

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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DENTAL CANDIDATE INFORMATION MISSISSIPPI ANNUAL LICENSURE EXAMINATION MAY 26-30, 1997

INTRODUCTION

1. Please read carefully the following instructions and requirements. Most of the candidate's questions concerning the application and examination process should be answered in these instructions. However, if the candidate has further questions, please contact the Board office at the above address and telephone number. The candidate must bring these instructions to the examination and retain them in his/her possession during the examination. No additional copies of these instructions will be available.
2. The examination will be given May 26-30, 1997, at the University of Mississippi Medical Center School of Dentistry located on the campus of the University Medical Center, 2500 North State Street, Jackson, Mississippi. Candidates will report to the University of Mississippi Medical Center School of Dentistry Monday, May 26, 1997, Room D-114, First Floor, at 9:30 a.m. for the jurisprudence examination and orientation.
3. The Mississippi State Board of Dental Examiners grants licenses to practice general dentistry by two methods: (a) examination; and (b) licensure by credentials, and meeting the criteria thereof. Mississippi does not engage in reciprocity agreements with other states, and no temporary licenses or permits are issued or special examinations given. Those individuals who wish to be licensed in a specialty field must first obtain a general dental license. Specialty licensure then may be requested by making application and submitting the proper credentials to the Board.

APPLICATION REQUIREMENTS

1. A candidate for examination for dental licensure shall be a citizen of the United States, except as otherwise provided in Miss. Code Ann. § 73-9-23; be of good moral character; have a high school education; and have attained the age of twenty-one (21) years. A candidate must also exhibit a diploma or certificate of graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association, except as otherwise provided in Miss. Code Ann. § 73-9-23.

2. A completed application should be returned to the Secretary of the Board by **CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED**. The application, fees, and all required supporting documentation must be received in the Board's office at least thirty (30) days prior to the announced date of the examination, or Friday, April 25, 1997. The Board's correct mailing address is:

Mississippi State Board of Dental Examiners
Suite 100
600 East Amite Street
Jackson, Mississippi 39201-2801

Attention: Licensure Examination Coordinator

3. Board fees and usage fees must be paid in two (2) separate amounts by certified check or money order. **NO PERSONAL CHECKS WILL BE ACCEPTED FOR FEES**. Examination fees are refunded only if the candidate's application is not accepted by the Board. In the event of illness or an emergency, fees will be applied to the next scheduled Mississippi examination for licensure, provided the Board office is notified no later than three (3) days prior to the examination.
4. Candidates who are unsuccessful on the examination may apply for a future examination and will be considered as new candidates. However, candidates will be allowed to take the licensure examination only twice, and candidates who fail the second time must successfully complete one (1) academic year of clinical training in an accredited dental school before being allowed to take the examination for the third, and final, time.

REQUIREMENTS FOR APPLICATION COMPLETION

1. **TYPED** application form filled out completely, properly signed, and notarized.
2. Certified check or money order in the amount of Three Hundred and No/100 Dollars (\$300.00) made payable to the Mississippi State Board of Dental Examiners. This amount is the candidate's Board application fee.
3. Certified check or money order in the amount of Three Hundred and No/100 Dollars (\$300.00) made payable to the University of Mississippi Medical Center School of Dentistry to be mailed with the application. This amount covers the candidate's clinic fees for instruments and materials listed in the "University of Mississippi Medical Center School of Dentistry Information for Candidates for Dental Licensure" (see blue instructional material). This fee does not cover casting gold.
4. Notarized signatures of two (2) reputable citizens of the state in which the candidate is a resident (see application form, Item #15, for further information).
5. Copy of National Board Examination Grade Card. Please contact the Joint Commission on National Dental Examinations, telephone number 1-800-621-8099, to request a copy of the grade card be mailed to the Board's office. It is the Board's policy not to release National Board grades under any circumstances; therefore, please do not contact the Board office for scores. Candidates will be required to have passed all parts of the National Board Dental examination prior to issuance of a Mississippi license. Candidates may take the Mississippi licensure examination without having passed the National Board, but candidates will not be issued Mississippi licenses until a copy of the National Board Dental examination passing scores has been received by the Mississippi State Board of Dental

Examiner's office. (For this purpose, passing scores on the Mississippi State Board examination are valid through December 31, 1997.)

6. Copies of official transcripts from each college and dental school attended. These transcripts must be mailed directly to the Board office by the schools. Transcripts will not be accepted from the candidate. All transcripts must be received at the Board office by the deadline, Friday, April 25, 1997. Final dental school transcripts must show the degree awarded. Even though the candidate's dental school transcript is not complete, any partial dental school transcripts must also be received by Friday, April 25, 1997, so that the application can be processed.
7. Affidavit signed by the dental school dean (see enclosed memorandum and Affidavit). Candidates who are still in dental school at the time their application is submitted must have this form completed and returned with the application. If the candidate has not graduated prior to the examination, a final official transcript noting the date of graduation must be sent by the dental school dean to the Board office prior to issuance of a Mississippi license. For those candidates whose dean has certified expected graduation, a passing score on this examination is valid until August 31, 1997.
8. Certified statement verifying license status and good standing from the Secretary of the Board of Dental Examiners in each state in which candidate is currently or has previously been licensed. In states where the candidate previously has been licensed, the Secretary of the Board must notify the Board as to the reason for license expiration or revocation.
9. Proof of having liability insurance coverage while the clinical examination is in progress. An insurance application form is enclosed for the candidate's convenience; however, the candidate may use any insurance company of his/her choice. If the candidate is currently in practice and has malpractice insurance, his/her insurance company must submit a certificate of insurance stating that the candidate is covered for the Mississippi dental licensure examination and will be current through May 30, 1997. Please make certain the effective dates are listed on the certificate of insurance. A photocopy of an office malpractice insurance policy is not acceptable.
10. Proof of having completed the Cardiopulmonary Resuscitation Course (adult, one man), which must be current at the time of the examination.
11. Chairside assistant registration form. Each candidate is allowed to bring one chairside assistant. The candidate is responsible for obtaining his/her own assistant, making any monetary arrangements, and for the conduct of his/her assistant during the examination. Assistants must complete the enclosed registration form, attach a recent photograph, and sign the form. This sheet must be returned with the candidate's examination application. Assistants will be given lapel pins with numbers corresponding to the candidates they are assisting. Assistants must remain at the assigned operatory or completely outside the examination area. Dental school graduates may **NOT** serve as dental assistants for this examination.
12. Formal declaration of intent to become a citizen of the United States. Any candidate who is not an United States citizen at the time his/her application is mailed to the Board office must include in his/her application packet a formal declaration of intent to become an United States citizen, pursuant to Miss. Code Ann. § 73-9-23.

PATIENT SELECTION AND CANDIDATE IDENTIFICATION

1. Candidates must furnish their own patients and are responsible for their appearance on schedule. All patient records, radiographs, casts, etc., become the property of the Board and will not be released to candidates or patients under any circumstances.
2. **PATIENT SELECTION IS ONE OF THE MOST IMPORTANT FACTORS IN PREPARATION FOR THE EXAMINATION. IT IS ADVISABLE FOR CANDIDATES TO OBTAIN A BACKUP PATIENT FOR EACH PROCEDURE.** Unacceptable patients will be dismissed, and another patient must be provided if the candidate is to continue the examination.
3. No name tags or monograms denoting the identity of the candidate, his/her dental assistant, or the dental school attended may be worn. Each candidate will be assigned a candidate number at the orientation session. This number must be worn by the candidate on his/her right lapel and also will be displayed on the assigned operatory.

JURISPRUDENCE EXAMINATION AND CLINICAL PROCEDURES

Candidates will be required to complete the following written examination and clinical procedures. Jurisprudence and orientation will be given Monday, May 26, 1997 at 9:30 a.m. The Endodontic procedure will begin Monday, May 26, 1997 at 1:30 p.m., and the remaining clinical procedures will begin at 8:30 a.m. on Wednesday, May 28, 1997.

1. Jurisprudence Examination. All candidates are required to pass a written examination based on the Mississippi Dental Practice Act and the regulations of the Board. A minimum passing grade of 75% must be obtained to be successful on the jurisprudence examination, and candidates who are unsuccessful on the jurisprudence examination will not be allowed to continue the testing.
2. Endodontic Access Preparation on an Extracted Maxillary Central Incisor and Mandibular First Molar. The candidate will prepare the endodontic access on each tooth at bench-top in a technique laboratory. Each candidate will supply one extracted permanent maxillary central incisor and one extracted permanent mandibular first molar. The teeth may have existing restorations but no caries.

The following must be completed before the access preparation testing period:

- a. A pre-operative radiograph of each tooth of diagnostic quality must be placed in a radiographic mount labeled with the candidate's number.
- b. The radiograph must be a facio-lingual view.
- c. The two (2) teeth are neatly mounted together in a buff-colored dental stone block to the cemento-enamel junction.
- d. The block should measure 1"x1"x3".
- e. The candidate's block number should be cut into the block prior to submission for grading. The block number will be assigned by the endodontic floor examiner at the beginning of the procedure.

The following criteria will be weighed equally in grading the endodontic access preparations:

- a. Outline form -- proper location, alignment, and size
- b. Unroofing -- pulp chamber completely unroofed and the walls of pulp chamber blend with outline form
- c. Straight line access -- straight line access to all orifices
- d. Pulpal remnants and debris removed leaving chamber and canal orifices clean; endodontic files must be placed to indicate location of all canals

A mandatory zero (0) will be given for the following:

- a. Perforation of any part of the tooth
- b. Gross over-preparation
- c. Inability to locate canals
- d. Failure to complete procedure in the allotted test time which is ninety (90) minutes

In the event a tooth is loosened in the stone, it must be re-established within the original block before the stated cut-off time. In the event a tooth breaks during the exercise, the candidate is advised to have a backup cast.

3. M.O.D., D.O., or M.O. Amalgam Restoration. This restoration must be on a molar or bicuspid with virgin carious lesions and no prior restorations. There must be opposing teeth in occlusion, with at least 50% of the tooth receiving the restoration occluding with an opposing tooth, and an adjacent tooth or teeth in contact without caries in the contact area.

The following criteria will be weighed equally in grading the amalgam preparation:

- a. Outline form
- b. Depth
- c. Retention

A mandatory zero (0) will be given on the amalgam preparation for the following:

- a. Mutilation of adjacent or opposing hard or soft tissues
- b. Remaining caries
- c. Gross over-preparation
- d. Pulp exposure
- e. Failure to complete procedure on the same day the starting check is given

If deviation from M.O.D., D.O., or M.O. preparation needs to occur, the candidate must notify the floor examiner prior to the deviation.

The following criteria will be weighed equally in grading the amalgam finished restoration:

- a. Occlusal anatomy
- b. Proximal anatomy (contour and contact)

- c. Occlusion (hypo or hyper)
- d. Gingival margin (overhang or sulcus debris)

A mandatory zero (0) will be given on the amalgam finished restoration for the following:

- a. Total lack of contact
- b. Gross overhang
- c. Failure to complete procedure on the same day the starting check is given

The floor examiner must check the amalgam preparation for a base whether or not a base is needed. **IF A RESTORATION IS APPLIED WITHOUT A BASE CHECK, THE CANDIDATE WILL BE REQUIRED TO REMOVE THE RESTORATION.** This restoration must be completed and final checked by 4:30 p.m. the same day the starting check is given.

4. M.O.D. Molar Amalgam Restoration. There must be opposing teeth in occlusion, with at least 50% of the tooth receiving the restoration occluding with an opposing tooth, and adjacent teeth in contact without caries in the contact area. An endodontically treated tooth is not acceptable. The restoration may include more than three (3) surfaces. If the candidate finds it necessary to place pin(s), the candidate must obtain prior approval from the floor examiner.

The following criteria will be weighed equally in grading the M.O.D. molar amalgam preparation:

- a. Outline form
- b. Depth
- c. Retention

A mandatory zero (0) will be given on the M.O.D. molar amalgam preparation for the following:

- a. Mutilation of adjacent or opposing hard or soft tissues
- b. Remaining caries
- c. Gross over-preparation
- d. Pulp exposure
- e. Failure to complete procedure on the same day the starting check is given

If deviation from M.O.D. preparation needs to occur, the candidate must notify the floor examiner prior to the deviation.

The following criteria will be weighed equally in grading the M.O.D. molar amalgam finished restoration:

- a. Occlusal anatomy
- b. Proximal anatomy (contour and contact)
- c. Occlusion (hypo or hyper)
- d. Gingival margin (overhang or sulcus debris)

A mandatory zero (0) will be given on the M.O.D. molar amalgam finished restoration for the following:

- a. Total lack of contact
- b. Gross overhang
- c. Failure to complete procedure on the same day the starting check is given

THIS RESTORATION IS A FINAL RESTORATION AND MAY NOT BE USED FOR THE FULL GOLD CROWN REQUIREMENT. The floor examiner must check the M.O.D. molar amalgam preparation for a base whether or not a base is needed. **IF A RESTORATION IS APPLIED WITHOUT A BASE CHECK, THE CANDIDATE WILL BE REQUIRED TO REMOVE THE RESTORATION.** This restoration must be completed and final checked by 4:30 p.m. the same day the starting check is given.

5. Class III Composite Restoration. Each candidate must complete a Class III composite restoration on a vital tooth which exhibits a virgin Class III carious lesion. The adjacent tooth or teeth in contact must be without caries in the adjacent contact area. Access for the preparation of the restoration must be made from the lingual. **ALL OTHER CARIOUS LESIONS IN THE TOOTH MUST BE RESTORED PRIOR TO THE CLASS III LESION THAT IS TO BE PREPARED AND GRADED.** For the purposes of this examination, mechanical retention, in addition to the etching, is expected utilizing either retention points or retention grooves. A glaze should not be applied to the finished restoration before grading.

The following criteria will be weighed equally in grading the composite preparation:

- a. Outline form
- b. Depth
- c. Retention

A mandatory zero (0) will be given on the composite preparation for the following:

- a. Mutilation of adjacent or opposing hard or soft tissues
- b. Remaining caries
- c. Gross over-preparation
- d. Pulp exposure
- e. Failure to complete procedure on the same day the starting check is given

The following criteria will be weighed equally in grading the composite finished restoration:

- a. Proximal anatomy (contour and contact)
- b. Margins (over or underfill)
- c. Cosmetics
- d. Occlusion (hypo or hyper)

A mandatory zero (0) will be given on the composite finished restoration for the following:

- a. Gross overhang
- b. Loose restoration
- c. Failure to complete procedure on the same day the starting check is given

The floor examiner must check the composite preparation for a base whether or not a base is needed. **IF A RESTORATION IS APPLIED WITHOUT A BASE CHECK, THE CANDIDATE WILL BE REQUIRED TO REMOVE THE RESTORATION.** This restoration must be completed and final checked by 4:30 p.m. the same day the starting check is given.

6. Full Gold Crown. Each candidate must complete a cast full gold crown on a molar or bicuspid. There must be opposing teeth in occlusion, with at least 50% of the tooth receiving the restoration occluding with an opposing tooth, and at least one adjacent tooth in contact without caries in the contact area. All caries, bases, and filling materials must

be completely removed from the crown preparation. Caries removal on the crown preparation must be checked by the floor examiner before going to grading. All teeth used for the crown preparation must be vital. Teeth having previous endodontic treatment are not permitted. At the discretion of the floor examiner, an acceptable buildup may be required.

When the gold crown is ready to be graded, it must be placed on the stone cast and the patient and cast sent to grading.

The following criteria will be weighed equally in grading the crown preparation:

- a. Occlusal reduction
- b. Axial reduction
- c. Absence of undercuts

A mandatory zero (0) will be given on the crown preparation for the following:

- a. Mutilation of adjacent or opposing hard or soft tissues
- b. Gross over-preparation
- c. Pulp exposure

The following criteria will be weighed equally in grading the seated crown casting:

- a. Seating of casting
- b. Occlusal anatomy and finish
- c. Proximal anatomy (contour and contact)
- d. Occlusion (hypo or hyper)
- e. Retention

A mandatory zero (0) will be given on the seated crown casting for the following:

- a. Total lack of contact
- b. Overhanging or open gingival margin
- c. Failure to complete procedure by 4:30 p.m. Friday

If the candidate has contracted with a private laboratory to do the laboratory procedure on the gold crown, notify the floor examiner. The candidate will need two (2) completed laboratory work authorizations stating the work to be done; one work authorization will be sent to the laboratory, and one work authorization will remain in the patient's chart. The floor examiner will place his/her examiner number on the laboratory work authorizations for the candidate.

This restoration may be started on Wednesday, Thursday, or Friday. The crown must be cemented and final checked by 4:30 p.m. on Friday.

7. Prosthetics. Each candidate will be required to make a maxillary and a mandibular final or master impression on a totally edentulous patient (overlay denture patients are acceptable). These impressions must be completed and the final check given by 4:30 p.m. the same day the starting check is given. The impressions are to be poured in stone that is provided by the Board on the same day the starting check is given. Candidates will construct base plates and wax bite rims and establish vertical and centric relations. Previously prepared custom trays may be used upon request at the time of the starting check.

The following criteria will be weighed equally in grading the maxillary and mandibular impressions:

- a. Extension (over or under)
- b. Retention and stability
- c. Surface detail
- d. Presence of voids

The following criteria will be weighed equally in grading the occlusal registration:

- a. Vertical dimension
- b. Centric relation

Prosthetics does not have to be completed the same day as started, unless it is started the last day of the examination.

8. Periodontics. Each candidate must complete a periodontal probing, diagnosis, and hand scaling and polishing of the assigned area(s). Ultrasonic scalers may be used and must be compatible with University of Mississippi Medical Center School of Dentistry specifications. **EACH CANDIDATE MUST PROVIDE HIS/HER OWN ULTRASONIC SCALER AND TIPS.** The term "scaling" includes complete removal of explorer-detectable calculus, soft deposits and plaque, and smoothing of unattached tooth surfaces. Unattached tooth surfaces are the portion of the crown and root surface to which no tissue is attached. The periodontal probing, diagnosis, scaling, and polishing must be completed and final checked by 4:30 p.m. the same day the starting check is given.

The candidate shall provide full-mouth radiographs (eighteen-film series) of the patient, at least four (4) of which must be bitewing radiographs. Panoramic radiographs are **NOT** acceptable. Radiographs must be of diagnostic quality depicting the current conditions of the patient's mouth. These radiographs should be prepared no more than sixty (60) days prior to the examination. Only original radiographs are acceptable. Radiographs will be retained by the Board.

Patient acceptability will be evaluated on the basis of the following:

- a. Health condition
- b. Dentition requirements
- c. Adequate deposits

Specific patient requirements for the clinical periodontics examination are as follows:

- a. The patient must have a minimum of twenty (20) natural teeth, at least ten (10) of which are posterior teeth.
- b. The patient must have least one quadrant with the following:
 - (1) Interproximal probing depths of three (3) to six (6) millimeters (mm), some of which must exceed three (3) mm (deviation of one (1) mm from the three (3) to six (6) mm range is acceptable)
 - (2) Heavy, generalized subgingival deposits continuing through the interproximal and line angles; calculus must be radiographically evident; **SHARING OF PATIENTS IS PROHIBITED!**

The Medical History Form that the candidate receives from the University of Mississippi Medical Center School of Dentistry, as discussed in the blue instructions, should be completed by the patient. It is advisable to complete this form prior to the examination. If the patient's health condition indicates an alteration in treatment procedures or a need to consult the patient's physician, the candidate must obtain written clearance from the patient's physician before the patient is accepted. Patients with medical contraindications will not be accepted.

The floor examiner assigns a patient number and reviews the Medical History Form. The floor examiner will note information concerning the patient's health history which should be considered by the grading examiners in determining the patient's acceptability for this procedure. The floor examiner must place his/her examiner number on the Request for Periodontal Starting Check. Upon completion of this step, the patient is sent to the grading area for a starting check. This is the only time the starting check is given in the grading area. The following should be sent with the patient to grading:

- a. Complete binder
- b. Candidate check card
- c. Notations from floor examiner
- d. Pre-operative radiographs
- e. Front surface mouth mirror
- f. #5 and #2A explorers
- g. Color-coded periodontal probe

Instruments are provided by the University of Mississippi Medical Center School of Dentistry in the periodontal examination kit. The grading examiner will make assignments for completion of scaling and polishing. The candidate's assignment may consist of one, two, three, or four quadrants depending on the difficulty of the patient. If the patient is unacceptable, he/she will be returned to the clinic with instructions to the candidate to acquire another patient.

When the patient returns with the starting check, a complete periodontal examination should be completed and charted on the form provided. If necessary, anesthesia may be administered at any time after the starting check is given. In charting for this examination, black ink will represent any restoration that is present and serviceable; whereas, red ink will represent procedures to be completed. A pencil should not be used.

When probing and charting is complete, the assigned root-planing and/or scaling and polishing should be completed and post-operative bitewing radiographs taken. Each candidate will be allowed only one set of post-operative bitewing radiographs. If a second set of radiographs is required by the grading examiner, the candidate will be notified. Upon completion, the patient returns to grading with the following:

- a. Complete binder
- b. Candidate check card and grade card
- c. Notations from floor examiner
- d. Pre-operative and post-operative radiographs
- e. Front surface mouth mirror
- f. #5 and #2A explorers
- g. Color-coded periodontal probe

The following criteria will be weighed equally in grading periodontics:

- a. Radiographic findings
- b. Periodontal charting

- c. Diagnosis
- d. Treatment planning
- e. Scaling and polishing
- f. Tissue management

INFORMATION FOR COMPLETING CLINICAL PORTION OF THE EXAMINATION

1. Patient Medical History Forms. **A PATIENT MEDICAL HISTORY IS REQUIRED FOR EACH PROCEDURE, EVEN IF THE SAME PATIENT IS USED FOR MULTIPLE PROCEDURES.** Medical History Forms are not signed by the candidate until the day of the procedure. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then by a **CANDIDATE NUMBER (NOT SIGNATURE) AND IN FRONT OF A FLOOR EXAMINER WHO WILL PLACE HIS/HER EXAMINER NUMBER ON THE FORM.**

2. Grading System. The Board has adopted a double-blind grading system, whereby at least one examiner will be assigned to each clinic as a floor examiner. This floor examiner will assign patient and tooth numbers, give starting checks, determine the degree of difficulty, and be available for emergency situations. All procedures will be graded in a grading clinic which will be entirely separate from the candidate clinics. Each procedure will be graded by three examiners. Patients will be escorted to the entrance of the grading clinic by the candidate or his/her assistant; they should take with them casts, radiographs, Candidate Check Card, and grade card. Do not send more than one grade card at a time. The patient will be returned to the appropriate clinic by an escort provided by the Board. Under no circumstances will candidates or their assistants be allowed in the grading clinic. Further details and directions will be given at the orientation session.

To be successful on this examination, both of the following requirements must be met: (1) a candidate must pass at least four (4) of the seven (7) clinical procedures; and (2) a candidate must make a grade of 75% or above as an overall average. So that there is no misunderstanding, if a candidate fails four (4) or more clinical procedures, the candidate does not receive a license. Also, if a candidate passes four (4) or more clinical procedures but fails to make an overall grade of 75% or above, the candidate does not receive a license. Pages 4 through 12 of these instructions describe the procedures and grading criteria for this examination, and sample passing and failing Dental Candidate Grading Summary forms appear on pages 22 and 23.

DECEIT, FRAUD, OR PATIENT MISMANAGEMENT WILL RESULT IN AUTOMATIC DISMISSAL FROM THE LICENSURE EXAMINATION.

3. Grade Cards and Candidate Check Card. Packets containing all of the grade cards needed for this examination and the Candidate Check Card will be distributed at orientation, Monday, May 26, 1997. It is critical that the candidate not lose the Candidate Check Card or any of the grade cards -- these are the candidate's responsibility.

4. Sending Patients to Grading. When the candidate is ready for a grade at any point in the examination, escort the patient to the entrance of the grading clinic reception room with the items listed in the lower right-hand corner of the grade card. **IT IS THE CANDIDATE'S RESPONSIBILITY TO ENSURE THAT THE FLOOR EXAMINER HAS MARKED THE CORRECT PATIENT NUMBER AND TOOTH NUMBER ON THE GRADE CARD.** As noted previously, send only one grade card to grading at a time.

Patients will be graded in the order in which they arrive in the grading clinic. All grade cards will be retained by the grading examiners in the grading clinic. Each candidate should check the Candidate Check Card for examiner numbers when the patient is returned to the clinic. If discrepancies exist, consult the floor examiner at once.

