

South Dakota State Board of Dentistry

Board Meeting Agenda

10:00 a.m. Central - Friday October 10, 2025

Drifters Event Center -- 325 E. Hustan Avenue Ft. Pierre SD 57532

Public Agenda

- 1) Call to Order**
- 2) Open Forum:** 5 minutes for the public to address the Board
- 3) Approval of Minutes**
- 4) Adoption of Agenda**
- 5) Financial Report**
- 6) Office Update**
- 7) Organization and Program Updates**
 - a. SD Dental Association, Dental Wellness Program, Oral Health Coalition and related Subgroups:
Paul Knecht
 - b. SD Dental Hygienists' Association: *Tasha Wendell and Caitlyn Lint*
 - c. Health Professionals Assistance Program: *Amanda McKnelly*
 - d. Dental Assisting and Dental Hygiene Programs:
 - i. Southeast Technical College: *Marcia Jensen*
 - ii. Western Dakota Technical College: *Chanin Hughes*
 - iii. Lake Area Technical College: *Nicole Pahl (written update only)*
 - iv. University of South Dakota: *Caitlin Lint and Miranda Drake*
 - e. Clinical Exam Testing Agency Updates
- 8) Executive Session - SDCL 1-25-2(3)**
- 9) License Applications**
- 10) Compliance/Legal**
- 11) New Business:**
 - a. Teledentistry Draft Regulations
 - b. South Dakota Dental Association Administrative Rules Petition (SDCL 1-26-13): *South Dakota Dental Association*
 - i. SDDA Proposed Administrative Rules Changes: Authorize Unregistered Dental Assistants to Administer Nitrous Oxide
 - ii. Executive Session - SDCL 1-25-2(3)
 - c. Mission Statement Review
 - d. Open Meeting Laws Training
 - e. Radiography Course Approval Request
 - f. 2026 Clinical Competency Examinations
 - g. Continuing Education Honorarium Application
 - h. Appointment(s)
 - i. Meeting Date(s)
- 12) Announcements:** Future Meetings – February 6, 2026 and May 29, 2026
- 13) Adjourn**

Individuals needing assistance, pursuant to the Americans with Disabilities Act, should contact the Board of Dentistry at least 48 hours in advance of the meeting to make any necessary arrangements.

SD State Board of Dentistry
Board Meeting
Drifters Event Center – Ft. Pierre, SD
Friday May 30, 2025

President Van Dam called the meeting to order at 10:22 am Central.

Board Members Present: Dr. Scott Van Dam, Dr. Brian Prouty, Dr. Nick Renemans, Dr. Harold Doerr, Dr. Jon Schaack, Amy Perry and Ashley Flynn.

Board Staff Present: Brittany Novotny and Lisa Harsma.

Board Staff Present via Video/Audio Conferencing: Megan Borchert (General Counsel), Shelly Munson (Prosecutor), and Dr. Orin Ellwein (Investigator).

Presenters attending via Video/Audio Conferencing: Katie Pudwill (SDDHA).

Others Present: Paul Knecht (SDDA).

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

Motion to approve the minutes of the February 7, 2025 board meeting by Perry. Second by Renemans. Motion carried.

Motion to move approve the agenda by Doerr. Second by Perry. Motion carried.

Motion to approve the financial report by Perry. Second by Schaack. Motion carried.

Novotny provided an office update.

Katie Pudwill presented an update on the South Dakota Dental Hygienists' Association.

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

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) by Renemans. Second by Perry. Motion carried. The Board went into Executive Session at 10:53am.

Motion to move out of Executive Session by Perry. Second by Doerr. Motion carried. The board moved out of Executive Session at 1:24pm.

Motion to approve the dentist credential verification applications of Thomas Richard Gunnell, Ashley Nicole Huber, Shayna Beth Lichten, Armani Bernice Mendoza, Kyle James Neuschaefer, Carley Ann Odens and Jesse Conrad Roberts by Renemans. Second by Doerr. Motion carried.

Motion to approve the dentist applications of Dara Alvand, Jason Kefyalew Bereded, Sophie Rose Bisgard, Gage Lee Fenski, Brody Racota Grantham, Austin Scott McCullough and Madisen Jo Swift-Bereded by Renemans. Second by Flynn. Motion carried.

Motion to approve the dental hygienist credential verification applications of Judith Catherine Bonertz, Stacia Lynn Damron, Mallory Margaret Miller and Caroline Vilcins Morgan by Schaack. Second by Renemans. Motion carried.

Motion to approve the dental hygienist applications of Elizabeth Claire Anderson, JoAnna Christine Austad, Kylie Barbara Bochman, Reese Rose Coffman, Kenia Abigail Cruz, Vanessa Nicole Doyle, Rahcel Anne Epapy, Dan Joseph Grebner, Sydney Susan Hermanson, Saryn Linse Hruby, Eden Taylor Hullinger, Hannah Nikole Kirbach, Keanna Malia Korth, McKinly Ayrn Kyte, Megan Elizabeth Ruth Lusk, Melany Jisell Melgar Enriquez, Samantha Kay Olson, Samantha Lynn Price, Chloe Christine Schmitt, Erin Ann Schwanebeck, Payton Lynn Smedsrud, Victoria Colene Stutzke, Emily Elizabeth Sullivan, Avery Jane Vis, Ellie Elizabeth Williams and BriAnna Elizabeth Zohner by Perry. Second by Schaack. Motion carried.

Motion to approve the agreed upon disposition, as presented, and direct the order be signed and entered for case 30.2324 by Renemans. Second by Doerr. Motion carried.

Motion to approve the agreed upon disposition, as presented, and direct the order be signed and entered for case 02.2425 by Schaack. Second by Renemans. Motion carried.

Motion to accept the CRDTS Remediation Report as satisfaction of the Letter of Reprimand with Remediation in case 21.2425 by Perry. Second by Flynn. Motion carried.

Motion to accept the CRDTS Remediation Report as satisfaction of the Letter of Reprimand with Remediation in case 37.2425 by Renemans. Second by Perry. Motion carried.

Motion to direct that general counsel and staff provide a written response to the Board of Pharmacy regarding nitroglycerine tablets that includes appropriate statutory references and the scope of practice decision making framework document by Renemans. Second by Doerr. Motion carried.

Motion to approve the Board Policies, as presented, by Doerr. Second by Flynn. Motion carried.

Motion to approve the Continuing Education Guidelines, as presented, by Flynn. Second by Perry. Motion carried.

Motion to approve the Board Courses, as presented, by Perry. Second by Renemans. Motion carried.

Motion to approve the anesthesia inspection documents, as presented, by Perry. Second by Doerr. Motion carried.

Flynn nominated Dr. Scott Van Dam as President, Dr. Brian Prouty as Vice President and Amy Perry as Secretary/Treasurer. Motion to cease nominations and cast a unanimous ballot for Dr. Scott Van Dam as President, Dr. Brian Prouty as Vice President and Zona Hornstra as Secretary/Treasurer by Schaack. Second by Doerr. Motion carried.

Motion to approve annual memberships in the American Association of Dental Boards (AADB) and the American Association of Dental Administrators (AADA) and to approve travel for two representatives to attend the meetings associated with each organization by Perry. Second by Schaack. Motion carried.

The Board announced meeting dates of October 10, 2025, February 6, 2026 and May 29, 2026.

Motion to adjourn by Renemans. Second by Flynn. Motion carried.

There being no further business, the meeting was adjourned at 1:39pm.

Amy Perry, Secretary

Remaining Authority by Object/Subobject

Expenditures current through 08/30/2025 12:50:48 PM

HEALTH -- Summary

FY 2026 Version -- AS -- Budgeted and Informational

FY Remaining: 83.6%

09202 Board of Dentistry - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
EMPLOYEE SALARIES							
5101030 Board & Comm Mbrs Fees	13,797	0	0	0	13,797	100.0	
Subtotal	13,797	0	0	0	13,797	100.0	
EMPLOYEE BENEFITS							
5102010 Oasi-employer's Share	1,252	0	0	0	1,252	100.0	
Subtotal	1,252	0	0	0	1,252	100.0	
51 Personal Services							
Subtotal	15,049	0	0	0	15,049	100.0	
TRAVEL							
5203030 Auto-priv (in-st.) H/rte	1,772	0	0	0	1,772	100.0	
5203070 Air-charter-in State	22,000	2,185	0	0	19,815	90.1	
5203100 Lodging/in-state	1,637	0	0	0	1,637	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	32,414	2,185	0	0	30,229	93.3	
CONTRACTUAL SERVICES							
5204010 Subscriptions	300	0	0	0	300	100.0	
5204020 Dues & Membership Fees	5,000	300	0	0	4,700	94.0	
5204050 Computer Consultant	34,400	27,079	18,001	0	-10,680	0.0	
5204060 Ed & Training Consultant	3,307	0	0	0	3,307	100.0	
5204080 Legal Consultant	38,616	12,293	0	0	26,323	68.2	
5204090 Management Consultant	295,140	32,565	296,283	0	-33,708	0.0	
5204100 Medical Consultant	40,000	2,533	168,983	0	-131,516	0.0	
5204130 Other Consulting	7,000	-1,010	43,690	0	-35,680	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	3,549	1,885	0	0	1,664	46.9	
5204203 Central Services	203	7	0	0	196	96.6	
5204204 Central Services	1,211	124	0	0	1,087	89.8	
5204207 Central Services	1,016	0	0	0	1,016	100.0	
5204360 Advertising-newspaper	400	0	0	0	400	100.0	

Remaining Authority by Object/Subobject

Expenditures current through 08/30/2025 12:50:48 PM

HEALTH -- Summary

FY 2026 Version -- AS -- Budgeted and Informational

FY Remaining: 83.6%

09202 Board of Dentistry - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining		AVL
5204460 Equipment Rental	0	150	0	0	-150		0.0
5204480 Microfilm & Photography	500	0	0	0	500		100.0
5204510 Rents-other	725	700	0	0	25		3.4
5204530 Telecommunications Srvc	4,000	0	0	0	4,000		100.0
5204550 Garbage & Sewer	0	25	0	0	-25		0.0
5204590 Ins Premiums & Surety Bds	1,500	0	0	0	1,500		100.0
5204960 Other Contractual Service	12,000	60	0	0	11,940		99.5
Subtotal	451,683	76,711	526,957	0	-151,985		0.0
SUPPLIES & MATERIALS							
5205020 Office Supplies	1,100	40	0	0	1,060		96.4
5205310 Printing-state	1,000	0	0	0	1,000		100.0
5205350 Postage	4,500	1,692	0	0	2,808		62.4
5205390 Food Stuffs	500	0	0	0	500		100.0
Subtotal	7,100	1,732	0	0	5,368		75.6
OTHER							
5208010 Other	500	0	0	0	500		100.0
Subtotal	500	0	0	0	500		100.0
52 Operating Subtotal	491,697	80,628	526,957	0	-115,888		0.0
Total							
Total	506,746	80,628	526,957	0	-100,839		0.0

BA0225R5 08/30/2025

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 08/31/2025

PAGE

14

AGENCY 09 HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY - INFO

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO 6503 COMPANY NAME PROFESSIONAL & LICENSING BOARDS						
092020061807	6503	4293005	DENTIST CREDENTIAL	1,800.00	1,800.00	
092020061807	6503	4293015	HYGIENIST CREDENTIAL	300.00	600.00	
092020061807	6503	4293105	DENTIST NEW LICENSE	400.00	1,000.00	
092020061807	6503	4293115	DENTIST JP EXAM	1,800.00	2,700.00	
092020061807	6503	4293135	DENTIST NITROUS OXIDE	.00	200.00	
092020061807	6503	4293145	DENTIST MOD SEDAT RENEW	.00	50.00	
092020061807	6503	4293160	DENTIST HOST PERMIT LIC	50.00	50.00	
092020061807	6503	4293205	HYGIENIST NEW LICENSE	450.00	450.00	
092020061807	6503	4293215	HYGIENIST JP EXAM	540.00	675.00	
092020061807	6503	4293222	HYGIENIST ANESTHESIA	135.00	180.00	
092020061807	6503	4293235	HYGIENIST NITRIOUS OXIDE	90.00	135.00	
092020061807	6503	4293305	RADIOLOGY NEW	1,395.00	1,980.00	
092020061807	6503	4293405	ADA EXPANDED FUNCTION NEW	1,215.00	1,485.00	
092020061807	6503	4293420	ADA EXPAND FUNC ADMIN NIT	765.00	900.00	
092020061807	6503	4293505	CORPORATE NEW LICENSE	100.00	100.00	
092020061807	6503	4293600	TEMP LICENSE	800.00	1,000.00	
ACCT:	4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		9,840.00	13,305.00	*
ACCT:	42	LICENSES, PERMITS & FEES		9,840.00	13,305.00	**
092020061807	6503	4595000	VERIFICATION LETTERS	175.00	200.00	
092020061807	6503	4595800	LIST OF PRACTITIONERS	1,950.00	3,600.00	
ACCT:	4595			2,125.00	3,800.00	*
ACCT:	45	CHARGES FOR SALES & SERVICES		2,125.00	3,800.00	**
092020061807	6503	4920045	NONOPERATING REVENUES	15,269.79	15,269.79	
ACCT:	4920	NONOPERATING REVENUE		15,269.79	15,269.79	*

BA0225R5 08/30/2025

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 08/31/2025

PAGE

15

AGENCY 09 HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY - INFO

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
ACCT:	49		OTHER REVENUE	15,269.79	15,269.79	**
CNTR:	092020061807			27,234.79	32,374.79	***
CNTR:	092020061			27,234.79	32,374.79	****
CNTR:	0920200			27,234.79	32,374.79	*****
COMP:	6503			27,234.79	32,374.79	*****
B UNIT:	09202			27,234.79	32,374.79	*****

BA1409R1

STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 08/31/2025

PAGE 130

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

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061807	1140000	415,230.72	DR	BOARD OF DENTISTRY
COMPANY/SOURCE TOTAL 6503 618			415,230.72	DR *	
COMP/BUDG UNIT TOTAL 6503 09202			415,230.72	DR **	
BUDGET UNIT TOTAL 09202			415,230.72	DR ***	

SD State Board of Dentistry		Renewals/Reinstatement FY 25	
Categories	FY 25	Dentist	634
Licenses/Registrations - Renewed	3834	Dental Hygienist	907
Permits - Renewed	2570	RDA	955
Licenses/Registrations - New	429	Radiology	1075
Permits - New	228	Corporations	263
Temporary Registrations (Excluding new graduates)	30	Licensing/Registration FY 25	
Collaborative Supervision Agreements	5	Dentist	22
Continuing Education Audits	137	Dental Hygienist	42
Complaints Received	40	Radiology	201
Financials FY 25		RDA	104
Revenue	\$ 623,115.56	Corporations	24
Expense	\$ 650,832.70	Cred Verification - Dentist	20
Cash Center Balance - Year End	\$ 463,484.93	Cred Verification - Hygienist	16

Southeast Technical College
Dental Assisting Program Update
October 2025

Purpose:

To provide the South Dakota State Board of Dentistry with an update on the dental assisting program.

