



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Governor Scott Walker Secretary Dave Ross

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: <http://dsps.wi.gov>

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Mojgan Hall 608-261-4486
January 9, 2013

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Pledge of Allegiance
- B. **Adoption of Agenda (1-4)**
- C. **Approval of Minutes – November 7, 2012 (5-8)**
- D. Secretary Matters
- E. **Executive Director Matters**
- F. **Election of Officers (9-10)**
- G. **APPEARANCE 8:45 A.M. – Dr. William Lobb, Dean, Marquette School of Dentistry – Discussion Relating to Faculty Licenses, Full Licensure of Foreign-Trained Faculty Licensees, Consideration of Changes to DE 2.09, the Impact of Portfolio-Type Examinations, Student Participation in Mission of Mercy, and Other Topics (11-12)**
- H. **APPEARANCE 10:00 A.M. – Katie Koschnick, Administrator, Division of Policy Development – Discussion and Action Related to Dentistry Position Papers (13-14)**
- I. **Executive Order 50 - As It Relates to Position Papers and Frequently Asked Questions (15-26)**
- J. **Discussion and Action Concerning Position Papers (27-28):**
 - 1) **Sleep Related Breathing Disorders (29-32)**
 - 2) **CPR Requirements for Dentists and Dental Hygienists (33-34)**
 - 3) **Practice Frequently Asked Questions Related to Dentistry (35-36)**
 - 4) **Practice Frequently Asked Questions Related to Dental Hygienists (37-38)**

- K. **Discussion and Action Pertaining to Appointment and Responsibilities of Liaisons (39-40)**
- L. **Discussion and Action Related to Executive Order 61 Relating to Small Businesses (41-46)**
- M. **Discussion and Action Related to NERB Decision to Make the Periodontal Section of the Examination Optional (47-50)**
- N. **Report on the Nov. 10, 2012 CRDTS Steering Committee Meeting by Eileen Donohoo (51-54)**
- O. **Informational Item: CRDTS' 2012 Dental Schools' Report (55-78)**
- P. **Discussion and Action Related to Dental Exam Report (79-84)**
- Q. **Discussion and Action Pertaining to Amending DE 2 (85-86)**
- R. **Discussion and Action Concerning Statement of Scope to Amend DE 11 Relating to Conscious Sedation (87-88)**
- S. **AADSM Letter Relating to Obstructive Sleep Apnea (89-94)**
- T. Report Of License Renewals
- U. Liaison Reports
- V. Speaking Engagement, Travel, Public Relation Request
- W. Informational Items
- X. New/Other Business
- Y. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1) (a), Stats.; consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

Z. Deliberation of Proposed Stipulations, Final Decisions and Orders including any received after printing of the agenda

- 1) 11 DEN 107 – Andrew S. Onela, DDS (95-102)
 - o Case Advisor Lyndsay Knoell

AA. Monitoring Cases, including any received after printing of the agenda

BB. Case Closings including any received after printing of the agenda

CC. Deliberation of other items received after printing of agenda

- 1) Case Closings
- 2) Case Status Report
- 3) Proposed Decisions
- 4) Interim Orders
- 5) Summary Suspensions
- 6) Objections and Responses to Objections
- 7) Complaints
- 8) Administrative Warnings
- 9) Matters Relating to Costs
- 10) Monitoring Cases
- 11) Appearances from Requests Received or Renewed

- 12) Examination Issues
- 13) Application Issues
- 14) PAP Cases
- 15) Motions

DD. Discussion Items

EE. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

FF. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

GG. New/Other Board Business

HH. Next Meeting Date: March 6, 2013

ADJOURNMENT

Page intentionally left blank

**DENTISTRY EXAMINING BOARD
MINUTES
NOVEMBER 7, 2012**

PRESENT: Debra Beres, RDH; Mark Braden, DDS; Eileen Donohoo, RDH; John Grignon, DDS; Adriana Jaramillo, DDS; Lyndsay Knoell, DDS; Sandra Linhart, RDH; Kirk Ritchie, DDS; Beth Welter, DDS

STAFF: Mojgan Hall, Executive Director; Pamela Stach, Legal Counsel (portion of meeting); Karen Rude-Evans, Bureau Assistant; Sharon Henes, Paralegal; other DSPS staff

CALL TO ORDER

Lyndsay Knoell, Chair, called the meeting to order at 8:31 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

Amendments:

- Item G-3-b (open session) – insert additional information after page 18
- Item G-3-c (open session) – Add: Class II Sedation Permit Application with Pending Disciplinary Action on Class I Sedation Permit
- Item K-2 (closed session) – correct the case number to 11 DEN 108
- Case Status Report – insert at the end of the agenda in closed session
- Updated Board Roster – for Board information only

MOTION: John Grignon moved, seconded by Eileen Donohoo, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF SEPTEMBER 5, 2012

MOTION: John Grignon moved, seconded by Eileen Donohoo, to approve the minutes of September 5, 2012 as written. Motion carried unanimously.

BOARD DISCUSSION ITEMS

Education and Examination Issues/Matters

- ADEX Decision to Make the Periodontal Section of the Examination Optional

MOTION: Adriana Jaramillo moved, seconded by John Grignon, to require all regional exams to include a periodontal examination. Motion failed.

Credentialing Matters

- **Class II Sedation Permit Applications with Pending Disciplinary Action on Class I Sedation Permit**

MOTION: Lyndsay Knoell moved, seconded by Adriana Jaramillo, to request DSPS to draft a scope statement relating to sedation permit requirements. Motion carried unanimously.

CLOSED SESSION

MOTION: Lyndsay Knoell moved, seconded by John Grignon, to convene to Closed Session to deliberate on cases following hearing (Wis. Stat. § 19.85(1) (a)), to consider licensure or discipline (Wis. Stat. § 19.85(1) (b)), to consider individual histories or disciplinary data (Wis. Stat. § 19.85(1) (f)), and to confer with legal counsel (Wis. Stat. § 19.85(1) (g)). Roll call vote: Debra Beres-yes; Mark Braden-yes; Eileen Donohoo-yes; John Grignon-yes; Adriana Jaramillo-yes; Lyndsay Knoell-yes; Sandra Linhart-yes; Kirk Ritchie-yes; Beth Welter-yes. Motion carried unanimously.

Open Session recessed at 10:03 a.m.

RECONVENE TO OPEN SESSION

MOTION: Adriana Jaramillo moved, seconded by John Grignon, to reconvene into open session. Motion carried unanimously.

The Board reconvened into open session at 11:59 p.m.

VOTING ON ITEMS CONSIDERED/DELIBERATED IN CLOSED SESSION

PROPOSED STIPULATION(S), FINAL DECISION(S) AND ORDER(S)

MOTION: Eileen Donohoo moved, seconded by Kirk Ritchie, to adopt the Proposed Stipulation, Final Decision and Order in the disciplinary proceedings against **Rebecca J. Swensen, DDS (10 DEN 111)**. Motion carried unanimously.

MOTION: John Grignon moved, seconded by Lyndsay Knoell, to adopt the Proposed Stipulation, Final Decision and Order in the disciplinary proceedings against **Alfred P. Longo, DDS (11 DEN 108)**. Motion carried unanimously.

MOTION: Eileen Donohoo moved, seconded by John Grignon, to adopt the Proposed Stipulation, Final Decision and Order in the disciplinary proceedings against **David P. Stangl, DDS (12 DEN 048)**. Motion carried unanimously.

REMANDED DECISION AND VARIANCE

MOTION: Adriana Jaramillo moved, seconded by Mark Braden, to redraft the variance based on the Board's discussion in response to the circuit court remand and to direct the Chair to review and approve the redrafted variance in the matter of the disciplinary proceedings against **Jack A. Elder, DDS (05 DEN 020)**. Sandra Linhart was excused during deliberation and abstained from voting. Motion carried.

APPLICATION REVIEW(S)

MOTION: Debra Beres moved, seconded by Beth Welter, to deny the application for licensure of **Goua L. Vang, RDH**, as he does not meet the requirements under DE 2.01 (2)(b) as he did not provide verification of completion of the required examination within the five (5) year period immediately preceding application. Motion carried unanimously.

MONITORING

MOTION: Adriana Jaramillo moved, seconded by Mark Braden, to deny the request from **Paul J. Ganshert, DDS**, for removal of the limitation to prescribe schedule III, IV and V controlled substances due to insufficient demonstration of compliance with the terms of the Order. Motion carried unanimously.

MOTION: Eileen Donohoo moved, seconded by John Grignon, to grant the request from **Steven R. Schnoll, DDS**, for a reduction in AA/NA meetings to six (6) times per month and a reduction in drug screens to thirty six (36) per year. Motion carried unanimously.

CASE CLOSINGS

MOTION: Mark Braden moved, seconded by Adriana Jaramillo, to close case **11 DEN 047 against respondent A.J.S., DDS, for insufficient evidence**. Motion carried unanimously.

ADJOURNMENT

MOTION: Eileen Donohoo moved, seconded by John Grignon, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:05 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Election of Officers and Appointment of Liaisons | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: The Board Will Vote for the Officers (Chair, Vice-Chair, Secretary) and the Chair will Appoint Liaisons. | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|--|--|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Discussion With Dr. Lobb | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: The Board is gathering information on the following issues: Faculty licensure and how “clinical work” is defined in practice. The issuance of full licensure to foreign-trained holders of faculty licenses, as the Board has recently received some appeals with this request. The elimination of the restrictions of s. DE 2.09 that require passing a regional exam of clinical and laboratory demonstrations within three attempts. The impact of portfolio-style exams for initial licensure that are under development by the ADA. Mission of Mercy Student Participation. | | | |
| 11) Authorization | | | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | Date | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

BOARD APPEARANCE REQUEST FORM

Board Name: Dentistry Examining Board

Board Meeting Date: 1/9/2013

Person Submitting Agenda Request: Mojgan Hall

Person requesting an appearance: Dr. William K. Lobb DDS

Mailing address: Marquette University

P.O. Box 1881

Milwaukee, WI 53201-1881

Email address: william.lobb@marquette.edu

Telephone #:

Reason for Appearance: Discussion with the Board concerning items listed on the agenda request form.

Is the person represented by an attorney? If so, who? No

Attorney's mailing address:

Attorney's e-mail address:

Phone Attorney:

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|--|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Discussion and Action Related to Dentistry Position Papers | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Katie Koschnick (the Division of Policy Development Administrator) will discuss Dentistry Position Papers. | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|--|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Executive Order 50 and Wisconsin Statute 227.10 | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Please See the Attached Executive Order 50 and Summary of Executive Order 50 and Wisconsin Statute 227.10 as they relate to Position Papers and PFAQs. | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Summary of Executive Order #50 and Wis. Stat § 227.10 (as they relate to Position Papers and PFAQs)

WHEREAS, Wis. Stat. § 227.10(1) requires that each agency statement of policy and each interpretation of a statute adopted to govern its enforcement or administration of that statute shall be promulgated as a rule, and Wis. Stat. § 227.01(13) defines a rule as “a regulation, standard, statement of policy or general order of general application which has the effect of law and which is issued by an agency to implement, interpret or make specific legislation enforced or administered by the agency or to govern the organization or procedure of the agency;” and

WHEREAS, Wis. Stat. §§ 227.11(2)(a)1. to 3. defines agency authority to promulgate administrative rules, specifically providing the following:

- A statutory or nonstatutory provision containing a statement or declaration of legislative intent, purpose, findings, or policy does not confer rulemaking authority on the agency or augment the agency’s rulemaking authority beyond the rulemaking authority that is explicitly conferred on the agency by the legislature.
- A statutory provision describing the agency’s general powers or duties does not confer rulemaking authority on the agency or augment the agency’s rulemaking authority beyond the rulemaking authority that is explicitly conferred on the agency by the legislature.
- A statutory provision containing a specific standard, requirement, or threshold does not confer on the agency the authority to promulgate, enforce, or administer a rule that contains a standard, requirement, or threshold that is more restrictive than the standard, requirement, or threshold contained in the statutory provision; and

I. General Provisions

Each agency that develops any document interpreting, clarifying, or explaining statutes and rules that regulate individuals or entities or local governmental units, shall submit a copy to the Governor’s Office of Regulatory Compliance via AdministrativeRules@Wisconsin.gov prior to its finalization by that agency.

227.10(1)

(1) Each agency shall promulgate as a rule each statement of general policy and each interpretation of a statute which it specifically adopts to govern its enforcement or administration of that statute. A statement of policy or an interpretation of a statute made in the decision of a contested case, in a private letter ruling under § 73.035 or in an agency decision upon or disposition of a particular matter as applied to a specific set of facts does not render it a rule or constitute specific adoption of a rule and is not required to be promulgated as a rule.

(2m) No agency may implement or enforce any standard, requirement, or threshold, including as a term or condition of any license issued by the agency, unless that standard, requirement, or threshold is explicitly required or explicitly permitted by statute or by a rule that has been promulgated in accordance with this subchapter. The governor, by executive order, may prescribe guidelines to ensure that rules are promulgated in compliance with this subchapter.



EXECUTIVE ORDER # 50

Relating to Guidelines for the Promulgation of Administrative Rules

WHEREAS, 2011 Wisconsin Act 21 reformed the administrative rulemaking process in Wisconsin in order to increase accountability, clarify agency regulatory authority, and evaluate the economic impact of all new and amended state administrative rules; and

WHEREAS, Wis. Stat. § 227.10(1) requires that each agency statement of policy and each interpretation of a statute adopted to govern its enforcement or administration of that statute shall be promulgated as a rule, and Wis. Stat. § 227.01(13) defines a rule as “a regulation, standard, statement of policy or general order of general application which has the effect of law and which is issued by an agency to implement, interpret or make specific legislation enforced or administered by the agency or to govern the organization or procedure of the agency;” and

WHEREAS, Wis. Stat. § 227.10(2m) requires an explicit grant of authority under statute or administrative rule before a state agency can implement or enforce any standard, requirement, or threshold, including as a term or condition of any license issued by the agency; and

WHEREAS, Wis. Stat. §§ 227.11(2)(a)1. to 3. defines agency authority to promulgate administrative rules, specifically providing the following:

- A statutory or nonstatutory provision containing a statement or declaration of legislative intent, purpose, findings, or policy does not confer rulemaking authority on the agency or augment the agency’s rulemaking authority beyond the rulemaking authority that is explicitly conferred on the agency by the legislature.
- A statutory provision describing the agency’s general powers or duties does not confer rulemaking authority on the agency or augment the agency’s rulemaking authority beyond the rulemaking authority that is explicitly conferred on the agency by the legislature.
- A statutory provision containing a specific standard, requirement, or threshold does not confer on the agency the authority to promulgate, enforce, or administer a rule that contains a standard, requirement, or threshold that is more restrictive than the standard, requirement, or threshold contained in the statutory provision; and

WHEREAS, Wis. Stat. §§ 227.135(2), 227.24(1)(e)1d. requires the Governor to approve a statement of scope before an agency may proceed with rulemaking, Wis. Stat. § 227.185 requires the Governor to approve a final draft rule before it is submitted to the Legislature for review, and Wis. Stat. § 227.24(1)(e)1g. requires the Governor to approve an emergency rule before it is filed with the Legislative Reference Bureau and published in the official state newspaper; and

WHEREAS, Wis. Stat. § 227.137 requires state agencies to complete an Economic Impact Analysis (EIA) for every proposed rule in coordination with local governmental units that may be affected and to solicit information and advice from and consult with businesses,

associations representing businesses, local governmental units and individuals that may be affected by the proposed rule; and

WHEREAS, Wis. Stat. § 227.10(2m) establishes that “[t]he Governor, by executive order, may prescribe guidelines to ensure that rules are promulgated in compliance with [Subchapter II of Chapter 227 of the Wisconsin Statutes].”

NOW THEREFORE, I, Scott Walker, Governor of the State of Wisconsin, by virtue of the authority vested in me by the Constitution and the laws of Wisconsin, specifically Wis. Stat. § 227.10(2m), do hereby direct that state agencies shall comply with the requirements of Subchapter II of Chapter 227 and this Executive Order when promulgating administrative rules.

I. General Provisions

1. To assure timely and proficient review of administrative rules in accordance with this Executive Order and with Wis. Stat. § 227.10(2m), the Governor’s Office of Regulatory Compliance is hereby established.
2. Each agency that develops any document interpreting, clarifying, or explaining statutes and rules that regulate individuals or entities or local governmental units, shall submit a copy to the Governor’s Office of Regulatory Compliance via AdministrativeRules@Wisconsin.gov prior to its finalization by that agency.
3. Each agency shall submit to the Governor’s Office of Regulatory Compliance all materials required to be submitted under Subchapter II of Chapter 227. This includes all publicly available materials submitted to the Legislative Council Rules Clearinghouse, Legislative Reference Bureau, Department of Administration, Chief Clerks of the State Assembly and State Senate, legislative standing committees, and the Joint Committee for Review of Administrative Rules.
4. The electronic submission of materials to the State Budget Office, via SBOAdminRules@wisapps.wi.gov or as the State Budget Office otherwise prescribes, shall fulfill an agency’s duty, under Chapter 227 and Paragraph I.3. of this Executive Order, to submit materials to the Governor, the Governor’s Office of Regulatory Compliance, or the Department of Administration.
5. Each statement of scope submitted by an agency on or after June 8, 2011 is subject to review and approval by the Governor as required by Wis. Stat. §§ 227.135(2), 227.24(1)(e)1d. and Paragraph II.1. of this Executive Order. An EIA shall be prepared as required by Wis. Stat. § 227.137 and Paragraph IV.1. of this Executive Order if the draft rule is submitted to the Legislative Council Rules Clearinghouse under Wis. Stat. § 227.15 on or after June 8, 2011. An EIA is not required when an agency promulgates an emergency rule. A final draft rule or emergency rule is subject to review and approval by the Governor, as required by Wis. Stat. §§ 227.185, 227.24(1)(e)1g. and Paragraph V.1. of this Executive Order, if the statement of scope for the rule or emergency rule was submitted on or after June 8, 2011.
6. The language of Wis. Stat. § 990.001(11) concerning severability and Wis. Stat. § 990.01 concerning construction of words and phrases are intended to apply to this Executive Order.

II. Statements of Scope

1. A statement of scope shall be submitted to the Governor’s Office of Regulatory Compliance for approval by the head of the agency proposing a rule or emergency rule or by a deputy or executive assistant who has been authorized to do so by the agency head under Wis. Stat. §§ 15.04(2) or 15.05(3). Statements of scope shall be submitted electronically, as prescribed in Paragraph I.4. of this Executive Order, and contain the following information as required by Wis. Stat. § 227.135(1).
 - a. A detailed description of the objective of the rule.