5. Infection Control. The Mississippi State Board of Dental Examiners mandates that candidates follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention. It is required, for example, that all patient care activities be performed with gloves, masks, protective eyewear, and scrub gowns. It is suggested that protective eyewear also be used for patients.
6. Candidate Instruments. Candidates may wish to furnish their own instruments, handpieces, and local anesthetic syringe. Instruments, equipment, and supplies available from the University of Mississippi Medical Center School of Dentistry are listed in the blue instructional material. Candidates must furnish their own casting gold. It may be to the candidate's advantage to furnish his/her own impression material so he/she will be using material to which he/she is accustomed. Each candidate must provide his/her own ultrasonic scaler and tips.
7. Candidate Laboratory Work. Candidates may do their own laboratory work or may contract with an independent laboratory of their choice, and the floor examiner will place his/her examiner number on both written work authorizations. Please ensure that the candidate's name does not appear on the work authorizations. The candidate should sign with the appropriate candidate number only, and the patient number should be on the work authorizations. Candidates who contract with private laboratories are advised to make arrangements with the laboratory well in advance of the examination. The laboratory should be notified of the specific gold requirements and time constraints. Candidates are responsible for completion of laboratory work within the timeframe requirements of this examination. Candidates doing their own laboratory work using the University of Mississippi Medical Center School of Dentistry laboratory facilities may request that a technician operate the thermotrol/centrifugal casting machine. Type III crown and bridge gold with not less than 46% yellow gold is recommended. Candidates may do their own wax patterns, investing, and clean-up.
8. Starting Checks. Candidates and patients should arrive at the University of Mississippi Medical Center School of Dentistry each day at 7:45 a.m. Any patient arriving prior to that time must wait in the first floor lounge. Candidates and patients will not be permitted in the clinics prior to 8:00 a.m. Refer to the Examination Schedule on page 21. Assigned operatory numbers correlate to assigned candidate numbers. Patients should be seated and ready for a starting check at the candidate's assigned operatory by 8:30 a.m. Starting checks will be given for all procedures, except periodontics, by the floor examiner, and the floor examiner must place his/her examiner number on the Request for Starting Check for Periodontics. The candidate must remain in the assigned operatory until the floor examiner gets to the candidate. Please have the patient seated in an upright position, with a mouth mirror, explorer, pre-operative radiographs, pre-operative cast, patient record, appropriate grade cards, and Candidate Check Card available. At this time, the floor examiner will complete the following Candidate Check Card blanks: patient number, tooth number, surface, date, difficulty, and examiner number. **PATIENT MEDICAL HISTORY FORMS ARE NOT SIGNED BY THE CANDIDATE UNTIL THE DAY OF THE PROCEDURE. THESE FORMS MAY HAVE ALL OTHER PERTINENT INFORMATION COMPLETED BEFOREHAND; HOWEVER, THEY MUST NOT BE SIGNED BY THE CANDIDATE UNTIL THE DAY OF THE PROCEDURE AND ONLY THEN BY A CANDIDATE NUMBER, NOT SIGNATURE, AND IN THE PRESENCE OF A FLOOR EXAMINER WHO WILL PLACE HIS/HER EXAMINER NUMBER ON THE FORM.** The candidate may begin the procedure at this time.

Two starting checks may be given on the same patient. However, it is the candidate's responsibility to abide by the time requirements presented in the instructions. Teeth that are adjacent or opposing may not be prepared at the same time. Only **ONE PROCEDURE** at a time may be presented to the grading clinic for grading.

Careful consideration will be given to the difficulty determination. If circumstances exist that may adversely affect the satisfactory completion of a procedure according to the Board's grading criteria, necessary comments will be made in the remarks section of the candidate's grade card.

Each candidate must be prepared to discuss a diagnosis and treatment plan for any of his/her patients with the floor examiner.

9. Patient Number. Each procedure requires a separate patient number. This patient number must be worn by the patient while being treated or graded. Keep the patient number lapel pin only if the patient is to return at a later time or day for the same procedure. Otherwise, at the completion of a procedure, please place the patient number lapel pin in the collection box located on the clinic floor.
10. Numbering Teeth. All teeth will be numbered 1 through 32 starting with the upper right third molar and ending with the lower right third molar.
11. Polishing Teeth. Do not polish adjacent teeth or old adjacent restorations without written consent of the floor examiner. If the candidate has a rough surface on an existing restoration and/or a rough surface on a tooth adjacent to the tooth the candidate is planning to prepare, the candidate must obtain permission from the floor examiner to polish the proximal surface of the adjacent tooth. At the time of the starting check, the floor examiner must document and note his/her consent in the "Remarks" section of the grade card by placing the appropriate examiner number. If the candidate scratches or cuts an adjacent tooth while cutting the preparation, do not polish or smooth the tooth before grading. If the candidate polishes an adjacent tooth without written permission from the floor examiner, points will be deducted from the grade.
12. Pulp Exposure. A pulp exposure, whether mechanical or carious, is an automatic failure for that procedure. In the event of a pulp exposure, place a rubber dam and immediately consult a floor examiner. The patient will be escorted to the grading clinic for instructions. **THIS IS THE ONLY TIME A PATIENT SHOULD GO TO GRADING WITH A RUBBER DAM IN PLACE.** The grading examiners will return the candidate's patient with treatment instructions. If a pulp exposure is due to caries, it will still be an automatic failure because of the candidate's poor tooth selection.
13. Irregularities. It is the candidate's responsibility to bring possible irregularities to the attention of the floor examiner. If a candidate feels that an error has been made in any aspect of the examination, immediately confer with the assigned floor examiner. The floor examiner will notify a second floor examiner to witness and document the circumstances. Candidates will sign the report of irregularity with their candidate number, not signature.
14. Radiographs. The following radiographs will be required:
 - a. Pre-operative radiograph for each tooth used in the endodontic access preparation procedure
 - b. Recent periapical of any anterior tooth to be prepared

- c. Recent periapical and bitewing radiograph of any posterior tooth to be prepared (Amalgam and Crown)
- d. Bitewing radiograph of seated full gold crown
- e. Bitewing radiograph of each finished amalgam restoration
- f. Periapical radiograph of finished composite restoration
- g. Mounted, complete series of periapical and bitewing radiographs of clinical periodontal patient (eighteen (18) radiographs at least four (4) of which are bitewing radiographs)
 - (1) Panoramic radiographs are **NOT** acceptable
 - (2) Radiographs for this section of the examination must be of diagnostic quality and depict the current condition of the patient's mouth
 - (3) Radiographs shall have been prepared no more than sixty (60) days prior to the examination
- h. Post-operative bitewing radiographs of the periodontal patient after root-planing and/or scaling and polishing is completed

With the exception of the radiographs required in Section 14.g., all radiographs are to be mounted in 4-hole radiographic mounts. Radiographic mounts will be available on the candidate's clinic floor. Candidates will be limited to one set of post-operative bitewing radiographs for each procedure. If a second set of radiographs is required by the grading examiner, a note will be sent back to the candidate authorizing the second set. Pre-operative radiographs should be of diagnostic quality. Patient number and tooth number only should be written on the radiographic mount. No patient names, candidate names, or candidate numbers should be written on radiographic mounts. **ALL RADIOGRAPHS ARE TO BE PLACED IN THE PATIENT RECORD AT THE COMPLETION OF EACH PROCEDURE OR AT THE COMPLETION OF THE EXAMINATION.**

- 15. Impressions and Casts. The following must be taken with the patient to the grading clinic:
 - a. Pre-operative quadrant or full mouth casts of tooth to be restored for each graded procedure
 - b. Alginate impressions of all amalgam preparations and finished restorations, either quadrant or full mouth
 - c. When presented for grading, the gold crown on the stone cast

Pre-operative casts must be made by the candidate in dental laboratory stone and may be made prior to the examination.
- 16. Time Constraints. Candidates should bring a watch or clock as a means of ensuring that each does not exceed the time constraints associated with any one procedure.
- 17. Clean-Up. Each candidate is responsible for his/her clean-up of the assigned operatory and supplies or instruments issued by the University of Mississippi Medical Center School of Dentistry.

18. Completion of Clinical Procedures. The following must be returned and completed when all clinical procedures are finished:
- a. Write the candidate number on the Candidate Check Card and present it to the floor examiner upon completion of the examination.
 - b. The following required casts and impressions must be submitted upon completion of the clinical examination:
 - (1) Pre-operative casts:
 - (a) M.O.D., D.O., or M.O. amalgam
 - (b) M.O.D. molar amalgam
 - (c) Composite
 - (d) Gold casting
 - (2) Alginate impressions of all amalgam preparations
 - (3) Alginate impressions of finished restorations:
 - (a) M.O.D., D.O., or M.O. amalgam
 - (b) M.O.D. molar amalgam
 - (c) Composite
 - (d) Gold casting
 - (4) Master die model of gold casting
 - (5) Prosthetics:
 - (a) Preliminary diagnostic cast
 - (b) Final denture impressions
 - (c) Base plates with bite rims
 - (d) Final denture cast
 - c. For each procedure, place pre-operative casts and post-operative impressions in a plastic bag, indicating on the bag the tooth number, patient number, and candidate number, and deliver all to the grading clinic. Bags are available in the clinics.
 - d. Place master die model of gold casting in a plastic bag, indicating on the bag the tooth number, patient number, and candidate number, and deliver all to the grading clinic. Bags are available in the clinics.
 - e. Place the preliminary cast, final denture impressions, base plates with bite rims, and final denture casts in a plastic bag, indicating on the bag the patient number and candidate number, and deliver all to the grading clinic. Bags are available in the clinics.
 - f. Completion of the Board examination survey form is required and must be delivered to the grading clinic.
 - g. Equipment and instruments issued by the University of Mississippi Medical Center School of Dentistry to Board candidates **MUST BE RETURNED BEFORE THE CANDIDATE LEAVES THE FACILITY AT THE END OF TESTING ON FRIDAY.** Return of equipment and instruments to the University of Mississippi Medical Center School of Dentistry is deemed by the Board to be a part of the testing procedure, and a candidate's file is considered **INCOMPLETE** until all equipment and instruments are returned and any losses and reimbursements satisfied. Candidates whose accounts have not been cleared with the University of Mississippi Medical Center School of Dentistry will not receive a license.

CONCLUSION

1. Candidate Information Forms. Candidate information forms completed during orientation will determine the way the candidate's license is styled. Please print legibly and list full mailing address with zip code; if the candidate is moving in the next month, the license may be mailed to the candidate's parents, etc. Write the candidate number in the appropriate blank. It is important that all information be given; please do not write "not applicable," as all the information is applicable. Also, check the birth year to ensure that the current year has not been listed.
2. Examination Results. The candidate will be notified by mail of the examination results within two (2) weeks. Results will not be released by telephone. Please do not call members of the Board or the Board office for examination results. The candidate must receive his/her license and record it in the Circuit Clerk's office before the candidate begins practicing dentistry in the State of Mississippi. This should be done in the county wherein the candidate resides. The candidate may not apply for prescribing privileges with the Drug Enforcement Administration (DEA) until the candidate receives a Mississippi license and establishes a permanent office address.
3. Annual Registration. Annual registration notices covering the period **SEPTEMBER 1, 1997 - AUGUST 31, 1998** will be mailed the last week in June. The candidate will be required to complete the registration sheet and pay the annual fee for the upcoming year. Unless the Board is notified of a change of address, the annual registration notice will be mailed to the same address as appears on the candidate information form.
4. Documentation Checklist. Required documentation must be submitted to the Board in the following manner:
 - a. To be submitted by the candidate with his/her application packet:
 - (1) Completed application
 - (2) Application fees
 - (3) Proof of certification in Cardiopulmonary Resuscitation
 - (4) Proof of liability insurance coverage
 - (5) Chairside assistant registration form
 - (6) Formal declaration of intent to become a citizen of the United States (if applicable)
 - (7) Additional information as required by specific questions on the application
 - b. To be mailed by outside sources directly to the Board office:
 - (1) College transcript(s) (for all colleges/universities attended prior to attending dental school)
 - (2) Dental school transcript(s) (complete or partial for all dental schools attended)

- (3) Affidavit from dental school dean (for candidates who are still in dental school at the time their application is submitted to the Board)
- (4) National Board examination grade card
- (5) Testimonials of moral character (only in cases where character references are unable to sign the application)
- (6) Certifications from the secretaries of dental boards in all states where the candidate is currently or has ever been licensed

EXAMINATION SCHEDULE

Candidates and patients should arrive at the University of Mississippi Medical Center School of Dentistry each day at 7:45 a.m. Any patient arriving prior to that time must wait in the first floor lounge. Candidates and patients will not be permitted in the clinics prior to 8:00 a.m.

Monday, May 26, 1997

9:30 a.m.	Jurisprudence Examination - First Floor - Room D-114
11:00 a.m.	Orientation Session - First Floor - Room D-114
1:30 p.m.	Endodontic Examination - Fifth Floor Preclinical Laboratories E, F, G, and H
3:00 p.m.	Endodontic Examination Conclusion

Tuesday, May 27, 1997 No Dental Examination Activities

Wednesday, May 28, 1997

8:30 a.m.	Clinical Examination - Fourth Floor
4:30 p.m.	Clinic Closing

Thursday, May 29, 1997

8:30 a.m.	Clinical Examination - Fourth Floor
4:30 p.m.	Clinic Closing

Friday, May 30, 1997

8:30 a.m.	Clinical Examination - Fourth Floor
4:30 p.m.	Clinical Examination Conclusion

EXAMINATION LOCATIONS

GRADING AREA:	Fourth Floor
PATIENT WAITING AREAS:	First Floor - Student Faculty Lounge Fourth Floor
LABORATORIES:	Fourth Floor - Room D-408 Fifth Floor - Rooms D-513 through D-516
LOCKER ROOMS:	Female Candidates: Fourth Floor - Room D-408 Male Candidates: First Floor - Room D-115

DENTAL CANDIDATE NUMBER: 26D

DENTAL CANDIDATE GRADING SUMMARY--SAMPLE PASS

DATE OF EXAMINATION: MAY 26-30, 1997

WRITTEN		PASSING	FAILING		PASSING CRITERIA					
National Board Part I		89			Examination Per-		Minimum Passing Score			
National Board Part II		82			15%	75% of 15%	11.25%			
PATIENT # OR BLOCK #	Jurisprudence PROCEDURE	TOOTH #	SURFACE		SUBAVERAGE	% OF	AVERAGE			
		EXAMINERS SCORES					OVERALL AVERAGE	% OVERALL AVERAGE	% FOR PROCEDURE	P/F
505D	Endodontic									
	Maxillary Incisor	100.00	100.00	100.00	100.00	50%	50.00			
	Mandibular Molar	50.00	0.00	0.00	16.67	50%	8.34			
321D	Amalgam	29	DO				75.01	15%	11.25	P
	Preparation	100.00	100.00	75.00	91.67	50%	45.84			
	Restoration	75.00	50.00	50.00	58.33	50%	29.17			
343D	Molar Amalgam	30	MOD				87.50	15%	13.13	P
	Preparation	100.00	100.00	100.00	100.00	50%	50.00			
	Restoration	75.00	75.00	75.00	75.00	50%	37.50			
390D	Composite	9	M				95.84	15%	14.38	P
	Preparation	100.00	100.00	100.00	100.00	50%	50.00			
	Restoration	100.00	100.00	75.00	91.67	50%	45.84			
351D	Gold Crown	14					96.67	15%	14.50	P
	Preparation	100.00	100.00	100.00	100.00	75%	75.00			
	Restoration	80.00	80.00	100.00	86.67	25%	21.67			
365D	Prosthetics						87.50	10%	8.75	P
	Maxillary/Mandibular	75.00	75.00	75.00	75.00	50%	37.50			
	Vertical/Centric	100.00	100.00	100.00	100.00	50%	50.00			
382D	Periodontics						100.00	15%	15.00	P
	Charting/Diagnosis	100.00	100.00	100.00	100.00	50%	50.00			
	Scaling/Prophylaxis	100.00	100.00	100.00	100.00	50%	50.00			
TOTAL NUMBER PROCEDURES PASSED		6					EXAMINATION SCORE	85.76	P	

DENTAL IDENTIFICATION NUMBER REPORTED EXAMINATION PERIOD: 12-30, 1997

WRITTEN		PASSING		FAILING		PASSING CRITERIA							
National Board Part I		89				Examination Per-		Minimum Passing Score					
National Board Part II		82				15%		75% of 15%	11.25%				
MISSISSIPPI OR BLOCK #	Jurisprudence PROCEDURE	96	BOOTH #	SURFACE	SUBAVERAGE	% OF	AVERAGE	10%		75% of 10%		7.50%	
								EXAMINERS SCORES		OVERALL AVERAGE	% OVERALL AVERAGE	% FOR PROCEDURE	P/F
505D	Endodontic												
	Maxillary Incisor	100.00	100.00	100.00	100.00	50%	50.00						
	Mandibular Molar	0.00	0.00	0.00	0.00	50%	0.00						
321D	Amalgam	29		DO				100.00	15%	15.00			P
	Preparation	100.00	100.00	100.00	100.00	50%	50.00						
	Restoration	100.00	100.00	100.00	100.00	50%	50.00						
343D	Molar Amalgam	30		MOD				66.67	15%	10.00			F
	Preparation	75.00	100.00	75.00	83.33	50%	41.67						
	Restoration	75.00	25.00	50.00	50.00	50%	25.00						
390D	Composite	9		M				70.84	15%	10.63			F
	Preparation	50.00	75.00	50.00	58.33	50%	29.17						
	Restoration	75.00	75.00	100.00	83.33	50%	41.67						
351D	Gold Crown	14						62.08	15%	9.31			F
	Preparation	50.00	75.00	50.00	58.33	75%	43.75						
	Restoration	60.00	100.00	60.00	73.33	25%	18.33						
365D	Prosthetics							100.00	10%	10.00			P
	Maxillary/Mandibular	100.00	100.00	100.00	100.00	50%	50.00						
	Vertical/Centric	100.00	100.00	100.00	100.00	50%	50.00						
382D	Periodontics							87.50	15%	13.13			P
	Charting/Diagnosis	75.00	75.00	75.00	75.00	50%	37.50						
	Scaling/Prophylaxis	100.00	100.00	100.00	100.00	50%	50.00						
TOTAL NUMBER PROCEDURES PASSED				2				EXAMINATION SCORE		75.57		F	

**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY
INFORMATION FOR CANDIDATES FOR
DENTAL LICENSURE**

The intent of the information contained within this document is to assist the candidate with taking the Mississippi State Board of Dental Examiners dental licensure examination. Questions related to the information in this document or to the facilities and policies of the School of Dentistry may be directed to the office of the Associate Dean for Clinical Programs at (601) 984-6025.

PARKING:

Patient parking is available in the lot across the street from the School of Dentistry. The parking fee is \$.50 per hour or \$5.00 per day. Candidates should park in the Mississippi Veterans Memorial Stadium parking lot directly across North State Street from the Medical Center. A shuttle bus runs between the stadium and the School of Dentistry approximately every fifteen minutes from 6:30 a.m. to 9:30 a.m., 11:00 a.m. to 1:00 p.m., and 3:00 p.m. to 6:00 p.m.

USAGE FEE:

The fee that is submitted by the candidate to the School of Dentistry pays for the direct costs of the school's hosting the examination. This fee includes the use of the facilities, equipment, instruments, and supplies, but does not include gold or laboratory waxing instruments.

Equipment and Instruments:

1. All dental operatory units are chair-mounted Adec Continental units and can be adjusted to accommodate left-handed operators.
2. Ultrasonic scalers supplied by the candidate must have an Adec quick-disconnect.
3. Candidates are free to use their own handpieces and instruments. Arrangements may be made for sterilization of a candidate's own instruments by contacting the chief dental assistant in Restorative Dentistry at (601) 984-6030.
4. All slow speed (Shorty two speed) and high speed (Tradition fiber optic) clinical handpieces are Midwest. All handpiece tubing is of the four-hole Midwest type.
5. Pin kits, contra-angles, and anesthetic and impression material syringes are available.
6. The contents of specifically available instrument tray set-ups and off-tray instruments and supplies are listed in the ATTACHMENT at the end of this document.

Supplies:

1. Radiographic film and mounts.
2. Local anesthetics (Xylocaine or Carbocaine with or without epinephrine).
3. Needles (27 gauge short or long or 30 gauge short).
4. Paper, cotton, rubber, and plastic disposables (saliva ejectors and suction tips).
5. Disposable trays and impression materials (Permalastic, Reprosil, or President). Alternative impression materials must be supplied by the candidate.
6. Amalgam capsules (Dispersalloy regular or Titan regular set).
7. Stone (Die-keen and Denstone), plaster, investment (Beautycast), casting rings, formers and liners, and other related expendable materials. Stone for complete denture casts is supplied by the State Board of Dental Examiners.
8. The School of Dentistry supplies gloves, masks, and face shields for all clinical procedures.

PROCEDURES FOR OBTAINING INSTRUMENTS AND HANDPIECES:

1. Laboratory handpieces will be issued if needed by Central Supply (First Floor D-117).
2. Clinical handpieces will be issued for each procedure in the clinics where candidate is assigned. All requisitioned sterile clinical instruments are issued to the candidate by the clinic in which the instruments are used.
3. Immediately following each procedure, all handpieces and instruments must be returned to the supply area from where they were obtained. Autoclave and ethylene oxide sterilization are provided for all instruments and handpieces following each patient use.
4. The Board of Dental Examiners will be notified by the school when all requisitioned handpieces and instruments are returned.

USE OF FACILITIES:

Candidates who wish to use the school's facilities prior to the examination must contact the office of the Associate Dean for Clinical Programs at (601) 984-6025. Evidence of malpractice insurance is required if patients are involved. Facilities are available through Thursday, May 22, 1997, for screening and preparatory treatment of patients.

Limited reception room seating is available on the fourth floor for patients during the examination. Because fourth floor accommodations are limited, additional seating is available in the first floor lounge for patients and their guests. No eating or drinking is permitted in the building except for the first floor lounge. Smoking is not permitted anywhere in the building.

The fourth floor clinical laboratory is available for candidate use and will remain open until 5:00 p.m. on Tuesday and until 10:00 p.m. on Wednesday and Thursday during the licensure examination. The chief technician will familiarize any interested candidate with the laboratory and its policies prior to the examination. Candidates interested in visiting the laboratory should contact the chief technician at (601) 984-6047 or (601) 984-6048.

The laboratory contains all usual laboratory equipment, such as bench lathes, high speed grinders, polishing machines, vibrators, Whipmix investors, ultrasonic units, and burnout ovens.

Candidates are urged to follow instructions carefully on the casting form. If a candidate wishes the School of Dentistry laboratory technicians to cast his or her metal, a new ingot must be used and it must be stamped with confirmation of gold content which must be not less than 46% yellow gold. Laboratory technicians make every effort to complete castings at the time requested by the candidate. Technicians will assist candidates with soldering if time permits.

No candidate may enter the laboratory with protective gloves or masks used in the clinic. Candidates are requested to clean their benches before leaving the laboratory.

LOCKERS:

Storage lockers are available for male candidates on the first floor (D115) and for female candidates on the fourth floor (D408). Candidates must supply their own locks.

PATIENTS:

The University of Mississippi Medical Center School of Dentistry does not assume responsibility for supplying patients for the licensure examination.

SCREENING AND PREPARATORY TREATMENT OF PATIENTS:

All screening and preparatory treatment of patients in the School of Dentistry must be authorized and supervised by faculty. Patient Screening Consent and Agreement forms must be completed prior to all initial examinations of board patients. Each patient treated during the board examination must have a board patient record. Screening Consent and Agreement forms and board patient records can be obtained from the second floor Admissions/Prevention reception area or by calling the Record Room at (601) 984-6158 prior to the examination. If a patient requires preparatory treatment prior to the board examination, such as prophylaxis or caries control, the Admissions/Prevention, Periodontics, or Restorative Dentistry clinics may be used for these purposes through Thursday, May 22, 1997. Patients must be scheduled in each clinic prior to treatment. Fees must be charged for all preparatory dental procedures using the school's current fee schedule, and a patient encounter form and progress notes must be completed for each visit.

RADIOGRAPHS:

All radiographs made for patient preparation or for screening purposes must be made in the Oral Radiology Clinic during times that the clinic is regularly scheduled. Radiographs needed during the examination can be made in the fourth floor clinics.

PATIENT RECORDS:

1. Each patient treated during the board examination must sign a completed Board of Dental Examiners approved Consent form prior to the candidate's beginning each clinical procedure. These forms become part of each patient's permanent record and are available from the Record Room.
2. A candidate must complete a Progress Note in the record at the completion of each patient encounter during the examination, indicating the treatment performed. Records should be deposited in the dental record drop box at the second floor Record Room window at the end of each examination day. If a patient is to be seen on a following day, the candidate should retrieve the record from the Record Room the following morning. The Record Room is open from 7:00 a.m. to 5:30 p.m. during the examination.

3. The Record Room staff audits all records to ensure completeness of the Screening Consent and Agreement form, the Demographic Data form, the Health History Questionnaire, and the Progress Notes.
4. All board patient records must be completed and returned to the Record Room in order to have completed the board examination. The Board of Dental Examiners will be notified by the school when all patient records are completed and returned to the Record Room.

