complete the form below, and email this completed form to the board office at contactus@sdboardofdentistry.com.

Inspection (Practitioner Name): _____

Inspector: _____ Date of Review: _____

PERMIT – Please check only one:	
General Anesthesia and Deep Sedation	
Moderate Sedation (Patients 12 years and Older)	
Pediatric Moderate Sedation	
Host	

PRACTITIONER INSPECTION CHECKLIST REVIEW – *Please review practitioner inspection checklist and complete the question below:*	**YES**	**NO**
Practitioner Checklist is complete and satisfactory		
If no, please list deficiencies or concerns:		

1. RECORD REVIEW *Please review the first anesthesia record to verify the following:*	**YES**	**NO**
An adequate medical history of the patient including all drug allergies, current medications, previous surgery, and any other pertinent medical history.		
Consent form appropriate for the level of anesthesia being administered.		
Base line vital signs, including blood pressure and pulse.		
An adequate physical evaluation of the patient, including airway evaluation, auscultation of heart and lungs, height, weight and age of the patient.		
ASA Classification appropriate based on medical history.		
Indication of nothing by mouth or time of last intake of food or water.		

Patient was NPO an adequate length of time according to the Patient's medical history, age, height, weight and following the current ASA guidelines.		
Electrocardiograph documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Pulse oximeter documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Blood pressure and vital sign documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Capnography and oxygen saturation - continuous monitoring.		
If general anesthetic gases were administered, continuous temperature monitoring was documented. *If not applicable, leave blank.*		
Drugs administered, dosage, time, and route of administration.		
Type of IV catheter or port with gauge and IV access site.		
Documentation of start and finish times for the anesthesia or sedation.		
Recovery and discharge information, including continuous recovery monitoring, discharge vital signs, the patient's condition at discharge, the criteria for discharge, how the patient was discharged, whom the patient was discharged to, that the appropriate home care instructions were given written and verbally and an emergency contact was given to the patient.		
Names of personnel assisting with anesthesia care.		
Space to document abnormal occurrences during the procedure or complications of anesthesia.		
Record Notes:		

2. RECORD REVIEW *Please review the second anesthesia record to verify the following:*	**YES**	**NO**
An adequate medical history of the patient including all drug allergies, current medications, previous surgery, and any other pertinent medical history.		
Consent form appropriate for the level of anesthesia being administered.		
Base line vital signs, including blood pressure and pulse.		
An adequate physical evaluation of the patient, including airway evaluation, auscultation of heart and lungs, height, weight and age of the patient.		
ASA Classification appropriate based on medical history.		
Indication of nothing by mouth or time of last intake of food or water.		
Patient was NPO an adequate length of time according to the Patient's medical history, age, height, weight and following the current ASA guidelines.		
Electrocardiograph documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Pulse oximeter documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Blood pressure and vital sign documentation - continuous monitoring and recording of monitoring every 5 minutes.		

Capnography and oxygen saturation - continuous monitoring.		
If general anesthetic gases were administered, continuous temperature monitoring was documented. *If not applicable, leave blank.*		
Drugs administered, dosage, time, and route of administration.		
Type of IV catheter or port with gauge and IV access site.		
Documentation of start and finish times for the anesthesia or sedation.		
Recovery and discharge information, including continuous recovery monitoring, discharge vital signs, the patient's condition at discharge, the criteria for discharge, how the patient was discharged, whom the patient was discharged to, that the appropriate home care instructions were given written and verbally and an emergency contact was given to the patient.		
Names of personnel assisting with anesthesia care.		
Space to document abnormal occurrences during the procedure or complications of anesthesia.		
Record Notes:		

3. RECORD REVIEW *Please review the third anesthesia record to verify the following:*	**YES**	**NO**
An adequate medical history of the patient including all drug allergies, current medications, previous surgery, and any other pertinent medical history.		
Consent form appropriate for the level of anesthesia being administered.		
Base line vital signs, including blood pressure and pulse.		
An adequate physical evaluation of the patient, including airway evaluation, auscultation of heart and lungs, height, weight and age of the patient.		
ASA Classification appropriate based on medical history.		
Indication of nothing by mouth or time of last intake of food or water.		
Patient was NPO an adequate length of time according to the Patient's medical history, age, height, weight and following the current ASA guidelines.		
Electrocardiograph documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Pulse oximeter documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Blood pressure and vital sign documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Capnography and oxygen saturation - continuous monitoring.		
If general anesthetic gases were administered, continuous temperature monitoring was documented. *If not applicable, leave blank.*		
Drugs administered, dosage, time, and route of administration.		
Type of IV catheter or port with gauge and IV access site.		
Documentation of start and finish times for the anesthesia or sedation.		
Recovery and discharge information, including continuous recovery monitoring, discharge vital signs, the patient's condition at discharge, the criteria for discharge, how the patient was discharged, whom the patient was discharged to, that the		

appropriate home care instructions were given written and verbally and an emergency contact was given to the patient.		
Names of personnel assisting with anesthesia care.		
Space to document abnormal occurrences during the procedure or complications of anesthesia.		
Record Notes:		

INSPECTION RESULT: *Please select one*	
PASS -- The inspection form and anesthesia records are complete. I recommend practitioner pass the inspection.	
RECTIFY DEFICIENCIES – I recommend that the practitioner be notified of the deficiencies noted below and have _____ days to rectify the deficiencies. I recommend the practitioner's anesthesia permit remain active during this time.	
FAIL – I recommend that the practitioner's host, moderate, or general anesthesia and deep sedation permit be suspended until the deficiencies noted below are rectified.	
DEFICIENCIES:	

Name of Practitioner Inspected: _____

Signature of Inspector _____

Printed Name of Inspector _____

Phone: _____ Email: _____

Please email this completed form to contactus@sdboardofdentistry.com.