Updates:

- CODA Reporting Status Change:

On January 30, 2025 meeting, the Commission on Dental Accreditation (CODA) considered the October 2024 supplemental report related to the permanent increase in enrollment of six (6) students, from 30 to 36 students for a total of 36 students beginning Fall of 2024 for the dental assisting program. The Commission also considered this issue at its Summer 2024 meeting and Winter 2025 meeting.

Following careful review of all pertinent information, the Commission adopted a resolution **approving** the programs request and maintaining the program's accreditation status of "approval without reporting requirements."

- As a follow up to the Commission Requested Supplemental Information submitted for the August 7, 2025, Commission Meeting.

The Commission requests the following supplemental information using new documents to include:

Fully completed bio sketches for all new faculty, including complete teaching tables listing the full course title of the courses that faculty are teaching for the entire upcoming academic year and the completed credentialing section of the bio sketch ensuring the credentialing information for the Certified Dental Assistant (CDA) credential is listed, if applicable.

All information is available and will have been submitted at the time of this report being shared,

- The fifth class (2024-2025 cohort) of the program successfully graduated 27 students. 100% of the students have secured employment in South Dakota.

There are students in the process or have completed taking the DANB Examination. Currently, seven students have successfully completed the DANB Examination. We highly recommend all our students to take the DANB Examination.

- The current class has an enrollment of 35 students. The students represent the home states of South Dakota, Minnesota and Iowa.
- The program has hired two more adjuncts to support the increase in enrollment from 30 to 36 students. Currently, the program has two full-time faculty and five adjunct instructors.

Southeast Technical College Dental Assisting Program

Lake Area Technical College Update – 9/15/2025

DA- Our DA program is fully enrolled for this fall with 48 students, we have 10 online students returning from January (they will graduate May 2026) and are slated to start an additional 12 in January (who would graduate May 2027). Also, we are fully enrolled for the DA program for Fall 2026!

DH- We have submitted our Dental Hygiene program application, and it has been accepted. Currently, we are awaiting confirmation for a site visit. This year, several new programs have submitted applications, so we are one of many in the queue. We are hopeful that we will receive confirmation on a date soon, which will allow us to better forecast when we can begin accepting students.

If we are able to secure a site visit before December, we may be in a position to launch our first class in Fall 2026. If not, we will need to consider a Spring or Fall 2027 start date for the dental hygiene program. We have instructors, increased facilities in the works and curriculum built...it's a waiting game for us.

Our dental hygiene program director is Dr Darlene Bogenpohl. She has experience with CODA and starting new programs with other institutions in her career and is able to navigate the CODA's requirements and standards for dental hygiene education.

Please keep in mind that once students are accepted, they will complete *one intensive year of study*. We will continue to keep the SDBOD and SDDA informed of any updates or changes.

Corp Ed- We are currently revamping our Continuing Educational offerings to encompass the entire dental office. We are looking to include courses on management and the business side (including insurance and administration) of the dental office. We have offered Radiography, N2O Sedation and EFDA in the past and will continue to do so.

If you have any questions, please reach out!

Nicole Pahl

Dental Assisting Instructor

Lake Area Technical College

PO Box 730 | 1201 Arrow Ave. | Watertown, SD 57201

www.lakeareatech.edu | O 605.882.5284 Ext. 362

Nicole.Pahl@lakeareatech.edu





AMERICAN BOARD of
DENTAL EXAMINERS

Presents....



The National Exam Standard

Prepared for the
South Dakota Board of Dentistry

September 24, 2025

ADEX Dental Candidate Results

Class of 2025 (through June 30, 2025)



ADEX Clinical Exam Procedures	First Time Pass Rate (%)
Endodontic	77.1
Prosthodontic	87.9
Periodontal	99.2
Anterior Restorative	93.8
Posterior Restorative	88.9

6,720 Class of 2025 candidates testing through June 30, 2025.

**Full Class of 2025 results available in January 2026

Dental Candidates

- 6,698 (of 6,811) **Class of 2024** Candidates took all five ADEX sections
 - 98.8% passed all
 - 82 of these candidates remained unsuccessful
- 385 (of 709) **non-current graduates** took all five ADEX sections in 2024
 - 77.1% passed all
 - 88 of these candidates remained unsuccessful

Dental Hygiene Candidates

- 5,215 (of 5,368) **Class of 2024** Candidates took both ADEX sections
 - 99.7% passed both
 - 18 of these candidates remained unsuccessful
- 1,325 (of 1,774) **non-current graduates** took both ADEX sections in 2024
 - 92.4% passed both
 - 101 of these candidates remained unsuccessful



Report of the ADEX Licensure Examinations by the American Board of Dental Examiners for the South Dakota Dental Board

September 24, 2025

1. Executive Summary

This report provides an overview of the recent ADEX licensure examination administration activity offered as relevant to the South Dakota Board of Dentistry. It includes state-specific data, organizational updates, and our organization's other mission-based efforts in support of state dental boards and public protection.

On September 1, the CDCA-WREB-CITA and the American Board of Dental Examiners (ADEX) officially merged as a single organization under the unified name American Board of Dental Examiners. The merger reflects a shared commitment to establishing national dental licensure standards while further linking and optimizing exam development and exam administration.

The combined organization will continue to include the direct representation of dental boards in exam development and licensure standards. In fact, the voice of dental boards will be increased with a continuous representation of both a dentist and dental hygienist invited from each member dental board as part of the ADEX Council on Examinations. As always, our organization will continue to invest in furthering quality and innovation for all of its didactic and psychomotor performance exam administration capabilities.

2. National and State Candidate Data

The American Board of Dental Examiners is proud to partner with the South Dakota Board of Dentistry as part of our national mission to support the needs of 50+ U.S. States and Jurisdictions. The following examinations, administered by the American Board of Dental Examiners, are utilized by the South Dakota Board of Dentistry:

1. ADEX Dental Licensure Examination
2. ADEX Dental Hygiene Licensure Examination

Additional products offered by the American Board of Dental Examiners include:

1. Dental Therapy Examination
2. Local Anesthesia for Dental Hygienists
3. Dental Hygiene Restorative & EFDA Examination
4. Dental Sedation/Anesthesia Examination

Candidate Activity

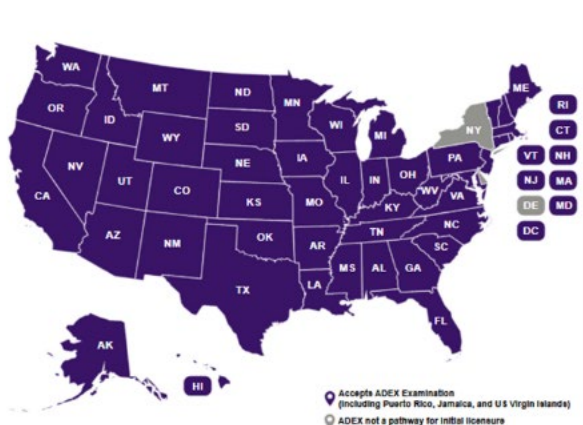
Total ADEX Candidates Tested (Nationally):

Year	Dental	Dental Hygiene	Dental Therapy	Dental Assistant Local Anesthesia
2024 Jan-Dec	13,067	7,092	26	21
2025 Jan-June*	8,076*	5,880*	24*	184*

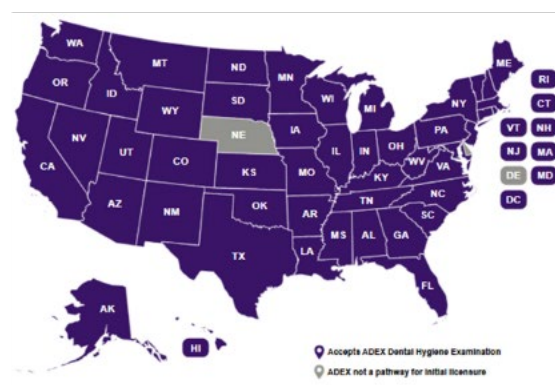
(*) As of mid-year, candidate participation in all categories for 2025 is trending higher than that reported in 2024, indicating increased examination activity.

3. Licensing and Examination Update

- **Dental Therapy Examination:** The Dental Therapy Examination delivered by the American Board of Dental Examiners is now delivered in both Minnesota and Washington State.
- **National Score Database:** The American Board of Dental Examiners provides all state dental boards with access to our National Score Database, offering easy and fast access to candidate performance for licensure. The portal provides scores for ADEX and any previous NERB, WREB, and CITA examinations.
- **Acceptance & Portability:** The National ADEX Dental and Dental Hygiene Exams are accepted or required by law in more US States and Jurisdictions than any other examination agency, as represented in the maps below. Additionally, ADEX is the only pathway for initial licensure in over 25% of U.S. jurisdictions.



ADEX Dental Licensure



ADEX Dental Hygiene Licensure

4. Organizational Highlights and Strategic Initiatives

- **National Exam Standard:** ADEX remains the largest provider of clinical dental and dental hygiene licensure examinations in the U.S., with candidates choosing the ADEX Exam over other testing opportunities for its portability and acceptance.
- **Participating Institutions:** ADEX is currently the examination of choice for:
 - 71 Dental Schools
 - 290+ Dental Hygiene Programs
 - 4 International CODA-accredited or State-Accepted Dental Schools
- **Merger and Operational Integration:** Recent mergers have streamlined operations and improved candidate and examiner experiences across platforms.

5. State Licensure Compact Monitoring:

- The American Board of Dental Examiners continues to track and engage in conversations regarding the Compacts for the Oral Health Professions.

6. Upcoming Priorities (Q3 2025)

Dental Testing and Regulatory Summit

Second annual event featuring meetings of the American Association of Dental Administrators, ADEX, and the American Association of Dental Boards. This event will take place from October 15 to 19, 2025, at the Gaylord Texan. The South Dakota Board of Dentistry members and its Executive Director are invited to attend the American Board of Dental Examiners' Annual Meeting as part of the Summit and are eligible for expense reimbursement.

Educators Conference 2026

Held in conjunction with the Dental Testing and Regulatory Summit, the ADEX Educators Conference is designed specifically for dental, dental hygiene and dental therapy educators whose students take the ADEX examinations. The conference offers valuable opportunities for collaboration, licensure updates, and discussion of other relevant topics impacting education and clinical assessment.

Preparation for year-end technical reporting and school-level feedback.

Board member engagement and exam participation opportunities

The American Board of Dental Examiners actively seeks information regarding new board members to inform, educate, and involve those interested in participating in the licensure exam process. *Board members are always encouraged to contact us directly to learn more.*

For questions or additional information, please contact:

Alex Vandiver, CEO

avandiver@adextesting.org

Shayna Overfelt, CDA

soverfelt@adextesting.org

Stephanie Beeler

sbeeler@adextesting.org

DERC Report for Annual Meeting 2025

ERC has looked at the following content, criteria and scoring and is asking for approval of the following changes:

Part 1 DCTP – Time allotment 1 hour.

Part II Endodontics:

Three grading criteria in the Posterior Endodontics portion of the examination have been amended, as shown below:

- Integrity of Oblique Ridge- Measure from the distal-oblique groove
 - SAT - Greater or equal to 3.0mm
 - ACC - Greater than 2.0mm but less than 3.0mm
 - SUB - Greater than 1.0mm but less than 2.0mm
 - DEF - Less than or equal to 1.00mm
- Pulp Tissue Debridement
 - SAT - All Pulp Tissue is removed.
 - ACC - Pulp tissue remains but is not on the floor or covering the orifice of the canals.
 - SUB - Pulp tissue remains on the floor and covers 1 or more of the canal orifices.
 - DEF - All Pulp tissue remains.
- Pulp Horn Removal
 - SAT- All Pulp Horns are removed through the access opening.
 - ACC- One or two of the pulp horns are not removed through the access opening.
 - SUB- All pulp horns have not been fully removed.
- Penalty points will be assessed for:
 - Rubber Dam remnants
 - Pencil marks on teeth
 - Uncleanliness of models when turned in, that would impede visual assessment of the procedure

Part III Fixed Prosthodontics:

CRDTS will be utilizing Acadental Prime Layer bilayer teeth, similar in enamel hardness to teeth #3, 5 and 9, adjacent to the examination teeth for the fixed prosthodontic examination.

Criteria of the Anterior Lithium Disilicate Ceramic Crown Preparation – Lingual Wall Height ranges have been reduced by 0.5 mm to accommodate for the OS3 M300 teeth, as follows:

- Lingual Wall Height
 - SAT- The lingual wall height is optimally 1.0 mm or more.
 - ACC- The lingual wall height is 0.5-1.0mm.
 - SUB- The lingual wall height is less than .5mm.
 - DEF- There is no lingual wall.
- Penalty points will be assessed for:
 - Marks on teeth
 - Uncleanliness of models when turned in, that would impede visual assessment of the procedure

Part IV Periodontal:

Gingival recession measurements on the buccal and lingual of two teeth in the quadrant selected for periodontal treatment will be added to the periodontal progress sheet.

Part V Restorative:

CRDTS will be utilizing Acadental Prime Layer bilayer teeth, similar in enamel hardness to teeth #3, 8 and 13, adjacent to the examination teeth for the Class II and Class III preparation procedures on the restorative examination.

It continues to be emphasized that the Class II preparation **CANNOT** be a slot preparation. Criteria changes are noted in the restorative criteria shown below:

- Outline Shape/Continuity/Extension
 - SAT- The outline form is smooth, rounded and flowing with no sharp curves or angles.
 - SUB- The outline form is inappropriately overextended so that it compromises the remaining marginal ridge/oblique ridge, and/or cusp(s). The outline form is underextended and does not incorporate occlusal pits and grooves.
 - DEF- The outline form is inappropriately overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge/oblique ridge to the extent that the cavosurface margin is unsupported by dentin or the width of the marginal ridge/oblique ridge, is less than 1mm.
- Penalty points will be assessed for:
 - Bonding agent
 - Rubber Dam remnants
 - Marks on teeth
 - Uncleanliness of models when turned in that would impede visual assessment of the procedure
- Class III Prep: Gingival Contact Broken
 - SAT - The gingival contact must be broken, with gingival clearance up to 1 mm. The incisal contact need not be broken, unless indicated by the location of the caries. If a lingual approach is initiated, facial contact may or may not be broken, as long as the margin terminates in sound tooth structure.