ATTACHMENT:

1. Endodontic Laboratory

Tray Set-Up:

Handpiece(s)	Papercups
Mirror	Burs (#57, #2, and #4)
#16 endodontic explorer	Assorted files (25mm, sizes 10-15-20)
#31RL excavator	Cotton pellets
Cotton forceps	Paper points (size 20)
Endodontic irrigating syringe	

2. Crown and Bridge

Tray Set-Up:

Mirrors	#38/39 spoon excavator
#5 explorer	#324 cement spatula
Probe GF/W	#1/2 Hollenback
Cotton pliers	Dycal instrument
#8 APA plastic instrument	Articulating paper forceps
Large curved hemostat	

Off-Tray Instruments and Supplies:

Balshi cord packer	Crown Iso-form bicuspid temp (assorted sizes)
Diamonds	Crown Iso-form molar temp (assorted sizes)
Scissors (straight and curved iris, and crown and bridge)	Crown poly (assorted sizes)
Burs	Crown aluminum (assorted sizes)

3. Removable Prosthetics

Tray Set-Up:

Water bath	Indelible pencil
Lenk burner	Matches
Hanau torch	Compound sticks (gray and green)
Denture pack	Hot plate
Burs (F, P, R, and #8)	Boley gauge or M & M ruler
Bowl	Fox plane
Bard Parker and lab knife	Base plate wax (pink)
Scissors	Vaseline
Korecta wax and brush	

4. Operative

Tray Set-Up:

Mirror
#5 explorer
Double-ended periodontic probe
#3 plastic instrument
#8/9 hatchet
#17/18 chisel
#F 26L-26R margin trimmer
#F 27L-27R margin trimmer
#38/39 spoon excavators
#324 cement spatula
Dycal instrument
#26-29 ball burnisher
#2 condenser

#6T carver
Cotton pliers
Magnetic bur blocks
Articulating paper forceps
Rubber dam forceps and frame
Scissor (straight iris)
Large curved hemostat
Matrix retainer
#3/4 condenser
#1/2 Hollenback
#4/5 cleoid-discoid
#5T Tanner carver
#3 Wall carver

Off-Tray Instruments and Supplies:

Clamps
Burs (assorted)
Amalgam carrier and well

Prisma applicator gun
APH Prisma composite (assorted shades)
Herculite composite (assorted shades)

5. Periodontics

Board Examiner's Kit:

Front-surface mouth mirror
#5 explorer

#2A explorer
Color-coded periodontal probe

Tray Set-Up:

Double-sided mirror
Moffitt probe
20F probe
#5 explorer
#2 Nabers probe
Cotton pliers
GIL 2/YG 15
Jacquette 34/35

McCalls 17/18
Columbia 13/14
Columbia 4R/4L
Gracey 3/4
Gracey 11/12
Gracey 13/14
#3 ceramic stone
2 x 2 gauze

Off-Tray Instruments and Supplies:

Disposable prophylaxis angle, brush, cup, and paste
Dental floss

Toothbrush and paste
Cotton tip applicators

6. Burs, Diamonds, and Stones

Fissure Burs:

56
57
169
169L
170
170L
171
556
557
558

Inverted Cone Burs:

33-1/2
34
35
37

Round Burs:

1/4
1/2
1

330

Short Shank Burs:

2
4
56
330
557

Diamonds:

3/4 AL
012
1D
1/4 DL
1/2 DL
1/2 DTL
1 LCSF
8 BSF
WM2M
G-81
G-82
G-83
G-84

2
4
6
8

12 Blade Composite Finishing Burs:

7006 round
7406 egg
7664 long taper
7902 needle

Stones:

Green point stones
White point stones
Dedeco points

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

James A. Bounds, D.M.D.
President, Dental District Three
Lewis E. Alexander, D.D.S.
Dental District Five
Theodore C. Jones, D.D.S.
State-at-Large
Charles G. Purifoy, D.D.S.
Dental District Two

Suite 100
600 East Amite Street
Jackson, Mississippi 39201-2801
Telephone: (601)944-9622
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Dental District Six
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Dental Hygiene Member
Leah Diane Howell
Executive Director

MISSISSIPPI CODE OF 1972, ANNOTATED TITLE 73, CHAPTER 9 Dentists

<u>SECTION</u>	<u>TITLE</u>
73-9-1	License Required
73-9-3	"Dentists" Defined
73-9-5	"Dental Hygiene" Defined
73-9-7	State Board of Dental Examiners; Dental Districts; Nominations for Appointment
73-9-9	Removal of Members
73-9-11	How Members Shall Qualify; Quorum
73-9-13	Officers of Board; Duties and Powers
73-9-15	Vote of Board Members
73-9-17	Board to Implement Chapter
73-9-19	Registration of Dentists
73-9-21	Supplies
73-9-23	Examinations for License
73-9-24	Alternative Procedure for Qualifying for Licensed Based on Credentials
73-9-25	Examinations; Subjects; Time and Place for Holding
73-9-27	Licenses; How Issued and Fees
73-9-28	Issuance of Special License, Certificate or Permit for Teaching or Dental Practice in Limited Categories
73-9-29	Certification of Dental Specialists
73-9-31	Repealed
73-9-33	Licenses to be Recorded
73-9-35	Licenses to be Exhibited
73-9-37	Duplicate Licenses; When Issued
73-9-39	Practice under Corporation or Business Name Prohibited
73-9-41	Unlicensed Practitioner Entitled to No Fees and Unlicensed Person Prohibited from Doing Certain Acts
73-9-43	Schedule of License Fees; Delinquency Penalties; Disposition and Distribution of Fees
73-9-45	Board Members to Investigate Complaints
73-9-47	Voting by Mail
73-9-49	Secretary's Report
73-9-51	Board Members Not Liable to Suit for Official Acts
73-9-53	Licensed Pharmacists May Fill Dentists' Prescriptions
73-9-55	Authorization for Dental Laboratory Work
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§ 73-9-1. LICENSE REQUIRED

Every person who desires to practice dentistry or dental hygiene in this state must obtain a license to do so as hereinafter provided; but this section shall not apply to dentists or dental hygienists now holding permanent licenses to practice provided the same have been recorded as required by law.

§ 73-9-3. "DENTISTS" DEFINED

Any person shall be regarded as practicing dentistry within the meaning of this chapter who shall diagnose or profess to diagnose, or examine or contract for the treatment of, or treat or profess to treat, or hold himself out as treating any of the diseases or disorders or lesions of the oral cavity, teeth, gingivae, or maxillary and mandibular bones, or who shall extract teeth, repair or fill cavities in human teeth, correct malposition or irregularities of the teeth or jaws, practice surgery of the head or neck incident to the practice of oral surgery, or construct, repair or mend artificial teeth, crowns or bridges, or who shall administer anesthetics or use X-ray in connection with the practice of dentistry, or who shall engage in any other practice included in the curricula of dental schools accredited by the Council on Dental Education of the American Dental Association, provided that nothing herein shall be so construed as to prevent:

1. The practice of his profession by a regularly licensed and registered physician under the laws of this state unless he practices dentistry as a specialty; or
2. The performance of mechanical work upon inanimate objects by persons working in dental offices under their supervision; or
3. The operation of a dental laboratory and taking work by written work authorization from regularly licensed and registered dentists as provided for elsewhere in this chapter; or
4. Dentists from outside the state from giving educational clinics or demonstrations before a dental society, convention or association; or
5. Licensed dentists from outside the state from being called into Mississippi by licensed dentists of this state for consultative or operative purposes when such consultative or operative purposes have been authorized or approved by the Board of Dental Examiners for specified periods of time or as provided for by rules and regulations set forth by the board; or
6. Applicants for license to practice dentistry in this state from working during examination by and under the supervision and direction of the Board of Dental Examiners; or
7. The practice of dentistry or of dental hygiene by students under the supervision of instructors in any dental school, college, or dental department of any school, college, or university, or school of dental hygiene recognized by the board, but such activities shall not be carried on for profit; or
8. Dental interns or externs from being employed by licensed hospitals or other agencies recognized and approved by the board; or
9. A regularly licensed and registered dentist from the delegation of procedures to a regularly licensed and registered hygienist or other competent dental auxiliary personnel as he may direct while acting under the immediate supervision and direction and full responsibility of the dentist except as follows: Those procedures

which require the professional judgment and skill of a dentist such as diagnosis, treatment planning, surgical procedures involving hard or soft tissues, or any intra-oral procedure of an irreversible nature which could result in injury to the patient. Provided, however, the dentist shall delegate the removal of calcareous deposits only to a regularly licensed and registered dental hygienist as regulated by the State Board of Dental Examiners.

All dentists and dental hygienists serving as instructors, professors or residents, as provided for in subsections 7 and 8 above, shall be required to be licensed by the Mississippi State Board of Dental Examiners.

§ 73-9-5. "DENTAL HYGIENE" DEFINED

The work of dental hygienists and dental assistants while working in the office of a regularly licensed and registered dentist shall at all times be under the immediate supervision and direction of the dentist. Dental hygienists in the employ of the state board of health or public school boards shall be under the general supervision and direction of regularly licensed and registered dentists. Dental hygienists recognized by the board of dental examiners when making public demonstrations of dental hygiene for educational purposes shall be under the general supervision and direction of regularly licensed and registered dentists.

The board of dental examiners may prohibit any dental hygienist or other auxiliary personnel from rendering service that it feels is not in the best interest of the public welfare.

§ 73-9-7. STATE BOARD OF DENTAL EXAMINERS; DENTAL DISTRICTS; NOMINATIONS FOR APPOINTMENT

The Mississippi State Board of Dental Examiners, hereinafter called the board, whose duties shall be to carry out the purposes and provisions of the laws pertaining to the practice of dentistry and dental hygiene is hereby continued to consist of seven (7) regularly licensed, registered and practicing dentists, each a graduate of an accredited college of dentistry and each a regularly licensed, registered and practicing dentist within the State of Mississippi for a period of five (5) or more years next preceding his appointment. No dentist shall be eligible for appointment who is connected in any way with any school of dentistry or the dental supply business.

From and after July 1, 1983, the Mississippi State Board of Dental Examiners shall include one (1) additional member who shall be a regularly licensed, registered dental hygienist with at least five (5) years' practical experience. The dental hygienist member shall be appointed by the Governor from the state at large from a list of six (6) names submitted by the Mississippi Dental Hygienists' Association. The dental hygienist member shall serve for a term of four (4) years and may succeed himself or herself in office. Any vacancy in the dental hygienist board membership shall be filled by the Governor within sixty (60) days, by appointment from the list of nominees submitted for the existing term of office.

Except as hereinafter provided, each member of the board who is a dentist shall hold office for the particular term of four (4) years to which he is appointed as differentiated and set out below and until his successor shall be duly appointed and qualified. Any appointment made to fill a vacancy or to replace an incumbent holding over shall terminate in accordance with the designation of the particular term as set out below and until his successor is duly appointed and qualified.

Except for the original appointments, the term of each of the seven (7) dentist appointees provided for herein shall be for a period of four (4) years and shall terminate on and after June 30th of the year set out below for each appointive position:

Appointments one (1) and two (2) in 1964 and each fourth year thereafter; appointment three (3) in 1965 and each fourth year thereafter; appointment four (4) in 1966 and each fourth year thereafter; and appointments five (5) and six (6) in 1967 and each fourth year thereafter. Each subsequent appointment shall be made in chronological order of respective expiration dates; provided, however, that each appointee holding office at the time of passage of this chapter shall continue to serve until the expiration date of the period for which he was appointed, and appointment of such incumbent's successors shall be made in order of the expiration dates of their present commissions.

Upon July 1, 1982, the Governor shall appoint one (1) dentist member of the board from the state at large, with the advice and consent of the Senate.

Upon expiration of the term of office of any of the six (6) members of the board who are appointed from districts, the Governor shall appoint his successor from a list of names to be submitted as set out herein. From and after July 1, 1991, all appointments to the Mississippi State Board of Dental Examiners shall be with the advice and consent of the Senate.

As soon after passage of this chapter as feasible, the board shall poll all licensed dentists in the state by dental district as follows:

Dental District One: Alcorn, Benton, Calhoun, Chickasaw, Choctaw, Clay, Itawamba, Lafayette, Lee, Lowndes, Marshall, Monroe, Oktibbeha, Pontotoc, Prentiss, Tippah, Tishomingo, Union, Webster;

Dental District Two: Bolivar, Carroll, Coahoma, DeSoto, Grenada, Holmes, Humphreys, Issaquena, Leflore, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Washington, Yalobusha, Yazoo;

Dental District Three: Attala, Clarke, Covington, Forrest, Jasper, Jones, Kemper, Lamar, Lauderdale, Leake, Neshoba, Newton, Noxubee, Perry, Scott, Smith, Wayne, Winston;

Dental District Four: Hinds, Madison, Rankin, Warren;

Dental District Five: George, Greene, Hancock, Harrison, Jackson, Pearl River, Stone;

Dental District Six: Adams, Amite, Claiborne, Copiah, Franklin, Jefferson Davis, Jefferson, Lawrence, Lincoln, Marion, Pike, Simpson, Walthall, Wilkinson;

and request the submission from each such dental district of three (3) nominations for appointment as members of the board. Thirty (30) days after submitting such request, the board shall list all nominations by district according to the number of votes each received. The top three (3) names from each district shall then be considered as a list of names to be submitted to the Governor as referred to above each time a vacancy occurs in one (1) of the six (6) positions appointed from districts or whenever the Governor requests such submission. During the course of each calendar year, the board shall take like polls of all licensed dentists practicing in each dental district, and shall prepare new lists therefrom to be submitted to the Governor which shall be used in the appointment of the six (6) members appointed from districts.

It is the purpose of this section that no more than one (1) appointee of the six (6) members appointed from districts shall serve from any district at any one (1) time; provided, however, that the members serving on the effective date of this section shall continue until their term of office has expired. All subsequent appointments of the six (6) members appointed from districts shall be made in accordance with the provisions of this section, shall be designated by post numbers, and shall be selected by district in accordance with the appropriate list submitted therefor. The

names on the lists shall be given priority in accordance with the votes for each nominee. In case of a tie, such persons receiving tie votes shall have their names placed on the list even though it results in more than three (3) names on such list from that district.

The Secretary of State shall, at his discretion, at any time there is sufficient cause, investigate the method and procedure of taking such polls and establishing such lists, and the board shall make available to him all records involved therein; and if the Secretary of State should find cause therefor he may, upon specifying such cause, declare the list invalid, whereupon the board shall follow the procedure set out above to establish a new list. If a vacancy exists and no list is available, the Board of Dental Examiners is hereby authorized to follow the above-described procedure in establishing a new list for the appropriate dental district.

§ 73-9-9. REMOVAL OF MEMBERS

The governor may remove any member of said board on proof of inefficiency, incompetency, immorality, unprofessional conduct, or continued absence from the state, for failure to perform duties, or for other sufficient cause. Any member who shall not attend two (2) consecutive meetings of the board, for any reason other than illness of such member, shall be subject to removal by the governor. The president of the board shall notify the governor in writing when any such member has failed to attend two (2) consecutive regular meetings. No removal shall be made without first giving the accused an opportunity to be heard in refutation of the charges made against him, and he shall be entitled to receive a copy of the charges at the time of filing.

§ 73-9-11. HOW MEMBERS SHALL QUALIFY; QUORUM

Each person appointed as a member of the board shall qualify by taking the oath prescribed by the constitution for the state officers, and shall file certificate thereof in the office of the secretary of state within fifteen days after his appointment. A majority of the board shall at all times constitute a quorum for the transaction of business.

§ 73-9-13. OFFICERS OF BOARD; DUTIES AND POWERS

The State Board of Dental Examiners shall each year elect from their number a president and a secretary-treasurer to serve for the coming year and until their successors are qualified. The board shall have a seal with appropriate wording to be kept by the secretary. The secretary shall be required to make bond in such sum and with such surety as the board may determine. It shall be the duty of the secretary to keep a complete record of the acts and proceedings of the board and to preserve all papers, documents and correspondence received by the board relating to its duties and office. The proceedings shall at all reasonable times be open to public inspection.

The board shall have the following powers and duties:

- (a) To carry out the purposes and provisions of the state laws pertaining to dentistry and dental hygiene, and the practice thereof and matters related thereto, particularly Sections 73-9-1 through 73-9-65, together with all amendments and additions thereto.
- (b) To regulate the practice of dentistry and to promulgate reasonable regulations as are necessary or convenient for the protection of the public.
- (c) To make rules and regulations by which clinical facilities within institutions, schools, colleges, universities and other agencies may be recognized and approved for the practice of dentistry or of dental hygiene by unlicensed persons therein, as

a precondition to their being excepted from the general practice act and authorized in accordance with Section 73-9-3(7) and (8).

- (d) To provide for the enforcement of and to enforce the laws of the State of Mississippi and the rules and regulations of the State Board of Dental Examiners.
- (e) To compile at least once each calendar year and to maintain an adequate list of prospective dentist appointees for approval by the Governor as provided for elsewhere by law, such list being based upon a comprehensive poll of all licensed and registered dentists in the state, the names being arranged in order of preference as shown by such poll.
- (f) To issue licenses to dentists and dental hygienists when found to be qualified.
- (g) To provide for annual reregistration of dentists and dental hygienists.
- (h) To maintain an up-to-date list of all registered dentists and dental hygienists in the state, together with their addresses.
- (i) To examine applicants for the practice of dentistry or dental hygiene at least annually.
- (j) To issue licenses or duplicates and annual reregistration certificates, to collect and account for fees for same.
- (k) To maintain an office adequately staffed insofar as funds are available for the purposes of carrying out the powers and duties of the board.
- (l) To provide by appropriate rules and regulations, within the provisions of the state laws, for revoking or suspending dentists' and dental hygienists' licenses and a system of fines for lesser penalties.
- (m) To prosecute, investigate or initiate prosecution for violations of the laws of the state pertaining to practice of dentistry or dental hygiene, or matters affecting the rights and duties, or related thereto.
- (n) To provide by rules for the conduct of as much board business as practicable by mail, which, when so done, shall be and have the same force and effect as if done in a regular meeting duly organized.
- (o) To adopt rules and regulations providing for the reasonable regulation of advertising by dentists and dental hygienists.
- (p) To employ, in its discretion, a duly licensed attorney to represent the board in individual cases.
- (q) To employ, in its discretion, technical and professional personnel to conduct dental office sedation site visits, monitor state board examinations and carry out the powers and duties of the board.

§ 73-9-15. VOTE OF BOARD MEMBERS

All board action on rules, regulations and policy matters, such as required to be by vote, shall be by roll call or mail ballot wherein the vote of each member shall be recorded whether for, against or otherwise. The dental hygienist member of the board shall only vote on rules,

regulations, policy and administrative matters relating to the licensing, qualifications and practice of dental hygiene. The results of such vote shall be a public record except that information pertaining to personal investigations or examinations shall be confidential unless waived by such persons investigated or examined.

§ 73-9-17. BOARD TO IMPLEMENT CHAPTER

The board is authorized to prescribe and enforce regulations and to perform those acts compatible with and authorized by, either directly or by implication, the laws of the state for the purpose of implementing the provisions of this chapter.

§ 73-9-19. REGISTRATION OF DENTISTS

The State Board of Dental Examiners shall maintain a compiled list of the names and post office addresses of all dentists and dental hygienists registered and practicing in the state, arranged alphabetically by name and also by the towns where their offices are situated. Every dentist or dental hygienist shall promptly keep the board advised of any change in address of his office or residence. Every registered dentist shall exhibit his full name in plain readable letters in the offices or rooms where his professional business is transacted.

Every licensed dentist and dental hygienist shall, in accordance with the laws and rules and regulations of the board, together with appropriate required information and registration fee, apply within the period of sixty (60) days prior to September 1 of each year for annual registration, and the board shall issue such annual registration certificate to any dentist or dental hygienist in active practice and in good standing with the board. Any dentist or dental hygienist performing acts constituting practice or attempted practice of the profession of dentistry or dental hygiene without legally having in his custody a valid active registration certificate or duly issued duplicate therefor in accordance with provisions elsewhere set out may be found guilty and punished or prosecuted therefor in accordance with law; provided, that the filing of such application, the payment of such fee, and the issuance of such certificate therefor, shall not entitle the holder thereof to lawfully practice dentistry or dental hygiene within the State of Mississippi unless he has in fact been previously licensed as such practitioner by the State Board of Dental Examiners as provided by this chapter, and has duly recorded his license in the county or counties in which the same may be required by law to be recorded, and unless said license is in full force and effect; and provided further, that in any prosecution for the unlawful practice of dentistry such receipt showing payment of the annual registration fee required by this chapter shall not be treated as evidence that the holder thereof is lawfully entitled to practice dentistry.

Any licensed dentist or dental hygienist who is registered but not actively practicing in the State of Mississippi at the time of making application for renewal, shall be registered on the "inactive" list and shall not be authorized to practice such profession in this state. Such "inactive" list shall be maintained by the board and shall set out the names and post-office addresses of all dentists and dental hygienists registered but not actively practicing in this state, arranged alphabetically by name and also by the towns and states of their last known professional or residential address. However, licensed dentists or dental hygienists actively practicing in another state at a veterans hospital, federal government facility or residency graduate school program at the time of renewal shall not be registered on the inactive list.

Only the dentists and dental hygienists registered on the appropriate list as actively practicing in the State of Mississippi shall be authorized to practice such profession. For the purpose of this section, any licensed dentist or dental hygienist who has actively practiced his profession for at least three (3) months of the immediately preceding license renewal period shall be considered in active practice.

No dentist or dental hygienist shall be registered on the "inactive" list until the dentist or dental hygienist has been furnished a statement of intent to take such action by the board; and the board shall notify the licensee by mail that on the day fixed for hearing he may appear and show cause, if any, why his license to practice dentistry or dental hygiene should remain active. The licensee may be present at the hearing in person, by counsel, or both. For the purpose of such hearing the board is hereby empowered to require the attendance of witnesses, administer oaths and hear testimony, either oral or documentary, for and against the licensee, and if after such hearing, the board shall be satisfied that the dentist or dental hygienist shall be registered on the inactive list, it shall thereupon without further notice take such action.

Any licensed dentist or dental hygienist registered on the "inactive" list shall not be eligible for registration on the active list until either of the following conditions have been satisfied:

- (a) Written application shall be submitted to the Secretary of the State Board of Dental Examiners stating the reasons for such inactivity and setting forth such other information as the board may require on an individual basis; or
- (b) Evidence to the satisfaction of the board shall be submitted that they have actively practiced their profession in good standing in another state and have not been guilty of conduct that would warrant suspension or revocation as provided by applicable law.

§ 73-9-21. SUPPLIES

Such stationery, blank books and forms as may be needed by the board in the discharge of its duties shall be furnished to it in the manner as like supplies are furnished other state departments.

§ 73-9-23. EXAMINATIONS FOR LICENSE

- (1) No person who desires to practice dentistry or dental hygiene in the State of Mississippi shall be licensed until that person has passed an examination by the board. Applicants for examination shall apply in writing to the board Secretary of the Board of Dental Examiners for an examination at least thirty (30) days prior to the examination and shall upon application pay a nonrefundable fee to the secretary as elsewhere provided in this chapter.
- (2) An applicant for examination for licensure as a dentist shall:
 - (a) Be a citizen of the United States, except as otherwise provided in this section, Be of good moral character, be possessed of a high school education, have attained the age of twenty-one (21) years; and
 - (b) Exhibit with the application a diploma or certificate of graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association, except as otherwise provided in this section.
- (3) An applicant for licensure as a dentist who is a graduate of a foreign country dental school shall:
 - (a) Be a citizen of the United States or have made a formal declaration of intention to become a citizen of the United States, be of good moral character, have attained the age of twenty-one (21) years;
 - (b) Be proficient in oral communications in the English language;

- (c) Have completed not less than six (6) academic years of postsecondary study and graduated from a foreign dental school; listed in the World Directory of Dental Schools, World Health Organization;
 - (d) Have been licensed as a dentist or admitted to the practice of dentistry in the foreign country in which the applicant received foreign dental school training;
 - (e) Have successfully completed at least two (2) years of clinical training in a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association; and
 - (f) Have completed the National Board of Dental Examiners written examination.
- (4) An applicant for licensure as a dental hygienist shall:
- (a) Be a citizen of the United States, Be of good moral character, be possessed of a high school education, have attained the age of eighteen (18) years; and
 - (b) Exhibit with the application a diploma or certificate of graduation from a dental hygienist school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association;
- (5) An applicant for licensure as a dental hygienist who is a graduate of a foreign country dental hygiene school shall:
- (a) Be a citizen of the United States or have made a formal declaration of intention to become a citizen of the United States, be of good moral character, have attained the age of eighteen (18) years;
 - (b) Be proficient in oral communications in the English language;
 - (c) Have completed not less than two (2) academic years of postsecondary study and graduated from a foreign dental hygiene school; listed in the World Directory of Dental Schools, World Health Organization;
 - (d) Have been licensed as a dental hygienist or admitted to the practice of dental hygiene in the foreign country in which the applicant received foreign dental hygiene school training;
 - (e) Have successfully completed at least one (1) year of clinical training in a dental hygiene school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association; and
 - (f) Have completed the National Board of Dental Examiners written examination.
- (6) Applications shall be made in the form and content as required in this section and as shall be prescribed by the board, and each applicant shall submit upon request such proof as the board may require as to age, character and qualifications. Applications must be signed by two (2) respectable citizens of the state of which the applicant is a resident, attesting under oath that the applicant is a citizen of the United States, or otherwise a resident of the United States as herein required of an applicant; and, when herein required of an applicant, possesses a high school education and is of good moral character. All applicants for licensure shall submit an endorsement from all states in which he or she is currently licensed or has ever been licensed to practice dentistry or dental hygiene, and the board may disallow the licensure examination to any applicant who has been guilty of an offense

in another state or jurisdiction which would disqualify their practicing in the State of Mississippi.