For Office Use Only: Inspection Received:

FULL INSPECTION (FORM 1)

CHECKLIST AND RECORDS REVIEW
CRITERIA FOR PASS/FAIL

1. Category One Deficiencies
    a. Minor drug missing or expired. Minor drug includes: anti-emetic, corticosteroids, or any class IIB ACLS medications. *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    b. Minor equipment missing or dysfunctional. Minor equipment includes: precordial stethoscope or manual blood pressure cuff.
    c. Missing or inaccurate consent forms.
    d. Missing a component of an anesthesia record.
    e. Minor deficiency that would not pose a significant risk for patient harm.
2. Category Two Deficiencies
    a. Major drug missing or expired. Any drug not listed under category one deficiency would be considered a major drug (category two deficiency). *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    b. Major equipment missing or dysfunctional. Any equipment not listed under category one deficiency would be considered major equipment (category two deficiency).
    c. Absence of appropriate oxygen or oxygen delivery system.
    d. Inadequate preoperative evaluation.
    e. Major deficiency that would pose a significant risk for patient harm.
3. Evaluation criteria for pass/fail and rectification of deficiencies
    a. Category One Deficiencies
        i. Up to three deficiencies can be rectified within a specified time and can be proven by receipt of purchase or other requirements.
        ii. Four or more deficiencies will be an automatic failure.
    b. Category Two Deficiencies
        i. Any one deficiency will be automatic failure.
    c. All deficiencies resulting in failure will be mailed to the practitioner by certified mail for date of receipt. No anesthesia will be delivered from that time until a new inspection can be completed, which may be conducted in-person.

South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.com

OFFICE ANESTHESIA INSPECTION RESULTS
FULL INSPECTION – FORM 2
EMERGENCY RESPONSE REVIEW

VIDEO CONFERENCING OR IN PERSON

Name of Practitioner _____ License Number _____

Name of Office Evaluated _____ Date of Evaluation _____

Address of Office Evaluated _____

This inspection can occur utilizing video conferencing. This inspection is intended to help teams assess team readiness and identify areas of potential improvement. This is not a demonstration of knowledge, as much as it is a demonstration of familiarity with supplies and protocols, and of working together effectively as a team. When emergencies occur, a methodical approach based on well-defined, practiced rolls, and written protocols, is the best way to assure a positive outcome. For this reason, please encourage teams to reference their own printed resources during the inspection.

Method Used for Inspection – *Inspector check one*	
Video Conferencing	
In Person	

Name of each individual involved in emergency response review: Please ask the practitioner to assemble the entire team that would assist and respond to an emergency. *Please list team members below.*	**License or Registration Number, if applicable**

Emergency Roles and Responsibilities
Please ask the team leader to describe the defined emergency roles in that office. *Roles below are examples and should be used as a guide. Inspector should cross off roles as the team leader describes them or write in additional roles identified by the team leader.* o Team Leader o Airway/Monitoring Assistant o Instrument/Drug Assistant o Circulator/Scribe o Front Office Coordinator/Liaison o Other:
Please ask each team member identified above to describe the responsibilities pertaining to his or her role. *Team members should articulate their own assigned responsibilities. Inspector should recommend printed cards for individuals, if not available during inspection.* The following responsibilities should be specifically assigned to and acknowledged by a team member. *Inspector should cross out each responsibility as it is claimed by a team member and discuss any responsibility that is not claimed, so it can be assigned to a team member.* o Call code / summon help o Establish diagnosis o Direct 911 call o Make 911 call / fill out call record o Bring emergency cart to treatment room o Manage airway o Assist with airway management (connect bag-valve-mask, adjust O2 etc.) o Monitor and report vital signs o Provide IV or IO access as needed o Prepare and deliver IV fluids and medications under direction of team leader o Complete Emergency Record - record vital signs, diagnoses, interventions with times o Place defibrillator pads, shave as needed, deliver shock as directed o Provide chest compressions o Assist with chest compressions o Bring family or patient escort to private area, keep them informed, solicit any additional patient medical information o Notify patients in lobby after family or patient escort notified o Greet EMS, clear path, escort to treatment area o Other:

Written Resources *Inspector should have team leader access and show Inspector each of the following written resources. Inspector should check the box once each resource is shown.*	
ACLS / PALS and other common emergency algorithms	
911 call record	
Medical Emergency Record	

Review of Emergency Drugs

Inspector should select from the list below five different drug categories to spot check.

Inspector should list one drug category and request that a drug that falls under that category be located and brought to the treatment area within one minute of being requested.

Inspector should then ask Team Leader to describe what the drug is used for, including proper dosage range and route of administration.

This process should be repeated for each of the five drug categories and Inspector should complete the form for each drug category selected, including Y/N. If a drug is expired because its replacement is on backorder, Inspector should write "backordered" next the name of the drug.