- b. A detailed description of existing policies relevant to the rule and new policies proposed to be included in the rule and an analysis of policy alternatives. The description shall include an overview of the requirement or program that the rule will implement. If the proposed rule will amend an existing rule, the description shall also include an overview of the existing rule and the general changes. If the proposed rule will replace an emergency rule currently in effect, the agency shall summarize the status of any legislative action under Wis. Stat. § 227.24(2) or § 227.26(2) and identify any implementation issues that have arisen since the rule was promulgated.
 - c. A detailed description of the statutory authority for the rule. The agency shall reference each statute that authorizes the promulgation of the proposed rule and each statute or rule that will affect the proposed rule or be affected by it. The agency shall also explain in detail the agency's authority to promulgate the proposed rule under those statutes. An agency shall rely on an explicit grant of authority from the Legislature to promulgate a rule, if one exists. An agency shall not rely upon general statements of legislative purpose or legislative findings or agency general powers and duties clauses to confer authority to promulgate rules. Pursuant to Wis. Stat. § 227.11(2)(a), in the absence of an explicit grant of rulemaking authority, an agency may promulgate a rule if:
 - i. The agency considers it necessary to effectuate the purpose of the statute; and
 - ii. The agency has a general grant of rulemaking authority to administer or enforce the chapter, subchapter, or section of the Wisconsin statutes.
 - d. An estimate of the amount of time that state employees will spend to develop the rules and of other resources necessary to develop the rule.
 - e. A description of all of the entities that may be affected by the rule. This includes a description of any local governmental units, businesses, economic sectors, or public utility ratepayers who may reasonably be anticipated to be affected by the rule.
 - f. A summary and preliminary comparison, with state law, of any existing or proposed federal regulation that is intended to address the activities to be regulated by the rule.
2. A statement of scope shall also include a statement of whether the agency anticipates that the proposed rule will have minimal or no economic impact, may have a moderate economic impact, or is likely to have a significant economic impact locally or statewide.
 3. A statement of scope for a proposed emergency rule shall also include an explanation of why the rule is necessary for the preservation of the public peace, health, safety, or welfare. If the rule is exempt from the required finding of emergency, the statement of scope shall cite the Wisconsin Act number and section authorizing the promulgation of an emergency rule or the statute section providing the exemption. The statement of scope shall also indicate whether the agency will promulgate a non-emergency rule and when it will begin the non-emergency rulemaking process.
 4. An agency that intends to simultaneously draft an emergency and a non-emergency rule that are identical in substance may submit one scope statement indicating this intent.
 5. Pursuant to Wis. Stat. § 227.135(2), no state employee may begin work on a proposed rule or emergency rule until the statement of scope has been approved by the Governor, published in the Administrative Register, and approved by the agency head or body with policy making powers for the agency.
 6. A statement of scope not submitted in accordance with Wis. Stat § 227.135(1) and this Executive Order will be returned to the agency and the Governor's Office of

Regulatory Compliance's review will be suspended until a complete description and analysis is resubmitted.

7. The Governor's Office of Regulatory Compliance may request an agency to withdraw a statement of scope and resubmit separate statements of scope if, in the Governor's discretion, the original statement of scope encompasses more than one rule change.
8. Following a review of the statement of scope, the Governor's Office of Regulatory Compliance shall notify the agency in writing whether the statement of scope is approved or disapproved. A disapproval by the Governor may be accompanied by suggested modifications in the event an agency chooses to submit a revised statement of scope.
9. An agency must file a statement of scope approved by the Governor for publication by the Legislative Reference Bureau within thirty calendar days of approval if the agency intends to proceed with rulemaking, or the Governor's Office of Regulatory Compliance will deem the statement of scope to be withdrawn.
10. If at any time during the rulemaking process prior to final approval by the Governor, the scope of a proposed rule is changed in any meaningful or measureable way, including changing the scope so as to include any activity, business, material or product that is not specifically included in the original statement of scope under Wis. Stat. § 227.135(4), a revised statement of scope shall be submitted to the Governor's Office of Regulatory Compliance for approval. A meaningful or measurable change includes a change to the following:
 - a. The objectives of the proposed rule;
 - b. The basis and purpose of the proposed rule;
 - c. The policies to be included in the proposed rule;
 - d. The entities affected by the proposed rule; or
 - e. The overall breadth or scope of the regulation in the proposed rule.
11. If at any time following the Governor's approval of a statement of scope, prior to the submission of a final draft rule to the Legislature for review, the Governor's Office of Regulatory Compliance requests a revised statement of scope from the agency because the rule has been changed in a meaningful or measureable way under Wis. Stat. § 227.135(4), the agency shall submit the revised statement of scope to the Governor's Office of Regulatory Compliance electronically as prescribed in Paragraph I.4. of this Executive Order within fourteen calendar days of receiving the request.

III. Additional Agency Actions in the Rule-Making Process

1. If an agency intends to establish an advisory committee under Wis. Stat. § 227.13, it shall provide a list of members to the Governor's Office of Regulatory Compliance via AdministrativeRules@Wisconsin.gov prior to establishing the advisory committee.
2. The agency's draft rule analysis required under Wis. Stat. § 227.14(2) shall be submitted to the Governor's Office of Regulatory Compliance electronically, as prescribed in Paragraph I.4. of this Executive Order, upon completion and prior to finalization and submittal to the Legislative Council under Wis. Stat. § 227.15(1). In accordance with Wis. Stat. § 227.14(2m), the agency shall include a statement within the analysis describing how the requirements for ensuring the accuracy, integrity, objectivity and consistency of data were used in preparing the proposed rule and related analysis.

IV. Economic Impact Analysis

1. For each proposed rule that is not an emergency rule, an Economic Impact Analysis (EIA) shall be submitted to the Legislative Council, the Governor, the Department of Administration, and the Legislature by the head of the agency proposing a rule as required by § 227.137(4). An EIA shall be submitted electronically to the

Governor's Office of Regulatory Compliance as prescribed in Paragraph I.4. of this Executive Order and this submission shall also fulfill the requirement under § 227.137(4) to submit the EIA to the Governor and the Department of Administration.

2. Prior to initiating an EIA of a proposed rule, the agency shall review the statement of scope to determine whether it was changed in any meaningful or measurable way, under Wis. Stat. § 227.135(4) and Paragraph II.10. of this Executive Order, while the rule was being developed. If a meaningful or measurable change has been made, the agency shall revise and resubmit the statement of scope for approval as required by Wis. Stat. § 227.135(4) and Paragraph II.10. of this Executive Order.
3. In preparing an EIA, under Wis. Stat. § 227.137(3), the agency shall solicit information and advice from businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule by making information about the rule available and requesting comments.
 - a. Information including the proposed rule language shall be made available by posting on the agency website and the Wisconsin administrative rules website, submitting the information to the Governor's Office of Regulatory Compliance, as prescribed in Paragraph I.4. of this Executive Order, and by e-mailing individuals who have requested to receive information and other persons identified by the agency as potentially interested parties.
 - b. The agency shall accept comments for a period of at least fourteen calendar days if the statement of scope indicates that the draft rule will have no or minimal economic impact locally or statewide, at least thirty calendar days if the statement of scope indicates a moderate economic impact locally or statewide and at least sixty calendar days if the statement of scope indicates that the draft rule may or is likely to have a significant economic impact locally or statewide or on a sector of the economy. If the agency determines that the anticipated economic impact will be greater than indicated in the statement of scope, it shall adjust the comment period accordingly and a revised statement of scope is not required. If an agency determines that the anticipated economic impact will be less than indicated in the statement of scope, it may adjust the comment period accordingly and a revised statement of scope is not required.
 - c. The agency shall review the comments received and the statement of scope description of all of the persons that may be affected by the proposed rule. The agency shall update the list of businesses, business sectors, associations representing businesses, local governmental units, and individuals included in the statement of scope and submit the list to the Governor's Office of Regulatory Compliance via AdministrativeRules@Wisconsin.gov.
4. After soliciting information and advice from businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule, the agency shall prepare the EIA in coordination with the local governmental units that respond to the agency's solicitation of comments and request to coordinate with the agency, as required by Wis. Stat. § 227.137(3). The agency shall contact those local governmental units to discuss such comments and incorporate them into the EIA to the extent feasible. The agency may at the same time consult with the local governmental units about whether the proposed rule would adversely affect in any material way the economy, a sector of the economy, productivity, jobs or the overall economic competitiveness of the state as required by Wis. Stat. § 227.137(3)(e) and Paragraph IV.3. of this Executive Order.
5. After soliciting information and advice from businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule, the agency shall make a determination in the EIA as required by Wis. Stat. § 227.137(3)(e), in consultation with those businesses, business sectors, associations representing businesses, local governmental units, and individuals as to whether the proposed rule would adversely affect in a material way

the economy, a sector of the economy, productivity, jobs, or the overall economic competitiveness of this state in the following manner:

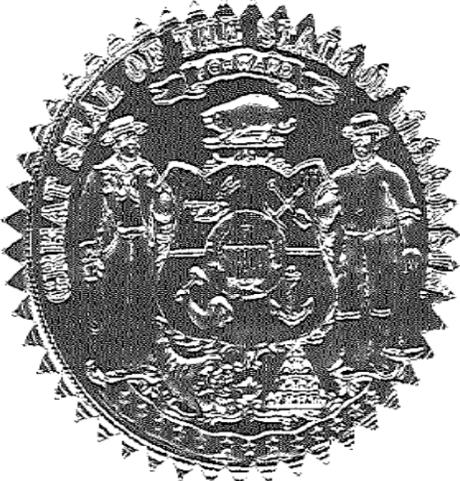
- a. The agency shall compile a list of affected persons and economic concerns identified in the comments solicited by the agency.
 - b. The agency shall contact those affected persons to discuss economic concerns and give consideration to those concerns in its EIA determination.
 - c. The agency shall document in the EIA the affected persons who were consulted and whether the agency's determination is disputed by any of the affected persons.
6. For purposes of developing an EIA for a proposed rule that is anticipated to have a significant economic impact locally or statewide, or on a sector of the economy, agencies are encouraged to establish an advisory committee of affected persons following its solicitation of comments in order to coordinate with local governmental units and consult with other affected persons. An agency that previously established an advisory committee under Wis. Stat. § 227.13 to advise it during rulemaking, including the development of the EIA, shall add to the committee affected persons, identified following the agency's solicitation of comments, who wish to serve on the committee.
7. The final EIA shall contain the following information as required by Wis. Stat. § 227.137 on the economic impact of the proposed rule on specific businesses, business sectors, public utility ratepayers, local governmental units, and the state's economy as a whole:
- a. An analysis and quantification of the policy problem that the proposed rule is intending to address, including comparisons with approaches used by the federal government and by Illinois, Iowa, Michigan, and Minnesota to address the policy problem and, if the approach chosen by the agency to address that policy problem is different from those approaches, a statement as to why the agency chose a different approach.
 - b. An analysis and detailed quantification of the economic impact of the proposed rule, including the implementation and compliance costs that are reasonably expected to be incurred by the businesses, local government units, and individuals that may be affected by the proposed rule. A summary of comments related to the implementation and compliance costs received by businesses, local governmental units, and individuals shall be included in the final analysis.
 - c. An analysis of the actual and quantifiable benefits of the proposed rule, including an assessment of how effective the proposed rule will be in addressing the policy problem that the rule is intended to address.
 - d. An analysis of the alternatives to the proposed rule including the alternative of not promulgating the proposed rule.
 - e. A determination made in consultation with the businesses, local governmental units, and individuals that may be affected by the proposed rule as to whether the proposed rule would adversely affect in a material way the economy, a sector of the economy, productivity, jobs, or the overall economic competitiveness of this state. Included in the final analysis shall be a summary of comments related to whether the proposed rule would adversely affect, in a material way, the economic competitiveness of this state received by businesses, local governmental units, and individuals.
 - f. If the agency finds that a proposed rule will not have an economic effect on public utilities or their ratepayers, it shall state this conclusion in the EIA. If the agency finds that a proposed rule will have an economic impact on public utilities or their ratepayers or both, it shall request the information necessary from the Public Service Commission to provide an estimate of the increased costs or resulting savings for public utilities and their ratepayers.

13. If an agency makes modifications to a proposed rule following the agency public hearing, the agency shall review the rule to determine whether the scope has been changed in any meaningful or measurable way under Wis. Stat. § 227.135(4) and Paragraph II.10. of this Executive Order and whether the economic impact of the proposed rule is significantly changed under Wis. Stat. § 227.137(4) and Paragraph IV.9. of this Executive Order.
 - a. The agency shall notify the Governor's Office of Regulatory Compliance via AdministrativeRules@Wisconsin.gov if it will submit a revised statement of scope to the Governor's Office of Regulatory Compliance for approval or a revised EIA to the Governor's Office of Regulatory Compliance, the Department of Administration, the Legislative Council Rules Clearinghouse and the Legislature, or both a revised statement of scope and a revised EIA. A revised statement of scope shall be submitted to the Governor's Office of Regulatory Compliance electronically as prescribed in Paragraph I.4. of this Executive Order within seven calendar days of the notification.
 - b. If neither a revised statement of scope nor a revised EIA is required, the agency shall submit the final draft rule to the Governor's Office of Regulatory Compliance for approval within thirty calendar days of the close of the public comment period following the public hearing if it intends to proceed with rulemaking, unless the agency has a policy making board that is required to approve the final rule language before it is submitted to the Governor's Office of Regulatory Compliance.

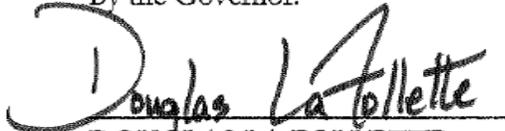
V. Final Draft Rule

1. A final draft rule shall be submitted electronically as prescribed in Paragraph I.4. of this Executive Order to the Governor's Office of Regulatory Compliance for approval by the head of the agency proposing a permanent or emergency rule or by a deputy or executive assistant who has been authorized to do so by the agency head under Wis. Stat. §§15.04(2) or 15.05(3).
2. For each non-emergency rule, the final draft rule submitted to the Governor's Office of Regulatory Compliance shall contain the following information:
 - a. The documents required under Wis. Stat. § 227.15(1), with any necessary updates;
 - b. A statement describing how the rule complies with any applicable requirement under Wis. Stat. § 227.116;
 - c. The final EIA required under Wis. Stat. § 227.137(2);
 - d. The report of the Department of Administration if required under Wis. Stat. § 227.137(6);
 - e. Any energy impact report completed under Wis. Stat. § 227.117(2), and a statement describing the agency's consideration of the energy impact report in accordance with Wis. Stat. § 227.117(3);
 - f. The report of the Small Business Regulatory Review Board required under Wis. Stat. § 227.14(2g);
 - g. Any regulatory flexibility analysis completed under Wis. Stat. § 227.114;
 - h. A list of persons who appeared or registered for or against the rule at the hearing;
 - i. A summary of public comments to the proposed rule and the agency's response to those comments;
 - j. An explanation of any modifications made in the proposed rule as a result of public comments or testimony received at the public hearing; and
 - k. The Legislative Council Rule Clearinghouse report completed under Wis. Stat. § 227.15 and the agency's response to the report as required by Wis. Stat. § 227.19(3)(d).
3. For each emergency rule, the final draft rule submitted to the Governor's Office of Regulatory Compliance shall contain the following information:
 - a. A fiscal estimate in the format required by Wis. Stat. § 227.14(4); and

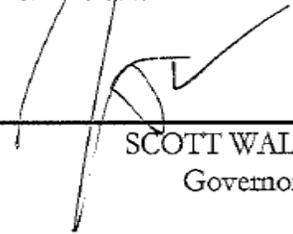
- b. A plain language analysis of the rule in the format required under Wis. Stat. § 227.14(2).
4. Following a review of the final draft rule, the Governor's Office of Regulatory Compliance shall notify the agency in writing whether the rule is approved or disapproved. A disapproval may be accompanied by suggested modifications. The agency may submit a revised rule for approval under the statement of scope that was previously approved by the Governor.



By the Governor:


DOUGLAS LA FOLLETTE
Secretary of State

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this second day of November, in the year two thousand eleven.


SCOTT WALKER
Governor

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|--|--|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Discussion and Action Related to Dentistry Position Papers 1) Sleep Related Breathing Disorders - Two Versions 2) CPR Requirements for Dentists and Dental Hygienists 3) Practice Frequently Asked Questions - Dentists 4) Practice Frequently Asked Questions - Dental Hygienists | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Please see the attached documents: 1) Sleep Related Breathing Disorders - Two versions 2) CPR Requirements for Dentists and Dental Hygienists 3) Practice Frequently Asked Questions for Dentists 4) Practice Frequently Asked Questions for Dental Hygienists | | | |
| 11) Authorization Mojgan Hall <hr/> Signature of person making this request Date <hr/> Supervisor (if required) Date <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Page intentionally left blank

SLEEP RELATED BREATHING DISORDERS (SRBD)

The treatment of Sleep Related Breathing Disorders (SRBD) may involve several components including: comprehensive patient screening, physician diagnosis of SRBD, prescription for treatment of the SRBD, treatment, follow-up assessment and monitoring.

Dentists are prohibited from practicing outside of their scope of practice. Wisconsin Admin. Code DE 5.01(3). Some elements of the treatment of (SRBD) may fall within the scope of the practice of dentistry. Others may fall outside that scope and should be performed by a physician.

Section 447.01(8)(a) of the Wisconsin Statutes defines dentistry as “Examining into the fact, condition or cause of dental health or dental disease or applying principles or techniques of dental science in the diagnosis, treatment or prevention of or prescription for any of the lesions, dental diseases, disorders or deficiencies of the human oral cavity, teeth, investing tissues, maxilla or mandible, or adjacent associated structures.”

The definition also includes, “Engaging in any of the practices, techniques or procedures included in the curricula of accredited dental schools.” §447.01(8)(f).

Thus, dentists may perform tasks such as assessment, treatment and monitoring to the extent that these activities fall within their scope of practice.

In addition to the requirement that dentists not practice outside of their scope, dentists are also prohibited from "practicing in a manner which substantially departs from the **standard of care** ordinarily exercised by a dentist or dental hygienist which harms or could have harmed a patient." Wisconsin Admin. Code DE 5.01(5).

