
TABLE OF CONTENTS

MISSISSIPPI CODE OF 1972, ANNOTATED, TITLE 73, CHAPTER 9, DENTISTS . .	1
§ 73-9-1--LICENSE REQUIRED	3
§ 73-9-3--"DENTISTRY" DEFINED	3
§ 73-9-5--"DENTAL HYGIENE" DEFINED	4
§ 73-9-7--STATE BOARD OF DENTAL EXAMINERS; DENTAL DISTRICTS; NOMINATIONS FOR APPOINTMENT	5
§ 73-9-9--REMOVAL OF MEMBERS	7
§ 73-9-11--HOW MEMBERS SHALL QUALIFY; QUORUM	7
§ 73-9-13--OFFICERS OF BOARD; DUTIES AND POWERS	7
§ 73-9-15--VOTE OF BOARD MEMBERS	9
§ 73-9-17--BOARD TO IMPLEMENT CHAPTER	9
§ 73-9-19--REGISTRATION OF DENTISTS	9
§ 73-9-21--SUPPLIES	11
§ 73-9-23--EXAMINATIONS FOR LICENSE	11
§ 73-9-24--ALTERNATIVE PROCEDURE FOR QUALIFYING FOR LICENSE BASED ON CREDENTIALS	14
§ 73-9-25--EXAMINATIONS; SUBJECTS; TIME AND PLACE FOR HOLDING	16
§ 73-9-27--LICENSES; HOW ISSUED AND FEES	16
§ 73-9-28--ISSUANCE OF SPECIAL LICENSE, CERTIFICATE OR PERMIT FOR TEACHING OR DENTAL PRACTICE IN LIMITED CATEGORIES	16
§ 73-9-29--CERTIFICATION OF DENTAL SPECIALISTS	17
§ 73-9-31--REPEALED	18
§ 73-9-33--REPEALED	18
§ 73-9-35--LICENSES TO BE EXHIBITED	18
§ 73-9-37--DUPLICATE LICENSES: WHEN ISSUED	18
§ 73-9-39--PRACTICE UNDER CORPORATION OR BUSINESS NAME PROHIBITED	18
§ 73-9-41--UNAUTHORIZED PRACTICE OF DENTISTRY OR DENTAL HYGIENE BY UNLICENSED PERSON; BOARD MAY SUMMON SUSPECTED VIOLATORS; CIVIL PENALTIES FOR VIOLATIONS; COSTS OF INVESTIGATION AND HEARING; VIOLATORS MUST RETURN ANY FEES COLLECTED	19
§ 73-9-43--SCHEDULE OF LICENSE FEES; DELINQUENCY PENALTIES; DISPOSITION AND DISTRIBUTION OF FEES	20
§ 73-9-45--BOARD MEMBERS TO INVESTIGATE COMPLAINTS	22
§ 73-9-47--VOTING BY MAIL	22
§ 73-9-49--SECRETARY'S REPORT	23
§ 73-9-51--BOARD MEMBERS NOT LIABLE TO SUIT FOR OFFICIAL ACTS	23

§ 73-9-53--LICENSED PHARMACISTS MAY FILL DENTISTS' PRESCRIPTIONS	23
§ 73-9-55--AUTHORIZATION FOR DENTAL LABORATORY WORK	23
§ 73-9-57--PENALTIES FOR PRACTICING ILLEGALLY	24
§ 73-9-59--PROSECUTING OFFICERS UNDER DUTY TO ACT	24
§ 73-9-61--DENIAL OF ISSUANCE OR RENEWAL, REVOCATION, OR SUSPENSION OF LICENSE FOR CAUSE; MONETARY PENALTY IN LIEU OF DENIAL, REVOCATION, OR SUSPENSION; OTHER DISCIPLINARY MEASURES	24
§ 73-9-63--COMPLAINT FILED AGAINST DENTIST OR DENTAL HYGIENIST; HEARING	28
§ 73-9-65--ACCUSED ENTITLED TO NOTICE, HEARING AND APPEAL; PRACTICE OF DENTISTRY OR DENTAL HYGIENE PENDING APPEAL	29
§ 73-9-67--REPEALED	30
§ 73-9-101--SHORT TITLE.	30
§ 73-9-103--RESTRICTION, SUSPENSION, OR REVOCATION OF LICENSE IN CASE OF INABILITY TO PRACTICE DUE TO DISABILITY	30
§ 73-9-105--EXAMINATION TO DETERMINE EXISTENCE OF DISABILITY .	31
§ 73-9-107--CONDUCT OF EXAMINATION; REPORT OF FINDINGS AND RECOMMENDATIONS; NOTICE TO LICENSEE; INDEPENDENT EXAMINATION; FAILURE TO COMPLY WITH EXAMINATION GROUNDS FOR SUSPENSION; INSPECTION OF PATIENT RECORDS	31
§ 73-9-109--VOLUNTARY RESTRICTION ON LICENSE; REMOVAL OF RESTRICTION	32
§ 73-9-111--EXAMINING COMMITTEE TO REPORT FINDINGS TO BOARD; BOARD MAY ACCEPT OR REJECT FINDINGS; HEARING BEFORE BOARD	32
§ 73-9-113--BOARD PROCEEDINGS AGAINST LICENSEE; NOTICE TO LICENSEE; HEARING; DETERMINATION OF FITNESS TO PRACTICE; REMEDIES; TEMPORARY SUSPENSION OF LICENSE WITHOUT HEARING ...	33
§ 73-9-115--PETITION FOR REINSTATEMENT; JUDICIAL REVIEW OF BOARD'S ORDERS	34
§ 73-9-117--IMMUNITY OF BOARD AND PERSONS PROVIDING INFORMATION IN GOOD FAITH FROM LIABILITY	34
§ 25-41-3--DEFINITION OF PUBLIC BODY AND MEETING	35
§ 33-1-39--EXTENSION OF PROFESSIONAL LICENSE ISSUED ACTIVE DUTY MILITARY PERSONNEL; QUALIFICATION FOR EXTENSION; FEES	36
§ 41-121-1--TITLE [REPEALED EFFECTIVE JULY 1, 2016]	36
§ 41-121-3--PURPOSE [REPEALED EFFECTIVE JULY 1, 2016]	36
§ 41-121-5--DEFINITIONS [REPEALED EFFECTIVE JULY 1, 2016]	37
§ 41-121-7--REQUIREMENTS [REPEALED EFFECTIVE JULY 1, 2016] ...	38
§ 41-121-9--VIOLATIONS AND ENFORCEMENT [REPEALED EFFECTIVE JULY 1, 2016]	39

§ 41-121-110--REPEAL OF THIS CHAPTER	40
§ 73-49-1--STATE BOARDS THAT LICENSE HEALTH CARE PROVIDERS PROHIBITED FROM PROMULGATING OR ENFORCING RULES OR REGULATIONS IN A MANNER THAT DISCRIMINATES AMONG LICENSEES	40
§ 73-50-1--LICENSING, CERTIFYING OR REGISTERING MILITARY-TRAINED INDIVIDUALS OR SPOUSES TO LAWFULLY PRACTICE OCCUPATION	40
§ 93-11-64--USE OF SOCIAL SECURITY NUMBERS FOR LOCATING PARENTS	42
§ 93-11-151--INTENT	43
§ 93-11-153--DEFINITIONS	43
§ 93-11-155--PROCEDURES FOR THE ESTABLISHMENT, ENFORCEMENT AND COLLECTION OF CHILD SUPPORT OBLIGATIONS	44
§ 93-11-157--REVIEW OF INFORMATION	44
§ 93-11-159--INTERAGENCY AGREEMENTS	47
§ 93-11-161--ADOPTION OF REGULATIONS	47
§ 93-11-163--SUSPENSION OF LICENSE	47

REGULATIONS ADOPTED BY THE

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS	49
BOARD REGULATION NUMBER 1--CODE OF ETHICS	49
BOARD REGULATION NUMBER 3--REGULATION OF INDIVIDUALS WITH LESS THAN FULL LICENSURE	49
BOARD REGULATION NUMBER 5--REQUIREMENTS FOR TEACHING INSTITUTIONS	50
BOARD REGULATION NUMBER 7--PROVISIONAL AND SPECIALTY LICENSURE	51
BOARD REGULATION NUMBER 9--DEFINITION OF FULL-TIME FACULTY	57
BOARD REGULATION NUMBER 11	57
BOARD REGULATION NUMBER 13--SUPERVISION AND DELEGATION OF DUTIES TO DENTAL AUXILIARY PERSONNEL ..	58
BOARD REGULATION NUMBER 13-A	60
BOARD REGULATION NUMBER 14--CANDIDATE PARTICIPATION IN LICENSURE EXAMINATION	60
BOARD REGULATION NUMBER 16	64
BOARD REGULATION NUMBER 18	64
BOARD REGULATION NUMBER 19--MAIL BALLOTS	64
BOARD REGULATION NUMBER 21	64
BOARD REGULATION NUMBER 23--REINSTATEMENT OF VOIDED LICENSES	65
BOARD REGULATION NUMBER 25--RADIOLOGY PERMITS	69
BOARD REGULATION NUMBER 27--EXAMINATION REVIEW PROCEDURES	72
BOARD REGULATION NUMBER 29--ADMINISTRATION OF ANESTHESIA	72

BOARD REGULATION NUMBER 31--REPORT OF MORBIDITY OR MORTALITY	82
BOARD REGULATION NUMBER 33--PUBLIC RECORDS ACCESS	83
BOARD REGULATION NUMBER 35--MAINTENANCE OF CONTROLLED SUBSTANCES, RECORDS, AND INVENTORY	84
BOARD REGULATION NUMBER 37--LICENSE RENEWAL AND FEE SCHEDULE	87
BOARD REGULATION NUMBER 39--INFECTION CONTROL	89
BOARD REGULATION NUMBER 41--CONTINUING EDUCATION	90
BOARD REGULATION NUMBER 43--ADVERTISING	94
BOARD REGULATION NUMBER 45 --CARDIOPULMONARY RESUSCITATION	96
BOARD REGULATION NUMBER 47--LICENSURE BY CREDENTIALS	97
BOARD REGULATION NUMBER 49--ACTIVE STATUS	97
BOARD REGULATION NUMBER 51--RESCINDED	98
BOARD REGULATION NUMBER 53--PATIENT RECORDS	99
BOARD REGULATION NUMBER 55--TRADE NAMES AND CORPORATE PRACTICE	99
BOARD REGULATION NUMBER 57--CONSULTATIVE OR OPERATIVE TREATMENT BY DENTISTS NOT LICENSED IN MISSISSIPPI	102
BOARD REGULATION NUMBER 59--LICENSURE OF INDIVIDUALS PERFORMING DENTAL UTILIZATION REVIEW	103
BOARD REGULATION NUMBER 61--MOBILE AND PORTABLE DENTAL FACILITIES	103
RULES OF PROCEDURE ADOPTED BY THE MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS	111
APPENDIX A AMERICAN DENTAL ASSOCIATION PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT	121
APPENDIX B AMERICAN DENTAL HYGIENISTS' ASSOCIATION CODE OF ETHICS FOR DENTAL HYGIENISTS	123

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

<u>SECTION</u>	<u>TITLE</u>
73-9-1	License Required
73-9-3	"Dentistry" 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	Repealed
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	Unauthorized Practice of Dentistry or Dental Hygiene by Unlicensed Person; Board May Summon Suspected Violators; Civil Penalties for Violations; Costs of Investigation and Hearing; Violators Must Return Any Fees Collected
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
73-9-57	Penalties for Practicing Illegally
73-9-59	Prosecuting Officers under Duty to Act
73-9-61	Denial of Issuance or Renewal, Revocation, or Suspension of License for Cause; Monetary Penalty in Lieu of Denial, Revocation, or Suspension; Other Disciplinary Measures
73-9-63	Complaint Filed against Dentist or Dental Hygienist; Hearing
73-9-65	Accused Entitled to Notice, Hearing and Appeal; Practice of Dentistry or Dental Hygiene Pending Appeal
73-9-67	Repealed
73-9-101	Short Title—Mississippi Disabled Dentist Law
73-9-103	Restriction, Suspension, or Revocation of License in Case of Inability to Practice Due to Disability
73-9-105	Examination to Determine Existence of Disability

73-9-107 Conduct of Examination; Report of Findings and Recommendations; Notice to Licensee; Independent Examination; Failure to Comply with Examination Grounds for Suspension; Inspection of Patient Records

73-9-109 Voluntary Restriction on License; Removal of Restriction

73-9-111 Examining Committee to Report Findings to Board; Board May Accept or Reject Findings; Hearing Before Board

73-9-113 Board Proceedings Against Licensee; Notice to Licensee; Hearing; Determination of Fitness to Practice; Remedies; Temporary Suspension of License without Hearing

73-9-115 Petition for Reinstatement; Judicial Review of Board's Orders

73-9-117 Immunity of Board and Persons Providing Information in Good Faith from Liability

§ 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--"DENTISTRY" DEFINED

"Dentistry" is defined as the evaluation, diagnosis, prevention and/or treatment (non-surgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his or her education, training and experience, in accordance with the ethics of the profession and applicable law, provided that nothing in this section shall be so construed as to prevent:

- (a) The practice of his or her profession by a regularly licensed and registered physician under the laws of this state unless he or she practices dentistry as a specialty; or
- (b) The performance of mechanical work upon inanimate objects by persons working in dental offices under their supervision; or
- (c) 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
- (d) Dentists from outside the state from giving educational clinics or demonstrations before a dental society, convention or association; or
- (e) Licensed dentists from outside the state from being called into Mississippi by licensed dentists of this state for consultative or operative purposes when the 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
- (f) Applicants for a license to practice dentistry or dental hygiene in this state from working during an examination by and under the supervision and direction of the Board of Dental Examiners; or
- (g) The practice of dentistry or of dental hygiene by students under the supervision of faculty in any dental school, college, or dental department of any school, college or university, or school of dental hygiene recognized by the board; or

- (h) Dental or dental hygiene students enrolled in accredited dental or dental hygiene schools from participating in off-site training recognized and approved by the board, but those activities shall not be carried on for profit; or
- (i) A regularly licensed and registered dentist from the delegation of procedures to a regularly licensed and registered dental hygienist or other competent dental auxiliary personnel while acting under the direct supervision and full responsibility of the dentist except as follows: Those procedures that 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 that could result in injury to the patient. However, the dentist may 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 faculty, as provided for in paragraphs (g) and (h) of this section, shall be required to be licensed by the Mississippi State Board of Dental Examiners.

§ 73-9-5--"DENTAL HYGIENE" DEFINED

- (1) For the purpose of this chapter, a dental hygienist shall be an individual who has completed an accredited dental hygiene education program, passed the national dental hygiene board and is licensed by the State Board of Dental Examiners to provide, as an auxiliary to the dentist, preventive care services including, but not limited to, scaling and polishing. In fulfilling these services, dental hygienists provide treatment that helps to prevent oral disease such as dental caries and periodontal disease and for educating patients in prevention of these and other dental problems.
- (2) 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 direct supervision of the dentist. Dental hygienists in the employ of the State Board of Health or public school boards shall be limited to only performing oral hygiene instruction and screening when 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.
- (3) 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**

- (1) The duties of the Mississippi State Board of Dental Examiners, or the board, shall be to carry out the purposes and provisions of the laws pertaining to the practice of dentistry and dental hygiene. The Mississippi State Board of Dental Examiners is continued and reconstructed as follows: The board shall consist of seven (7) licensed and actively practicing dentists and one (1) licensed and actively practicing dental hygienist, each a graduate of an accredited college of dentistry or dental hygiene, as appropriate, and practicing within the State of Mississippi for a period of five (5) or more years next preceding his or her appointment. No dentist or dental hygienist shall be eligible for appointment who can be construed to be in violation of current state ethics laws and regulations.
- (2) The members of the board appointed and serving before July 1, 2002, shall complete their current four-year appointments. Upon completion of those appointments, the term of each of the successor dentist and dental hygienist appointees provided for in this section shall be for a period of six (6) years and shall terminate on and after June 30 of the sixth year.
- (3) The Governor shall appoint one (1) dentist member of the board from the state at large. 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 in this subsection. All appointments to the board shall be made with the advice and consent of the Senate.

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 from the six (6) districts. Thirty (30) days after submitting that 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 that 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. The names on the lists shall be given priority in accordance with the votes for each nominee. In case of a tie, the persons receiving tie votes shall have their names placed on the list even though it results in more than three (3) names on the list from that district.

- (4) The one (1) dental hygienist member shall be appointed by the Governor from the state at large from a list of six (6) dental hygienists, each of whom being the dental hygienist receiving the highest number of votes in his or her individual district from a poll conducted and compiled by the board. The poll shall consist of a blank ballot with three (3) spaces for nomination provided to all licensed dental hygienists in the state. During the course of each calendar year, the board shall take like polls of all licensed dental hygienists practicing in the state, and shall prepare a new list of six (6) dental hygienists, the list to consist of the dental hygienists receiving the highest number of votes in each district, to be submitted to the Governor, which shall be used in the appointment of the dental hygienist member from the state at large. In case of a tie, the persons receiving tie votes shall have their names placed on the list even though it results in more than six (6) names on the list.

The board shall poll all licensed dental hygienists in the state by dental district as that enumerated in subsection (3) of this section.

- (5) No dentist or dental hygienist member shall be permitted to serve consecutive terms, but may be nominated for reappointment after the expiration of six (6) years from the conclusion of his or her term. Any vacancy in the 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. 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 and until his or her successor is duly appointed and qualified.
- (6) A vote for an individual dentist or dental hygienist in all polls may be counted only once for each ballot no matter how many times the name is listed on the ballot.

- (7) The Secretary of State shall, at his discretion, at any time there is sufficient cause, investigate the method and procedure of taking those polls and establishing those 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 the 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 to follow the above-described procedure in establishing a new list for the appropriate board appointment.

§ 73-9-9--REMOVAL OF MEMBERS

The Governor may remove any member of the 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 does not attend two (2) consecutive meetings of the board, without just cause, 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 or her, and he or she 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 (15) days after execution of such certificate. 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, vice president and secretary-treasurer to serve for the coming year and until their successors are qualified. Only dentist members of the board may hold the offices of president and vice president. The board shall have a seal with appropriate wording to be kept at the offices of the board. The secretary and the executive director of the board 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 executive director 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 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 73-9-117, together with all amendments and additions thereto.

- (b) To regulate the practice of dentistry and dental hygiene and to promulgate reasonable regulations as are necessary or convenient for the protection of the public; however, the board shall not adopt any rule or regulation or impose any requirement regarding the licensing of dentists that conflicts with the prohibitions in Section 73-49-3.
- (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 dental practice act and authorized in accordance with Section 73-9-3(g) and (h).
- (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 and dental hygienist appointees for approval by the Governor as provided for elsewhere by law.
- (f) To issue licenses and permits to applicants when found to be qualified.
- (g) To provide for reregistration of all licenses and permits duly issued by the board.
- (h) To maintain an up-to-date list of all licensees and permit holders 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 reregistration/renewal certificates, and 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 licenses and permits 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 the 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, administer and 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 in which 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 the vote shall be a public record except that information pertaining to investigations or examinations shall be confidential unless waived by the 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 licensees registered with the board, arranged alphabetically by name and also by the municipalities where their offices are situated. Every licensee shall notify the board within thirty (30) days of any change in address of his or her office or residence. Failure to keep the board apprised of any change of address may result in an administrative penalty to the licensee, the amount of which shall not exceed the amount stipulated in Section 73-9-43. Every licensee shall prominently display his or her current registration, either the original or a notarized copy, in his or her place(s) of business. As used in this section, the word licensee shall include all dental and dental hygiene license holders, as well as all holders of permits duly issued by the board.

Except as provided in Section 33-1-39, every licensee shall, in accordance with the laws and rules and regulations of the board, together with appropriate required information

and renewal fee, apply for renewal for such period as set by the board, and the board shall issue the registration certificate to any licensee in good standing with the board. The board shall have the specific authority to adopt such rules and regulations setting the dates and deadlines for license/permit renewal and establishing the penalty for failure to renew same.

Any licensee performing acts within the scope of this chapter without legally having in his or her 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; however, the filing of the application, the payment of the fee, and the issuance of the certificate therefor, shall not entitle the holder thereof to lawfully practice within the State of Mississippi unless he or she has in fact been previously licensed by the State Board of Dental Examiners as provided by this chapter, and unless the license/permit is in full force and effect; in addition, in any prosecution for the unlicensed practice, the receipt showing payment of the renewal fee required by this chapter shall not be treated as evidence that the holder thereof is lawfully entitled to practice according to his or her license/permit.

Any licensee 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 his or her profession in this state. The inactive list shall be maintained by the board and shall set out the names and post office addresses of all licensees registered but not actively practicing in this state, arranged alphabetically by name and also by the municipalities and states of their last known professional or residential address. However, licensed dentists or dental hygienists actively practicing 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 licensees registered on the appropriate list as actively practicing in the State of Mississippi shall be authorized to practice their profession. For the purpose of this section, any licensed dentist or dental hygienist who has actively practiced his or her profession for at least three (3) months of the immediately preceding license renewal period shall be considered in active practice.

No licensee shall be registered on the inactive list until the licensee has been furnished a statement of intent to take that action by the board. The board shall notify the licensee by mail that on the day fixed for hearing he or she may appear and show cause, if any, why his or her license/permit 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 the hearing the board may require the attendance of witnesses, administer oaths and hear testimony, either oral or documentary, for and against the licensee, and if after the hearing, the board is satisfied that the licensee should be registered on the inactive list, it shall thereupon without further notice take that 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 State Board of Dental Examiners stating the reasons for the 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 for an examination at least thirty (30) days before the examination and shall upon application pay a non-refundable fee as elsewhere provided in this chapter.
- (2) An applicant for licensure by examination as a dentist who is a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association (ADA), or its successor commission, shall:
 - (a) Be of good moral character, be possessed of a high school education, and have attained the age of twenty-one (21) years;
 - (b) Exhibit with the application a diploma or certificate of graduation from the ADA accredited dental school; and
 - (c) Have successfully completed Parts I and II of the National Board Examinations of the Joint Commission on National Dental Examinations, or its successor commission, unless the applicant graduated from an accredited dental school before 1960.
- (3) An applicant for licensure by examination as a dentist who is a graduate of a non-ADA accredited foreign country dental school shall:
 - (a) Be of good moral character and have attained the age of twenty-one (21) years;
 - (b) Be proficient in oral and written 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 that is recognized by the licensure authorities in that country;
 - (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) Present documentation of having completed at least two (2) or more years of full-time post-doctoral dental education in a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor commission, and has been certified by the dean of the accredited dental school as having achieved the same level of didactic and clinical competence as expected of a graduate of the school; and
 - (f) Have successfully completed Parts I and II of the National Board Examinations of the Joint Commission on National Dental Examinations, or its successor commission, unless the applicant graduated from an approved dental school before 1960.
- (4) An applicant for licensure by examination as a dental hygienist who is a graduate of a dental hygiene school accredited by the Commission on Dental Accreditation of the American Dental Association (ADA), or its successor commission, shall:
- (a) Be of good moral character, be possessed of a high school education and have attained the age of eighteen (18) years;
 - (b) Exhibit with the application a diploma or certificate of graduation from the ADA accredited dental hygiene school; and
 - (c) Have successfully completed the National Board Dental Hygiene Examinations of the Joint Commission on National Dental Examinations, or its successor commission.
- (5) An applicant for licensure by examination as a dental hygienist who is a graduate of a non-ADA accredited foreign country dental hygiene school shall:
- (a) Be of good moral character and have attained the age of eighteen (18) years;
 - (b) Be proficient in oral and written 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 that is recognized by the licensure authorities in that country;
 - (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) Present documentation of having completed at least one or more years of full-time post-graduate clinical education in a dental hygiene school accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor commission, and has been certified by the dean of the accredited dental hygiene school as having achieved the same level of didactic and clinical competence as expected of a graduate of the school; and
 - (f) Have successfully completed the National Board Dental Hygiene Examinations of the Joint Commission on National Dental Examinations, or its successor commission.
- (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) citizens of the state of which the applicant is a resident, attesting under oath that the applicant 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. The board may disallow the licensure examination to any applicant who has been found guilty of any of the grounds for disciplinary action as enumerated in Section 73-9-61.
- (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 examinations given to applicants, and, if deemed necessary by the board, include a requirement that licensure examinations of applicants be conducted utilizing live human subjects. Each applicant shall appear before the board and be examined to determine 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 the 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 Examinations of the Joint Commission on National Dental Examinations, or its successor commission, in lieu of the written examination. However, in all such instances the board shall retain the right to administer such further written and practical examinations and demonstrations as it deems necessary.
- (9) Each application or filing made under this section shall include the social security number(s) of the applicant in accordance with Section 93-11-64.

**§ 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, the board, in its sole discretion, may grant a license to a candidate who meets the following criteria:
 - (a) Submit proof of graduation from a dental school or school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association (ADA), or its successor commission.
 - (b) Be engaged in the active practice of dentistry or dental hygiene or in full-time dental education or dental hygiene education for the past five (5) years;
 - (c) Currently hold a valid, unrestricted and unexpired license in a state whose standards for licensure are determined by the board as equivalent to Mississippi's standards, and which state grants reciprocity or licensure by credentials to licensees of the State of Mississippi;
 - (d) Provides an endorsement from all states in which he or she is currently licensed or has ever been licensed to practice dentistry or dental hygiene;
 - (e) Has not been the subject of pending or final disciplinary action in any state in which the applicant has been licensed;
 - (f) Is not the subject of a pending investigation in any other state or jurisdiction;
 - (g) Has passed a state or regional clinical licensure examination and, within the past five (5) years, has not failed a clinical licensure examination administered by another state, jurisdiction, or regional licensing board;
 - (h) Has not failed at any time, a licensure examination administered by the Mississippi State Board of Dental Examiners;
 - (i) Provides a written statement agreeing to appear for interviews at the request of the board;
 - (j) Has successfully completed all parts of the National Board Examinations of the Joint Commission on National Dental Examinations, or its successor commission, unless the applicant graduated from an accredited dental or dental hygiene school before 1960;
 - (k) Successfully passes a written jurisprudence examination;
 - (l) Provides payment of a nonrefundable application fee as provided in Section 73-9-43; and

- (m) In addition, the State Board of Dental Examiners may consider the following in accepting, rejecting or denying an application for licensure by credentialing:
 - (i) Information from the National Practitioner Data Bank, the Healthcare Integrity and Protection 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 the coverage has not been refused, declined, canceled, nonrenewed or modified.
 - (xii) Any additional information or documentation that the board may stipulate by rule or regulation as necessary to qualify for a license by credentialing.
- (2) The board shall be granted sufficient time to conduct a complete inquiry into the applicant's qualifications for licensure by credentials, and the board may adopt such rules and regulations pertaining to the time needed to conduct investigations and the responsibility of applicants to produce verifiable documentation.
- (3) Any applicant failing to meet the criteria in subsection (1) of this section shall not be eligible for a license based on credentials. Upon meeting the criteria in subsection (1) of this section, the Mississippi State Board of Dental Examiners may, in its discretion, issue to the applicant a license to practice dentistry, or dental hygiene, unless grounds for denial of licensure exist as enumerated in Section 73-9-61. Evi-

dence of falsification in the application for licensure through credentialing will result in revocation of the license.