Drug Category (Select Five)	**Name of Drug**	**Expiration Date**	**Team Leader Was Able to Describe Use (Yes/No)**	**Drug Located/ Brought within 1 Minute (Yes/No)**
Vasopressor drug				
Corticosteroid drug				
Bronchodilator drug				
Muscle relaxant drug				
Intravenous medication for treatment of cardiopulmonary arrest				
Narcotic antagonist drug				
Benzodiazepine antagonist drug				
Antihistamine drug				
Antiarrhythmic drug				
Anticholinergic drug				
Coronary artery vasodilator drug				
Current ACLS Algorithm Drugs				
Antihypertensive drug				
Anti-emetic drug				

Review of Equipment *Inspector should select from the list below five different pieces of equipment to spot check.* *Inspector should list one and request that this equipment be located and brought to the treatment area within one minute of being requested.* *This process should be repeated for each of the five pieces of equipment and Inspector should complete the form for each, including Y/N.*	
Equipment (Select Five)	**Equipment Located/ Brought Within 1 Minute (Yes/No)**
Automated blood pressure monitor (and appropriately sized cuffs)	
Manual blood pressure cuffs (appropriately sized) and stethoscope	
Electrocardiograph	
Automated External Defibrillator (AED) and pads (unexpired)	
Pulse Oximeter	
Measurement of EtCO2/Capnography	
Precordial Stethoscope	
Backup suction device	
Backup oxygen delivery system	
Laryngoscope complete with an adequate selection of blades, spare batteries and bulbs.	
Endotracheal tubes and appropriate connectors.	
Tonsillar or pharyngeal type suction tip adaptable to all office outlets	
Endotracheal tube forceps (McGill)	
Equipment adequate to establish an intravenous infusion	
Glucometer and test strips (unexpired)	
Intraosseous Vascular Access Kit	
Equipment available to perform a cricothyroidotomy or surgical airway	

Demonstrations (*adult and pediatric sized, if applicable) *Inspector should request that the team demonstrate each of the following.* *If a manikin is not available, the team should describe how each of the following would be accomplished.*	
Connecting mask to oxygen and delivering positive pressure ventilation	
Insertion of Oral and Nasal Airways *	
Endotracheal Intubation or Insertion of Supraglottic Airway *	
Team should demonstrate effective CPR in dental chair. *Team should demonstrate suitability of chair for CPR or stabilization of chair for adequate CPR.*	
Demonstrate functionality of monitoring equipment on live person (including blood pressure, pulse oximetry, ECG tracing, and end tidal CO2)	

Recovery and Discharge *Inspector should check the box once each is verified.*	
Verify that recovery area is equipped with monitors, oxygen, and lighting.	
Verify that recovery area allows for adequate movement of personnel and use of equipment.	

Simulated Emergencies *Inspector should select three emergencies from list below to review with team.* *Instructor should list scenario for emergency and team should conduct a simulated response.* *Team may use algorithms and other resources available in office.*		
Emergencies Reviewed (Select Three)	**Adequate Response**	**Inadequate Response**

List of Simulated Emergencies: *Algorithms can be obtained at https://www.adsa-arf.org/ten-minutes---pdfs. Inspector please have these algorithms available for you to reference during the inspection.*

Respiratory:
- Laryngospasm
- Asthma/Bronchospasm
- Aspiration/Clinically Significant
- Choking/Foreign Body Airway Obstruction

Cardiovascular:
- Chest Pain (Acute Coronary Syndrome/Angina/Myocardial Infarction)
- Hypotension
- Hypertensive Emergency/Urgency

Other:
- Syncope/Altered Mental Status
- Hyperventilation
- Seizures
- Malignant Hyperthermia
- Major Allergic Reaction

EMERGENCY SCENARIO REVIEW RESULT: Please select one	
PASS -- I recommend practitioner pass the inspection.	
RECTIFY DEFICIENCIES – I recommend that the practitioner be notified of the deficiencies noted below and have _____ days to rectify the deficiencies. I recommend the practitioner's anesthesia permit remain active during this time.	
FAIL – I recommend that the practitioner's host, moderate, or general anesthesia and deep sedation permit be suspended until the deficiencies noted below are rectified.	
DEFICIENCIES:	

Name of Practitioner Inspected: _____

Signature of Inspector: _____

Printed Name of Inspector: _____

Phone: _____ Email: _____

Entity that Inspector is Affiliated with: _____

Address: _____

City, State, Zip: _____

Please email this form to contactus@sdboardofdentistry.com immediately following inspection.

For Office Use Only: Inspection Received:

FULL INSPECTION (FORM 2)

EMERGENCY RESONSE REVIEW
CRITERIA FOR PASS/FAIL

1. Category One Deficiencies
    a. Unable to locate drug, generally describe use of drug, or bring requested drug within 1 minute (Review of Drugs).
    b. Minor drug missing or expired. Minor drug includes: anti-emetic, corticosteroids, or any class IIB ACLS medications. *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    c. Minor equipment missing or dysfunctional. Minor equipment includes: precordial stethoscope or manual blood pressure cuff.
    d. Unable to bring requested emergency equipment within 1 minute (Review of Equipment).
    e. Missing written resources or recovery area equipment (Written Resources/Recovery and Discharge)
    f. Unable to demonstrate use of equipment/technique (Demonstration).
    g. Minor deficiency that would not pose a significant risk for patient harm.
2. Category Two Deficiencies
    a. Major drug missing or expired. Any drug not listed under category one deficiency would be considered a major drug (category two deficiency). *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    b. Major equipment missing or dysfunctional. Any equipment not listed under category one deficiency would be considered major equipment (category two deficiency).
    c. Inability of team to effectively respond to an emergency (Simulated Emergencies).
    d. Major deficiency that would pose a significant risk for patient harm.
3. Evaluation criteria for pass/fail and rectification of deficiencies
    a. Category One Deficiencies
        i. Up to three deficiencies can be rectified within a specified time and can be proven by additional training or other requirements.
        ii. Four or more deficiencies will be an automatic failure.
    b. Category Two Deficiencies
        i. Any one deficiency will be automatic failure of the evaluation.
    c. All deficiencies resulting in failure will be mailed to the practitioner by certified mail for date of receipt. No anesthesia will be delivered from that time until a new inspection can be completed, which may be conducted in-person.

Dental Specialty Recognition and the *Requirements for Recognition of Dental Specialties*

January 2022

National Commission on Recognition of Dental Specialties and Certifying Boards

Introduction

- A dental specialty is an area of dentistry that has been formally recognized by the National Commission as a specialty by meeting the *Requirements for Recognition of Dental Specialists*. Not all disciplines will satisfy the requirements for specialty recognition.