One commonly accepted standard of care is the following treatment protocol for Oral Appliance (OA) Therapy for SRBD issued by the American Academy of Dental Sleep Medicine (AADSM):

- 1) Medical Assessment.
- 2) Referral by dentist to physician to diagnose the SRBD – be it snoring, UARS (upper airway resistance syndrome), or obstructive sleep apnea; then returned to dentist for oral appliance therapy, if appropriate. Or referral by physician for OA therapy, if appropriate.
- 3) A copy of the diagnostic sleep study or pulse oximetry report forwarded to the dentist.

- 4) Dentist to assess and recommend the choice of appliance and relevant fees. Different types of OA design variations, both MRDs (mandibular repositioning device) and TRDs (tongue repositioning device), should be shown to the patient. The rationale for appliance selection should be explained to the patient. Documentation of this should be made in the patient's records.
- 5) Informed consent is highly recommended prior to insertion of the appliance.
- 6) Dentist to initiate therapy and titrate the OA to obtain optimum results based on patient symptoms and resolution of snoring and/or restriction in further jaw movement.
- 7) After adequate titration, dentist refers patient back to physician for assessment of OA treatment of SRBD.
- 8) Final adequate or complete resolution of SRBD is determined by the referring physician (usually with PSG (polysomnography) or pulse oximetry). If the patient is medically diagnosed with only simple snoring, the dentist may complete therapy without referral back to physician.
- 9) If the medical assessment shows continued SRBD, the patient is referred back to the dentist to continue further titration.
- 10) In specific cases, often when the initial titration has not been sufficient, the patient returns a second time to their physician for assessment. If UARS or OSA are still present, the referring physician may recommend an alternative form of therapy.
- 11) An annual dental assessment is recommended for all snoring, UARS, or Obstructive Sleep Apnea OA patients since the SRBD tends to get worse over time. The dental recall examination evaluates complications, compliance, device deterioration, and the need for possible additional titration.

According to the AADSM, the protocol asserts that the diagnosis of obstructive sleep apnea and the prescription of the appropriate treatment must be made by a qualified physician who is trained in sleep medicine. Once the oral appliance therapy has been prescribed by a board-certified sleep medicine physician, then the oral appliance device should be fit by a qualified dentist with training and experience in dental sleep medicine.

SLEEP RELATED BREATHING DISORDERS (SRBD)

It is the position of the Dentistry Examining Board that risk assessment, treatment, and follow-up monitoring of SRBD falls within the scope of the practice of dentistry. The diagnosing and referral of SRBD must be done by a physician.

SRBD requires a team approach involving the diagnosing physician and the treating dentist. This would include comprehensive patient screening, physician diagnosis of SRBD, prescription for treatment of the SRBD, treatment, follow-up assessment, and monitoring.

AADSM (American Academy of Dental Sleep Medicine) Treatment Protocol for Oral Appliance (OA) Therapy for SRBD (Standard of Practice)

- 1) Medical Assessment
- 2) Referral by dentist to physician to diagnose the SRBD – be it snoring, UARS (upper airway resistance syndrome), or obstructive sleep apnea; then returned to dentist for oral appliance therapy, if appropriate. Or referral by physician for OA therapy, if appropriate.
- 3) A copy of the diagnostic sleep study or pulse oximetry report forwarded to the dentist.
- 4) Dentist to assess and recommend the choice of appliance and relevant fees. Different types of OA design variations, both MRDs (mandibular repositioning device) and TRDs (tongue repositioning device), should be shown to the patient. The rationale for appliance selection should be explained to the patient. Documentation of this should be made in the patient's records.
- 5) Informed consent is highly recommended prior to insertion of the appliance.
- 6) Dentist to initiate therapy and titrate the OA to obtain optimum results based on patient symptoms and resolution of snoring and/or restriction in further jaw movement.
- 7) After adequate titration, dentist refers patient back to physician for assessment of OA treatment of SRBD.
- 8) Final adequate or complete resolution of SRBD is determined by the referring physician (usually with PSG (polysomnography) or pulse oximetry). If the patient is medically diagnosed with only simple snoring, the dentist may complete therapy without referral back to physician.
- 9) If the medical assessment shows continued SRBD, the patient is referred back to the dentist to continue further titration.
- 10) In specific cases, often when the initial titration has not been sufficient, the patient returns a second time to their physician for assessment. If UARS or OSA are still present, the referring physician may recommend an alternative form of therapy.
- 11) An annual dental assessment is recommended for all snoring, UARS, or Obstructive Sleep Apnea OA patients since the SRBD tends to get worse over time. The dental recall examination evaluates complications, compliance, device deterioration, and the need for possible additional titration.

Page intentionally left blank

CPR REQUIREMENTS FOR DENTISTS AND DENTAL HYGIENISTS

CPR is required by Chapter DE 5.02 (24) in Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene. Chapter DE 5, Standards of Conduct are rules adopted pursuant to ss. 15.08 (5), 227.11 and 447.07 (3).

It reads: (24) Failing to hold a current certificate in cardiopulmonary resuscitation unless the licensee has obtained a waiver from the board based on a medical evaluation documenting physical inability to comply. A waiver shall be issued by the board only if it is satisfied that another person with current certification in CPR is immediately available to the licensee when patients are present.

- Current certificate is training documentation from American Heart Association (renewal is once every two years), Red Cross (renewal is once a year) or other Board approved courses as determined by the Board.
- The level of CPR recommended* is:
 - Am. Heart Assoc.: Healthcare Provider
 - Am. Red Cross: Healthcare Professional

*Note: recommended – not required – all levels are acceptable.

On-line CPR that does not provide any classroom, hands-on / instructor-led skill training and assessment is **NOT acceptable**.

Credential holders (dentists and dental hygienists) are expected to maintain their own CPR training records. If an investigation of a credential holder occurs – these CPR records may be requested and if available must be provided.

Dental assistant, lab technicians, receptionists, office managers are unlicensed professionals and not required to meet this CPR requirement.

A protective barrier for the provision of mouth-to-mouth resuscitation during CPR is required in a dental office for those employees covered by the OSHA Bloodborne Standard. Examples include bag-to-mouth resuscitation devices, CPR pocket masks, or positive pressure oxygen.

Mock emergency review, readily available emergency phone number, easily accessible telephones, highly visible address on the outside of the office, oxygen tank and an available back board may also be considered for proper response to potential emergency situations.

Page intentionally left blank

**Positions Statements Related to Dentistry
Issued by the Dental Examining Board**

**DOES WISCONSIN HAVE ANY REQUIREMENTS THAT DENTISTS ACCEPT
MEDICAID PATIENTS?**

No.

**DOES WISCONSIN REQUIRE DENTISTS TO POST INFORMATION IN THEIR
OFFICE ON HOW PATIENTS CAN CONTACT THE WISCONSIN DENTISTRY
EXAMINING BOARD AND/OR POST INFORMATION THAT EXPLAINS THE BOARD
FUNCTIONS?**

No.

**PRESUMABLY STUDENTS IN AN ACCREDITED DENTAL SCHOOL ARE
PERMITTED TO TREAT PATIENTS BY VIRTUE OF BEING ENROLLED IN THE
ACCREDITED SCHOOL. SINCE BOARD EXAMINATIONS ARE NOT PART OF THE
FORMAL DENTAL SCHOOL CURRICULUM, BY OR UNDER WHAT AUTHORITY
ARE EXAMINEES WHO ARE GRADUATES OF AN ADA ACCREDITED DENTAL
COLLEGE PERMITTED TO TREAT PATIENTS AS PART OF SUCH
EXAMINATIONS?**

Students/graduates complete an application and register with the testing agency who verifies that the student/graduate meets the requirements to participate in the clinical examination and allows the student/graduate the authority to take the examination. The institution hosting the clinical examination provides the facility and assumes the supervision during the clinical examination process

**MAY DENTISTS PERFORM A HISTORY AND/OR A PHYSICAL IN THE HOSPITAL
SETTING?**

A dentist may perform a medical/dental history in a hospital setting. See Wis. Stat. sec. 447.01(8)(f). A dentist may perform a physical as it relates to the human oral cavity or adjacent tissues and structures in a hospital setting. See Wis. Stat. sec. 447.01(8)(a). A dentist may not perform a physical examination in areas other than the human oral cavity or adjacent tissues and structures in a hospital setting unless the dentist has specific training in select post-doctoral dental graduate programs.

ARE THERE PROHIBITIONS ON THE OWNING OR OPERATION OF A DENTAL PRACTICE BY A PERSON WITHOUT A DENTAL LICENSE? WHAT LAWS APPLY?

There are no prohibitions on ownership or operation of a dental practice by a person without a dental license. However, a non-dentist may not require a dentist to act in a manner which violates professional standards. See Wis. Stat. sec. 447.06(1).

MAY UNLICENSED PERSONS AND DENTAL HYGIENISTS TAKE RADIOGRAPHS?

Unlicensed persons may take radiographs as long as the dentist is on the premises and the unlicensed person has verified training. A dental hygienist may take radiographs in conformance with the requirements of Wis. Stat. sec. 447.06(2).

WHAT ARE DENTAL AUXILIARIES PERMITTED TO DO IN REGARDS TO ADMINISTERING NITROUS OXIDE TO A PATIENT? CAN A DENTAL ASSISTANT OR DENTAL HYGIENIST ADMINISTER NITROUS OXIDE, MONITOR THE CONCENTRATION OR ADJUST THE CONCENTRATION OF NITROUS OXIDE?

A dental assistant and dental hygienist may not administer, monitor the concentration or adjust the concentration of nitrous oxide. However, the dental assistant and dental hygienist may assist the doctor in the monitoring of the patient's condition while undergoing nitrous oxide treatment. See Wis. Admin. Code sec. DE 12.01(2). A dental hygienist may not administer or adjust the concentration of nitrous oxide as Wis. Admin. Code sec. DE 3.03(1) prohibits administering or prescribing nitrous oxide.

**Positions Statements Related to Dental Hygienists
Issued by the Dental Examining Board**

DO I HAVE TO DISPLAY MY DENTAL HYGIENE LICENSE IN THE OFFICE WHERE I WORK?

Yes, the law requires dental hygienists to display their licenses in a prominent place. If you work in more than one dental office, your license must be displayed in each one. Duplicate licenses are available through the Department of Regulation and Licensing.

MAY DENTAL HYGIENISTS ADMINISTER LOCAL ANESTHESIA IF A DENTIST ORDERS IT?

Dental hygienists may administer local anesthesia, provided they apply for and receive a certificate to do so and the dentist remains on the premises and is available to the patient throughout the completion of the appointment. See Wisconsin Administrative Code Ch. DE 7.

MAY DENTAL HYGIENISTS ADMINISTER ORAL SYSTEMIC PREMEDICATIONS OR SUBGINGIVAL SUSTAINED CHEMOTHERAPEUTIC AGENTS IF A DENTIST ORDERS IT?

Dental Hygienists may administer oral systemic premedications or subgingival sustained chemotherapeutic agents provided that the dentist remains on the premises and is available to the patient throughout the completion of the appointment.

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Discussion and Action Related to Responsibilities of Liaisons. | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: We Need to Discuss and Decide the Responsibilities of the Liaisons. Who will Sign Letters and Orders in Between Meetings? | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

2012 Officers and Liaisons:

Chair: Lyndsay Knoell

Vice-Chair: John Grignon

Secretary: Linda Bohacek

Practice Questions: Board Officers (Lyndsay Knoell, John Grignon, Linda Bohacek)

Screening Panel: Lyndsay Knoell, Sandra Linhart

Legislative Liaison: Mark Braden

DOE Monitoring Liaison: William Stempski

PAP Liaison: Kirk Ritchie

Credentialing Liaisons: John Grignon, Linda Bohacek

Office of Education and Examinations Liaison: Adriana Jaramillo, Eileen Donohoo

CPR Advisor: Sandra Linhart

Digest Advisor: Lyndsay Knoell

AADB: William Stempski

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|--|--|---|--|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Executive Order 61 | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: <p>The Governor's office is asking all Boards to review and identify rules that unnecessarily burden small businesses, their growth and job creation. The following options are suggested for undertaking this assignment, with a report back to the Board at its next meeting:</p> <ol style="list-style-type: none"> 1. Appoint a member of the Board to review the rules. 2. Divide the rules among Board members for review. 3. All Board members could review the rules individually. <p>If the Board decides at the next meeting that there is a need to write rules, the next step would be to draft a scope statement. Please see the attached documents.</p> | | | |
| 11) Authorization | | | |
| Mojgan Hall <hr/> Signature of person making this request Date | | | |
| <hr/> Supervisor (if required) Date | | | |
| <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | |
| Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |



EXECUTIVE ORDER # 61

Relating to Job Creation and Small Business Expansion

WHEREAS, creating jobs and growing our state's economy is dependent on a vibrant small business sector; and

WHEREAS, small businesses have generated 64% of net new jobs over the past fifteen years and employ over half of all private sector employees; and

WHEREAS, according to recent U.S. Census data, 86% of Wisconsin business employ fewer than 20 workers, and 74% have ten workers or less; and

WHEREAS, small businesses spend 80% more per worker than large employers to comply with government regulations and, according to a recent National Federation of Independent Business survey of Wisconsin employers, 91% said it was impossible to know about, comply with, and understand all of government's regulations; and

WHEREAS, according to the U.S. Small Business Administration, complying with government regulations costs small businesses \$10,585 per worker, which discourages investment and hiring by small businesses; and

WHEREAS, government regulations are regularly cited as one of the top three concerns for small business growth, according to NFIB's Small Business Optimism Index; and

WHEREAS, 2011 Wisconsin Act 46 strengthened Wisconsin's Small Business Regulatory Review Board (Board) empowering small business owners and giving them the ability to judge the economic impact of government regulation; and

WHEREAS, 2011 Wisconsin Act 46 requires state agencies to submit any rule with an economic impact to the Board for review and allows the Board to suggest changes to the agency that will improve compliance and reduce the rule's burden on small businesses; and

WHEREAS, pursuant to Wis. Stat. § 227.30, the Board has the authority to review rules and guidelines of any agency to determine whether any of those rules or guidelines place an unnecessary burden on the ability of small businesses to conduct their affairs; and

WHEREAS, state agencies and the Board should not only be reviewing new rules but collaborating to reform existing rules that hinder job creation and small business expansion and that this effort would help further the state's goal of creating 250,000 jobs by 2015.

NOW THEREFORE, I, SCOTT WALKER, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and laws of this State, specifically Wis. Stat. § 227.10(2m), do hereby:

1. Require all state agencies to review 2011 Wisconsin Act 46 to ensure they are in compliance, ready to assist small business owners, and properly submitting any proposed rules with an economic impact to the Board;
2. Require all state agencies to cooperate with the Board to identify existing rules hindering job creation and small business growth;

3. Require all state agencies to work with the Board to recommend changes to these rules that will both reduce their burden on job creators while continuing to comply with the intent of the statutes that created them;
4. Require all state agencies to work with the Board to identify strategies that will increase compliance with existing rules;
5. Request that the Board engage small business owners and their representative organizations to gather input on any rules hindering job growth;
6. Request that the Board provide a report and analysis of these rules, in a manner similar to Wis. Stat. § 227.30(1), to the Governor's Office of Regulatory Compliance and the agency with the authority to amend the rules, which details the rules they have identified for modification.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done in the City of Eau Claire this twenty-second day of February, in the year two thousand twelve.


SCOTT WALKER
Governor

By the Governor:


DOUGLAS LA FOLLETTE
Secretary of State

State of Wisconsin



2011 Senate Bill 47

Date of enactment: **November 1, 2011**
Date of publication*: **November 15, 2011**

2011 WISCONSIN ACT 46

AN ACT *to amend* 15.155 (5), 227.114 (6), 227.114 (7m), 227.14 (2g) (intro.), 227.19 (3) (intro.), 227.19 (3m) and 227.24 (3m) (intro.); and *to create* 227.04 of the statutes; **relating to:** changes to the membership of the Small Business Regulatory Review Board, notification to the Small Business Regulatory Review Board of bills with an economic impact on small businesses, the role of the Office of Regulatory Assistance in the Department of Commerce, and requiring the exercise of rule-making authority.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 15.155 (5) of the statutes, as affected by [2011 Wisconsin Act 32](#), is amended to read:

15.155 (5) SMALL BUSINESS REGULATORY REVIEW BOARD. There is created a small business regulatory review board, attached to the department of administration under s. 15.03. The board shall consist of ~~a representative of the department of administration; a representative of the department of agriculture, trade and consumer protection; a representative of the department of children and families; a representative of the department of health services; a representative of the department of natural resources; a representative of the department of safety and professional services; a representative of the department of revenue; a representative of the department of workforce development;~~ **6** ~~7~~ representatives of small businesses, as defined in s. 227.114 (1), who shall be appointed for 3-year terms; ~~and the chairpersons of one senate and one assembly committee concerned with small businesses, appointed as are members of standing committees. The representatives of the departments shall be selected by the secretary of that department.~~

SECTION 2. 227.04 of the statutes is created to read:

227.04 Considerations for small business. (1) In this section, "small business" has the meaning given in s. 227.114 (1).

(2) Consistent with the requirements under s. 895.59 and, to the extent possible, each agency shall do all of the following:

(a) Provide assistance to small businesses to help small businesses comply with rules promulgated by the agency.

(b) Establish, by rule, reduced fines and alternative enforcement mechanisms for minor violations of administrative rules made by small businesses. The rules promulgated under this paragraph shall include a definition of "minor violation."

(c) In deciding whether to impose a fine against a small business found to be in violation of a rule, consider the appropriateness of a written warning, reduced fine, or alternative penalty if all of the following apply:

1. The small business has made a good faith effort to comply with the rule.

2. The rule violation does not pose a threat to public health, safety, or welfare.

(d) Establish methods to encourage the participation of small businesses in rule making under s. 227.114 (4).

* Section 991.11, WISCONSIN STATUTES 2009-10 : Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

SECTION 3. 227.114 (6) of the statutes is amended to read:

227.114 (6) When an agency, under s. 227.20 (1), files with the legislative reference bureau a rule that is subject to this section, the agency shall include with the rule a summary of the analysis prepared under s. 227.19 (3) (e) and a summary of the comments of the legislative standing committees, if any. If, under s. 227.19 (3m), the rule does not require the analysis under s. 227.19 (3) (e), the agency shall include with the rule a statement of the reason for the agency's small business regulatory review board's determination under s. 227.19 (3m) that the rule will not have a significant economic impact on a substantial number of small businesses. The legislative reference bureau shall publish the summaries or the statement in the register with the rule.