Fees: See website.

Retakes: See CRDTS Retake Policy below

If a candidate does not achieve a score at or above a 75% on a procedure, a 2nd Attempt retake option is available on-site after the dental examination has been completed at **most** examination sites. Each procedure has an allotted amount of time to complete. Within an examination part, only the procedure(s) with a sub-75% score need to be retaken. The exception to this is in Part III, Prosthodontics. If the Bridge Factor has a sub-75% score, both posterior crown preparations on teeth #3 and #5 will need to be retaken. Beyond the complimentary first procedure retake fee, a retake fee will be assessed for additional retake procedures on a

per procedure schedule. (See Website). A candidate has up to 5 hours of retake time available for on-site retakes. If a candidate has more than 5 hours of retake time on-site, they must finish remaining retake procedures at another date.

Candidates retaking the CRDTS examination must sign a retake form stating that they have checked with their state board about their number of attempts policy.

A 3rd Attempt may be offered to candidates that do not achieve a score at or above a 75% on their second attempt. A 14-day waiting period is imposed between the second and third attempts.

If following the CIF Format, all retakes must be taken within 60 days after graduation or else all Parts of the examination must be retaken in the Traditional Format.

All attempts will be reported on score reports.

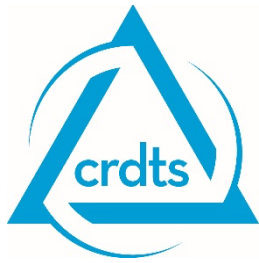
Additional Information: Occlusal opening limiting rods will be inserted by CFE's prior to giving a starting check for all procedures.

The Dental ERC also requests Steering's approval of the following:

- Approval to add Sam Jacoby as NE Rep, Terrance Clark as OR Rep and Jennifer Wallen as UT Rep, and to move Julie Marshall to faculty (**requires Motion**)

Respectfully Submitted,

Rod Hill ERC Chair



DENTAL HYGIENE EXAMINATION REVIEW COMMITTEE
REPORT TO STATE BOARDS

The DHERC met in Omaha, NE on August 21, 2025; 17 of the 20 members were present, constituting a quorum.

The committee reviewed its role in the CRDTS corporate structure, the pertinent section of the Bylaws and the DHERC Charter were all available for the members.

Committee members' terms were reviewed. The representatives from Kansas and South Dakota were thanked for their service and these State Boards will be asked to submit names for appointment to the DHERC for 2026.

Committee members were presented with information regarding exam statistics from January to the end of May. Comments and information from the following sources were shared: examiner comment forms, candidate feedback forms, coordinator reports, site reports, committee member comments and comments received by the Chair and staff over the course of the year.

CRDTS has one patient-based hygiene exam remaining, it was administered to 23 candidates with a 100% pass rate. All others have followed the trend of simulated patient exams. As of May 31, 2025, CRDTS has administered the simulated hygiene exam to 1480 candidates, with a 93% pass rate. We are projected to administer the hygiene exam to a total of 2213 candidates by the end of 2025.

After discussion of all relevant data, the committee voted to bring to Steering a change to content, criteria and scoring. The change will be adding hard tissue trauma to the clinical crown of the tooth as a point deduction and possible failure based on number of trauma errors. A subcommittee will be formed to create the criteria and scoring changes. It was passed at the Steering meeting on August 22, 2025.

Respectfully submitted,

Lisa Kucera, RDH, BGS

Chair, CRDTS Dental Hygiene Examination Review Committee

Dentist Credential		
First Name	Middle Name	Last Name
Johnathon	Lee	O'Brien
Bethany	Jane	Olson
Dentist New		
First Name	Middle Name	Last Name
Brianna	Lynn	Clemetson
Peyton	Blaire	Ernst
William	Drake	Ernst
Melodee	Jo	Grant
Preston	Paul	Herfurth
Andrea	Nicole	Kae
Peyton	Polly	Kuchenbecker
Brody	Garth	McBee
Ethan	William	McKinney
Shay	Jahen	Merritte
Haley	Marie	Molstad
Mariah	LeeAnn	Oyen
ReeAnn	Marie	Rice
Chance	Michael	Salway
Nicholas	William	Scheer
Sydney	Katherine	Schultz

Hygienist Credential		
First Name	Middle Name	Last Name
Katie	Jean	Bloemker
Diane	Rachell	Lee
Hygienist New		
First Name	Middle Name	Last Name
Roarie	Daisy	Anderson
Kaytlin	Joy Scarlett	Barfield
Emilee	Amanda	Beekman
Arlette	Ortega	Chavez
Jean	Sarephine	Hart
Kaylie	Rena	Johnsen
Erika	Brianne	Kint
Brooklyn	Victoria	Kranz
Olivia	Grace	Krull
Lindsey	Shea	Malicki
Raquel	RaeAnne	McAuliffe
Madelyn	Jo	Miller
Kayla	Christine	Moseley
Sara	J	Pizzo
Madeleine	Rose	Rausch

1 **STATUTES**

2 **36-6A-1. Definitions.**

3 Terms used in this chapter mean:

4

5 (18) "Direct supervision," the supervision of a dental hygienist or registered dental
6 assistant requiring that a dentist diagnose the condition to be treated, a dentist authorize
7 the procedure to be performed, a dentist remain in the dental clinic while the procedure is
8 performed, and before dismissal of the patient a dentist approve the work performed by the
9 dental hygienist or registered dental assistant. A dentist may provide direct supervision via
10 live video. A dentist must appear upon request using live video with a response time
11 similar to what would be expected if the dentist were present in the dental clinic;

12 ...

13 (21) "Indirect supervision," the supervision of a dental hygienist or registered dental
14 assistant requiring that a dentist authorize the procedures and a dentist be in the dental
15 clinic while the procedures are performed by the registered dental assistant or dental
16 hygienist. A dentist may provide indirect supervision via live video. A dentist must appear
17 upon request using live video with a response time similar to what would be expected if the
18 dentist were present in the dental clinic;

19 ...

20 (31) "Teledentistry," the practice of dentistry via telehealth as outlined in SDCL 34-52
21 ~~where the patient and the dentist are not in the same physical location, and which utilizes~~
22 ~~the exchange of clinical information and images over remote distances.~~

Source: SL 2015, ch 199, § 1; SL 2016, ch 193, § 1.

36-6A-49.4. Teledentistry services to comply with chapter as if services provided in person standards.

Any services provided by a licensee or registrant through teledentistry ~~or electronic means~~ shall comply with the provisions of this chapter to the same standard of competence as if the services were provided in person by a licensee or registrant. A dentist shall not conduct an evaluation using teledentistry if the standard of competence or the evidence based standards of practice to sufficiently establish an informed diagnosis necessitates an in person evaluation. A licensee or registrant utilizing teledentistry shall:

(1) Establish protocols for technological failures.

(2) Ensure appropriate follow up care for a patient in a reasonable timeframe following a teledentistry encounter; and

(3) Refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in the case of emergency.

Source: SL 2015, ch 199, § 61.

ADMINISTRATIVE RULES

20:43:11:01. Content. A dentist who treats patients shall maintain legible, complete, and accurate medical records. The medical record must contain the patient's clinical and financial record. The clinical record must contain the following information:

(1) For each clinical record entry note:

(a) The signature, initials, or electronic verification of the individual that made the entry note; and

(b) If treatment was provided, the name and the signature, initials, or electronic verification of the individual that provided treatment and the name of the supervising dentist;

(2) The date of each patient record entry, document, radiograph or model;

(3) The examination findings documented by subjective complaints, objective findings, an assessment or diagnosis of the patient's condition, and proposed treatment options;

(4) Current dental and medical history that may affect dental treatment;

(5) Any images, radiographs, test results or other diagnostic aid used to aid in the diagnosis. All film or digital radiographs must be of diagnostic quality. Retention of molds or study models is at the discretion of the dentist, except for molds or study models for orthodontia or full mouth reconstruction that must be retained as part of the clinical record;

(6) An agreed upon treatment plan based on the assessment or diagnosis of the patient's condition;

(7) A complete description of all treatment or procedures administered to the patient at each visit;

(8) A record of any medication administered or dispensed in office, or prescribed, including:

(a) The date administered, dispensed, or prescribed;

(b) The name of the patient to which the medication was administered, dispensed, or prescribed;

(c) The name of the medication; and

(d) The dosage and amount of the medication administered, dispensed, or prescribed, including refills;

(9) Referrals, patient response to referrals, and any communication to and from any health care provider regarding the patient;

(10) Notation of communication to and from the patient or patient's parent or guardian, including:

(a) Notation of informed consent, including communication of potential risks and benefits of proposed treatment, recommended tests, and alternatives to treatment, including no treatment or tests;

(b) Notation of post-treatment instructions or reference to an instruction pamphlet given to the patient;

(c) Notation regarding patient complaints or concerns associated with treatment, including complaints or concerns obtained in person, by phone call, mail, electronic communication, or digital communication; and

(d) Termination of the doctor-patient relationship; ~~and~~

(11) A copy of, or notation regarding, each laboratory order; and

(12) A dentist who provides dental services via teledentistry must also:

(a) Ensure that a teledentistry encounter is clearly characterized as such in the patient's clinical record; and

(b) Include the following in the informed consent:

(i) Consent from the patient to receive teledentistry services, including a statement that patients may decline teledentistry services;

1 (ii) The types of dental services provided via teledentistry and methods of
2 teledentistry delivery, including limitations on services and how privacy will be
3 protected;

4 (iii) The identity, contact information, practice location, licensure or
5 registration, and credentials of all licensees and registrants involved in the patient's
6 care;

7 (iv) Instructions outlining how medical records can be accessed;

8 (v) Protocol for technological failures or emergency situations; and

9 (vi) Protocol for referral for appropriate follow up care with a dentist pursuant
10 to an established treatment plan.

Teledentistry Regulations Feedback – October 10, 2025

Feedback was received from the following:

1. South Dakota Dental Association – Paul Knecht
2. Horizon Health – Dr. Michelle Scholtz
3. Horizon Health – Jacqueline Kelly, RDH
4. Dr. Zach McCready
5. American Association of Orthodontists – Adam Braundmeier



Stakeholder Feedback Form (Teledentistry Draft Regulations)

Please complete the following form to submit feedback on draft regulatory revisions pertaining to Teledentistry. The draft revisions can be found at <https://www.sdboardofdentistry.org>. Feedback must be submitted by 1pm Central on September 22, 2025. Following that date, the feedback will be reviewed and the draft may be modified accordingly. Thank you for your feedback and participation in this process.

Name: *

Paul Knecht

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

South Dakota Dental Association

Email: *

Telephone: *

1a. Page number(s) and Section number(s) that feedback pertains to. Please include only one *
area for feedback per question.

All
.....

1b. Feedback to content of page(s) and section(s) referenced above: *

Thank you for tackling the important task of drafting additional tele-dentistry regulations. The South Dakota Dental Association supports the draft that you have shared with stakeholders. We believe South Dakotans deserve both access and quality dental care and we trust these changes will accommodate both.

.....

1c. Please provide a link to any article or document that pertains to your feedback above:

.....

2a. Page number(s) and Section number(s) that feedback pertains to. Please include only one
area for feedback per question.

.....

2b. Feedback to content of page(s) and section(s) referenced above:

.....

2c. Please provide a link to any article or document that pertains to your feedback above:

.....



Dr. Michelle Scholtz
Horizon Health
Howard Dental
112 N Main St
Howard, SD 57349
Mscholtz@horizonhealthcare.org
605-772-4703
September 20, 2025

South Dakota State Board of Dentistry
PO Box 1079
Pierre, SD 57501
Email: contactus@sdboardofdentistry.com

Subject: Draft Teledentistry Administrative rules

Dear Members of the South Dakota Board of Dentistry,

I am writing to express Horizon Health's full support for the proposed rules regarding supervision levels for teledentistry in South Dakota.

As a community health dentist, I have seen firsthand how critical access to timely and professional dental care is, particularly in rural and underserved areas. The proposed enhancements to supervision levels reflect a forward-thinking, patient-centered approach that balances innovation with patient safety.

Teledentistry has already proven to be a powerful tool in expanding access to care, enabling providers to assess, diagnose, and triage patients remotely. These enhancements would allow dental professionals greater flexibility to provide preventive and diagnostic services under appropriate supervision, while still ensuring the high standard of care expected in South Dakota.

The COVID-19 pandemic underscored the value of remote care delivery. As we look to the future, these proposed changes will help maintain and improve access to oral health care across the state, particularly for populations with limited mobility, transportation barriers, financial barriers or geographic isolation.

The proposed rule changes also align with national trends and recommendations by respected organizations such as the American Dental Association and the National Network for Oral Health Access. Other states, such as Iowa, that have adopted similar measures have already begun to see improved access and outcomes, particularly for children, the elderly, and low-income communities.

I strongly encourage you to adopt these proposed enhancements to supervision levels for teledentistry and to continue supporting innovations that advance oral health for all South Dakotans.

Thank you for your leadership and commitment to improving the dental health infrastructure in our state.

Sincerely,

Dr. Michelle Scholtz
Chief Dental Officer

Horizon Health is an equal opportunity provider.

Stakeholder Feedback Form (Teledentistry Draft Regulations)

Please complete the following form to submit feedback on draft regulatory revisions pertaining to Teledentistry. The draft revisions can be found at <https://www.sdboardofdentistry.org>. Feedback must be submitted by 1pm Central on September 22, 2025. Following that date, the feedback will be reviewed and the draft may be modified accordingly. Thank you for your feedback and participation in this process.

Name: *

Michelle Scholtz

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

Horizon Health

Email: *

Telephone: *

1a. Page number(s) and Section number(s) that feedback pertains to. Please include only one *
area for feedback per question.

Page 5 (iv) Instructions outlining how medical records can be accessed;
.....

1b. Feedback to content of page(s) and section(s) referenced above: *

Medical records accessibility and release for teledentistry would be no different than an in person exam so
this seems redundant to 20:43:11:04
.....

1c. Please provide a link to any article or document that pertains to your feedback above:
.....

2a. Page number(s) and Section number(s) that feedback pertains to. Please include only one
area for feedback per question.

page 5 (ii) The types of dental services provided via teledentistry and methods of teledentistry delivery,
including limitations on services and how privacy will be protected;
.....

2b. Feedback to content of page(s) and section(s) referenced above:

Privacy protection would be no different for teledentistry than an in person exam so is redundant
.....

2c. Please provide a link to any article or document that pertains to your feedback above:
.....