- Dental specialties are recognized to protect the public, nurture the art and science of dentistry, and improve the quality of patient care.

- There are six (6) *Requirements for Recognition for Dental Specialties* with some requirements having multiple components.

- Applicants for specialty recognition must meet all six (6) *Requirements for Recognition* in order to be recognized. The recognized specialties must remain in compliance with the *Requirements for Recognition* at all times.

- *Requirements for Recognition* are managed by the American Dental Association (ADA) House of Delegates and are reviewed every five (5) years.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards. All Rights Reserved

Recognized Dental Specialties

- The National Commission recognizes the following twelve (12) dental specialties:
  - Dental Anesthesiology
  - Dental Public Health
  - Endodontics
  - Oral and Maxillofacial Pathology
  - Oral and Maxillofacial Radiology
  - Oral and Maxillofacial Surgery
  - Oral Medicine
  - Orofacial Pain
  - Orthodontics and Dentofacial Orthopedics
  - Pediatric Dentistry
  - Periodontics
  - Prosthodontics
- Every ten (10) years the recognized specialty sponsoring organizations are required to complete the Periodic Review of Dental Specialty Education and Practice to ensure continued compliance with the *Requirements for Recognition*.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 1

There are three (3) separate components to **Requirement 1** that must be met.

Please note that the absolute number of specialists and/or the number of members associated with the applicant/recognized sponsoring organization is not a consideration for this requirement.

Requirement 1:

In order for an area to become and/or remain recognized as a dental specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of that proposed or recognized dental specialty;

Interpretation: There may be different types of membership offered by the applicant/recognized specialty sponsoring organization; however, a majority of the active members must be in the area of practice that is recognized or seeking recognition.

Recommended Documentation:

- Membership categories as outlined in *Bylaws*/Governance Manual.
- Survey results of specialty organization members indicating the number practicing primarily in the proposed/recognized specialty.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards. All Rights Reserved

Requirement 1

(b) in which the privileges to hold office and to vote on any issue related to the specialty are reserved for dentists who either have completed an advanced education program accredited by the Commission on Dental Accreditation in that proposed or recognized specialty or have sufficient experience in that specialty as deemed appropriate by the sponsoring organization and its certifying board;

Interpretation: Only dentist members who have completed a Commission on Dental Accreditation (CODA) accredited advanced education program or have sufficient experience in the proposed/recognized specialty can hold office and vote.

Recommended Documentation:

- *Bylaws* provide clear language related to only dentists being allowed to hold office and vote.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 1

(c) that demonstrates the ability to establish a certifying board.

Interpretation: The applicant sponsoring organization has established a separate, independent certifying board and/or has the ability to establish a separate certifying board. The recognized specialty sponsoring organizations have a separate certifying board that is currently recognized by the National Commission.

Recommended Documentation:

- *Bylaws* outline the close working relationship between the sponsoring organization and the certifying board.

For applicant organizations, the certifying board must be able to meet the *Requirements Recognition* by the National Commission if specialty recognition is granted.

The recognized specialty has an established certifying board that is recognized by the National Commission and continues to meet the *Requirements for Recognition.*

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 2

Requirement 2:

A proposed specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the Commission on Dental Accreditation's Accreditation Standards for Dental Education Programs.

Interpretation: Comparison of the current CODA Accreditation Standards for Dental Education Programs (Predoctoral) to the current Accreditation Standards for Advanced Dental Education Programs in the proposed/recognized specialty to determine if the training, knowledge and skill is beyond that of dental school graduates.

Recommended Documentation:

- Written documentation explaining how the CODA Accreditation Standards for Advanced Dental Education Programs in the proposed/recognized dental specialty provide training, knowledge and skills are greater than that of dental school graduates.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 3

There are two (2) separate components to **Requirement 3** that must be met.

The National Commission acknowledges that there is limited degree of overlap among all the recognized dental specialties.

Requirement 3:

The scope of the proposed specialty requires advanced knowledge and skills that:

(a) in their entirety are separate and distinct from the knowledge and skills required to practice in any recognized dental specialty;

Interpretation: Comparison of the current CODA Accreditation Standards for Advanced Dental Education Programs in the proposed/recognized specialty to the Advanced Dental Education Accreditation Standards of the recognized dental specialties to ensure the proposed/recognized specialty is distinct.

Recommended Documentation:

- Written documentation explaining how the proposed/recognized specialty has distinct knowledge and skills that is unique to the specialty.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 3

(b) cannot be accommodated through minimal modification of a recognized dental specialty.

Interpretation: None of the currently recognized dental specialties could be modified to encompass the knowledge and training provided in a proposed/recognized specialty.

Recommended Documentation:

- Written documentation explaining how the proposed/recognized specialty has unique knowledge and skills that could not easily be assumed by any of the other recognized specialties.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 4

There are four (4) separate components to **Requirement 4** that must be met.

Requirement 4:

The specialty applicant must document scientifically, by valid and reliable statistical evidence/studies, that it:

(a) actively contributes to new knowledge in the field;

Interpretation: The proposed/recognized specialty promotes improvement in the field through sponsorship of a peer reviewed scientific journal, development of parameters of care, recommendations for continuing education requirements, support for recertification requirements and engagement in evidence-based, peer reviewed publications that contributes to the knowledge of the field.