SECTION 4. 227.114 (7m) of the statutes is amended to read:

227.114 (7m) The Each agency shall designate ~~a~~ at least one employee to serve as the small business regulatory coordinator for the agency, and shall publicize that employee's electronic mail address and telephone number. The small business regulatory coordinator shall act as a contact person for small business regulatory issues and shall publicize that person's electronic mail address and telephone number for the agency.

SECTION 5. 227.14 (2g) (intro.) of the statutes is amended to read:

227.14 (2g) **REVIEW BY THE SMALL BUSINESS REGULATORY REVIEW BOARD.** (intro.) On the same day that an agency submits to the legislative council staff under s. 227.15 a proposed rule that may have ~~a significant~~ an economic impact on small businesses, the agency shall submit the proposed rule, the analysis required under sub. (2), and a description of its actions taken to comply with s. 227.114 (2) and (3) to the small business regulatory review board. The board may use cost-benefit analysis to determine the fiscal effect of the rule on small businesses and shall determine whether the proposed rule will have a significant economic impact on a substantial number of small businesses and whether the agency has complied with subs. (2) and (2m) and s. 227.114 (2) and (3). Except as provided in subs. (1m) and (1s), each proposed rule shall include provisions detailing how the rule will be enforced. If the board determines that the rule does not include an enforcement provision or that the agency failed to comply with sub. (2) or (2m) or s. 227.114 (2) or (3), the board shall notify the agency of that determination and ask the agency to comply with any of those requirements. If the board determines that the proposed rule will not have a significant economic impact on a substantial number of small businesses, the board shall submit a statement to that effect to the agency that sets forth the reason for the board's decision. If the board determines that the proposed rule will have a significant economic impact on a substantial number of small busi-

nesses, the board may submit to the agency suggested changes in the proposed rule to minimize the economic impact of the proposed rule, or may recommend the withdrawal of the proposed rule under sub. (6). In addition, the board may submit other suggested changes in the proposed rule to the agency, including proposals to reduce the use of cross-references in the rule. The board shall send a report of ~~those suggestions~~ any suggested changes and of any notice of failure to include enforcement provisions or to comply with sub. (2) or (2m) or s. 227.114 (2) or (3) to the legislative council staff. The notification to the agency may include a request that the agency do any of the following:

SECTION 6. 227.19 (3) (intro.) of the statutes, as amended by 2011 Wisconsin Act 21, is amended to read:

227.19 (3) **FORM OF REPORT.** (intro.) The report required under sub. (2) shall be in writing and shall include the proposed rule in the form specified in s. 227.14 (1); ~~the material specified in s. 227.14 (2), (3), and (4);~~ including any statement, suggested changes, or other material submitted to the agency by the small business regulatory review board; a copy of any economic impact analysis prepared by the agency under s. 227.137 (2); ~~a copy of any revised economic impact analysis prepared by the agency under 227.137 (4);~~ a copy of any report prepared by the department of administration under s. 227.137 (6); ~~a copy of any energy impact report received from the public service commission under s. 227.117 (2);~~ and a copy of any recommendations of the legislative council staff. The report shall also include all of the following:

SECTION 7. 227.19 (3m) of the statutes is amended to read:

227.19 (3m) **ANALYSIS NOT REQUIRED.** The final regulatory flexibility analysis specified under sub. (3) (e) is not required for any rule if the agency, ~~after complying with s. 227.114 (1) to (5),~~ small business regulatory review board determines that the rule will not have a significant economic impact on a substantial number of small businesses.

SECTION 8. 227.24 (3m) (intro.) of the statutes is amended to read:

227.24 (3m) **REVIEW BY THE SMALL BUSINESS REGULATORY REVIEW BOARD.** (intro.) On the same day that the agency files a rule under sub. (3) that may have ~~a significant~~ an economic impact on small businesses, as defined in s. 227.114 (1), the agency shall submit a copy of the rule to the small business regulatory review board. The board may use cost-benefit analysis to determine the fiscal effect of the emergency rule on small businesses and shall determine whether the emergency rule will have a significant economic impact on a substantial number of small businesses and whether the agency complied with ss. 227.114 (2) and (3) and 227.14 (2m). If the board determines that the emergency rule will not have a significant economic impact on a substantial number of small

businesses, the board shall submit a statement to that effect to the agency that sets forth the reason for the board's decision. If the board determines that the emergency rule will have a significant economic impact on a substantial number of small businesses, the board may submit to the agency and to the legislative council staff suggested changes in the emergency rule to minimize the economic impact of the emergency rule. If the board determines that the agency failed to comply with s. 227.114 (2) or (3) or 227.14 (2m), the board shall notify the agency of that determination and ask the agency to comply with any of those provisions. In addition, the board may submit other suggested changes in the pro-

posed rule to the agency and may include a request that the agency do any of the following:

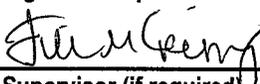
SECTION 12. Initial applicability.

(1) The treatment of section 227.14 (2g) (intro.) of the statutes first applies to a proposed administrative rule submitted by an agency to the legislative council staff under section 227.15 of the statutes on the effective date of this subsection.

(2) The treatment of section 227.24 (3m) (intro.) of the statutes first applies to an emergency rule filed with the legislative reference bureau on the effective date of this subsection.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|--|--|---|----------------------------------|
| 1) Name and Title of Person Submitting the Request: Aaron Knautz-Exams Specialist | | 2) Date When Request Submitted: 12/14/12 | |
| Items will be considered late if submitted after 4:30 p.m. and less than: | | | |
| <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | | | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: January 9, 2013 | 5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? NERB Regional Exam and Periodontal Requirements | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (<u>Fill out Board Appearance Request</u>) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: NERB is no longer requiring the Periodontal Section be taken by candidates. The Dentistry Board needs to decide if the Periodontal Section is required for the NERB regional to be accepted for WI licensure. | | | |
| 11) Authorization | | | |
| Aaron Knautz | | | |
| Signature of person making this request  | | | Date 12-13-2012 |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | |
| Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Bruce Barrette, D.D.S., President
Stanwood Kama, D.D.S., Vice-President
William Pappas, D.D.S., Secretary
Robert Jolly, DDS, Treasurer
Guy Shampaine, D.D.S., Past President

To: State Boards and Dental Schools

This advisory is being sent to briefly describe the 2013 American Board of Dental Examiners (ADEX) examination in dentistry including a listing of the four examinations that must be passed (with a score of 75 or greater) to achieve "ADEX status" and also "NERB status".

The ADEX Dental Examination is the examination approved by American Board of Dental Examiners, Inc. and is adopted and administered by NERB, SRTA, Florida (administered by the NERB) and Nevada. It consists of a series of clinical examinations, both simulated on computer and manikins as well as clinical performances on patients. These examinations are utilized to assist licensing jurisdictions in making decisions concerning the licensure of dentists.

The 2013 ADEX Dental Examination consists of four required individual, skill-specific clinical examinations: three simulated patient clinical examinations and one clinical examination performed on patients. The three required simulated patient clinical examinations are the computer-based Diagnostic Skills Examination (DSE), the manikin-based Endodontic Clinical Examination, and the Fixed Prosthodontic Clinical Examination. The one required clinical examination performed on patients is the Restorative Clinical Examination which consists of preparing and restoring an anterior and posterior tooth. A candidate is considered to have passed the ADEX examination, and achieved "ADEX status", and "NERB status", when they have passed the four required examinations (the DSE, Prosthodontic, Endodontic and Restorative examinations).

The one optional clinical examination performed on patients is the Periodontal Clinical Examination. ADEX, NERB, SRTA, and Nevada, have just completed a national Occupational Analysis in Dentistry. The survey instrument utilized in the occupational analysis was designed to elicit procedures that dentists perform or supervise, and rank their criticality. The results of this national occupational analysis demonstrate that entry-level dentists while they do perio scaling, the skill is performed less frequently than the supervision of these skills. Literally none of the performance skills tested on the patient based Periodontal Examination were supported for performance testing on the clinical patient-based examination. Therefore the Periodontal Clinical Examination is considered optional by ADEX, but is available to candidates in consideration of specific requirements for licensure in those states that require a clinical examination in Periodontics. Candidate scores for the optional Periodontal examination will be included whenever scores are reported for the required sections of the exam. Note that a failing grade (less than 75) in the optional Periodontal examination does not affect whether a candidate has passed the ADEX examination nor is the candidate required to retake the Periodontal examination (unless they are seeking licensure in a state that requires having passed a clinical Periodontal examination). Many states have not required this skill set performance examination for several years as SRTA has not included this performance examination since 2005.

RECEIVED
SAFETY & PROF. SERVICES

P.O. Box 8733 • Portland, Oregon 97207-8733

Telephone (503) 724-1104

ADEXOFFICE@aol.com

www.adex.org

The Diagnostic Skills Examination has undergone a total psychometric review, blueprint to realignment, and is a very robust examination on the cognitive skills in diagnosis and treatment planning in Periodontics, a critical skill set for all dentists.

Candidates are encouraged to check with the state dental board in the state where they wish to practice, to determine exactly what is required for licensure in that state.

We hope that this information helps explain the requirements of the 2013 ADEX examination.

Please contact me if you have any questions or concerns.

Sincerely,



Bruce J. Barrette, D.D.S.
President, ADEX

2013-0-001
RECEIVED
2013-0-001

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Presentation of Report on the Nov. 10, 2012 CRDTS Steering Committee Meeting - by Eileen Donohoo | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Eileen Donohoo will present a report on the CRDTS Steering committee meeting that was held on Nov. 10, 2012. Please see the attached document. | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Report Steering Committee Meeting
Central Regional Testing Service, Inc.
November 10, 2012

See membership and list of people in attendance.
The officers each made reports on events since the annual meeting on
August 24, 2012

Both the dental ERC (exam review committee) and dental hygiene ERC
gave report

The Board approved adding the CSW exam to CRDTS
This was developed by an independent agency with the funds from
CRDTS, WREB and SRTA.. CRDTS is going forward with this exam now
even though they have been involved with the development for years.
With the attempt to create one exam, and the development of the ADEX
exam, this was put on hold. CRDTS severed the relationship with ADEX
in 2009 and has been exploring adding this additional portion since
then. There were some concerns about the security of the test and
those problems have been shown to be not an issue. The CSW will be
added to augment parts of dental education that are not currently
tested. It will enhance the periodontal portion and prosthetic of the
exam and will be taken at a prometric testing center. SRTA is pulling
out of this test because they have decided to administer the ADEX exam
through NERB beginning the next testing season. They currently do not
have a live patient periodontal portion to their exam and use this
written exam to test for proficiency.

It has been my pleasure to serve on this Steering Committee to ensure
that our state is being represented in the development of the testing for
our graduates of Dental and Dental Hygiene. I have more detailed
information if anyone is interested in reviewing, included budget
information.

Submitted by,
Eileen Donohoo

Central Regional Dental Testing Service, Inc.
Steering Committee Meeting
Hilton Kansas City Airport Kansas City, Missouri
November 10, 2012 8:00am

Executive Board:

Mark G. O'Farrell, DDS – President
Barbara Mousel, DDS – President-Elect
Deena Kuempel, DDS – Past President
Elizabeth Thompson, RDH – Vice President
Jane Lott, RDH, BS – Secretary/ Treasurer
Steve Holcomb, DMD – Dental ERC Chair
Penny Fudally, RDH, MEd – Dental Hygiene ERC Chair

Steering Committee Members Present:

Colorado – Annette Isenbart, RDH
Georgia – Becky Bays Carlon, DDS
Hawaii – Marilyn Nonaka, RDH, MS
Illinois – Mary Starsiak, DDS Kansas – Susan Rodgers, RDH, BS
Minnesota – Joan Sheppard, DDS
Missouri – Deborah Polc, RDH, BSDH
Nebraska – Terrance Wilwerding, DDS
North Dakota – Dale Brewster, DDS
South Dakota – Roy Seaverson, DDS
Washington Dental Hygiene – Verla Rich, RDH
Wisconsin – Eileen Donohoo, RDH
Wyoming – Glenn Parry, DMD

Steering Committee Members Absent:

Iowa – Steve Bradley, DDS
New Mexico – Charles Schumacher, DDS
South Carolina – Z Vance Morgan, DMD
Washington Dental – LouAnn Mercier, DDS
West Virginia – George Conard, DDS

Professional Staff:

Lynn Ray, RDH, BS – Director of Analysis
Kimber Cobb, RDH, BS – Director of Dental Examinations & Data Management
Kim Laudenslager, RDH, MPA – Director of Dental Hygiene Examinations

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Informational Item: CRDTS's 2012 Dental Schools' Report | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Please See the Attached Report. | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.

**2012
ANNUAL REPORT TO REGIONAL SCHOOLS OF DENTISTRY
ON
DENTAL EXAMINATION RESULTS**

Prepared by Lynn Ray, R.D.H., B.S.

Director of Analysis

November 20, 2012

REPORT TO DENTAL SCHOOLS ON CANDIDATE PERFORMANCE

INTRODUCTION

In 1980 the Central Regional Dental Testing Service, Inc. initiated an in-depth analysis of its clinical dental examinations similar to the type of analysis which has been performed on written examinations for many years. The purpose of the analysis is to monitor the tests' administration from year to year, better understand and control the examination revisions which are being contemplated, and to assess the tests' reliability and validity on an ongoing basis. A by-product of this test analysis activity has been an improved reporting service to Dental Schools.

PURPOSE OF THE REPORT

1. To provide an annual summary of candidates examined from each program within CRDTS jurisdiction.

Table 1 lists all programs in the geographic region or those schools that served as a test site, and the number of recent graduates from each who took the examination as a proportion of all candidates taking the examinations. This table simply provides a perspective on the data which is subsequently reported. The order of programs on this table does not coincide with the identification codes of each program as shown on the data Tables.

2. To provide an analysis of candidate performance by School on each component of the examination.

Tables 2 through 9 provide an analysis of candidate performance on each component of the test. Dental School faculty should be able to make some inferences as to the relative strength of their graduates in each clinical activity. This analysis could be used, along with other assessment mechanisms, as a basis for course assessment or curriculum improvement in each program.

DESCRIPTION OF INDICES

In order to encourage the most appropriate interpretation of the data presented in the various tables, each of the indices used is described below:

Program Code - To insure confidentiality, each school has been assigned a code number known only by the Dean of that institution, CRDTS' Director of Analysis, and the State Board within whose jurisdiction the school(s) lies. Code numbers are randomly re-assigned each year to assure continuing confidentiality.

Mean Score - The figures in these columns represent the average score of candidates on a particular part of the test. For the purposes of comparison, all scores are converted to a scale based on 100 possible points.

Pass or Failure Rate - A percentile score is reported or the percentage of candidates who scored 75% or better on a certain procedure or group of procedures. Regional Schools received a report of their students actual scores earlier in the year. Any candidate who has a score of "0" has been rated with a *critical deficiency* in a restorative procedure. When a candidate receives a Critical Deficiency rating confirmed by two or more independent examiners, their performance is

considered critically deficient and the score is voided for that procedure and for the Examination Part.

Demographic Data – (Table 1) – Candidates are sorted by school code and year of graduation in this table. For each regional school, their candidates who are current graduates taking the exam for the first time are shown as a percentage of the entire candidate pool. Table 1 also reports the percentage of candidates who are current graduates from outside the region, previous graduates irrespective of the location of their school of graduation, and candidates who are retaking one or more Parts of the examination. Table 1 also displays the proportion of candidates who are taking all clinical Parts of the exam for the first time; and out of that number of first-time candidates, the proportion who took the Curriculum Integrated Format (CIF) and the Traditional Format. Candidates who are taking or re-taking only a portion of the examination are not included in the data related to exam Format.

Summary of Results for four Examination Parts – (Table 2) - Table 2 reports the percentage of candidates who passed each Examination Part with a score of 75 or more. The overall mean score is also reported in the shaded columns. Passing percentages and mean scores are also reported for those candidates who took the Curriculum Integrated Format (CIF) versus those candidates who took the Traditional Format.

Summary of Results for each Procedure – (Tables 3a and 3b) – Examination Parts II, III and V have 11 procedures. Table 3a reports the percentage of candidates at each school that scored 75% or better on each procedure. Table 3b reports the mean score on each of those procedures by school code. This same data is also reported for candidates taking the Curriculum Integrated Format (CIF) and the Traditional Format.

Mean Scores per Criterion - (Tables 4a, 4b, 5a, 5b, 6a, 6b, 6c, 7a and 7b) – These tables display the average score per criterion for each of the manikin and restorative procedures. In Parts II, III and V, each criterion is assigned a maximum of 4 possible points. A rating is assigned for each criterion in every procedure by three different examiners evaluating independently. Based on the level at which a criterion is rated by at least two of the three examiners, points are awarded to the candidate. In any instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of *critically deficient* by two or more of the examiners, *no points are awarded for that procedure or for the Examination Part*, even though other criteria within that procedure may have been rated as satisfactory.

For each school, the mean score for each criterion is displayed. This allows schools to identify those categories in which their students tended to excel or to have problems. At the request of one of the schools, a ranking has been added as the last column on each table. This allows one to quickly determine which criteria caused candidates the most difficulty *on the average*. It should be noted, however, that the average for candidates from individual schools may differ substantially from the average for *all candidates*.

Periodontal Procedures - (Tables 8 and 9) – Tables 8 and 9 report the average number of points awarded per candidate on each of the periodontal procedures; the total number of points that can be awarded for each section of the periodontal examination is shown at the top of each column. In order to compare the candidates' overall performance in periodontics to other examination sections, reference should be made to Table 2 where the pass rates and the mean scores are reported for all Parts of the examination.

Incomplete Procedures – Faculty should be aware of the impact that incomplete procedures have on the analysis. If any of your students do not have an acceptable patient or fail to complete all portions of the examination for any reason, it may have an effect on the data.

Incomplete procedures are eliminated from the analysis as missing and are not considered when the average scores on each criterion are being calculated. However, when overall failure rates are being calculated, incomplete procedures are counted as failures. Therefore, there may appear to be an inconsistency between the average scores on each criterion and the failure rates.