Jacqueline Kelly

Registered Dental Hygienist & Community Dental Health Coordinator
Yankton Community Health Center & Dental Services
Horizon Health
920 Broadway Ave, Suite 2
Yankton, SD 57078
Office: (605)260-0310
September 17, 2025

South Dakota State Board of Dentistry
PO Box 1079
Pierre, SD 57501
Email: contactus@sdboardofdentistry.com

Subject: Draft Teledentistry Administrative rules

Dear Members of the South Dakota Board of Dentistry,

I am a hygienist at Horizon Health, and like many of my colleagues, my experience with teledentistry began during the COVID-19 pandemic. At first, I had reservations. I worried patients might feel shortchanged or frustrated without a dentist physically present in the clinic. To my surprise, the response has been overwhelmingly positive. Patients appreciate the convenience and accessibility, and I've come to see teledentistry as a valuable tool that truly enhances the care I can provide.

With the new proposals, I see even greater benefits for the people of South Dakota. These changes will save patients time, reduce unnecessary barriers, and provide faster relief. Most importantly, the flexibility to complete treatment the same day, without requiring patients to return for another appointment or travel to a different clinic, removes a major burden for many families.

Together, these changes, along with continued use of teledentistry, will expand access, improve efficiency, and strengthen the quality of care we can deliver in our communities.

Sincerely,

Jacqueline Kelly, RDH

Horizon Health is an equal opportunity provider.

Stakeholder Feedback Form (Teledentistry Draft Regulations)

Please complete the following form to submit feedback on draft regulatory revisions pertaining to Teledentistry. The draft revisions can be found at <https://www.sdboardofdentistry.org>. Feedback must be submitted by 1pm Central on September 22, 2025. Following that date, the feedback will be reviewed and the draft may be modified accordingly. Thank you for your feedback and participation in this process.

Name: *

zach mccready

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

Email: *

Telephone: *

1a. Page number(s) and Section number(s) that feedback pertains to. Please include only one *
area for feedback per question.

page 1 lines 9-11 re: direct supervision

1b. Feedback to content of page(s) and section(s) referenced above: *

Direct supervision via teledentistry seems like an oxymoron. If tasks that require direct supervision are permitted via remote supervision (teledentistry) what value does the entire classification of "direct supervision" retain? Or really, indirect supervision for that matter as well.

1c. Please provide a link to any article or document that pertains to your feedback above:

2a. Page number(s) and Section number(s) that feedback pertains to. Please include only one
area for feedback per question.

page 2 lines 6-9

2b. Feedback to content of page(s) and section(s) referenced above:

Does the standard of competence or the evidence based standards of practice infer that an exam of any type can be ethically completed without the licensed provider that is legally able to diagnose being physically present?

2c. Please provide a link to any article or document that pertains to your feedback above:

3a. Page number(s) and Section number(s) that feedback pertains to. Please include only one area for feedback per question.

entire document/concept

3b. Feedback to content of page(s) and section(s) referenced above:

What safeguards are in place to ensure the licensed dentist is in fact the one rendering diagnoses. Can a periodontal dx, caries dx, oral pathology dx truly be rendered without in person physical examination? Who is responsible for the outcome of a medical emergency if one occurs in absence of direct supervision?

3c. Please provide a link to any article or document that pertains to your feedback above:

4a. Page number(s) and Section number(s) that feedback pertains to. Please include only one area for feedback per question.

Entire document/ concept

4b. Feedback to content of page(s) and section(s) referenced above:

The patient's safety should be considered foremost but secondarily, from a liability standpoint who is liable for a missed diagnosis or a failure to diagnose of a pathology that wasn't evident due to the limitations of the remote exam? Would a competent, ethically minded dentist sign off on a full exam when not all tissues can be examined personally? Are we not placing pseudo-diagnostic abilities on auxiliary staff? At what point is the Dentist's exam/diagnosis just a commodity seemingly replaceable with AI interpretation of data.

4c. Please provide a link to any article or document that pertains to your feedback above:

5a. Page number(s) and Section number(s) that feedback pertains to. Please include only one area for feedback per question.

whole concept

5b. Feedback to content of page(s) and section(s) referenced above:

I see value in amending the teledentistry statutes. I hope the language will be more restrictive, definitive and enforceable and keeps patient safety paramount over convenience and finance.

5c. Please provide a link to any article or document that pertains to your feedback above:

If you have additional areas to provide feedback on, please submit this form and complete another form with your additional content. Thank you.

This content is neither created nor endorsed by Google.

Google Forms

Stakeholder Feedback Form (Teledentistry Draft Regulations)

Please complete the following form to submit feedback on draft regulatory revisions pertaining to Teledentistry. The draft revisions can be found at <https://www.sdboardofdentistry.org>. Feedback must be submitted by 1pm Central on September 22, 2025. Following that date, the feedback will be reviewed and the draft may be modified accordingly. Thank you for your feedback and participation in this process.

Name: *

Adam Braundmeier

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

American Association of Orthodontists

Email: *

Telephone: *

1a. Page number(s) and Section number(s) that feedback pertains to. Please include only one *
area for feedback per question.

Page 2; Section 36-6A-49.4

1b. Feedback to content of page(s) and section(s) referenced above: *

The requirement that "services provided by a licensee or registrant through teledentistry... shall comply with the same standard of competence as if the services were provided in person" is, while well-intentioned, unnecessary and potentially problematic. The standard of care is already a legal obligation applicable to all licensed providers, regardless of whether the rule states it. Re-stating it here does not strengthen patient protection, but instead risks weakening it by creating a loophole: unscrupulous providers may argue that the "standard of care" in a teledentistry context does not require an in-person exam.

In orthodontics, however, an in-person examination is always necessary prior to initiating treatment. The evidence-based standard of practice requires hands-on evaluation, radiographs, and diagnostic records that cannot be adequately obtained through telecommunication alone. The proposed language, as drafted, leaves room for misinterpretation and would expose South Dakota patients to risk from providers seeking to rely solely on virtual evaluations.

I respectfully urge the Board to revise the proposed rule to make explicit that teledentistry may be used as a supplemental tool for follow-up, consultations, and limited services, but that an in-person examination is required prior to initiating orthodontic treatment or any other service where clinical standards necessitate a physical evaluation. This will close the potential loophole, align the rule with existing standards of care, and provide clear guidance for both providers and patients.

For convenience, I would propose the rule be amended as follows:

Any services provided by a licensee or registrant through teledentistry shall comply with the provisions of this chapter. Teledentistry may be used to supplement, but not replace, an in-person examination when the standard of care requires direct clinical evaluation. An in-person examination is required prior to initiating orthodontic treatment and prior to providing any other service where an in-person evaluation is necessary to establish an informed diagnosis and treatment plan. A licensee or registrant utilizing teledentistry shall:

- (1) Establish protocols for technological failures;
- (2) Ensure appropriate follow-up care for a patient in a reasonable timeframe following a teledentistry encounter; and
- (3) Refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in the case of emergency.

1c. Please provide a link to any article or document that pertains to your feedback above:

OrthoFacts – for information and data on why an in-person exam is necessary
OrthoFacts | AAO

<https://www2.aaoinfo.org/advocacy/advocacy-efforts/orthofacts/>

Recently Passed States with AAO supported language:

Utah Code Section 58-69-807

https://le.utah.gov/xcode/Title58/Chapter69/58-69-S807.html?v=C58-69-S807_2020051220200512

West Virginia Code | §30-4-8B

<https://code.wvlegislature.gov/30-4-8B/>

Texas Becomes the 8th State Requiring An In-Person Exam Before Start of Orthodontic Treatment - AAO

<https://www2.aaoinfo.org/texas-becomes-the-8th-state-requiring-in-person-exam-before-start-of-orthodontic-treatment/>

2a. Page number(s) and Section number(s) that feedback pertains to. Please include only one area for feedback per question.

.....

2b. Feedback to content of page(s) and section(s) referenced above:

.....

2c. Please provide a link to any article or document that pertains to your feedback above:

.....



South Dakota DENTAL ASSOCIATION

A constituent society of the American Dental Association

S.D. Dental Association
804 N. Euclid, Ste 103
Pierre, SD 57501-1194
Phone (605) 224-9133
FAX (605) 224-9168
www.sddental.org

June 23, 2025

Dr. Scott Van Dam, Chairman
South Dakota State Board of Dentistry
PO Box 1079
Pierre, SD 57501

Dear Dr. Van Dam:

The South Dakota Dental Association (SDDA) requests the State Board of Dentistry amend existing rules to allow dental assistants to administer nitrous oxide and monitor patients under nitrous oxide.

The primary reason for proposing this change is to increase the efficiency and effectiveness of the current and future dental workforce in South Dakota. The need for the changes is being driven by a shortage in the allied dental workforce as well as the need to provide increased access to dental services.

Enclosed you will find the substance of the rule changes we are asking the Board to consider. We appreciate the fact that the Board might prefer to craft the rules in a fashion that better suits your role as a regulatory body and would welcome the opportunity to discuss changes to the rules.

While South Dakota Administrative Rule 1-26-13 requires the Board to either deny this petition or initiate rule-making proceedings within thirty days, we will gladly waive that requirement in order to allow the Board to consider this petition within the structure of your regular meeting schedule.

Sincerely,

Paul Knecht
Executive Director

Amend as follows:

20:43:09:06. Nitrous oxide sedation and analgesia permit requirements and authorization -
- Dental hygienists, dental assistants and registered dental assistants. The State Board of Dentistry may issue a permit to a dental hygienist, dental assistant or a registered dental assistant to administer nitrous oxide sedation and analgesia to dental patients on an outpatient basis under the supervision of a dentist if the dental hygienist, dental assistant or registered dental assistant:

(1) Is certified in administering basic life support by the American Heart Association for the Healthcare Provider, the American Red Cross for the Professional Rescuer, or an equivalent program approved by the State Board of Dentistry; and

(2) Has successfully completed a State Board of Dentistry-approved educational course that substantially meets the objectives and content as described in Part 4 of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and either:

(a) Completed the course within thirteen months prior to application for a permit; or

(b) Completed the course more than thirteen months prior to application for a permit, has legally administered nitrous oxide sedation and analgesia for a period of time during the three years preceding application, and provides written documentation from a dentist who has employed or supervised the applicant, attesting to the current clinical proficiency of the applicant to administer nitrous oxide sedation and analgesia; and

(3) Has graduated from high school, or its equivalent, and attained the age of 18.

A dental hygienist, dental assistant or registered dental assistant who administers nitrous oxide sedation and analgesia shall use equipment with fail-safe features, a thirty-percent-minimum oxygen flow, and a scavenger system.

A dental hygienist, dental assistant or registered dental assistant with a permit to administer nitrous oxide sedation and analgesia may administer nitrous oxide sedation and analgesia to dental patients under the dentist's indirect supervision, as that term is defined in SDCL 36-6A-1.

A dental hygienist with a permit to administer nitrous oxide sedation and analgesia may administer nitrous oxide sedation and analgesia to dental patients eighteen years and older under the dentist's general supervision, as that term is defined in SDCL 36-6A-1, if the supervising dentist has authorized the administration and the authorization is included in the patient's record. If there has been a relevant change in the patient's medical history since the authorization, the dental hygienist must consult with the dentist before administering nitrous oxide sedation and analgesia. The dentist shall ensure a written emergency response protocol is in place for patients receiving nitrous oxide sedation and analgesia by the dental hygienist under general supervision.

SD State Board of Dentistry – Proposed Changes:

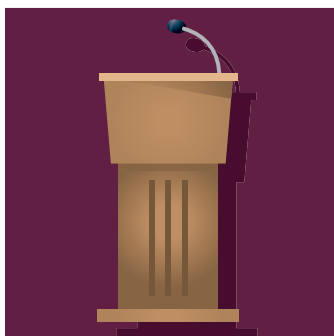
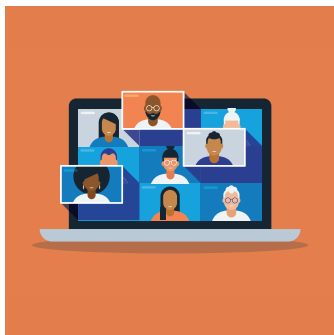
- Dentistry – The mission of the South Dakota State Board of Dentistry is to protect the health and safety of the consumer public ~~from the services of unqualified~~ through the licensure of dentists, and dental hygienists, and the registration of dental radiographers and registered dental assistants by licensure of qualified persons, and the enforcement of the statutes, rules and regulations governing the practice of dentistry, including the inspection of facilities and appropriate resolution of complaints.

Mission Statements from other Boards:

- SDBON - The mission of the South Dakota Board of Nursing is to safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with SDCL 36-9, SDCL 36-9A, ARSD 20:48, and ARSD 20:62.
- SDBMOE - The mission of the South Dakota Board of Medical and Osteopathic Examiners is to protect the health and welfare of the state's citizens by assuring that only qualified allopathic and osteopathic physicians, athletic trainers, dietitians, emergency medical services personnel, genetic counselors, licensed nutritionists, occupational therapists, occupational therapy assistants, physician assistants, and respiratory care practitioners are licensed to practice in South Dakota.
- Chiropractors -- The mission of the South Dakota Board of Chiropractic Examiners is threefold: to protect the continuing health, welfare, and safety of consumers of chiropractic services by ensuring that qualified chiropractors are licensed and their practice is regulated by enforcement of updated statutes, rules, regulations, and board policies, including continuing education and consumer complaint processing.
- Funeral Service -- The mission of the South Dakota Board of Funeral Service is to receive consumer inquiries and complaints; to license funeral practitioners and establishments in the State of South Dakota which ensure the consumer that he is dealing with qualified practitioners and establishments; to register all trainees in funeral service and administer an apprenticeship program for the trainees; to improve inspection procedures of funeral homes and crematories; to enforce the updated statutes and rules and regulations governing the practice of funeral service in South Dakota, including complaint processing from the consumer and licensees; and, to make investigations and hold hearings as needed.
- Hearing Aid/Audiologists -- The mission of the South Dakota Board of Hearing Aid Dispensers and Audiologists is to protect the health and safety of the consumer public by licensure of qualified persons, enforcement of the statutes, rules and regulations governing the practice of hearing aid dispensing and audiology, including the appropriate resolution of complaints.
- Massage Therapy – The mission of the South Dakota Board of Massage Therapy is to protect the health and safety of the public by mandatory licensure of qualified persons

and enforcement of the statutes, rules, and regulations governing the practice of massage therapy, including processing and investigating properly filed complaints and holding hearings as warranted.