- (4) Any applicant applying for a specialty license by credentials must stay within his or her board recognized specialty and must practice only that specialty within the State of Mississippi. A specialty license holder must hold a general dentistry license before obtaining a specialty license.
- (5) The issuance of a license by reciprocity to a military-trained applicant or military spouse shall be subject to the provisions of Section 73-50-1.

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

The regular meeting of the State Board of Dental Examiners shall be held at least annually at such place, date and time as the board may determine in its discretion, for the purpose of examining applicants for a license to practice dentistry and dental hygiene, and continue in session until all applicants have been examined and their examinations have been approved or disapproved. The board may meet more often 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, to administer makeup examinations, or for the purpose of enforcing the dental laws of the state.

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

The state shall furnish the 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 members. Certified copies of the license may be issued by the president, secretary or executive director under their signature and seal, for which the secretary or executive director 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 vested with the authority to promulgate rules and regulations allowing special categories of licenses, certificates, specialty certificates and permits under which 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. Those 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 a special category of license, certificate, specialty certificate or permit, and the renewal thereof, shall be made to the board in writing in accordance with such rules and regulations as the board may adopt. The secretary or executive director 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, or its successor council or commission, 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. The application shall be accompanied by the payment of a fee not to exceed the fee provided for in Section 73-9-43 and the application must be on file for at least sixty (60) days before 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 or her knowledge and proficiency in the specialty in which he or she 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 or herself 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 or she has been issued a certificate by the board authorizing him or her to do so. Failure to comply shall be cause for his or her 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, or its successor council or commission, for graduate training in the specialty sought to be announced, the 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 before 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 or voided upon the revocation or voiding of the holder's license to practice dentistry in Mississippi.

§ 73-9-31--REPEALED

§ 73-9-33--REPEALED

§ 73-9-35--LICENSES TO BE EXHIBITED

The holder of either of the licenses provided for, shall at all times, upon request, exhibit same 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--UNAUTHORIZED PRACTICE OF DENTISTRY
OR DENTAL HYGIENE BY UNLICENSED PERSON;
BOARD MAY SUMMON SUSPECTED VIOLATORS;
CIVIL PENALTIES FOR VIOLATIONS;
COSTS OF INVESTIGATION AND HEARING;
VIOLATORS MUST RETURN ANY FEES COLLECTED**

- (1) No person shall practice, attempt to practice or offer to practice dentistry or dental hygiene within the state without first having been authorized and issued a license by the board; nor shall any person practice, attempt to practice, or offer to practice dentistry or dental hygiene within the state during any period of suspension of his or her license by the board or after revocation or being voided for failure to reregister by the board of any license previously issued to the offending person.
- (2) A person who has never been issued a license to practice dentistry or dental hygiene or whose license has been suspended, voided or revoked by action of the board, shall not perform any act that would constitute the practice of dentistry or dental hygiene as defined in Sections 73-9-3 and 73-9-5, including, but not limited to, the following:
 - (a) Making impressions or casts of the human mouth or teeth;
 - (b) Constructing or supplying dentures without the work authorization or prescription of a person licensed under the laws of this state to practice dentistry; and
 - (c) Constructing or supplying dentures from impressions or casts without the work authorization or prescription of a person licensed under the laws of this state to practice dentistry.
- (3) The fact that any person engages in or performs or offers to engage in or performs any of the practices, acts or operations set forth in Section 73-9-3 or Section 73-9-5 is prima facie evidence that the person is engaged in the practice of dentistry or dental hygiene.
- (4) In addition to any other civil remedy or criminal penalty provided for by law, the executive director or the secretary of the board may issue a summons to appear before the board to any person or persons who the executive director or any member of the board has probable cause to believe has violated this section by practicing, attempting to practice, or offering to practice dentistry or dental hygiene without a current, valid license or permit and any necessary witnesses. The summons issued by the board shall command each person to whom it is directed to attend and give testimony at a time and place specified in the summons. The summons shall be served upon the individual personally or by any type of mailing requiring a return receipt and shall include a statement of the charges and an explanation of the manner in which the unlicensed person shall be required to respond to the board.

- (5) In proceedings conducted pursuant to subsection (4) of this section, the board may levy for each and every violation a civil penalty upon any unlicensed person who after a hearing is found to have practiced dentistry or dental hygiene without the benefit of a current, valid license having been issued by the board under the provisions of this chapter, as follows:
- (a) For the first violation, a monetary penalty of not more than Five Hundred Dollars (\$500.00).
 - (b) For the second violation, a monetary penalty of not more than One Thousand Dollars (\$1,000.00).
 - (c) For the third and any subsequent violations, a monetary penalty of not more than Five Thousand Dollars (\$5,000.00).
 - (d) For any violation, the board may assess those reasonable costs that are expended by the board in the investigation and conduct of the hearing as provided in subsection (4) of this section, including, but not limited to, the cost of process service, court reporters, expert witnesses and other witness expenses paid by the board, and investigators. Appeals from the board's decision may be taken as provided in Section 73-9-65. Any monetary penalty or assessment levied under this section shall be paid to the board by the illegal practitioner upon the expiration of the period allowed for appealing those penalties or may be paid sooner if the illegal practitioner elects. 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 for assessment of costs by the board shall be deposited into the special fund of the board.
- (6) No person practicing dentistry or dental hygiene without a current valid license shall have the right to receive any compensation for services so rendered. In addition to any other penalties imposed under this section, any person who practices dentistry or dental hygiene without a license shall return any fees collected for practicing dentistry or dental hygiene and shall be liable for any damages resulting from negligent conduct. The board or any patient shall have the right to enforce the obligation provided in this section.

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

- (1) The secretary or executive director shall collect in advance all fees provided for in this chapter as established by the board, not to exceed:
- | | |
|---|-----------|
| Application for dental license | \$ 600.00 |
| Application for dental license through credentials | 2,500.00 |
| Application for dental specialty license | 400.00 |
| Application for dental institutional, teaching or provisional license | 600.00 |

Application for dental hygiene license	400.00
Application for dental hygiene license through credentials	750.00
Application for dental hygiene institutional, teaching, or provisional license	400.00
Application for general anesthesia permit	400.00
Application for I.V. sedation permit	400.00
Application for radiology permit	100.00
Dental license renewal	300.00
Dental specialty license renewal	200.00
Dental institutional, teaching or provisional license renewal	300.00
Dental hygiene license renewal	150.00
Dental hygiene institutional, teaching, or provisional license renewal	150.00
General anesthesia permit renewal	200.00
I.V. sedation permit renewal	200.00
Radiology permit renewal	75.00
Penalty for delinquent renewal of dental licenses; dental specialty licenses; and dental institutional, teaching, and provisional licenses:	
First month (plus renewal fee)	100.00
Second month (plus renewal fee)	150.00
Penalty for delinquent renewal of dental hygiene licenses and dental hygiene institutional, teaching, and provisional licenses:	
First month (plus renewal fee)	50.00
Second month (plus renewal fee)	75.00
Penalty for delinquent renewal of radiology permits:	
First month (plus renewal fee)	45.00
Second month (plus renewal fee)	65.00
Penalty for nonnotification of change of address	50.00
Penalty for duplicate renewal forms and certification cards	50.00
Duplicate or replacement license or permit	40.00
Certification of licensure status	40.00
Certified copy of license or permit	40.00
Handling fee for nonsufficient funds check	50.00
Requests for database information	300.00
Radiology examinations administered in board's office	100.00
Dental and dental hygiene licensure examination manuals	50.00
Dental and dental hygiene licensure by credentials packets	50.00
Laws and/or regulations	50.00
Disciplinary action orders	25.00
Newsletters	20.00

- (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 license or permit holder is delinquent in payment of renewal fees exceeding sixty (60) days from the initial renewal deadline as set by the board, the person shall be presumed to be no longer practicing, shall be stricken from the rolls and shall be deemed an illegal practitioner, subject to the penalties as enumerated in Section 73-9-41. In

order to practice his or her profession in this state thereafter, the person 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 or executive director 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 that purpose. 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) For conducting the initial and retake examinations of applicants for licensure the secretary shall receive no more than Nine Hundred Dollars (\$900.00) per day for each examination, and no other member shall receive more than Seven Hundred Dollars (\$700.00) per day for each examination. The receipt of that compensation shall not entitle members of the board to receive or be eligible for any state employee group insurance, retirement or other fringe benefits. 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.
- (5) A portion of the fee charged for license renewal of dentists and dental hygienists may be used to support a program to aid impaired dentists and/or dental hygienists. The payment of per diem and expense for attending 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 may investigate all complaints and all alleged cases of noncompliance with, or violation of the provisions of this chapter and may bring all those 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 or executive director in the same manner as the minutes of regular meetings.

§ 73-9-49--SECRETARY'S REPORT

The secretary or executive director 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.

§ 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 Two Thousand Dollars (\$2,000.00) nor more than Five Thousand Dollars (\$5,000.00) or be imprisoned in the county jail not less than two (2) months nor more than six (6) 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--DENIAL OF ISSUANCE OR RENEWAL, REVOCATION, OR SUSPENSION OF LICENSE FOR CAUSE; MONETARY PENALTY IN LIEU OF DENIAL, 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 the accused as well as the public, the State Board of Dental Examiners may deny the issuance or renewal of a license or may revoke or suspend the license of any licensed dentist or dental hygienist practicing in the State of Mississippi, or take any other action in relation to the license as the board may deem proper under the circumstances, for any of the following reasons:
 - (a) Misrepresentation in obtaining a license, or attempting to obtain, obtaining, attempting to renew or renewing a license or professional credential by

making any material misrepresentation, including the signing in his or her professional capacity any certificate that is known to be false at the time he or she makes or signs the certificate.

- (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) Being impaired in the ability to practice dentistry or dental hygiene with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.
- (d) Administering, dispensing or prescribing any prescriptive medication or drug outside the course of legitimate professional dental practice.
- (e) Being convicted or found guilty of or entering a plea of nolo contendere to, regardless of adjudication, a 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, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal.
- (f) Practicing incompetently or negligently, regardless of whether there is actual harm to the patient.
- (g) Being convicted or found guilty of or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction that relates to the practice of dentistry or dental hygiene, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal.
- (h) Being convicted or found guilty of or entering a plea of nolo contendere to, regardless of adjudication, a felony in any jurisdiction, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal.
- (i) Delegating professional responsibilities to a person who is not qualified by training, experience or licensure to perform them.
- (j) The refusal of a licensing authority of another state or jurisdiction to issue or renew a license, permit or certificate to practice dentistry or dental hygiene in that jurisdiction or the revocation, suspension or other restriction imposed on a license, permit or certificate issued by the licensing authority that prevents or restricts practice in that jurisdiction, a certified copy of the disciplinary order or action taken by the other state or jurisdiction being prima facie evidence thereof, notwithstanding the pendency of any appeal.

- (k) Surrender of a license or authorization to practice dentistry or dental hygiene in another state or jurisdiction when the board has reasonable cause to believe that the surrender is made to avoid or in anticipation of a disciplinary action.
- (l) 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.
- (m) Failure to provide and maintain reasonable sanitary facilities and conditions or failure to follow board rules regarding infection control.
- (n) Committing any act which would constitute sexual misconduct upon a patient or upon ancillary staff. For purposes of this subsection, the term sexual misconduct means:
 - (i) Use of the licensee-patient relationship to engage or attempt to engage the patient in sexual activity; or
 - (ii) Conduct of a licensee that is intended to intimidate, coerce, influence or trick any person employed by or for the licensee in a dental practice or educational setting for the purpose of engaging in sexual activity or activity intended for the sexual gratification of the licensee.
- (o) Violation of a lawful order of the board previously entered in a disciplinary or licensure hearing; failure to cooperate with any lawful request or investigation by the board; or failure to comply with a lawfully issued subpoena of the board.
- (p) Willful, obstinate 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.
- (q) Practicing dentistry or dental hygiene while the person's license is suspended.

- (r) Violation(s) of the provisions of Sections 41-121-1 through 41-121-9 relating to deceptive advertisement by health care practitioners. This paragraph shall stand repealed on July 1, 2016.
- (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 or her 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 the revocation or suspension and simultaneously place the licensee on probation upon the condition that the 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 or her license as may be set by the board.
- (4) In a proceeding conducted under this section by the board for the denial, 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 that denial, revocation or suspension, and in addition thereto or in lieu of that denial, 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 subparagraph (a), (b), (c), (d), (f), (i), (l), (m), (n), (o) or (q) 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 subparagraph (a), (b), (c), (d), (f), (i), (l), (m), (n), (o) or (q) 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 subparagraph (a), (b), (c), (d), (f), (i), (l), (m), (n), (o) or (q) 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) through (q) 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 monetary penalties under this section 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 has expired. In the event of an appeal, the 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 those 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 is a nonresident of the State of Mississippi, the 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.
- (11) All grounds for disciplinary action, including imposition of fines and assessment of costs as enumerated above, shall also apply to any other license or permit issued by the board under this chapter or regulations duly adopted by the board.

§ 73-9-63--COMPLAINT FILED AGAINST DENTIST OR DENTAL HYGIENIST; HEARING

A complaint may be filed with the secretary or executive director of the board, by any person charging a licensed dentist or dental hygienist with the commission of any of the offenses enumerated in Section 73-9-61. The complaint shall be in writing and signed by the accuser, or accusers. If upon review of the complaint, 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. In the event of a dismissal, the person filing the complaint 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 the offenses, and a hearing should be held to determine the validity of the complaint, the executive director of the board shall set a day for a hearing, and shall notify the accused that on the day fixed for hearing he or she 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 or have other disciplinary action taken against it. The notice shall be served upon the dentist or dental hygienist either personally or by registered or certified mail with return receipt requested. The board may, by regulation, establish an investigative panel consisting of at least two (2) people, one (1) of whom shall be a board member, to review complaints to determine the existence of probable cause and whether the complaints should proceed to formal hearing.

Nothing in this section shall prevent the board from determining that it should investigate a licensee without a signed complaint provided that a prior determination is made that probable cause exists that a violation of this chapter may have occurred.

For the purpose of the hearings or investigation of complaints, the board is empowered to require the attendance of witnesses, reimburse witnesses for necessary expenses and mileage incurred, subpoena documents and records, employ and compensate expert witnesses, administer oaths, and hear testimony, either oral or documentary, for and against the accused. Hearings shall be conducted by a majority of the members of the board. A record of the hearing shall be made, which shall consist of all testimony received and all documents and other material introduced. If after the hearing the board is 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. All procedural due process requirements as enumerated above also shall apply to any other license or permit issued by the board under this chapter or regulations duly adopted by the board.

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

No disciplinary action against a licensee shall be taken until the accused has been furnished a statement of the charges against him or her 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. The board may, for good cause shown, reinstate any license revoked or suspended. 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 any disciplinary actions of the board regarding the license of any dentist or dental hygienist is granted. The appeal shall be to the chancery court of the county in which the dentist or dental hygienist resides, except where the dentist or dental hygienist does not reside in the State of Mississippi, in which case the appeal shall be to the Chancery Court of the First Judicial

District of Hinds County, Mississippi. The appeal must be taken within thirty (30) days after notice of the action of the board. The appeal is perfected upon filing a notice of appeal, together with a bond in the sum of One Hundred Dollars (\$100.00), with two (2) sureties, conditioned that if the action of the board regarding the license is affirmed by the chancery court the dentist or dental hygienist will pay the costs of the appeal and the action in the chancery court. Those 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, the 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 while any such appeal to the Supreme Court is pending. All procedural appeal requirements as enumerated above also shall apply to any other license or permit issued by the board under this chapter or regulations duly adopted by the board.

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--REPEALED

§ 73-9-101--SHORT TITLE.

Sections 73-9-101 through 73-9-117 shall be known as the "Mississippi Disabled Dentist Law."

**§ 73-9-103--RESTRICTION, SUSPENSION, OR REVOCATION OF LICENSE
IN CASE OF INABILITY TO PRACTICE DUE TO DISABILITY**

The license of any dentist or dental hygienist in this state shall be subject to restriction, suspension or revocation, as hereinafter provided, in case of inability of the licensee to practice dentistry or dental hygiene with reasonable skill or safety to patients by reason of one or more of the following:

- (a) Mental illness;
- (b) Physical illness, including, but not limited to, deterioration through the aging process, or loss of motor skill;
- (c) Excessive use or abuse of drugs, including alcohol.

§ 73-9-105--EXAMINATION TO DETERMINE EXISTENCE OF DISABILITY

- (1) If the State Board of Dental Examiners has reasonable cause to believe that a dentist or dental hygienist licensed to practice dentistry or dental hygiene in this state is unable to practice with reasonable skill and safety to patients because of a condition described in Section 73-9-103, such board of dental examiners shall cause an examination of such dentist or dental hygienist to be made as described in subsection (2) of this section and shall, following such examination, take appropriate action within the provisions of Sections 73-9-101 through 73-9-117.
- (2) Examination of a dentist or dental hygienist under this section shall be conducted by an examining committee designated by the board. Such examining committee shall be composed of at least two (2) practicing dentists, three (3) practicing physicians, and shall include at least one (1) psychiatrist if a question of mental illness is involved.

**§ 73-9-107--CONDUCT OF EXAMINATION;
REPORT OF FINDINGS AND RECOMMENDATIONS;
NOTICE TO LICENSEE; INDEPENDENT EXAMINATION;
FAILURE TO COMPLY WITH EXAMINATION GROUNDS FOR SUSPENSION;
INSPECTION OF PATIENT RECORDS**

- (1) The examining committee assigned to examine a dentist or dental hygienist pursuant to referral by the board under Section 73-9-105 shall conduct an examination of the dentist or dental hygienist for the purpose of determining his or her fitness to practice dentistry or dental hygiene with reasonable skill and safety to patients, either on a restricted or unrestricted basis, and shall report its findings and recommendations to the board. The committee shall order the dentist or dental hygienist to appear before the committee for examination and give him or her ten (10) days' notice of the time and place of the examination, together with a statement of the cause for the examination. The notice shall be served upon the dentist or dental hygienist either personally or by registered or certified mail with return receipt requested.
- (2) If the examining committee, in its discretion, deems an independent mental or physical examination of the dentist or dental hygienist necessary to its determination of the fitness of the dentist or dental hygienist to practice, the committee shall order the dentist or dental hygienist to submit to the examination. Any person licensed to practice dentistry or dental hygiene in this state shall be deemed to have waived all

objections to the admissibility of the examining committee's report in any proceedings before the board under Sections 73-9-101 through 73-9-117 on the grounds of privileged communication. Any dentist or dental hygienist ordered to an examination before the committee under this subsection shall be entitled to an independent mental or physical examination if he or she makes a request therefor.

- (3) Any dentist or dental hygienist who submits to a diagnostic mental or physical examination as ordered by the examining committee shall have a right to designate another physician to be present at the examination and make an independent report to the board.
- (4) Failure of a dentist or dental hygienist to comply with a committee order under subsection (1) of this section to appear before it for examination or to submit to mental or physical examination under subsection (2) of this section shall be reported by the committee to the board, and unless due to circumstances beyond the control of the dentist or dental hygienist, shall be grounds for suspension by the board of his or her license to practice dentistry or dental hygiene in this state until such time as the dentist or dental hygienist has complied with the order of the committee.
- (5) The examining committee may inspect patient records in accordance with the rules and regulations duly promulgated by the Board of Dental Examiners.
- (6) All patient records, investigative reports, and other documents in possession of the board and examining committee shall be deemed confidential and not subject to subpoena or disclosure unless so ordered by the court from which the subpoena issued, but the court, in its discretion, may limit use or disclosure of the records. Notwithstanding, and to encourage the prompt reporting of disabled practitioners, neither the board nor examining committee shall reveal the identity of any source of information where the source has requested anonymity.

§ 73-9-109--VOLUNTARY RESTRICTION ON LICENSE; REMOVAL OF RESTRICTION

A dentist or dental hygienist may request in writing to the board a restriction of his license to practice dentistry or dental hygiene. The board may grant such request for restriction and shall have authority, if it deems appropriate, to attach conditions to the licensure of the dentist or dental hygienist to practice dentistry or dental hygiene within specified limitations, and waive the commencement of any proceeding under Section 73-9-113. Removal of a voluntary restriction on licensure to practice dentistry or dental hygiene shall be subject to the procedure for reinstatement of license in Section 73-9-115.

§ 73-9-111--EXAMINING COMMITTEE TO REPORT FINDINGS TO BOARD; BOARD MAY ACCEPT OR REJECT FINDINGS; HEARING BEFORE BOARD

- (1) The examining committee shall report to the board its findings on the examination of the dentist or dental hygienist under Section 73-9-107, the determination of the

committee as to the fitness of the dentist or dental hygienist to engage in the practice of dentistry or dental hygiene with reasonable skill and safety to patients, either on a restricted or unrestricted basis, and any management that the committee may recommend. Such recommendation by the committee shall be advisory only and shall not be binding on the board.

- (2) The board may accept or reject the recommendation of the examining committee to permit a dentist or dental hygienist to continue to practice with or without any restriction on his license to practice dentistry or dental hygiene, or may refer the matter back to the examining committee for further examination and report thereon.
- (3) In the absence of a voluntary agreement by a dentist or dental hygienist under Section 73-9-109 for restriction of the licensure of such dentist or dental hygienist to practice dentistry or dental hygiene, any dentist or dental hygienist shall be entitled to a hearing in formal proceedings before the board and a determination on the evidence as to whether or not restriction, suspension or revocation of licensure shall be imposed.

**§ 73-9-113--BOARD PROCEEDINGS AGAINST LICENSEE;
NOTICE TO LICENSEE; HEARING;
DETERMINATION OF FITNESS TO PRACTICE; REMEDIES;
TEMPORARY SUSPENSION OF LICENSE WITHOUT HEARING**

- (1) The board may proceed against a dentist or dental hygienist under Sections 73-9-101 through 73-9-117 by serving upon the dentist or dental hygienist at least fifteen (15) days' notice of a time and place fixed for a hearing, together with copies of the examining committee's report and diagnosis. The notice and reports shall be served upon the dentist or dental hygienist either personally or by registered or certified mail with return receipt requested.
- (2) At the hearing the dentist or dental hygienist shall have the right to be present, to be represented by counsel, to produce witnesses or evidence in his or her behalf, to cross-examine witnesses, and to have subpoenas issued by the board.
- (3) At the conclusion of the hearing, the board shall make a determination of the merits and may issue an order imposing one or more of the following:
 - (a) Make a recommendation that the dentist or dental hygienist submit to the care, counseling or treatment by physicians acceptable to the board.
 - (b) Suspend or restrict the license to practice dentistry or dental hygiene for the duration of his or her impairment.
 - (c) Revoke the license of the dentist or dental hygienist.
 - (d) Impose an assessment of costs or monetary penalty as provided for in Section 73-9-61.

- (4) The board may temporarily suspend the license of any dentist or dental hygienist without a hearing, simultaneously with the institution of proceedings for a hearing under this section, if it finds that the evidence in support of the examining committee's determination is clear, competent and unequivocal and that his or her continuation in practice would constitute an imminent danger to public health and safety.
- (5) Neither the record of the proceedings nor any order entered against a dentist or dental hygienist may be used against him or her in any other legal proceedings except upon judicial review as provided herein.

**§ 73-9-115--PETITION FOR REINSTATEMENT;
JUDICIAL REVIEW OF BOARD'S ORDERS**

- (1) A dentist or dental hygienist whose licensure has been restricted, suspended or revoked under Sections 73-9-101 through 73-9-113, voluntarily or by action of the board, shall have a right, at reasonable intervals, to petition for reinstatement of his license and to demonstrate that he can resume the competent practice of dentistry or dental hygiene with reasonable skill and safety to patients. Such petition shall be made in writing and on a form prescribed by the board. Action of the board on such petition shall be initiated by referral to and examination by the examining committee pursuant to the provisions of Sections 73-9-105 and 73-9-107. The board may, upon written recommendation of the examining committee, restore the licensure of the dentist or dental hygienist on a general or limited basis or institute a proceeding pursuant to Section 73-9-113 for the determination of the fitness of the dentist or dental hygienist to resume his practice.
- (2) All orders of the board entered under Sections 73-9-113(3) and (4) shall be subject to judicial review by appeal to the chancery court of the county of the residence of the dentist or dental hygienist involved against whom the order is rendered, within thirty (30) days following the date of entry of the order, the appeal to be taken and perfected in the same manner as provided in Section 73-9-65.

**§ 73-9-117--IMMUNITY OF BOARD AND PERSONS
PROVIDING INFORMATION IN GOOD FAITH FROM LIABILITY**

There shall be no liability on the part of and no action for damages against:

- (a) Any member of the examining committee or the board for any action undertaken or performed by such member within the scope of the functions of such committee or the board under Sections 73-9-101 through 73-9-115 when acting without malice and in the reasonable belief that the action taken by him is warranted; or
- (b) Any person providing information to the committee or to the board without malice in the reasonable belief that such information is accurate.

§ 25-41-3--DEFINITION OF PUBLIC BODY AND MEETING

For purposes of this chapter, the following words shall have the meaning ascribed herein, to wit:

- (a) “Public body” means any executive or administrative board, commission, authority, council, department, agency, bureau or any other policy-making 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 any standing, interim or special committee of the Mississippi Legislature. There shall be exempted from the provisions of this chapter:
 - (i) The judiciary, including all jury deliberations;
 - (ii) Public and private hospital staffs, public and private hospital boards and committees thereof;
 - (iii) Law enforcement officials;
 - (iv) The military;
 - (v) The State Probation and Parole Board;
 - (vi) The Workers' Compensation Commission;
 - (vii) Legislative subcommittees and legislative conference committees;
 - (viii) The arbitration council established in Section 69-3-19;
 - (ix) License revocation, suspension and disciplinary proceedings held by the Mississippi State Board of Dental Examiners; and
 - (x) Hearings and meetings of the Board of Tax Appeals and of the hearing officers and the board of review of the Department of Revenue as provided in Section 27-77-15.

- (b) “Meeting” means 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; “meeting” also means any such assemblage through the use of video or teleconference devices.