SUMMARY

Dental faculty, Department Chairpersons, Deans and institutional administrators are all concerned with the quality of their educational programs. A variety of internal and external program evaluation methods are regularly used to assess the strengths and weaknesses within each program. These routinely include faculty review, student feedback, employer satisfaction and external accreditation at both the program and institutional levels. This report has been prepared as a guide for use by Dental Schools as one additional external program evaluation mechanism, and should not be used in the absence of several other mechanisms. Your comments on the usefulness of its current format are always appreciated.

INDEX OF TABLES

Restorative Procedures

| | <u>PAGE</u> |
|---|--------------------|
| Table 1 Summary of Candidate Groups, based on: Year of Graduation Regional/Non-Regional Location 1 st Attempts or Retakes | 5 |
| Table 2 Summary of Mean Scores and Passing Rates for Each Examination Section | 6 |
| Table 3A Summary of Test Results for All Manikin and Restorative Procedures (Scores \geq 75) | 7 |
| Table 3B Summary of Mean Scores for All Manikin and Restorative Procedures | 8 |
| Table 4A Analysis of Amalgam Preparation Scores | 9 |
| Table 4B Analysis of Amalgam Finish Scores | 10 |
| Table 5A Analysis of Anterior Composite Preparation Scores | 11 |
| Table 5B Analysis of Anterior Composite Finish Scores | 12 |
| Table 6A Analysis of Posterior Composite Preparation Scores | 13 |
| Table 6B Analysis of Posterior Composite Finish Scores | 14 |
| Table 7A Analysis of Full Gold Crown Preparation Scores | 15 |
| Table 7B Analysis of Porcelain-Fused-to-Metal Crown Preparation Scores | 16 |
| Table 7C Analysis of Ceramic Crown Preparation Scores | 17 |
| Table 8A Analysis of Anterior Endodontic Scores | 18 |
| Table 8B Analysis of Posterior Endodontic Scores | 19 |

Periodontal Procedures

| | |
|--|----|
| Table 9 Analysis of Periodontal Extra/Intraoral Assessment | 20 |
| Table 10 Analysis of Periodontal Scaling, Plaque Removal, Tissue Management, Probing & Recession | 21 |
| Table 11 Incidence of Penalty Assessment | 22 |

TABLE 1 - SUMMARY (BY SCHOOL) OF FIRST TIME RESTORATIVE CANDIDATES WHO WERE 2012 GRADUATES

| | <u>Percent of Regional Graduates</u> | <u>Percent of Total</u> |
|---|--|-----------------------------|
| Creighton University | 6.66 | 5.06 |
| Georgia Health Sciences University | 10.56 | 8.02 |
| Marquette University | 11.70 | 8.88 |
| Meharry University | 1.46 | 1.11 |
| Medical University of South Carolina | 1.78 | 1.35 |
| Nova Southeastern University | 3.90 | 2.96 |
| Southern Illinois University | 7.31 | 5.55 |
| University of Colorado | 5.97 | 3.76 |
| University of Illinois—Chicago | 18.55 | 11.70 |
| University of Iowa | 12.03 | 9.13 |
| University of Minnesota | 15.77 | 11.97 |
| University of Nebraska | 7.31 | 5.55 |
| Regional Current Graduates (Total) | 100.00 | <u>75.04</u> |
| Non-Regional Current Graduates | | 2.59 |
| Previous Graduates | | 3.95 |
| Previous Failures | | 17.53 |
| Graduates of Non-Accredited Schools | | 1.22 |
| TOTAL Candidates | | <u>100.00</u> |
| <u>Percent 1st Time Candidates</u> | | <u>82.09</u> |
| <i>1st Time CIF Candidates</i> | | 70.86 |
| <i>1st Time Traditional Candidates</i> | | <u>11.29</u> |

TABLE 2
SUMMARY OF TEST RESULTS BY EXAMINATION PART

| Dental School Codes | Endodontic Examination | | Prosthodontic Examination | | Periodontal Examination | | Restorative Examination | |
|---------------------|------------------------|------------|---------------------------|------------|-------------------------|------------|-------------------------|------------|
| | % Pass | Mean Score | % Pass | Mean Score | % Pass | Mean Score | % Pass | Mean Score |
| 1 | 100.00 | 98.44 | 100.00 | 92.29 | 90.00 | 89.39 | 80.00 | 70.66 |
| 2 | 95.38 | 89.81 | 90.77 | 83.64 | 93.85 | 95.54 | 89.23 | 83.82 |
| 3 | 95.83 | 89.98 | 100.00 | 94.08 | 91.67 | 88.71 | 83.33 | 79.10 |
| 4 | 93.33 | 86.52 | 97.78 | 91.51 | 100.00 | 97.00 | 93.33 | 89.21 |
| 5 | 95.65 | 94.31 | 95.65 | 88.91 | 97.85 | 93.80 | 90.32 | 86.68 |
| 6 | 94.59 | 91.77 | 89.19 | 85.87 | 98.65 | 94.74 | 93.24 | 86.55 |
| 7 | 92.78 | 87.52 | 90.72 | 82.60 | 97.89 | 96.34 | 95.83 | 91.17 |
| 8 | 97.44 | 91.23 | 80.49 | 73.15 | 100.00 | 95.05 | 100.00 | 96.39 |
| 9 | 91.11 | 86.39 | 95.56 | 89.19 | 97.80 | 94.08 | 93.33 | 89.06 |
| 10 | 100.00 | 96.88 | 90.91 | 81.33 | 72.73 | 82.36 | 81.82 | 74.63 |
| 11 | 80.00 | 73.44 | 100.00 | 83.93 | 100.00 | 94.20 | 60.00 | 50.82 |
| 12 | 97.22 | 93.60 | 94.44 | 88.81 | 100.00 | 98.24 | 93.06 | 86.56 |
| CIF Format | 95.13 | 88.96 | 92.96 | 84.52 | 97.64 | 93.56 | 92.61 | 85.91 |
| Traditional Format | 93.33 | 88.92 | 84.62 | 78.95 | 92.22 | 91.76 | 92.31 | 75.95 |
| Non-CRDTS Grads | 100.00 | 93.23 | 81.82 | 78.08 | 100.00 | 95.23 | 86.36 | 86.34 |
| Previous Graduates | 87.50 | 84.51 | 87.50 | 78.63 | 93.62 | 91.89 | 76.60 | 71.29 |
| Previous Failures | 83.87 | 78.63 | 79.55 | 72.60 | 100.00 | 94.72 | 84.13 | 78.76 |
| Total Candidates | 93.97 | 89.54 | 90.77 | 83.85 | 96.86 | 94.97 | 90.14 | 85.17 |

*Unshaded columns report the percent of candidates scoring 75% or better on the Examination Part.
 Shaded columns report the mean score for that same Part. All scores have been converted to a percentage for comparison purposes.
 The confidentially coded school data includes only 2012 graduates taking the examination for the first time.

**TABLE 3A - SUMMARY OF RESTORATIVE PROCEDURES
PERCENTAGE OF CANDIDATES SCORING 75% OR BETTER ON A PROCEDURE**

| Dental School Codes | Amalgam Procedures | | Anterior Composite | | Posterior Composite | | Endodontic Procedures | | Fixed Prosthodontic Procedures | | |
|-----------------------|--------------------|--------------|--------------------|--------------|---------------------|--------------|-----------------------|--------------|--------------------------------|--------------|--------------|
| | Prep | Finish | Prep | Finish | Prep | Finish | Prep | Finish | FGC | Ceramic | PFM |
| 1 | 75.00 | 75.00 | 89.74 | 84.62 | 91.43 | 88.57 | 100.00 | 100.00 | 97.44 | 97.44 | 100.00 |
| 2 | *79.31 | 79.31 | 92.31 | 92.31 | 100.00 | 100.00 | 95.38 | 95.38 | 95.38 | 98.46 | 95.38 |
| 3 | 0.00 | 0.00 | 91.67 | 87.50 | 95.80 | 91.70 | 95.83 | 95.83 | 100.00 | 100.00 | 95.83 |
| 4 | 95.56 | 95.56 | 93.33 | 93.33 | 100.00 | 100.00 | 93.33 | 93.33 | 100.00 | 100.00 | 97.78 |
| 5 | 96.36 | 89.09 | 91.40 | 90.32 | 94.70 | 89.50 | 96.74 | 96.74 | 100.00 | 97.83 | 96.74 |
| 6 | 92.98 | 92.98 | 94.59 | 93.24 | 100.00 | 100.00 | 94.59 | 94.59 | 94.59 | 95.95 | 93.24 |
| 7 | 94.12 | 94.12 | 97.92 | 95.83 | 100.00 | 96.20 | 87.52 | 87.52 | 88.78 | 89.22 | 83.41 |
| 8 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 97.44 | 97.44 | 90.24 | 97.56 | 82.93 |
| 9 | 93.55 | 90.32 | 95.56 | 95.56 | 100.00 | 100.00 | 91.11 | 91.11 | 100.00 | 93.33 | 97.78 |
| 10 | 87.50 | 87.50 | 90.91 | 81.82 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 81.82 |
| 11 | 60.00 | 40.00 | 60.00 | 60.00 | — | — | 80.00 | 80.00 | 100.00 | 80.00 | 100.00 |
| 12 | 95.65 | 95.65 | 95.83 | 94.44 | 96.15 | 100.00 | 97.22 | 97.22 | 97.22 | 98.61 | 98.61 |
| CIF Format | 93.77 | 92.28 | 94.82 | 93.66 | 97.92 | 96.19 | 95.13 | 95.13 | 97.32 | 97.15 | 94.47 |
| Traditional Format | 80.43 | 78.26 | 90.00 | 85.56 | 95.65 | 89.13 | 93.33 | 93.33 | 91.21 | 94.51 | 90.11 |
| Non-CRDTS 2012 | 100.00 | 100.00 | 100.00 | 100.00 | 90.00 | 80.00 | 100.00 | 100.00 | 86.36 | 100.00 | 95.45 |
| Previous Grads | 80.77 | 73.08 | 89.36 | 82.98 | 95.65 | 91.30 | 87.50 | 87.50 | 93.75 | 87.50 | 89.58 |
| Previous Failures | 86.11 | 80.56 | 87.30 | 87.30 | 88.89 | 85.19 | 83.87 | 83.87 | 90.91 | 81.82 | 82.64 |
| All Candidates | 90.82 | 89.03 | 93.60 | 91.79 | 96.66 | 94.22 | 93.97 | 93.97 | 95.80 | 95.38 | 93.01 |

*Each column on this table should be read as follows: 79.31% of the first-time candidates from School #2 scored 75% or more on the Amalgam Preparation. The confidentially coded school data includes only 2012 graduates taking the examination for the first time.

TABLE 3B - SUMMARY OF SCORES FOR RESTORATIVE PROCEDURES
 Average Numerical Scores for each Procedure
 (Based on a Possible 100 Points)

| Dental School Codes | Amalgam Procedures | | Anterior Composite | | Posterior Composite | | Endodontic Procedures | | Fixed Prosthodontic Procedures | | |
|---------------------|--------------------|--------|--------------------|--------|---------------------|--------|-----------------------|--------|--------------------------------|---------|-----|
| | Prep | Finish | Prep | Finish | Prep | Finish | Prep | Finish | FGC | Ceramic | PFM |
| 1 | *92.95 | 94.44 | 84.77 | 79.51 | 78.69 | 73.44 | 98.44 | 94.34 | 91.96 | 90.35 | |
| 2 | 76.59 | 75.86 | 88.30 | 90.11 | 97.60 | 95.04 | 89.81 | 88.23 | 90.43 | 87.39 | |
| 3 | 0.00 | 0.00 | 89.14 | 83.04 | 94.01 | 92.37 | 89.98 | 95.31 | 93.75 | 93.05 | |
| 4 | 90.69 | 91.45 | 89.44 | 90.08 | 98.05 | 91.33 | 86.52 | 93.94 | 94.51 | 90.12 | |
| 5 | 93.25 | 87.95 | 89.75 | 88.21 | 94.92 | 87.12 | 94.31 | 93.15 | 91.27 | 88.98 | |
| 6 | 90.08 | 87.16 | 89.38 | 88.87 | 93.22 | 87.89 | 91.77 | 90.31 | 89.77 | 87.36 | |
| 7 | 91.97 | 91.91 | 95.24 | 94.23 | 96.63 | 95.89 | 87.52 | 88.78 | 89.22 | 83.41 | |
| 8 | 97.18 | 95.44 | 97.80 | 97.35 | 98.70 | 91.33 | 91.23 | 83.05 | 89.84 | 75.61 | |
| 9 | 89.45 | 88.44 | 92.78 | 93.49 | 99.03 | 99.49 | 86.39 | 94.67 | 91.36 | 89.44 | |
| 10 | 82.93 | 79.17 | 86.69 | 75.00 | 96.67 | 98.81 | 96.88 | 90.91 | 87.88 | 81.82 | |
| 11 | 63.08 | 47.50 | 55.00 | 53.57 | — | — | 73.44 | 82.50 | 82.78 | 86.67 | |
| 12 | 91.39 | 91.49 | 91.82 | 90.18 | 94.93 | 91.62 | 93.60 | 92.29 | 93.56 | 90.70 | |
| CIF Format | 85.40 | 84.19 | 89.30 | 88.63 | 90.04 | 87.33 | 88.96 | 89.33 | 89.75 | 85.87 | |
| Traditional Format | 77.30 | 73.64 | 85.75 | 81.27 | 92.84 | 86.26 | 88.92 | 83.82 | 87.58 | 83.30 | |
| Non-CRDTS 2012 | 95.35 | 93.75 | 93.34 | 95.57 | 87.95 | 76.43 | 93.23 | 77.95 | 91.79 | 94.47 | |
| Previous Grads | 77.88 | 67.47 | 85.56 | 78.19 | 90.91 | 84.01 | 84.51 | 86.05 | 85.58 | 81.28 | |
| Previous Failures | 82.37 | 77.55 | 85.03 | 83.28 | 85.77 | 81.62 | 78.63 | 82.58 | 79.91 | 83.17 | |
| All Candidates | 87.34 | 85.69 | 90.22 | 88.91 | 94.24 | 90.94 | 89.54 | 89.04 | 89.74 | 86.32 | |

*Each column on this table should be read as follows: 92.95 was the average score on the Amalgam Preparation procedure for all first time candidates who were graduates of School #1 taking the test for the first time.

TABLE 4A - ANALYSIS OF AMALGAM PREPARATION CRITERION SCORES

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | | Othe | Avg: | Rank | | | |
|---------------------------------------|--|-------|------|-------|-------|-------|-------|-------|-------|------|--------|-------|-------|-------|----|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | 12 | | |
| EXTERNAL OUTLINE | | | | | | | | | | | | | | | | | |
| 1. Proximal Clearance | *3.67 | 3.77 | - | 3.67 | 3.97 | 3.88 | 3.89 | 3.81 | 3.67 | 2.71 | 2.50 | 3.91 | 3.50 | 3.76 | 9a | | |
| 2. Gingival Clearance | 4.00 | 3.83 | - | 3.87 | 3.85 | 3.92 | 3.89 | 3.91 | 3.73 | 3.86 | 3.50 | 3.91 | 3.92 | 3.87 | 6 | | |
| 3. Outline Shape/Continuity/Extension | 3.00 | 3.90 | - | 3.85 | 3.90 | 3.85 | 3.84 | 3.81 | 3.80 | 3.57 | 4.00 | 3.92 | 3.75 | 3.83 | 8 | | |
| 4. Isthmus Width | 4.00 | 3.77 | - | 3.97 | 3.89 | 3.93 | 3.84 | 4.00 | 3.97 | 4.00 | 3.33 | 3.94 | 3.92 | 3.91 | 4 | | |
| 5. Cavosurface Margin | 2.67 | 3.80 | - | 3.67 | 3.84 | 3.80 | 3.84 | 3.91 | 3.87 | 3.86 | 3.17 | 3.58 | 3.75 | 3.76 | 9b | | |
| 6. Sound Marginal Tooth Structure | 4.00 | 3.90 | - | 3.92 | 3.95 | 3.95 | 4.00 | 4.00 | 4.00 | 4.00 | 3.80 | 4.00 | 4.00 | 3.94 | 3 | | |
| INTERNAL FORM | | | | | | | | | | | | | | | | | |
| 7. Axial Wall | 3.33 | 3.57 | - | 3.77 | 3.82 | 3.61 | 3.84 | 3.56 | 3.70 | 3.71 | 2.83 | 3.60 | 3.58 | 3.67 | 11 | | |
| 8. Pulpal Floor | 4.00 | 3.67 | - | 3.38 | 3.31 | 3.53 | 3.53 | 3.81 | 3.70 | 3.57 | 2.00 | 3.02 | 4.00 | 3.40 | 12 | | |
| 9. Pulpal-Axial Line Angle | 4.00 | 4.00 | - | 4.00 | 4.00 | 3.64 | 3.68 | 3.91 | 3.40 | 4.00 | 4.00 | 3.55 | 3.75 | 3.75 | 10 | | |
| 10. Caries/Remaining Material | 4.00 | 3.87 | - | 4.00 | 4.00 | 3.93 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.97 | 2 | | |
| 11. Retention | 4.00 | 4.00 | - | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 1 | | |
| 12. Proximal Box Walls | 4.00 | 4.00 | - | 3.90 | 3.74 | 3.86 | 3.89 | 3.97 | 3.87 | 4.00 | 3.67 | 3.79 | 3.75 | 3.85 | 7 | | |
| 13. Prepared Surfaces | 4.00 | 3.90 | - | 4.00 | 3.95 | 3.90 | 4.00 | 3.91 | 3.90 | 4.00 | 3.50 | 3.77 | 3.75 | 3.88 | 5 | | |
| TOTAL AVERAGES: | 3.74 | 3.84 | - | 3.85 | 3.86 | 3.83 | 3.86 | 3.89 | 3.82 | 3.79 | 3.35 | 3.77 | 3.82 | 3.79 | | | |
| TREATMENT MANAGEMENT | | | | | | | | | | | | | | | | | |
| 14. Adjacent Tooth Damage | -0.33 | -2.77 | - | -0.18 | -0.13 | -0.12 | -0.11 | -0.06 | -0.13 | 0.00 | -13.67 | -0.15 | -0.08 | -0.55 | | | |
| 15. Soft Tissue Damage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| CRITICAL ERRORS: | | | | | | | | | | | | | | | | | |
| Wrong/Tooth Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| Unrecognized Exposure | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| Critical Lack of Clinical Judgment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| /Diagnostic Skills | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.20 | | | |

*There are 13 scorable items in the Amalgam Preparation. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.67 points on the proximal clearance of the preparation. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