- (7) Examination shall be as elsewhere provided in this chapter and the board may by its rules and regulations prescribe reasonable professional standards for oral, written, clinical and other examination given to applicants and for readmission to examination. Each applicant shall appear before the board and be examined by it touching his or her learning and skill in dentistry or dental hygiene. If found by the members of the board conducting the examination to possess sufficient learning and skill therein and to be of good moral character, the board shall, as early as practicable, grant to such person a license to practice dentistry or dental hygiene, as the case may be, which shall be signed by each member of the board who attended the examination and approved the issuance of a license.
- (8) The Board of Dental Examiners may, at its own discretion, accept certification of a licensure applicant, either dentist or dental hygienist, by the National Board of Dental Examiners in lieu of the written examination. However, in all such instances the board shall retain the right to administer such further practical examinations and demonstrations as it deems necessary.

§ 73-9-24. ALTERNATIVE PROCEDURE FOR QUALIFYING FOR LICENSE BASED ON CREDENTIALS

- (1) In addition to the method for obtaining a license to practice dentistry or dental hygiene by way of examination as provided by Section 73-9-23, Mississippi Code of 1972, a candidate may also obtain a license, in the discretion of the board, by meeting the following criteria:
 - (a) Be engaged in the active practice of dentistry or in full-time dental education or dental hygiene for the past five (5) years;
 - (b) Currently hold a valid, unrevoked and unexpired license in a state whose examination standards are regarded by the board as equivalent to Mississippi's standards;
 - (c) Be endorsed by the State board of Dental Examiners, or its equivalent, in the state of current practice;
 - (d) Has not been the subject of pending or final disciplinary action in any state in which the applicant has been licensed;
 - (e) Provides a written statement agreeing to appear for interviews at the request of the board;
 - (f) Provides grades from the national board's examination, or equivalent examination, to be determined by the board, with a passing average; and
 - (g) Successfully passes a written jurisprudence examination;
 - (h) In addition, the State Board of Dental Examiners may, in its discretion, require any applicant for licensure by credentialing to meet the following criteria, or to provide any of the following information:
 - (i) Information from the National Practitioner Data Bank and/or the American Association of Dental Examiners Clearinghouse for Disciplinary Information.

- (ii) Questioning under oath.
 - (iii) Results of peer review reports from constituent societies and/or federal dental services.
 - (iv) Substance abuse testing or treatment.
 - (v) Background checks for criminal or fraudulent activities.
 - (vi) Participation in Continuing Education.
 - (vii) A current certificate in cardiopulmonary resuscitation.
 - (viii) Recent patient case reports and/or oral defense of diagnosis and treatment plans.
 - (ix) No physical or psychological impairment that would adversely affect the ability to deliver quality dental care.
 - (x) Agreement to initiate practice in the credentialing jurisdiction within a reasonable period of time.
 - (xi) Proof of professional liability coverage and that such coverage has not been refused, declined, canceled, non-renewed or modified.
- (2) Upon meeting the criteria in subsection (1), the Mississippi State Board of Dental Examiners may, in its discretion, issue to the applicant a license to practice dentistry, or dental hygiene. Evidence of falsification in the application for licensure through credentialing will result in revocation of such license.
- (3) Any applicant applying for a specialty license by credentials must stay within his board recognized specialty and must practice only that specialty within the State of Mississippi. A specialty license holder must hold a general dentistry license prior to obtaining a specialty license.

§ 73-9-25. EXAMINATIONS; SUBJECTS; TIME AND PLACE FOR HOLDING

The regular meeting of the state board of dental examiners shall be held in June of each year for the purpose of examining applicants for license to practice dentistry and dental hygiene, and continue in session until all applicants for license have been examined and their examinations have been approved or disapproved. Said board may meet oftener if necessary, in the discretion of the board, at such times and places as it may deem proper for the examination of applicants who may wish to practice dentistry or dental hygiene in this state or for the purpose of enforcing the dental laws of the state. Thirty (30) days' notice of all regular meetings shall be given by the secretary in at least two (2) dental journals circulating in this state, and ten (10) days' notice by mail to each member of the board of regular and special meetings of the board.

As far as practicable, all examinations, except as to character, shall be upon written questions. Examinations for license to practice dentistry shall be upon the following subjects: anatomy, anesthesiology, biochemistry, community health, dental auxiliary utilization, dental materials science, diagnosis and treatment planning, embryology, endodontics, ethics, growth and development, history, hospital dental service, internal medicine, jurisprudence, microbiology, occlusion, operative dentistry, oral anatomy, oral surgery, orthodontics, pathology, pedodontics, pharmacology, physiology, practice administration, preventive dentistry, prosthodontics--fixed and removable, and roentgenology, as they pertain to dentistry, together with a practical examination

in operative and mechanical dentistry. Examinations for license to practice dental hygiene shall cover the subjects taught in the recognized schools of dental hygiene together with such other subjects and practical demonstrations as the board may require.

The state shall furnish necessary equipment for the required practical examinations for dentists and dental hygienists, and properly house and care for same.

§ 73-9-27. LICENSES; HOW ISSUED AND FEES

Each license issued by the board shall bear a serial number, the full name and residence of licensee, the date of issuance, the seal of the board, and shall be attested by the signatures of all the board attending the examination. Certified copies of the license may be issued by the president and secretary under their signature and seal, for which the secretary shall collect a fee as elsewhere provided in this chapter.

§ 73-9-28. ISSUANCE OF SPECIAL LICENSE, CERTIFICATE OR PERMIT FOR TEACHING OR DENTAL PRACTICE IN LIMITED CATEGORIES

The Mississippi State Board of Dental Examiners is hereby vested with the authority to promulgate rules and regulations allowing special categories of licenses, certificates, specialty certificates and permits whereby institutional, teaching and provisional privileges may be granted on an individual basis, pursuant to such rules and regulations prescribing the qualifications, conditions and limitations of such privileges as may be established by the board. Such qualifications, conditions and limitations shall pertain to applicants who require but are eligible for less than complete resident licensure as provided for in the dental practice act.

Application for such special category of license, certificate, specialty certificate or permit, and the renewal thereof, shall be made to the secretary of the board in writing in accordance with such rules and regulations as the board may adopt. The secretary shall collect a fee therefor as provided in section 73-9-43.

§ 73-9-29. CERTIFICATION OF DENTAL SPECIALISTS

Any dentist of this state licensed by the Mississippi State Board of Dental Examiners, who has complied with the requirements specified by the Council on Dental Education of the American Dental Association, in a specialty branch of dentistry or who has otherwise met the requirements of the rules and regulations promulgated by the board may apply for a certificate as a specialist. Such application shall be accompanied by the payment of a fee not to exceed Four Hundred Dollars (\$400.00) and such application must be on file for at least sixty (60) days prior to the regular meeting of the board, and if the application is accepted the applicant may be notified to appear for examination before the board and a committee of that particular specialty, if available, appointed by the board. Examinations may be oral, written, or both, and the applicant may be required to demonstrate his knowledge and proficiency in the specialty in which he desires to be certified. The board is authorized to certify specialists in all specialty areas approved by the American Dental Association.

Any dentist not licensed by the Mississippi State Board of Dental Examiners but who is eligible to take the Mississippi State Board examination, and is further eligible for specialty examination, may take both examinations at the discretion of the board.

No licensed dentist shall hold himself out to the public as a specialist, or publicly announce as being specially qualified in any particular branch of dentistry, or publicly announce as giving special attention to any branch of dentistry, until he has been issued a certificate by the board authorizing him to do so. Failure to comply shall be cause for his dental license to be revoked or suspended.

Only the following shall be eligible to announce as specialists:

- (a) A diplomate of a specialty board approved by the American Dental Association;
- (b) A dentist who has complied with requirements as specified by the Council on Dental Education of the American Dental Association for graduate training in the specialty sought to be announced, such training to meet the educational or training requirement for diplomate status;
- (c) A dentist who has announced a specialized practice in one (1) of the special areas of dental practice within the State of Mississippi for at least five (5) years prior to January 1, 1970, and who meets the requirements elsewhere in this section may be granted a specialist certificate upon application and payment only of an initial specialty registration fee.

A dentist specialist's certificate shall be revoked upon the revocation of the holder's license to practice dentistry in Mississippi.

§ 73-9-31. REPEALED

§ 73-9-33. LICENSES TO BE RECORDED

Every person who receives a license to practice dentistry or dental hygiene in the state, must file it for record in the office of the clerk of the circuit court of the county or county district in which he or she shall reside within thirty (30) days after its issuance; if he or she fails to do so, if engaged in the practice of dentistry or dental hygiene, he or she shall thereafter be liable for practicing without a license so long as the same shall remain unrecorded. When such license shall be filed, the clerk shall record the same in the book in which the licenses of physicians are recorded, upon payment to him of the lawful fee; and when recorded the original shall be delivered on demand to the licensee. On removal from one county or county district to another, the license must be recorded in the county or county district to which licensee removed. It shall be the duty of the circuit clerk of each county within this state to make and file, with the secretary of the board, on or before the first day of January of each year, a list of all the licenses filed during the preceding year with such clerk, both dentists and dental hygienists, and also all other licensed and registered dentists and dental hygienists in the county.

§ 73-9-35. LICENSES TO BE EXHIBITED

The holder of either of the licenses provided for, shall at all times, upon request, exhibit same, together with the certificate of recordation, to any member of the board of dental examiners, or his authorized agent or to any officer of the law.

§ 73-9-37. DUPLICATE LICENSES: WHEN ISSUED

If a license to practice dentistry or dental hygiene be issued and be lost or destroyed, the board may issue another in lieu thereof, upon satisfactory proof of such loss or destruction.

§ 73-9-39. PRACTICE UNDER CORPORATION OR BUSINESS NAME PROHIBITED

It shall be unlawful for any person or persons to practice or offer to practice dentistry under, or use the name of any company, association or corporation or business name or any name except his or their own in a manner which is in violation of section 73-9-61, or to operate, manage or be employed in any room, rooms or office where dental work is done or contracted for, and that is operated under the name of any company, association, trade name or corporation in a manner which is in violation of section 73-9-61.

§ 73-9-41. UNLICENSED PRACTITIONER ENTITLED TO NO FEES AND UNLICENSED PERSON PROHIBITED FROM DOING CERTAIN ACTS

No person practicing dentistry or dental hygiene in this state without first complying with the provisions of this chapter shall be entitled to collect any fee, salary or reward for his or her service. A person not licensed to practice dentistry under the laws of this state shall not, (1) take impressions or casts of the human mouth or teeth, (2) construct or supply dentures without the authorization or prescription of a person licensed under the laws of this state to practice dentistry, and (3) construct or supply dentures from impressions or casts without the authorization or prescription of a person licensed under the laws of this state to practice dentistry.

§ 73-9-43. SCHEDULE OF LICENSE FEES; DELINQUENCY PENALTIES; DISPOSITION AND DISTRIBUTION OF FEES

(1) The secretary shall collect in advance all fees provided for in this chapter as established by the board, not to exceed:

Application for dental license	\$400.00
Application for specialty certificate	400.00
Application for dental hygienist license	200.00
Application for institutional, teaching or provisional license	50.00
Application for general anesthesia permit	200.00
Application for I.V. sedation permit	200.00
Application for radiology permit	40.00
Annual dentist registration	200.00
Annual specialty registration	100.00
Annual dental hygienist registration	100.00
Annual institutional, teaching or provisional registration	200.00
Annual anesthesia/sedation permit registration	100.00
Annual radiology permit registration	20.00
Duplicate license	40.00
Certificate of recommendation	40.00
Certified copy of license	40.00
Handling fee for nonsufficient-funds checks	50.00

The payment of annual dental registration fees shall be optional with all dentists over the age of seventy (70) years.

(2) The board may enact and enforce for delinquency in payment for any fees set out in this section a penalty in addition to the fee of an amount up to but not in excess of the fee. An additional fee of an amount equal to the first penalty may be assessed for each thirty (30) days, or part thereof, of delinquency. If any licensed and registered dentist or dental hygienist should be delinquent in payment of registration fees for a period as long as ninety (90) days, such person shall be presumed to be no longer practicing and shall be stricken from the rolls, and in order to practice his or her profession in this state thereafter may, at the discretion of the board, be considered as a new applicant and subject to examination and other licensing requirements as an original applicant.

(3) The secretary shall faithfully account for all monies received by the board. All fees and any other monies received by the board, except monetary penalties collected under Section 73-9-61, shall be deposited in a special fund that is created in the State Treasury and shall be used for the implementation and administration of this chapter when appropriated by the Legislature for such purpose. The monies in the special fund shall be subject to all provisions of the state budget laws that are applicable to special fund agencies, and disbursements from the special fund shall be made by the State Treasurer only upon

warrants issued by the State Fiscal Officer upon requisitions signed by the president, secretary or administrative officer of the board. Any interest earned on this special fund shall be credited by the State Treasurer to the fund and shall not be paid into the State General Fund. Any unexpended monies remaining in the special fund at the end of a fiscal year shall not lapse into the State General Fund.

- (4) It shall be the duty of the State Auditor to audit the financial affairs of the board, the transactions involving the special fund and the books of the secretary of the board at least once a year in the same manner as for other special fund agencies, and at any time requested to do so by a majority of the board casting their vote for such audit and while in a lawfully called meeting. The report of the State Auditor shall be incorporated in the minute book of the board.
- (5) All fees collected from applicants, duplicate licenses, certificates of recommendation and certified copies of licenses shall be distributed among the members of the board in such proportion as to allow the secretary twice the remuneration each of the other seven (7) members receive as their compensation for examining applicants for licensure. Provided, however, that for examining applicants for licensure the secretary shall receive no more than Twenty-four Hundred Dollars (\$2,400.00) per year and no the other member shall receive more than Twelve Hundred Dollars (\$1,200.00) per year. The receipt of said compensation shall not entitle members of the board to receive or be eligible for any state employee group insurance, retirement or other fringe benefits. Provided further, that any fees or income other than the maximum allowable for examining applicants for licensure as set out above shall be accounted for and may be used as needed in carrying out the provisions of this chapter.
- (6) Fees collected from annual registration shall be used to maintain an office adequately staffed insofar as funds are available and provide other services as may be needed for carrying out the powers and duties of the board within the provisions of this chapter. Fees collected from annual registration shall also be used to pay the per diem and defray the expense of members of the board for attendance at meetings other than those for the purpose of examining applicants for licenses. The payment of per diem and expense for attending said board meetings shall be in addition to the compensation permitted above for examining applicants for licensure, and the per diem shall not exceed the amount provided in Section 25-3-69.

§ 73-9-45. BOARD MEMBERS TO INVESTIGATE COMPLAINTS

Each member of the board and each licensed and practicing dentist and dental hygienist is constituted an agent who shall investigate all complaints and all alleged cases of noncompliance with, or violation of the provisions of this chapter and shall bring all such matters to the notice of the proper prosecuting officers, where it appears probable that an offense has been committed.

§ 73-9-47. VOTING BY MAIL

The board shall, as far as practicable, provide by rule for the conduct of its business by mail, but all examinations shall be conducted in person by the board, or by a quorum thereof as provided herein.

Any official action or vote taken by mail shall be preserved by the secretary in the same manner as the minutes of regular meetings.

§ 73-9-49. SECRETARY'S REPORT

The secretary of the board shall, at its regular annual meeting, submit a report of its receipts and disbursements for the preceding year, and a report of its actions in general during the preceding year. Said report when approved by the board shall be filed with the governor on or before December 31st of each year.

§ 73-9-51. BOARD MEMBERS NOT LIABLE TO SUIT FOR OFFICIAL ACTS

No member of the board shall during the term of his office or thereafter, be required to defend any action for damages in any of the courts of this state where it is shown that said damage followed or resulted from any of the official acts of said board in the performance of its powers, duties or authority as set forth in this chapter. Any such action filed shall upon motion be dismissed, at the cost of the plaintiff, with prejudice.

§ 73-9-53. LICENSED PHARMACISTS MAY FILL DENTISTS' PRESCRIPTIONS

Legally licensed pharmacists of this state are hereby authorized to fill prescriptions of legally licensed and registered dentists of this state for any drugs to be used in the practice of dentistry.

§ 73-9-55. AUTHORIZATION FOR DENTAL LABORATORY WORK

A written work authorization shall accompany all dental laboratory work sent by a licensed dentist to a commercial dental laboratory or private dental laboratory technician.

The original of said written authorization shall be kept on file by a commercial dental laboratory or a private dental laboratory technician for a period of time required by the state board of dental examiners, not to exceed two (2) years from the date it was received, and one (1) carbon copy of this written work authorization shall be kept on file by the licensed dentist executing this written work authorization for a like period not to exceed two (2) years from the date it was issued.

This said written work authorization shall include the following information:

- (1) Date signed.
- (2) The name and address of the commercial dental laboratory or private dental laboratory technician.
- (3) The name or identification number of the patient for whom the act or service is ordered.
- (4) The licensed dentist's name, address, and license number.
- (5) The signature of the licensed dentist.
- (6) The description of the kind and type of appliance, process, fabrication, service, or material ordered.

Any dental laboratory having received a work authorization from a licensed dentist for any appliance, process, fabrication, service, or material, who shall thereafter secure the services of another dental laboratory for the performance of any said work or services, shall furnish to such laboratory a written work order therefor, and both laboratories shall keep on file a record thereof for a like period not to exceed two (2) years from the date received.

In the enforcement of this section and the foregoing rules and regulations promulgated pursuant thereto, the members of the board of dental examiners, their agents, investigators, and employees shall have the right to inspect the records of any dental office or any dental laboratory during regular office hours.

§ 73-9-57. PENALTIES FOR PRACTICING ILLEGALLY

If any person for any reason whatsoever, shall practice, attempt, or offer to practice dentistry or dental hygiene illegally within the meaning of this chapter, he or she shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than five hundred dollars (\$500.00) nor more than one thousand dollars (\$1,000.00) or be imprisoned in the county jail not less than two months nor more than six months.

§ 73-9-59. PROSECUTING OFFICERS UNDER DUTY TO ACT

It shall be the duty of the several prosecuting officers of this state on notice from a member of the board or other persons having knowledge of violations of this chapter to institute prosecutions in the same manner as for other misdemeanors.

§ 73-9-61. LICENSE REVOKED OR SUSPENDED FOR CAUSE; MONETARY PENALTY IN LIEU OF REVOCATION OR SUSPENSION; OTHER DISCIPLINARY MEASURES

- (1) Upon satisfactory proof, and in accordance with statutory provisions elsewhere set out for such hearings and protecting the rights of accused as well as the public, the State Board of Dental Examiners may revoke or suspend the license of any licensed dentist or dental hygienist practicing in the State of Mississippi, or by taking any other action in relation to his license as the board may deem proper under the circumstances, for any of the following reasons:
 - (a) Misrepresentation in obtaining a license, or a willful violation of any of the provisions of the laws of the State of Mississippi pertaining to the practice of dentistry or dental hygiene.
 - (b) Willful violation of any of the rules or regulations duly promulgated by the board, or of any of the rules or regulations duly promulgated by the appropriate dental licensure agency of another state or jurisdiction.
 - (c) Gross immorality or habitual personal use of intoxicants or drugs rendering such person unfit for the practice of dentistry or dental hygiene.
 - (d) Administering, dispensing or prescribing any narcotic drug, or any other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice.
 - (e) Conviction of violation of any federal or state law regulating the possession, distribution or use of any narcotic drug or any drug considered a controlled substance under state or federal law.
 - (f) Malpractice, gross ignorance, incompetency or the employing of unlicensed persons to perform work which under state law can only be done legally by persons holding a license to practice in this state.
 - (g) Any unprofessional conduct to be determined by the board on a case-by-case basis, which shall include but not be restricted to the following:

- (i) Committing any crime involving moral turpitude.
 - (ii) Practicing deceit or other fraud upon the public.
 - (iii) Practicing dentistry or dental hygiene under a false or assumed name.
 - (iv) Advertising that is false, deceptive or misleading.
 - (v) Announcing a specialized practice shall be considered advertising that tends to deceive or mislead the public unless the dentist announcing as a specialist conforms to other statutory provisions and the duly promulgated rules or regulations of the board pertaining to practice of dentistry in the State of Mississippi.
 - (vi) Contumacious refusal to abide by the principles of ethics which are approved and published by the American Dental Association, when such principles have been adopted by the Mississippi Board of Dental Examiners and after due notice of such allegation or violation has been given to such person charged and he has had reasonable time, not to exceed fifteen (15) days, to comply therewith.
- (h) Being guilty of an offense under the laws of a state punishable by death or imprisonment for a term exceeding one (1) year; or being guilty of an offense under the laws of the federal government punishable by death or imprisonment for a term exceeding one (1) year. Conviction in a state or federal court shall constitute prima facie evidence of such guilt in proceedings before the board for the purpose of determining whether the license of any licensed dentist or dental hygienist should be revoked or suspended.
 - (i) Willful, obstinate, contumacious and continuing refusal to cooperate with the board in observing its rules and regulations in promptly paying all legal license or other fees required by law.
 - (j) Practicing dentistry or dental hygiene while such person's license is suspended.
- (2) In lieu of revocation of a license as provided for above, the board may suspend the license of the offending dentist or dental hygienist, suspend the sedation permit of the offending dentist, or take any other action in relation to his license as the board may deem proper under the circumstances.
 - (3) When a license to practice dentistry or dental hygiene is revoked or suspended by the board, the board may, in its discretion, stay such revocation or suspension and simultaneously place the licensee on probation upon the condition that such licensee shall not violate the laws of the State of Mississippi pertaining to the practice of dentistry or dental hygiene and shall not violate the rules and regulations of the board and shall not violate any terms in relation to his license as may be set by the board.
 - (4) In a proceeding conducted under this section, by the board for the revocation or suspension of a license to practice dentistry or dental hygiene, the board shall have the power and authority for the grounds stated for such revocation or suspension, and in addition thereto or in lieu of such revocation or suspension may assess and levy upon any person licensed to practice dentistry or dental hygiene in the State of Mississippi, a monetary penalty, as follows:

- (a) For the first violation of any of subparagraphs (a), (b), (c), (d), (e), (f), or (g) of subsection (1) of this section, a monetary penalty of not less than Fifty Dollars (\$50.00) nor more than Five Hundred Dollars (\$500.00).
 - (b) For the second violation of any of subparagraphs (a), (b), (c), (d), (e), (f), or (g) of subsection (1) of this section, a monetary penalty of not less than One Hundred Dollars (\$100.00) nor more than One Thousand Dollars (\$1,000.00).
 - (c) For the third and any subsequent violation of any of subparagraphs (a), (b), (c), (d), (e), (f), or (g) of subsection (1) of this section, a monetary penalty of not less than Five Hundred Dollars (\$500.00) and not more than Five Thousand Dollars (\$5,000.00).
 - (d) For any violation of any of subparagraphs (a), (b), (c), (d), (e), (f), (g), or (h) of subsection (1) of this section, those reasonable costs that are expended by the board in the investigation and conduct of a proceeding for licensure revocation or suspension, including but not limited to the cost of process service, court reporters, expert witnesses and investigators.
- (5) The power and authority of the board to assess and levy such monetary penalties hereunder shall not be affected or diminished by any other proceeding, civil or criminal, concerning the same violation or violations except as provided in this section.
 - (6) A licensee shall have the right of appeal from the assessment and levy of a monetary penalty as provided in this section under the same conditions as a right of appeal is provided elsewhere for appeals from an adverse ruling, order or decision of the board.
 - (7) Any monetary penalty assessed and levied under this section shall not take effect until after the time for appeal shall have expired. In the event of an appeal, such appeal shall act as a supersedeas.
 - (8) A monetary penalty assessed and levied under this section shall be paid to the board by the licensee upon the expiration of the period allowed for appeal of such penalties under this section or may be paid sooner if the licensee elects. With the exception of subsection (4)(d) of this section, monetary penalties collected by the board under this section shall be deposited to the credit of the General Fund of the State Treasury. Any monies collected by the board under subsection (4)(d) of this section shall be deposited into the special fund operating account of the board.
 - (9) When payment of a monetary penalty assessed and levied by the board against a licensee in accordance with this section is not paid by the licensee when due under this section, the board shall have power to institute and maintain proceedings in its name for enforcement of payment in the chancery court of the county and judicial district of residence of the licensee, and if the licensee be a nonresident of the State of Mississippi, such proceedings shall be in the Chancery Court of the First Judicial District of Hinds County, Mississippi.
 - (10) In addition to the reasons specified in subsection (1) of this section, the board shall be authorized to suspend the license of any licensee for being out of compliance with an order for support, as defined in Section 93-11-153. The procedure for suspension of a license for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by Section 93-11-157 or 93-11-163, as the case may be. If there is any conflict between any provision of Section 93-11-157 or 93-11-163 and any provision of this chapter, the provisions of Section 93-11-157 or 93-11-163, as the case may be, shall control.