**§ 33-1-39--EXTENSION OF PROFESSIONAL LICENSE
ISSUED ACTIVE DUTY MILITARY PERSONNEL;
QUALIFICATION FOR EXTENSION; FEES**

A professional license issued pursuant to any provision of Title 73 to any member of the Mississippi National Guard or the United States Armed Forces Reserves shall not expire while the member is serving on federal active duty and shall be extended for a period not to exceed ninety (90) days after his return from federal active duty. If the license is renewed during the ninety-day period after his return from federal active duty, the member shall only be responsible for normal fees and activities relating to renewal of the license and shall not be charged any additional costs such as, but not limited to, late fees or delinquency fees. The member shall present to the authority issuing the professional license a copy of his official military orders or a written verification from the member's commanding officer before the end of the ninety-day period in order to qualify for the extension.

§ 41-121-1--TITLE [REPEALED EFFECTIVE JULY 1, 2016]

This chapter shall be known and may be cited as "The Patient's Right to Informed Health Care Choices Act."

§ 41-121-3--PURPOSE [REPEALED EFFECTIVE JULY 1, 2016]

The Legislature finds and declares that:

- (a) There are a multitude of professional degrees using the term "doctor," including Medical Doctor (M.D.); Doctor of Osteopathic Medicine (D.O.); Doctor of Dental Surgery (D.D.S.); Doctor of Podiatric Medicine (D.P.M.); Doctor of Optometry (O.D.); Doctor of Chiropractic (D.C.); Doctor of Nursing Practice (D.N.P.); Doctor of Pharmacy (Pharm.D.); and other designations which may be used by health care practitioners.
- (b) Choosing a health care provider is one of the most important decisions a patient makes, which should be supported by full disclosure from their health care provider. There are differences regarding the training and qualifications required to earn the professional degrees described in and subject to this chapter. These differences often concern the training and skills necessary to correctly detect, diagnose, prevent and treat serious health care conditions.
- (c) There is a compelling state interest in patients being promptly and clearly informed of the actual training and qualifications of their health care practitioners who provide health care services. This chapter aims to provide public protection against potentially misleading and deceptive health care advertising that cause patients to have undue expectations regarding their medical treatments and outcomes.

§ 41-121-5--DEFINITIONS [REPEALED EFFECTIVE JULY 1, 2016]

For the purposes of this chapter:

- (a) “Advertisement” means any communication or statement, whether printed, electronic or oral, that names the health care practitioner in relation to his or her practice, profession, or institution in which the individual is employed, volunteers or otherwise provides health care services. This includes business cards, letterhead, patient brochures, email, Internet, audio and video, and any other communication or statement used in the course of business or any other definition provided by regulations of the licensing board of proper jurisdiction.
- (b) “Deceptive” or “misleading” includes, but is not limited to, any advertisement or affirmative communication or representation that misstates, falsely describes, holds out or falsely details the health care practitioner's profession, skills, training, expertise, education, board certification or licensure as determined by each respective licensing board.
- (c) “Health care practitioner” means any person who engages in acts that are the subject of licensure or regulation. Categories of health care practitioner include:
 - (i) Practitioners of allopathic medicine, signified by the letters “M.D.” or the words surgeon, medical doctor, or doctor of medicine by a person licensed to practice medicine and surgery.
 - (ii) Practitioners of osteopathic medicine, signified by the letters “D.O.” or the words surgeon, osteopathic surgeon, osteopath, doctor of osteopathy, or doctor of osteopathic medicine.
 - (iii) Practitioners of nursing, signified by the letters “D.N.P.,” “N.P.,” “R.N.,” “L.P.N.,” “C.R.N.A.,” or any other commonly used signifier to denote a doctorate of nursing practice, nurse practitioner, registered nurse, licensed practical nurse, or certified registered nurse anesthetist, respectively, as appropriate to signify the appropriate degree of licensure and degree earned from a regionally accredited institution of higher education in the appropriate field of learning.
 - (iv) Practitioners of podiatry, signified by the letters “D.P.M.” or the words podiatrist, doctor of podiatry, podiatric surgeon, or doctor of podiatric medicine.
 - (v) Practitioners of chiropractic, signified by the letters “D.C.” or the words chiropractor, doctor of chiropractic or chiropractic physician.

- (vi) Practitioners of dentistry, signified by the letters “D.D.S.” or “D.M.D.,” as appropriate, or the words dentist, doctor of dental surgery, or doctor of dental medicine, as appropriate.
 - (vii) Practitioners of optometry, signified by the letters “O.D.” or the words optometrist or doctor of optometry.
 - (viii) Practitioners of pharmacy, signified by the letters “BSc.Pharm” or “Pharm.D.” or the words pharmacists or doctor of pharmacy.
 - (ix) Physician assistants, signified by the letters “P.A.” or the words physician assistant.
 - (x) Medical assistants, signified by the letters “M.A.” or the words medical assistant.
 - (xi) Practitioners of audiology, signified by the letters “Au.D.,” “Sc.D.” or “Ph.D.,” or the words audiologist or doctor of audiology.
 - (xii) Psychologists, therapists, speech-language pathologists, counselors, or any other health care practitioner not covered under this section, including, but not limited to, those signified by the letters “Ph.D.,” “Ed.D.,” “P.T.,” “M.P.T.” or “Psy.D.,” or “Sc.D.,” as appropriate to signify the appropriate degree of licensure and degree earned from a regionally accredited institution of higher education in the appropriate field of learning.
- (d) “Licensee” means a health care practitioner who holds an active license with the licensing board governing his or her practice in this state.

§ 41-121-7--REQUIREMENTS [REPEALED EFFECTIVE JULY 1, 2016]

- (1) An advertisement for health care services that names a health care practitioner must identify the type of license held according to the definitions under this chapter. The advertisement shall be free from any and all deceptive or misleading information.
- (2) A health care practitioner providing health care services in this state must conspicuously post in their office and affirmatively communicate the practitioner's specific licensure as defined under this chapter. This shall consist of the following: The health care practitioner shall display in his or her office a writing that clearly identifies the type of license held by the health care practitioner. The writing must be of sufficient size so as to be visible and apparent to all current and prospective patients.
- (3) A health care practitioner who practices in more than one (1) office shall be required to comply with these requirements in each practice setting.

- (4) Health care practitioners working in nonpatient care settings, and who do not have any direct patient care interactions, are not subject to the provisions of this chapter.

**§ 41-121-9--VIOLATIONS AND ENFORCEMENT
[REPEALED EFFECTIVE JULY 1, 2016]**

- (1) Failure to comply with any provision under this section shall constitute a violation under this chapter.
- (2) Knowingly aiding, assisting, procuring, employing or advising any unlicensed person or entity to practice or engage in acts contrary to the health care practitioner's degree of licensure shall constitute a violation under this chapter.
- (3) Delegating or contracting for the performance of health care services by a health care practitioner when the licensee delegating or contracting for performance knows, or has reason to know, the person does not have the required authority under the person's licensure, shall constitute a violation under this chapter.
- (4) Violations of this act relating to practitioners of pharmacy shall be regulated in accordance with the restrictions on the use of business name for pharmacists in Section 73-21-109.
- (5) Each day that this chapter is violated shall constitute a separate offense and shall be punishable as such.
- (6) Any health care practitioner who violates any provision under this chapter is guilty of unprofessional conduct and subject to disciplinary action under the appropriate licensure provisions governing the respective health care practitioner.
- (7) Any and all fees and other amounts billed to and paid by the patient may be effectively rescinded and refunded. This includes third parties contracted to collect fees on behalf of the health care practitioner, the health care practitioner's employer, or other entity contracting with the health care practitioner as determined by each respective licensing board.
- (8) The imposition of professional sanctions, administrative fees or other disciplinary actions shall be publicly reported by the governmental administrative body of proper jurisdiction at its discretion.
- (9) Notwithstanding the imposition of any penalty, a professional licensing board or other administrative agency with jurisdiction may seek an injunction or other legal means as appropriate against a person or entity violating this act as determined by each respective licensing board.
- (10) A licensing board may only enforce violations of this chapter with licensees that are subject to its jurisdiction.

§ 41-121-110--REPEAL OF THIS CHAPTER

Sections 41-121-1 through 41-121-9, shall stand repealed on July 1, 2016.

**§ 73-49-1--STATE BOARDS THAT LICENSE HEALTH CARE PROVIDERS
PROHIBITED FROM PROMULGATING OR ENFORCING RULES
OR REGULATIONS IN A MANNER THAT DISCRIMINATES AMONG LICENSEES**

No state board or agency that licenses health care providers shall promulgate or enforce any rule or regulation affecting the practice of its licensees that does not apply equally to the practice of all of its licensees. This section applies to all rules and regulations promulgated and implemented by those boards or agencies both before and after July 1, 2000.

**§ 73-50-1--LICENSING, CERTIFYING OR REGISTERING
MILITARY-TRAINED INDIVIDUALS OR SPOUSES
TO LAWFULLY PRACTICE OCCUPATION**

§ 73-50-1. Issuance of license, certificate or registration by occupational licensing board to military-trained or military spouse applicants to lawfully practice occupation in Mississippi under certain circumstances; temporary practice permit.

- (1) As used in this section, the term:
 - (a) "License" means any license (other than a privilege license), certificate or other evidence of qualification that an individual is required to obtain before he or she may engage in or represent himself or herself to be a member of a particular profession or occupation.
 - (b) "Occupational licensing board" means any state board, commission, department or other agency in Mississippi that is established for the primary purpose of regulating the entry of persons into, and/or the conduct of persons within, a particular profession or occupation, and which is authorized to issue licenses. For the purposes of this section, the State Department of Education shall be considered an occupational licensing board when issuing teacher licenses under Section 37-3-2.
- (2) Notwithstanding any other provision of law, an occupational licensing board shall issue a license, certification or registration to a military-trained applicant to allow the applicant to lawfully practice the applicant's occupation in Mississippi if, upon application to an occupational licensing board, the applicant satisfies the following conditions:
 - (a) Has been awarded a military occupational specialty and has done all of the following at a level that is substantially equivalent to or exceeds the requirements for licensure, certification or registration of the occupational licensing

board from which the applicant is seeking licensure, certification or registration in this state: completed a military program of training, completed testing or equivalent training and experience as determined by the board, and performed in the occupational specialty.

- (b) Has engaged in the active practice of the occupation for which the person is seeking a license, certification or permit from the occupational licensing board in this state for at least two (2) of the five (5) years preceding the date of the application under this section.
 - (c) Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice that occupation in this state at the time the act was committed.
 - (d) Pays any fees required by the occupational licensing board for which the applicant is seeking licensure, certification or registration in this state.
- (3) Notwithstanding any other provision of law, an occupational licensing board shall issue a license, certification or registration to a military spouse to allow the military spouse to lawfully practice the military spouse's occupation in Mississippi if, upon application to an occupational licensing board, the military spouse satisfies the following conditions:
- (a) Holds a current license, certification or registration from another jurisdiction, and that jurisdiction's requirements for licensure, certification or registration are substantially equivalent to or exceed the requirements for licensure, certification or registration of the occupational licensing board for which the applicant is seeking licensure, certification or registration in this state.
 - (b) Can demonstrate competency in the occupation through methods as determined by the board, such as having completed continuing education units or having had recent experience for at least two (2) of the five (5) years preceding the date of the application under this section.
 - (c) Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice that occupation in this state at the time the act was committed.
 - (d) Is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license, certification or permit.
 - (e) Pays any fees required by the occupational licensing board for which the applicant is seeking licensure, certification or registration in this state.
- (4) All relevant experience of a military service member in the discharge of official duties or, for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited

in the calculation of years of practice in an occupation as required under subsection (2) or (3) of this section.

- (5) A nonresident licensed, certified or registered under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed, certified or registered by an occupational licensing board in this state.
- (6) An occupational licensing board may issue a temporary practice permit to a military-trained applicant or military spouse licensed, certified or registered in another jurisdiction while the military-trained applicant or military spouse is satisfying the requirements for licensure under subsection (2) or (3) of this section if that jurisdiction has licensure, certification or registration standards substantially equivalent to the standards for licensure, certification or registration of an occupational licensing board in this state. The military-trained applicant or military spouse may practice under the temporary permit until a license, certification or registration is granted or until a notice to deny a license, certification or registration is issued in accordance with rules adopted by the occupational licensing board.
- (7) An occupational licensing board may adopt rules necessary to implement this section.
- (8) Nothing in this section shall be construed to prohibit a military-trained applicant or military spouse from proceeding under the existing licensure, certification or registration requirements established by an occupational licensing board in this state.
- (9) Nothing in this section shall be construed to apply to the practice of law as regulated under Section 73-3-1 et. seq.

§ 93-11-64--USE OF SOCIAL SECURITY NUMBERS FOR LOCATING PARENTS

- (1) The Department of Human Services and its divisions, and any agency, office or registry established by the department, or which works in conjunction with the department, or is authorized to supply information to the department, may use Social Security numbers for the purpose of locating parents or alleged parents, establishing parentage, and establishing the amount of, modifying, or enforcing child support obligations.
- (2) This section requires that the Social Security number of:
 - (a) Any applicant for a state-issued license be recorded on the application;
 - (b) Any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment be placed in the records relating to the matter; and
 - (c) Any individual who has died be placed in the records relating to the death and be recorded on the death certificate.

§ 93-11-151--INTENT

In addition to other requirements necessary for holding a license, an individual who is subject to an order to pay child support also is subject to the provisions of Sections 93-11-151 through 93-11-163.

§ 93-11-153--DEFINITIONS

As used in Sections 93-11-151 through 93-11-163, the following words and terms shall have the meanings ascribed herein:

- (a) “Licensing entity” or “entity” means any entity specified in Title 73, Professions and Vocations, of the Mississippi Code, and includes the Mississippi Department of Public Safety with respect to driver's licenses, the Mississippi State Tax Commission with respect to licenses for the sale of alcoholic beverages and other licenses or registration authorizing a person to engage in a business, the Mississippi Department of Wildlife, Fisheries and Parks with respect to hunting and fishing licenses, and any other state agency that issues a license authorizing a person to engage in a business, occupation or profession. For the purposes of this article, the Supreme Court shall be considered to be the licensing entity for attorneys.
- (b) “License” means a license, certificate, permit, credential, registration, or any other authorization issued by a licensing entity that allows a person to engage in a business, occupation or profession, to operate a motor vehicle, to sell alcoholic beverages, or to hunt and fish.
- (c) “Licensee” means any person holding a license issued by a licensing entity.
- (d) “Order for support” means any judgment or order that provides for payments of a sum certain for the support of a child, whether it is temporary or final, and includes, but is not limited to, an order for reimbursement for public assistance or an order for making periodic payments on a support arrearage, or a sum certain due for a support arrearage.
- (e) “Out of compliance with an order for support” means that the obligor is at least thirty (30) days in arrears or delinquent in making payments in full for current support, or in making periodic payments on a support arrearage.
- (f) “Department” means the Mississippi Department of Human Services.
- (g) “Division” means the division within the department that is charged with the state administration of Title IV-D of the Social Security Act.
- (h) “Delinquency” means any payments of a sum certain ordered by any court to be paid by a noncustodial parent for the support of a child that have

remained unpaid for at least thirty (30) days after payment is due. Delinquency shall also include payments of a sum certain ordered by any court to be paid for maintenance of a spouse that have remained unpaid for at least thirty (30) days.

§ 93-11-155--PROCEDURES FOR THE ESTABLISHMENT, ENFORCEMENT AND COLLECTION OF CHILD SUPPORT OBLIGATIONS

- (1) In the manner and form prescribed by the division, all licensing entities shall provide to the division, on at least a quarterly basis, information on licensees for use in the establishment, enforcement and collection of child support obligations including, but not limited to: name, address, Social Security number, sex, date of birth, employer's name and address, type of license, effective date of the license, expiration date of the license, and active or inactive license status. Whenever technologically feasible, the department and licensing entities shall seek to reach agreements to provide the information required by this section by way of electronic data media, including, but not limited to, on-line access and records on magnetic/optical disk or tape. In lieu of providing the licensing information to the division as outlined above and in the discretion of the licensing entity, the division shall provide the identity of the individual who is delinquent in support payments to the licensing entity who will then match that information with their records and provide the division with all necessary information for those individuals licensed by that entity.
- (2) Any licensed attorney representing the party to whom support is due may submit to the division the name and record of accounting showing an arrearage of an individual who is out of compliance with an order for support which is not being enforced by the division under Title IV-D, and the division shall submit the name of such individual to the licensing entities who will match the name with their records in the same manner as provided in subsection (1) to provide the attorney with necessary information regarding licensees. The attorney applying for such information shall pay a fee not to exceed Twenty-five Dollars (\$ 25.00) for such service.

§ 93-11-157--REVIEW OF INFORMATION

- (1) The division shall review the information received under Section 93-11-155 and any other information available to the division, and shall determine if a licensee is out of compliance with an order for support. If a licensee is out of compliance with the order for support, the division shall notify the licensee by first class mail that ninety (90) days after the licensee receives the notice of being out of compliance with the order, the licensing entity will be notified to immediately suspend the licensee's license unless the licensee pays the arrearage owing, according to the accounting records of the Mississippi Department of Human Services or the attorney representing the party to whom support is due, as the case may be, or enters into a stipulated agreement and agreed judgment establishing a schedule for the payment of the arrearage. The licensee shall be presumed to have received the notice five (5) days after it is deposited in the mail.

- (2) Upon receiving the notice provided in subsection (1) of this section the licensee may:
 - (a) Request a review with the division; however, the issues the licensee may raise at the review are limited to whether the licensee is the person required to pay under the order for support and whether the licensee is out of compliance with the order for support; or
 - (b) Request to participate in negotiations with the division for the purpose of establishing a payment schedule for the arrearage.
- (3) The division director or the designees of the division director may and, upon request of a licensee, shall negotiate with a licensee to establish a payment schedule for the arrearage. Payments made under the payment schedule shall be in addition to the licensee's ongoing obligation under the latest entered periodic order for support.
- (4) Should the division and the licensee reach an agreement on a payment schedule for the arrearage, the division director may submit to the court a stipulated agreement and agreed judgment containing the payment schedule which, upon the court's approval, is enforceable as any order of the court. If the court does not approve the stipulated agreement and agreed judgment, the court may require a hearing on a case-by-case basis for the judicial review of the payment schedule agreement.
- (5) If the licensee and the division do not reach an agreement on a payment schedule for the arrearage, the licensee may move the court to establish a payment schedule. However, this action does not stay the license suspension.
- (6) The notice given to a licensee that the licensee's license will be suspended in ninety (90) days must clearly state the remedies and procedures that are available to a licensee under this section.
- (7) If at the end of the ninety (90) days the licensee has an arrearage according to the accounting records of the Mississippi Department of Human Services or the attorney representing the party to whom support is due, as the case may be, and the licensee has not entered into a stipulated agreement and agreed judgment establishing a payment schedule for the arrearage, the division shall immediately notify all applicable licensing entities in writing to suspend the licensee's license, and the licensing entities shall immediately suspend the license and shall within three (3) business days notify the licensee and the licensee's employer, where known, of the license suspension and the date of such suspension by certified mail return receipt requested. Within forty-eight (48) hours of receipt of a request in writing delivered personally, by mail or by electronic means, the department shall furnish to the licensee, licensee's attorney or other authorized representative a copy of the department's accounting records of the licensee's payment history. A licensing entity shall immediately reinstate the suspended license upon the division's notification of the licensing entities in writing that the licensee no longer has an arrearage or that the licensee has entered into a stipulated agreement and agreed judgment.

- (8) Within thirty (30) days after a licensing entity suspends the licensee's license at the direction of the division under subsection (7) of this section, the licensee may appeal the license suspension to the chancery court of the county in which the licensee resides or to the Chancery Court of the First Judicial District of Hinds County, Mississippi, upon giving bond with sufficient sureties in the amount of Two Hundred Dollars (\$ 200.00), approved by the clerk of the chancery court and conditioned to pay any costs that may be adjudged against the licensee. Notice of appeal shall be filed in the office of the clerk of the chancery court. If there is an appeal, the appeal may, in the discretion of and on motion to the chancery court, act as a supersedeas of the license suspension. The department shall be the appellee in the appeal, and the licensing entity shall not be a party in the appeal. The chancery court shall dispose of the appeal and enter its decision within thirty (30) days of the filing of the appeal. The hearing on the appeal may, in the discretion of the chancellor, be tried in vacation. The decision of the chancery court may be appealed to the Supreme Court in the manner provided by the rules of the Supreme Court. In the discretion of and on motion to the chancery court, no person shall be allowed to practice any business, occupation or profession or take any other action under the authority of any license the suspension of which has been affirmed by the chancery court while an appeal to the Supreme Court from the decision of the chancery court is pending.
- (9) If a licensee who has entered a stipulated agreement and agreed judgment for the payment of an arrearage under this section subsequently is out of compliance with an order for support, the division shall immediately notify the licensing entity to suspend the licensee's license, and the licensing entity shall immediately suspend the license without a hearing and shall within three (3) business days notify the licensee in writing of the license suspension. In the case of a license suspension under the provisions of this subsection, the procedures provided for under subsections (1) and (2) of this section are not required; however, the appeal provisions of subsection (8) of this section still apply. After suspension of the license, if the licensee subsequently enters into a stipulated agreement and agreed judgment or the licensee otherwise informs the division of compliance with the order for support, the division shall within seven (7) days notify in writing the licensing entity that the licensee is in compliance. Upon receipt of that notice from the division, a licensing entity shall immediately reinstate the license of the licensee and shall within three (3) business days notify the licensee of the reinstatement.
- (10) Nothing in this section prohibits a licensee from filing a motion for the modification of an order for support or for any other applicable relief. However, no such action shall stay the license suspension procedure, except as may be allowed under subsection (8) of this section.
- (11) If a license is suspended under the provisions of this section, the licensing entity is not required to refund any fees paid by a licensee in connection with obtaining or renewing a license.
- (12) The requirement of a licensing entity to suspend a license under this section does not affect the power of the licensing entity to deny, suspend, revoke or terminate a license for any other reason.

- (13) 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, shall be governed by this section and not by the general licensing and disciplinary provisions applicable to a licensing entity. Actions taken by a licensing entity in suspending a license when required by this section are not actions from which an appeal may be taken under the general licensing and disciplinary provisions applicable to the licensing entity. Any appeal of a license suspension that is required by this section shall be taken in accordance with the appeal procedure specified in subsection (8) of this section rather than any procedure specified in the general licensing and disciplinary provisions applicable to the licensing entity. If there is any conflict between any provision of this section and any provision of the general licensing and disciplinary provisions applicable to a licensing entity, the provisions of this section shall control.
- (14) No license shall be suspended under this section until ninety (90) days after July 1, 1996. This ninety-day period shall be a one-time amnesty period in which any person who may be subject to license suspension under this article may comply with an order of support in order to avoid the suspension of any license.
- (15) Any individual who fails to comply with a subpoena or warrant relating to paternity or child support proceedings after receiving appropriate notice may be subject to suspension or withholding of issuance of a license under this section.

§ 93-11-159--INTERAGENCY AGREEMENTS

The licensing entities subject to Sections 93-11-151 through 93-11-161 may establish an additional administrative fee not to exceed Twenty-five Dollars (\$ 25.00) to be paid by licensees who are out of compliance with an order of support and who are subject to the provisions of Sections 93-11-151 through 93-11-161 for the purpose of recovering costs of the licensing entities associated with the implementation of Sections 93-11-151 through 93-11-161.

§ 93-11-161--ADOPTION OF REGULATIONS

The department shall adopt regulations as necessary to carry out the provisions of Sections 93-11-151 through 93-11-161 and shall consult with licensing entities in developing these regulations.

§ 93-11-163--SUSPENSION OF LICENSE

In addition to the procedures in Section 93-11-157, the court may, upon a finding that a defendant is delinquent for being out of compliance with an order for support, order the licensing entity as defined in Section 93-11-153(a) to suspend the license of the defendant. In its discretion, the court may stay such an order for a reasonable time to allow the defendant to purge himself of the delinquency. If a license is suspended under this

section, the court may also order the licensing entity to reinstate the license when it is satisfied that the defendant has purged himself of the delinquency. Licensing entities shall treat a suspension under this section the same as a suspension under Section 93-11-157. Defendants whose license is suspended under this section shall be subject to any administrative fees established for reinstatement under Section 93-11-159.

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. Furthermore, the Board herein adopts the current *Code of Ethics for Dental Hygienists* as set forth by the American Dental Hygienists' Association.

Regulation One adopted by the Mississippi State Board of Dental Examiners on March 28, 1974; amended September 25, 1992; amended April 18, 1997.

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.

Pursuant to authority granted by Miss. Code Ann. §§ 73-9-3(g) and (h), dental or dental hygiene students are hereby authorized to practice 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, provided that if such supervised practice is conducted in a private clinic, the following additional requirements shall apply:

1. The local dentist(s) who have agreed to supervise the dental or dental hygiene students must be designated as adjunct instructors of the dental or dental hygiene school.
2. Only final-year dental or dental hygiene students, enrolled full-time during a regular spring or fall semester, and in good standing, shall be eligible for supervised practice at a private dental clinic.

Regulation Three adopted by the Mississippi State Board of Dental Examiners prior to 1975; amended September 25, 1992; amended December 10, 1999; amended November 3, 2000; amended September 13, 2002; amended August 10, 2012.

**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 AND SPECIALTY LICENSURE

Pursuant to its authority under Miss. Code Ann. §§ 73-9-3, 73-9-28 and 73-9-29, the Board may, in its discretion, award (a) 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; and (b) specialty licenses to licensed dentists who meet all criteria therefor. Additionally, pursuant to Miss. Code Ann. § 73-50-1, occupational licensing boards are charged with issuing temporary or provisional licenses/permits to military personnel and their spouses to enable dental and dental hygiene applicants to practice in the State of Mississippi for a reasonable period of time while they fulfill all requirements for a permanent license.

1. The types and requirements for issuance of provisional licenses.
 - a. Provisional License
 - (1) A Provisional License shall authorize the licensee to perform only the following:
 - (a) instruction; and
 - (b) the performance of dentistry or dental hygiene adjunct to instruction; and
 - (c) participation in intramural practice plans.
 - (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 in the United States, or, if the applicant is a graduate of a foreign country dental or dental hygiene school, the applicant is or has been licensed to practice dentistry or dental hygiene in such foreign country wherein the applicant graduated; and
 - (b) the applicant is currently certified by the Joint Commission on National Dental Examinations; and
 - (c) the applicant is 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 examination; and
 - (e) the applicant is recommended for such licensure by the Dean of the institution at which the applicant is to teach; and
 - (f) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to

beginning employment with the institution at which the applicant is to teach.