Table 4B - ANALYSIS OF AMALGAM FINISH CRITERION SCORES

| Error | Average Score Per Criterion at Each School | | | | | | | | | | | Rank | | | |
|---|--|-------------|----|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | 12 | Other | AVG. |
| SCORABLE ITEMS | | | | | | | | | | | | | | | |
| MARGIN INTEGRITY/SURFACE FINISH | | | | | | | | | | | | | | | |
| 1. Margin Excess/Deficiency | 3.67 | 3.85 | | 3.69 | 3.60 | 3.78 | 3.74 | 3.63 | 3.80 | 3.86 | 2.25 | 3.64 | 3.50 | 3.67 | 6 |
| 2. Surface Finish | *3.67 | 3.85 | | 3.69 | 3.70 | 3.71 | 3.95 | 3.88 | 3.80 | 3.71 | 2.75 | 3.78 | 3.83 | 3.74 | 3 |
| 3. Adjacent Tooth Structure | 4.00 | 4.00 | | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 1 |
| CONTOUR/CONTACT | | | | | | | | | | | | | | | |
| 4. Interproximal Contact | 3.67 | 3.63 | | 3.90 | 3.78 | 3.78 | 3.89 | 3.72 | 3.73 | 2.86 | 2.50 | 3.92 | 3.67 | 3.73 | 4 |
| 5. Centric/Excursive Contacts | 4.00 | 4.00 | | 3.92 | 3.85 | 3.74 | 4.00 | 3.72 | 4.00 | 3.57 | 4.00 | 3.94 | 3.75 | 3.86 | 2 |
| 6. Anatomy/Contour | 3.67 | 3.63 | | 3.69 | 3.70 | 3.81 | 3.89 | 3.97 | 3.70 | 3.71 | 2.50 | 3.62 | 3.75 | 3.72 | 5 |
| TOTAL MEANS: | 3.78 | 3.83 | | 3.82 | 3.77 | 3.80 | 3.91 | 3.82 | 3.84 | 3.62 | 3.00 | 3.82 | 3.75 | 3.79 | |
| TREATMENT MANAGEMENT (Penalties) | | | | | | | | | | | | | | | |
| 7. Adjacent Tooth Damage | 0.00 | 0.00 | -- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8. Soft Tissue Damage | 0.00 | -0.11 | -- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -0.75 | 0.00 | 0.00 | -0.02 | |
| CRITICAL ERROR | | | | | | | | | | | | | | | |
| Fractured Restoration | 0.00 | 0.00 | -- | 0.00 | -1.29 | 0.00 | 0.00 | 0.00 | -2.50 | 0.00 | 0.00 | 0.00 | 0.00 | -0.40 | |

*There are 6 scorable items in the Finished Amalgam Restoration. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.67 points on the Surface Finish of the restoration. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). Blank columns indicate that no candidates from that school elected to complete the Class II Amalgam. The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 5A - ANALYSIS OF ANTERIOR COMPOSITE PREPARATION CRITERION SCORES

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | | Other | Avg. | Rank | | | |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | 12 | | |
| EXTERNAL OUTLINE | | | | | | | | | | | | | | | | | |
| 1. Outline Extension | *3.87 | 3.80 | 3.41 | 3.74 | 3.90 | 3.64 | 3.80 | 3.82 | 3.69 | 4.00 | 3.50 | 3.74 | 3.67 | 3.77 | 5 | | |
| 2. Gingival Contact Broken | 3.82 | 3.84 | 3.96 | 3.85 | 3.99 | 3.86 | 3.85 | 3.95 | 3.92 | 3.92 | 4.00 | 3.88 | 3.83 | 3.88 | 3a | | |
| 3. Margin Smoothness/Continuity/Bevels | 3.95 | 3.88 | 3.81 | 3.76 | 3.89 | 3.88 | 3.94 | 4.00 | 3.92 | 3.83 | 3.50 | 3.83 | 3.83 | 3.88 | 3b | | |
| 4. Sound Marginal Tooth Structure | 3.82 | 3.94 | 3.93 | 3.65 | 3.93 | 3.90 | 3.90 | 3.92 | 3.94 | 3.75 | 3.25 | 3.91 | 3.79 | 3.87 | 4 | | |
| INTERNAL FORM | | | | | | | | | | | | | | | | | |
| 5. Axial Walls | 3.69 | 3.55 | 3.67 | 3.87 | 3.80 | 3.36 | 3.72 | 3.77 | 3.54 | 3.67 | 3.75 | 3.63 | 3.46 | 3.65 | 6 | | |
| 6. Internal Retention | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 1 | | |
| 7. Caries/Remaining Material | 3.90 | 4.00 | 4.00 | 4.00 | 4.00 | 3.90 | 3.96 | 4.00 | 3.83 | 3.67 | 4.00 | 3.95 | 4.00 | 3.94 | 2 | | |
| TOTAL MEANS: | 3.86 | 3.86 | 3.83 | 3.84 | 3.93 | 3.79 | 3.88 | 3.92 | 3.83 | 3.83 | 3.71 | 3.85 | 3.80 | 3.86 | | | |
| TREATMENT MANAGEMENT | | | | | | | | | | | | | | | | | |
| 8. Adjacent Tooth Damage | -0.18 | -1.33 | -0.04 | -1.80 | -0.04 | -0.10 | -0.74 | -0.08 | 0.00 | -0.42 | 0.00 | -0.18 | -0.29 | -0.44 | | | |
| 9. Soft Tissue Damage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| CRITICAL ERRORS | | | | | | | | | | | | | | | | | |
| Wrong Tooth/Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| Unrecognized Exposure | 0.00 | -1.11 | -2.86 | -1.67 | 0.00 | -1.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -0.43 | | | |
| Critical Lack of Clinical Judgment | 0.00 | -1.11 | 0.00 | 0.00 | 0.00 | -1.01 | 0.00 | 0.00 | 0.00 | 0.00 | -14.29 | 0.00 | 0.00 | | | | |
| /Diagnostic Skills | | | | | | | | | | | | | | | | | |

*There are 7 scorable items in the Composite Preparation. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.87 points on the Outline Extension of the preparation. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 5B - ANALYSIS OF ANTERIOR COMPOSITE FINISH CRITERION SCORES

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | | | AVG | Rank | |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | Other |
| MARGINS/SURFACE FINISH | | | | | | | | | | | | | | | |
| 1. Margin Excess/Deficiency | *3.13 | 3.64 | 3.19 | 3.27 | 3.43 | 3.36 | 3.57 | 3.54 | 3.74 | 3.18 | 2.00 | 3.48 | 3.50 | 3.43 | 7 |
| 2. Surface Finish | 3.76 | 3.93 | 3.85 | 4.00 | 3.84 | 3.92 | 3.93 | 3.92 | 3.96 | 3.55 | 3.00 | 3.77 | 3.92 | 3.87 | 4 |
| 3. Adjacent Tooth Structure | 3.97 | 3.99 | 4.00 | 3.96 | 4.00 | 3.99 | 3.95 | 4.00 | 4.00 | 4.00 | 4.00 | 3.93 | 3.96 | 3.98 | 2 |
| 4. Shade Selection | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 1 |
| CONTOUR/CONTACT | | | | | | | | | | | | | | | |
| 5. Interproximal Contact | 3.74 | 3.88 | 3.69 | 3.91 | 3.95 | 3.80 | 3.89 | 3.79 | 3.78 | 3.45 | 2.50 | 3.77 | 3.88 | 3.81 | 6 |
| 6. Centric/Excursive Contacts | 3.92 | 3.96 | 3.88 | 4.00 | 3.94 | 3.92 | 4.00 | 4.00 | 4.00 | 3.73 | 4.00 | 3.96 | 4.00 | 3.96 | 3 |
| 7. Anatomy/Contour | 3.87 | 3.90 | 3.81 | 3.93 | 3.84 | 3.89 | 3.86 | 4.00 | 3.93 | 3.73 | 3.00 | 3.68 | 3.83 | 3.85 | 5 |
| TOTAL MEANS: | 3.77 | 3.90 | 3.77 | 3.87 | 3.86 | 3.84 | 3.89 | 3.89 | 3.92 | 3.66 | 3.21 | 3.80 | 3.87 | 3.84 | |
| TREATMENT MANAGEMENT (Penalties Only) | | | | | | | | | | | | | | | |
| 9. Adjacent Tooth Damage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -0.03 | 0.00 | 0.00 | |
| 10. Soft Tissue Damage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -0.03 | 0.00 | 0.00 | 0.00 | 0.00 | -0.08 | 0.00 | -0.01 | |
| CRITICAL ERRORS | | | | | | | | | | | | | | | |
| Restoration Debonded/Movable | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Fractured Restoration | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

*There are 7 scorable items in the Finished Composite Restoration. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.13 points on the margins of the restoration. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 6A - ANALYSIS OF POSTERIOR COMPOSITE PREPARATION CRITERION SCORES

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | | Other | Avg. | Rank | | | |
|---------------------------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | 12 | | |
| EXTERNAL OUTLINE | | | | | | | | | | | | | | | | | |
| 1. Proximal Clearance | *3.76 | 3.69 | 4.00 | 4.00 | 3.83 | 4.00 | 3.79 | 3.71 | 3.94 | 4.00 | 4.00 | 3.65 | 3.92 | 3.80 | 7 | | |
| 2. Gingival Clearance | 3.92 | 3.85 | 3.92 | 4.00 | 3.88 | 4.00 | 3.93 | 3.86 | 4.00 | 4.00 | 4.00 | 3.92 | 3.83 | 3.92 | 3a | | |
| 3. Outline Shape/Continuity/Extension | 3.68 | 3.85 | 3.88 | 4.00 | 3.86 | 4.00 | 3.87 | 4.00 | 4.00 | 4.00 | 4.00 | 3.77 | 3.50 | 3.82 | 6 | | |
| 4. Isthmus Width | 3.92 | 3.97 | 4.00 | 4.00 | 3.98 | 4.00 | 3.96 | 4.00 | 3.94 | 4.00 | 4.00 | 3.81 | 3.92 | 3.95 | 2a | | |
| 5. Cavosurface Margin | 3.68 | 4.00 | 4.00 | 3.57 | 4.00 | 4.00 | 3.87 | 4.00 | 3.81 | 4.00 | 4.00 | 3.88 | 4.00 | 3.90 | 5 | | |
| 6. Sound Marginal Tooth Structure | 4.00 | 3.92 | 3.88 | 4.00 | 3.93 | 4.00 | 3.97 | 4.00 | 4.00 | 4.00 | 4.00 | 3.88 | 4.00 | 3.95 | 2b | | |
| INTERNAL FORM | | | | | | | | | | | | | | | | | |
| 7. Axial Wall | 3.53 | 3.85 | 3.81 | 4.00 | 3.83 | 3.71 | 3.79 | 3.86 | 3.94 | 3.50 | 3.00 | 3.62 | 3.92 | 3.75 | 8 | | |
| 8. Pulpal Floor | 3.16 | 3.82 | 3.58 | 4.00 | 3.83 | 3.41 | 3.58 | 4.00 | 3.75 | 4.00 | 4.00 | 3.65 | 3.42 | 3.61 | 9 | | |
| 9. Caries/Remaining Material | 3.79 | 4.00 | 3.85 | 4.00 | 3.90 | 4.00 | 3.96 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.67 | 3.92 | 3b | | |
| 10. Proximal Box Walls | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 1 | | |
| 11. Prepared Surfaces | 3.92 | 4.00 | 4.00 | 3.57 | 4.00 | 4.00 | 3.87 | 4.00 | 4.00 | 3.25 | 4.00 | 4.00 | 4.00 | 3.91 | 4 | | |
| TOTAL AVERAGES: | 3.76 | 3.90 | 3.90 | 3.92 | 3.91 | 3.92 | 3.87 | 3.95 | 3.94 | 3.89 | 3.91 | 3.83 | 3.83 | 3.87 | | | |
| TREATMENT MANAGEMENT | | | | | | | | | | | | | | | | | |
| 12. Adjacent Tooth Damage | -2.23 | -0.18 | -0.04 | 0 | -0.14 | 0 | -0.16 | 0 | -0.13 | 0 | 0.00 | -0.42 | -0.17 | -0.39 | | | |
| 13. Soft Tissue Damage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| CRITICAL ERRORS: | | | | | | | | | | | | | | | | | |
| Wrong/Tooth Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| Unrecognized Exposure | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| Critical Lack of Clinical Judgment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -100. | 0.00 | 0.00 | -0.29 | | | |
| /Diagnostic Skills | | | | | | | | | | | | | | | | | |

*There are 11 scorable items in the Class II Composite Preparation. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.76 points on the proximal clearance of the preparation. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). Blank columns indicate that no candidates from that school elected to complete the Class II Composite. The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

Table 6B - ANALYSIS OF POSTERIOR COMPOSITE FINISH CRITERION SCORES

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | | | Avg. | Rank | |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | Other |
| MARGIN INTEGRITY/SURFACE FINISH | | | | | | | | | | | | | | | |
| 1. Margin Excess/Deficiency | 3.46 | 3.33 | 3.64 | 3.29 | 3.65 | 3.71 | 3.49 | 3.00 | 3.75 | 4.00 | 4.00 | 3.15 | 3.64 | 3.48 | 7 |
| 2. Surface Finish | *3.71 | 3.95 | 3.88 | 3.86 | 3.88 | 4.00 | 3.92 | 3.71 | 4.00 | 4.00 | 4.00 | 3.73 | 3.82 | 3.86 | 3 |
| 3. Adjacent Tooth Structure | 4.00 | 4.00 | 4.00 | 4.00 | 3.98 | 4.00 | 3.98 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.91 | 3.99 | 2 |
| 4. Bonded Restoration | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 1 |
| CONTOUR/CONTACT | | | | | | | | | | | | | | | |
| 5. Interproximal Contact | 3.83 | 3.87 | 3.96 | 3.43 | 3.65 | 3.82 | 3.79 | 3.57 | 3.94 | 3.75 | 4.00 | 3.62 | 3.09 | 3.74 | 5 |
| 6. Centric/Excursive Contacts | 3.66 | 3.62 | 3.88 | 3.14 | 3.48 | 3.82 | 3.97 | 3.57 | 4.00 | 4.00 | 4.00 | 4.00 | 3.73 | 3.77 | 4 |
| 7. Anatomy/Contour | 3.66 | 3.72 | 3.68 | 3.86 | 3.80 | 4.00 | 3.83 | 3.71 | 3.94 | 4.00 | 3.00 | 3.27 | 3.55 | 3.72 | 6 |
| TOTAL AVERAGES: | 3.76 | 3.78 | 3.86 | 3.65 | 3.78 | 3.91 | 3.85 | 3.65 | 3.95 | 3.96 | 3.86 | 3.68 | 3.68 | 3.79 | |

(PENALTIES ONLY)

TREATMENT MANAGEMENT

| | | | | | | | | | | | | | | | |
|--------------------------|-------|------|-------|------|------|------|------|------|------|------|-------|-------|------|-------|------|
| 8. Adjacent Tooth Damage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Soft Tissue Damage | -0.17 | 0.00 | -0.12 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -100. | -0.12 | 0.00 | -0.33 | |

CRITICAL ERROR

| | | | | | | | | | | | | | | | |
|-----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Fractured Restoration | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|-----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|

*There are 7 scorable items in the Finished Class II Composite Restoration. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.71 points on the Surface Finish of the restoration. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). Blank columns indicate that no candidates from that school elected to complete the Class II Composite. The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 7A - ANALYSIS OF FULL GOLD CROWN PREPARATION CRITERION SCORES
Average Score Per Criterion at Each School

| SCORABLE ITEMS | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | <u>11</u> | <u>12</u> | <u>Other</u> | <u>AVG</u> | <u>Rank</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|-------------|
| CERVICAL MARGIN & DRAW | | | | | | | | | | | | | | | |
| 1. Margin/Extension | 3.28 | 3.69 | 3.75 | 3.30 | 3.69 | 3.63 | 3.47 | 3.14 | 3.81 | 3.42 | 2.80 | 3.84 | 3.53 | 3.49 | 9 |
| 2. Margin/Definition/Bevel | 3.90 | 3.86 | 3.88 | 3.96 | 3.88 | 3.81 | 3.58 | 3.71 | 3.96 | 3.92 | 3.40 | 3.94 | 3.77 | 3.82 | 4 |
| 3. Line of Draw | 3.95 | 3.96 | 3.96 | 3.96 | 3.98 | 3.90 | 3.89 | 3.96 | 4.00 | 3.92 | 3.60 | 3.95 | 3.87 | 3.92 | 2 |
| WALLS, TAPER & MARGINAL BEVEL | | | | | | | | | | | | | | | |
| 4. Axial Walls-Smoothness/Undercuts | 3.92 | 3.82 | 4.00 | 4.00 | 3.89 | 3.65 | 3.47 | 3.76 | 3.96 | 3.50 | 3.60 | 3.91 | 3.77 | 3.79 | 5 |
| 5. Taper | *3.49 | 3.51 | 3.67 | 3.76 | 3.74 | 3.52 | 3.53 | 3.14 | 3.60 | 3.58 | 3.80 | 3.53 | 3.40 | 3.57 | 8 |
| 6. Cervical Finish Line | 3.69 | 3.85 | 3.92 | 3.67 | 3.83 | 3.85 | 3.58 | 3.33 | 3.87 | 3.50 | 3.40 | 3.88 | 3.80 | 3.70 | 7 |
| 7. Occlusal Reduction | 3.21 | 3.04 | 3.17 | 3.17 | 3.07 | 3.00 | 2.53 | 3.14 | 3.15 | 3.17 | 2.60 | 3.14 | 2.50 | 3.03 | 10 |
| 8. Internal Line Angles | 3.92 | 3.72 | 3.92 | 3.89 | 3.68 | 3.68 | 3.68 | 3.86 | 3.81 | 3.92 | 3.40 | 3.91 | 3.80 | 3.78 | 6 |
| 9. Occlusal Anatomy | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.84 | 3.94 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.98 | 1 |
| BRIDGE FACTOR | | | | | | | | | | | | | | | |
| 10. Path of Insertion/Line of Draw | 3.97 | 3.82 | 3.92 | 3.96 | 3.95 | 3.50 | 3.68 | 3.98 | 3.87 | 3.92 | 3.60 | 3.88 | 3.90 | 3.84 | 3 |
| TOTAL MEAN (Excluding Penalties) | 3.73 | 3.73 | 3.82 | 3.77 | 3.77 | 3.65 | 3.53 | 3.60 | 3.80 | 3.69 | 3.42 | 3.80 | 3.63 | 3.69 | |
| TREATMENT MANAGEMENT | | | | | | | | | | | | | | | |
| 11. Condition Adjacent/Opposing Teeth | -0.08 | -0.25 | -0.04 | -0.15 | -0.34 | -0.27 | -0.42 | -0.1 | -0.13 | -0.75 | -1.2 | -0.18 | -0.27 | -0.33 | |
| 12. Condition of SimulatedGingiva/Shroud | 0 | 0 | 0 | 0 | -0.04 | 0 | -0.11 | 0 | 0 | 0 | 0 | -0.03 | 0 | -0.02 | |
| Wrong Tooth/Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