Recommended Documentation:

- Documented evidence of sponsorship of a peer reviewed scientific journal.
- Documented Parameters of Care for the discipline.
- Documented continuing education recommendations for practitioners in the field.
- Documented support for recertification/certification maintenance requirements for diplomates.
- List of evidence based, peer reviewed publications primarily dedicated to the discipline/specialty.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 4

(b) actively contributes to professional education;

Interpretation: Contributes to the education needs of the discipline at the predoctoral, postdoctoral and continuing education levels.

Recommended Documentation:

- Survey results showing the number of part-time and full-time faculty members in the field employed by dental schools and/or post-graduate dental education programs that contribute to the teaching programs.
- List of sustained and ongoing continuing education programs that are utilized by the profession that are CCEPR/Joint Accreditation/State Dental Board recognized.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 4

(c) actively contributes to research needs of the profession; and

Interpretation: Engages in current research that establishes the validity of therapy used by the practitioners in the proposed/recognized specialty.

Recommended Documentation:

- List of research in the field that has been actively conducted and continually published over a period of years (15 years) in peer-reviewed journals up to the present time.
- List of grants/funding for research in the discipline/specialty over the past 15 years.

The expectation of the National Commission is that the published research is in widely known professional journals.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 4

(d) provides oral health services in the discipline for the public; each of which the specialty applicant must demonstrate would not be satisfactorily met except for the contributions of the specialty applicant.

Interpretation: Shows a need for service that is not currently being met by general practitioners and/or the recognized dental specialties.

Recommended Documentation:

- Written evidence showing a need for the oral health service that is not currently being met by others.
- Written evidence showing there are a sufficient number of practitioners that limit their practice to the discipline.
- Evidence that general/specialty practitioners refer patients for definitive treatment to practitioners in the discipline.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Requirement 5

Requirement 5:

A proposed specialty must directly benefit some aspect of clinical patient care.

Interpretation: The proposed/recognized specialty has a direct benefit/impact on clinical patient care and can meet the needs of its patient population.

Recommended Documentation:

- Documentation from general dentists and other dental specialists of referral patterns for treatment within the discipline.
- Documentation showing that the proposed/recognized specialty impacts clinical patient care and meets the need of the patients through the current and future number of practitioners in the field.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards. All Rights Reserved

Requirement 6

Requirement 6:

Formal advanced education programs of at least two years accredited by the Commission on Dental Accreditation must exist to provide the special knowledge and skills required for practice of the proposed specialty.

Interpretation: The proposed/recognized specialty must have advanced educational programs accredited by CODA that are a minimum of two (2) years in length.

Recommended Documentation:

- Current copy of the CODA Standards for Advanced Dental Education Programs in the discipline.
- List of current advanced education programs in the discipline accredited by CODA with the number of full and part-time faculty dedicated to the program, along with the number of residents in each class.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Dental Specialty Certifying Board Recognition and the *Requirements for Recognition of National Certifying Boards for Dental Specialists*

NCRDSCB

Introduction

- In order to be eligible for recognition as a national certifying board, a dental specialty sponsoring organization in the same discipline of dentistry **must** first be recognized by the National Commission.

- The *Requirements for Recognition of National Certifying Boards for Dental Specialists* contains 15 requirements that are divided into three (3) sections:

  - Organization of Boards (4 requirements)
  - Operation of Boards (8 requirements)
  - Certification Requirements (3 requirements)

- In order to become recognized, an applicant certifying board must meet all 15 requirements.

- In order for a certifying board to remain recognized, all 15 requirements must continue to be met.

- On an annual basis, the recognized certifying boards are required to complete an *Annual Survey of the Recognized Certifying Boards* showing compliance with the *Requirements for Recognition of National Certifying Boards for Dental Specialists.*

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Recognized Dental Specialty Certifying Boards

- The National Commission recognizes the following eleven (11) dental specialty certifying boards:
  - American Board of Dental Public Health
  - American Board of Endodontics
  - American Board of Oral and Maxillofacial Pathology
  - American Board of Oral and Maxillofacial Radiology
  - American Board of Oral and Maxillofacial Surgery
  - American Board of Oral Medicine
  - American Board of Orthodontics
  - American Board of Pediatric Dentistry
  - American Board of Periodontology
  - American Board of Prosthodontics
  - American Dental Board of Anesthesiology

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards. All Rights Reserved

1. Organization of Boards-Requirement 1

Requirement 1-1:

Each Board shall have no less than five or more than 12 voting directors, designated on a rotation basis in accordance with a method approved by the National Commission on Recognition of Dental Specialties and Certifying Boards. Although the Commission does not prescribe a single method for selecting directors of boards, members may not serve for more than a total of nine years. Membership on the board shall be in accordance with a prescribed method endorsed by the sponsoring organization. All board directors shall be diplomates of that board and only the sponsoring organizations of boards may establish additional qualifications if they so desire.

Interpretation: (a) There are no more than twelve (12) of voting directors, (b) whose terms do not exceed a total of nine (9) years and (c) all directors are diplomates.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

1. Organization of Boards-Requirement 1

Recommended Documentation:

Bylaws provide language related to:

- The required number of voting directors, which is no less than five (5) and no more than twelve (12) voting directors.
- The length of the directors terms, which is no longer than nine (9) years total.
- The requirement that each board member is a diplomate.

Further recommended documentation outside of *Bylaws*:

- Written documentation outlining the boards selection process, membership criteria and diplomate requirement for directors/officers.
- A list of current voting members/officers of the board.

NCRDSCB
© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

1. Organization of Boards-Requirement 2

Requirement 1-2:

Each board shall submit in writing to the National Commission on Recognition of Dental Specialties and Certifying Boards a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of sponsorship by the board by a national organization that meets all the elements of Requirement 1 of the *Requirements for Recognition of Dental Specialties.*

Interpretation: There is a specialty sponsoring organization recognized by the National Commission and there is a close working relationship between the certifying board and sponsoring organization.