- Optometry -- The mission of the South Dakota Board of Examiners in Optometry is to protect the public by ensuring competent visual care, licensure of qualified applicants, inspection of optometric offices, and enforcing updated statutes, rules, and regulations, including consumer complaint review and processing.
- Pharmacy -- The Mission of the South Dakota Board of Pharmacy is to protect and promote the health and safety of the public by supporting pharmacists and pursuing the highest quality pharmaceutical care through education, communication, licensing, legislation, regulation, and enforcement.
- Podiatry -- The mission of the South Dakota Board of Podiatry Examiners is to ensure the health, welfare, and safety of South Dakota consumers via licensure, continuing education, and inspection of the practice of podiatry; to establish policy related to the practice of podiatry through the enforcement of updated statutes, rules, and regulations; and, by expeditious and fair processing of complaints registered by patient-consumer against licensees.
- SLP - The mission of the South Dakota Board of Examiners for Speech-Language Pathology is to protect the health and safety of the public by licensure of qualified persons and enforcement of the statutes, rules and regulations governing the practice of speech language pathology, including the appropriate processing and resolution of complaints.
- CPM -- The mission of the South Dakota Board of Certified Professional Midwives is to secure safe, out-of-hospital childbirth attended by licensed and competent midwives, to protect the consumer of midwifery services by holding these midwives accountable to the statutes and rules pertaining to their profession, to update rules as needed to meet current, evidence-based standards of midwifery practice, to license qualified midwives, and to process complaints in a fair and expeditious manner.
- Physical Therapy - To protect the health and safety of the public by licensure of physical therapists and physical therapist assistants and enforcement of the statutes, rules, and regulations governing the practice of physical therapy, including the appropriate processing and resolution of complaints.
- Nursing Facility Administrators - The mission of the South Dakota Board of Nursing Facility Administrators is to protect the health and safety of the consumer public through the licensure of Nursing Facility Administrators and the enforcement of statutes, rules, and regulations that fall under the jurisdiction of the Board.



Conducting the Public's Business in Public

A guide to South Dakota's
Open Meetings Laws
(Revised 2025)

Prepared by:
S.D. Attorney General's Office
in partnership with the
S.D. NewsMedia Association

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Q: WHAT ARE SOUTH DAKOTA'S OPEN MEETINGS LAWS?

A: South Dakota's open meetings laws embody the principle that the public is entitled to the greatest possible information about public affairs and are intended to encourage public participation in government. SDCL Ch. 1-25 requires that official meetings of public bodies must be public and advance notice is to be given of such meetings. The statutes define an "official meeting" as one where a quorum of the public body is present and at which official business or public policy of the body is discussed or decided. Openness in government is encouraged.

Q: WHO DOES THE OPEN MEETINGS LAWS APPLY TO?

A: The open meetings laws apply to all public bodies of the state and its political subdivisions. SDCL 1-25-1, 1-25-12(3). This includes cities, counties, school boards and other public bodies created by ordinance or resolution, such as appointed boards, task forces, and committees, so long as they have authority to exercise sovereign power. SDCL 1-25-12(2). Although no court decisions have been issued on the subject, this probably does not include bodies that serve only in an advisory capacity. The State Constitution allows the Legislature and the Unified Judicial System to create rules regarding their own separate functions.

Q: ARE TELECONFERENCES CONSIDERED PUBLIC MEETINGS?

A: Yes. The open meetings laws allow meetings, including executive or closed meetings, to be conducted by teleconference – defined as an exchange of information by audio, video, or electronic means (including the internet) – if a place is provided for the public to participate. SDCL 1-25-1.5, 1-25-12(5). In addition, for teleconferences where

less than a quorum of the public body is present at the location open to the public, arrangements must also be made for the public to listen by telephone or internet (except for portions of meetings properly closed for executive sessions). SDCL 1-25-1.6. The media and public must be notified of teleconference meetings under the same notice requirements as any other meeting.

Q: HOW ARE THE PUBLIC AND MEDIA NOTIFIED WHEN PUBLIC BUSINESS IS BEING DISCUSSED?

A: SDCL 1-25-1.1 requires that all political subdivisions (except the state and its boards, commissions, or departments as provided in § 1-25-1.3) prominently post a notice and copy of the proposed agenda at the political subdivision's principal office. At a minimum, the proposed agenda must include the date, time, and location of the meeting and must be visible, readable, and accessible to the public for 24 continuous hours immediately preceding the meeting. Also, if the political subdivision has its own website, the notice must be posted on the website upon dissemination of the notice. For special or rescheduled meetings, political subdivisions must comply with the regular meeting notice requirements as much as circumstances permit. The notice must be delivered in person, by mail, by email, or by telephone to all local news media who have asked to be notified. It is good practice for local media to renew requests for notification of special or rescheduled meetings at least annually.

SDCL 1-25-1.3 varies slightly from SDCL 1-25-1.1 and requires the State and its agencies, boards, commissions, or departments to give notice by posting a proposed agenda at least 72 continuous hours before a meeting is scheduled to start (this does not include any weekend or legal holiday). The State is also required to give notice of a public meeting by posting its proposed agenda on <http://boardsandcommissions.sd.gov>.

Q: WHO ARE LOCAL NEWS MEDIA?

A: There is no definition of “local news media” in SDCL ch. 1-25. “News media” is defined in SDCL 13-1-57 generally as those personnel of a newspaper, periodical, news service, radio station, or television station regardless of the medium through which their content is delivered. The Attorney General is of the opinion that “local news media” is all news media – broadcast and print – that regularly carry news to the community.

Q: IS A PUBLIC COMMENT PERIOD REQUIRED AT PUBLIC MEETINGS?

A: Yes. Public bodies are required to provide at every official meeting a period of time on their agenda for public comment. SDCL 1-25-1. Each public body has the discretion to limit public comment as to the time allowed for each topic commented on, and as to the total time allowed for public comment. Public comment is not required at meetings held solely for an executive session, inauguration, presentation of an annual report, or swearing in of elected officials.

Q: CAN PUBLIC MEETINGS BE RECORDED?

A: Yes, SDCL 1-25-11 requires public bodies to allow recording (audio or video) of their meetings if the recording is reasonable, obvious, and not disruptive. This requirement does not apply to those portions of a meeting confidential or closed to the public.

Q: WHEN CAN A MEETING BE CLOSED TO THE PUBLIC AND MEDIA?

A: SDCL 1-25-2 allows a public body to close a meeting for the following purposes: 1) to discuss personnel issues pertaining to officers or employees; 2) consideration of the performance or discipline of a student, or the student’s participation in interscholastic activities; 3) consulting with legal counsel, or reviewing communications from legal counsel about proposed or pending litigation or

contractual matters; 4) employee contract negotiations; 5) to discuss marketing or pricing strategies of a publicly-owned competitive business; or 6) to discuss information related to the protection of public or private property such as emergency management response plans or other public safety information. The statute also recognizes that executive session may be appropriate to comport with other laws that require confidentiality or permit executive or closed meetings. Federal law pertaining to students and medical records will also cause school districts and other entities to conduct executive sessions or conduct meetings to refrain from releasing confidential information. Meetings may also be closed by cities and counties for certain economic development matters. SDCL 9-34-19.

Note that SDCL 1-25-2 and SDCL 9-34-19 do not require meetings be closed in any of these circumstances.

Any official action based on discussions in executive session must, however, be made at an open meeting.

Q: WHAT IS THE PROPER PROCEDURE FOR EXECUTIVE SESSIONS?

A: Motions for executive sessions must refer to the specific state or federal law allowing for the executive session i.e. “pursuant to SDCL 1-25-2(3).” Also, best practice to avoid public confusion would be that public bodies explain the reason for going into executive session. For example, the motion might state “motion to go into executive session pursuant to SDCL 1-25-2(1) for the purposes of discussing a personnel matter,” or “motion to go into executive session pursuant to SDCL 1-25-2(3) for the purposes of consulting with legal counsel.”

Discussion in the executive session must be strictly limited to the announced subject. No official votes may be taken on any matter during an executive session. The public body must return to open session before any official action can be taken.

Q: WHAT HAPPENS IF THE MEDIA OR PUBLIC IS IMPROPERLY EXCLUDED FROM A MEETING OR OTHER VIOLATIONS OF THE OPEN MEETING LAWS OCCUR?

A: Excluding the media or public from a meeting that has not been properly closed subjects the public body or the members involved to: (a) prosecution as a Class 2 misdemeanor punishable by a maximum sentence of 30 days in jail, a \$500 fine or both; or (b) a reprimand by the Open Meeting Commission ("OMC"). The same penalties apply if the agenda for the meeting is not properly posted, or other open meeting violations occur.

Also, action taken during any meeting that is not open or has not been properly noticed could, if challenged, be declared null and void.

Q: HOW ARE ISSUES REFERRED TO THE OPEN MEETINGS COMMISSION ("OMC")?

A: Persons alleging violations of the open meetings laws must make their complaints with law enforcement officials in the county where the offense occurred. After a signed and notarized complaint is made under oath, and any necessary investigation is conducted, the State's Attorney may: (a) prosecute the case as a misdemeanor; (b) find that the matter has no merits and file a report with the Attorney General for statistical purposes; or (c) forward the complaint to the OMC for a determination. The OMC is comprised of five State's Attorneys or Deputy State's Attorneys appointed by the Attorney General. The OMC examines whether a violation has occurred and makes written public findings explaining its reasons. If you have questions on the procedures or status of a pending case, you may contact the Attorney General's Office at 605-773-3215 to talk to an assistant for the OMC. Procedures for the OMC are posted on the website for the Office of Attorney General. <http://atg.sd.gov/>.

Q: WHAT DOES THE TERM "SOVEREIGN POWER" MEAN?

A: The open meetings laws do not define this term, but it generally means the power to levy taxes, impose penalties, make special assessments, create ordinances, abate nuisances, regulate the conduct of others, or perform other traditional government functions. The term may include the exercise of many other governmental functions. If an entity is unclear whether it is exercising "sovereign power" it should consult with legal counsel.

Q: MAY AGENDA ITEMS BE CONSIDERED IF THEY ARE ADDED LESS THAN 24 HOURS BEFORE A MEETING?

A: Proposed agendas for public meetings must be posted at least 24 hours in advance of the meeting. The purpose of providing advance notice of the topics to be discussed at a meeting is to provide information to interested members of the public concerning the governing body's anticipated business. Typically, the public body adopts the final agenda upon convening the meeting. At the time the final agenda is adopted, the governing body may add or delete agenda items and may also change the order of business. See *In re Yankton County Commission, Open Meetings Commission Decision # 20-03*, December 31, 2020. New items cannot be added after the agenda has been adopted by the governing body.

Public bodies are strongly encouraged to provide at least 24 hours' notice of all agenda items so as to be fair to the public and to avoid dispute.

For special or rescheduled meetings, public bodies are to comply to the extent circumstances permit. In other words, posting less than 24 hours in advance may be permissible in emergencies.

Q: ARE EMAIL DISCUSSIONS "MEETINGS" FOR PURPOSES OF THE OPEN MEETINGS LAWS?

A: The definition of an "official meeting" in SDCL 1-25-12(1) specifically includes meetings conducted by "electronic means, including electronic mail, instant messaging, social media, text message, or virtual meeting platform[.]" A quorum of a public body that discusses official business of that body via electronic means is conducting an official meeting for purposes of the open meetings laws. Electronic communications made solely for scheduling purposes do not fall within the definition of an official meeting.

Q: WHAT RECORDS MUST BE AVAILABLE TO THE PUBLIC IN CONJUNCTION WITH PUBLIC MEETINGS?

A: SDCL 1-25-1.4 requires state boards, commissions, or departments to make public meeting materials available on <http://boardsandcommissions.sd.gov>. SDCL 1-27-1.16 requires that any other public body must post meeting materials on the public body's website or make those materials available to the public at least twenty-four hours prior to the hearing or when made available to the members of the public body, whichever is later. Finally, SDCL 1-27-1.17 requires that draft minutes of public meetings must be made available to the public at the principal place of business for the public body within 10 business days after the meeting (or made available on the website for the public body within five business days).

These laws are in addition to any specific requirements for public bodies (i.e., publication requirements in state laws pertaining to cities, counties, or school districts). Enforcement of public records laws contained in SDCL Ch. 1-27 are handled by separate procedures found in SDCL 1-27-35, et. seq. rather than the open meeting procedures described above. Violations of SDCL 1-27-1.16 and 1-27-1.17 are also Class 2 misdemeanors.

Q: WHAT REQUIREMENTS APPLY TO TASK FORCES, COMMITTEES AND WORKING GROUPS?

A: Task forces and committees that exercise "sovereign power," and are created by statute, ordinance, or proclamation are required to comply with the open meetings laws. SDCL 1-25-12(1). Task forces, committees, and working groups that are not created by statute, ordinance, or proclamation, or are advisory only, may not be subject to the open meetings laws, but are encouraged to comply to the extent possible when public matters are discussed. Ultimately, if such advisory task forces, committees and working groups present any reports or recommendations to public bodies, the public bodies must wait until the next meeting (or later) before taking final action on the recommendations. SDCL 1-27-1.18.

Q: ARE PUBLIC BODIES REQUIRED TO REVIEW THE OPEN MEETINGS LAWS?

A: Public bodies must annually review an explanation of the open meetings laws provided by the Attorney General, along with any other material pertaining to the open meetings laws made available by the Attorney General. SDCL 1-25-13. Each public body must report in its minutes that the annual review of the open meetings laws was completed.

PERTINENT S.D. OPEN MEETINGS STATUTES

(other specific provisions may apply depending on the public body involved)



1-25-1. OPEN MEETINGS. An official meeting of a public body is open to the public unless a specific law is cited by the public body to close the official meeting to the public.

It is not an official meeting of one public body if its members provide information or attend the official meeting of another public body for which the notice requirements of § 1-25-1.1 or 1-25-1.3 have been met. It is not an official meeting of a public body if its members attend a press conference called by a representative of the public body.

For any event hosted by a nongovernmental entity to which a quorum of the public body is invited and public policy may be discussed, but the public body does not control the agenda, the public body may post a public notice of a quorum, in lieu of an agenda. The notice of a quorum must meet the posting requirements of § 1-25-1.1 or 1-25-1.3 and must contain, at a minimum, the date, time, and location of the event.

The public body shall reserve at every official meeting a period for public comment, limited at the public body's discretion as to the time allowed for each topic and the total time allowed for public comment, but not so limited as to provide for no public comment.

Public comment is not required at an official meeting held solely for the purpose of meeting in executive session, an inauguration, presentation of an annual report to the public body, or swearing in of a newly elected official, regardless of whether the activity takes place at the time and place usually reserved for an official meeting.