- (3) A Provisional License may be renewed according to the renewal schedule stipulated in Board Regulation 37 provided that the licensee continues to be employed in a teaching capacity by the institution and remits the applicable renewal fee.
- (4) Provisional Licenses may be awarded to full-time or part-time faculty.

b. Provisional Teaching License

- (1) A Provisional Teaching License shall authorize the licensee to perform only the following:
 - (a) instruction; and
 - (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 2 of this Regulation; and
 - (d) nonmechanical consultation with Federal or State agencies, whether for a fee or not.
- (2) A Provisional Teaching 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 in the United States, or, if the applicant is a graduate of a foreign country dental or dental hygiene school, the applicant is or has been licensed to practice dentistry or dental hygiene in such foreign country wherein the applicant graduated; and
 - (b) the applicant is currently certified by the Joint Commission on National Dental Examinations; and
 - (c) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and
 - (d) the applicant is recommended for such licensure by the Dean of the institution at which the applicant is to teach; and
 - (e) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to beginning employment with the institution at which the applicant is to teach.
- (3) A Provisional Teaching License may be renewed according to the renewal schedule stipulated in Board Regulation 37 provided that the licensee continues to be employed in a teaching capacity by the institution and remits the applicable renewal fee.
- (4) Provisional Teaching Licenses may be awarded to full-time or part-time faculty.

c. Provisional Fellowship License

- (1) A Provisional Fellowship License shall authorize the applicant to perform only dentistry or dental hygiene adjunct to the applicant's participation in any Board-approved fellowship program.

- (2) A Provisional Fellowship License does not entitle the applicant to practice dentistry or dental hygiene in any manner whatsoever outside the scope and responsibilities of the applicant'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 applicant meets the following criteria:
 - (a) the applicant is a graduate of a fully accredited dental or dental hygiene school; and
 - (b) the applicant is certified by the Joint Commission on National Dental Examinations; and
 - (c) the applicant is licensed to practice dentistry or dental hygiene in at least one state in the United States; and
 - (d) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and
 - (e) the applicant is recommended for such licensure by the institution at which the applicant is to participate in the Board-approved fellowship program; and
 - (f) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to the actual commencement of participation in the Board-approved fellowship program.
 - (4) A Provisional Fellowship License shall be valid only for one year and must be renewed immediately following issuance according to the renewal schedule stipulated in Board Regulation 37.
 - (5) Provisional Fellowship Licenses shall be awarded only to full-time participants in any Board-approved fellowship program.
- d. Provisional Military License
- (1) A Provisional Military License may be awarded to lawfully recognized non-active duty military personnel whose active duty status has changed within the twelve (12) month period prior to applying for licensure, and shall authorize the applicant to practice dentistry or dental hygiene in the State of Mississippi pursuant to the following conditions:
 - (a) the Provisional Military License shall be valid for a maximum of twelve (12) months from the date of issuance; and
 - (b) if upon expiration of twelve (12) months from the date of issuance of the Provisional Military License, the applicant has failed to secure a permanent Mississippi license, the Provisional Military License shall be voided.
 - (2) A Provisional Military 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 in the United States, or, if the applicant is a graduate of a foreign country dental or dental hygiene school,

- the applicant is or has been licensed to practice dentistry or dental hygiene in such foreign country wherein the applicant graduated; and
- (b) the applicant is currently certified by the Joint Commission on National Dental Examinations; and
 - (c) the applicant is licensed to practice in at least one state in the United States, has actively practiced his/her profession in that state, or another state, for a minimum of two (2) of the five (5) years preceding the date of his/her application, and provides proof that he/she would otherwise qualify for full dental or dental hygiene licensure in the State of Mississippi either by examination or credentials; and
 - (d) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and
 - (e) the applicant provides a certified copy of official orders releasing the applicant from active duty military service within the twelve (12) month period prior to requesting licensure in the State of Mississippi; and
 - (f) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to being approved by the Board for licensure.
- (3) Upon issuance, a Provisional Military License must be renewed in accordance with the renewal schedule stipulated in Board Regulation 37, and the applicant must remit the applicable renewal fee.
 - (4) Provisional Military Licenses may be awarded to full-time or part-time dental and dental hygiene school faculty, as well as private sector practitioners.
- e. Provisional Military Spouse License
- (1) A Provisional Military Spouse License may be awarded to lawfully recognized spouses of active duty military personnel assigned to a duty station in the State of Mississippi or elsewhere, and shall authorize the applicant to practice dentistry or dental hygiene in the State of Mississippi pursuant to the following conditions:
 - (a) the Provisional Military Spouse License shall be valid for a maximum of twelve (12) months from the date of issuance; and
 - (b) if upon expiration of twelve (12) months from the date of issuance of the Provisional Military Spouse License, the applicant has failed to secure a permanent Mississippi license, the Provisional Military Spouse License shall be voided.
 - (2) A Provisional Military Spouse 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 in the United States, or, if the applicant is a graduate of a foreign country dental or dental hygiene school, the applicant is or has been licensed to practice dentistry or

- dental hygiene in such foreign country wherein the applicant graduated; and
- (b) the applicant is currently certified by the Joint Commission on National Dental Examinations; and
 - (c) the applicant is licensed to practice in at least one state in the United States, has actively practiced his/her profession in that state, or another state, for a minimum of two (2) of the five (5) years preceding the date of his/her application, and provides proof that he/she would otherwise qualify for full dental or dental hygiene licensure in the State of Mississippi either by examination or credentials; and
 - (d) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and
 - (e) the applicant provides a certified copy of a certificate of marriage that he/she is lawfully married to a member of the armed forces of the United States who is on active duty; and
 - (f) the applicant provides a certified copy of official active duty military orders wherein the applicant's spouse is assigned to a duty station in the State of Mississippi or elsewhere; and
 - (g) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to being approved by the Board for licensure.
- (3) Upon issuance, a Provisional Military Spouse License must be renewed in accordance with the renewal schedule stipulated in Board Regulation 37, and the applicant must remit the applicable renewal fee.
 - (4) Provisional Military Spouse Licenses may be awarded to full-time or part-time dental and dental hygiene school faculty, as well as private sector practitioners.

2. Limitations on Intramural Practice.

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 licensure examinations approved by this Board or who have been duly licensed to practice by credentials should be permitted to practice dentistry or dental hygiene in exchange for compensation from members of the public. As previously noted, faculty members who hold Provisional Licenses shall be allowed to participate in intramural practice programs at their respective institutions; however, faculty members who hold Provisional Teaching Licenses shall be allowed only a maximum of one year from the date of licensure to participate in intramural practice programs at their respective institutions. After the expiration of one year, faculty members who hold Provisional Teaching Licenses who do not wish to apply for full licensure shall be required to apply for and receive a Provisional License and provide proof of licensure in at least one state in the United States to continue to participate in the intramural practice programs at their respective institutions.

3. The Types of Specialty Licensure.

The Board herein adopts the currently recognized dental specialties as defined by the American Dental Association (ADA). These dental specialties and their corresponding definitions 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 the 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 and Maxillofacial 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 Radiology**. Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region. (Adopted April 2001, American Dental Association.)
- e. **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.)
- f. **Orthodontics and Dentofacial Orthopedics**. Orthodontics and dentofacial orthopedics is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and

skeletal abnormalities of the developing or mature orofacial structures. (Adopted April 2003, American Dental Association.)

- g. **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.)
- h. **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.)
- i. **Prosthodontics.** Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes. (Adopted April 2003, American Dental Association.)

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; amended May 28, 1997; amended November 3, 2000; amended September 14, 2001; amended September 13, 2002; amended May 9, 2003; amended April 14, 2006; amended August 10, 2012; amended April 25, 2014.

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

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—SUPERVISION AND DELEGATION OF DUTIES TO DENTAL AUXILIARY PERSONNEL

Purpose: Pursuant to the provisions of Miss. Code Ann. §§ 73-9-3(i), 73-9-5(2), and 73-9-13, to define the type of supervision required for dental auxiliaries and 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.

Supervision and Recognition of Dental Auxiliaries

Miss. Code Ann. §§ 73-9-3(i) and 73-9-5(2) address areas of supervision of dental auxiliaries, and the following definitions apply to the supervision of dental auxiliaries:

1. **Direct Supervision:** Miss. Code Ann. §§ 73-9-3(i) and 73-9-5(2) state that the work of dental auxiliaries shall at all times be under the direct supervision of a licensed Mississippi dentist. This level of supervision requires that a dentist be physically present in the dental office or treatment facility, personally diagnose the condition to be treated, authorize the procedures to be performed, remain in the dental office or treatment facility while the procedures are being performed by the auxiliary, and evaluate the performance of the dental auxiliary.

2. **General Supervision:** Miss. Code Ann. § 73-9-5(2) provides for a limited scope of practice for dental hygienists employed by the Mississippi State Board of Health or public school boards who may be performing oral hygiene instruction and screening or making public demonstrations of dental hygiene for educational purposes, all while under the general supervision of a licensed Mississippi dentist. For this level of supervision and for the limits imposed by Miss. Code Ann. § 73-9-5(2), a dentist is not required to be in the dental office or treatment facility when procedures are being performed, and the dentist may or may not have personally diagnosed the condition to be treated, may or may not have personally authorized the procedures, and may or may not evaluate the performance of the dental hygienist. Furthermore, dental hygienists in the employ of the Mississippi State Board of Health may apply fluoride varnishes as part of any oral hygiene instruction and screening responsibilities while under the general supervision of a licensed Mississippi dentist.

3. **Recognized Dental Hygienists:** Miss. Code Ann. § 73-9-5(2) provides language pertaining to dental hygienists “recognized” by the Board when making public demonstrations of dental hygiene for educational purposes and that such “recognized” dental hygienists shall be under the general supervision of licensed Mississippi dentists. Licensed Mississippi dental hygienists shall be allowed to provide demonstrations of dental hygiene for educational purposes, solely as a public service, while under the general supervision of licensed Mississippi dentists, such general supervision as heretofore defined. These dentists may, or may not, be the employing dentist for whom the dental hygienist provides dental hygiene services. Furthermore, such public demonstrations of dental hygiene for educational purposes may consist of proper brushing and flossing techniques and be in the form of educational lectures for schools, groups, and community events, provided the purpose for which is the promotion of oral health prevention and not outside the

scope of practice for dental hygienists. To be “recognized” by the Board for the aforementioned, dental hygienists must fulfill all of the following conditions:

- a. The dental hygienist must hold a currently valid and renewed Mississippi dental hygiene license.
- b. The dental hygienist is listed on active status with the Board.
- c. The dental hygienist receives no additional compensation, monetary or otherwise, of any kind whatsoever, including, but not limited to, salary supplements, insurance proceeds, etc.

Licensed dentists providing general supervision to “recognized” dental hygienists also shall receive no additional compensation, monetary or otherwise, of any kind whatsoever, including, but not limited to, insurance proceeds, direct payments from individuals or organizations, etc. In other words, such public demonstrations of dental hygiene by “recognized” dental hygienists while under general supervision shall be performed as a not-for-profit, public service to the community and citizens of the State of Mississippi.

Delegation of Duties to Dental Auxiliaries

The Board has determined that the following procedures may not be delegated to dental auxiliary personnel.

1. Periodontal screening and probing, or subgingival exploration for hard and soft deposits and sulcular irrigations to dental assistants and/or dental hygienists not licensed by the State of Mississippi; may be performed by licensed Mississippi dental hygienists.
2. The use of ultrasonic and/or sonic instruments to dental assistants and/or dental hygienists not licensed by the State of Mississippi; may be performed by licensed Mississippi dental hygienists.
3. Pursuant to Miss. Code Ann. § 73-9-3, the removal of calcareous deposits with an instrument by anyone other than a licensed Mississippi dental hygienist.
4. 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.
5. The placement, cementation, or final torquing of inlays, permanent crowns, fixed bridges, removable bridges, partial dentures, full dentures, or implant abutments.

6. The equilibration or adjustment of occlusion on natural or artificial dentition, restoration, or sealants.
7. The activation or adjustment of orthodontic appliances.
8. Injections of drugs, medication, or anesthetics by those not authorized by Mississippi law and Board Regulation 29 to administer such agents.
9. Performing pulp capping, pulpotomy and other endodontic therapy.
10. Intraoral restorative procedures.
11. Placement of any subgingival medicated cords. However, the placement of periodontal treatment agents may be performed by licensed Mississippi dental hygienists.

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; amended September 18, 1998; amended October 22, 1999; amended November 3, 2000; amended September 13, 2002; amended November 3, 2006; amended June 22, 2007; amended October 19, 2007; amended August 19, 2011; amended April 21, 2015.

BOARD REGULATION NUMBER 13-A

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

Purpose: To provide standards and policies for candidates who participate in Board-approved licensure examinations and subsequently make application for licensure by examination to the Board.

1. Applicability

This regulation applies to all applicants for licensure to practice dentistry or dental hygiene in the State of Mississippi by examination.
2. Duty to Obtain License
 - a. Any dentist or dental hygienist desiring to practice in this State must first obtain a license to do so by contacting the Mississippi State Board of Dental Examiners at its current address.

- b. When an inquiry concerning licensure is received, an application eliciting certain pertinent information is sent to the applicant. References submitted on the application are queried, as well as the school(s) of graduation, the American Dental Association (ADA) or American Dental Hygienists' Association (ADHA), other states in which the applicant may be licensed, and facilities/clinics where the applicant has practiced.
 - c. An applicant who is participating in or who has participated in an impaired professionals/disabled dentist program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code (1972) Annotated, from the date of completion of the program before the applicant is eligible for a permanent license to practice dentistry/dental hygiene in the State of Mississippi.
 - d. Prior to the issuance or reinstatement of a dental or dental hygiene license, any dentist or dental hygienist who has not actively practiced his/her profession for the time period stipulated in Regulation 49 shall be required to participate in a Board-approved clinical skills assessment program to assure post-licensure competency.
3. Licensure by Examination
- a. To qualify for consideration of a license by examination, an applicant shall fulfill, at a minimum, those requirements stipulated by Miss. Code Ann. § 73-9-23, provided that the Board reserves its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to successful completion of a Board-approved licensure examination, as hereinafter defined.
 - b. All candidates applying for licensure by examination also shall be required to successfully complete a Mississippi jurisprudence examination based upon the laws and regulations currently adopted by the Board, such examination to be completed within ninety (90) days from the date the candidate makes application to the Board for a license by examination. No license shall be issued to any candidate who does not successfully complete a Mississippi jurisprudence examination.
4. Licensure Examinations Approved by the Board
- a. For the purpose of licensure by examination, the Board may from time-to-time recognize clinical licensure examinations administered by other state and regional testing agencies (hereinafter referred to as "Board-approved licensure examination"). The Board shall maintain an up-to-date list of all Board-approved licensure examinations by state and/or regional testing authority, which list also shall include the dates of initial acceptance of such

Board-approved licensure examinations. Furthermore, this list may be made available on the Board's Internet web site.

- b. Effective January 1, 2014, dental and dental hygiene candidates applying for licensure by examination who have successfully completed a Board-approved licensure examination which does not contain a written/computerized comprehensive examination on applied clinical diagnosis and treatment planning, aside from the written/computerized examinations administered by the Joint Commission on National Dental Examinations, will be required to successfully complete the American Board of Dental Examiners (ADEX) computerized/written comprehensive examination on applied clinical diagnosis and treatment planning prior to applying for licensure by examination in the State of Mississippi. The time period for successfully completing the ADEX computerized/written examination will coincide with the time period stipulated in item 4.c. of this Regulation for dental and dental hygiene candidates to apply for licensure by examination based upon successful completion of a Board-approved licensure examination.
- c. Candidates who successfully complete a Board-approved licensure examination shall have a maximum of five (5) years from the date of successful completion of a Board-approved licensure examination to make application for licensure by examination in the State of Mississippi. Furthermore, after the expiration of one (1) year from the date of their successful completion of a Board-approved licensure examination, candidates shall be required to show proof of actively practicing their profession for a minimum of ninety (90) days per year prior to making application for licensure by examination.

5. Participation in Licensure Examination

- a. Candidates for licensure to practice dentistry or dental hygiene in the State of Mississippi who fail any part(s) of a Board-approved licensure examination will be required to adhere to all examination guidelines of the testing entity responsible for administering the Board-approved licensure examination. Further, in those instances where the testing entity requires remediation following failure(s) of Board-approved licensure examinations, a candidate for licensure to practice dentistry must take and successfully complete one (1) academic year of clinical training in an approved dental school before being allowed to take the same Board-approved licensure examination again. 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 same Board-approved licensure examination again.
- b. Candidates who successfully complete a Board-approved dental hygiene licensure examination administered by this Board and who have not yet successfully completed the National Board Dental Hygiene Examinations of the Joint Commission on National Dental Examinations (hereinafter referred to as "National Board") shall be required to have successfully completed the

National Board on or before December 31 of the same year in which they successfully completed a Board-approved dental hygiene licensure examination; otherwise, the Board-approved licensure examination scores for these candidates will expire on January 1, and these candidates shall be required to successfully complete another Board-approved dental hygiene licensure examination in order to become licensed in this State.

- c. Candidates who successfully complete a Board-approved dental licensure examination administered by this Board and who have not yet successfully completed Part II of the National Board Examinations of the Joint Commission on National Dental Examinations (Part II) shall be required to have successfully completed Part II on or before December 31 of the same year in which they successfully completed a Board-approved dental licensure examination; otherwise, the Board-approved licensure examination scores for these candidates shall expire on January 1, and these candidates shall be required to successfully complete another Board-approved dental licensure examination in order to become licensed in this State. However, candidates who are enrolled and actively participating in dental residency programs accredited by the American Dental Association (ADA) during this same time period and who have not successfully completed Part II on or before December 31 of that same year, shall not have their scores voided on January 1, but shall be allowed additional time for the Board to be in receipt of proof of successful completion of Part II, such additional time period not to extend beyond the first day of the date established for the next regularly scheduled Board-approved dental licensure examination. If proof of successful completion of Part II has not been received by the Board on or before the first day of the date established for the next regularly scheduled Board-approved dental licensure examination, the scores for the previous year's Board-approved dental licensure examination shall expire, and these candidates shall be required to successfully complete another Board-approved dental licensure examination in order to become licensed in this State.

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; amended January 22, 1999; amended November 21, 2003; amended April 14, 2006; amended May 8, 2009; amended February 1, 2013.

BOARD REGULATION NUMBER 16

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

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) and 73-9-47, 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 Board herein determines that the transaction of Board business by facsimile machine or similar medium is one in the same as transacting Board business by mail, and all such transactions shall be accomplished in the following manner:

1. Upon receipt by the Executive Director of any written motion made by a duly constituted Board member, the Executive Director shall forward, within two (2) days thereafter, a copy of the written motion and ballot to each Board member for action thereon.
2. Each Board member's completed ballot shall be received by the Executive Director within fifteen (15) days after the date that the ballots were postmarked or sent by other medium to the members of the Board, with any ballot received by the Executive Director 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; amended November 3, 2000.

BOARD REGULATION NUMBER 21

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--REINSTATEMENT OF
VOIDED LICENSES**

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.
- III. At the time the licensee requests licensure reinstatement, the licensee must comply with the requirements for licensure reinstatement set forth in Board Regulations 41 and 45, which deal with continuing education and Cardiopulmonary Resuscitation, respectively.

Regulation Twenty-Three adopted by the Mississippi State Board of Dental Examiners on August 10, 1984; amended January 17, 1985; amended September 25, 1992; amended March 7, 1997.

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?_____
- _____
- _____
- 18) The licensee must be current in continuing education and Cardiopulmonary Resuscitation requirements as set forth in Board Regulations 41 and 45, respectively. Copies of proof of compliance must be attached to this application.

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 _____, 20_____.

NOTARY PUBLIC
My Commission Expires:_____

BOARD REGULATION NUMBER 25--RADIOLOGY PERMITS

Purpose: The 1985 Mississippi Dental Practice Act (Miss. Code Ann. §§ 73-9-1, et. seq., [Supp. 1985]) requires the Mississippi State Board of Dental Examiners 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. 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) ensure that the administration of dental radiologic procedures by dental auxiliaries is consistent with the Board's duty to protect the interest of public welfare.

1. 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 are not licensed in this State and who have graduated from a dental hygiene program accredited by the American Dental Association Commission on Dental Accreditation (ADA) will be required to apply for a radiology permit; however, these dental hygienists will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.
- b. Dental auxiliaries currently certified by the Dental Assisting National Board, Inc. (DANB) will be required to apply for a radiology permit; however, these dental auxiliaries will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.
- c. Dental auxiliaries currently certified by the Dental Assisting National Board, Inc. (DANB) and who also are graduates of ADA-accredited dental assisting programs will be required to apply for a radiology permit; however, these dental auxiliaries are considered to have satisfied the requirements of this regulation and will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit. (See Sections 1.d. and 1.e. for requirements concerning dental auxiliaries who only are graduates of ADA-accredited dental assisting programs.)
- d. Dental auxiliaries not currently certified by DANB who have graduated from ADA-accredited dental assisting programs within twelve (12) months prior to making application for a radiology permit will be required to apply for a radiology permit; however, these dental auxiliaries will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.

- e. Dental auxiliaries not currently certified by DANB who have graduated from ADA-accredited dental assisting programs more than twelve (12) months prior to making application for a radiology permit will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit provided the individual supplies sworn statements from all employers over the past five (5) years, or part thereof depending on the dental auxiliary's date of graduation, certifying as to (1) the dental auxiliary's period of employment; and (2) whether the dental auxiliary administered radiographs as part of his/her dental assisting duties. This documentation must be provided with the dental auxiliary's application for a radiology permit; otherwise, the dental auxiliary will be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.
 - f. Dental auxiliaries not otherwise qualified to apply for a radiology permit pursuant to Sections 1.a. through 1.e. shall, upon successful completion of a Board-approved radiology seminar, be eligible to make application for a radiology permit.
 - g. Dental students, dental hygiene students, and dental assisting students actively enrolled in Mississippi ADA-accredited dental, dental hygiene, or dental assisting programs do not need to make application for a radiology permit to administer radiographs in dental offices or other entities lawfully authorized to provide dental services while attending the above-referenced programs. However, the Board must receive a letter from the dental, dental hygiene, or dental assisting dean or program head certifying as to a student's successful completion of the program's radiology coursework prior to that student administering radiographs in dental offices or other entities lawfully authorized to provide dental services while attending the above-referenced programs.
2. Board-Approved Radiology Seminars and Issuance of Radiology Permits:
- a. All radiology seminars must be approved in advance by the Board and include a clinical component which adequately tests the dental auxiliary's ability to administer radiographs.
 - b. All radiology seminars must be a minimum of eight (8) hours in length.
 - c. All radiology seminars must include a written examination at the conclusion of the seminar.
 - d. To make application for a radiology permit, a dental auxiliary must submit proof of successful completion of a Board-approved radiology seminar and the proper credentials as outlined hereafter to the Board within ninety (90) days following completion of the radiology seminar. If the dental auxiliary does not submit such proof on a timely basis, the dental auxiliary shall be required to receive a passing grade on a radiology examination administered

by the Board or attend and successfully complete another Board-approved radiology seminar and afterwards submit the proper credentials within ninety (90) days as outlined hereafter.

- e. To apply for a radiology permit, an applicant must submit the following:
 - (1) Fully completed and signed application for a radiology permit;
 - (2) Certified check or money order to cover the application fee and first year's renewal fee; and
 - (3) Proof of compliance with the appropriate requirements set forth in Section 1.

3. 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.

4. 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, home telephone number, employer, and office telephone number.
- b. Every person who holds a radiology permit shall, together with the required information and specified renewal fee, apply for renewal of such permit in accordance with the renewal requirements stipulated in Board Regulation 37. Any permit not renewed by the deadlines set forth in Board Regulation 37 will be voided for a failure to re-register.
- c. If the payment of the renewal fee is not received by the Board on or before the deadline stipulated in Board Regulation 37, the Board may enact and enforce a penalty for the delinquent payment of the renewal fee, such penalty to be established by Board Regulation 37.
- d. Refer to Board Regulation 37 for the current fee schedule for applications for radiology permits, renewal of radiology permits, and penalties for delinquent renewal of radiology permits.

5. Enforcement:

Licensed dentists who allow dental auxiliaries to expose radiographs without complying with this regulation shall be considered in violation of Section 73-9-61 of the

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; amended June 27, 1997; amended July 25, 1997; amended August 29, 1997; amended September 26, 1997; amended September 13, 2002; amended November 1, 2002.

BOARD REGULATION NUMBER 27--EXAMINATION REVIEW PROCEDURES

Purpose: To provide standards and policies for a candidate to appeal his/her scores on a Board-approved licensure examination.

Candidates who participate in and subsequently fail to successfully complete a Board-approved licensure examination, such examination as defined in Board Regulation 14, will be required to file appeals of those failing scores with the state or regional testing authority responsible for administering the Board-approved licensure examination. Such appeals shall be filed in accordance with the policies and procedures set forth by the state or regional testing authority at the time the Board-approved licensure examination is administered. The decision of the state or regional testing authority administering the Board-approved licensure examination shall be considered final, and no further appeals of such failing scores shall be made to this Board.

Regulation Twenty-Seven adopted by the Mississippi State Board of Dental Examiners on June 4, 1987; amended September 25, 1992; amended September 20, 1996; amended January 22, 1999; amended February 9, 2001; amended April 14, 2006.

BOARD REGULATION NUMBER 29--ADMINISTRATION OF ANESTHESIA

Purpose: Pursuant to Miss. Code Ann. § 73-9-13, to promulgate rules for the administration of anesthesia in the dental office to allow dentists to provide patients with the benefits of anxiety and pain control in a safe and efficacious manner.

1. Definitions of Terminology Used Herein
 - a. Analgnesia - the diminution or elimination of pain.
 - b. Anti-Anxiety Sedative - a sedative agent administered in a dosage intended to reduce anxiety without diminishing consciousness or protective reflexes.
 - c. Anxiolysis (Minimal Sedation) - pharmacological reduction of anxiety through the administration of a minor psychosedative/tranquilizer, which allows for uninterrupted interactive ability in a totally awake patient with no compromise in the ability to maintain a patent airway continuously and without assistance. The total dosage cannot exceed 1.5 MRD (maximum recommended dosage). Dentists administering anxiolysis (minimal sedation) shall prescribe only a

single agent to each patient (no multiple drugs or combination drug regimens). *When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD of a drug that can be prescribed for unmonitored home use.