*There are 10 scorable items in the Cast Gold Crown Preparation. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.49 points on the taper of the preparation walls. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 7B - ANALYSIS OF PORCELAIN-FUSED-TO-METAL CROWN PREPARATION ERRORS

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | | Other | AVG | Rank | |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | 12 |
| CERVICAL MARGIN & DRAW | | | | | | | | | | | | | | | |
| 1. Margin/Extension | 3.33 | 3.61 | 3.67 | 3.39 | 3.72 | 3.60 | 3.32 | 3.22 | 3.70 | 3.58 | 3.40 | 3.66 | 3.37 | 3.51 | 6 |
| 2. Margin/Definition | 3.69 | 3.86 | 3.83 | 3.89 | 3.80 | 3.74 | 3.47 | 3.71 | 3.79 | 3.83 | 3.00 | 3.95 | 3.83 | 3.72 | 4 |
| 3. Line of Draw | 3.95 | 3.90 | 3.92 | 3.89 | 3.95 | 3.76 | 3.74 | 3.69 | 3.85 | 3.92 | 3.60 | 3.92 | 3.73 | 3.83 | 3a |
| WALLS, TAPER & SHOULDER | | | | | | | | | | | | | | | |
| 4. Axial Walls-Smoothness/Undercuts | 3.95 | 3.80 | 3.92 | 3.98 | 3.91 | 3.81 | 3.58 | 3.86 | 3.91 | 3.83 | 3.40 | 3.94 | 3.87 | 3.83 | 3b |
| 5. Taper | *3.18 | 3.46 | 3.67 | 3.43 | 3.59 | 3.38 | 3.58 | 3.29 | 3.62 | 3.33 | 3.40 | 3.47 | 3.63 | 3.46 | 7 |
| 6. Facial Shoulder Width | 3.95 | 3.62 | 3.83 | 3.89 | 3.87 | 3.86 | 3.84 | 3.96 | 3.79 | 3.50 | 4.00 | 3.86 | 3.80 | 3.83 | 3c |
| 7. Occlusal Reduction | 3.08 | 3.14 | 3.25 | 2.96 | 2.95 | 2.95 | 2.32 | 2.29 | 2.89 | 2.83 | 3.60 | 2.79 | 2.17 | 2.86 | 2 |
| 8. Internal Line Angles | 3.64 | 3.51 | 3.87 | 3.54 | 3.39 | 3.52 | 3.58 | 3.78 | 3.51 | 3.42 | 3.60 | 3.73 | 3.57 | 3.59 | 5 |
| 9. Occlusal Anatomy | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.84 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.99 | 1 |
| TOTAL: (excluding Penalties) | 3.64 | 3.66 | 3.77 | 3.66 | 3.69 | 3.62 | 3.47 | 3.53 | 3.67 | 3.58 | 3.56 | 3.70 | 3.55 | 3.62 | |
| TREATMENT MANAGEMENT | | | | | | | | | | | | | | | |
| 11. Condition Adjacent/Opposing Teeth | -0.1 | -0.07 | -0.09 | -0.04 | -0.13 | -0.14 | -0.42 | -0.1 | -0.15 | -0.25 | -0.8 | -0.08 | -0.1 | -0.19 | |
| 12. Condition of Simulated Gingiva/Tyodont | -0.03 | -0.01 | -0.04 | 0 | -0.07 | -0.02 | -0.05 | -0.02 | -0.02 | 0 | 0 | -0.05 | -0.03 | -0.03 | |
| CRITICAL ERRORS | | | | | | | | | | | | | | | |
| Wrong Tooth/Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

*There are 10 scorable items in the PFM Crown Preparation. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.18 points on the taper of the preparation walls. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 7C - ANALYSIS OF CERAMIC CROWN PREPARATION ERRORS

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | Other | AVG | Rank | | |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | 11 | 12 |
| CERVICAL MARGIN & DRAW | | | | | | | | | | | | | | | |
| 1. Margin/Extension | 3.23 | 3.59 | 3.67 | 3.13 | 3.54 | 3.44 | 3.37 | 3.27 | 3.72 | 3.25 | 3.20 | 3.60 | 3.30 | 3.23 | 8 |
| 2. Margin/Definition/Unbeveled | 3.51 | 3.66 | 3.67 | 3.57 | 3.61 | 3.57 | 3.37 | 3.73 | 3.70 | 3.50 | 2.80 | 3.64 | 3.83 | 3.51 | 7 |
| 3. Line of Draw | 3.92 | 3.93 | 4.00 | 3.96 | 3.96 | 3.95 | 3.95 | 3.92 | 3.96 | 3.92 | 4.00 | 3.94 | 3.97 | 3.92 | 2a |
| WALLS, TAPER & SHOULDER | | | | | | | | | | | | | | | |
| 4. Axial Walls-Smoothness/Undercut | 3.85 | 3.76 | 3.83 | 3.96 | 3.94 | 3.74 | 3.11 | 3.96 | 3.94 | 3.50 | 3.60 | 3.87 | 3.80 | 3.85 | 4 |
| 5. Taper | *3.72 | 3.86 | 3.63 | 3.89 | 3.88 | 3.75 | 3.68 | 3.63 | 3.79 | 3.92 | 3.80 | 3.88 | 3.80 | 3.72 | 5 |
| 6. Cervical Margin Width | 3.59 | 3.42 | 3.79 | 3.85 | 3.65 | 3.71 | 3.16 | 3.57 | 3.47 | 3.50 | 3.40 | 3.68 | 3.57 | 3.59 | 6 |
| 7. Incisal Reduction | 3.87 | 3.70 | 3.67 | 3.89 | 3.67 | 3.61 | 3.42 | 3.39 | 3.64 | 3.92 | 3.00 | 3.78 | 3.63 | 3.87 | 3 |
| 8. External/Internal Line Angles | 3.92 | 3.65 | 3.79 | 3.98 | 3.62 | 3.60 | 3.05 | 3.90 | 3.74 | 3.08 | 3.20 | 3.88 | 3.70 | 3.92 | 2b |
| 9. Lingual Wall Height | 4.00 | 4.00 | 4.00 | 3.87 | 3.97 | 3.95 | 3.84 | 4.00 | 3.81 | 4.00 | 4.00 | 4.00 | 3.80 | 4.00 | 1 |
| TOTAL MEAN: (Excluding Penalties) | 3.73 | 3.73 | 3.78 | 3.79 | 3.76 | 3.70 | 3.44 | 3.71 | 3.75 | 3.62 | 3.44 | 3.81 | 3.71 | 3.69 | |
| TREATMENT MANAGEMENT (PENALTIES ONLY) | | | | | | | | | | | | | | | |
| 11. Condition Adjacent/Opposing Teeth | -0.49 | -1.07 | -0.25 | -0.11 | -0.39 | -0.89 | -3.16 | -0.16 | -1.19 | -0.83 | -0.8 | -0.16 | -0.43 | -0.76 | |
| 12. Condition of Simulated Gingiva/Typodont | -0.03 | 0 | -0.04 | 0 | -0.03 | -0.01 | -0.11 | 0 | 0 | -0.08 | -0.4 | -0.01 | -0.03 | -0.06 | |
| CRITICAL ERRORS | | | | | | | | | | | | | | | |
| Wrong Tooth/Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -0.60 | 0.00 | 0.00 | -1.06 | 0.00 | 0.00 | 0.00 | 0.00 | -0.13 | |

*There are 10 scorable items in the Ceramic Crown Preparation. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.72 points on the taper of the preparation walls. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 8A - ANALYSIS OF ANTERIOR ENDODONTIC ERRORS

| SCORABLE ITEMS | Average Score Per Criterion at Each School | | | | | | | | | | | | Rank | | |
|------------------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|
| | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | <u>11</u> | <u>12</u> | | Other | AVG |
| ACCESS OPENING | | | | | | | | | | | | | | | |
| 1. Placement | 4.00 | 3.90 | 3.84 | 3.94 | 3.95 | 3.94 | 3.79 | 3.85 | 3.92 | 4.00 | 3.50 | 3.93 | 3.96 | 3.89 | 4 |
| 2. Size | *3.79 | 3.52 | 3.16 | 3.73 | 3.64 | 3.59 | 3.21 | 3.63 | 3.30 | 3.73 | 2.33 | 3.43 | 3.17 | 3.40 | 11 |
| 3. Internal Form | 3.97 | 3.83 | 3.80 | 3.79 | 3.82 | 3.87 | 3.86 | 3.85 | 3.90 | 3.91 | 3.50 | 3.86 | 3.96 | 3.84 | 5 |
| 4. Pulp Horn Removal | 4.00 | 3.86 | 3.28 | 3.67 | 3.89 | 3.92 | 3.86 | 3.70 | 3.72 | 4.00 | 3.50 | 3.89 | 3.79 | 3.78 | 7 |
| CANAL INSTRUMENTATION | | | | | | | | | | | | | | | |
| 5. Cervical Portion | 4.00 | 3.97 | 4.00 | 3.94 | 3.91 | 3.92 | 4.00 | 3.90 | 3.94 | 4.00 | 2.33 | 3.96 | 3.96 | 3.83 | 6 |
| 6. Mid-Root Portion | 4.00 | 3.97 | 4.00 | 3.98 | 3.96 | 3.94 | 4.00 | 3.85 | 4.00 | 4.00 | 3.50 | 3.99 | 4.00 | 3.94 | 3a |
| 7. Apical Portion | 3.95 | 3.65 | 3.56 | 3.90 | 3.79 | 3.72 | 3.57 | 3.78 | 3.58 | 3.82 | 2.67 | 3.78 | 3.50 | 3.64 | 9 |
| CANAL OBTURATION | | | | | | | | | | | | | | | |
| 8. Overfill/Underfill | 3.95 | 3.74 | 3.76 | 3.75 | 3.80 | 3.67 | 3.50 | 3.63 | 3.72 | 3.55 | 2.50 | 3.74 | 3.42 | 3.59 | 10 |
| 9. Extruded Sealer | 3.97 | 4.00 | 4.00 | 4.00 | 3.90 | 3.96 | 4.00 | 3.98 | 3.96 | 4.00 | 4.00 | 3.97 | 4.00 | 3.98 | 1 |
| 10. Voids in Gutta Percha | 4.00 | 3.99 | 4.00 | 3.98 | 3.92 | 4.00 | 4.00 | 3.98 | 4.00 | 4.00 | 3.33 | 4.00 | 3.96 | 3.94 | 3b |
| 11. Filled above/below CEJ | 3.82 | 3.88 | 3.84 | 3.92 | 3.87 | 3.96 | 3.71 | 3.98 | 3.88 | 3.82 | 2.83 | 3.79 | 3.71 | 3.77 | 8 |
| 12. Separated File | 4.00 | 4.00 | 4.00 | 4.00 | 3.99 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 3.33 | 4.00 | 4.00 | 3.95 | 2 |
| TOTAL MEANS | 3.95 | 3.86 | 3.77 | 3.88 | 3.87 | 3.87 | 3.79 | 3.84 | 3.83 | 3.90 | 3.11 | 3.86 | 3.79 | 3.79 | |
| CRITICAL ERRORS | | | | | | | | | | | | | | | |
| Wrong Tooth/Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | -0.51 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -0.04 |
| Root is Fractured | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*There are 12 scorable items in the Anterior Endodontics procedure. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.79 points on the size of the Access Opening. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 8B - ANALYSIS OF POSTERIOR ENDODONTIC ERRORS

Average Score Per Criterion at Each School

| SCORABLE ITEMS | 1* | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Other | AVG | Rank |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------|
| ACCESS OPENING | | | | | | | | | | | | | | | |
| 1. Placement | 3.92 | 3.64 | 3.80 | 3.63 | 3.88 | 3.55 | 3.29 | 3.70 | 3.92 | 3.91 | 3.83 | 3.89 | 3.71 | 3.74 | 1 |
| 2. Size | *3.85 | 3.49 | 3.28 | 2.92 | 3.80 | 3.35 | 3.07 | 3.40 | 3.52 | 3.64 | 3.50 | 3.59 | 3.42 | 3.45 | 3 |
| 3. Internal Form | 3.92 | 3.22 | 4.00 | 2.88 | 3.72 | 2.88 | 2.93 | 3.10 | 3.26 | 3.73 | 3.00 | 3.51 | 3.25 | 3.34 | 4 |
| 4. Pulp Horn Removal | 3.90 | 3.45 | 3.48 | 3.23 | 3.87 | 3.44 | 3.36 | 3.48 | 3.62 | 3.91 | 3.67 | 3.79 | 3.79 | 3.61 | 2 |
| TOTAL MEAN: | 3.90 | 3.45 | 3.64 | 3.17 | 3.82 | 3.31 | 3.16 | 3.42 | 3.58 | 3.80 | 3.50 | 3.70 | 3.54 | 3.54 | |

TREATMENT MANAGEMENT (PENALTIES ONLY)

| | | | | | | | | | | | | | | | |
|--------------------------------------|------|------|------|------|------|-------|------|------|------|------|------|------|------|------|------|
| 5. Condition of Adjacent Tooth/Teeth | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Condition of Surrounding Tissue | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| CRITICAL ERRORS | | | | | | | | | | | | | | | |
| Wrong Tooth/Surface Treated | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*There are 4 scorable items in the Posterior Endodontics procedure. Each item is worth a maximum of 4 points. The students at School #1 scored an average of 3.85 points on the size of the Access Opening. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2010, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 9 - ANALYSIS OF PERIODONTAL EXTRA/INTRAORAL ASSESSMENT

Average Score Per Criterion at Each School

| SCORABLE ITEMS | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | <u>11</u> | <u>12</u> | Other | Aver | Rank |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------|
| 1. Head, Face and Neck | *0.90 | 0.97 | 1.00 | 1.00 | 0.99 | 0.97 | 0.97 | 0.87 | 0.98 | 0.92 | 1.00 | 0.99 | 0.96 | 0.96 | 2a |
| 2. Lymph Nodes | 0.93 | 0.97 | 1.00 | 1.00 | 0.99 | 0.99 | 0.99 | 1.00 | 1.00 | 0.92 | 1.00 | 1.00 | 0.96 | 0.98 | 1a |
| 3. TMJ | 0.88 | 0.96 | 1.00 | 1.00 | 0.96 | 0.99 | 0.95 | 0.92 | 0.93 | 0.92 | 1.00 | 0.99 | 0.91 | 0.95 | 3 |
| 4. Mucosa/Alveolar Ridge/Lips | 0.90 | 0.93 | 0.96 | 1.00 | 0.95 | 0.95 | 0.96 | 0.92 | 0.96 | 0.75 | 1.00 | 0.99 | 0.87 | 0.93 | 4 |
| 5. Palate/Oral Pharynx | 0.85 | 0.96 | 1.00 | 1.00 | 0.97 | 0.96 | 0.95 | 0.97 | 1.00 | 0.92 | 1.00 | 1.00 | 0.87 | 0.96 | 2b |
| 6. Tongue | 0.93 | 0.94 | 0.96 | 1.00 | 0.99 | 0.99 | 0.97 | 1.00 | 0.98 | 1.00 | 1.00 | 0.97 | 0.96 | 0.98 | 1b |
| 7. Floor of Mouth | 0.85 | 0.91 | 0.88 | 0.98 | 0.94 | 0.96 | 0.95 | 0.97 | 1.00 | 0.83 | 0.80 | 0.99 | 0.91 | 0.92 | 5 |
| AVERAGE EXTRA/INTRAORAL ASSESSMENT SCORE | 6.24 | 6.64 | 6.80 | 6.98 | 6.79 | 6.81 | 6.74 | 6.65 | 6.85 | 6.26 | 6.80 | 6.93 | 6.44 | 6.69 | |

*There are 7 scorable items in the Extra/Intraoral Assessment. Each item is worth a maximum of 1 point, for a total of 7 points. The students at School #1 scored an average of 0.90 points on assessment of the Head, Face and Neck. The rankings in the last column sort the average scores for all candidates with the average high score being ranked #1 and the average low score being ranked the highest (most difficult scorable item of the procedure). The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 10
SUMMARY OF PERIODONTAL TREATMENT
AVERAGE SCORES PER CANDIDATE PER PROCEDURE

| Program Code | Average # Points Out of 70 Pts | Average # Points Out of 9 Pts | Average # Points Out of 6 Pts | Average # Points Out of 6 Pts | Average # Points Out of 2 Pts |
|----------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | SUBGINGIVAL SCALING | PLAQUE REMOVAL | TISSUE MANAGEMENT | POCKET MEASUREMENT | GINGIVAL RECESSION |
| 1 | 62.08 | 8.71 | 5.98 | 5.81 | 1.93 |
| 2 | 66.76 | 8.81 | 6.00 | 5.99 | 1.93 |
| 3 | 64.20 | 8.70 | 6.00 | 5.94 | 1.92 |
| 4 | 67.14 | 8.97 | 5.98 | 5.97 | 2.00 |
| 5 | 65.22 | 8.68 | 5.94 | 5.88 | 1.93 |
| 6 | 67.80 | 9.00 | 5.99 | 5.88 | 1.95 |
| 7 | 67.19 | 9.00 | 6.00 | 5.91 | 1.95 |
| 8 | 67.16 | 8.52 | 5.97 | 5.98 | 1.88 |
| 9 | 64.78 | 8.80 | 5.92 | 5.96 | 1.93 |
| 10 | 53.32 | 8.64 | 6.00 | 5.96 | 2.00 |
| 11 | 66.00 | 8.40 | 5.60 | 5.50 | 1.90 |
| 12 | 68.11 | 9.00 | 5.98 | 5.97 | 2.00 |
| Other | 66.53 | 8.59 | 5.96 | 5.74 | 1.86 |
| AVERAGE | 65.10 | 8.76 | 5.95 | 5.88 | 1.94 |

The data in this table includes *all candidates* who graduated from your school in 2012, regardless of whether they were repeating the examination or taking it for the first time.