If a quorum of township supervisors, road district trustees, or trustees for a municipality of the third class meets solely for purposes of implementing previously publicly adopted policy; carrying out ministerial functions of that township, district, or municipality; or undertaking a factual investigation of conditions related to public safety; the meeting is not subject to the provisions of this chapter.

A violation of this section is a Class 2 misdemeanor.

1-25-1.1. PUBLIC NOTICE OF POLITICAL SUBDIVISIONS. Each political subdivision shall provide public notice, with proposed agenda, that is visible, readable, and accessible for at least an entire, continuous twenty-four hours immediately preceding any official meeting, by posting a copy of the notice, visible to the public, at the principal office of the political subdivision holding the meeting. The proposed agenda shall include the date, time, and location of the meeting. The notice shall also be posted on the political subdivision's website upon dissemination of the notice, if a website exists. For any special or rescheduled meeting, the information in the notice shall be delivered in person, by mail, by email, or by

telephone, to members of the local news media who have requested notice. For any special or rescheduled meeting, each political subdivision shall also comply with the public notice provisions of this section for a regular meeting to the extent that circumstances permit. A violation of this section is a Class 2 misdemeanor.

1-25-1.3. PUBLIC NOTICE OF STATE. The state shall provide public notice of a meeting by posting a copy of the proposed agenda at the principal office of the board, commission, or department holding the meeting. The proposed agenda shall include the date, time, and location of the meeting, and be visible, readable, and accessible to the public. The agenda shall be posted at least seventy-two hours before the meeting is scheduled to start according to the agenda. The seventy-two hours does not include Saturday, Sunday, or legal holidays. The notice shall also be posted on a state website, designated by the commissioner of the Bureau of Finance and Management. For any special or rescheduled meeting, the information in the notice shall be delivered in person, by mail, by email, or by telephone, to members of the local news media who have requested notice. For any special or rescheduled meeting, the state shall also comply with the public notice provisions of this section for a regular meeting to the extent that circumstances permit. A violation of this section is a Class 2 misdemeanor.

1-25-1.5. TELECONFERENCE MEETING. Any official meeting may be conducted by teleconference. A teleconference may be used to conduct a hearing or take final disposition regarding an administrative rule pursuant to § 1-26-4. A member is deemed present if the member answers present to the roll call conducted by teleconference for the purpose of determining a quorum. Each vote at an official meeting held by teleconference may be taken by voice vote. If any member votes in the negative, the vote shall proceed to a roll call vote.

1-25-1.6. TELECONFERENCE PARTICIPATION. At any official meeting conducted by teleconference, there shall be provided one or more places at which the public may listen to and participate in the teleconference meeting. For any official meeting held by teleconference, that has less than a quorum of the members of the public body participating in the meeting who are present at the location open to the public, arrangements shall be provided for the public to listen to the meeting via telephone or internet. The requirement to provide one or more places for the public to listen to the teleconference does not apply to official meetings closed to the public pursuant to specific law.

1-25-2. EXECUTIVE SESSION. Executive or closed meetings may be held for the sole purposes of:

(1) Discussing the qualifications, competence, performance, character or fitness of any public officer or employee or prospective public officer or employee. The term, employee, does not include any independent contractor;

(2) Discussing the expulsion, suspension, discipline, assignment of or the educational program of a student or the eligibility of a student to participate in interscholastic activities provided by the South Dakota High School Activities Association;

(3) Consulting with legal counsel or reviewing communications from legal counsel about proposed or pending litigation or contractual matters;

(4) Preparing for contract negotiations or negotiating with employees or employee representatives;

(5) Discussing marketing or pricing strategies by a board or commission of a business owned by the state or any of its political subdivisions, when public discussion may be harmful to the competitive position of the business; or

(6) Discussing information pertaining to the protection of public or private property and any person on or within public or private property specific to:

(a) Any vulnerability assessment or response plan intended to prevent or mitigate criminal acts;

(b) Emergency management or response;

(c) Public safety information that would create a substantial likelihood of endangering public safety or property, if disclosed;

(d) Cyber security plans, computer, communications network schema, passwords, or user identification names;

(e) Guard schedules;

(f) Lock combinations;

(g) Any blueprint, building plan, or infrastructure record regarding any building or facility that would expose or create vulnerability through disclosure of the location, configuration, or security of critical systems of the building or facility; and

(h) Any emergency or disaster response plans or protocols, safety or security audits or reviews, or lists of emergency or disaster response personnel or material; any location or listing of weapons or ammunition; nuclear, chemical, or biological agents; or other military or law enforcement equipment or personnel.

However, any official action concerning the matters pursuant to this section shall be made at an open official meeting. An executive or closed meeting must be held only upon a majority vote of the members of the public body present and voting, and discussion during the closed meeting

is restricted to the purpose specified in the closure motion. Nothing in § 1-25-1 or this section prevents an executive or closed meeting if the federal or state Constitution or the federal or state statutes require or permit it. A violation of this section is a class 2 misdemeanor.

1-25-6. DUTY OF STATE'S ATTORNEY. If a complaint alleging a violation of chapter 1-25 is made pursuant to § 23A-2-1, the state's attorney shall take one of the following actions:

(1) Prosecute the case pursuant to Title 23A;

(2) Determine that there is no merit to prosecuting the case. Upon doing so, the state's attorney shall send a copy of the complaint and any investigation file to the attorney general. The attorney general shall use the information for statistical purposes and may publish abstracts of such information, including the name of the government body involved for purposes of public education; or

(3) Send the complaint and any investigation file to the South Dakota Open Meetings Commission for further action.

1-25-6.1. DUTY OF STATE'S ATTORNEY (COUNTY COMMISSION ISSUES). If a complaint alleges a violation of this chapter by a board of county commissioners, the state's attorney shall take one of the following actions:

(1) Prosecute the case pursuant to Title 23A;

(2) Determine that there is no merit to prosecuting the case. The attorney general shall use the information for statistical purposes and may publish abstracts of the information as provided by § 1-25-6;

(3) Send the complaint and any investigation file to the South Dakota Open Meetings Commission for further action; or

(4) Refer the complaint to another state's attorney or to the attorney general for action pursuant to § 1-25-6.

1-25-7. REFERRAL TO OMC. Upon receiving a referral from a state's attorney or the attorney general, the South Dakota Open Meetings Commission shall examine the complaint and investigatory file submitted by the state's attorney or the attorney general and shall also consider signed written submissions by the persons or entities that are directly involved. Based on the investigatory file submitted by the state's attorney or the attorney general and any written responses, the commission shall issue a written determination on whether the conduct violates this chapter, including a statement of the reasons therefor and findings of fact on each issue and conclusions of law necessary for the proposed decision. The final decision shall be made by a majority of the commission members, with each member's vote set forth in the written decision. The final decision shall be filed with the attorney general and shall be provided to the public entity and or public officer involved, the state's attorney,

and any person that has made a written request for such determinations. If the commission finds a violation of this chapter, the commission shall issue a public reprimand to the offending official or governmental entity. However, no violation found by the commission may be subsequently prosecuted by the state's attorney or the attorney general. All findings and public censures of the commission shall be public records pursuant to § 1-27-1. Sections 1-25-6 to 1-25-9, inclusive, are not subject to the provisions of chapter 1-26.

1-25-8. OMC Members. The South Dakota Open Meeting Commission is comprised of five state's attorneys or deputy state's attorneys appointed by the attorney general. Each commissioner serves at the pleasure of the attorney general. The members of the commission shall choose a chair of the commission annually by majority vote.

1-25-12. DEFINITIONS. Terms used in the open meetings laws mean:

(1) "Official meeting," any meeting of a quorum of a public body at which official business or public policy of that public body is discussed or decided by the public body, whether in person or by means of teleconference or electronic means, including electronic mail, instant messaging, social media, text message, or virtual meeting platform, provided the term does not include communications solely to schedule a meeting or confirm attendance availability for a future meeting;

(2) "Political subdivision," any association, authority, board, municipality, commission, committee, council, county, school district, task force, town, township, or other local governmental entity, which is created by statute, ordinance, or resolution, and is vested with the authority to exercise any sovereign power derived from state law;

(3) "Public body," any political subdivision or the state;

(4) "State," each agency, board, commission, or department of the State of South Dakota, not including the Legislature; and

(5) "Teleconference," an exchange of information by any audio, video, or electronic medium, including the internet.

1-25-13. ANNUAL REVIEW OF OPEN MEETING LAWS. Any agency, as defined in § 1-26-1, or political subdivision of this state, that is required to provide public notice of its meetings pursuant to § 1-25-1.1 or 1-25-1.3 must annually review the following, during an official meeting of the agency or subdivision:

(1) The explanation of the open meeting laws of this state published by the attorney general, pursuant to § 1-11-1; and

(2) Any other material pertaining to the open meeting laws of this state provided by the attorney general.

The agency or subdivision must include in the minutes of the official meeting an acknowledgement that the review was completed.

1-27-1.16. MEETING PACKETS AND MATERIALS.

If a meeting is required to be open to the public pursuant to § 1-25-1 and if any printed material relating to an agenda item of the meeting is prepared or distributed by or at the direction of the governing body or any of its employees and the printed material is distributed before the meeting to all members of the governing body, the material shall either be posted on the governing body's website or made available at the official business office of the governing body at least twenty-four hours prior to the meeting or at the time the material is distributed to the governing body, whichever is later. If the material is not posted to the governing body's website, at least one copy of the printed material shall be available in the meeting room for inspection by any person while the governing body is considering the printed material. However, the provisions of this section do not apply to any printed material or record that is specifically exempt from disclosure under the provisions of this chapter or to any printed material or record regarding the agenda item of an executive or closed meeting held in accordance with § 1-25-2. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to printed material, records, or exhibits involving contested case proceedings held in accordance with the provisions of chapter 1-26.

1-27-1.17. DRAFT MINUTES. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

1-27-1.18. WORKING GROUP REPORTS. Any final recommendations, findings, or reports that result from a meeting of a committee, subcommittee, task force, or other working group which does not meet the definition of a political subdivision or public body pursuant to § 1-25-1, but was appointed by the governing body, shall be reported in open meeting to the governing body which appointed the committee, subcommittee, task force, or other working group. The governing body shall delay taking any official action on the recommendations, findings, or reports until the next meeting of the governing body.



South Dakota State Board of Dentistry

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Radiography Course Approval Request Form

The following information is required for Board review of a radiography course per ARSD 20:43:07:06 and must be submitted at least 30 days prior to a scheduled board meeting to be considered.

Name of Person Requesting Approval: Leslie K. Greager, RDH, BSDH

Address: 4701 Feather Ridge Ct
Rapid City, SD 57102

Phone: 605-389-1211 Email: lkagrushnfloss@hotmail.com
Notification regarding approval of the course will be sent to this email address.

Title of Course: Radiology Certification Course

Sponsor Organization: Leslie K Greager, RDH, BSDH

Course Length: 16 Hrs.

Instructor(s): Leslie K Greager, RDH, BSDH

Location(s): Online or in person / South Dakota

Date(s) of Course: On demand

The following must be attached to this application or it will not be considered:

1. A resume or curriculum vitae for each course instructor; and
2. A detailed course outline that documents:
 - i) 16 hours of instruction; and
 - ii) Training in all areas outlined in ARSD 20:43:07:06.

For Office Use Only: Approved: y/n _____

South Dakota State Board of Dentistry
P.O. Box 1079
1351 N. Harrison Ave.
Pierre, SD 57501

Leslie K. Greager
4701 Feather Ridge Court
Rapid City, SD 57701

Dear members of the South Dakota State Board of Dentistry.

My name is Leslie Greager. I have worked as a clinical Registered Dental Hygienist in the State of South Dakota for over thirty-five years, taught the Radiology Certification Course for over twelve years, and have taught multiple continuing education courses specific to radiology for over ten years. I am writing to you in request for your approval to teach the Radiology Certification Course as myself as the sponsor organization.

In approximately 2012, I began teaching the Radiology Certification Course for Walter Rabe, the dental assisting instructor for the preceptorship program under the direction of Rapid City area dentists. I continued to teach the course after Western Dakota Technical Institute (WDTI) took over the program. Over the years, I have rewritten and restructured the course to make the presentation more adaptable with the most current and up-to-date information while maintaining the integrity of the course by presenting to all learning styles.

Approximately one year ago, Lorie Jones, a colleague of mine through Central Regional Dental Testing Service (CRDTS), knowing that I taught the Radiology Certification Course for South Dakota, asked if I would teach my course to her online students taking her Dental Assisting Preparation course (DA Prep). On my behalf, Lorie presented my course outline as well as her program outline (minus her radiology course content) to the SD Board of Dentistry; the board approved both. Two students have taken my radiology course through her program.

Approximately six months ago, I received a call from Mr. Paul Knecht. He, speaking as the voice of the SD Dental Association, presented questions, concerns, and dissatisfaction regarding the delivery and outcome of the Radiology Certification Course. Mr. Knecht asked if I would work with the SD Dental Association in order to collaborate with SD dentists to provide a more conducive course specific to each individual office without the need to travel across the state. Since my conversation with Mr. Knecht, I have hired a videographer to provide a professional, online video of the course content. We have agreed that reaching these expectations will require much conversation and cooperation. My goal is to work with Mr. Knecht and SD dentists to establish an appealing mode of delivery (entirely online) with a student outcome satisfactory to the needs of each individual dentist. It is for this reason that I am asking the Board of Dentistry to approve of my teaching the Radiology Certification Course, the exact course recently approved by the Board of Dentistry for the DA Prep program and which I've constructed, revised, and taught for many years, independent of a third party entity.

Thank you for your consideration in this matter and for the opportunity to continue to provide radiology education to dental professionals throughout the State of South Dakota.

Sincerely,

Leslie K. Greager, RDH, BSDH

Title: Dental Radiography

Instructor: Leslie K. Greager, RDH, BSDH

Course Goal: To provide students with didactic and hands-on education specific to dental x-ray/ image acquisition.