- d. Behavioral Management - the use of pharmacological or psychological techniques, singly or in combination, to modify behavior to a level that dental treatment can be performed effectively and efficiently.
- e. Clinically Oriented Experiences - clinical patient cases which are presented outside a clinical environment and in an instructional setting, e.g., video presentations.
- f. Clinical Patient Cases - procedures involving live patients either performed or observed in a clinical environment and in an instructional setting.
- g. Combination Inhalation Enteral Anxiolysis - when nitrous-oxide is used in combination with an enteral agent with the intent of achieving anxiolysis only, and the appropriate dosage of agents is administered.
- h. Competent - displaying special skill or knowledge derived from training and experience.
- i. Conscious Sedation (Moderate Sedation) - a minimally depressed level of consciousness beyond anxiolysis that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, and that is produced by pharmacologic or non-pharmacologic agents, or a combination thereof. In accordance with this particular definition, the drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely (also see definitions for Combination Inhalation Enteral Anxiolysis, Enteral Conscious Sedation, General Anesthesia, and Parenteral Conscious Sedation).
- j. Dental Facility - the office where a permit holder practices dentistry and provides anesthesia/sedation services.
- k. Dental Facility Inspection - an on-site inspection to determine if a dental facility where the applicant proposes to provide anesthesia/sedation is supplied, equipped, staffed and maintained in a condition to support provision of anesthesia/sedation services that meet the minimum standard of care; may be required by the Board prior to the issuance of a sedation/anesthesia permit or any time during the term of the permit.
- l. Direct Supervision - the dentist responsible for the sedation/anesthesia procedure shall be physically present in the office and shall be continuously aware of the patient's physical status and well being.
- m. Enteral Conscious Sedation - conscious sedation that is achieved by administration of pharmacological agents through the alimentary tract either orally or rectally.
- n. General Anesthesia - the intended controlled state of depressed consciousness produced by pharmacologic agents and accompanied by a partial or complete loss of protective reflexes, including the ability to maintain an airway and respond purposefully to physical stimulation or verbal commands.
- o. Hospital Facility - a "hospital" or "ambulatory surgical facility" as those terms are defined in Miss. Code Ann. § 41-7-173(h).

- p. Immediately Available - on-site in the dental facility and available for immediate use.
- q. Local Anesthesia - the elimination of sensations, especially pain, in one part of the body by the regional application or injection of a drug.
- r. May - indicates freedom or liberty to follow a reasonable alternative.
- s. Minor Psychoedative/Tranquilizer - pharmacological agent which allows for uninterrupted interactive ability in a patient with no compromise in the ability to maintain a patent airway continuously and without assistance and carry a margin of safety wide enough to render unintended loss of consciousness unlikely.
- t. Must or Shall - indicates an imperative need or duty or both; an essential or indispensable item; mandatory.
- u. Nitrous-Oxide Inhalation Anxiolysis - the inhalational use of nitrous oxide for anxiolysis and/or analgesia.
- v. Parenteral Conscious Sedation - the intravenous, intramuscular, subcutaneous, intranasal, or transdermal administration of pharmacological agents with the intent to obtain 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 commands.
- w. Pediatric Clinical Patient Cases - clinical patient cases on patients twelve (12) years of age and under.
- x. Protective Reflexes - includes the ability to swallow and cough.
- y. Special Health Care Needs Patients - persons having a physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs; the condition may be developmental or acquired and may cause limitations in performing daily self-maintenance activities or substantial limitations in a major life activity; and health care for special needs patients is beyond that considered routine and requires specialized knowledge, increased awareness and attention, and accommodation.
- z. Vested Adult - a responsible adult who is the legal parent or guardian, or designee of a legal parent or guardian, entrusted with the care of a patient following the administration of anxiolysis, general anesthesia, or conscious sedation.

2. General Guidelines for Using Anesthesia

- a. 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.
- b. All drugs utilized by licensed dentists for anxiolysis, enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia shall be selected and utilized in accordance with the drug manufacturer's guidelines as set forth in Food and Drug Administration (hereinafter referred to as "FDA") approved labeling or peer-reviewed scientific literature, including, but

not limited to, indications of usage, dosage amounts, and safety requirements for each drug so utilized.

- c. Appropriate safety training and equipment for each drug utilized will be required.
- d. When anesthesia is administered in a dental facility, the following general guidelines apply:
 - (1) A licensed dentist may employ or work in conjunction with a qualified anesthesiologist or Certified Registered Nurse Anesthetist (hereinafter referred to as "CRNA") who practices in an accredited hospital, provided that such anesthesiologist or CRNA remains on the premises of the dental facility until any patient given any level of anesthetic requiring a permit regains consciousness and is discharged.
 - (2) Prior to employing or working in conjunction with an anesthesiologist who administers enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia in a dental facility, the operating dentist must possess a currently valid Board-issued anesthesia permit which is commensurate with the level of anesthesia being administered by the anesthesiologist, and which permit has been issued in accordance with the guidelines hereinafter stipulated.
 - (3) Prior to applying to the Mississippi Board of Nursing (hereinafter "Nursing Board") to enter into a Nursing Board-approved collaborative/consultative relationship with a CRNA which includes protocols/practice guidelines for the administration of enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia by a CRNA, the operating dentist must possess a currently valid Board-issued anesthesia permit which is commensurate with the level of anesthesia being administered by the CRNA, and which permit has been issued in accordance with the guidelines hereinafter stipulated.
- e. When anesthesia is administered in a hospital facility, the following general guideline applies:
 - (1) A licensed dentist may employ or work in conjunction with a qualified anesthesiologist or CRNA who practices in an accredited hospital pursuant to the provisions of the "Minimum Standards of Operation for Mississippi Hospitals," as published by the Mississippi State Department of Health, provided that such anesthesiologist or CRNA remains on the premises of the hospital facility until any patient given any level of anesthetic requiring a permit regains consciousness and is discharged. The accredited hospital's department of anesthesia, or in the absence thereof the department of surgery, has the responsibility for establishing general policies and procedures for the administration of anesthesia.

3. Board Permits Not Required

For the following, Board permits are not required:

- a. Local Anesthesia. All licensed dentists are herein authorized to use local anesthesia.
- b. Nitrous-Oxide Inhalation Anxiolysis. A licensed dentist may employ or use nitrous-oxide inhalation anxiolysis on an outpatient basis for dental patients without making application to the Board, provided such dentist satisfies one or more of the following criteria prior to administration of nitrous-oxide inhalation anxiolysis:
 - (1) Completion of not less than a two-day course of training as described in the American Dental Association's (hereinafter referred to as "ADA") "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students," or its equivalent.
 - (2) Completion of training equivalent to that described above while a student in an ADA-accredited undergraduate dental school program.

A licensed dentist may instruct a competent dental auxiliary as to the placement and monitoring of nitrous-oxide inhalation anxiolysis under his/her direct supervision, such supervision as defined in Board Regulation 13.

- c. Combination Inhalation Enteral Anxiolysis. A licensed dentist may employ or use combination inhalation enteral anxiolysis on an outpatient basis for dental patients without making application to the Board, i.e., the use of nitrous-oxide in combination with another agent to produce anxiolysis within appropriate dosages.

4. Board Permits Required

For the following, Board permits are required:

- a. Enteral Conscious Sedation. No licensed dentist shall use enteral conscious sedation in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board. For example, conscious sedation can be achieved through inhalation agents and/or multiple doses of oral medications. Regardless of the enteral technique utilized, a dentist must have a permit to sedate a patient beyond anxiolysis.
- b. Parenteral Conscious Sedation. No licensed dentist shall use parenteral conscious sedation in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board. The issuance of a permit for parenteral conscious sedation shall include the

privileges of administering enteral conscious sedation in accordance with the provisions of this section.

- c. General Anesthesia. No licensed dentist shall use general anesthesia in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board. The issuance of a permit for general anesthesia shall include the privileges of administering parenteral conscious sedation and enteral conscious sedation in accordance with the provisions of this section.

5. Criteria and Application for Anesthesia Permits

- a. Enteral Conscious Sedation. A permit is required prior to administration of enteral conscious sedation, and in order to receive such permit, the dentist must do the following:
 - (1) Apply on a prescribed application form to the Board;
 - (2) Submit the specified application fee as stipulated in Section 10 of this regulation;
 - (3) Produce evidence of a current Advanced Cardiac Life Support (hereinafter referred to as "ACLS") certificate, or a certificate from a Board-approved course; and
 - (4) Provide evidence of one or more of the following:
 - (a) Completion of formal training, sponsored by or affiliated with a university, teaching hospital, or other program approved by the Board or part of the undergraduate curriculum of an accredited dental school, in the use of enteral conscious sedation, and certification by the institution wherein the training was received to be competent in the administration of enteral conscious sedation. Such certification shall specify the type, number of hours, and length of training. For dentists who administer enteral conscious sedation to patients who are twelve (12) years of age or under, or who are thirteen (13) years of age or older and who are deemed to be patients with special health care needs as previously defined, the minimum number of didactic hours shall be fifty (50), with a minimum of twenty-five (25) hours pediatric-specific, and the minimum number of clinical patient cases shall be ten (10), with a minimum of five (5) being pediatric clinical patient cases. For dentists who administer enteral conscious sedation to patients who are thirteen (13) years of age or older and who are not deemed to be patients with special health care needs, the minimum number of didactic hours shall be twenty-two (22) and the minimum number of clinically oriented experiences shall be

fifteen (15). The training program must include physical evaluation, enteral conscious sedation, airway management monitoring, and emergency management. The preceding is necessary for recognition of the formal training program. For the purpose of this subsection, training programs in enteral conscious sedation that satisfy the requirements described in Parts I and III of the ADA's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" at the time training was commenced, shall be deemed by the Board as approved training programs, wherein the hours of didactic training and the number of clinical patient cases shall be credited to the minimum amounts noted above.

- (b) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage enteral conscious sedation, commensurate with these guidelines.
- (c) Until June 30, 2005, fulfillment of all requirements for grandfathering concerning administration of enteral conscious sedation by successfully completing an appropriate examination which includes:
 - (i) Demonstration of five (5) or more years of routinely administering enteral conscious sedation immediately prior to making application for an enteral conscious sedation permit;
 - (ii) Discussion and review of three (3) cases including anesthetic technique;
 - (iii) Review of records; and
 - (iv) Demonstration of managing emergencies.

b. Parenteral Conscious Sedation. A permit is required prior to administration of parenteral conscious sedation, and in order to receive such permit, the dentist must do the following:

- (1) Apply on a prescribed application form to the Board;
- (2) Submit the specified application fee as stipulated in Section 10 of this regulation;
- (3) Produce evidence of a current ACLS certificate, or a certificate from a Board-approved course; and

- (4) Provide evidence of one or more of the following:
- (a) Completion of formal training, sponsored by or affiliated with a university, teaching hospital, or other program approved by the Board or part of the undergraduate curriculum of an accredited dental school, in the use of parenteral conscious sedation, and certification by the institution wherein the training was received to be competent in the administration of parenteral conscious sedation. Such certification shall specify the type, number of hours, and length of training. For dentists who administer parenteral conscious sedation to patients who are twelve (12) years of age or under, or who are thirteen (13) years of age or older and deemed to be patients with special health care needs as previously defined, the minimum number of didactic hours shall be sixty (60), with a minimum of twenty-five (25) hours pediatric-specific, and the minimum number of clinical patient cases shall be twenty (20), with a minimum of five (5) being pediatric clinical patient cases. For dentists who administer parenteral conscious sedation to patients who are thirteen (13) years of age or older and who are not deemed to be patients with special health care needs, the minimum number of didactic hours shall be sixty (60), and the minimum number of clinical patient cases shall be twenty (20). The preceding is necessary for recognition of the formal training program. For the purpose of this subsection, training programs in parenteral conscious sedation that satisfy the requirements described in Parts I and III of the ADA's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" at the time training was commenced, shall be deemed by the Board as approved training programs, wherein the hours of didactic training and the number of clinical patient cases shall be credited to the minimum amounts noted above.
 - (b) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation, commensurate with these guidelines.
- c. General Anesthesia. A permit is required prior to administration of general anesthesia, and in order to receive such permit, the dentist must do the following:
- (1) Apply on a prescribed application form to the Board;
 - (2) Submit the specified application fee as stipulated in Section 10 of this regulation;

- (3) Produce evidence of a current ACLS certificate, or a certificate from a Board-approved course; and
- (4) Provide evidence of one or more of the following:
 - (a) Completion of an advanced training program in anesthesia and related academic subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Parts I, II, and III of the ADA's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" at the time training was commenced.
 - (b) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these guidelines.

6. Facilities Wherein Anesthesia Is Administered

- a. All facilities wherein any anesthesia is administered must be properly equipped for the administration of anesthesia and staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto. The adequacy of the dental facility and competence of the anesthesia team shall be determined by the Board.
- b. The Board adopts the standards regarding the equipment within a dental facility as set forth by the American Association of Oral and Maxillofacial Surgeons (hereinafter referred to as "AAOMS") in the "Office Anesthesia Evaluation Manual," latest edition, as the standards by which each dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia must meet. Certification of offices by AAOMS as meeting the standards adopted constitutes a *prima facie* showing that the dentist meets the standards. Copies of the "Office Anesthesia Evaluation Manual" are available from AAOMS at 9700 West Bryn Mawr Avenue, Rosemont, IL 60018-5701.
- c. Any dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia at a dental facility other than that dentist's own office or dental facility must ensure that the proper equipment and personnel as required above are present.

7. Site Visits and Periodic Inspections Pertaining to Enteral Conscious Sedation, Parenteral Conscious Sedation, and/or General Anesthesia Permits

- a. Prior to the issuance of such permits the Board shall conduct an on-site inspection of the dental 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 anesthesia permit application fee. Evaluations shall be performed by a minimum of two (2) qualified experts, as determined by the Board.

- b. Any missing or malfunctioning equipment shall be called to the attention of the applicant, and a permit shall not be issued until the Board's experts determine that all equipment is available and properly functioning. If the results of the initial evaluation are deemed unsatisfactory, the applicant may request another review.
 - c. All facilities wherein enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia may be administered shall be inspected at least once every five (5) years beginning from the date of the initial permit, as designated by the Board, to ensure that all equipment is of the appropriate type and in good working order. The Board also shall have the discretion to inspect any dental facility at any time for good cause. Any permitted dentist with missing or malfunctioning equipment shall cease administering anesthesia until his/her dental facility has been properly equipped with the required equipment or until such malfunctioning equipment has been satisfactorily repaired and until such time as the Board is in receipt of proof that the equipment has been repaired to the Board's satisfaction.
8. Advanced Cardiac Life Support and Cardiopulmonary Resuscitation
- a. Any dentist using enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia shall at all times be ACLS certified or hold a certificate from a Board-approved course, and his/her auxiliary personnel must meet the requirements for Cardiopulmonary Resuscitation (hereinafter referred to as "CPR") as set forth in Board Regulation 45.
 - b. A dentist utilizing nitrous-oxide inhalation anxiolysis and his/her auxiliary personnel must meet the requirements for CPR as set forth in Board Regulation 45.
9. Renewal of Enteral Conscious Sedation, Parenteral Conscious Sedation, and/or General Anesthesia Permits
- a. Any dentist holding a permit of authorization issued by the Board shall be subject to review, and such permit must be renewed at the same time as the dentist renews his/her Mississippi dental license.
 - b. The Board shall, in accordance with its laws, rules, and regulations, together with the appropriate and required information and renewal fee, renew the enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia permit, unless the holder is informed in writing that a re-evaluation of credentials and/or facilities is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such

factors as it deems pertinent, including, but not limited to, patient complaints and reports of adverse occurrences.

- c. At the time the dentist renews his/her enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia permit, he/she shall submit proof of current ACLS certification and current CPR certification for all dental auxiliaries who have direct patient care responsibilities.
- d. Certification cards issued by the Board upon renewal of anesthesia permits shall indicate the date wherein the required periodic five (5) year inspection is due to be performed by the Board.

10. Permit Fees

For the purpose of determining permit fees only, the fees for enteral conscious sedation and/or parenteral conscious sedation permits shall be deemed to be equivalent to those as set forth in Miss. Code Ann. § 73-9-43 and Board Regulation 37 for general anesthesia permits.

11. Penalties for Non-Compliance

Violating the provisions of this regulation 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; amended July 21, 2000; amended December 7, 2001; amended March 5, 2004; amended November 19, 2004; amended January 7, 2005; amended December 2, 2005; amended February 24, 2006; amended October 19, 2007; amended May 16, 2008; amended August 19, 2011.

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.
- C. *Mississippi Prescription Monitoring Program.* This is the program established and maintained by the Mississippi Board of Pharmacy for the purpose of monitoring the prescribing and appropriate use of certain controlled substances and specified drugs within the State of Mississippi. The Mississippi Board of Pharmacy has been charged with defining the scope, authority, and purpose of the Mississippi Prescription Monitoring Program or its successor.

IV. General Provisions Regarding Dispensing and Inventory Records:

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.

V. Registration with the Mississippi Prescription Monitoring Program:

Effective July 1, 2017, every dentist licensed by the Mississippi State Board of Dental Examiners who prescribes, administers, or dispenses any controlled substance within the State of Mississippi, or who proposes to engage in the prescribing, administering, or dispensing of any controlled substance within the State of Mississippi, must be registered with the Mississippi Prescription Monitoring Program (PMP), such program as heretofore defined. Once registered with the PMP, Mississippi licensed dentists shall adhere to all guidelines, protocols, and restrictions adopted by the PMP. Failure to do so shall subject the Mississippi licensed dentist to disciplinary action.

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; amended April 1, 2016.

BOARD REGULATION NUMBER 37—LICENSE RENEWAL AND FEE SCHEDULE

Pursuant to the provisions in Miss. Code Ann. §§ 73-9-13, 73-9-19, and 73-9-43, the Board shall establish procedures for the renewal of all licenses and permits issued by the Board and collect in advance all fees as provided for in this Regulation and as currently established by the Board:

Renewal of Licenses and Permits Issued by the Board

All licenses and permits issued by the Board shall be renewed on a biennial basis sixty (60) days prior to November 1. Beginning with the 2005 renewal period, dentists will be renewed for the biennial period 2005-2007 and each subsequent biennial renewal period thereafter. For the 2005 renewal period, dental hygienists and radiology permit holders will be renewed for 2005-2006, and beginning with the 2006 renewal period, these licensees and permit holders will be renewed for the biennial period 2006-2008 and each subsequent biennial renewal period thereafter. A two-month penalty phase shall be effective November 1 for licenses and permits not renewed on or before October 31, and any licenses and permits not renewed on or before December 31 shall be voided on January 1 for a failure to renew.

The payment of the renewal fee by any dentist or dental hygienist who receives a Mississippi license by credentials, or by any dental assistant who receives a Mississippi radiology permit, within the ninety-day (90-day) period prior to September 1, shall satisfy the renewal fee requirements for the renewal period during which licensure or permit status was granted and for the upcoming renewal period beginning September 1 of that current year. The payment of the renewal fee for impaired licensees is mandatory for all currently licensed dentists and dental hygienists.

Current Board Fees

Application for dental license by examination	\$250.00
Application for dental license by credentials	\$2,500.00
Application for dental specialty license	\$300.00
Application for dental institutional, teaching, or provisional license	\$25.00
Application for dental hygiene license by examination	\$150.00
Application for dental hygiene license by credentials	\$750.00
Application for dental hygiene institutional, teaching, or provisional license	\$25.00
Application for general anesthesia permit	\$300.00
Application for parenteral conscious sedation permit	\$300.00
Application for enteral conscious sedation permit	\$300.00
Application for radiology permit	\$60.00
Application for a mobile/portable dental facility	\$300.00
Annual dental license renewal	\$200.00
Annual dental specialty license renewal	\$125.00
Annual dental institutional, teaching, or provisional license renewal	\$200.00
Annual dental hygiene license renewal	\$100.00
Annual dental hygiene institutional, teaching, or provisional license renewal	\$100.00
Annual general anesthesia permit renewal	\$150.00
Annual parenteral conscious sedation permit renewal	\$150.00
Annual enteral conscious sedation permit renewal	\$150.00
Annual radiology permit renewal	\$30.00
Penalty for delinquent renewal of dental licenses; dental specialty licenses; and dental institutional, teaching, and provisional licenses	
November 1 - November 30 (plus renewal fee)	\$50.00
December 1 - December 31 (plus renewal fee)	\$100.00
Penalty for delinquent renewal of dental hygiene licenses and dental hygiene institutional, teaching, and provisional licenses	
November 1 - November 30 (plus renewal fee)	\$25.00
December 1 - December 31 (plus renewal fee)	\$50.00
Penalty for delinquent renewal of radiology permits	
November 1 - November 30 (plus renewal fee)	\$20.00
December 1 - December 31 (plus renewal fee)	\$40.00
Annual impaired practitioner renewal fee	\$25.00
Mobile/portable dental facility follow-up site visit fee	\$150.00
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
Dental and dental hygiene licensure examination manuals	\$15.00
Dental and dental hygiene licensure by examination and credentials packets	\$10.00

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; amended May 27, 1997; amended January 23, 1998; amended May 29, 1998; amended May 12, 2000; amended November 3, 2000; amended July 19, 2002; amended May 18, 2003; amended August 5, 2005; amended February 24, 2006; amended June 16, 2006; amended May 13, 2011.

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.

Pursuant to authority granted in Miss. Code Ann. § 73-9-13, any member of the Board of Dental Examiners, its agents, investigators, and employees, upon reasonable cause as defined below, may enter any dental office, clinic, or dental laboratory during regular office hours to inspect all records, equipment, and facilities for the purpose of determining whether a licensee is in compliance with this regulation. During said inspection, representatives of the Board may conduct tests of all appliances and equipment to ensure proper sterilization and disinfection capabilities and to remove for inspection and testing any and all items deemed necessary, including, but not limited to, the following:

- a. All sterilization or disinfection instruments (hot and cold), including, but not limited to, autoclaves and sterile containers.
- b. Medical and surgical instruments used for dental purposes, including, but not limited to, forceps, scalpels, bone chisels, scalers, burs, aspirators, mirrors, amalgam condensers, syringes, needles, blades, etc.

- c. All sterilization chemicals, including, but not limited to, disinfectants, liquid germicides, antimicrobial surgical hand scrub, soaps, bleaches, and tuberculocidal hospital disinfectants.
- d. Single-use disposable instruments, including, but not limited to, prophylaxis angles, prophylaxis cups, brushes, saliva ejectors, high-speed air evacuators, and airway syringes.
- e. Solid waste disposal bags or other containers for disposal.
- f. Laboratory material, dental appliances, or other items that may be used in the mouth, including, but not limited to, impressions, bite registrations, fixed and removable prostheses, and orthodontic appliances.
- g. Equipment and other appliances used for protection of dental health care workers, including, but not limited to, medical gloves (latex and/or vinyl), face shields, surgical masks, or protective eyewear.
- h. Operatory equipment not otherwise specified above.
- i. Biohazard records/logs and infection control policy or protocols.
- j. Patient records reflecting sterile procedures, if any used, and existence of infection(s).

Prior to any inspection, the Board shall make a determination that reasonable cause exists to conduct said inspection based upon either complaints or information received from reliable sources. Whether reasonable cause exists shall be determined by the Executive Director and President of the Board, and documentation of that determination shall be provided to the dentist, dental clinic, office, or laboratory before entry for inspection as provided herein.

Regulation Thirty-Nine adopted by the Mississippi State Board of Dental Examiners on September 25, 1992; amended August 27, 1993; amended February 9, 1996; amended August 29, 1997.

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 the continuing education period shall be from January 1 through December 31 of each year effective January 1, 2014.

2. 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. 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. To fulfill the forty (40) required continuing education hours during the two-year reporting period, licensed dentists shall obtain a minimum of twenty (20) hours of clinical continuing education. To fulfill the twenty (20) required continuing education hours during the two-year reporting period, licensed dental hygienists shall obtain a minimum of ten (10) hours of clinical continuing education. Clinical continuing education is defined as personal attendance at clinical courses pertaining to the actual delivery of dental services to patients.

5. 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.
6. Continuing education credit will be given for computer-based courses, video courses, audio courses, reading, and/or correspondence/home study courses on a limited basis. All such above-enumerated courses shall be sponsored/approved by any one or more of those organizations listed in Sections 2 and 3 above, or licensed dentists and dental hygienists may obtain prior Board approval of any such courses on a course-by-course basis. In fulfilling the required continuing education hours set forth in Sections 2 and 3 for licensed dentists and dental hygienists, a maximum of twenty-five percent (25%) of the required coursework may be computer-based, video, audio, reading and/or correspondence/home study courses per two-year continuing education reporting period. Furthermore, a post-study examination must be a part of any of the above-enumerated courses, and licensed dentists and dental hygienists shall ensure they successfully complete and retain a copy of such post-study examination and any other documentation stipulated by Section 9. Internet and computer-based courses providing live interaction among presenters and course participants, e.g., webinars, and which also require a post-presentation examination following completion of such webinar, are exempt from the aforementioned twenty-five percent (25%) restriction, inasmuch as such live interaction is considered equivalent to personal attendance at continuing education courses. 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. Continuing education credit will be given for attendance at the business sessions of state and district meetings for those providers listed in Sections 2 and 3 above.
7. 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.
8. 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.
9. A record of courses taken, the date, location, number of hours for such course, and certificates of attendance/successful course completion 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.

10. Each dentist or dental hygienist shall certify on the annual renewal form his or her compliance with the continuing education requirements stipulated herein.
11. 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.
12. The following disciplinary actions will be taken against dentists and dental hygienists not meeting the requirements set forth in item number 11 above:

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

Second Offense: One Thousand and No/100 Dollars (\$1,000.00) 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.
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. Any dentist or dental hygienist requesting reinstatement of a license which was voided for a failure to re-register or which was revoked must, within the previous twelve (12) months prior to requesting licensure reinstatement, be current in cardiopulmonary resuscitation and have acquired twenty (20) and ten (10) hours of continuing education, respectively.
15. 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; amended March 7, 1997; amended September 18, 1998; amended August 6, 2004; amended November 19, 2004; amended May 18, 2012; amended February 1, 2013; amended October 16, 2015.

BOARD REGULATION NUMBER 43--ADVERTISING

Purpose: The purpose of this regulation is to ensure that the public has access to information which provides a sufficient basis upon which to make an informed selection of dentists, while also ensuring that the public is protected from false or misleading advertisements which would detract from a fair and rational selection process. Accordingly, the Board shall adopt rules which shall regulate the manner of such advertising in keeping with the provisions hereof.

1. For the purposes of Miss. Code Ann. § 73-9-61, “advertising” shall include any information communicated in a manner designed to attract public attention to the practice of the licensee.
2. A dentist may provide information regarding himself or herself, his or her practice, and fixed fees associated with dental services in various forms of public communications. The responsibility for the form and content of an advertisement offering services or goods by a dentist shall be jointly and severally that of each professional who is a principal, partner, officer, or associate of the firm or entity identified in the advertisement.
3. All advertisements shall contain the full name and degree of the practitioner who will provide services. If services are referenced in the advertisement, the advertisement shall state either “general practice” or “general dentistry,” or the American Dental Association recognized specialty that the practitioner practices immediately following the name and degree of the practitioner. The word “family” may be substituted for the word “general.”
4. The Board may require a dentist to substantiate the truthfulness of any assertion or representation of material fact set forth in an advertisement. At the time an advertisement is placed, the dentist must then possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion or representation of material fact set forth in such advertisement. The failure to possess and rely upon such information at the time the advertisement is placed, as well as the failure to provide such factual substantiation to support a representation or assertion when requested by the Board, shall be deemed unprofessional conduct as set forth in Miss. Code Ann. § 73-9-61(1)(I).
5. A video and/or audio tape of every advertisement communicated by electronic media or copies of printed advertisements shall be retained by the dentist for a period of two (2) years and be made available for review upon request by the Board or its designee.