Recommended Documentation:

- *Bylaws* contain language related to the close working relationship between the sponsoring organization and the certifying board.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

1. Organization of Boards-Requirement 2

Examples of a close working relationship may include:

- A statement of sponsorship of the certifying board by the recognized specialty sponsoring organization.
- Formal policy statements by the sponsoring organization and certifying board recognizing each other.
- Sponsoring organization and certifying board engaging in regular, formal communications.
- Attendance of leadership/liaisons representing the sponsoring organization/certifying board at annual meetings.
- The sponsoring organization's ability to make nominations to the certifying board's board of directors.
- Procedures acknowledging that the sponsoring organization may establish additional qualifications for diplomates who serve on the certifying board.
- Sponsoring organization providing continuing education courses that prepare diplomates for examination of the board as well as review courses as part of the re-credentialing process.
- Collaboration of review and revision of accreditation standards for advanced education programs in the specialty discipline. Although collaboration between the sponsoring organization and the certifying boards is **required**, the certifying board **must** be independent, bearing full responsibility for its program; the evaluation of qualifications and competence of those it certifies as diplomats; and financially independent from the sponsoring organization.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

1. Organization of Boards-Requirement 3

Requirement 1-3:

Each Board shall submit to the National Commission on Recognition of Dental Specialties and Certifying Boards evidence of adequate financial support to conduct its program of certification.

Interpretation: Examines financial viability of the certifying board.

Recommended Documentation:

- Copy of the previous year Financial Statement and/or Audit Report.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

1. Organization of Boards-Requirement 4

This requirement only applies to certifying boards that outsource administrative functions and/or development of examinations to agencies outside of the certifying board.

Requirement 1-4:

Each Board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examination of candidates. Consultants who participate in clinical examinations should be diplomates.

Interpretation: Outsourcing of administrative duties of the certifying board to external agencies to run the daily operations and/or develop the examination content.

Recommended Documentation:

If the certifying board does outsource administrative and/or examination functions:

- The *Bylaws* must describe the process of selecting consultants or agencies, the duties of these individuals/agencies
- A copy of the Annual Report from the individual(s)/agency.

If the certifying board does not outsource administrative or examination functions to outside agencies, no evidence of compliance is required.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards. All Rights Reserved

2. Operation of Boards-Requirement 1

Requirement 2-1:

Each board shall certify qualified dentists as diplomates only in the special area of dental practice approved by the National Commission on Recognition of Dental Specialties and Certifying Boards for such certification. No more than one board be recognized for the certification of diplomates in a single area of practice.

Interpretation: The certifying board is only certifying dentists as diplomates.

Recommended Documentation:

- *Bylaws* and/or written policies stating that the board is only certifying qualified dentists as diplomates.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 2

Requirement 2-2:

Each board, except by waiver of the National Commission on Recognition of Dental Specialties and Certifying Boards, shall give at least one examination in each calendar year and shall announce such examination at least six months in advance.

Interpretation: The certifying board gives at least one (1) examination yearly and properly posts announcements related to examination dates at least six (6) months in advance.

Recommended Documentation:

- A copy of the announcement of examination(s) date/place posted by the certifying board.
- Written description of where the information is posted.
- Screenshot of organizations website showing posting.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 3

Requirement 2-3:
Each board shall maintain a current list of its diplomates.

Interpretation: The certifying board keeps a current list of diplomates.

Recommended Documentation:

- Current list of diplomates.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 4

Requirement 2-4:

Each board shall submit annually to the National Commission on Recognition of Dental Specialties and Certifying Boards data relative to its financial operations, applicant admission procedures, and examination content and results. Examination procedures and results should follow the Standards for Educational Psychological Testing, including validity and reliability evidence. A diplomate may, upon request, obtain a copy of the annual technical and financial reports of the board.

Interpretation: Validity and reliability of the examination to ensure the examination is properly testing what it is meant to be testing and whether all aspects of the test is unbiased.

The requirement also addresses a diplomates ability to be given access, via written request, to the annual technical report of the examination and the financial reports of the board.

NCRDSCB

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 4

Recommended Documentation:

- Policy and/or public statements demonstrating diplomates ability, upon written request, to obtain information on the certifying boards financial viability and examination technical reports.
- Written Examination Procedures.
- Candidate Brochure/Guidelines/Procedures for Certification Examination.
- Certification and Recertification Examination Content.
- Documentation related to Test Construction and Evaluation:
  - Validity and Reliability evidence provided by a psychometrican/statistician (Examination Technical Report)
  - Test Development and Revisions Process
  - Test administration, Scoring and Reporting Process
  - Policy on Fairness in Testing and Test Use
  - Policy on Rights and Responsibilities of Test Takers
  - Policy on Testing Individuals of Diverse Linguistic Backgrounds
  - Policy on Testing Individuals with Disabilities

NCRDSCB
© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 5

Requirement 2- 5:

Each board shall encourage its diplomates to engage in lifelong learning and continuous quality improvement.

Interpretation: Continuing education and recertification/certification requirements related to lifelong learning.

Recommended Documentation:

- Written Recertification/Certification Maintenance Policies.
- Written Continuing Education Practices and Requirements.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 6

Requirement 2-6:

Each board shall provide periodically to the National Commission on Recognition of Dental Specialties and Certifying Boards evidence of its examination and certification of a significant number of additional dentists in order to warrant its continued approval by the National Commission on Recognition of Dental Specialties and Certifying Boards.

Interpretation: The certifying board gives a certification examination (at least once a year) for a number of additional practitioners commensurate to its size.

Recommended Documentation:

- Evidence of holding at least one (1) certification examination.