TABLE 11 - PENALTIES

| | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | <u>11</u> | <u>12</u> | <u>Other</u> |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|--------------|
| <u>RESTORATIVE PENALTIES</u> | | | | | | | | | | | | | |
| Disregard for Patient Comfort | -10 | | -16 | -10 | | | | | | | | -30 | |
| Violation of Universal Precautions | | -2 | | -1 | | | | | | | | | |
| Gross Violation | | | | | | | | -10 | | | | | |
| Improper/Incomplete Recordkeeping | -3 | -1 | -6 | -1 | -2 | -9 | -9 | -3 | | | | -1 | -3 |
| Improper Treatment Selection | -20 | -10 | -20 | -40 | -45 | -25 | -45 | -15 | -40 | -10 | -20 | -20 | -50 |
| Inadequate Isolation | | | -6 | | -1 | | -1 | | | | | | -1 |
| Improper Liner/Base Placement | | | | | | | | -10 | | | | | |
| Inappropriate Request to Modify | -53 | -245 | -81 | -37 | -183 | -163 | -251 | -69 | -22 | -22 | -10 | -197 | -82 |
| Modification Request NOT Granted | | | | | | | | | | | | | |
| Unsatisfactory Completion of Modifications Required by Examiners | -10 | | -30 | -30 | -50 | | | -10 | -10 | -10 | -20 | -20 | -50 |
| Critical Lack of Clinical Judgement | | -300 | | -100 | -200 | | | -100 | | | | | |
| Violation of Exam Standards, Rules Guidelines or Time Schedule | | | | -100 | -200 | | | -100 | | | -100 | -100 | -100 |
| Pulpal Exposure | | -200 | | | | | | | | | | | |
| <u>PERIODONTAL PENALTIES</u> | | | | | | | | | | | | | |
| Improper/Incomplete Recordkeeping | | | | | | | | | | | | | |
| Treatment Selection Rejection for Medical History or Radiographs | | | | | | | | | | | | | |
| Additional Teeth Not in 1 Quadrant | | | | | | | | | | | | | |
| Less than 14 Surfaces Calculus | | | | | | | | | | | | | |
| Primary Teeth in Treatment Selection | | | | | | | | | | | | | |
| Unacceptable Treatment Selection | | -0.51 | -0.56 | | -0.44 | -0.09 | -0.43 | -0.72 | | | | -0.10 | -1.83 |

NOTE: This table displays the type of penalties that were assessed and the total number of points that were deducted from all candidates at each school. The penalties are itemized only if there was one or more incidents in which a penalty was assessed.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Discussion and Action Related to Dental Exam Report | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Please See the Attached Report. | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

| Entity | Exam format | dev date | Review process | validity | # exmrs | train | Pass score | Live patients |
|-------------------|---|-----------------|--|--------------------------|----------------|--------------|-------------------|----------------------|
| CRDTS | ADEX- all 5 parts | 1972 | yes | Criterion Ref. | 4 | Cmte | 75% or state | yes |
| SRTA | 6 parts: 1. Endodontics 2. Class III Composite 3. Class II Amalgam 4. Fixed Prosthodontics 5. Computer simulated Periodontics 6. Prosthodontics | 1975 | yes | | | | 75% | yes |
| WREB | 4 parts: 1. Operative 2. Periodontics 3. Endodontics 4. Prosthodontics No mannikins | 1975 | 4 committees of content Subject matter specialists | Content-Related evidence | numerous | yes | 75% | yes |
| NERB | ADEX-all 5 parts | | 4 committees of content Subject matter specialists | Criterion Ref. | | cmte | 75% | yes |
| CITA | CITA provides systems of accreditation | na | na | na | na | na | na | na |
| ADEX | See below | | | | | | | |
| Florida | will be transmitting data | | | | | | | |
| Nevada* | ADEX | | | Criterion Ref. | | | | |
| Delaware** | ADEX parts I and II | NA | | | 5 | Board | 75% | yes |
| | | | | | | | | |
| Gsp.1.6.09 | | | | | | | | |

ADEX, CRDT, NERB, Nevada:

Applied knowledge and skills for clinical competency

2 formats: Integrated-segments over 8 months for seniors; Traditional

Overview: 5 individual, skill-specific parts, one CBT, 2 Manikin-based, 2 Patient-based

Part I: CBT

Manikin-based

Part II: Endodontics

Part III: Prosthodontics

Patient-Based

Part IV: Periodontics

Part V: Restorative

*The Nevada State Board of Dental Examiners administers the American Board of Dental Examiners (ADEX) licensing examination for dentistry (ADLEX) as the curriculum integrated format. Nevada no longer has its own independent examination for licensure in dentistry

** Delaware accepts the ADA National Board Exams Parts I and II. The state gives its own practical clinical exam

Letter sent to examining entities:

I am gathering data on behalf of the Wisconsin Dentistry Examining Board to compare various regional and state clinical examinations. Your response to this survey will be greatly appreciated.

We are hoping to derive information related to the following: examination format; tester reliability; length of use; exam validity; number of examiners; number of examinees; exam contents; required pass score; training of examiners; and, use of live patients.

In addition to any information you can provide on these specific variables, please also provide:

1. A list the regional and/or state exams your state recognizes by exam and by credentials
2. A copy of the task analysis and/or any other relevant survey data that was used prior to the development and implementation of exams owned or administered by your state

Your response can be transmitted to me by e mail. A response is requested by January 2, 2009.

Yours truly,

Gail Pizarro, PhD
 Wisconsin Department of Regulation and Licensing
 Licensing Exam Specialist-Senior
 608-267-3280
gail.pizarro@wisconsin.gov

| STATE | TESTING AGENCY MEMBERSHIP | ADDITIONAL INFORMATION |
|------------|---------------------------|--|
| Alabama | CITA | |
| Alaska | WREB | |
| Arizona | WREB | Accepts NERB and CRDTS on a year-to-year basis upon review by the Board |
| Arkansas | SRTA | |
| California | WREB-dental only | Also administers a CA state exam; Offers option to complete PGY-1* in advanced general dentistry |

| | | |
|----------------------|------------------|---|
| California | WREB-dental only | Also administers a CA state exam; Offers option to complete PGY-1* in advanced general dentistry |
| Colorado | CRDTS | Accepts all state and regional exams |
| Connecticut | NERB | Accepts CRDTS; other exams if NERB computer portion is completed . Must pass all components of exam; Offers option to complete PGY-1* |
| Delaware | Independent | |
| District of Columbia | NERB | Accepts CRDTS |
| Florida | Independent | |
| Georgia | CRDTS | Accepts NERB; SRTA exam results taken prior to 1/06 |
| Hawaii | CRDTS | Accepts NERB |
| Idaho | WREB | Accepts CRDTS, NERB and for 2006-2007, will accept results of any entity administering the ADEX exam. |
| Illinois | NERB and CRDTS | Accepts other exams if taken prior to 10/12/06 |
| Indiana | NERB | Accepts all regional exams |
| Iowa | CRDTS | Accepts NERB; WREB |
| Kansas | CRDTS | Accepts all state and regional exams |
| Kentucky | SRTA | Accepts WREB; NERB and CRDTS if CSW taken. Must pass all portions of exam with 75 or better. |
| Louisiana | CITA | Accepts all regional examination results taken after 5/26/06 provided they include components taken on patients |
| Maine | NERB | Accepts CITA, CRDTS and WREB. Must pass all sections of exam taken. |
| Maryland | NERB | Accepts CRDTS |
| Massachusetts | NERB | Accepts other state and regional exams as long as NERB computer portion is successfully completed. |
| Michigan | NERB | Accepts CRDTS |
| Minnesota | CRDTS | Accepts NERB; WREB if ADEX Parts I and III are completed; Offers option to complete a |

| | | |
|-----------------------|-----------------------------|--|
| | | PGY-1* if residency includes an outcomes assessment |
| Mississippi | CITA | |
| Missouri | CRDTS and WREB | Accepts all state and regional exams |
| Montana | WREB | Accepts CRDTS, NERB, SRTA, CITA |
| Nebraska | CRDTS | Accepts other state or regional exams at the discretion of the Board |
| Nevada | Independent | Accepts WREB, ADEX (CRDTS, NERB) |
| New Hampshire | NERB | CRDTS. Accepts other regional exam results if the board deems the exam equivalent to NERB |
| New Jersey | NERB | Accepts CRDTS |
| New Mexico | WREB | |
| New York | NERB | Accepts NERB dental hygiene examination. Does not require a clinical examination for dentists--licensure applicants must complete a PGY-1* to qualify for licensure. |
| New York | NERB | Accepts NERB dental hygiene examination. Does not require a clinical examination for dentists--licensure applicants must complete a PGY-1* to qualify for licensure. |
| North Carolina | CITA | |
| North Dakota | CRDTS | Accepts NERB. No longer accepts all regional exams |
| Ohio | NERB | Accepts CRDTS, SRTA and WREB. Must pass all sections of exam taken. |
| Oklahoma | WREB | |
| Oregon | WREB | Accepts all state and regional exams |
| Pennsylvania | NERB | Accepts CRDTS |
| Puerto Rico | CITA | |
| Rhode Island | NERB | Accepts CRDTS |
| South Carolina | CRDTS and SRTA | Accepts NERB |
| South Dakota | CRDTS | Accepts NERB and WREB |
| Tennessee | SRTA | Accepts WREB |
| Texas | WREB | Accepts NERB and CRDTS |
| Utah | WREB | Accepts CRDTS, NERB and SRTA |
| Vermont | NERB | Accepts CRDTS, SRTA; WREB as long as NERB computer portion is successfully completed. Must pass all sections of exam taken. |
| Virginia | SRTA | Accepts CRDTS, NERB and WREB if taken after 1/1/05 ; CITA if after 9/1/07 |
| Virgin Islands | Independent | |
| Washington | WREB CRDTS (dental only) | NERB-dental only. Accepts all state and regional exams except VI and PR. CITA-after 1/1/07. Offers option for licensure via PGY-1* |
| West Virginia | NERB and SRTA | Accepts all state and regional exams |
| Wisconsin | CRDTS | Accepts NERB; WREB if parts I and III of ADEX are also taken |
| Wyoming | CRDTS and WREB | Accepts NERB and SRTA |

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|--|---|---|--|
| 1) Name and Title of Person Submitting the Request: Sharon Henes Paralegal | | 2) Date When Request Submitted: <i>13 December 2012</i> | |
| | | Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 9 January 2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Discussion of amending DE 2 | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: | | | |
| 11) Authorization | | | |
| <i>Sharon Henes</i> | | <i>13 December 2012</i> | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Bureau Director signature (indicates approval to add post agenda deadline item to agenda) | | Date | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|--|---|---|--|
| 1) Name and Title of Person Submitting the Request: Sharon Henes Paralegal | | 2) Date When Request Submitted: <i>13 December 2012</i> | |
| | | Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 9 January 2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Discussion and Consideration of Statement of Scope to amend DE 11 relating to conscious sedation | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Review and consider Statement of Scope | | | |
| 11) Authorization | | | |
| <i>Sharon Henes</i> | | <i>13 December 2012</i> | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Bureau Director signature (indicates approval to add post agenda deadline item to agenda) | | Date | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|--|--|---|------|
| 1) Name and Title of Person Submitting the Request: Mojgan Hall Executive Director | | 2) Date When Request Submitted: 12/7/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 1/9/2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Informational Items: AADSM Letter Relating to Obstructive Sleep Apnea. | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Please See the Attached Letter. | | | |
| 11) Authorization | | | |
| Mojgan Hall | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

November 21, 2012

Lyndsay Knoell, DDS
Chairperson
Department of Safety and Professional Services
Dentistry Examining Board
PO Box 8935
Madison, WI 53708-8935

Dear Dr. Knoell:

As the leading professional membership societies in the fields of sleep medicine and dental sleep medicine, the American Academy of Sleep Medicine (AASM) and the American Academy of Dental Sleep Medicine (AADSM) are committed to promoting the highest standards of care for patients with obstructive sleep apnea (OSA).

At least 12 to 18 million adults in the U.S. require treatment for OSA, a chronic medical disorder that is associated with deleterious medical conditions such as hypertension, stroke and congestive heart failure. The primary treatment options for adults with OSA are positive airway pressure (PAP) therapy and oral appliance therapy (OAT).

As the number of dentists who have begun to provide OAT has increased rapidly in recent years, both of our societies have received inquiries from members seeking clarification regarding the scope of practice of the physician and dentist in the diagnosis and long-term management of patients with OSA. Therefore, the AASM and AADSM collaboratively developed the attached Joint Policy Statement on the Diagnosis and Treatment of Obstructive Sleep Apnea, which provides the necessary guidance for our members and emphasizes the distinguishing facets of medical and dental licensing laws and practice acts.

The statement clearly asserts that the diagnosis of OSA and the prescription of the appropriate treatment must be made by a qualified physician who is trained in sleep medicine. Once OAT has been prescribed by a board-certified sleep medicine physician, then the oral appliance device should be fit by a qualified dentist with training and experience in dental sleep medicine.

This joint policy statement will be made available to the 10,000 members of the AASM and the 3,000 members of the AADSM. Should you have any questions or comments about this statement, please contact Executive Director Jerome A. Barrett at 630-737-9700.

It is our hope that your licensing board will find this statement to be useful should you need to respond to inquiries related to this issue.

Sincerely,



B. Gail Demko, DDS
AADSM President



Samuel A. Fleishman, MD
AASM President

Enclosure

cc: Jerome A. Barrett, Executive Director



American Academy of Sleep Medicine

American Academy of Dental Sleep Medicine



**AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE AND AMERICAN ACADEMY OF SLEEP MEDICINE JOINT
POLICY STATEMENT ON THE DIAGNOSIS AND TREATMENT OF OBSTRUCTIVE SLEEP APNEA**

The American Academy of Sleep Medicine (AASM) and the American Academy of Dental Sleep Medicine (AADSM) are committed to the highest standards for sleep medicine care and ensuring patients receive quality care for obstructive sleep apnea (OSA).

OSA is a highly prevalent syndrome associated with deleterious medical conditions such as hypertension, stroke and congestive heart failure as well as health concerns such as increased motor vehicle accidents and impaired quality of life¹; it is classified as a medical disorder.

The Diagnosis of Obstructive Sleep Apnea

It is the policy of the AASM and AADSM that patients presenting with symptoms of OSA require a face-to-face evaluation conducted by a qualified physician trained in sleep medicine. The AASM defines a qualified physician trained in sleep medicine as one who is licensed by a state to practice medicine and maintains certification from the American Board of Sleep Medicine or one of the sponsoring sleep medicine boards of the American Board of Medical Specialties.

Treatment Therapies for Obstructive Sleep Apnea

Therapies for OSA, including positive airway pressure (PAP) and oral appliance therapy (OAT), must be prescribed by a qualified physician as described above.

Qualified dentists with training and experience in the overall care of oral health, the temporomandibular joint, dental occlusion and associated oral structures should fit the oral appliance deviceⁱⁱ as a therapy for OSA. Furthermore, dentists treating patients with OAT must practice within their scope of practice according to dental practice laws in their respective state. The AADSM defines a qualified dentist as one who maintains certification from the American Board of Dental Sleep Medicineⁱⁱⁱ, or one who is the director of an AADSM-accredited dental facility and has completed 30 hours of continuing education (ADA CERP recognized or AGD PACE approved) within the past three years. With regard to continuing education, a minimum of 20 credits must be in dental sleep medicine. Additional credits must be sleep medicine related.

All qualified dentists must follow current AASM Practice Parameters and Clinical Guidelines and current AADSM Treatment Protocols.

Medical and Dental Licensing Laws and Practice Acts

The practice of medicine is governed by state licensing laws, which are commonly referred to as enabling laws. Enabling laws have a corresponding practice act, which governs the practice of medicine in the respective state; without this act any individual, regardless of qualifications, can practice medicine without restriction or penalty. The practice act also defines the scope and limits of practice for physicians. Because medicine is an ever-changing field, each practice act

expires within a set period of time, which enables the state legislature to ensure that the respective laws are reflective of current medical practice.

Common provisions addressed by a practice act include but are not limited to:

- Provides for the delegation of patient care services to other professionals practicing within the scope of their license
- Outlines requirements for collaboration between physicians or dentists with other professionals
- Prohibits fee splitting
- Specifies limits for advertising
- Specifies requirements for continuing medical education and fitness for licensure
- Outlines terms of each license and conditions for renewal
- Specifies penalties for practicing medicine without a license or beyond the scope of license
- Outlines disciplinary action that can be taken including restriction, suspension or revocation of license

All medical practice acts restrict the diagnosis of a medical disease or disorder to a licensed physician. An individual who is not licensed in medicine yet diagnoses a medical disease or disorder is subject to civil and criminal law.

Medical practice laws and practice acts, however, do not include provisions for the performance of any dental operation.

Similar to medicine, licensing laws and practice acts for dentists include scope of practice and provisions for care.

Dental practice acts specify common provision that the performance of any dental operation upon the oral cavity, teeth or associated structure as well as the construction and fit of any appliance used in the oral cavity is under the purview of a licensed dentist.

Common provisions addressed by a dental practice act include but are not limited to:

- Provides for the delegation of patient care services to other professionals practicing within the scope of their license
- Specifies requirements for continuing medical education and fitness for licensure
- Outlines terms of each license and conditions for renewal
- Specifies penalties for practicing dentistry without a license or beyond the scope of license
- Outlines disciplinary action that can be taken including restriction, suspension or revocation of license
- Outlines the dentist's purview to take dental impressions for patients

Dental licensing laws and practice acts, however, do not include provisions for the diagnosis of medical diseases and disorders or the treatment of diseases by dentists without a prescription from a board certified physician. An individual who is not licensed in dentistry yet provides therapy related to the oral cavity is subject to civil and criminal law.

ⁱ Luyster FS; Strollo PJ; Zee PC; Walsh JK. Sleep: a health imperative. *SLEEP* 2012;35(6):727-734.

ⁱⁱ Kushida CA; Morgenthaler TI; Littner MR et al. Practice parameters for the treatment of snoring and obstructive sleep apnea with oral appliances: An Update for 2005. *SLEEP* 2006;29(2): 240-243.

ⁱⁱⁱ Certification by the American Board of Dental Sleep Medicine must be achieved on or prior to January 1, 2018.

Page intentionally left blank