Course Objectives:

-After a sixteen-hour (16) course, the student will have an understanding of the following:

- Fundamentals of radiation safety specific to the history of radiation, radiation physics, characteristics and hazards of radiation, levels of radiation from multiple sources and potential biologic effects, types of radiation, and methods of protecting the patient and operator from excess radiation exposure.
- Didactic and hands-on instruction of radiation equipment to include the identification, function, and use of intra-oral and extra-oral machine components, radiograph production, and adjustment of control devices (exposure time, milliamperage, and kilovoltage).
- A review of traditional film processing to include didactic education pertaining to automatic and manual film processing, extra-oral film packaging, cassettes, "F" speed film, and factors affecting the quality of traditional film exposure and processing.
- Intra-oral and extra-oral radiograph measurement, color, visual characteristics, and errors specific to seating, angulation (horizontal and vertical), placement, and positioning.
- Identification of optional x-ray/ sensor sizes, uses, and sensor holding devices.
- Identification of the ALARA concept, infection control during radiograph acquisition, and protocol with the pregnant patient.
- Federal and state regulations pertaining to radiograph acquisition, responsibilities of the supervising dentist, equipment monitoring and licensing for dental professionals in the state of South Dakota.
- Working with the patient with special needs.
- An introduction to skull radiography, cone beam technology, digital radiography, and radiographs used in medicine.
- Digital radiograph acquisition of an 18-count series (FMX) to include didactic and hands-on training, computer, CCD sensor, and software programming. The hands-on training will include an emphasis on sensor positioning/ placement while utilizing the XCP sensor holding device and intra and extra-oral landmarks.
- Completion of a one-hundred (100) question, multiple-choice test. The student must obtain a 70% minimum score to successfully pass the course.

- I. Radiation
 - A. Electricity used to produce radiation
 - B. Can cause damage to all types of living tissues
 - C. No matter how great or small, can damage biological tissues
 - D. Dental professionals must have a thorough understanding and knowledge of the characteristics

- E. Safety
- II. History
 - A. Wilhelm Conrad Roentgen
 - 1. Discovered medical and dental radiation
 - 2. November 8, 1895
 - 3. Last name used: Roentgen rays, Roentgenology, Roentgenographs
 - 4. Awarded first Nobel Prize in Physics; 1901
 - 5. Study of cathode rays
 - 6. Barium platino cyanide
 - 7. Fluorescent glows or rays
 - 8. Objects created shadows or pictures
 - B. Anna Bertha Ludwig
 - 1. Left hand used during the discovery
 - 2. Twenty minutes of straight radiation
 - 3. "Bones of the Living Hand"
 - C. Otto Walkoff
 - 1. Made the first dental radiograph
 - D. C.E. Kells
 - 1. Dentist from New Orleans
 - 2. Put dental radiography into practical use
 - 3. 1896
- III. Physics of Radiation
 - A. Energy
 - 1. The capacity to do work
 - 2. Nuclear binding
 - 3. Electron binding
 - B. Matter
 - 1. Anything that has shape and occupies space
 - 2. Solids, liquids, gases
 - C. Atom
 - 1. Central nucleus
 - a. Protons and neutrons
 - b. Tightly bound
 - c. Dense
 - d. X-ray photon cannot break it apart
 - 2. Orbiting electrons
 - a. Tiny, negatively charged particle
 - b. Very little weight or mass
 - c. No energy
 - 3. Molecule
 - a. Smallest particle of a substance that retains the property of the original substance.
 - b. Group of atoms
 - 4. Photon

- a. Minute bundle of energy with very little weight or mass.
 - b. Forces the electron out of shell
- D. Ionizing Radiation
 - 1. Harmful
 - 2. Gaining and losing of electrons
 - 3. Ion pair
 - 4. Odd number within the electron shell
- E. Non-ionizing Radiation
 - 1. Not harmful
 - 2. Electrons do not move from the shell
 - 3. Even number of electrons in the shell
 - 4. Examples of non-ionizing (cell phones, Wifi, power lines, etc.)
- F. Electromagnetic Radiation
 - 1. Ionizing and non-ionizing radiation
 - 2. Made up of photons
 - a. Travel through space
 - b. At the speed of light
 - c. In a straight line
 - d. With a wavelike motion
 - e. They differ by wavelength
- G. Electromagnetic spectrum
 - 1. Show examples of vertical and horizontal
- H. Wavelength
 - 1. Short
 - a. Strong
 - b. Greater energy
 - c. More penetrating
 - d. Used in dentistry and medicine
 - e. Ionizing
 - 2. Long
 - a. Weak
 - b. Less energy
 - c. Non-ionizing
- I. Natural Sources of Radiation
 - 1. Ultraviolet Light
 - 2. Radon, Radium, and Uranium
- J. Internal Radiation
- K. Man-made Radiation
 - 1. Units of measurement
 - 2. Little "m"
 - 3. Majority of exposure due to medical and dental
- IV. Components of the X-ray machine
 - A. Intra-oral machine

1. Tubehead
2. Control Panel
3. Extension Arm
- B. Extra-oral machine
 1. Tubehead
 2. Control Panel
 3. Head Positioners
- V. Tubehead
 - A. Diagram: label
 - B. Metal housing
 - C. Insulating oil and copper stem
 1. Reduces heat production
 2. 99% of energy created is in the form of heat; 1% creates an x-ray
 - D. Step-up Transformer
 1. Generates electricity electrons
 - E. Aluminum Filtration
 1. Five aluminum discs .5 mm thick; 2.5 mm's total thickness
 2. Aluminum absorbs excess long wavelengths of radiation
 3. Safety feature
 - F. Lead Collimator
 1. Metal plate with a narrow slit
 2. Reduces and restricts the size and shape of the beam
 3. Safety feature
 - G. Position Indicating Device (PID)
 1. Cylinder at the base of the tubehead
 2. 8, 12, or 16 inches
 3. Lined with lead
 4. Absorbs excess long wavelengths of radiation
 5. Rectangular collimation
 6. Safety feature
 - H. Cathode
 1. Houses the electrons
 2. Molybdenum cup
 3. Tungsten filament
 - a. Heats based on exposure time setting
 - I. Anode
 1. Tungsten Target
 2. Focal Spot
 3. Electrons convert to x-rays
 4. Primary beam, central ray, most useful beam
- VI. Extension Arm
 - A. Houses electrical wires from tubehead to control panel
 - B. Functions in positioning
 - C. Horizontal and vertical movement

- D. Must be housed in an accordion position against a wall or in a cabinet to reduce weight on bolts; drifting
 - E. Vertical angulation guide via degrees market between tubehead and arm
- VII. Control Panel
 - A. Master switch
 - B. Power indicating light
 - C. Exposure button
 - D. Exposure indicating light
 - E. Control devices
 - 1. Exposure time
 - a. Adjusted based on patient size
 - 2. Milliamperage
 - a. Is the same as exposure time
 - 3. Kilovoltage
 - a. Opposite of exposure time and milliamperage
- VIII. X-Ray Production
 - A. Electricity
 - B. Current runs through wires
 - C. Step-up transmitter generates electrons
 - D. Exposure time and milliamperage determine heat of tungsten filament
 - E. Thermionic emission
 - 1. Release of heat and movement of electrons from cathode to anode
 - F. High voltage circuit is activated
 - G. Kilovolts drive the electrons to the target
 - H. Electrons strike the target producing x-rays
 - I. X-ray beam travels through clear glass window
 - J. X-ray beam travels through aluminum filtration
 - K. X-ray beam travels through lead collimator
 - L. X-ray beam travels through PID
- IX. Types of Radiation
 - A. Primary Radiation
 - 1. Most useful
 - 2. Created inside the tubehead at the anode
 - B. Secondary Radiation
 - 1. Primary beam strikes matter
 - C. Scatter Radiation
 - 1. Deflected radiation
 - 2. Lead apron
 - D. Leakage Radiation
 - 1. Due to damage
 - 2. Inform employer for repair
- X. X-Ray/ Image Color
 - A. Radiopaque
 - 1. White on the film

- 2. Caused by something hard or dense in the oral cavity
 - 3. Can be caused by jewelry
 - B. Radiolucent
 - 1. Black on the film
 - 2. Caused by something soft or missing in the oral cavity
- XI. Visual Characteristics
 - A. Contrast
 - 1. Shades of gray
 - 2. Kilovoltage
 - a. Penetrating power
 - b. Pretty of the picture
 - c. More shades of gray is preferred
 - d. 90 kVp vs 70 kVp
 - e. Low contrast vs. high contrast
 - B. Density
 - 1. Overall darkness
 - 2. Miliamperage and Exposure Time
 - a. Heat of the filament
 - b. Distance from the patient
 - c. Developing time
 - d. Temperature of developing solutions
 - e. Body size of patient
 - C. Image Detail
 - 1. Sharpness
 - 2. Fine detail
 - 3. Factors affecting
 - a. Movement
 - b. Focal spot size
 - c. "F" speed film
 - d. Digital sensors
- XII. Positioning Errors
 - A. Distortion
 - 1. Panorex
 - 2. Bending of traditional film
 - B. Elongation
 - 1. Vertical angulation error
 - 2. Roots are "long"
 - 3. Corrected by increasing vertical angulation
 - 4. Crucial in periapical radiographs
 - C. Foreshortening
 - 1. Vertical angulation error
 - 2. Roots are "short"
 - 3. Corrected by decreasing vertical angulation
 - 4. Crucial in periapical radiographs

- D. Overlapping
 - 1. Horizontal angulation error
 - 2. Open vs closed contacts
 - 3. Crucial in bite-wing radiographs
- E. Cone Cutting
 - 1. Cut off part of the x-ray/ image with the cone
- F. Back of the film/ sensor
- XIII. Radiation Protection
 - A. Time
 - 1. Exposure time
 - 2. Based on patient size
 - B. Distance
 - 1. Operator must be six (6) steps from the source of radiation or behind a wall
 - C. Shielding
 - 1. Lead apron with a thyroid collar for all intra-oral radiographs
 - 2. Extra-oral specific lead apron for all extra-oral radiographs
- XIV. Biologic Effects of Radiation Exposure
 - A. Radiation has the potential to damage all types of living tissues
 - B. May not be apparent for several years
 - C. Latent period
 - 1. Lag time from exposure to effect
 - D. Cumulative Effect
 - 1. Radiation to tissues causes damage
 - 2. Unable to repair to original state
 - 3. Chronic radiation exposure
 - a. Small doses over a long period of time
 - 4. Acute radiation exposure
 - a. Large doses over a short period of time
 - E. Tissue Cells
 - 1. Somatic
 - a. All cells except reproductive
 - b. Radiation affects the person him/ herself
 - 2. Genetic
 - a. Reproductive cells
 - b. Radiation affects future generations
 - F. Critical Organs
 - 1. Skin
 - 2. Thyroid gland
 - 3. Lens of the eye
 - 4. Bone marrow
- XV. Radiation Measurements
 - A. Traditional
 - 1. Roentgens (R)
 - 2. Rads

- 3. Rems
- B. Systeme Internationale
 - 1. Coulombs per kilogram (C/kg)
 - 2. Gray (G)
 - 3. Sievert (Sv)
- C. Maximum permissible dose
 - 1. Occupationally exposed
 - a. 5 rem
 - 2. Non-occupationally exposed
 - a. 5 mSv
- XVI. Responsibilities of the Dentist
 - A. Prescribe radiographs
 - B. Ensure equipment is properly installed and maintained
 - C. Provide shielding
 - D. Require proper certification and training
 - E. Obey state and federal laws
 - F. Obtain informed consent
- XVII. Equipment
 - A. Must be equipped with aluminum filter, lead collimator, position indicating device
 - B. Must be inspected by the State Health Department every 2 years
 - C. Must be licensed with the State Board of Dentistry every 1 year
 - D. Must be repaired immediately
- XVIII. Lead Apron
 - A. Absorbs radiation
 - B. Must use appropriate size for patient
 - C. Thyroid collar
 - D. Must be hung
 - E. Never fold
- XIX. Sensor Holding Devices
 - A. Show examples
 - 1. XCP (extension cone paralleling)
 - 2. Snaper-ray/ Ezee grip
 - 3. EndoRay
 - B. Used for proper placement
 - C. Keep patients hands and fingers from exposure
 - D. Proper technique is essential
 - 1. Prevent retakes
 - 2. Prevent over-exposure to the patient
- XX. Pregnancy
 - A. American Dental Association and Food and Drug Administration
 - B. No need to alter
 - C. Exposure to the fetus is nearly zero
 - D. Prostaglandin production due to infection
 - 1. Poses a greater risk of harm to the fetus

- XXI. Operator Protection
 - A. Must remain six (6) steps from the source of radiation
 - B. Significant risk of exposure if opts to stay in the room during exposure
 - C. Avoid being in direct path of primary beam
 - D. Behind a wall or glass if not six (6) steps from the source of radiation
 - E. Personal monitoring devices
 - 1. Film badge
 - 2. Pocket dosimeter
 - 3. Thermoluminescent
 - 4. Flash drive with software program for in-office use
- XXII. Uncooperative Patient
 - A. Request assistance from parent, grandparent, sibling
 - B. Do not request help from a co-worker
 - 1. Occupationally exposed
 - C. Both person assisting and patient must be in a lead apron with a thyroid collar
 - D. Arms and hands must be kept under the lead apron
 - E. Person assisting may be needed to help with holding film/ sensor holding device
- XXIII. As Low As Reasonably Achievable (ALARA)
 - A. Ethical
 - B. Do all we can to keep exposure low to the patient and operator
- XXIV. Legal Issues
 - A. Federal Law
 - 1. Dental professionals must be properly trained and certified to acquire dental x-rays/ images
 - 2. Individual state determines exact interpretation of “properly trained and certified”
 - 3. Equipment manufactured before 1974 must meet specific criteria (aluminum filtration and lead collimator)
 - B. South Dakota Law
 - 1. Equipment inspection every 2 years
 - 2. Equipment licensing every 1 year
 - 3. Operator safety
 - a. Six steps from source of radiation
 - b. Must wear a lead shield during x-ray acquisition with a hand held device
 - 4. Patient safety
 - a. Must wear a lead shield during intra-oral and extra-oral x-ray acquisition.
 - C. Risk Management
 - 1. Negative verbiage
 - D. Informed consent
 - 1. Dental professional gives information
 - 2. Patient gives consent
 - 3. Written
 - 4. Valid informed consent
 - a. Introduction of operator
 - b. Risks and benefits

- c. Number and type of radiographs
 - d. Consequences
 - e. Alternative diagnostic aids
- E. Liability
 - 1. Supervising dentist legally responsible
 - 2. Dental professionals individually responsible for own actions
- F. Chart documentation
 - 1. Informed consent
 - 2. Number, type, and quality of radiograph exposed
 - 3. Rationale for exposure
 - 4. Diagnostic interpretation
- G. Ownership of dental radiographs
 - 1. Dentist
 - 2. Patient has reasonable access
- H. Refusal by patient
 - 1. Dentist prescribes and determines need
 - 2. Waiver is null and void in a court of law
 - 3. Documentation is essential
 - 4. Educate the patient
- XXV. Infection Control
 - A. Personal Protective Equipment
 - B. Barriers
 - C. High level surface disinfectant
 - D. Preparation/ readiness
 - E. Sanitizing mousse, gel, hospital grade soap
 - F. Handwashing technique
 - G. Sterilization
 - 1. Autoclave
 - 2. Statim
 - H. Management of contaminated items
 - 1. Traditional film
 - 2. Developing room
 - 3. Developing machine
 - 4. Sensor holding devices
- XXVI. Film/ Sensor Sizes and Uses
 - A. Child size 0
 - B. Narrow anterior size 1
 - C. Universal size 2
 - D. Preformed bite-wing size 3
 - E. Occlusal size 4
 - F. Panoramic
 - a. Show example
 - b. Introduction to anatomy
 - c. Film packaging