6. Advertising that references a fee or fees, or a service for no fee, must clearly define the professional service being offered in the advertisement. Such advertised offers shall be presumed to include everything ordinarily required for such a service. No additional fees may be charged unless the advertisement includes the following disclaimer: **“Additional fees may be incurred in individual cases.”**

7. No advertisement by a licensed dentist shall contain any false, fraudulent, misleading, or deceptive statement or claim. The following acts or omissions in the context of advertising by any licensee shall constitute unprofessional conduct as set forth in Miss. Code Ann. § 73-9-61(1)(l), and subject the licensee to disciplinary action:
 - a. Contains misrepresentations of fact.
 - b. Misleads or deceive, or is likely to mislead or deceive, because in context the advertisement makes only a partial disclosure of relevant facts.
 - c. Contains laudatory statements about the dentist or group of dentists.
 - d. Creates, or is likely to create, false and unjustified expectations of favorable results.
 - e. Relates to the quality of dental services provided as compared to other available dental services.
 - f. Appeals, or is likely to appeal, primarily to a layperson’s fears.
 - g. Contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or to be deceived.
 - h. Communicates personal identifiable facts, data, or information about a patient without first obtaining the patient’s consent.
 - i. Fails to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television or other communicative medium (e.g., newspapers or telephone directories) in anticipation of or in return for any advertisement, unless the nature, format, or medium of such advertisement make the fact of compensation apparent.
 - j. Directly or indirectly offers, gives, or agrees to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.

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; amended March 7, 1997; amended August 27, 1999; amended November 3, 2000; amended July 20, 2001; amended December 6, 2002;

amended December 2, 2005; rescinded December 2, 2005 amendment on February 24, 2006.

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. Effective July 1, 2012, all dental offices in the State of Mississippi shall be required to have a minimum of one (1) properly functioning Automated External Defibrillator (AED), or equivalent defibrillator, on the premises of each dental office. Each AED, or equivalent defibrillator, shall be maintained in a properly functioning capacity at all times. Proof of the availability of a properly functioning AED, or equivalent defibrillator, shall be made available for review at any time by any member of the Board or by any designated agent of the Board.
3. 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.
4. 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.
5. 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.
6. Participation in approved Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), American Heart Association (AHA), or American Red Cross (ARC) courses may be used to fulfill the requirements of this Regulation. All other equivalent courses shall be approved by the Board on a case-by-case basis;

however, in no instance shall any course be approved by the Board that does not contain a hands-on mannequin component.

7. 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.
8. Any dentist or dental hygienist requesting reinstatement of a license which was voided for a failure to re-register or which was revoked must, within the previous twelve (12) months prior to requesting licensure reinstatement, 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; amended March 7, 1997; amended May 8, 2009; amended August 6, 2010.

BOARD REGULATION NUMBER 47--LICENSURE BY CREDENTIALS

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

1. 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)(b).
2. The Mississippi State Board of Dental Examiners has determined that a maximum of two (2) years of a candidate's participation in an approved residency program may be used toward fulfilling the minimum five-year, active practice requirement stipulated by Miss. Code Ann. § 73-9-24(1)(b).

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; amended January 23, 1998; amended November 3, 2000; amended August 10, 2012.

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 ¶ 5; and to set forth the other information which may be required by the Board when considering eligibility of a dentist or

dental hygienist on the “inactive” list for registration on the “active” list pursuant to Miss. Code Ann. § 73-9-19 ¶ 8.

1. Miss. Code Ann. § 73-9-19 ¶ 5 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 ¶ 4, 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.
4. When a dentist or dental hygienist, registered on the “inactive” list, seeks return to the “active” list, the Board, in addition to the written application required by § 73-9-19, may request other information as deemed necessary on an individual basis. If the dentist or dental hygienist has not practiced dentistry or dental hygiene for a period of three (3) or more years preceding the request for registration on the active list, the Board may require the applicant to submit to a clinical competency assessment administered either by the Board or other institution capable of administering such an assessment. The length and areas of testing shall be left to the discretion of the Board, and determined based on the individual needs and circumstances of each applicant. Clinical competency assessments will be administered two (2) times each year: (a) during the annual licensure examinations; and (b) during the month of December on a date to be determined on an annual basis. All costs attributable to the assessment shall be the responsibility of the applicant.

Regulation Forty-Nine adopted by the Mississippi State Board of Dental Examiners on March 8, 1996; amended May 12, 2000; amended September 13, 2002; amended February 28, 2003.

BOARD REGULATION NUMBER 51--RESCINDED

Regulation Fifty-One adopted by the Mississippi State Board of Dental Examiners March 8, 1996; rescinded November 3, 2000 in lieu of similar language being incorporated into Miss. Code Ann. § 73-9-61(1)(d).

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--TRADE NAMES AND CORPORATE PRACTICE

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

Corporate or Trade Names

1. **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 corporate or trade name, if the conditions set forth in subsection 2 of this Regulation are fulfilled.

2. **Corporate or Trade Name.** Dentists licensed in the State of Mississippi who practice as individuals, partnerships, professional corporations, associations, or other group practices may use a corporate or trade name for the facility in which they conduct their practice if the following conditions are met:
 - a. Each corporate or trade 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 corporate or trade 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 corporate or trade 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 corporate or trade 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 corporate or trade 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. Corporate or trade 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 corporate or trade name.
3. **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.

4. **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.

Corporate Practice

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; amended December 6, 2002.

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(e), 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; amended September 13, 2002.

BOARD REGULATION NUMBER 59--LICENSURE OF INDIVIDUALS PERFORMING DENTAL UTILIZATION REVIEW

Purpose: To stipulate Mississippi licensure requirements for individuals performing dental utilization review.

Any program of utilization review with regard to dental care services provided in this State shall comply with the following:

1. No determination adverse to a patient or to any dental provider shall be made on any question relating to the necessity or justification for dental care services without prior evaluation and concurrence in the adverse determination by a dentist licensed to practice in Mississippi. The reviewing dentist who made the adverse determination shall discuss the reasons for any adverse determination with the affected dentist provider, if the provider so requests. The reviewing dentist shall comply with this request within fourteen (14) calendar days of being notified of a request. An adverse determination by a reviewing dentist shall not be grounds for any disciplinary action against the dentist by the Mississippi State Board of Dental Examiners.
2. Any determination regarding dental care services rendered or to be rendered to a patient which may result in a denial of third-party reimbursement or a denial of pre-certification for that service shall include the evaluation, findings, and concurrence of a reviewing dentist trained in the relevant specialty or sub-specialty, if requested by the patient's dentist, to make a final determination that care rendered or to be rendered was, is, or may be inappropriate.
3. The requirement in this section that a reviewing dentist who makes the evaluation and concurrence in the adverse determination must be licensed to practice in Mississippi shall not apply to the Comprehensive Health Insurance Risk Pool Association or its policyholders.

Regulation Fifty-Nine adopted by the Mississippi State Board of Dental Examiners December 8, 2000.

BOARD REGULATION NUMBER 61--MOBILE AND PORTABLE DENTAL FACILITIES

Purpose: To establish requirements for licensees operating mobile dental facilities or portable dental operations within the State of Mississippi, all pursuant to Miss. Code Ann. § 73-9-13.

1. Applicability

This regulation applies to the Operator of a mobile dental facility or portable dental operation who:

- a. provides dental services; and
- b. does not have a physically stationary office in the city or county where the services are provided.

2. Exemptions

- a. Mobile dental facilities and portable dental operations operated by agencies of the State of Mississippi which do not charge or collect any fees whatsoever for services provided are exempt from the requirements of this regulation.
- b. Mobile dental facilities and portable dental operations contracted, operated, or deployed by the Federal or State military armed forces to provide dental services/treatment solely to Federal or State active duty military personnel, including military reservists, exclusively within the confines of the military base, armory, or installation within the State of Mississippi, are exempt from the requirements of this regulation. As used herein, the terms “military personnel” and “military reservists” do not include spouses and dependents.

3. Definitions

As used herein, the following terms shall have the meanings specified:

- a. “Mobile dental facility or portable dental operation” means any self-contained facility in which dentistry will be practiced, which may be moved, towed, or transported from one location to another.
- b. “Operator” means the person licensed to practice dentistry in the State of Mississippi and who has registered a mobile dental facility or portable dental operation with the Board pursuant to the registration requirements of this regulation.

4. Registration

- a. In order to operate a mobile dental facility or portable dental operation, the Operator must be an individual who is authorized to practice dentistry under the laws and regulations of this State, and must possess a current mobile dental office registration issued by the Board.
- b. To become registered, the Operator must:

- (1) Complete an application in the form and manner required by the Board.
- (2) Pay an initial application fee, such fee as stipulated in Board Regulation 37.
- (3) Provide the Board with evidence of compliance with the requirements of this regulation.
- (4) With the registrant's initial application to the Board, submit proof from the Mississippi State Board of Health that licensee's radiographic equipment has been approved.

5. Office Physical Address and Telephone Number

- a. The Operator of a mobile dental facility or portable dental operation shall maintain an official business or mailing address of record (hereinafter "official office address"), which shall not be a post office box and which shall be filed with the Board.
- b. The Operator of a mobile dental facility or portable dental operation shall maintain an official telephone number of record, which shall be filed with the Board. Furthermore, the telephone number for the mobile dental facility or portable dental operation must have 911 capability.
- c. The Board shall be notified within thirty (30) days of any change in the address or telephone number of record.
- d. All written or printed documents available from or issued by the mobile dental facility or portable dental operation shall contain the official office address and telephone number of record for the mobile dental facility or portable dental operation.
- e. When not in transit, all dental and official records shall be maintained at the official office address.

6. Written Procedures, Communication Facilities, Conformity with Requirements, and Driver Requirements

The Operator of a mobile dental facility or portable dental operation shall ensure the following:

- a. There is a written procedure for emergency follow-up care for patients treated in the mobile dental facility or portable dental operation, and such procedure includes arrangements for treatment in a dental facility that is permanently established in the area where services were provided.

- b. With the registrant's initial application, the Board must be provided a list of names of dentists to whom the Operator of the mobile dental facility or portable dental operation will refer patients for follow-up care, subject to the patient's right to choose another dental care provider. This list shall contain the dentist's full name, physical office address, telephone number, and an attached statement from each dentist so listed indicating that the dentist will be responsible for follow-up care. The list shall be updated when changes are made insofar as follow-up care dentists are concerned. A dentist who agrees to provide follow-up care must be practicing and located in a land-based dental office which provides dental services either in the county wherein the mobile dental facility or portable dental operation provides services, or in an adjacent county to the location wherein such services are being provided.
- c. The mobile dental facility or portable dental operation has communication facilities that will enable the Operator thereof to contact necessary parties in the event of a medical or dental emergency. The communication facilities must enable the patient or the parent or guardian of the patient treated to contact the Operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the Operator and receive treatment information, including radiographs.
- d. The mobile dental facility or portable dental operation and the dental procedures performed comply with the laws and regulations of the State.
- e. The driver of the mobile dental facility or portable dental operation possesses a valid Mississippi driver's license appropriate for the operation of the vehicle. A copy of the driver's licenses of all drivers of the mobile dental facility or portable dental operation must be submitted with the Operator's initial application to the Board.
- f. No services are performed on minors without a signed consent form from the parent or guardian, which indicates:
 - (1) if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider; and
 - (2) the treatment of the child by the mobile dental facility or portable dental operation may affect the future benefits that the child may receive under private insurance, Medicaid; or the Children's Health Insurance Program (CHIP).
- g. A mobile dental facility or portable dental operation that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, and fluoride, but does not follow-up with treatment when such treatment is clearly indicated, is considered to be abandoning the patient. Arrangements must be made for treatment services by either the Operator or other licensee who

agrees to provide follow-up care. If such arrangements are not made, the Operator will be construed to have committed unprofessional conduct pursuant to Miss. Code Ann. § 73-9-61 and shall be subject to disciplinary action by this Board.

7. Physical Requirements and Inspection for Mobile Dental Facility or Portable Dental Operation

- a. The Operator shall ensure that the mobile dental facility or portable dental operation has the following:
 - (1) Ready access to a ramp or lift;
 - (2) A properly functioning sterilization system;
 - (3) Ready access to an adequate supply of potable water, including hot water;
 - (4) Ready access to toilet facilities; and
 - (5) A covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.
- b. All procedures must be in compliance with the current Recommended Infection-Control Practices for Dentistry as published by the federal Centers for Disease Control and Prevention (CDC).
- c. The mobile dental facility or portable dental operation shall be inspected by a Board member or a staff evaluator prior to receiving approval to operate by the Board, and the fee for such inspection shall be included in the initial application fee for a mobile dental facility or portable dental operation.
- d. Once approved the mobile dental facility or portable dental operation shall be subject to periodic, unannounced audits by any Board member or a staff evaluator. Furthermore, a fee shall be assessed for these periodic, unannounced audits, such fee as stipulated in Board Regulation 37.

8. Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses

- a. The Operator of a mobile dental facility or portable dental operation shall identify and advise the Board in writing within thirty (30) days of any personnel change relative to all licensed dentists and licensed dental hygienists associated with the mobile dental facility or portable dental operation by providing the full name, address, telephone numbers, and license numbers, where applicable.

- b. The Operator shall advise the Board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the mobile dental facility or portable dental operation, including arrangements for treatment in a dental facility which is permanently established in the area. The permanent dental facility shall be identified in the written procedure.
- c. Each dentist and dental hygienist providing dental services in the mobile dental facility or portable dental operation shall prominently display his or her Mississippi dental or dental hygienist license in plain view of patients.

9. Identification of Location of Services

- a. Each Operator of a mobile dental facility or portable dental operation shall maintain a written or electronic record detailing for each location where services are provided:
 - (1) the street address of the service location;
 - (2) the dates of each session;
 - (3) the number of patients served; and
 - (4) the types of dental services provided and quantity of each service provided.
- b. The written or electronic record shall be made available to the Board or its representative within ten (10) days of a request.
- c. Each mobile dental facility or portable dental operation must possess all applicable county and city licenses or permits to operate at each location.

10. Licensed Dentist in Charge

A mobile dental facility or portable dental operation shall at all times be in the charge of a dentist currently licensed to practice dentistry in the State of Mississippi. The treating dentist currently licensed to practice dentistry in the State of Mississippi shall be present and held completely responsible for the quality of patient care at all times when clinical services are rendered.

11. Information for Patients

- a. During or at the conclusion of each patient's visit to the mobile dental facility or portable dental operation, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long-term care facility or school.

- b. The information sheet as required herein shall include the following:
 - (1) Pertinent contact information as required by this regulation;
 - (2) The name of the dentist and other dental staff who provided services;
 - (3) A description of the treatment rendered, including billed service codes and fees associated with treatment, and tooth numbers when appropriate; and
 - (4) If necessary, referral information to another dentist as required by this regulation.

12. Cessation of Operation

- a. Upon cessation of operation by the mobile dental facility or portable dental operation, the Operator shall notify the Board within thirty (30) days of the last day of operation in writing of the final disposition of patient records and charts.
- b. If the mobile dental facility or portable dental operation is sold, a new registration application must be filed with the Board.
- c. Upon choosing to discontinue practice or services in a community, the Operator of a mobile dental facility or portable dental operation shall notify all patients and dispose of all records in compliance with the requirements set forth in the Principles of Ethics and Code of Professional Conduct published by the American Dental Association (ADA) and Board regulations.
- d. The Operator shall make reasonable arrangements with the active patients of the mobile dental facility or portable dental operation for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.
- e. As used in this section, "active patient" applies and refers to a person whom the mobile dental facility or portable dental operation has examined, treated, cared for, or otherwise consulted with during the two-year (2) year period prior to discontinuation of practice, or moving from or leaving the community.

Regulation Sixty-One adopted by the Mississippi State Board of Dental Examiners on February 25, 2005; amended May 6, 2005; amended August 7, 2009; amended May 13, 2011; amended February 3, 2012.

RULES OF PROCEDURE ADOPTED BY THE MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Authority: Chapter 9, Title 73, Miss. Code (1972) Ann.

I. SCOPE

The following Rules of Procedure apply to all individuals licensed to practice dentistry, and dental hygiene in the State of Mississippi.

II. DEFINITIONS

- A. The word "complaint" as used in Miss. Code Ann. Section 73-9-63, shall mean a written complaint or oral complaint later reduced to writing.
- B. The word "Board" shall mean the Mississippi State Board of Dental Examiners.
- C. The words "Mississippi Dental Practice Act" shall mean Sections 73-9-1, et seq., pertaining to licensure and discipline of individuals practicing dentistry or dental hygiene.
- D. The words "licensee" or "dentist" or "dental hygienist" shall mean any individual licensed to practice dentistry or dental hygiene in the State of Mississippi.
- E. The word "Respondent" shall mean a dentist or dental hygienist against whom a disciplinary proceeding has been initiated.
- F. The words "Prosecutorial Counsel" shall mean the attorney retained by the Board to prosecute dentists and dental hygienists pursuant to the Mississippi Dental Practice Act.
- G. Masculine terms, when used in the following Rules of Procedure, shall also be deemed to include the feminine.

III. INVESTIGATION/COMPLAINT

- A. A complaint, as defined herein, may be filed with the Secretary of the Board (through the Board's Executive Director) by any one or more of the following individuals:

1. Any person or patient charging a licensed dentist or dental hygienist with the commission of any of the offenses enumerated in the Mississippi Dental Practice Act,
2. Any member of the Board, or
3. An Investigator of the Board.

Upon receipt of a complaint indicating a possible violation of the Mississippi Dental Practice Act, the Board or designated member of the Board, shall review the complaint and determine if there is substantial justification to conduct an investigation. An investigation may be conducted by any member of the Board, its staff or designated representative/agent (hereinafter "Investigative Staff"). An investigation may be conducted although a formal written complaint has not been received, if the Board has received information indicating non-compliance with, or violation of the provisions of the Mississippi Dental Practice Act.

- B. If, as a result of the aforementioned investigation, substantial justification exists to believe that the accused dentist or dental hygienist has committed any of the offenses enumerated in the Mississippi Dental Practice Act, the Board may either:
1. Initiate formal disciplinary proceedings as provided in Article IV below.
 2. Resolve the matter through negotiation and execution of a consent order as provided in Article X.F. below.

If, as a result of the investigation, it is determined that insufficient cause exists to initiate disciplinary proceedings, the complaint shall be dismissed or remanded to file.

- C. During an investigation, the Investigative Staff may interview and take the statements of witnesses and licensees. Further, the Investigative Staff may inspect, copy and/or seize records, documents and other matters as authorized by Board regulation or state and federal law. During an interview of a licensee, the Investigative Staff shall inform the licensee of the nature and purpose for the investigation and, if requested, provide licensee with a copy of any written complaint which may have prompted the investigation, provided, that if a complainant has requested anonymity, all identifying data of the complainant shall be removed therefrom.

IV. INITIATION OF DISCIPLINARY ACTION

- A. If the Board or its designated member determines that formal disciplinary proceedings should be initiated, the Board, through its Executive Director, shall provide adequate notice to the licensee of all complaints made. Such notification shall include:

1. A "Notice of Hearing," signed by the Board's Executive Director, setting forth:
 - a. The style of the action,
 - b. The name, address and license number of the Respondent,
 - c. The address, date, and time at which the Respondent is summoned to appear before the Board,
 - d. The specific sections of the Mississippi Dental Practice Act and/or Board Regulation which the Respondent is charged with violating,
 - e. The actions which the Board has the authority to take, including placing the dentist on probation, the terms of which may be set by the Board, suspending his right to practice dentistry for a time deemed proper by the Board, revoking his license, or taking any other action in relation to his license as the Board may deem proper under the circumstances.
 2. The Notice of Hearing or affidavit attached thereto shall set forth, in numbered paragraphs, a concise statement of the material facts and allegations to be proven, including:
 - a. facts giving rise to the Board's jurisdiction,
 - b. facts constituting legal cause for administrative action against the Respondent, and
 - c. the statutory provisions alleged to have been violated by the Respondent.
- B. The Notice of Hearing, a true copy of the complaint, and a true copy of all papers filed with the Board relating to such complaint shall be delivered to the Respondent, either through registered mail or by personal service.
 - C. The Notice of Hearing shall name a date for hearing not less than thirty (30) days from the date of the mailing or service of the summons.
 - D. The Notice of Hearing shall bear the name, address, and telephone number of the Board's Prosecutorial Counsel.
 - E. All pleadings, motions or other papers permitted or required to be filed with the Board in connection with a pending disciplinary proceeding shall be filed by personal delivery at or by mail to the office of the Board. A copy of all papers filed with the Board shall be delivered by registered mail or personally served on opposing counsel of record.

- F. All pleadings, motions or other papers shall be submitted on plain white, letter size (8 1/2 x 11") bond, with margins of at least one inch on all sides and text double spaced except as to quotations and other matter customarily single spaced; shall bear the style and caption of the case as it appears on the summons and shall include the certificate of the attorney or person making the filing that service of a copy of the same has been effected in the manner prescribed by subsection E above.
- G. The Board may refuse to accept for filing any pleading, motion or other paper not in conformity with the requirements of this rule.
- H. Within fifteen (15) days of service of the Notice of Hearing, or such longer time as the Board, on motion of the Respondent may permit, the Respondent shall answer the Notice, admitting or denying each of the separate allegations of fact and of law set forth therein. Any matters admitted by the Respondent shall be deemed proven and established for purposes of adjudication. Any matters or allegations not specifically denied are admitted for the purposes of the hearing. In the event that Respondent does not file a response to the Notice of Hearing, all matters asserted therein shall be deemed admitted.
- I. Any Respondent may be represented before the Board by an attorney-at-law who:
 - 1. is admitted to practice in the State of Mississippi, or
 - 2. has been given express permission by the Board to appear on behalf of Respondent.
- J. Upon service of a Notice of Hearing pursuant to Subsection B above, a Respondent who is represented by legal counsel with respect to the proceeding shall personally or through such counsel, give written notice to the Board of the name, address and telephone number of such counsel. Following receipt of a proper notice of representation, all further notices, complaints, subpoenas, orders or other process related to the proceeding shall be served on Respondent through the designated counsel of record.

V. SUBPOENAS

- A. For the purpose of disciplinary hearings, the Board, acting by and through its Executive Director, may subpoena persons and papers on its own behalf and on behalf of a Respondent.
- B. Before the Board shall issue on behalf of a Respondent any subpoena for persons or papers, the Respondent shall:
 - 1. File with the Board a written request for the issuance of said subpoenas, identifying with certainty the identity and address of all indi-

viduals to be subpoenaed, along with a concise description of the records to be subpoenaed with the identity and address of the custodian of said records.

2. All subpoenas issued by the Board on behalf of a Respondent shall be effected by registered mail.
 3. All requests for the issuance of subpoenas shall be filed with the Board sufficiently distant in time to allow for the preparation and mailing of said subpoenas at least ten (10) working days before the scheduled hearing date. The Board shall not be responsible for the timely receipt of subpoenas issued after the aforementioned deadline.
- C. The Board shall charge a Respondent a reasonable fee, not to exceed \$25.00 per subpoena, for preparation and mailing of subpoenas.

VI. DISCOVERY

- A. Upon written request by a Respondent or his counsel, the Board's Prosecutorial Counsel shall disclose and permit Respondent or his counsel to inspect, copy or photograph the following information and material, other than the complaint and related papers submitted in compliance with Article IV.B. above, which is in the possession, custody, or control of the Board, or the existence of which is known to the Prosecutorial Counsel:
1. Names and addresses of all witnesses proposed to be called in Prosecutorial Counsel's case in chief, together with a copy of the contents of any statement, written, recorded, or otherwise preserved, of each such witness.
 2. Copy of any written or recorded statement of Respondent and the substance of any oral statement made by the Respondent.
 3. Copy of any criminal record of a Respondent, if proposed to be used.
 4. Any written reports or statements of experts, if proposed to be offered as evidence in connection with the particular case.
 5. All records, documents, physical evidence or photographs which may be offered as evidence in Prosecutorial Counsel's case-in-chief.
 6. Any exculpatory material concerning the Respondent.

The Board shall charge a Respondent a reasonable fee, not to exceed 50¢ per copy, payable in advance of delivery of copied documents.

- B. The Board may deny disclosure authorized by subsection A if it finds that there is a substantial risk to any person of physical harm, intimidation,

bribery, economic reprisals, or unnecessary embarrassment, resulting from such disclosure, which outweighs any usefulness of the disclosure to Respondent or his counsel.

- C. If Respondent requests discovery under this rule, Respondent shall promptly disclose to Prosecutorial Counsel and permit him to inspect, copy or photograph the following information and material which is in the possession, custody, or control of Respondent or his counsel, or the existence of which is known to Respondent or his counsel:
 - 1. Names and addresses of all witnesses proposed to be called in Respondent's defense, together with a copy of the contents of any statement, written, recorded, or otherwise preserved, of each such witness.
 - 2. All records, documents, physical evidence or photographs which may be offered as evidence in Respondent's defense.
 - 3. Any written reports or statements of experts, if proposed to be offered as evidence in connection with the particular case.
- D. No depositions shall be taken in preparation for matters to be heard before the Mississippi State Board of Dental Examiners.

VII. AMENDMENT OF PLEADINGS

- A. The Board's Prosecutorial Counsel may amend a summons and complaint after being duly served upon Respondent at any time prior to the scheduled hearing date, provided, the amendment is for the purpose of correcting a clerical error or clarifying facts set forth in the complaint. A Notice of Hearing may be amended to add additional charges or counts provided the amended summons and complaint is served upon Respondent not less than thirty (30) days from the scheduled hearing date or by mutual agreement of the parties.
- B. A Respondent may amend his answer as a matter of course at any time before the answer is due. Otherwise, a Respondent may amend his answer only by leave of the Board. Leave shall be freely given when justice so requires.

VIII. PRE-HEARING MOTIONS

- A. All pre-hearing motions shall be filed not later than fifteen (15) days prior to the scheduled hearing. Said motion shall include an explanation of the grounds on which relief is sought. A motion may be accompanied by an affidavit as necessary to establish facts alleged in support of the motion.
- B. Within ten (10) days of the filing of any motion, opposing counsel may file a response in opposition to the initial motion.