Please note that the number of practitioners in each of the recognized specialties varies, which has an impact on the number of examinations given in a year and the number of examinees in a specific discipline.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 7

Requirement 2-7:

Each board shall bear full responsibility for the conduct of its program, the evaluation of the qualifications and competence of those it certifies as diplomates, and the issuance of certificates.

Interpretation: The certifying board is autonomous from the sponsoring organization and has full authority to conduct its business related to the evaluation and competence of diplomates and the issuance of certification.

Recommended Documentation:

- Written documentation (articles of incorporation) showing that the certifying board is an autonomous entity.
- *Bylaws* show board has authority to develop and administer examinations and make certification decisions independently.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

2. Operation of Boards-Requirement 8

Requirement 2-8:

Each board shall require an annual registration fee from each of its diplomates intended to assist in supporting financially the continued program of the board.

Interpretation: Financial viability of the certifying board.

Recommended Documentation:

- Copy of fee schedule showing fees related to the annual registration fee for diplomates and all other charges related to board certification.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards. All Rights Reserved

3. Certification Requirements-Requirement 1

Requirement 3-1:

Each board shall require, for eligibility for certification as a diplomate, the successful completion of an advanced education program accredited by the Commission on Dental Accreditation of two or more academic years in length, as specified by the Commission.

Although desirable, the period of advanced study need not be continuous, nor completed within successive calendar years. An advanced educational program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time as a graduated sequence of educational experience not exceeding four calendar years, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement.

Each board may establish an exception to the qualification requirement of completion of an advanced specialty education program accredited by the Commission on Dental Accreditation for the unique candidate who has not met this requirement per se, but can demonstrate to the satisfaction of the certifying board, equivalent advanced specialty education. A certifying board must petition the National Commission on Recognition of Dental Specialties and Certifying Boards for permission to establish such a policy.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

3. Certification Requirements-Requirement 1

Interpretation: Provides analysis into the following areas:

- Eligibility requirements for diplomates that have successfully completed an advanced education program accredited by the Commission on Dental Accreditation (CODA).
- Eligibility requirements for diplomates who attended an advanced education program on a part-time basis and completed the program with four (4) years.

Please note that not all advanced education programs accredited by CODA allow for part-time attendance

- Alternate pathways to certification for diplomates that have not graduated from a CODA accredited advanced education program.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards. All Rights Reserved.

3. Certification Requirements-Requirement 1

Recommended Documentation:

- Written eligibility requirements for certification showing completion of a CODA accredited advanced education program that is two (2) or more years in length.
- If the recognized specialty does allow part-time attendance, there is written evidence related to eligibility and the length of the part-time program.
- Alternative Pathways to Certification
  - If there are alternate pathways to certification, there is written evidence related to equivalency or other measures to demonstrate equal scope and level of knowledge.

Please note an alternate pathway is an eligibility pathway for individuals with unique circumstances such as an internationally-educated dentist who has accepted a full-time, teaching appointment in the discipline in a CODA accredited predoctoral or postdoctoral education program or for individuals who have been practicing exclusively in the discipline for many years prior to the establishment of the CODA-accredited programs.

Alternative pathways are not for individuals who have graduated from non-accredited, U.S. based advanced education programs.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

3. Certification Requirements-Requirement 2

Requirement 3-2

Each board shall establish its minimum requirements for years of practice in the area for which is grants certificates. The years of advanced education in this area may be accepted toward fulfillment of this requirement.

Interpretation: Review of minimum eligibility requirements for certification.

Recommended Documentation:

- Written documentation related to minimum requirements for certification.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

3. Certification Requirements-Requirement 3

Requirement 3-3:

Each board, in cooperation with its sponsoring organization, shall prepare and publicize its recommendations on the educational program and experience requirements which candidates will be expected to meet.

Interpretation: Evaluates whether the certifying board and sponsoring organization work together in developing educational standards and experiential requirements.

Recommended Documentation:

- Written evidence of joint comments made on CODA accreditation standards.
- Agenda/Meeting minutes showing that the certifying board and sponsoring organization meet on a regular basis to review educational program standards and experiential requirements.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Application Process for Recognition of a Dental Specialty and National Certifying Boards for Dental Specialists

NCRDSCB

Application for Specialty and Certifying Board Recognition Process

- National Commission Application Process for Recognition of a Dental Specialty and Dental Specialty Certifying Board are the same.
- No more than one (1) sponsoring organization shall be recognized in a single discipline. No more than one (1) certifying board shall be recognized as the national certifying board for a recognized specialty.
- The certifying board applicant organization must be able to show proof that it has a close working relationship with the recognized specialty sponsoring organization.
- The application and non-refundable application fee must be submitted at the same time, in order for the application to move forward.
- Provided the application is in order, it may take up to twenty (20) months following the application submission date for the National Commission to take action on the recognition status. If the application is determined to not in order by the director and/or the Review Committee, the process may take longer than 20 months.
- If it is determined that the application contains all of the required documentation, a notification that an application for recognition has been received is posted in the ADA News and on the National Commission's website.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Application for Specialty and Certifying Board Recognition Process

- Once the Review Committee determines that the application is complete and no further documentation is required to make a determination of recognition, the Review Committee as part of the review process will invite public comment for a sixty (60) day period on the applicant's compliance with the *Requirements for Recognition*.

- The following organizations will be notified in writing of receipt of the application:
  - Presidents and Executive Directors of:
    - Constituent Dental Societies
    - Recognized Dental Specialty Organizations
    - Recognized Dental Specialty Certifying Boards
    - American Association of Dental Boards
    - American Dental Education Association
    - Academy of General Dentistry
    - State Boards of Dentistry
  - Deans, Dental Schools
  - Directors, Advanced Dental Education Programs
  - ADA Officers and Board of Trustees
  - Members, ADA House of Delegates
  - Members and Director, ADA Council on Dental Education and Licensure
  - ADA News

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Application for Specialty and Certifying Board Recognition Process

- The Review Committee will only consider public comments that are related to the *Requirements for Recognition*. Comments that include Protected Health Information (PHI) and/or Personally Identifiable Information (PII), violate the National Commission's Policy on Integrity or contain unprofessional remarks will be disregarded.