1. Kept in dark room
 2. Box must be closed and kept from ambient light
- d. Cassette
 1. Hard
 2. Soft
- G. Lateral cephalometric
 - a. Side view of the skull and soft tissue profile
 - b. Show example
 1. X-ray
 2. Film
- H. Duplicating Film
 - a. Show film
 - b. Duplicating machine
 - c. Procedure for duplicating radiographs
- XXVII. Intra-oral Radiography
 - A. Universal numbering system
 - B. Supernumerary Dentition
 1. Show examples
 2. Review proper numbering system
 - C. Full mouth survey
 1. Most preferred
 2. 18-20 radiographs
 - a. 14 peri-apicals
 1. 6 or 8 anterior radiographs depending on oral cavity and size of film/ sensor used
 2. 8 posterior radiographs
 3. 4 bite-wing radiographs
 - b. Exact number of radiographs is determined by the number of teeth in the dentition
 - D. Bite-wing radiograph
 1. Upper and lower teeth in occlusion
 2. Detect decay (new and recurrent)
 3. Detect periodontal disease
 - E. Peri-apical
 1. Peri means around
 2. Apical means root tip
 3. Radiograph must include 2-3mm above the apices of the tooth
 4. Uses
 - a. Diagnosis pathology
 - b. Assess conditions of the tooth and bone
 - c. Assess tooth formation and eruption patterns
 - d. Endo
 - e. Oral surgery
 - F. Introduction to technique

1. Bisecting
 - a. Bi means two
 - b. Two equal triangles
 - c. Film/ sensor unable to remain parallel to the long axis of the tooth
 - d. Shallow palate, maxillary exostosis, small mouth
2. Paralleling
 - a. Most preferred
 - b. Accurate
 - c. Primary beam strikes film/ sensor perpendicular or 90 degrees
 - d. Primary beam is directed parallel to the teeth
 - e. Placement
 1. Film/ sensor covers teeth to be exposed
 2. Primary beam is centered on film/ sensor
- G. Placement
 1. Anterior views vertical
 2. Posterior views horizontal
 3. Film/ sensor is positioned towards the midline and away from the teeth
 4. Center the film/ sensor over the teeth to be examined
 5. Obtain and maintain parallel position
- H. Patient positioning
 1. Seated in an upright position
 2. Occlusal plane parallel to the floor
 3. Lead apron with a thyroid collar
 4. Remove jewelry or removable devices in mouth
- I. Operatory
 1. Barriers
 2. Prepared
 3. Check control panel for proper settings
 4. Operator PPE
- J. Exposure sequence
 1. Anterior to posterior
- K. Occlusal Technique
 1. Size 4 film for an adult
 2. Size 2 film/ sensor for a child
 3. Large areas of the anterior dentition
 - a. Locate roots of extracted anterior teeth
 - b. Locate supernumerary teeth in the canine region
 - c. Observe mandibular anterior salivary stones
 - d. Cleft palate
 - e. Changes in size and shape of upper and lower jaw
 4. Demonstrate technique
- XXVIII. Patients with special needs
 - A. Physical disabilities
 1. Vision

- 2. Hearing
 - 3. Mobility
- B. Autism, Cerebral Palsy, Epilepsy, Mental Impairment
 - 1. Do not attempt intra-oral radiographs if patient cannot tolerate
 - 2. Panorex
- C. Edentulous
 - 1. Radiographs still prescribed
 - a. Panorex
 - b. Peri-apical
 - c. Occlusal
 - 2. Detection
 - a. Retained root tips
 - b. Impacted teeth
 - c. Cysts
 - d. Identify objects embedded in the bone
 - 3. Assess
 - a. Quality of bone
 - b. Quantity of bone
 - c. Implant placement
- D. Pediatric Patient
 - 1. Detect
 - a. Conditions of the teeth and bones
 - b. Decay and trauma
 - c. Growth and development
 - 2. Explain in child-friendly terms
 - 3. Reduce exposure time
 - a. Based on patient size
- E. Gagging patient
 - 1. Take maxillary molar peri-apical last
 - 2. Maintain confidence
 - 3. Reassure patient; be tolerant and understanding
 - 4. Take anterior views first
 - 5. Avoid the palate
 - 6. Demonstrate placement
 - 7. Extreme cases expose a panorex radiograph
- XXIX. Extra-Oral Radiographs
 - A. Detection
 - 1. Cysts
 - 2. Tumors
 - 3. Abnormalities of the maxillary and mandibular arches
 - B. Not used for detection
 - 1. Decay
 - 2. Periodontal disease
 - C. An unobstructed view of a region in any direction

- D. Show picture of panorex and related structures
 - E. Can be taken standing or seated
 - F. Film is in front of patient
 - G. Tubehead is in back of patient
 - H. Lead shield needs to be on the back of patient
 - I. Focal trough
 - a. Imaginary horse-shoe shaped three-dimensional area
 - J. Quality affected by
 - a. Positioning
 - b. Size of the jaw
 - c. How closely it conforms to the focal trough
 - K. Head positioners
 - a. Chin rest
 - b. Bite block
 - c. Lateral head guides
 - d. Forehead guide
 - L. Frankfort Plane
 - a. Tragus of the ear to under the eye
 - b. Parallel to the occlusal plane
 - c. Parallel to the floor
 - M. Common Errors
 - a. Ghost image
 - 1. Jewelry
 - 2. Blurry
 - b. Lead apron artifact
 - 1. Thyroid collar too high around the neck
 - c. Seating errors
 - 1. Chin too high
 - 2. Chin too low
 - d. Positioning of teeth
 - 1. Too far forward skinny teeth
 - 2. Too far back fat teeth
 - e. Spine
 - 1. Do not attempt a panorex if patient is unable to stretch cervical vertebrae/
stand up straight
 - N. Attachments (Traditional Panorex Machine)
 - a. Grid
 - 1. Decrease scatter radiation
 - b. Temporomandibular Joint
 - 1. Assess jaw joints
- XXX. Cone Beam Technology
- A. Three-dimensional views of mouth, face, and jaw from any direction
 - B. Can be adjusted, manipulated, and colorized via a computer software program

- C. Comparison to two-dimensional technology
 - 1. Significant improvement in width and depth observation
 - 2. Proper placement of dental implants
 - 3. Able to determine the exact location of maxillary sinus cavity and mandibular nerve trunk
- D. In-office procedure
- E. Extensive training required
- XXXI. Skull Radiography
 - A. Lateral Cephalometric
 - 1. Radiograph of the skull and soft tissue profile
 - 2. Dental
 - B. Posterior Anterior Projection
 - 1. Tubehead is posterior
 - 2. Film is anterior
 - 3. Medical
 - C. Reverse Towne
 - 1. Tubehead is anterior
 - 2. Film is posterior
 - 3. Medical
- XXXII. Medical Radiographs
 - A. Magnetic Resonance Imaging (MRI)
 - 1. Ultrasound
 - 2. Cross sectional views
 - 3. Gantry
 - B. Computed Tomography
 - 1. Digital radiation
 - 2. Cross sectional views
 - 3. Used in medicine since the 1970's
- XXXIII. Digital Radiography
 - A. Introduced in the late 1980's
 - B. Improved diagnostic ability
 - C. Digital image is verbiage
 - D. Instant image due to the use of an electronic signal
 - E. Displayed on a computer screen
 - F. 75-90% less radiation as compared to traditional radiation exposure
 - G. Images can be sent to referral offices or insurance via email
 - H. Hard copies can be printed
 - I. Sensor
 - 1. Phosphor plates
 - a. Thin
 - b. First used
 - c. Intensifying screens
 - d. Double barrier
 - e. Must be scanned

- f. Must be erased
 - g. One image per phosphor plate
 - h. Scratch easily
 - 2. Charge Coupled Device (CCD)
 - a. Hard
 - b. Single barrier
 - c. Wired
 - d. May be used for multiple images
- J. Basics of digital radiography
 - 1. X-ray beam strikes the sensor
 - 2. Electronic charge produced on the surface of the sensor
 - 3. Charge is digitized and read by a specific software program in the computer
- K. Equipment
 - 1. Dental x-ray unit
 - 2. Computer
 - 3. Sensor
- L. Software program enhancement
 - 1. Contrast
 - 2. Brightness
 - 3. Image size (zoom)
 - 4. Sharpness
 - 5. Inversion
 - 6. Pseudocolor alteration

Leslie K. Greager, RDH, BSDH

4701 Feather Ridge Court, Rapid City, SD 57702 | (605)389-1211 | lkbrushnfloss@hotmail.com

Profile

Dedicated and highly motivated Registered Dental Hygienist, instructor, and public speaker with over 34 years of experience; polished instructor of courses pertinent to the dental profession; active in supporting educational and professional commitment through participation and instruction in continuing education courses; able to relate effectively to children and adults of all levels and diverse backgrounds through multiple employment, instructional, and volunteer opportunities.

Experience

REGISTERED DENTAL HYGIENIST

- Dr. Aaron Studer, Rapid City, SD (2013-present)
- Dr. James Bockwoldt, Rapid City, SD (2003-2013)
- Dr. Ronald Mann, Wall and Philip, SD (1997-2010)
- Dr. Larry Gunner, Winner and Martin, SD (1997-2004)
- Dr. Harold Doerr, Rapid City, SD (1991-2003)
- Dr. Kurt Anderson, Box Elder, SD (1990-1991)

- Duties: Comprehensive review of patient health history, oral cancer screening, intra and extra oral assessment, complete all necessary radiographs, complete dental hygiene care plan and treatment plan, provide dental hygiene services including prophylaxis, periodontal therapy (e.g., scaling, root planning, application of chemotherapeutic agents), oral hygiene instruction, pit and fissure sealants, fluoride application, and counseling (e.g., nutritional, smoking cessation, pregnancy).

INSTRUCTOR

- Rapid City, SD
- Sioux Falls, SD

- Duties: Provide didactic and hands-on education pertaining to dental radiography and nitrous oxide administration and monitoring in the dental practice.

PUBLIC SPEAKER

- Multiple cities throughout South Dakota

- Duties: Provide continuing education pertaining to information specific to radiology for dental professionals as approved by the South Dakota State Board of Dentistry.

DENTAL EXAMINATION - New Graduates	CRDTS		CDCA/WREB/CITA (ADEX Exam)		SRTA
20:43:03:02. Clinical competency examination -- License to practice as a dentist. <i>Components must demonstrate evidence of psychometric soundness, including documentation of variability, validity, reliability, fidelity and fairness.</i>	2026: Patient Based	2026: Simulation Based or Manikin Based	2026: Patient Based	2026: Simulation Based or Manikin Based	No longer offered in 2026
(1) A patient-based or equivalent simulation-based or manikin-based periodontal component;	Yes	Yes	Yes	Yes	N/A
(2) A patient-based or equivalent simulation-based or manikin-based restorative component;	Yes	Yes	Yes	Yes	N/A
(3) A simulation-based or manikin-based prosthodontic component;	Yes	Yes	Yes	Yes	N/A
(4) A simulation-based or manikin-based endodontic component; and	Yes	Yes	Yes	Yes	N/A
(5) A remediation policy to address candidate deficiencies.	Yes	Yes	Yes	Yes	N/A
DENTAL HYGIENE EXAMINATION - New Graduates	CRDTS		CDCA/WREB/CITA (ADEX Exam)		SRTA
20:43:03:09. Clinical competency examination -- License to practice as a dental hygienist. <i>Components must demonstrate evidence of psychometric soundness, including documentation of variability, validity, reliability, fidelity and fairness.</i>	2026: Patient Based	2026: Simulation Based or Manikin Based	2026: Patient Based	2026: Simulation Based or Manikin Based	No longer offered in 2026
(1) Pocket depth detection;	Yes	Yes	Yes	Yes	N/A
(2) Calculus detection and removal;	Yes	Yes	Yes	Yes	N/A
(3) An intra oral and extra oral assessment; and	Yes	Yes	Yes	Yes	N/A
(4) A remediation policy to address candidate deficiencies.	Yes	Yes	Yes	Yes	N/A
DENTAL EXAMINATION - Credential	CRDTS		CDCA/WREB/CITA (ADEX Exam)		SRTA
20:43:03:04 (4) . Application for license to practice as a dentist -- Credential verification.	Patient Based	Simulation Based or Manikin Based	Patient Based	Simulation Based or Manikin Based	No longer offered in 2026
Verification of passage of a patient-based, simulation-based or manikin-based clinical competency examination that has been approved by the board	Yes	Yes	Yes	Yes	N/A
DENTAL HYGIENE EXAMINATION - Credential	CRDTS		CDCA/WREB/CITA (ADEX Exam)		SRTA
20:43:03:10. Application for license to practice as a dental hygienist -- Credential verification.	Patient Based	Simulation Based or Manikin Based	Patient Based	Simulation Based or Manikin Based	No longer offered in 2026
Verification of passage of a patient-based, simulation-based, or manikin-based clinical competency examination that has been approved by the board	Yes	Yes	Yes	Yes	N/A



South Dakota State Board of Dentistry

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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 31, 2025.
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 \$10,000 in total during this cycle.

Criteria for Consideration

- ✓ Any funded course must be open to all dental professionals free of charge.
- ✓ 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.
- ✓ If the Board receives multiple applications, the maximum funding amount may be split.

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.



South Dakota State Board of Dentistry

Application for Continuing Education Course Honorarium

Course Information

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

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

Date(s) of Course: _____

Course Location: _____

Speaker Honorarium Total: \$ _____

South Dakota State Board of Dentistry Honorarium Amount requested: \$ _____

Applicant Information

Sponsor Organization Name: _____

Sponsor Organization Contact: _____

Address: _____

Phone: _____ Email: _____

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:

3. What is the target population?

4. What is the anticipated number of *South Dakota* licensees and/or registrants that will attend this course?

- a. Dentists: _____
- b. Dental Hygienists: _____
- c. Registered Dental Assistants: _____
- d. Radiographers: _____
- e. Other Dental Office Staff: _____

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