IX. CONTINUANCES

- A. Hearings shall be held before the full Board at the time and place designated in the Notice of Hearing unless a continuance is granted for just cause by the Board. A motion for a continuance must be filed with the Board at least fifteen (15) days prior to the scheduled hearing, or upon a showing of good cause, at any time prior to the hearing.
- B. It must be recognized that the Board consists of seven (7) practicing dentists representing various regions of the State and one (1) licensed dental hygienist appointed by the Governor. Unlike the judiciary, Board members are not in the business of conducting hearings; therefore, hearings will be held only during regularly scheduled meetings or other dates established by order of the Board. Attorneys representing dentists should take this fact into consideration. A scheduled hearing may be continued if the Respondent shows substantial, legitimate grounds for continuing the hearing, based on the balance of:
 - 1. The right of Respondent to a reasonable opportunity to prepare and present a defense, and
 - 2. The Board's responsibility to protect the public health, safety and welfare.
- C. Where the counsel for Respondent has a scheduling conflict on the initial hearing date, continuances will be liberally granted. However, Respondent's Counsel must submit written proof of the scheduling conflict. Thereafter, no further continuances will be granted based solely on scheduling conflicts.
- D. So that counsel for the Respondent and Prosecutorial Counsel shall be able to adequately prepare for hearing, any motion for a continuance filed within the time limitations specified at Subsection A above will be immediately considered by the Board's President, who shall have the authority to grant or deny said motion. If granted, the order will be presented to the Board at the scheduled hearing date at which time the order will be formally entered and the rescheduled hearing date set.
- E. It is the responsibility of the Respondent to make a prompt decision as to whether to appear before the Board pro se (without counsel) or retain counsel for this purpose. Unless due to extraordinary circumstances, the Board will not consider as a valid ground for continuance, the Respondent's last minute decision to retain counsel.

X. INFORMAL SETTLEMENT, PRE-HEARING STIPULATIONS, CONSENT ORDERS

- A. All disciplinary proceedings initiated by the Board shall be brought to a final resolution through one of three means:

1. disciplinary hearings before the full Board,
 2. acceptance by the Board of a mutually agreeable Consent Order in lieu of hearing, or
 3. Dismissal of the case.
- B. As to disciplinary proceedings duly noticed and docketed for hearing, counsel for Respondent and Prosecutorial Counsel may agree, or the Board's President may require, that an Informal Settlement Conference be held for the purpose of possible resolution, simplifying the issues for hearing or promoting stipulations as to facts and proposed evidentiary offerings which will not be disputed at hearing.
- C. The Informal Settlement Conference shall be conducted by Respondent and/or his counsel and the Board's Prosecutorial Counsel. Other parties who may attend include the investigating officer, investigating Board member, Board's Executive Director, or any other party who may contribute to the conference. Other than the designated investigative Board member, Board members shall not participate in the Informal Settlement Conference.
- D. Discovery or exchange of information may be accomplished during the Informal Settlement Conference.
- E. The Informal Settlement Conference may result in:
1. Dismissal of the case,
 2. Return of the case for further investigation,
 3. Preparation of a proposed Consent Order as a resolution of the matter, or
 4. Proceed with the scheduled hearing.
- F. Any action which the Board may take following a full disciplinary hearing may be taken in lieu thereof by Consent Order, duly executed by the Respondent. Because of the lengthy dockets before the Board, Informal Settlement Conferences must be held in sufficient time to allow consummation of negotiations of a Consent Order at least five (5) working days prior to the scheduled hearing date. After the terms of a Consent Order have been prepared, the Board's President, shall have the authority to accept, reject or modify the terms of a Consent Order. The Board's President, in his discretion, may delegate the aforementioned authority to another member of the Board. When a mutually acceptable Consent Order has been accepted by the Board's President or other Board member, it shall be binding on the Board, but not effective until full Board approval. Notwithstanding, it is still the responsibility of the Respondent to personally appear before the Board

on the scheduled hearing date to answer any questions which the Board may have prior to full Board approval.

- G. If the parties to the Informal Settlement Conference are unable to reach a mutually agreeable Consent Order and the matter is to proceed to a full Board hearing, the parties shall agree in writing by stipulation, to the following:
1. any undisputed claims, facts, testimony, documents or issues,
 2. evidence to be introduced without objection, and
 3. an estimate of the time required for the hearing.

XI. FORMAL HEARING

- A. At a disciplinary hearing, opportunity shall be given to the Board's Prosecutorial Counsel and Respondent to present evidence on all issues of fact and argument on all issues of law and policy involved, to call, examine, and cross-examine witnesses, and to offer and introduce documentary evidence and exhibits as may be required for full and true disclosure of the facts and disposition of the matter.
- B. All testimony and other proceedings shall be recorded by a certified court reporter who shall be retained by the Board.
- C. During the disciplinary hearing, the Board's President, acting as the presiding officer, or his designee, shall rule on all evidentiary questions, but in his discretion may consult with the entire panel in executive session. At such hearing, the Board may be assisted by the Mississippi Attorney General, or his designee, who shall not have been involved in any way with the case otherwise. The Board's presiding officer may delegate ruling on procedural and evidentiary issues to the Attorney General or his designee.
- D. In all disciplinary hearings before the Board, the record of the case shall include:
1. the summons and allegations issued,
 2. the Respondent's answer to the summons and allegations,
 3. all pleadings, motions, and rulings issued,
 4. evidence received or considered at the hearing,
 5. offers of proof, objections, and rulings thereon,
 6. the Board's order or other disposition made by the Board.
- E. Disciplinary hearings before the Board shall be conducted in the following order:
1. Opening statements,
 2. Prosecutorial Counsel's case in chief,
 3. Respondent's case in chief,

4. Prosecutorial Counsel's rebuttal,
5. Closing statements.

Questioning of witnesses shall be conducted in the following order:

1. Direct examination,
 2. Cross-examination,
 3. Redirect examination.
- F. Upon conclusion of the hearing, the Board shall conduct its deliberations in Executive Session, outside the presence of the parties. The Board shall then render its determination and order, setting forth Findings of Fact, Conclusions of Law and Order. Although the Board's decision may be announced immediately following deliberations, the Board shall be provided adequate time for preparation of the written determination and order. A copy of such determination and order shall be sent by registered mail, or served personally upon the Respondent. The decision of the Board revoking, suspending or otherwise disciplining Respondent shall become final thirty (30) days after so mailed or served unless within said period the Respondent appeals the decision to the Chancery Court. Such appeal to the Chancery Court must be made within thirty (30) days after notice of the Board's action.

XII. REINSTATEMENT OF LICENSE

The procedural requirements enumerated above shall also apply to petitions duly filed with the Board seeking reinstatement of a license pursuant to Section 73-9-65, Miss. Code (1972).

XIII. EFFECTIVE DATE OF REGULATIONS

- A. The above procedural rules and regulations shall become effective June 11, 1996.
- B. The above Rules of Procedure are adopted by the Board to implement its authority to investigate alleged violations of the Mississippi Dental Practice Act, conduct hearings on disciplinary matters, and consider petitions for termination of probationary and suspended licenses and restoration of revoked licenses.
- C. The above Rules of Procedure shall not be interpreted to alter or amend that which is otherwise provided by Mississippi statutory law.

Rules of Procedure adopted by the Mississippi State Board of Dental Examiners June 11, 1996; amended November 3, 2000.

**APPENDIX A
AMERICAN DENTAL ASSOCIATION
PRINCIPLES OF ETHICS AND
CODE OF PROFESSIONAL CONDUCT**

211 East Chicago Avenue
Chicago, Illinois 60611
Telephone: (312)440-2500 or (800)621-8099

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

APPENDIX B
AMERICAN DENTAL HYGIENISTS' ASSOCIATION
CODE OF ETHICS FOR DENTAL HYGIENISTS

Suite 3400
444 North Michigan Avenue
Chicago, Illinois 60611
Telephone: (312)440-8900
Facsimile: (312)440-8929

The following information was reprinted by the Mississippi State Board of Dental Examiners from documents obtained from the web site of the American Dental Hygienists' Association. All inquiries and questions regarding the following material should be addressed to the American Dental Hygienists' Association.

**APPENDIX A
AMERICAN DENTAL ASSOCIATION
PRINCIPLES OF ETHICS AND
CODE OF PROFESSIONAL CONDUCT**

211 East Chicago Avenue
Chicago, Illinois 60611
Telephone: (312)440-2500 or (800)621-8099

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American Dental Association

PRINCIPLES OF

Ethics

AND

CODE OF

Professional Conduct

With official advisory opinions revised to April 2012.

ADA American Dental Association®

CONTENTS

I. INTRODUCTION	3
II. PREAMBLE	3
III. PRINCIPLES, CODE OF PROFESSIONAL CONDUCT AND ADVISORY OPINIONS	4
The Code of Professional Conduct is organized into five sections. Each section falls under the Principle of Ethics that predominately applies to it. Advisory Opinions follow the section of the Code that they interpret.	
SECTION 1 – PRINCIPLE: PATIENT AUTONOMY (“self-governance”)	4
Code of Professional Conduct	
1.A. Patient Involvement	4
1.B. Patient Records	4
Advisory Opinions	
1.B.1. Furnishing Copies of Records	4
1.B.2. Confidentiality of Patient Records	4
SECTION 2 – PRINCIPLE: NONMALEFICENCE (“do no harm”)	5
Code of Professional Conduct	
2.A. Education	5
2.B. Consultation and Referral	5
Advisory Opinion	
2.B.1. Second Opinions	5
2.C. Use of Auxiliary Personnel	6
2.D. Personal Impairment	6
Advisory Opinion	
2.D.1. Ability To Practice	6
2.E. Postexposure, Bloodborne Pathogens	6
2.F. Patient Abandonment	6
2.G. Personal Relationships with Patients	6
SECTION 3 – PRINCIPLE: BENEFICENCE (“do good”)	7
Code of Professional Conduct	
3.A. Community Service	7
3.B. Government of a Profession	7
3.C. Research and Development	7
3.D. Patents and Copyrights	7
3.E. Abuse and Neglect	7
Advisory Opinion	
3.E.1. Reporting Abuse and Neglect	7
3.F. Professional Demeanor In The Workplace	8
Advisory Opinion	
3.F.1. Druptive Behavior In The Workplace	8
SECTION 4 – PRINCIPLE: JUSTICE (“fairness”)	8
Code of Professional Conduct	
4.A. Patient Selection	8
Advisory Opinion	
4.A.1. Patients With Bloodborne Pathogens	9
4.B. Emergency Service	9
4.C. Justifiable Criticism	9
Advisory Opinion	
4.C.1. Meaning of “Justifiable”	9

4.D. Expert Testimony.....	9
Advisory Opinion	
4.D.1. Contingent Fees	9
4.E. Rebates and Split Fees	10
Advisory Opinion	
4.E.1. Split Fees in Advertising and Marketing Services	10
SECTION 5 – PRINCIPLE: VERACITY (“truthfulness”)	10
Code of Professional Conduct	
5.A. Representation of Care	10
Advisory Opinions	
5.A.1. Dental Amalgam and Other Restorative Materials	10
5.A.2. Unsubstantiated Representations	10
5.B. Representation of Fees	11
Advisory Opinions	
5.B.1. Waiver of Copayment	11
5.B.2. Overbilling	11
5.B.3. Fee Differential	11
5.B.4. Treatment Dates	11
5.B.5. Dental Procedures	11
5.B.6. Unnecessary Services	11
5.C. Disclosure of Conflict of Interest	12
5.D. Devices and Therapeutic Methods	12
Advisory Opinions	
5.D.1. Reporting Adverse Reactions	12
5.D.2. Marketing or Sale of Products or Procedures	12
5.E. Professional Announcement	12
5.F. Advertising	12
Advisory Opinions	
5.F.1. Published Communications	13
5.F.2. Examples of “False or Misleading”	13
5.F.3. Unearned, Nonhealth Degrees	13
5.F.4. Referral Services	14
5.F.5. Infectious Disease Test Results	14
5.G. Name of Practice	14
Advisory Opinion	
5.G.1. Dentist Leaving Practice	14
5.H. Announcement of Specialization and Limitation of Practice	15
General Standards	15
Standards For Multiple–Specialty Announcements	15
Advisory Opinions	
5.H.1. Dual Degreed Dentists	16
5.H.2. Specialist Announcement of Credentials In Non–Specialty Interest Areas	16
5.I. General Practitioner Announcement of Services	16
Advisory Opinions	
5.I.1. General Practitioner Announcement of Credentials In Interest Areas In General Dentistry	16
5.I.2. Credentials In General Dentistry	17
NOTES	17
IV. INTERPRETATION AND APPLICATION	17
V. INDEX	18

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. In recognition of this goal, the education and training of a dentist has resulted in society affording to the profession the privilege and obligation of self-government. To fulfill this privilege, these high ethical standards should be adopted and practiced throughout the dental school educational process and subsequent professional career.

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 honesty, compassion, kindness, integrity, fairness and charity are part of the ethical education of a dentist and practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances.

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 in accordance with applicable law that will be beneficial for the future treatment of that patient.

ADVISORY OPINIONS

1.B.1. FURNISHING COPIES OF RECORDS.

A dentist has the ethical obligation on request of either the patient or the patient’s new dentist to furnish in accordance with applicable law, 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. There may be circumstances where the former dentist has an ethical obligation to inform the present dentist of certain facts. Code Section 1.B assumes that the dentist releasing relevant information is acting in accordance with applicable law. Dentists

should be aware 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 party¹ 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 contracts any disease or becomes impaired in any way that might endanger patients or dental staff shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger patients or dental staff. A dentist who has been advised to limit the activities of his or her practice should monitor the aforementioned disease or impairment and make additional limitations to the activities of the dentist's practice, as indicated.

2.E. POSTEXPOSURE, BLOODBORNE PATHOGENS.

All dentists, regardless of their bloodborne pathogen status, have an ethical obligation to immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for postexposure evaluation and follow-up and to immediately refer the patient to a qualified health care practitioner who can provide postexposure services. The dentist's ethical obligation in the event of an exposure incident extends to providing information concerning the dentist's own bloodborne pathogen status to the evaluating health care practitioner, if the dentist is the source individual, and to submitting to testing that will assist in the evaluation of the patient. If a staff member or other third person is the source individual, the dentist should encourage that person to cooperate as needed for the patient's evaluation.

2.F. PATIENT ABANDONMENT.

Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process.

2.G. PERSONAL RELATIONSHIPS WITH PATIENTS.

Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.

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. ABUSE AND NEGLECT.

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

ADVISORY OPINION

3.E.1. REPORTING ABUSE AND NEGLECT.

The public and the profession are best served by dentists who are familiar with identifying the signs of abuse and neglect and knowledgeable about the appropriate intervention resources for all populations.

A dentist’s ethical obligation to identify and report the signs of abuse and neglect is, at a minimum, to be consistent with a dentist’s legal obligation in the jurisdiction where the dentist practices. Dentists, therefore, are ethically obliged to identify and report suspected cases of abuse and neglect to the same extent as they are legally obliged to do so in the jurisdiction where they practice. Dentists have a concurrent ethical obligation to respect an adult patient’s right to

self-determination and confidentiality and to promote the welfare of all patients. Care should be exercised to respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported, where such a report is not mandated by law. With the patient's permission, other possible solutions may be sought.

Dentists should be aware that jurisdictional laws vary in their definitions of abuse and neglect, in their reporting requirements and the extent to which immunity is granted to good faith reporters. The variances may raise potential legal and other risks that should be considered, while keeping in mind the duty to put the welfare of the patient first. Therefore a dentist's ethical obligation to identify and report suspected cases of abuse and neglect can vary from one jurisdiction to another.

Dentists are ethically obligated to keep current their knowledge of both identifying abuse and neglect and reporting it in the jurisdiction(s) where they practice.

3.F. PROFESSIONAL Demeanor IN THE WORKPLACE.

Dentists have the obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care.

ADVISORY OPINION

3.F.1. DISRUPTIVE BEHAVIOR IN THE WORKPLACE.

Dentists are the leaders of the oral healthcare team. As such, their behavior in the workplace is instrumental in establishing and maintaining a practice environment that supports the mutual respect, good communication, and high levels of collaboration among team members required to optimize the quality of patient care provided. Dentists who engage in disruptive behavior in the workplace risk undermining professional relationships among team members, decreasing the quality of patient care provided, and undermining the public's trust and confidence in the profession.

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. PATIENTS WITH BLOODBORNE PATHOGENS.

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 is infected with Human

Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus or another bloodborne pathogen, based solely on that fact, is unethical. Decisions with regard to the type of dental treatment provided or referrals made or suggested should be made on the same basis as they are made with other patients. As is the case with all patients, the individual dentist should determine if he or she has the need of another's skills, knowledge, equipment or experience. The dentist should also determine, after consultation with the patient's physician, if appropriate, if 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."

Patients are dependent on the expertise of dentists to know their oral health status. Therefore, when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. This should, if possible, involve consultation with the previous treating dentist(s), in accordance with applicable law, to determine under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly 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 advises against unknowing or unjustifiable disparaging statements against another dentist. However, it should be noted that, where comments are made which are 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.”

ADVISORY OPINION

4.E.1. SPLIT FEES IN ADVERTISING AND MARKETING SERVICES.

The prohibition against a dentist’s accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via “social coupons” if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.

Dentists should also be aware that the laws or regulations in their jurisdictions may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services.

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 AND OTHER RESTORATIVE MATERIALS.

Based on current scientific data, the ADA has determined 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 of the dentist, is improper and unethical. The same principle of veracity applies to the dentist’s recommendation concerning the removal of any dental restorative material.

5.A.2. UNSUBSTANTIATED REPRESENTATIONS.

A dentist who represents that dental treatment or diagnostic techniques

recommended or performed by the dentist has the capacity to diagnose, 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 party¹ payment under a copayment plan as payment in full without disclosing to the third party¹ 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 party¹ 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 is covered under a dental benefits plan.

5.B.3. FEE DIFFERENTIAL.

The fee for a patient without dental benefits shall be considered a dentist's full fee.² This is the fee that should be represented to all benefit carriers regardless of any negotiated fee discount. 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 with a third party shall not be considered or construed as evidence of overbilling in determining whether a charge to a patient, or to another third party¹ in behalf of a patient not covered under any of the aforesaid programs constitutes overbilling under this section of the *Code*.

5.B.4. TREATMENT DATES.

A dentist who submits a claim form to a third party¹ 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.¹

5.B.5. DENTAL PROCEDURES.

A dentist who incorrectly describes on a third party¹ 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.¹

5.B.6. UNNECESSARY SERVICES.

A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct. The dentist's ethical obligation in this matter applies regardless of the type of practice arrangement or contractual obligations in which he or she provides patient care.

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 OR PROCEDURES.

Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures 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 purchase products or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure.

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.³

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.³

ADVISORY OPINIONS

5.F.1. PUBLISHED COMMUNICATIONS.

If a dental health article, message or newsletter is published in print or electronic media 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.³

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."³ 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.³

5.F.3. UNEARNED, NONHEALTH DEGREES.

A dentist may use the title Doctor or Dentist, D.D.S., D.M.D. or any additional earned, advanced academic degrees in health service areas in an announcement to the public. The announcement of an unearned academic degree may be misleading because of the likelihood that it will indicate to the public the attainment of specialty or diplomate 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.

The use of a nonhealth degree in an announcement to the public may be a representation which is misleading because the public is likely to assume that any degree announced is related to the qualifications of the dentist as a practitioner.

Some organizations grant dentists fellowship status as a token of membership in the organization or some other form of voluntary association. The use of such fellowships in advertising to the general public may be misleading because of the likelihood that it will indicate to the public attainment of education or skill in the field of dentistry.

Generally, unearned or nonhealth degrees and fellowships that designate association, rather than attainment, 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 designations in advertising to the public, the council will apply the standard of whether the use of such is false or misleading in a material respect.³

5.F.4. 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.³

5.F.5. INFECTIOUS DISEASE 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. A dental practice should not seek to attract patients on the basis of partial truths which create a false impression.³

For example, an advertisement to the public of HIV negative test results, without conveying additional information that will clarify the scientific significance of this fact contains a misleading omission. A dentist could satisfy his or her obligation under this advisory opinion to convey additional information by clearly stating in the advertisement or other communication: "This negative HIV test cannot guarantee that I am currently free of HIV."

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.³

ADVISORY OPINION

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 dental specialties recognized 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 radiology, 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 dental specialties, provided at the time of the announcement such dentists have met in each recognized 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 and Licensure, 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 practice announced by the dentist.

STANDARDS FOR MULTIPLE-SPECIALTY ANNOUNCEMENTS.

The educational criterion for announcement of limitation of practice in additional specialty areas is the successful completion of an advanced educational program accredited by the Commission on Dental Accreditation (or its equivalent if completed prior to 1967)⁴ in each area for which the dentist wishes to announce. Dentists who are presently ethically announcing limitation of practice in a specialty area and who wish to announce in an additional specialty area must submit to the appropriate constituent society documentation of successful completion of the requisite education in specialty programs listed by the Council on Dental Education and Licensure or certification as a diplomate in each area for which they wish to announce.

ADVISORY OPINIONS

5.H.1. 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.H.2. SPECIALIST ANNOUNCEMENT OF CREDENTIALS IN NON-SPECIALTY INTEREST AREAS.

A dentist who is qualified to announce specialization under this section may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months' duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles; and
2. The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.

Nothing in this advisory opinion affects the right of a properly qualified dentist to announce specialization in an ADA-recognized specialty area(s) as provided for under Section 5.H of this *Code* or the responsibility of such dentist to limit his or her practice exclusively to the special area(s) of dental practice announced. Specialists shall not announce their credentials in a manner that implies specialization in a non-specialty interest area.

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.³

ADVISORY OPINIONS

5.I.1. GENERAL PRACTITIONER ANNOUNCEMENT OF CREDENTIALS IN INTEREST AREAS IN GENERAL DENTISTRY.

A general dentist may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles;
2. The dentist discloses that he or she is a general dentist; and

3. The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.

5.I.2. CREDENTIALS IN GENERAL DENTISTRY.

General dentists may announce fellowships or other credentials earned in the area of general dentistry so long as they avoid any communications that express or imply specialization and the announcement includes the disclaimer that the dentist is a general dentist. The use of abbreviations to designate credentials shall be avoided when such use would lead the reasonable person to believe that the designation represents an academic degree, when such is not the case.

NOTES:

1. 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.
2. A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment.
3. 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*.
4. Completion of three years of advanced training in oral and maxillofacial surgery or two years of advanced training in one of the other recognized dental specialties prior to 1967.

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 should 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*.

INDEX

ADVISORY OPINIONS ARE DESIGNATED BY THEIR RELEVANT SECTION
IN PARENTHESES, e.g. (2.D.1.).

A

- Abandonment, 6
- Ability to practice (2.D.1.), 6
- Abuse and neglect, 7
 - Abuse and neglect (reporting) (3.E.1.), 7
- Adverse reactions (reporting) (5.D.1.), 12
- Advertising, 12
 - Credentials
 - general dentistry (5.I.2.), 17
 - interest areas, general dentistry (5.I.1.), 16
 - non-specialty interest areas, specialist (5.H.2.), 16
 - nonhealth (5.F.3.), 13
 - unearned (5.F.3.), 13
 - honorary (5.F.3.), 13
 - membership and other affiliations (5.F.3.), 13
 - specialty, 15
 - Dual degrees (5.H.1.), 16
 - False and misleading (examples) (5.F.2.), 13
 - General dentists, 17
 - HIV test results (5.F.5), 14
 - Honorary degrees (5.F.3.), 13
 - Infectious disease test results (5.F.5.), 14
 - Name of practice, 14
 - Non-specialty interest areas (5.H.2. and 5.I.1.), 16
 - Published communications (5.F.1.), 13
 - Referral services (5.F.4.), 14
 - Services, 16
 - Specialties, 15
 - Unearned, nonhealth degrees (5.F.3.), 13
- Advisory opinions (definition), 3
- Amalgam and other restorative materials (5.A.1.), 10
- Announcement of specialization and limitation of practice, 15
- Autonomy (patient), 4
- Auxiliary personnel, 6

B

- Beneficence, 7
- Billing, 11
- Bloodborne pathogens, exposure incident, 6
- Bloodborne pathogens, patients with (4.A.1.), 9

C

- Code of professional conduct (definition), 3
- Community service, 7
- Confidentiality of patient records (1.B.2.), 4
- Conflict of interest, disclosure, 12
- Consultation and referral, 5

Copayment, waiver of (5.B.1.), 11
Copyrights and patents, 7
Credentials (see advertising)

D

Degrees (advertising) (5.F.3. and 5.H.1.), 13, 16
Dental amalgam and other restorative materials (5.A.1.), 10
Dental procedures, fees (5.B.5.), 11
Dentist leaving practice (5.G.1.), 14
Devices and therapeutic methods, 12
Disclosure, conflict of interest, 12
Disruptive behavior (3.F.1.), 8
Dual degreed dentists (5.H.1.), 16

E

Education, 5
Emergency service, 9
Expert testimony, 9

F

False and misleading advertising, examples (5.F.2.), 13
Fees
 contingent (4.D.1.), 9
 differential (5.B.3.), 11
 rebates, 10, 14
 representation, 11
 split, 10, 14
Furnishing copies of records (1.B.1.), 4

G

General practitioner announcement of credentials (5.I.1.), 16
General practitioner announcement of services, 16
General standards (for announcement of specialization and limitation of practice), 15
Government of a profession, 7
Gross or continual faulty treatment (reporting), 9

H

HIV positive patients (4.A.1.), 9
HIV post-exposure obligations, 6
HIV test results (advertising) (5.F.5.), 14

I

Impaired dentist, 6
Infectious disease test results (5.F.5.), 14
Interpretation and application of Principles of Ethics and Code of Professional Conduct, 17

J

- Justifiable criticism, 9
- Justifiable criticism (meaning of “justifiable”) (4.C.1.), 9
- Justice, 8

L

- Law (and ethics), 3
- Limitation of practice, 15

M

- Marketing or sale of products or procedures (5.D.2.), 12

N

- Name of practice, 14
- Nonhealth degrees, advertising (5.F.3.), 13
- Nonmaleficence, 5

O

- Overbilling (5.B.2.), 11

P

- Patents and copyrights, 7
- Patient abandonment, 6
- Patient autonomy, 4
- Patient involvement, 4
- Patient records, 4
 - confidentiality (1.B.2.), 4
 - furnishing copies (1.B.1.), 4
- Patient selection, 8
- Personal impairment, 6
- Personal relationships with patients, 6
- Practice
 - ability to (2.D.1.), 6
 - dentist leaving (5.G.1.), 14
 - name of, 14
- Preamble, 3
- Principles of ethics (definition), 3
- Principles
 - beneficence, 7
 - justice, 8
 - nonmaleficence, 5
 - patient autonomy, 4
 - veracity, 10

Procedures (marketing or sale) (5.D.2.), 12
Products (marketing or sale) (5.D.2.), 12
Professional announcement, 12
Professional demeanor, 8
Published communications (5.F.1.), 13

R

Rebates and split fees, 10, 14
Records (patient), 4
 confidentiality (1.B.2.), 4
 furnishing copies (1.B.1.), 4
Referral, 5
Referral services (5.F.4.), 14
Reporting
 abuse and neglect (3.E.1), 7
 adverse reactions (5.D.1.), 12
 gross and continual faulty treatment, 9
 personal impairment, 6
Representation of care, 10
Representation of fees, 11
Research and development, 7

S

Sale of products or procedures (5.D.2.), 12
Second opinions (2.B.1.), 5
Specialist (announcement and limitation of practice), 15
Specialist (announcement of credentials in non-specialty interest areas) (5.H.2.), 16
Split fees, 10, 14
Standards for multiple-specialty announcements, 15

T

Treatment dates (5.B.4.), 11
Therapeutic methods, 12

U

Unearned, nonhealth degrees (5.F.3.), 13
Unnecessary services (5.B.6.), 11
Unsubstantiated representations (5.A.2.), 10
Use of auxiliary personnel, 6

V

Veracity, 10

W

Waiver of copayment (5.B.1.), 11

APPENDIX A

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

A current electronic version of this document
is available at ADA.org.