- Once the public comment period has closed, during review of the public comments and final review of the application, the Review Committee may request verbal testimony from the applicant to address issues raised during the public comment period.

- Following a comprehensive review of the application, public comments, and verbal testimony of the applicant (if requested), the Review Committee will make a recommended action to the Board of Commissioners to grant recognition, postpone action or deny recognition. The recommendation is reviewed by the Board of Commissioners at its next regularly scheduled meeting.

- During the portion of the National Commission's Annual Meeting when the application is being considered, representatives from the applicant organization are invited to be "on call". They are not allowed to listen/participate in the deliberations of the National Commission.

© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

Application for Specialty and Certifying Board Recognition Process

- The National Commission may take action to:
  - grant recognition
  - postpone action, pending additional information
  - deny recognition

- Denial of recognition is considered an adverse action and the applicant has the right to appeal the adverse action.

- Separate appeal board made up of four (4) general dentists appointed by the ADA Board of Trustees and twelve (12) specialists (one (1) specialist from each of the recognized specialties and one (1) public member.

- Five (5) members from the appeal board "pool" are chosen to sit on the appeal board hearing panel. The hearing panel consists of two (2) general dentists, two (2) specialists and the public member.

- The appeal board can uphold the decision of the Board of Commissioners or remand the issue back to the Board of Commissioners for further consideration.

NCRDSCB
© 2022 National Commission on Recognition of Dental Specialties and Certifying Boards, All Rights Reserved

South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
Ph: 605-224-1282 Fax: 1-888-425-3032
E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.org

Application for Continuing Education Course Honorarium

Background

It is the policy of the Board to allocate resources, when available, to fund continuing education courses that further the mission of the Board.

Procedure

Application Deadline:	December 11, 2021. *Applications received after this deadline will not be considered.*
Submit Applications to:	South Dakota State Board of Dentistry PO Box 1079 Pierre, SD 57501 Or electronically to contactus@sdboardofdentistry.com
Fund Amount:	The Board will fund up to $7,500 in total during this request cycle.

Criteria for Consideration

- ✓ The sponsor organization must meet the applicable state contractor requirements.
- ✓ The course must further the mission of the Board.
- ✓ Preference will be given to courses that impact a large number of licensees or registrants and courses provided in partnership with other professional associations.
- ✓ Any funded course must be open to all dental professionals free of charge.

If an application is approved:

- ✓ The sponsor organization must be prepared to complete the state contract process.
- ✓ The sponsor organization must note in its promotional materials the following: *"The honorarium for this speaker is being funded by the South Dakota State Board of Dentistry. This course is open to all dental professionals free of charge. The content and opinions expressed during this course do not necessarily reflect the views of nor are they endorsed by the South Dakota State Board of Dentistry."*
- ✓ Following the course date, the sponsor organization must submit a brief report, including how many South Dakota licensees and/or registrants attended.

Course Information

Title of Course: *Detailed course outline must be attached:*

Actions & Algorithms for Medical Emergencies & To Pull or Not to Pull

Speaker(s): *Curriculum Vitae or Resume must be attached:*

Dr. Daniel G. Pompa

Date(s) of Course: Friday, May 13, 2022 & Saturday, May 14, 2022

Course Location: The Monument, Rapid City SD

Honorarium Amount requested: $ 7500.00

Applicant Information

Sponsor Organization Name:

South Dakota Dental Association

Sponsor Organization Contact:

Name: Melissa Afdahl, Event Manager

Address: 804 N. Euclid Ave., Ste 103 Pierre, SD 57501

Phone: 605-224-9133

Email: Melissa@sddental.org

Partner Organization Name (if applicable):

Application Questions

Please type or print clearly; use additional paper if necessary.

1. Does the sponsor organization meet the requirements to serve as a state contractor?

   ☒ Yes

   ☐ No

2. Please list the course objectives:

   Actions and Algorithms:
   1. Discover three simple chair-side, non-invasive tests to help avoid an emergency
   2. Recognize the most frequent life threatening emergencies and know when and why they occur
   3. Review a systematic approach to treat the most common life-threatening scenarios
   4. Learn how to develop a plan for the office team when dealing with a crisis event
   5. Determine when to administer the essential "Top 10" emergency drugs
   6. Understand legal and moral obligations presented by medical emergencies

   To Pull or Not to Pull:
   1. Learn the radiographic technique to use when evaluating a tooth for a fracture
   2. List the 7 step work-up, consisting of procedures and tests that should be used when performing or referring a patient for an apicoectomy
   3. Understand the principles of guided tissue regeneration, and know the indications and contraindications for its use

   Recognize how the location of a sinus tract can be a key critical diagnostic indicator for the final prognosis

   Identity the signs to differentiate between and Endo/Perio vs Perio/Endo lesions and understand the difference as it relates to the final prognosis

3. What is the target population?

   Actions and Algorithms for Medical Emergencies: All Healthy Professionals and Teams

   To Pull or Not to Pull: General Practitioner and Dental Specilaists

4. What is the anticipated number of *South Dakota* licensees and/or registrants that will attend this course?
   a. Dentists: 100
   b. Dental Hygienists: 150
   c. Registered Dental Assistants: 150
   d. Radiographers: _____
   e. Other Dental Office Staff: _____

5. List other possible sources of financial support for this course:

   N/A