§ 73-9-63. ACCUSATION FILED AGAINST DENTIST OR DENTAL HYGIENIST; REVOCATION OF LICENSE AFTER HEARING

Any accusation may be filed with the secretary of the board, by an investigator of the board or by any person charging any licensed dentist or dental hygienist with the commission of any of the offenses enumerated in the preceding section. Such accusation shall be in writing and signed by the accuser, or accusers. If upon review of the accusation, the board determines that there is not substantial justification to believe that the accused dentist or dental hygienist has committed any of the offenses enumerated in the preceding section, it may dismiss the complaint or may prepare a formal complaint proceeding against the licensee as hereinafter provided. In the event of a dismissal, the person filing the accusation and the accused dentist or dental hygienist shall be given written notice of the board's determination. If the board determines there is reasonable cause to believe the accused has committed said offenses, the secretary of the board shall set a day for a hearing, and shall transmit to the accused a true copy of all papers filed with him, relating to such accusation and shall notify the accused that on the day fixed for hearing he may appear and show cause if any why his or her license to practice dentistry or dental hygiene in the state should not be revoked. For the purpose of such hearings the board, or its designee, is hereby empowered to require the attendance of witnesses, reimburse witnesses for necessary expenses and mileage incurred in attending such hearing, subpoena documents and records, employ and compensate expert witnesses, administer oaths and hear testimony, either oral or documentary, for and against the accused. Any such hearing shall be conducted by a majority of the members of the board. A record of the hearing shall be made which shall consist of a transcript of all testimony received and all documents and other material introduced. If after such hearing the board shall be satisfied that the accused has been guilty of the offense charged in the accusation, it shall thereupon, without further notice, order such disciplinary action as it deems proper.

§ 73-9-65. ACCUSED ENTITLED TO NOTICE, HEARING AND APPEAL; PRACTICE OF DENTISTRY OR DENTAL HYGIENE PENDING APPEAL

No action to revoke or suspend a license shall be taken until the accused has been furnished a statement of the charges against him and a notice of the time and place of hearing thereof. The accused may be present at the hearing in person, by counsel, or both. When a license is revoked or suspended the secretary shall certify the revocation or suspension to the clerk of the county or counties with whom the accused shall have filed his license, or certified copy thereof; the board may, for good cause shown, reinstate any license so revoked or suspended; and in case of reinstatement of the license, the secretary shall certify such reinstatement to said clerk. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Section 93-11-157 or 93-11-163, as the case may be. The right to appeal from the action of the board in revoking or suspending the license of any dentist or dental hygienist is hereby granted. Such appeal shall be to the chancery court of the county in which such dentist is practicing, and must be taken within thirty (30) days after notice of the action of the board in revoking or suspending such license. The appeal is perfected upon filing notice of appeal, together with bond in the sum of One Hundred Dollars (\$100.00), with two (2) sureties, conditioned that if the action of the board in revoking or suspending the license be affirmed by the chancery court the dentist or dental hygienist will pay the costs of the appeal and the action in the chancery court. Such bonds shall be approved by the president of the board. In lieu of the bond, the dentist or dental hygienist may deposit One Hundred Dollars (\$100.00) with the clerk of the chancery court. If there is an appeal, such appeal may, in the discretion of and on motion to the chancery court, act as a supersedeas. The chancery court shall dispose of the appeal and enter its decision promptly. The hearing on the appeal may, in the discretion of the chancellor, be tried in vacation. Appeals may be had to the Supreme Court of the State of Mississippi as provided by law from any final action of the chancery court. No such person shall be allowed to practice dentistry or dental hygiene or deliver health care services in violation of any action of the chancery court revoking or suspending his or her license while any such appeal to the Supreme Court is pending.

Actions taken by the board in suspending a license when required by Section 93-11-157 or 93-11-163 are not actions from which an appeal may be taken under this section. Any appeal of a license suspension that is required by Section 93-11-157 or 93-11-163 shall be taken in accordance with the appeal procedure specified in Section 93-11-157 or 93-11-163, as the case may be, rather than the procedure specified in this section.

§ 73-9-67. REPEAL OF § 73-9-1 THROUGH § 73-9-65

Sections 73-9-1 through 73-9-65, Mississippi Code of 1972, which create the Mississippi State Board of Dental Examiners and prescribe its duties and powers, shall stand repealed as of July 1, 1997.

§ 25-41-3. DEFINITIONS

For Purposes of this Chapter, the Following Words Shall Have the Meaning Ascribed Herein, to-wit:

- (a) "Public Body" shall mean: (i) any executive or administrative board, commission, authority, council, department, agency, bureau or any other policymaking entity, or committee thereof, of the State of Mississippi, or any political subdivision or municipal corporation of the state, whether such entity be created by statute or executive order, which is supported wholly or in part by public funds or expends public funds, and (ii) any standing, interim or special committee of the Mississippi Legislature. There shall be exempted from the provisions of this chapter the judiciary, including all jury deliberations, public and private hospital staffs, public and private hospital boards and committees thereof, law enforcement officials, the military, the State Probation and Parole Board, the Workers' Compensation Commission, legislative subcommittees and legislative conference committees, and license revocation, suspension and disciplinary proceedings held by the Mississippi State Board of Dental Examiners.
- (b) "Meeting" shall mean an assemblage of members of a public body at which official acts may be taken upon a matter over which the public body has supervision, control, jurisdiction or advisory power.

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

James A. Bounds, D.M.D.
President, Dental District Three
Lewis E. Alexander, D.D.S.
Dental District Five
Theodore C. Jones, D.D.S.
State-at-Large
Charles G. Purifoy, D.D.S.
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Gene Norris Howell, Jr., D.D.S.
Dental District One
C. Wyck Neely, D.D.S.
Dental District Six
Catherine L. Gatewood, R.D.H.
Dental Hygiene Member
Leah Diane Howell
Executive Director

REGULATIONS ADOPTED BY THE MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

BOARD REGULATION NUMBER 1 CODE OF ETHICS

Pursuant to the provisions in Miss. Code Ann. § 73-9-61, the Mississippi State Board of Dental Examiners adopts the current *Principles of Ethics and Code of Professional Conduct* of the American Dental Association.

Regulation One adopted by the Mississippi State Board of Dental Examiners on March 28, 1974; amended September 25, 1992.

BOARD REGULATION NUMBER 3 REGULATION OF INDIVIDUALS WITH LESS THAN FULL LICENSURE

All students, interns, externs, residents, faculty, staff, or others who engage in the practice of dentistry or dental hygiene in colleges, universities, or institutions, and who may be privileged to practice with less than full regular licensure are subject to all other provisions of the acts regulating the practice of dentistry or dental hygiene in the State, including the rules and regulations promulgated by the Board.

Regulation Three adopted by the Mississippi State Board of Dental Examiners prior to 1975; amended September 25, 1992.

BOARD REGULATION NUMBER 5 REQUIREMENTS FOR TEACHING INSTITUTIONS

Pursuant to the provisions in Miss. Code Ann. § 73-9-13, as amended,

- I. The clinical dental facility within institutions, schools, colleges, universities, and other agencies where less than fully licensed persons may be privileged to practice therein will be required to obtain recognized and approved status annually from the Board by the following procedure:

- A. By written application to the Secretary of the Board at least three months prior to commencement or initial operations providing the following information:
 - 1. Name of parent institution and authority for operations;
 - 2. Location of principal clinical facility;
 - 3. Locations of all satellite facilities;
 - 4. Names and license numbers of regularly licensed teaching staff;
 - 5. Names of licensed teachers or staff with provisional or teaching licenses;
 - 6. Description of services to be rendered;
 - 7. Number of clinical students anticipated and the expected clinical staff/student ratio;
 - 8. Source of patients;
 - 9. Submission of other such information that the Board may deem necessary.
- B. A separate and similar description for each satellite clinical facility.
- C. The Board shall be notified of any change in the previously stated plan sixty days prior to such change except staffing, which shall be reported within thirty days.
- D. Application for such privilege in accordance with Section 73-9-13, Mississippi Code of 1972, Annotated, as amended shall be made on an annual basis for submitting a new application noting any change sixty days prior to a new year.
- E. The Secretary of the Board shall be provided annually with a list of teaching staff, setting forth position held and license number and amount of time devoted to teaching. For those holding provisional or teaching licenses, it must be verified that they are full-time faculty and in good standing.
- F. An annual declaration must be included regarding accreditation by the appropriate agency.
- II. The Board or its representative may conduct inspection of any such clinical facility whenever deemed necessary.
- III. The Board may withdraw approved status of any clinical dental facility if it deems such action shall be necessary or in the best interests of the people of this state.

Regulation Five adopted by the Mississippi State Board of Dental Examiners prior to 1975; amended June 7, 1984; amended September 25, 1992.

BOARD REGULATION NUMBER 7 PROVISIONAL LICENSURE

- I. Pursuant to its authority under Miss. Code Ann. § 73-9-28 (Supp. 1983), the Board may, in its discretion, award the following types of licenses other than regular licenses to practice dentistry or dental hygiene in this State, to individuals selected for the faculty of any college of dentistry, college of dental hygiene, or other dental auxiliary program; and for participants in any Board-approved fellowship program:

A. Provisional License

1. A provisional license shall authorize the licensee to perform only the following:
 - a. instruction,
 - b. the performance of dentistry or dental hygiene adjunct to instruction, and,
 - c. participation in intramural practice plans, subject to the limitations set forth in Section II of this Regulation.
2. A provisional license may be awarded by the Board if the applicant meets the following criteria:
 - a. the applicant is a graduate of a fully accredited dental or dental hygiene school, and,
 - b. certified by the National Board of Dental Examiners, and,
 - c. licensed to practice in at least one state in the United States, and,
 - d. the applicant has not failed the Mississippi dental or dental hygiene licensure exam, and,
 - e. he is recommended for such licensure by the Dean of the institution at which he is to teach; or
 - f. he has held what was known as a provisional license prior to August 1, 1984, and he is recommended by the Dean of the institution at which he is to teach for a provisional license under these amendments.
3. A provisional license shall be valid for one year and must be renewed annually by application to the Board.
4. Provisional licenses shall be awarded only to full-time faculty.

B. Teaching License

1. A teaching license shall authorize the licensee to perform only the following:
 - a. instruction, and,
 - b. performance of dentistry or dental hygiene adjunct to instruction, and,
 - c. *nonmechanical consultation with Federal or State Agencies, whether for a fee or not.*
2. A teaching license may be awarded by the Board if the applicant meets the following criteria:
 - a. the applicant is either a graduate of a fully accredited dental or dental hygiene school in the United States, or, the applicant is licensed to practice dentistry or dental hygiene in a foreign country, and, holds a faculty appointment in a dental or dental hygiene school in such foreign country, and,
 - b. he is recommended for such licensure by the Dean of the institution at which he is to teach.
3. A teaching license shall be valid for a period of one year, and shall not be renewed unless the Board, in its discretion, determines otherwise.
4. A teaching license shall be awarded to either full-time faculty, or part-time faculty.

C. Provisional Fellowship License

1. A Provisional Fellowship License shall authorize the licensee to perform only dentistry or dental hygiene adjunct to that

individual's participation in any Board-approved fellowship program.

2. A Provisional Fellowship License does not entitle the individual to practice dentistry or dental hygiene in any manner whatsoever outside the scope and responsibilities of that individual's participation in any Board-approved fellowship program, and any attempt to do so would be grounds for revocation of such license to practice dentistry or dental hygiene in the State of Mississippi.
3. A Provisional Fellowship License may be awarded by the Board if the individual meets the following criteria:
 - a. the individual is a graduate of a fully accredited dental or dental hygiene school, and,
 - b. certified by the National Board of Dental Examiners, and,
 - c. licensed to practice dentistry or dental hygiene in at least one state in the United States, and,
 - d. the individual has not failed the Mississippi dental or dental hygiene licensure exam, and,
 - e. the individual is recommended for such licensure by the institution at which he/she is to participate in the Board-approved fellowship program, and,
 - f. the individual accurately completes the appropriate application for licensure and submits to an interview before the Board for approval as a participant in any Board-approved fellowship program prior to the actual commencement of participation in the Board-approved fellowship program.
4. A Provisional Fellowship License shall be valid for one year and must be renewed annually by application to the Board.
5. Provisional Fellowship Licenses shall be awarded only to full-time participants in any Board-approved fellowship program.

II. The policy of the State of Mississippi, as enacted by the Legislature in the Mississippi Dental Practice Act is that only those persons who have taken and passed examinations administered and approved by this Board should be permitted to practice dentistry or dental hygiene in exchange for compensation from members of the public. Being bound by the enactment of the Legislature, the Board hereby adopts the following limitations on such practice, whether it be referred to as "intramural" or otherwise, by faculty of any college of dentistry, college of dental hygiene or other dental auxiliary program.

- A. Persons who are under hire as members of the faculty of any of said institutions prior to August 1, 1984, may continue to participate in "intramural" practice programs at their respective institutions until December 31, 1985. From and after December 31, 1985, no intramural practice by such current faculty members shall be permitted unless such faculty member has duly applied for, taken and passed an examination for licensure in this state which is administered and approved by this Board.
- B. Persons who are hired as members of the faculty of any of said institutions after August 1, 1984, shall be permitted to participate in intramural practice programs at their respective institutions only up to the date of the first examination for licensure administered and approved by this Board after the respective date of hire of such persons. From and after the date of such first examination, no faculty member hired after August 1, 1984, shall be permitted to engage in intramural practice unless

such faculty member has applied for, taken and passed an examination in this state which is administered and approved by this Board.

Regulation Seven adopted by the Mississippi State Board of Dental Examiners March 28, 1974; amended June 5, 1977; amended March 10, 1978; amended September 1, 1979; amended June 7, 1984; amended November 6, 1987; amended September 25, 1992; amended June 7, 1994; amended December 2, 1994.

BOARD REGULATION NUMBER 9 DEFINITION OF FULL-TIME FACULTY

Full-time faculty or full-time teaching is defined as those in full-time employment by a college, university, institution or organization which is recognized and approved by the Board for the purpose of teaching and by those who devote at least 32 hours per week to such endeavor.

Regulation Nine adopted by the Mississippi State Board of Dental Examiners prior to 1975; amended June 7, 1984; amended September 25, 1992.

BOARD REGULATION NUMBER 11 RESCINDED

Regulation Eleven adopted by the Mississippi State Board of Dental Examiners prior to 1975; rescinded in lieu of amendments to the Mississippi Dental Practice Act on July 9, 1983.

BOARD REGULATION NUMBER 13 PROCEDURES NOT DELEGATED TO AUXILIARY PERSONNEL

Purpose: Pursuant to the provisions of Miss. Code Ann. §§ 73-9-3 ¶ 9, 73-9-5, and 73-9-13, to further determine procedures which require the professional judgement and skill of a dentist and which, as such, may not be delegated to auxiliary personnel. Therefore, the following procedures may not be delegated to auxiliary personnel.

1. The taking of any impression of the human mouth or oral structure that will be used in the restoration, repair, or replacement of any natural or artificial teeth or for the fabrication or repair of any dental appliance. The Board has further determined that impressions for study models and opposing models, and the construction, adjustment, and cementation of temporary crowns (temporary means crowns placed while permanent restoration is being fabricated) do not require the professional judgement and skill of a dentist and may be delegated to competent dental auxiliary personnel in accordance with § 73-9-3.
2. The placement or cementation of inlays, permanent crowns, fixed bridges, removable bridges, partial dentures, or full dentures.
3. The equilibration or adjustment of occlusion on natural or artificial dentition, restoration, or sealants.
4. The activation or adjustment of orthodontic appliances.
5. Injections of drugs, medication, or anesthetics by those not authorized by Mississippi law to administer such agents.

6. Performing pulp capping, pulpotomy and other endodontic therapy.
7. Intraoral restorative procedures.
8. Placement of any subgingival medicated cords.

Regulation Thirteen adopted by the Mississippi State Board of Dental Examiners on September 9, 1976; amended December 17, 1976; amended April 27, 1977; amended September 4, 1988; amended September 25, 1992; amended June 1, 1993; amended July 30, 1993; amended March 8, 1996.

**BOARD REGULATION NUMBER 13-A
RESCINDED**

Regulation Thirteen-A adopted by the Mississippi State Board of Dental Examiners November 3, 1995; rescinded in lieu of amended Regulation Thirteen on March 8, 1996.

**BOARD REGULATION NUMBER 14
CANDIDATE PARTICIPATION IN LICENSURE EXAMINATION**

Any candidate for licensure to practice dentistry or dental hygiene in the State of Mississippi will be allowed to take the State licensure examination twice. If the candidate fails the Board for the second time, then, in the case of a candidate for licensure to practice dentistry, the candidate must take and successfully complete one (1) academic year of clinical training in an approved dental school before being allowed to take the examination for the third time, and, in the case of a candidate for licensure to practice dental hygiene, the candidate must take and successfully complete six (6) months of clinical training in an approved dental hygiene school before being allowed to take the examination for the third time.

Regulation Fourteen adopted by the Mississippi State Board of Dental Examiners on March 10, 1978; amended January 17, 1985; amended January 19, 1990; amended September 13, 1991; amended September 25, 1992.

**BOARD REGULATION NUMBER 16
RESCINDED**

Regulation Sixteen adopted by the Mississippi State Board of Dental Examiners January 1, 1980; amended March 22, 1980; rescinded in lieu of amendments to the Mississippi Dental Practice Act on July 9, 1983.

**BOARD REGULATION NUMBER 18
RESCINDED**

Regulation Eighteen adopted by the Mississippi State Board of Dental Examiners prior to 1981; rescinded in lieu of amendments to the Mississippi Dental Practice Act on July 9, 1983.

**BOARD REGULATION NUMBER 19
MAIL BALLOTS**

Pursuant to the provisions in Miss. Code Ann. § 73-9-13(n) (Supp. 1983), the Board may transact business by mail, without the necessity of actual assembly, provided that a majority of the Board confirms such action in writing. The Board shall conduct no business by mail which by statute is required to be conducted in person by the Board. The transaction of business by mail shall be accomplished in the following manner:

1. Upon receipt by the Executive Secretary of any written motion made by a duly constituted Board member, the Executive Secretary shall forward, within two (2) days thereafter, a copy of the written motion and a mail ballot to each Board member for action thereon.
2. Each Board member's completed ballot shall be received by the Executive Secretary within fifteen (15) days after the date that the ballots were postmarked to the members of the Board, with any ballot received by the Executive Secretary after that time not to be considered in tabulating the final vote on the motion. The motion and the vote of each Board member by name shall be placed upon the minutes of the Board within twenty (20) days after the date that the ballots were postmarked to the members with the original written motion and individual ballots being separately preserved.

Regulation Nineteen adopted by the Mississippi State Board of Dental Examiners on June 7, 1984; amended September 25, 1992.

**BOARD REGULATION NUMBER 21
RESCINDED**

Regulation Twenty-One adopted by the Mississippi State Board of Dental Examiners June 7, 1984; amended November 2, 1984; amended January 17, 1985; amended February 27, 1985; amended December 6, 1991; amended September 25, 1992; rescinded in lieu of revised Regulation Forty-Three on April 21, 1995.

**BOARD REGULATION NUMBER 23
LICENSE REINSTATEMENT**

The reinstatement of licenses which have been stricken from the rolls for failure to pay registration fees for periods in excess of ninety (90) days shall be governed as follows:

- I. Where the period of time for which the license has been stricken from the rolls is less than three (3) years, and the applicant has continuously during that time been fully licensed to practice and actually has practiced his profession or specialty in another state, or in the armed forces, reinstatement may be applied for and obtained by submitting the following to the Board:
 - A. A completed application form with attachments; and
 - B. Payment of the applicable annual registration fee for each year it has not been paid, plus payment for the year in which reinstatement is sought.
- II. Where the period of time for which the licensee has been stricken from the rolls is less than three (3) years, but the applicant has not continuously during that time

been fully licensed to practice and actually practicing his profession or specialty in another state, or in the armed forces, reinstatement may be applied for by:

- A. Submitting the application and payment provided for in subsection "A" above; and,
- B. Appearing personally before the Board to respond to such inquiries as the Board may deem appropriate in determining whether reinstatement is appropriate without subjecting the applicant to examination and other licensing requirements as an original applicant.
- C. Where the period of time for which the license has been stricken from the rolls is more than three (3) years, but less than seven (7) years, and the applicant has continuously during that time been fully licensed to practice and actually has practiced his profession or specialty in another state or in the armed forces, reinstatement may be applied for according to the application procedure set forth in subsection "B" above.
- D. In all cases other than those set forth above, reinstatement may only be obtained by taking the examination and completing other licensing requirements as an original applicant.

Regulation Twenty-Three adopted by the Mississippi State Board of Dental Examiners on August 10, 1984; amended January 17, 1985; amended September 25, 1992.

Application for Reinstatement of Mississippi License

- 1) Name: _____
- 2) Address: _____

- 3) Home Phone: _____ 4) Business Phone: _____
- 5) License Sought to be Reinstated: _____
- 6) Date of Licensure in Mississippi: _____
- 7) Date of Loss of Licensure in Mississippi: _____
- 8) Degrees Obtained, Where, When: _____

- 9) Licensure in Other States, Where, When: _____

- 10) The Secretary of the Board in each state in which you are currently licensed and/or which you previously have been licensed must provide this Board with a certified statement of your license status and good standing and/or the reason for your license expiration or revocation.
- 11) Practice or employment history during time of expiration of Mississippi license; provide names, addresses, and telephone numbers of business associates, dentists worked under, and location of practice:

- 12) Has your license ever been suspended in any other state since the time of expiration of your Mississippi license? (yes or no) _____
- 13) If yes, state when and where and for what reason: _____

14) Have you taken and failed any examinations or been denied licensure in any other state?
(yes or no)_____

15) If yes, state when and where:_____

16) Why did you allow your Mississippi license to expire and be stricken from the Board's
rolls?_____

17) Why do you wish to have your license reinstated?_____

I certify that the information provided in this application is true and correct and based upon
my own personal knowledge.

Signature of Applicant

STATE OF _____
COUNTY OF _____

SWORN BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS the _____ day
of _____, 19_____.

NOTARY PUBLIC

My Commission Expires:_____

**BOARD REGULATION NUMBER 25
RADIOLOGY PERMITS**

I. Authority:

The 1985 Mississippi Dental Practice Act (Miss. Code Ann. §§ 73-9-1, et. seq., [Supp. 1985]) requires the Mississippi State Board of Dental Examiners (hereinafter, the Board), to carry out the purposes and provisions of the laws pertaining to the practice of dentistry and dental hygiene in Mississippi. Section 73-9-5 of the Dental Practice Act provides that the Board may prohibit any auxiliary personnel from rendering service that it feels is not in the best interest of public welfare.

II. Purpose:

It is the purpose of this Board regulation to:

- A. Provide for the establishment of minimum standards for the issuance of permits to such persons who are found to be qualified to administer dental radiologic procedures; and
- B. Insure that the administration of dental radiologic procedures by dental auxiliaries is consistent with the Board's duty to protect the interest of public welfare.

III. General Provisions:

Anyone other than a licensed dentist who desires to use ionizing radiation procedures in dentistry must obtain a radiology permit from the Board or be exempt as provided below:

- A. Dental hygienists who are currently licensed in the State of Mississippi are considered to have satisfied the requirements of this regulation and will not be required to obtain a radiology permit. Dental hygienists who have graduated from an accredited school of dental hygiene but are not licensed in this state will be required to apply for a radiology permit.
- B. Dental assistants certified by the Dental Assisting National Board, Inc. and who also are graduates of accredited dental assisting programs accredited by the American Dental Association Commission on Dental Accreditation are considered to have satisfied the requirements of this regulation and will not be required to complete further study or testing to make application for a radiology permit.
- C. Dental assistants who only are graduates of accredited dental assisting programs accredited by the American Dental Association Commission on Dental Accreditation shall, upon successful completion of any twelve (12) hours of a radiology continuing education seminar approved in advance by the Board and the Mississippi Medical Radiation Advisory Council, be eligible for a permit. (See Section III.F.)
- D. Dental assistants not otherwise qualified for a radiology permit, pursuant to Sections III.B. and III.C., shall, upon successful completion of any twelve (12) hours of a radiology continuing education seminar approved in advance by the Board and the Mississippi Medical Radiation Advisory Council, be eligible for a permit. (See Section III.F.)

- E. Dental students, dental hygiene students, and dental assistant students actively enrolled in programs accredited by the American Dental Association Commission on Dental Accreditation and employed by a dentist or other entity lawfully authorized to provide dental services shall be entitled to receive a radiology permit upon proof of successful completion of twelve (12) hours of course work in radiology.
- F. For a continuing education course to be approved by the Board and the Mississippi Medical Radiation Advisory Council, the course must include a test at the conclusion of the course which determines whether the attendee successfully retained the subject material presented. For all radiology courses taken after July 1, 1996, the dental assistant must submit proof of completion of such radiology course and the proper credentials as outlined in Section IV to the Board within ninety (90) days following completion of the radiology course. If the dental assistant does not submit such proof on a timely basis, the assistant shall be required to receive a passing grade on a radiology test administered by the Board or attend and successfully complete another radiology course and afterwards submit the proper credentials within ninety (90) days as outlined in Section IV.

IV. Issuance of Radiology Permits:

Applicants must submit the following to the Board:

- A. Application for a radiology permit;
- B. Certified check or money order to cover the application fee; and
- C. Proof of completion of the requirements set forth in Sections III.B., III.C., III.D., and III.E.

V. Re-issuance of Expired Permits:

A person who previously has held a permit to administer radiographs in this state but has not kept the permit current will be required to complete all requirements as set out herein for original applicants.

VI. Annual Renewal of Radiology Permits:

- A. The State Board of Dental Examiners shall maintain a compiled list of names and post office addresses for all persons who have applied for and been issued a radiology permit. Every person holding a radiology permit shall promptly keep the Board advised of any change of mailing address.
- B. Every person who holds a radiology permit shall, together with the required information and specified renewal fee, apply within the period of sixty (60) days prior to September 1 each year for annual renewal of permits. Any person who shall be delinquent in payment of renewal fees for a period as long as ninety (90) days shall be voided for failure to register his/her radiology permit.
- C. If the payment of the annual renewal fee is not received by the Board on or before August 31 each year, the Board may enact and enforce a penalty for the delinquent payment of the annual renewal fee. As stated in Section VI.B. above, the penalty phase will run for ninety (90) days.

Accordingly, on December 1 each year any radiology permit that has not been renewed will be voided for a failure to re-register.

- D. Refer to Board Regulation 37 for the current fee schedule for applications for radiology permits, annual renewal of radiology permits, and penalties for delinquent renewal of radiology permits.

VII. Enforcement:

Licensed dentists who allow dental auxiliaries to expose radiographs without complying with this regulation shall be considered in violation of Sections 73-9-61 and 41-58-5, Mississippi Code of 1972, Annotated, and may at the Board's discretion, be subject to license revocation, suspension, or other action thereon.

Regulation Twenty-Five adopted by the Mississippi State Board of Dental Examiners June 4, 1985; amended September 13, 1991; amended September 25, 1992; amended December 2, 1994; amended June 12, 1996; amended August 23, 1996; amended October 4, 1996.

**BOARD REGULATION NUMBER 27
EXAMINATION REVIEW PROCEDURES**

1. Each individual who takes the practical examination for licensure as a dentist or dental hygienist and does not pass the examination shall be provided with copies of his/her individual "overall grade sheet" upon notification of his/her failure of the examination. In addition, the failing candidate shall be provided with a copy of this regulation so that he/she will be fully advised of the review procedure.
2. If the failing candidate desires to see his/her failing criteria, he/she may make a written request for such information from the Board office.
3. If a failing candidate desires to request a review by this Board of his/her examination results, he/she must file a written request for review within forty-five (45) days of the date of the notice of the failure of examination. The request must be in writing, sent by certified mail, return receipt requested, and must be received in the Board office at Suite 100, 600 East Amite Street, Jackson, Mississippi 39201-2801, on or before 5:00 o'clock p.m. on the 45th day.
4. The written request for review by the Board must state with sufficient clarity the reasons why the applicant feels the results of the examination should be changed. If the Board determines that the request for review does not adequately state the reasons for review, the Board may either dismiss the review or request additional information from the candidate, and the Board may extend the forty-five (45) day deadline mentioned above in order to permit elaboration by the candidate.
5. Upon receipt of the written request for review, the Board may conduct a review of the examination results and the written request for review in a closed session. This closed session review by the Board may be conducted at a time and place to be determined by the Board in its complete discretion.
6. If the candidate requests, an informal conference will be scheduled by the Board. The informal conference may occur in closed session at a regularly scheduled Board meeting and may be attended by the individual board members attending the meeting, the Board's legal counsel or a representative of the Attorney General's office, and the candidate. The candidate may choose to be represented by counsel,

however, counsel for the candidate will not be permitted to engage in discussions with the Board. Counsel for the candidate may advise the candidate, but any questions propounded by the Board to the candidate are to be answered by the candidate. The candidate will be afforded the opportunity to discuss his or her examination results with the Board, but the board will not be required to answer any questions propounded by the candidate.

7. The burden will be on the candidate to show substantial cause why the results should be changed. The board will consider the following to be adequate reasons for modification of examination results:
 - a. A showing of significant procedural error in the examination process;
 - b. Evidence of bias, prejudice, or discrimination in the examination process;
 - c. Other significant errors which result in substantial disadvantage to the candidate.
8. After the Board has reviewed the examination results and the application for review, or after an informal conference with the candidate, the Board may retire to render its decision in closed session or it may decide that it wants to investigate further. Thereafter, the Executive Secretary of the Board shall communicate the Board's decision to the candidate. Unless the Board decides to investigate further, any decision of the Board will be final.

Regulation Twenty-Seven adopted by the Mississippi State Board of Dental Examiners on June 4, 1987; amended September 25, 1992; amended September 20, 1996.

BOARD REGULATION NUMBER 29 ADMINISTRATION OF ANESTHESIA

I. DEFINITIONS

- A. **LOCAL ANESTHESIA.** The elimination of sensations, especially pain in one part of the body, by topical application or regional injection of a drug.
 - B. **GENERAL ANESTHESIA.** A controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.
 - C. **INTRAVENOUS OR PARENTERAL CONSCIOUS SEDATION.** A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by a pharmacologic method.
- II. Any person licensed to practice dentistry in the State of Mississippi shall be authorized to use anesthesia in accordance with the provisions of this section.
 - III. **LOCAL ANESTHESIA.** All licensed dentists are authorized to use local anesthesia.

IV. GENERAL ANESTHESIA. No dentist shall use general anesthesia in his office on an out-patient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board.

A. In order to receive such permit, the dentist must apply on a prescribed application form to the Board, submit specified application fee, and produce evidence showing that he or she:

1. Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects (or its equivalent) beyond the undergraduate dental school level in a training program as described in Part II of the American Dental Association's "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry;" or
2. Is a diplomat of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery, or is a member of the American Association of Oral and Maxillofacial Surgeons; or
3. Employs or works in conjunction with a qualified anesthesiologist or certified nurse anesthetist who is a member of the anesthesiology staff in an accredited hospital, provided that such anesthesiologist or nurse anesthetist must remain on the premises of the dental facility until any patient given a general anesthetic regains consciousness and is discharged; and
4. Has a properly equipped facility for the administration of general anesthesia staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team shall be determined by the Board as outlined below.
5. Holds an Advanced Cardiac Life Support (ACLS) certificate, or a certificate from a Board-approved course. Those holding a general anesthesia permit at the time of the enactment of this regulation must be ACLS certified beginning with the 1994 registration.

B. Facilities

1. The Board adopts the standards regarding the equipment within a facility as set forth by the American Association of Oral and Maxillofacial Surgeons in the Office Anesthesia Evaluation Manual, latest edition, as the standards by which each dentist administering general or IV anesthesia must meet. Certification of offices by the American Association of Oral and Maxillofacial Surgeons as meeting the standards adopted constitutes a *prima facie* showing that the dentist meets the standards.
2. In addition to complying with the standards adopted in subsection 1 of this section, the dentist shall be required to show that the facility is staffed with a team of personnel capable of handling procedures, problems and emergencies incident to the administration of general anesthesia.

3. Copies of the Office Anesthesia Evaluation Manual are available from the American Association of Oral and Maxillofacial Surgeons (AAOMS), Post Office Box 3501, Libertyville, Illinois 60198.
4. Any dentist administering general or IV anesthesia at a facility other than his own office or facility must insure that the proper equipment and personnel as required in subsections one (1) and two (2) of this section are present.

C. Prior to the issuance of such permit the Board shall conduct an on-site inspection of the facility, equipment and personnel to determine if, in fact, the aforementioned requirements have been met. This evaluation shall be carried out in a manner prescribed by the Board and the cost thereof shall be included in the general anesthesia permit fee.

If the results of the initial evaluation are deemed unsatisfactory, the applicant may request another review.

D. Renewal

1. Any dentist holding a permit of authorization issued by the Board shall be subject to review and such permit must be renewed annually.
2. The Board shall, in accordance with its laws and rules and regulations, together with appropriate and required information and renewal fee, renew the general anesthesia permit annually unless the holder is informed in writing that a reevaluation of his credentials and/or facilities is to be required. In determining whether such reevaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences.

E. Advanced Cardiac Life Support and CPR

Any dentist using general anesthesia shall be ACLS certified or hold a certificate from a Board-approved course, and his auxiliary personnel must meet the requirements set forth in Board Regulation 45.

V. INTRAVENOUS OR PARENTERAL SEDATION

The issuance of a permit for general anesthesia shall include the privileges of administering intravenous or parenteral sedation in accordance with the provisions of this section.

- A. No dentist shall use intravenous or parenteral sedation on an outpatient basis for dental patients unless such dentist possesses a permit of authorization issued by the Board.
- B. Each dentist who is licensed to practice dentistry in the state who desires to use intravenous or parenteral sedation must apply on a prescribed form to the Board and submit specified application fee.
- C. A dentist may employ or use intravenous or parenteral sedation on an outpatient basis for dental patients provided he:

1. Has received formal training in the use of intravenous or parenteral sedation; and
2. Is certified by the institution where the training was received to be competent in the administration of intravenous or parenteral sedation.

Such certification shall specify the type, the number of hours and the length of training; the minimum number of didactic hours shall be forty (40); the minimum number of patient contact hours shall be twenty (20); the preceding is necessary for recognition of the formal training program.

This formal training program shall be sponsored by or affiliated with a university, teaching hospital or other facility approved by the Board or part of the undergraduate curriculum of an accredited dental school; and

3. Is competent to handle all emergencies relating to intravenous or parenteral sedation.
4. Holds an Advanced Cardiac Life Support (ACLS) certificate, or a certificate from a Board-approved course. Those holding an intravenous or parenteral sedation permit at the time of the enactment of this regulation must be ACLS certified beginning with the 1994 registration.

D. Facilities

A dentist utilizing intravenous or parenteral sedation shall do so in a properly equipped facility for the administration of intravenous or parenteral sedation, staffed with supervised auxiliary personnel, capable of reasonably handling procedures, problem, and emergencies incident thereto.

1. The Board adopts the standards regarding the equipment within a facility as set forth by the American Association of Oral and Maxillofacial Surgeons in the Office Anesthesia Evaluation Manual, latest edition, as the standards by which each dentist administering general or IV anesthesia must meet. Certification of offices by the American Association of Oral and Maxillofacial Surgeons as meeting the standards adopted constitutes a *prima facie* showing that the dentist meets the standards.

- E. Prior to the issuance of such permit the Board, at its discretion, shall conduct an on-site inspection of the facility, equipment and personnel to determine if, in fact, the aforementioned requirements have been met. This evaluation shall be carried out in a manner prescribed by the Board.

If the results of the initial evaluation are deemed unsatisfactory, the applicant may request another review.

F. Advanced Cardiac Life Support and CPR

Any dentist utilizing intravenous or parenteral sedation shall be ACLS certified or hold a certificate from a Board-approved course, and his

auxiliary personnel must meet the requirements set forth in Board Regulation 45.

G. Dentists qualified to administer intravenous or parenteral sedation may administer Nitrous-Oxide inhalation conscious sedation.

H. Renewal

The Board shall, in accordance with its laws and rules and regulations, together with appropriate and required information and renewal fee, renew the intravenous permit annually unless the holder is informed in writing that a reevaluation of his credentials and/or facilities is to be required. In determining whether such reevaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences.

VI. NITROUS-OXIDE INHALATION CONSCIOUS SEDATION

A. A dentist may employ or use Nitrous-Oxide inhalation conscious sedation on an outpatient basis for dental patients provided he:

1. Has completed no less than a two-day course of training as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent; or
2. Has training equivalent to that described above while a student in an undergraduate dental school program; and
3. Has adequate equipment with fail-safe features and a 25% minimum oxygen flow.

B. Cardiopulmonary Resuscitation

A dentist utilizing nitrous-oxide inhalation conscious sedation and his auxiliary personnel must meet the requirements set forth in Board Regulation 45.

VII. PENALTY

Violations of any provisions of this act shall subject the dentist to disciplinary action after a hearing as provided by the Mississippi Laws Pertaining to the Practice of Dentistry.

Regulation Twenty-Nine adopted by the Mississippi State Board of Dental Examiners June 4, 1987; amended May 4, 1990; amended September 25, 1992; amended December 4, 1992; amended December 8, 1995; amended February 9, 1996.

BOARD REGULATION NUMBER 31 REPORT OF MORBIDITY OR MORTALITY

All dentists in the State of Mississippi must submit a complete report within a period of thirty (30) days to the Mississippi State Board of Dental Examiners of any mortality or other incident occurring in the outpatient facilities of such dentists which results in permanent physical

or mental injury to a patient during, or as a direct result of dental procedures or anesthesia or sedation.

Regulation Thirty-One adopted by the Mississippi State Board of Dental Examiners on June 4, 1987; amended September 25, 1992.

BOARD REGULATION NUMBER 33 PUBLIC RECORDS ACCESS

It shall be the stated policy of the State Board of Dental Examiners that the terms, conditions, and mandates contained in the Mississippi Public Records Act of 1983, Miss. Code Ann. § 25-61-1 et. seq., shall be strictly observed.

The following procedures shall be implemented and complied with by any individual exercising his or her right to inspect, copy or mechanically reproduce or obtain a reproduction of any public record held and controlled by the Mississippi State Board of Dental Examiners, to-wit (except where prohibited by the Federal Privacy Act):

1. A person requesting any public record held or controlled by the State Board of Dental Examiners may do so either in writing or in person. The request shall be clear and concise and shall include only one subject matter.
2. The request shall be addressed to the Mississippi State Board of Dental Examiners, Suite 100, 600 East Amite Street, Jackson, Mississippi 39201-2801.
3. Any such request for records or the reproduction of records shall be acted upon within fourteen (14) working days computed from the date of receipt of the request. Denial shall contain the specific reason for the denial. Copies of all denials shall be maintained on file by the Board for not less than three (3) years from the date denial is made.
4. Access to non-exempt records will be allowed during regular business hours.
5. If any public record which is held to be exempt from disclosure contains material which is not exempt, the Board shall separate the exempt material and make the non-exempt material available for examination and/or copying.
6. When fees are appropriate, the fees must be paid prior to the Board's compliance with the request. Only cash, money orders and cashier's checks will be accepted in payment for fees.
7. Records furnished to the Board by third parties, which are not public bodies, as defined in the Public Records Access Act, will not be released until notice to the third parties has been given. The record shall be released in fourteen (14) days unless the third party obtains a court order protecting the records as confidential.
8. The Executive Director of the State Board of Dental Examiners or his/her designee has the authority to specify the mode, manner, time and place of access.
9. Costs:
 - a. Any person who desires copies of public record as defined herein but does not officially represent a public body shall be charged twenty-five cents (\$.25) per mechanically reproduced copy. Copies of pages printed on both

sides (front and back) shall be considered as two pages. This fee is for the cost of searching, reviewing and duplicating the public record. However, if the searching, reviewing or duplicating of documents or the separating of non-exempt material from documents, etc. containing exempt material requires more than one quarter hour of work, then the requesting party shall be charged for the work time above one quarter hour, in addition to a mechanical reproduction charge of twenty-five cents (\$.25) per page for any copies desired. The charge for the hour shall be based upon the hourly salary of the person at the Board, qualified and available to do the job.

- b. In the event the public record is available in computer files and can be obtained through computer use, then the requesting party may pay the charge for the computer including programming time and actual computer time, as well as any other costs incurred. This charge will be determined by the Board.
- c. Mailing costs calculated at the applicable United States Postal Service rates shall be charged where appropriate. The cost of mailing a notice to third parties via certified mail, return receipt requested, shall be charged to persons requesting the public records.

Regulation Thirty-Three adopted by the Mississippi State Board of Dental Examiners on August 18, 1989; amended September 25, 1992; amended September 20, 1996.

BOARD REGULATION NUMBER 35 MAINTENANCE OF CONTROLLED SUBSTANCES, RECORDS, AND INVENTORY

I. Authority:

The 1983 Mississippi Dental Practice Act, Miss. Code Ann., § 73-9-1, *et. seq.* (Supp. 1983), requires the Mississippi State Board of Dental Examiners (hereinafter the "Board") to carry out the purposes and provisions of the laws pertaining to the practice of dentistry in Mississippi. Pursuant to Miss. Code Ann. § 73-9-53 (Supp. 1983), legally licensed and registered dentists may write prescriptions for any drugs to be used in the practice of dentistry. Where dentists administer, dispense or prescribe a narcotic drug, or other drug having addiction-forming or addiction-sustaining liability other than in the course of legitimate professional practice, Miss. Code Ann. § 73-9-61 (Supp. 1983) provides for revocation or suspension of a license or a monetary penalty.

The responsibility for regulating the legitimate drug traffic among dentists has been placed upon the Mississippi Board of Dental Examiners by Miss. Code Ann. § 41-29-159 (Supp. 1990); and, in order to fulfill this duty, the Board must adopt rules and regulations providing for the reasonable regulation of drug inventories by dentists.

II. Construction and Purpose:

The abuse of drugs, which is a problem in every aspect of our lives in today's world, has also made its impact in the dental profession. The Board is cognizant of the increase in prescriptions, dispensation, and administration of narcotic drugs outside the course of legitimate professional practice.

The Board feels the burden of providing for the health, safety, and welfare of the public. The Board also recognizes that it is legally responsible for the regulation of the legitimate drug traffic among dentists. To carry out this duty, the Board is compelled to impose reasonable restrictions regarding the physical handling of controlled substances.

III. Definitions:

- A. *Controlled Substances.* Controlled substances shall be the controlled substances in Schedule I, II, III, IV and V which are found at Mississippi Code Annotated Sections 41-29-113, 41-29-115, 41-29-117, 41-29-119, and 41-29-121, respectively. The definition of controlled substances shall include any amendments hereafter made to these sections.
- B. *Dispensing Record.* A dispensing record shall be a bound volume or volumes containing only the information required in Part IV, Section B of this Regulation.

IV. General Provisions:

Beginning December 1, 1991, every dentist licensed by the Mississippi State Board of Dental Examiners shall be required to maintain an accurate inventory and separate dispensing record of all controlled substances dispensed in their offices. The inventory shall account for all controlled substances obtained or received by the dentist's office or the dentist regardless of whether the said controlled substances were purchased or obtained at no cost.

- A. The receipt of inventory shall reflect in every case the following information:
 - 1. the date of receipt of the controlled substance;
 - 2. the name and address of the person or business from whom the controlled substance was received;
 - 3. the name of the controlled substance received;
 - 4. the strength of the controlled substance received;
 - 5. the quantity of the controlled substance received.
- B. The dispensing records shall contain the following information.
 - 1. the name of the controlled substance dispensed or administered;
 - 2. the date the controlled substance was dispensed or administered;
 - 3. the method by which the controlled substance was dispensed (i.e., administered in office or released to patient);
 - 4. the strength of the controlled substance dispensed or administered;
 - 5. the quantity of the controlled substance dispensed or administered;
 - 6. the name of the patient to whom the controlled substance was dispensed;
 - 7. the address of the patient to whom the controlled substance was dispensed;
 - 8. the identity of staff member who dispensed or administered the controlled substance to said patient.
- C. Patient medication records shall include a reference to the corresponding entry made in the dispensing records.

- D. If breakage or wastage of a controlled substance occurs, the amount of the wastage must be recorded and the disposal of the wastage shall be witnessed by at least two (2) staff members.
- E. The inventory and separate dispensing record required by this rule shall be kept in the office of the dentist for a period of five (5) years from the date the controlled substances are dispensed and shall be made available for inspection by agents of the Mississippi State Board of Dental Examiners or any law enforcement agency.
- F. Failure to maintain and make available the inventory and separate dispensing record required by this rule shall be considered a failure to maintain effective control against diversion of controlled substances into other than legitimate dental channels.
- G. Whenever any dentist desires or is required to dispose of any controlled substances located in his office; he shall do so in accordance with the procedure for the disposing of controlled substances established by the United States Department of Justice Drug Enforcement Administration or pursuant to any rules or regulations promulgated by that agency.

Regulation Thirty-Five adopted by the Mississippi State Board of Dental Examiners October 25, 1991; amended September 25, 1992; amended June 7, 1994; amended February 7, 1997.

**BOARD REGULATION NUMBER 37
FEE SCHEDULE**

Pursuant to the provisions in Miss. Code Ann. § 73-9-43, the Secretary shall collect in advance all fees as provided for in this Regulation and as currently established by the Board:

Application for dental license	\$300.00
Application for dental license through credentials	\$2,000.00
Application for dental specialty license	\$200.00
Application for dental institutional, teaching, or provisional license	\$25.00
Application for dental hygiene license	\$150.00
Application for dental hygiene license through credentials	\$500.00
Application for dental hygiene institutional, teaching, or provisional license	\$25.00
Application for general anesthesia permit	\$200.00
Application for IV sedation permit	\$200.00
Application for radiology permit	\$40.00
Annual dental license renewal	\$100.00
Annual dental specialty license renewal	\$50.00
Annual dental institutional, teaching, or provisional license renewal	\$100.00
Annual dental hygiene license renewal	\$50.00
Annual dental hygiene institutional, teaching, or provisional license renewal	\$50.00
Annual general anesthesia permit renewal	\$50.00
Annual IV sedation permit renewal	\$50.00
Annual radiology permit renewal	\$20.00
Penalty for delinquent renewal of dental licenses; dental specialty licenses; and dental institutional, teaching, and provisional licenses	
September 1 - September 30 (plus annual renewal fee)	\$50.00
October 1 - October 31 (plus annual renewal fee)	\$100.00
November 1 - November 30 (plus annual renewal fee)	\$150.00
Penalty for delinquent renewal of dental hygiene licenses and dental	

hygiene institutional, teaching, and provisional licenses	
September 1 - September 30 (plus annual renewal fee)	\$25.00
October 1 - October 31 (plus annual renewal fee)	\$50.00
November 1 - November 30 (plus annual renewal fee)	\$75.00
Penalty for delinquent renewal of radiology permits	
September 1 - September 30 (plus annual renewal fee)	\$20.00
October 1 - October 31 (plus annual renewal fee)	\$40.00
November 1 - November 30 (plus annual renewal fee)	\$60.00
Penalty for non-notification of change of address	\$10.00
Penalty for duplicate renewal forms and certification cards	\$10.00
Duplicate or replacement license or permit	\$20.00
Certified copy of license or permit	\$20.00
Certification of licensure status	\$20.00
Handling fee for non-sufficient funds check	\$50.00
Requests for database information	
Labels and printouts	\$125.00
Diskettes	\$150.00
Radiology examinations administered in Board's office	\$25.00
Laws and/or regulations	
One copy	\$10.00
Additional copies (per copy)	\$5.00
Disciplinary action orders (per copy)	\$5.00
Newsletters (per copy)	\$2.50

Board Regulation Thirty-Seven adopted by the Mississippi State Board of Dental Examiners on September 25, 1992; amended December 8, 1995; amended October 4, 1996.

**BOARD REGULATION NUMBER 39
INFECTION CONTROL**

Purpose: To provide standards and policies for infection control within the clinical facilities and for preventing the transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients.

In accordance with Miss. Code Ann. § 41-34-3, the Mississippi State Board of Dental Examiners hereby establishes the following regulations for protecting the public from the transmission of Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) in the practice of dentistry.

All professionals licensed by the Mississippi State Board of Dental Examiners must meet or exceed the current Recommended Infection-Control Practices for Dentistry as published by the federal Centers for Disease Control and Prevention. It is the responsibility of all licensed dentists to ensure that their auxiliary staff who may be exposed to blood and other body fluids are familiar with and adhere to the aforementioned recommendations.

Regulation Thirty-Nine adopted by the Mississippi State Board of Dental Examiners on September 25, 1992; amended August 27, 1993; amended February 9, 1996.

BOARD REGULATION NUMBER 41 CONTINUING EDUCATION

Purpose: To Establish Continuing Education Requirements of Dentists and Dental Hygienists.

1. Continuing Dental Education (CDE) requirements will be effective on July 1, 1993 immediately following adoption of this regulation by the Mississippi State Board of Dental Examiners and reporting will be incorporated with the annual registration to be submitted one year following the effective date of this regulation, which period shall be from September 1 through August 31 of each year.
2. With the initial reporting ending August 31, 1995, every licensed dentist shall be required to have forty (40) hours documented, approved continuing education. Every year thereafter, each licensed dentist shall have forty (40) hours of continuing education for the previous two (2) consecutive years. Approved CDE shall consist of courses approved by the American Dental Association (ADA), Academy of General Dentistry (AGD), Mississippi Dental Association (MDA), Mississippi Dental Society (MDS), National Dental Association (NDA), or other courses or activities specifically approved by the Board for CDE credit. No more than four (4) hours per year on the subject of CPR (Cardiopulmonary Resuscitation) shall be allowed toward the two-year, forty-hour requirement, and dentists successfully completing an eight-hour, two-year CPR certification course are allowed to use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, forty-hour CDE requirement. Furthermore, licensees successfully completing a 16-hour Advanced Cardiac Life Support (ACLS) course may use eight (8) hours each year, of the total sixteen (16) hours, toward fulfilling the two-year, forty-hour CDE requirement, and licensees successfully completing an 8-hour ACLS course, a Board-approved general anesthesia review course, or an equivalent Board-approved course, may use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, forty-hour CDE requirement. Finally, dentists may attend courses offered and approved by any of the additional organizations listed in Section 3 of this Regulation and use such attendance as a means of fulfilling continuing education requirements.
3. With the initial reporting ending August 31, 1995, every licensed dental hygienist shall be required to have twenty (20) hours documented, approved continuing education. Every year thereafter, each licensed dental hygienist shall have twenty (20) hours of continuing education for the previous two (2) consecutive years. Approved CDE for dental hygienists shall consist of courses approved by the Mississippi Dental Hygienists' Association (MDHA), American Dental Hygienists' Association (ADHA), MDA, MDS, AGD, ADA, NDA, or other courses or activities specifically approved by the Board for CDE credit. No more than four (4) hours per year on the subject of CPR (Cardiopulmonary Resuscitation) shall be allowed toward the two-year, twenty-hour requirement, and dental hygienists successfully completing an eight-hour, two-year CPR certification course are allowed to use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, twenty-hour CDE requirement. Furthermore, licensees successfully completing a 16-hour Advanced Cardiac Life Support (ACLS) course may use eight (8) hours each year, of the total sixteen (16) hours, toward fulfilling the two-year, twenty-hour CDE requirement, and licensees successfully completing an 8-hour ACLS course, a Board-approved general anesthesia review course, or an equivalent Board-approved course, may use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, twenty-hour CDE requirement.
4. In addition to the providers listed in Sections 2 and 3 above, ADA-accredited dental, dental hygiene, and dental assisting teaching institutions may offer programs, seminars, or courses for dentists and dental hygienists as a means of fulfilling continuing education

requirements. Prior to offering dental and dental hygiene continuing education programs, seminars, or courses, these institutions must request approval or sponsorship from the providers listed in Sections 2 and 3 above, or from the Board on a course-by-course basis. Approval or sponsorship of these programs, seminars, or courses must be clearly noted on seminar, program, or course brochures and all certificates of completion.

5. Continuing Education credit will not be given for video courses (unless viewed while attending approved study club meetings, continuing education courses, or through group satellite uplinks as part of approved courses), audio courses, reading, or correspondence courses. However, provided the course directly relates to the practices of dentistry or dental hygiene, attendance at approved Continuing Medical Education (CME) courses may be used to satisfy the minimum continuing education requirements of Sections 2 and 3 above.
6. Instructors of Continuing Education Courses only shall receive one-time credit for a course, and shall receive the same credit for the course as participants.
7. Unless otherwise ordered by the Board, continuing education hours required by disciplinary order shall not be used to satisfy the continuing education requirements for license renewal.
8. A record of courses taken, the date, location, number of hours for such course, and certificates of attendance shall be kept by the dentist or hygienist for a minimum of three (3) years from the date of attendance and shall be made available for review at any time by any member of the Board or by any designated agent of the Board. Further, when a Board member or any designated agent thereof shall conduct any authorized investigation, any and all continuing education records will be reviewed and/or audited by such Board member or authorized agent during the course of the investigation. Finally, when any licensee is noticed to appear before the Board to show cause why that licensee's dental or dental hygiene license should not be suspended, revoked, or have other action taken against it, that licensee is required to present proof of compliance with this Regulation.
9. Each dentist or dental hygienist shall certify on the annual renewal form his or her compliance with the continuing education requirements stipulated herein.
10. False certification of the number of hours completed, or the failure to attend and complete the required amount of CDE shall subject the dentist or hygienist to disciplinary action, including revocation of license.
11. The following disciplinary actions will be taken against dentists not meeting the requirements set forth in item number 10 above:

First Offense: Five Hundred and No/100 Dollars (\$500.00) fine.

Second Offense: One Thousand Five Hundred and No/100 Dollars (\$1,500.00) fine plus a thirty (30) day suspension of license.

Third Offense: Five Thousand and No/100 Dollars (\$5,000.00) fine plus a six (6) month suspension of license.
12. The following disciplinary actions will be taken against dental hygienists not meeting the requirements set forth in item number 10 above:

First Offense: Two Hundred Fifty and No/100 Dollars (\$250.00) fine.

Second Offense: Seven Hundred Fifty and No/100 Dollars (\$750.00) fine plus a thirty (30) day suspension of license.

Third Offense: Two Thousand Five Hundred and No/100 Dollars (\$2,500.00) fine plus a six (6) month suspension of license.

13. Any dentist or dental hygienist requesting a change from inactive to active status is not required to meet the continuing education or cardiopulmonary resuscitation requirements for the reporting period during which that dentist or dental hygienist was inactive. However, any dentist or dental hygienist requesting active status must, within the previous twelve (12) months prior to requesting active status, be current in cardiopulmonary resuscitation and have acquired twenty (20) and ten (10) hours of continuing education, respectively.
14. The continuing education requirements outlined herein do not pertain to radiology courses/seminars or the mandatory radiologic safety courses and continuing education as required by Miss. Code Ann. §§ 41-58-1, 41-58-3, and 41-58-5, and all radiology course offerings require such prior approval as that delineated in Board Regulation 25.

Regulation Forty-One adopted by the Mississippi State Board of Dental Examiners December 4, 1992; amended February 5, 1993; amended August 27, 1993; amended July 29, 1994; amended April 21, 1995; amended September 22, 1995; amended December 8, 1995; amended February 9, 1996; amended August 23, 1996; amended November 8, 1996.

BOARD REGULATION NUMBER 43 ADVERTISING

Purpose: To regulate advertising in order to protect consumers and maintain standards among licensed professionals, and to carry out this duty the Board must necessarily impose reasonable restrictions.

- I. **Name of Dental Facility.** Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, and use of a trade name or an assumed name that is false or misleading in any material respect is unethical, a dentist may practice in a dental facility which uses any of the following names:
 - A. The name of the dentist as it appears on his or her license and renewal certificate; or
 - B. The name of a dentist who employs him or her and practices in the same facility; or
 - C. A partnership name composed of the name(s) of one or more dentists practicing in the same facility; or
 - D. A corporate name composed of the name(s) of one or more of the dentists practicing as employees of the corporation in the same facility; or
 - E. A fictitious name, if the conditions set forth in subsection II of this Regulation are fulfilled.

II. **Fictitious Name.** Dentists licensed in the State of Mississippi who practice as individuals, partnerships, professional corporations, associations, or other group practices may use a fictitious or corporate name for the facility in which they conduct their practice if the following conditions are met:

- A. Each fictitious or corporate name shall be registered with the Board by any licensed dentist(s), who must be associated with the dental facility and who shall assume responsibility for compliance with the section. Each fictitious or corporate name must be approved by the Board prior to the use of the name. Names which in the judgment of the Board are false, misleading, or deceptive will be prohibited.
- B. Each fictitious name must list the family name(s) of the applying and responsible dentist(s).
- C. It is the obligation of each licensed dentist who works in a facility that utilizes a fictitious or corporate name to notify the Board in writing of the same.
- D. All advertisements including, but not limited to, signage, printed advertisements, and letterheads shall contain the name, as it appears on his or her license and renewal certificate, degree (D.M.D. or D.D.S.), and, if qualified, a specialty recognized by the American Dental Association of at least one licensed dentist who is associated with the dental facility and who shall, in conjunction with the licensed dentist referred to in subsection A., assume responsibility for the advertisement.
- E. In the entrance or reception area of the dental office, a chart or directory listing the names of all dentists practicing at that particular location shall be kept at all times prominently and conspicuously displayed.
- F. The names of all dentists who practice under the fictitious or corporate name shall be maintained in the records of the dental facility for five (5) years following the departure of any individual from the practice.
- G. Fictitious names previously approved and registered with the Board will be considered as being in compliance with these Rules and Regulations.
- H. A dentist may practice in a predominantly medical facility that uses a fictitious name.

III. **Name of Record.** Subsequent to the administration of dental service, the dentist of record shall place his or her name in the record of the patient following a description of the service rendered. If the treatment is rendered by a dentist other than the dentist of record or by a dental hygienist, the name of that person shall be placed in the record of the patient. For advertising purposes only, use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one (1) year. However, subsequent to the administration of dental service, it is not necessary for a dentist of record who is a sole practitioner to place his or her name in the record of the patient following a description of the service rendered.

IV. **Approval or Rejection of a Corporate Name/Trade Name.**

- A. The Mississippi State Board of Dental Examiners shall notify the party submitting a proposed corporate name/trade name within sixty (60) days after submission as to the approval or rejection of the proposed name.

- B. If the proposed name is rejected, the party submitting the name shall have fifteen (15) days from receipt of the notice of the rejection to request an appearance before the Board for reconsideration of the Board's rejection. The Board shall notify the party seeking reconsideration of a rejected corporate name/trade name of its decision within thirty (30) days after the party's appearance before the Board.
- V. **Specialties.** The only recognized specialties of dental practice in Mississippi as defined by the Mississippi State Board of Dental Examiners are as follows:
- A. **Dental Public Health.** Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. (Adopted May 1976, American Dental Association.)
- B. **Endodontics.** Endodontics is the branch of dentistry which is concerned with the morphology, physiology, and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp, and associated periradicular conditions. (Adopted December 1983, American Dental Association.)
- C. **Oral Pathology.** Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations. (Adopted May 1991, American Dental Association.)
- D. **Oral and Maxillofacial Surgery.** Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical, and adjunctive treatment of diseases, injuries, and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region. (Adopted October 1990, American Dental Association.)
- E. **Orthodontics and Dentofacial Orthopedics.** Orthodontics is that area of dentistry concerned with the supervision, guidance, and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception, and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application, and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and aesthetic harmony among facial and cranial structures. (Definition adopted December 1980 and Designation adopted October 1994, American Dental Association.)
- F. **Pediatric Dentistry.** Pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for

infants and children through adolescence, including those with special health care needs. (Adopted 1995, American Dental Association.)

G. **Periodontics.** Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function, and aesthetics of these structures and tissues. (Adopted December 1992, American Dental Association.)

H. **Prosthodontics.** Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance, and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes. (Adopted May 1976, American Dental Association.)

VI. **Fraudulent, Misleading, or Deceptive Advertising.**

A. For purposes of Miss. Code Ann. § 73-9-61, "advertising" shall include any information communicated in a manner designated to attract public attention to the practice of the licensee.

B. A dentist may provide information regarding himself or herself, his or her practice, and fixed fees associated with routine dental services in various forms of public communications. These communications include, but are not limited to, the following:

1. Newspapers;
2. Magazines;
3. Yellow Page directories;
4. Consumer directories;
5. Outdoor advertising;
6. Radio advertising;
7. Television advertising;
8. Electronic bulletin board systems; or
9. Comparable written publications or broadcast advertising.

The dentist shall have the ultimate responsibility for all advertisements which are approved by that dentist and his or her agents or associates.

C. A dentist must disclose the fact of giving compensation or anything of value to representatives of the press, radio, television, or other communicative medium in anticipation of or in return for any advertisement (e.g., a newspaper article) unless the nature, format, or medium of such advertisement make the fact of compensation apparent.

D. Advertising may include, but is not limited to, the following information:

1. The dentist's title or degree or designation of any special area of dental practice recognized by the American Dental Association in which the dentist has met the existing educational requirements or standards for that recognized specialty;
2. Office and telephone answering hours, office location, office telephone number, residence address, and residence telephone number; and

3. Fees for a specific, routine service which, for purposes of this rule, may be characterized as a "routine dental service" if it is performed frequently in the dentist's practice, is usually provided at a specific fee to substantially all patients receiving the service, and is provided with little or no variance in technique or materials.
- E. The following requirements shall be met when advertising a routine dental service:
1. If a range of fee is advertised (including the use of words such as "from," "as low as," or "starting at"), the minimum and maximum fees shall be fully disclosed.
 2. Consultation, treatment planning, or treatment for any routine dental service advertised for a specific fee must be made available for a minimum of sixty (60) days following the last day of publication or broadcast of that fee or for any shorter period of time if clearly specified in the advertisement.
 3. When a routine dental service is advertised as "free," "no charge," "without charge," or the like, such service must be made available at no cost for a minimum of sixty (60) days following the date of the last publication or broadcast of such free service or for any shorter period of time if clearly specified in the advertisement.
 4. When a patient accepts the treatment plan for a routine dental service which was advertised by the dentist, any subsequent dental service which is reasonably and foreseeably related to the advertised routine service must be provided without additional charge, unless the advertisement for the routine dental service includes the following statement: **"Additional charges may be incurred for related services which may be required in individual cases."** This disclaimer must have the same size lettering as the price listed. If this form of advertisement is through a television broadcast, the disclaimer must be run throughout the entire broadcast. Furthermore, if this form of advertisement is through a radio broadcast, the disclaimer must be clearly audible.
 5. No advertisement concerning a dentist's routine dental services shall be published or broadcast unless it contains in legible and/or audible language the following: **"No representation is made about the quality of the dental services to be performed or the expertise of the dentist performing such services."** This disclaimer must have the same size lettering as the price listed. If this form of advertisement is through a television broadcast, the disclaimer must be run throughout the entire broadcast. Furthermore, if this form of advertisement is through a radio broadcast, the disclaimer must be clearly audible.
- F. The following statements in advertising shall be deemed to be misleading to the public for purposes of this rule:
1. Statements claiming superiority of a particular method of treatment, material, drug, or appliance.
 2. Statements that a certain dentist is a specialist or specializes in any branch of dentistry, unless that specialty is recognized by the American Dental Association and the Mississippi State Board of Dental Examiners and the dentist has met the existing educational requirements and standards for that

recognized specialty. This includes membership in an organization that has not been recognized by the American Dental Association. If there is any question regarding this rule, the dentist should seek prior approval from the Mississippi State Board of Dental Examiners.

3. Statements such as "quality dentistry," "quality work," "staff of skilled dentists," "skilled employees," or reference to uncertified or unlicensed persons performing functions requiring a license under Miss. Code Ann. § 73-9-1, et al.
 4. Statements of superior facilities at a certain office; statements that an office is "scientifically equipped" and/or has the "latest modern equipment"; references to "modern offices," "modern methods," or "modern devices"; and other similar expressions.
 5. Statements that a dental operation or treatment can be performed without causing any pain.
 6. Advertisements that contain the words "General Dentistry" and "Family Dentistry" in the same advertisement.
- G. General dentists who list any services performed must place a disclaimer. The public communication must include immediately after the listing of services the following statement: **"Listing of these previously mentioned area(s) of practice does not indicate any certification of expertise therein."** The point size of the disclaimer for any written communication or advertisement must be the same point size as the majority of the letters in such written communication or advertisement, and the point size of the disclaimer for any videotaped or television communication or advertisement must be no smaller than 13 point. Any public communication through an electronic medium (e.g., radio communications) shall contain such statement at a time and in a tone and manner so as clearly to convey the required information to the listener or viewer.
- H. Specialists may list only specialties for which they are licensed in the State of Mississippi. Specialists may list services performed but not that an individual specializes in such services.
- I. In-person and telephone solicitations of dental patients by a dentist or his agent poses an inherent danger to the public because such advertising cannot be supervised, may exert pressure on the prospective patient, and often demands an immediate response without affording the prospective patient an opportunity for comparison or reflection. Unlike an advertisement appearing in print or through a broadcast medium (e.g., television or radio), in-person and telephone solicitations do not simply provide information and leave the recipient free to act or not, but is ripe with the potential for overbearing persuasion. Accordingly, in-person and telephone solicitations of dental services by a dentist or his agent is strictly prohibited.

Regulation Forty-Three adopted by the Mississippi State Board of Dental Examiners on February 5, 1993; amended April 21, 1995; amended May 30, 1995; amended March 8, 1996; amended December 6, 1996.

**BOARD REGULATION NUMBER 45
CARDIOPULMONARY RESUSCITATION**

Purpose: To establish Cardiopulmonary Resuscitation requirements for dentists, dental hygienists, and all other dental auxiliary personnel.

1. Cardiopulmonary Resuscitation (CPR) requirements will be effective on July 1, 1994, and reporting will be incorporated with the annual registration to be submitted July 1, 1995. Refer to Board Regulation #41 concerning reporting requirements.
2. All dentists and dental hygienists licensed by the State of Mississippi and holding active licenses shall be currently certified in Cardiopulmonary Resuscitation. Further, all auxiliary personnel involved in direct patient care must be certified in Cardiopulmonary Resuscitation. All auxiliaries must be certified in CPR within one hundred eighty (180) days of employment or, if currently employed, within one hundred eighty (180) days of the date of amendment of this Regulation.
3. Proof of certification shall be maintained by the dentist or dental hygienist for the time period specified in Board Regulation 41 and shall be made available for review at any time by any member of the Board or by any designated agent of the Board. When a Board member or any designated agent thereof shall conduct any authorized investigation, any and all proof of certification in cardiopulmonary resuscitation will be reviewed and/or audited by such Board member or authorized agent during the course of the investigation. Finally, when any licensee is noticed to appear before the Board to show cause why that licensee's dental or dental hygiene license should not be suspended, revoked, or have other action taken against it, that licensee is required to present proof of compliance with this Regulation.
4. False certification of CPR courses or failure to comply with this regulation shall subject the dentist or dental hygienist to disciplinary action, including revocation of license. Fines will be assessed for failure to comply with this Regulation. Fines assessed herein will correspond to those fines enumerated in Board Regulation #41 for non-compliance with continuing education requirements.
5. Participation in approved Advanced Cardiac Life Support (ACLS), American Heart Association, or American Red Cross courses may be used to fulfill the requirements of this Regulation.
6. Any dentist or dental hygienist requesting a change from inactive to active status is not required to meet the CPR requirements for the reporting period during which that dentist or dental hygienist was inactive. However, any dentist or dental hygienist requesting active status must, within the previous twelve (12) months prior to requesting active status, be certified in cardiopulmonary resuscitation.

Regulation Forty-Five adopted by the Mississippi State Board of Dental Examiners February 4, 1994; amended July 29, 1994; amended May 29, 1995; amended December 8, 1995; amended February 7, 1997.

**BOARD REGULATION NUMBER 47
LICENSURE BY CREDENTIALS**

Purpose: To establish standards for licensure by credentials not included in Miss. Code Ann. § 73-9-24.

1. Any candidate for licensure to practice dentistry on the basis of credentials who graduated from dental school after 1960 will be required to have taken and successfully completed the Joint Commission of National Dental Examinations National Board. Candidates for licensure by credentials graduating before 1960 are exempt from this requirement, as the National Boards were not universally mandatory and available prior to this time.
2. Any candidate for licensure to practice dental hygiene on the basis of credentials who graduated from dental hygiene school after 1960 will be required to have taken and successfully completed the National Board Dental Hygiene Examination. Candidates for licensure by credentials graduating before 1960 are exempt from this requirement, as the National Boards were not available prior to this time.
3. The Mississippi State Board of Dental Examiners has determined there is no "equivalent examination" to the Joint Commission on National Dental Examinations or the National Board Dental Hygiene Examination.
4. The Mississippi State Board of Dental Examiners has determined that a dentist or dental hygienist must practice a minimum of ninety (90) days per year from the date the application for licensure by credentials is received by the Board to be considered as actively practicing for the past five (5) years, pursuant to Miss. Code Ann. § 73-9-24(1)(a).
5. The Mississippi State Board of Dental Examiners has determined that a candidate's years of participation in an approved residency program may be used to fulfill the minimum five-year, active practice requirement stipulated by Miss. Code Ann. § 73-9-24(1)(a). Accordingly, a candidate may count up to two (2) years of that candidate's participation in an approved residency program toward fulfilling the minimum five-year, active practice requirement for credentialing purposes.
6. The Board may, at its discretion, charge a fee for all applications for licensure by credentials. Refer to Board Regulation 37 for the current fees charged for licensure by credentials.
7. All application fees for licensure by credentials must be paid by certified check or money order, and are non-refundable.

Regulation Forty-Seven adopted by the Mississippi State Board of Dental Examiners May 6, 1994; amended September 9, 1994; amended December 8, 1995; amended March 8, 1996; amended August 23, 1996.

**BOARD REGULATION NUMBER 49
ACTIVE STATUS**

Purpose: To define what constitutes actively practicing three (3) months in the State of Mississippi pursuant to Miss. Code Ann. § 73-9-19 ¶ 4.

1. Miss. Code Ann. § 73-9-19 ¶ 4 stipulates that dentists and dental hygienists must actively practice their respective professions for at least three (3) months of the immediately preceding license renewal period to be considered in active practice.
2. The Mississippi State Board of Dental Examiners has defined three (3) months to mean that a dentist or dental hygienist must actively practice dentistry or dental hygiene in the State of Mississippi a minimum of one (1) day per month for any three (3) months during the preceding license renewal period to remain on active status with the Board. Otherwise, dentists and dental hygienists will be listed as inactive.
3. As noted in Miss. Code Ann. § 73-9-19 ¶ 3, dentists and dental hygienists actively practicing in another state at a veterans hospital, federal government facility, or residency graduate school program at the time of renewal shall be listed as active.

Regulation Forty-Nine adopted by the Mississippi State Board of Dental Examiners on March 8, 1996.

**BOARD REGULATION NUMBER 51
PRESCRIPTION GUIDELINES**

Purpose: To determine appropriate prescribing practices for licensed dentists.

The Mississippi State Board of Dental Examiners has determined that licensed dentists may not prescribe, dispense, or administer drugs or medications of any kind or nature outside the legitimate, professional scope of the practice of dentistry.

Regulation Fifty-One adopted by the Mississippi State Board of Dental Examiners March 8, 1996.

**BOARD REGULATION NUMBER 53
PATIENT RECORDS**

Purpose: To determine appropriate patient recordkeeping guidelines for licensed dentists.

Licensed dentists shall be required to maintain for a minimum of seven (7) years from the date of last treatment, a copy, or retrievable copy, of patient records including, at a minimum, the date(s) and type(s) of treatment; health history; any and all medications prescribed, dispensed, and/or administered; any and all radiographs administered; and/or other laboratory results. The inability and/or failure to produce such records when so requested by the Mississippi State Board of Dental Examiners shall be considered a violation of this Regulation, and the licensee may be subject to formal disciplinary action by the Board. Furthermore, patients who request copies of their records shall be provided such copies at no cost to the patient or, at a maximum, only the cost the dentist incurs in reproducing these records for the patient.

Regulation Fifty-Three adopted by the Mississippi State Board of Dental Examiners March 8, 1996.

**BOARD REGULATION NUMBER 55
CORPORATE PRACTICE**

Purpose: To establish a policy as to the corporate practice of dentistry in Mississippi.

Due to the increased interest in the area of managed care and integrated health care systems, the Mississippi State Board of Dental Examiners has considered its policy as to the corporate practice of dentistry. After due consideration, it is the policy of this Board not to concern itself with the form or type of business arrangements entered into by a licensee, provided certain prerequisites are met, to-wit:

1. The dentist employed or associated with the entity is licensed by this Board.
2. The method and manner of patient treatment and the means by which patients are treated are left to the sole and absolute discretion of the licensed dentist. The provision of dental services and the exercise of sound dental judgment at all times shall be exercised solely at the discretion of the licensed dentist, and he/she shall not be subject to any influence, direct or indirect, to the contrary.
3. The manner of billing and the amount of fees and expenses charged a patient for dental services rendered shall be left solely to the discretion of the licensed dentist.
4. At no time shall a dentist enter into any agreement or arrangement whereby consideration or compensation is received as an inducement for the referral of patients or for the referral of dental services or supplies.
5. Licensed dentists shall have the sole responsibility for approval of any and all public communications or advertisements, and these communications and/or advertisements must be in full compliance at all times with the requirements set forth in Board Regulation 43.
6. Pursuant to Miss. Code Ann. §79-10-31, shareholders of a professional corporation which renders dental services shall only be licensed dentists.

Regulation Fifty-Five adopted by the Mississippi State Board of Dental Examiners March 8, 1996.

**BOARD REGULATION NUMBER 57
CONSULTATIVE OR OPERATIVE TREATMENT BY DENTISTS
NOT LICENSED IN MISSISSIPPI**

Purpose: To define a licensed Mississippi dentist's responsibilities when, pursuant to Miss. Code Ann. § 73-9-3(5), a licensed dentist from outside the State of Mississippi is called into Mississippi for consultative or operative purposes.

1. Whenever a licensed Mississippi dentist determines it necessary to secure the services of a dentist not licensed by this State who must enter Mississippi to provide consultative or operative treatment, the Mississippi dentist must submit a written request for Board approval. Approval of such requests will be determined on a case-by-case basis and according to the required documentation provided to the Board.
2. Such request must denote the reasons for the consultative or operative treatment; the name, license number, and brief practice history of the dentist licensed outside the State of Mississippi; a certificate of good standing from the state wherein the dentist licensed outside the State of Mississippi is currently practicing; evidence from the insurance carrier of malpractice insurance coverage while practicing in Mississippi; and the maximum

amount of time the dentist licensed outside the State of Mississippi will be providing consultative or operative services for the benefit of the licensed Mississippi dentist.

3. The licensed Mississippi dentist must assume full and complete responsibility for any and all patient care and treatment provided by the dentist licensed outside the State of Mississippi while such dentist is treating the patient(s) of the licensed Mississippi dentist, and a sworn affidavit to this effect must accompany the request for Board approval.
4. If during the course of patient care and treatment it is determined that an extension of time is required for the dentist licensed outside the State of Mississippi, a written request must be submitted forthwith to the Board stating the reasons for such an extension of time. However, unless prior Board approval has been received, at no time shall the dentist licensed outside the State of Mississippi provide patient care and treatment beyond the maximum amount of time initially requested by the licensed Mississippi dentist; otherwise, the licensed Mississippi dentist may be subject to disciplinary action by the Board.
5. The Board shall set a period of time for which permission for the consultative or operative treatment shall be in effect.

Regulation Fifty-Seven adopted by the Mississippi State Board of Dental Examiners March 8, 1996.

AMERICAN DENTAL ASSOCIATION PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT

With Official Advisory Opinions Revised to January 1997

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The following information was scanned and reprinted by the Mississippi State Board of Dental Examiners from original documents supplied by the American Dental Association. All inquiries and questions regarding the following material should be addressed to the American Dental Association.

I. INTRODUCTION

The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the *ADA Principles of Ethics and Code of Professional Conduct (ADA Code)*. The *ADA Code* is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society.

Members of the ADA voluntarily agree to abide by the *ADA Code* as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.

The *ADA Code* has three main components: The **Principles of Ethics**, the **Code of Professional Conduct** and the **Advisory Opinions**.

The **Principles of Ethics** are the aspirational goals of the profession. They provide guidance and offer justification for the *Code of Professional Conduct* and the *Advisory Opinions*. There are five fundamental principles that form the foundation of the *ADA Code*: patient autonomy, nonmaleficence, beneficence, justice and veracity. Principles can overlap each other as well as compete with each other for priority. More than one principle can justify a given element of the *Code of Professional Conduct*. Principles may at times need to be balanced against each other, but, otherwise, they are the profession's firm guideposts.

The **Code of Professional Conduct** is an expression of specific types of conduct that are either required or prohibited. The *Code of Professional Conduct* is a product of the ADA's legislative system. All elements of the *Code of Professional Conduct* result from resolutions that are adopted by the ADA's House of Delegates. The *Code of Professional Conduct* is binding on members of the ADA, and violations may result in disciplinary action.

The **Advisory Opinions** are interpretations that apply the *Code of Professional Conduct* to specific fact situations. They are adopted by the ADA's Council on Ethics, Bylaws and Judicial Affairs to provide guidance to the membership on how the Council might interpret the *Code of Professional Conduct* in a disciplinary proceeding.

The *ADA Code* is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. The *ADA Code* is the result of an ongoing dialogue between the dental profession and society, and as such, is subject to continuous review.

Although ethics and the law are closely related, they are not the same. Ethical obligations may--and often do--exceed legal duties. In resolving any ethical problem not explicitly covered by the

ADA Code, dentists should consider the ethical principles, the patient's needs and interests, and any applicable laws.

II. PREAMBLE

The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal. Recognition of this goal, and of the education and training of a dentist, has resulted in society affording to the profession the privilege and obligation of self-government.

The Association believes that dentists should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of compassion, kindness, integrity, fairness and charity complement the ethical practice of dentistry and help to define the true professional.

The ethical dentist strives to do that which is right and good. The *ADA Code* is an instrument to help the dentist in this quest.

III. PRINCIPLES, CODE OF PROFESSIONAL CONDUCT AND ADVISORY OPINIONS

Section 1 - PRINCIPLE: PATIENT AUTONOMY ("self-governance"). The dentist has a duty to respect the patient's rights to self-determination and confidentiality.

This principle expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

CODE OF PROFESSIONAL CONDUCT

1.A. PATIENT INVOLVEMENT.

The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

1.B. PATIENT RECORDS.

Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information that will be beneficial for the future treatment of that patient.

ADVISORY OPINIONS

1.B.1. COPIES OF RECORDS. A dentist has the ethical obligation on request of either the patient or the patient's new dentist to furnish, either gratuitously or for nominal cost, such dental records or copies or summaries of them, including dental X-rays or copies of them, as will be beneficial for the future treatment of that patient. This obligation exists whether or not the patient's account is paid in full.

1.B.2. CONFIDENTIALITY OF PATIENT RECORDS. The dominant theme in Code Section 1-B is the protection of the confidentiality of a patient's records. The statement in this section that relevant information in the records should be released to another dental practitioner assumes that the dentist requesting the information is the patient's present dentist. The former dentist should be free to provide the present dentist with relevant information from the patient's records. This may often be required for the protection of both the patient and the present dentist. There may be circumstances where the former dentist has an ethical obligation to inform the present dentist of certain facts. Dentists

should be aware, however, that the laws of the various jurisdictions in the United States are not uniform, and some confidentiality laws appear to prohibit the transfer of pertinent information, such as HIV seropositivity. Absent certain knowledge that the laws of the dentist's jurisdiction permit the forwarding of this information, a dentist should obtain the patient's written permission before forwarding health records which contain information of a sensitive nature, such as HIV seropositivity, chemical dependency or sexual preference. If it is necessary for a treating dentist to consult with another dentist or physician with respect to the patient, and the circumstances do not permit the patient to remain anonymous, the treating dentist should seek the permission of the patient prior to the release of data from the patient's records to the consulting practitioner. If the patient refuses, the treating dentist should then contemplate obtaining legal advice regarding the termination of the dentist/patient relationship.

Section 2 - PRINCIPLE: NONMALEFICENCE ("do no harm"). The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include keeping knowledge and skills current, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

CODE OF PROFESSIONAL CONDUCT

2.A. EDUCATION.

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

2.B. CONSULTATION AND REFERRAL.

Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care.
2. The specialists shall be obliged when there is no referring dentist and upon a completion of their treatment to inform patients when there is a need for further dental care.

ADVISORY OPINION

2.B.1. SECOND OPINIONS. A dentist who has a patient referred by a third party for a "second opinion" regarding a diagnosis or treatment plan recommended by the patient's treating dentist should render the requested second opinion in accordance with this Code of Ethics. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.

2.C. USE OF AUXILIARY PERSONNEL.

Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

2.D. PERSONAL IMPAIRMENT.

It is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge

chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.

ADVISORY OPINION

2.D.1. ABILITY TO PRACTICE. A dentist who becomes ill from any disease or impaired in any way shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger the patients or members of the dental staff.

Section 3 - PRINCIPLE: BENEFICENCE ("do good"). The dentist has a duty to promote the patient's welfare.

This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

CODE OF PROFESSIONAL CONDUCT

3.A. COMMUNITY SERVICE.

Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

3.B. GOVERNMENT OF A PROFESSION.

Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

3.C. RESEARCH AND DEVELOPMENT.

Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

3.D. PATENTS AND COPYRIGHTS.

Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

3.E. CHILD ABUSE.

Dentists shall be obliged to become familiar with the perioral signs of child abuse and to report suspected cases to the proper authorities consistent with state laws.

Section 4 - PRINCIPLE: JUSTICE ("fairness"). The dentist has a duty to treat people fairly.

This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

CODE OF PROFESSIONAL CONDUCT

4.A. PATIENT SELECTION.

While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex or national origin.

ADVISORY OPINION

4.A.1. HIV POSITIVE PATIENTS. A dentist has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual has AIDS or is HIV seropositive, based solely on that fact, is unethical. Decisions with regard to the type of dental treatment provided or referrals made or suggested, in such instances should be made on the same basis as they are made with other patients, that is, whether the individual dentist believes he or she has need of another's skills, knowledge, equipment or experience and whether the dentist believes, after consultation with the patient's physician if appropriate, the patient's health status would be significantly compromised by the provision of dental treatment.

4.B. EMERGENCY SERVICE.

Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

4.C. JUSTIFIABLE CRITICISM.

Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status without disparaging comment about prior services. Dentists issuing a public statement with respect to the profession shall have a reasonable basis to believe that the comments made are true.

ADVISORY OPINION

4.C.1. MEANING OF "JUSTIFIABLE." A dentist's duty to the public imposes a responsibility to report instances of gross or continual faulty treatment. However, the heading of this section is "Justifiable Criticism." Therefore, when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are justifiable. For example, a difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would imply mistreatment. There will necessarily be cases where it will be difficult to determine whether the comments made are justifiable. Therefore, this section is phrased to address the discretion of dentists and advise against disparaging statements against another dentist. However, it should be noted that, where comments are made which are obviously not supportable and therefore unjustified, such comments can be the basis for the institution of a disciplinary proceeding against the dentist making such statements.

4.D. EXPERT TESTIMONY.

Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

ADVISORY OPINION

4.D.1. CONTINGENT FEES. It is unethical for a dentist to agree to a fee contingent upon the favorable outcome of the litigation in exchange for testifying as a dental expert.

4.E. REBATES AND SPLIT FEES.

Dentists shall not accept or tender "rebates" or "split fees."

Section 5 - PRINCIPLE: VERACITY ("truthfulness"). The dentist has a duty to communicate truthfully.

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

CODE OF PROFESSIONAL CONDUCT

5.A. REPRESENTATION OF CARE.

Dentists shall not represent the care being rendered to their patients in a false or misleading manner.

ADVISORY OPINIONS

5.A.1. DENTAL AMALGAM. Based on available scientific data the ADA has determined through the adoption of Resolution 42H-1986 (Trans.1986:536) that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist, is improper and unethical.

5.A.2. UNSUBSTANTIATED REPRESENTATIONS. A dentist who represents that dental treatment recommended or performed by the dentist has the capacity to cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research, is acting unethically.

5.B. REPRESENTATION OF FEES.

Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

ADVISORY OPINIONS

5.B.1. WAIVER OF COPAYMENT. A dentist who accepts a third party* payment under a copayment plan as payment in full without disclosing to the third party* that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party* that the charge to the patient for services rendered is higher than it actually is.

5.B.2. OVERBILLING. It is unethical for a dentist to increase a fee to a patient solely because the patient has insurance.

5.B.3. FEE DIFFERENTIAL. Payments accepted by a dentist under a governmentally funded program, a component or constituent dental society sponsored access program, or a participating agreement entered into under a program of a third party* shall not be considered as evidence of overbilling in determining whether a charge to a patient, or to another third party* in behalf of a patient not covered under any of the aforementioned programs constitutes overbilling under this section of the Code.

5.B.4. TREATMENT DATES. A dentist who submits a claim form to a third party* reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaged in making an unethical, false or misleading representation to such third party.*

5.B.5. DENTAL PROCEDURES. A dentist who incorrectly describes on a third party* claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a

claim form is engaged in making an unethical, false or misleading representation to such third party.*

5.B.6. UNNECESSARY SERVICES. A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct.

*A third party is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims and/or provide administrative services.

5.C. DISCLOSURE OF CONFLICT OF INTEREST.

A dentist who presents educational or scientific information in an article, seminar or other program shall disclose to the readers or participants any monetary or other special interest the dentist may have with a company whose products are promoted or endorsed in the presentation. Disclosure shall be made in any promotional material and in the presentation itself.

5.D. DEVICES AND THERAPEUTIC METHODS.

Except for formal investigative studies, dentists shall be obliged to prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall have the further obligation of not holding out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

ADVISORY OPINIONS

5.D.1. REPORTING ADVERSE REACTIONS. A dentist who suspects the occurrence of an adverse reaction to a drug or dental device has an obligation to communicate that information to the broader medical and dental community, including, in the case of a serious adverse event, the Food and Drug Administration (FDA).

5.D.2. MARKETING OR SALE OF PRODUCTS. Dentists who, in the regular conduct of their practices, engage in the marketing or sale of products to their patients must take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists should not induce their patients to buy a product by misrepresenting the product's therapeutic value or the dentist's professional expertise in recommending the product.

In the case of a health-related product, it is not enough for the dentist to rely on the manufacturer's or distributor's representations about the product's safety and efficacy. The dentist has an independent obligation to inquire into the truth and accuracy of such claims and verify that they are founded on accepted scientific knowledge or research.

Dentists should disclose to their patients all relevant information the patient needs to make an informed purchase decision, including whether the product is available elsewhere and whether there are any financial incentives for the dentist to recommend the product that would not be evident to the patient.

5.E. PROFESSIONAL ANNOUNCEMENT.

In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.*

5.F. ADVERTISING.

Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.*

ADVISORY OPINIONS

5.F.1. ARTICLES AND NEWSLETTERS. If a dental health article, message or newsletter is published under a dentist's byline to the public without making truthful disclosure of the source and authorship or is designed to give rise to questionable expectations for the purpose of inducing the public to utilize the services of the sponsoring dentist, the dentist is engaged in making a false or misleading representation to the public in a material respect.

5.F.2. EXAMPLES OF "FALSE OR MISLEADING." The following examples are set forth to provide insight into the meaning of the term "false or misleading in a material respect." These examples are not meant to be all-inclusive. Rather, by restating the concept in alternative language and giving general examples, it is hoped that the membership will gain a better understanding of the term. With this in mind, statements shall be avoided which would: a) contain a material misrepresentation of fact, b) omit a fact necessary to make the statement considered as a whole not materially misleading, c) be intended or be likely to create an unjustified expectation about results the dentist can achieve, and d) contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.

Subjective statements about the quality of dental services can also raise ethical concerns. In particular, statements of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or if the patient reasonably interprets them as implied statements of fact. Such statements will be evaluated on a case by case basis, considering how patients are likely to respond to the impression made by the advertisement as a whole. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect.

5.F.3. UNEARNED, NONHEALTH DEGREES. The use of an unearned or nonhealth degree in any general announcements to the public by a dentist may be a representation to the public which is false or misleading in a material respect. A dentist may use the title Doctor, Dentist, DDS, or DMD, or any additional earned advanced degrees in health service areas. The use of unearned or nonhealth degrees could be misleading because of the likelihood that it will indicate to the public the attainment of a specialty or diplomats status.

For purposes of this advisory opinion, an unearned academic degree is one which is awarded by an educational institution not accredited by a generally recognized accrediting body or is an honorary degree. Generally, the use of honorary degrees or nonhealth degrees should be limited to scientific papers and curriculum vitae. In all instances state law should be consulted. In any review by the council of the use of nonhealth degrees or honorary degrees the council will apply the standard of whether the use of such is false or misleading in a material respect.

5.F.4. FELLOWSHIPS. A dentist using the attainment of a fellowship in a direct advertisement to the general public may be making a representation to the public which is false or misleading in a material respect. Such use of a fellowship status may be misleading because of the likelihood that it will indicate to the dental consumer the attainment of a specialty status. However, when such use does not conflict with state law, the attainment of fellowship status may be indicated in scientific papers, curriculum vitae, third party payment forms and letterhead and stationery which is not used for the direct solicitation of patients. In any review by the council of the use of the attainment of fellowship status, the council will apply the standard of whether the use of such is false or misleading in a material respect.

5.F.5. REFERRAL SERVICES. There are two basic types of referral services for dental care: not-for-profit and the commercial. The not-for-profit is commonly organized by dental societies or community services. It is open to all qualified practitioners in the area served. A fee is sometimes charged the practitioner to be listed with the service. A fee for such referral services is for the purpose of covering the expenses of the service and has no relation to the number of patients referred. In contrast, some commercial referral services restrict access to the referral service to a limited number of dentists in a particular geographic area. Prospective patients calling the service may be referred to a single subscribing dentist in the geographic area and the respective dentist billed for each patient referred. Commercial referral services often advertise to the public stressing that there is no charge for use of the service and the patient may not be informed of the referral fee paid by the dentist. There is a connotation to such advertisements that the referral that is being made is in the nature of a public service. A dentist is allowed to pay for any advertising permitted by the *Code*, but is generally not permitted to make payments to another person or entity for the referral of a patient for professional services. While the particular facts and circumstances relating to an individual commercial referral service will vary, the council believes that the aspects outlined above for commercial referral services violate the *Code* in that it constitutes advertising which is false or misleading in a material respect and violates the prohibitions in the *Code* against fee splitting.

5.F.6. HIV TEST RESULTS. An advertisement or other communication intended to solicit patients which omits a material fact or facts necessary to put the information conveyed in the advertisement in a proper context can be misleading in a material respect. An advertisement to the public of HIV negative test results, without conveying additional information that will clarify the scientific significance of this fact, is an example of a misleading omission. A dental practice should not seek to attract patients on the basis of partial truths which create a false impression.

5.G. NAME OF PRACTICE.

Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.*

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5.G.1. DENTIST LEAVING PRACTICE. Dentists leaving a practice who authorize continued use of their names should receive competent advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentist has retired from the practice.

5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.

This section and Section 5-I are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. The special areas of dental practice approved by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization should use "specialist in" or "practice limited to" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental

office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

GENERAL STANDARDS.

The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

1. The special area(s) of dental practice and an appropriate certifying board must be approved by the American Dental Association.
2. Dentists who announce as specialists must have successfully completed an educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education, or be diplomates of an American Dental Association recognized certifying board. The scope of the individual specialist's practice shall be governed by the educational standards for the specialty in which the specialist is announcing.
3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practices announced by the dentist.

STANDARDS FOR MULTIPLE-SPECIALTY ANNOUNCEMENTS.

Educational criteria for announcement by dentists in additional recognized specialty areas are the successful completion of an educational program accredited by the Commission on Dental Accreditation in each area for which the dentist wishes to announce. Dentists who completed their advanced education in programs listed by the Council on Dental Education prior to the initiation of the accreditation process in 1967 and who are currently ethically announcing as specialists in a recognized area may announce in additional areas provided they are educationally qualified or are certified diplomates in each area for which they wish to announce. Documentation of successful completion of the educational program(s) must be submitted to the appropriate constituent society. The documentation must assure that the duration of the program(s) is a minimum of two years except for oral and maxillofacial surgery which must have been a minimum of three years in duration.*

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5.H.1. DIPLOMATE STATUS. A dentist who announces in any means of communication with patients or the general public that he or she is certified or a diplomate in an area not recognized by the American Dental Association or the law of the jurisdiction where the dentist practices as a specialty area of dentistry is engaged in making a false representation to the public in a material respect.

5.H.2. DUAL DEGREED DENTISTS. Nothing in Section 5-H shall be interpreted to prohibit a dual degreed dentist who practices medicine or osteopathy under a valid state license from announcing to the public as a dental specialist provided the dentist meets the educational, experience and other standards set forth in the *Code* for specialty announcement and further providing that the announcement is truthful and not materially misleading.

5-I. GENERAL PRACTITIONER ANNOUNCEMENT OF SERVICES.

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect.*

*Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any *ADA Principles of Ethics and Code of Professional Conduct* or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society's code of ethics or other standard of dentist conduct relating to dentists' or dental care delivery organizations' advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the *ADA Principles of Ethics and Code of Professional Conduct*.

IV. INTERPRETATION AND APPLICATION OF *PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT*.

The foregoing *ADA Principles of Ethics and Code of Professional Conduct* set forth the ethical duties that are binding on members of the American Dental Association. The component and constituent societies may adopt additional requirements or interpretations not in conflict with the *ADA Code*.

Anyone who believes that a member-dentist has acted unethically may bring the matter to the attention of the appropriate constituent (state) or component (local) dental society. Whenever possible, problems involving questions of ethics should be resolved at the state or local level. If a satisfactory resolution cannot be reached, the dental society may decide, after proper investigation, that the matter warrants issuing formal charges and conducting a disciplinary hearing pursuant to the procedures set forth in the *ADA Bylaws*, Chapter XII. **PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE.** The Council on Ethics, Bylaws and Judicial Affairs reminds constituent and component societies that before a dentist can be found to have breached any ethical obligation the dentist is entitled to a fair hearing.

A member who is found guilty of unethical conduct proscribed by the *ADA Code* or code of ethics of the constituent or component society, may be placed under a sentence of censure or suspension or may be expelled from membership in the Association. A member under a sentence of censure, suspension or expulsion has the right to appeal the decision to his or her constituent society and the ADA Council on Ethics, Bylaws and Judicial Affairs, as provided in Chapter XII of the *ADA Bylaws*.

American Dental Association Council on Ethics, Bylaws and Judicial Affairs 211 East Chicago Avenue Chicago, Illinois 60611

With official advisory opinions revised to January 1997.

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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ALPHABETICAL LIST OF DENTAL LABORATORIES EXPRESSING INTEREST IN FABRICATING GOLD CROWNS FOR CANDIDATES

Blackburn Dental Laboratory
219 McTyere Avenue
Jackson, MS 39202
Contact: Mr. Estes Blackburn, Jr.
Telephone: 601-948-0000
Facsimile: 601-353-3222

Blissett Dental Lab
4690 Old Byram Road
Jackson, MS 39212
Contact: Mr. Boomer Blissett
Telephone: 601-371-0325

C & J Dental Lab
407 Masonic Drive
Clinton, MS 39056
Contact: Ms. Susan Breland
Telephone: 601-924-2703

Magee Dental Laboratory
2080 Dunbarton
P. O. Box 167
Jackson, MS 39236
Contact: Mr. Ben Magee
Telephone: 601-368-9550

Oral Tech General, Inc.
258 Ridgewood Road
Jackson, MS 39213
Contact: Mr. Andy Wood
Telephone: 601-981-2751
Facsimile: 601-366-0616

Paragon Dental Studio
Suite A210
5846 Ridgewood Road
Jackson, MS 39211
Contact: Mr. Ricky Roberts
Telephone: 601-956-9635

Swedenburg Dental Lab
352 Spanish Court
Jackson, MS 39225
Contact: Mr. Charles Swedenburg
Telephone: 601-354-0283

The Mississippi State Board of Dental Examiners and the University of Mississippi Medical Center School of Dentistry cannot attest to the quality of work candidates can expect from these laboratories. The foregoing list is furnished to candidates for informational purposes only and must not be construed to be a recommendation from the Mississippi State Board of Dental Examiners or the University of Mississippi Medical Center School of Dentistry. Prices, pick-up times, and special arrangements should be made by calling the laboratory. Early contact is advisable, and most laboratories will limit the number of crowns they do per day. For further questions, please contact Mr. E. H. Rommerdale, University of Mississippi Medical Center School of Dentistry, Clinical Laboratory, at 601-984-6047.

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Dental Hygiene Member
Leah Diane Howell
Executive Director

ALPHABETICAL LIST OF AREA HOTELS & MOTELS

Cabot Lodge-Millsaps
2375 North State Street
Jackson, MS 39202
Telephone: 601-948-8650
Facsimile: 601-948-8650

Harvey Hotel-Downtown
200 East Amite Street
Jackson, MS 39201
Telephone: 800-922-9222
601-969-5100
Facsimile: 601-353-4333

Ramada Inn-Coliseum
I-55 at High Street
P. O. Box 23904
Jackson, MS 39225-3904
Telephone: 800-272-6232
601-969-2141
Facsimile: 601-355-1704

Wilson Inn
310 Greymont Avenue
Jackson, MS 39202
Telephone: 601-948-4466
Facsimile: 601-948-4466

Hampton Inn & Suites
320 Greymont Avenue
Jackson, MS 39202
Telephone: 800-426-7866
601-352-1700
Facsimile: 601-352-9988

Harvey Hotel-North
5075 I-55 North
Jackson, MS 39206
Telephone: 800-922-9222
601-366-9411
Facsimile: 601-366-6688

Red Roof Inn-Coliseum
700 Larson Street
Jackson, MS 39202
Telephone: 800-843-7663
601-969-5006
Facsimile: 601-969-5159

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