APPENDIX B
AMERICAN DENTAL HYGIENISTS' ASSOCIATION
CODE OF ETHICS FOR DENTAL HYGIENISTS

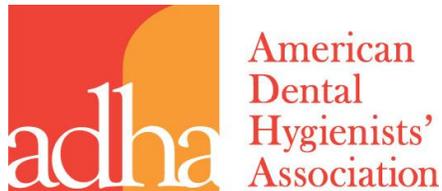
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The following information was reprinted by the Mississippi State Board of Dental Examiners from documents obtained from the web site of the American Dental Hygienists' Association. All inquiries and questions regarding the following material should be addressed to the American Dental Hygienists' Association.

BYLAWS

CODE OF ETHICS

APPENDIX B



American Dental Hygienists' Association

444 N. Michigan Ave, Suite 3400 • Chicago, IL 60611 • Phone: (312) 440-8900 • Fax: (312) 467-1806

Adopted June 23, 2014

**BYLAWS
AMERICAN DENTAL HYGIENISTS' ASSOCIATION**

ARTICLE I

NAME AND PURPOSES

Section 1. Name. The name of this corporation shall be the American Dental Hygienists' Association (hereinafter referred to as the "Association"), an Illinois not-for-profit corporation.

Section 2. Purpose. In addition to the purposes set forth in the Association's Articles of Incorporation, as may be amended, the purposes of the Association are to improve the oral health of the public; to advance the art and science of dental hygiene; to maintain the highest standards of dental hygiene practice; to represent and protect the interests of the dental hygiene profession; to improve the professional competence of the dental hygienist; to foster research in oral health; to provide professional communication; to publish a scientific journal: the *Journal of Dental Hygiene*; and to conduct other activities as may be permitted by the State of Illinois to carry out the purposes of this association.

Section 3. Mission. To improve the public's total health, the mission of the Association is to advance the art and science of dental hygiene by ensuring access to quality oral health care, increasing awareness of the cost-effective benefits of prevention, promoting the highest standards of dental hygiene education, licensure, practice, and research, and representing and promoting the interests of dental hygienists.

Section 4. Offices. The Association shall have and continuously maintain in the State of Illinois a registered office and a registered agent whose office is identical with that registered office and may have such other offices, within or without the State of Illinois, as the Board of Trustees may determine.

ARTICLE II

MEMBERSHIP

Section 1. Membership Qualifications. Membership may be granted to any individual who: (i) meets the criteria set forth for each category of membership in the Association; (ii) shares interest in and supports the purposes of the Association; (iii) abides by these Bylaws, the Association's Code of Ethics for Dental Hygienists, and such other policies, rules, and regulations as the Association may adopt; and (iv) meets such additional criteria for each category of membership in the Association as the House of Delegates may establish.

Section 2. Application. The Board of Trustees, or its designee(s), shall adopt an application form and procedures to facilitate the consideration of applicants for membership in the Association. All applicants shall complete the application form and submit the application, along with the designated fee, if any, to the Association. The Board of Trustees, or its designee(s), shall review all applications for membership and determine, based on the criteria set forth in these Bylaws whether such individual applicants meet the qualifications necessary for membership in the Association. All such qualified applicants shall become members upon notice from the Association and payment of dues.

Section 3. Membership Categories. The membership of the Association shall be composed of the following categories:

a. Voting Members

1. **Professional Members.** Professional membership may be granted to any individual who (i) has either earned a certificate or professional degree in dental hygiene granted pursuant to a dental hygiene program offered by an accredited college or institution of higher education, or is licensed to practice dental hygiene in the United States under the provision of a "grandfather clause"; and (ii) is licensed to practice in any state, territory or possession of the United States if such license is required for the practice of dental hygiene; and (iii) agrees to maintain membership in a Constituent as well as a Component (if such exist where the member is licensed, practices or resides).

2. **Senior Status.** Professional members who have reached their full retirement age as set by the Social Security Administration and have either been a Professional member of the Association for an aggregate total of thirty (30) years, or twenty-five (25) consecutive years may apply for Senior status.
3. **Members with Disabilities.** Professional members who are unable to work due to a verified disability may apply for Disabled status. All applications must be verified by the American Dental Hygienists' Association, and must be accompanied by proof of eligibility each year.
4. **Life Members.** Life membership may be granted by the House of Delegates to any professional member who (i) has made significant contributions to the Association and the dental hygiene profession; (ii) submitted an application for Life membership to the Board of Trustees at least 30 days prior to the fall Board of Trustees meeting; (iii) is nominated by the Board of Trustees; and (iv) meets such other criteria as determined by the Board of Trustees from time to time. Notwithstanding the foregoing, all of the Association's Past Presidents completing a full term in office automatically shall be granted Life membership.

b. Non-voting Members

1. **International Members.** International membership may be granted to any individual who (i) resides outside of the United States; and (ii) holds a valid license to practice as a dental hygienist.
2. **Student Members.** Student membership may be granted to any student (i) currently enrolled in an accredited dental hygiene program; or (ii) who has graduated from an accredited dental hygiene program and is currently pursuing a baccalaureate or graduate degree complementary to a career in dental hygiene in an accredited college or institution of higher education.

3. **Supporting Members.** Supporting membership may be granted to any licensed dental hygienist who (i) is not employed in a dental hygiene-related career; and (ii) agrees to maintain membership in a Constituent as well as a Component (if such exist where the member is licensed or resides).
4. **Honorary Members.** Honorary membership may be granted by the House of Delegates to any individual who (i) is not a dental hygienist; (ii) has made outstanding contributions to dental hygiene or dental health; and (iii) has been nominated by the Board of Trustees.
5. **Allied Members.** Allied membership may be granted to any individual who supports the purposes and mission of the Association and who is not otherwise qualified for any other class of membership.
6. **Corporate Members.** Corporate membership may be granted to any corporation, partnership, institution or organization that supports the Association's mission.

Section 4. Rights and Duties.

- a. All members shall be entitled to attend the member meetings and social functions of the Association.
- b. Only Voting Members may vote for the election of delegates to the House of Delegates, hold office in the Association, its constituents and components, and serve on the Board of Trustees and House of Delegates. Provided, however, one Student member shall be eligible to serve as a voting member of the House of Delegates as set forth in these Bylaws. Notwithstanding anything set forth to the contrary herein, the voting members' right to vote is specifically limited to elections of Delegates, and no other matter. Each eligible voting member shall have one (1) vote in the election of delegates.
- c. No individual member of the Association shall have the right to vote, without limitation, on the amendment of the Association's Articles of Incorporation, the merger or

dissolution of the Association, or the amendment of its Bylaws.

Section 5. Disciplinary Action/Termination of Membership.

a. Grounds for Discipline. The Association may discipline a member for any of the following reasons:

1. Failure to comply with these Bylaws, the Association's Code of Ethics for Dental Hygienists, or any other rules or regulations of the Association;
2. Conviction of a felony or a crime related to, or arising out of, the practice of dental hygiene or involving moral turpitude;
3. Suspension, revocation, or forfeiture by any state, province, or country of the member's right to practice as a dental hygienist; or
4. Unprofessional conduct considered prejudicial to the best interests of, or inconsistent with, the purposes of the Association.

b. Procedures. Discipline may include, but not be limited to, censure, suspension, probation, and expulsion. Disciplinary action may be taken provided that a statement of the charges shall have been sent by certified mail to the last recorded address of the member at least fifteen (15) days before final action is to be taken. This statement shall be accompanied by a notice of the time and place of the meeting at which the charges shall be considered, and the member shall have the opportunity to appear in person and/or to be represented by counsel and to present any defense to such charges before action is taken by the Association. Such disciplinary actions shall be conducted in accordance with procedures established by the Board of Trustees.

c. Non-Payment of Dues. The membership of any member who is in default of payment of dues or assessments for more than three (3) months, ceases to be a member of the Constituent, Component, or other organization required for membership in the Association, or otherwise becomes

ineligible for membership, shall be terminated automatically, according to such rules or procedures as the Board of Trustees or their designee(s) shall establish, unless such termination is delayed by the Board of Trustees.

Section 6. Reinstatement. Members who have resigned or whose membership has been terminated for non-payment of dues or assessments may be reinstated upon (i) payment of dues and any assessments; (ii) application to the appropriate Constituent or to the Board of Trustees; and (iii) meeting such additional terms and conditions as may be established by the Board of Trustees.

ARTICLE III

DUES AND ASSESSMENTS

The initial and annual dues for all members of the Association, and the time for paying such dues and other assessments, if any, shall be determined by the Board of Trustees. Under special circumstances, the Board of Trustees, or its designee(s), may waive or reduce the annual dues and/or assessments for any member.

ARTICLE IV

MEMBERSHIP MEETINGS

Section 1. Annual Meeting. An annual meeting of the voting members of the Association shall be held at such time and place as shall be determined by the Board of Trustees.

Section 2. Special Meetings. Special meetings of the voting members of the Association may be called at the request of the President or any twelve (12) members of the Board of Trustees, or at the written request of two-thirds (2/3) of the Association's voting members. The time and place for holding special meetings shall be determined by the Board of Trustees.

Section 3. Notice. Notice of any annual or special meeting of the voting members shall state the time, date, place and purpose of the meeting and shall be delivered not more than sixty (60) and not less than five (5) days prior to the date of such meeting, unless otherwise required by applicable law.

Section 4. Quorum. The lesser of (i) ten percent (10%) of the voting members of the Association; or (ii) one hundred

(100) eligible voting members of the Association shall constitute a quorum for the transaction of business at any duly called meeting of the voting members, provided that if less than a quorum is present, a majority of the voting members present may adjourn the meeting to another time without further notice.

Section 5. Manner of Acting. The act of a majority or more of the voting members present at a duly called meeting at which a quorum is present shall be the act of the members, unless the act of a greater number is required by law, the Articles of Incorporation, or these Bylaws.

Section 6. Mail Vote. Voting by mail or electronic means shall be permitted to the full extent allowed by the Illinois General Not for Profit Corporation Act of 1986, as may be amended. A mail or electronic vote may be called by the Board of Trustees.

ARTICLE V

BOARD OF TRUSTEES

Section 1. Authority and Responsibility. The affairs of the Association shall be managed by the Board of Directors (which shall be referred to in these Bylaws as the "Board of Trustees"), which shall have supervision, control and direction of the Association, shall determine its business policies or changes therein within the limits of these Bylaws, shall actively promote its purposes, and shall have discretion in the disbursement of its funds. The Board of Trustees shall act for and on behalf of the House of Delegates between sessions of the House of Delegates to establish interim policy. The Board of Trustees may adopt such rules and regulations for the conduct of its business as shall be deemed advisable and may, in the execution of the powers granted, appoint such agents as it may consider necessary. The Board of Trustees shall provide reports to the House of Delegates.

Section 2. Composition. The Board of Trustees shall be composed of seventeen (17) members as follows: the President, President-Elect, Vice President, Treasurer, Immediate Past President, and one (1) member elected from each of the twelve (12) Districts (as defined below) (collectively, the "District Trustees").

Section 3. Invited Participants. The Executive Director shall be invited to attend and participate, without vote, in all regular and special meetings of the Board of Trustees and may be invited to attend meetings held in Executive Session.

Section 4. Districts. The Association's Constituents and Components shall be divided into districts, with geographic boundaries as determined by the Board of Trustees.

Section 5. Qualifications. Only voting members shall be eligible to serve on the Board of Trustees. District Trustees must be members of a Constituent located within the District that they have been elected to represent.

Section 6. Election of District Trustees. District Trustees shall be elected by the Delegates of the Constituents representing the District in the House of Delegates. Elections shall be held pursuant to rules and procedures determined by the Board of Trustees (i) during the annual session of the House of Delegates; (ii) at a District meeting held during the 120 days preceding the annual session of the House of Delegates; or (iii) by mail or electronic means during the 120 days preceding the annual session of the House of Delegates. Odd-numbered Districts shall elect District Trustees in odd-numbered years; and even-numbered Districts shall elect District Trustees in even-numbered years.

Section 7. Terms.

- a. District Trustees shall serve a two (2) year term, or until such time as their successors are duly elected, qualified, and assume their position, and may not serve more than two (2) consecutive terms. Trustees serving more than half of a full term shall be deemed to have served a full term in office for purposes of term limits.
- b. The President, President-Elect, Vice President, Treasurer and Immediate Past President shall remain on the Board of Trustees for the duration of their term in office.
- c. The term of all District Trustees shall begin at the first meeting of the Board of Trustees following the close of the first annual session of the House of Delegates following their election and shall run until the close of the second annual session of the House of Delegates following their election.

Section 8. Regular Meetings. The Board of Trustees may take action to set the time, date, and place for the holding of a regular annual meeting of the Board of Trustees and additional regular

meetings of the Board of Trustees without other notice than such action.

Section 9. Special Meetings. Special meetings of the Board of Trustees may be called by, or at the request of the President or upon a written request to the Executive Director of five (5) members of the Board of Trustees. Notice of any special meeting of the Board of Trustees shall state the time, date, and place of the meeting and shall be delivered at least five (5) days prior to the date of such meeting. Attendance of a Trustee at any meeting shall constitute a waiver of notice of such meeting except where a Trustee attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called and convened.

Section 10. Meeting by Conference Call. Any action to be taken at a meeting of the Board of Trustees or any committee thereof may be taken through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate with each other. Participation in such a meeting shall constitute presence in person at the meeting of the persons so participating. Notwithstanding anything set forth to the contrary in these Bylaws, notice of any meeting to be held by conference call (whether regular or special) may be delivered a minimum of forty-eight (48) hours prior to the meeting.

Section 11. Quorum. A majority of the Board of Trustees shall constitute a quorum for the transaction of business at any duly called meeting of the Board of Trustees; provided that when less than a quorum is present at said meeting, a majority of the Board of Trustees members present may adjourn the meeting to another time without further notice.

Section 12. Manner of Acting. The act of a majority of Trustees present at a duly called meeting at which a quorum is present shall be the act of the Board of Trustees, unless the act of a greater number is required by law, the Articles of Incorporation, or these Bylaws.

Section 13. Action by Written Consent. Any action requiring a vote of the Board of Trustees may be taken without a meeting if consent in writing, setting forth the action taken, is signed by all of the members of the Board of Trustees entitled to vote with respect to the subject matter thereof.

Section 14. Resignation and Removal. Any district trustee may resign at any time by giving written notice to the Executive Director. In addition, any district trustee may be removed by a majority vote of the persons entitled to elect such Trustee, whenever, in their judgment, the best interests of the Association would be served by such removal.

Section 15. Vacancies. Vacancies in any District Trustee position shall be filled by the President, after consultation with the presidents of the constituents represented by such District Trustee, without undue delay. A District Trustee appointed pursuant to this Section shall hold their position for the remainder of the original term for which she or he was appointed to fill.

ARTICLE VI

OFFICERS

Section 1. Officers. The officers of the Association shall be a President, President-Elect, Vice President, Treasurer, Immediate Past President, and Speaker of the House (collectively, "Officers"). No two (2) offices may be held simultaneously by the same person.

Section 2. President. The President shall be the principal elected officer of the Association and shall, in general, supervise all of the business affairs of the Association, subject to the direction and control of the Board of Trustees, by communicating with the Executive Director as necessary regarding the business of the Association. The President shall be a member, without vote, of all councils and committees, except as otherwise provided by these Bylaws. The President shall, in general, perform all duties customarily incident to the office of President and such other duties as may be prescribed by the Board of Trustees. The President shall succeed to the office of Immediate Past President upon expiration of the President's term of office.

Section 3. President-Elect. The President-Elect shall assist the President and shall substitute for the President when required. The President-Elect shall be a member, without vote, of all councils and committees, except as otherwise provided by these Bylaws. The President-Elect shall, in general, perform all duties customarily incident to the office of President-Elect and such other duties as may be prescribed by the Board of Trustees. The President-Elect shall succeed to the office of President upon expiration of the

President's term of office, and in the event of the death, resignation, removal, or incapacity of the President.

Section 4. Vice President. The Vice President shall have such duties as may be assigned by the President or the Board of Trustees.

Section 5. Treasurer. The Treasurer shall be the principal financial officer of the Association and shall have charge of and be responsible for the maintenance of adequate books of account for the Association; shall have charge and custody of all funds and securities of the Association, and be responsible therefore, and for the receipt and disbursement thereof; shall deposit all funds and securities of the Association in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of these Bylaws. The duties of the Treasurer may be assigned by the Board of Trustees in whole or in part to the Executive Director, or his or her designee(s).

Section 6. Immediate Past President. The Immediate Past President shall have such duties as may be assigned by the President or the Board of Trustees.

Section 7. Speaker of the House. The Speaker of the House shall be the presiding officer at the annual session of the House of Delegates, shall consult with the President and Executive Director as necessary for the orderly operation of the House of Delegates, and shall perform such other duties as may be prescribed by the Board of Trustees.

Section 8. Qualifications for Office. Only voting members are eligible to hold office.

Section 9. Term.

- a. The President, President-Elect, Vice President and Immediate Past President shall serve a one (1) year term in office, or until such time as their successors are duly elected, qualified, and take office.
- b. The Treasurer and Speaker of the House shall serve a two (2) year term in office, or until such time as their successors are duly elected, qualified, and take office.
- c. Officers may not serve more than two (2) consecutive terms in office. Officers serving more than half of a full term shall be deemed to have served a full term in office.

Section 10. Election.

- a.** The President-Elect and Vice President shall be elected annually by the House of Delegates at a meeting of the House of Delegates at which the election of Officers is in the regular order of business.
- b.** The Treasurer and the Speaker of the House shall be elected by the House of Delegates at a meeting of the House of Delegates at which the election of Officers is in the regular order of business. The Treasurer shall be elected in odd-numbered years, and the Speaker of the House shall be elected in even-numbered years.
- c.** In the event that no candidate receives a majority of the votes cast, the vote shall be conducted again with only the two candidates receiving the highest number of votes eligible for election.
- d.** Officers shall take office on the date of the first regular meeting of the Board of Trustees following the close of the annual session of the House of Delegates at which they are elected.

Section 11. Resignation and Removal of Officers.

Any officer may resign at any time by giving written notice to the Executive Director. In addition, any officer may be removed by a majority vote of the persons entitled to elect such officer, whenever, in their judgment, the best interests of the Association would be served by such removal. Such removal shall be without prejudice to the contract rights, if any, of the person so removed. Election of an officer or agent shall not of itself create any contract rights.

Section 12. Officer Vacancies.

Vacancies in any office shall be filled by the President without undue delay, provided, however, the President-Elect automatically shall succeed to the office of President in the event of the death, resignation, removal, or incapacity of the President and the office of President-Elect shall remain vacant until the next meeting of the House of Delegates. In the event the President-Elect position is vacant at such time as there becomes a vacancy in the office of President, the Board of Trustees immediately shall fill the office of President and such appointee shall hold office until the next meeting of the House of Delegates. Except as otherwise set forth herein, an officer appointed pursuant to this

Section shall hold such office for the remainder of the original term for which she or he was appointed to fill.

ARTICLE VII

EXECUTIVE DIRECTOR

The administrative and day-to-day operation of the Association shall be the responsibility of a salaried staff head or firm employed or appointed by, and responsible to, the Board of Trustees. The salaried staff head or, in the case of a firm, chief staff officer retained by the firm shall have the title of "Executive Director." The Executive Director shall have the authority to execute contracts on behalf of the Association and as approved by the Board of Trustees. The Executive Director shall perform the duties normally expected of the secretary of an Illinois not-for-profit corporation, including seeing that all notices are duly given in accordance with applicable law, the Articles of Incorporation, and these Bylaws; being custodian of the corporate records; keeping minutes of the meetings of the Board of Trustees; and keeping a record of the mailing address of each member of the Association. The Executive Director may carry out such other duties as may be specified by the Board of Trustees. The Executive Director shall employ and may terminate the employment of members of the staff necessary to carry out the work of the Association. The Executive Director shall be invited to attend and participate, without vote, in all meetings of the Association's Board of Trustees (except those held in executive session), House of Delegates, committees and councils, except as otherwise provided by these Bylaws. The Executive Director may be invited to attend meetings held in Executive Session.

ARTICLE VIII

HOUSE OF DELEGATES

Section 1. Authority and Responsibility. The House of Delegates shall be the principal body within the Association responsible for establishing policy for the association and providing direction—for matters relating to the practice of dental hygiene. In addition to such other duties set forth in these Bylaws, the House of Delegates shall:

- a.** Amend, alter, or repeal the Bylaws in accordance with Article XVI of these Bylaws;

- b.** Vote on all matters properly brought before the House of Delegates;
- c.** Adopt and amend the code of ethics governing the professional conduct of Association's members;
- d.** Solicit, process, and communicate membership needs to the Board of Trustees;
- e.** Participate in the Association's strategic planning;
- f.** Elect voting members to serve on the Ethics Committee; and
- g.** Elect members to serve on committees established by the House of Delegates.
- h.** Elect officers of the Association.

Section 2. Composition.

a. Voting Members.

1. The House of Delegates shall consist of one (1) delegate ("Delegate") and one (1) alternate delegate ("Alternate") from each Constituent plus one hundred (100) additional Delegates and one hundred (100) additional alternates to be allocated amongst the Constituents in accordance with a formula adopted by the House of Delegates which shall be a ratio of voting members within a Constituent to the total number of the Association's voting members, determined according to the Association's membership as of the last day of the fiscal year preceding the annual session. Delegates and Alternates will be elected by the voting members belonging to the Constituents to be represented by such Delegates and Alternates pursuant to procedures established by the Constituents and approved by the House of Delegates.
2. One Student Delegate (as defined below) shall have the right to vote during all sessions of the House of Delegates ("Voting Student Delegate"). The Voting Student Delegate shall be elected by and from among the Student Delegates. The Student

Delegate receiving the highest number of votes shall serve as the Voting Student Delegate, and the Student Delegate receiving the second highest number of votes shall serve as the Alternate Voting Student Delegate.

- b. Non-voting Members.** The Association's Officers, members of the Board of Trustees, and the Sergeant-at-Arms shall be *ex-officio* members, without the right to vote, of the House of Delegates. Each District shall appoint one Student member to serve as a non-voting Delegate to the House of Delegates ("Student Delegates"). Student Delegates will be appointed by the Districts pursuant to procedures established by the House of Delegates.

Section 3. Qualifications for Delegates and Alternate Delegates. All Delegates and Alternate Delegates must be voting members of the Association in good standing. Student Delegates must be Student members in good standing. The Association's Officers and members of the Board of Trustees may not serve as Delegates or Alternate Delegates.

Section 4. Appointment of Delegates and Alternate Delegates. All Constituents entitled to representation in the House of Delegates must submit the name of their Delegates and Alternate Delegates to the House of Delegates or their designee(s) no less than sixty (60) days prior to each annual session of the House of Delegates.

Section 5. Terms for Delegates and Alternate Delegates. Delegates and Alternate Delegates shall serve a one (1) year term, or until such time as their successors are appointed and take their position, subject to such term limits as may be imposed by the House of Delegates.

Section 6. Annual Session. The House of Delegates shall hold a regular annual session in conjunction with the Association's annual meeting.

Section 7. Special Sessions. Special sessions of the House of Delegates may be called (i) by the Speaker of the House, provided such request must be presented during the annual session of the House of Delegates, include the specific purpose for such special session, and be approved by a two-thirds (2/3) vote of the Delegates present and voting at such annual session; or (ii) upon written petition

presented to the Executive Director by a majority of the Constituents represented in the House of Delegates stating the place, time, and purpose for which such session is requested, provided, however, such request must be made at least sixty (60) days prior to the date specified in the request for such special session. Business conducted at any special session shall be limited to the specific purpose stated in the request for such session, and any such additional business as approved by the Board of Trustees.

Section 8. Notice. Notice of any annual or special session of the House of Delegates shall state the time, date, place and purpose of the session and shall be published either in print or on the Association's Web site at least thirty (30), and no more than sixty (60) days prior to the date of the session, unless otherwise required by the procedures established by the House of Delegates.

Section 9. Quorum. The presence of seventy-seven (77) Delegates shall constitute a quorum for the transaction of business at any duly called session of the House of Delegates; provided that when less than a quorum is present at said session, a majority of the Delegates present may adjourn the session to another time without further notice.

Section 10. Manner of Acting. The act of a majority of Delegates present at a duly called session at which a quorum is present shall be the act of the House of Delegates, unless the act of a greater number is required by law, the Articles of Incorporation, or these Bylaws.

Section 11. Attendance / Exercise of Voting Rights. Both Delegates and Alternates shall have the right to attend all sessions of the House of Delegates. Only Delegates shall have the right to vote. Alternates shall have no right to vote, provided, however, in the event the Delegate appointed to represent a particular Constituent is absent at any session of the House of Delegates, the Alternate appointed to represent such Constituent shall have the right to vote in place of the Delegate.

Section 12. Resignation and Removal of Delegates and Alternate Delegates. Any Delegate or Alternate Delegate may resign at any time by giving written notice to the Executive Director. In addition, any Delegate or Alternate Delegate may be removed by the Constituent entitled to appoint such Delegate, whenever, in its judgment, the best interests of the Association would be served by such removal.

Section 13. Vacancies. In the event of the death, resignation, removal, or incapacity of a Delegate or Alternate Delegate, the Constituent represented by such Delegate or Alternate Delegate shall name a qualified member to serve until the conclusion of such Delegate or Alternate Delegate's term.

ARTICLE IX

COMMITTEES/COUNCILS/TASK FORCES

Section 1. Finance Committee.

- a. Composition.** The Finance Committee shall be comprised of the President, President-Elect, Treasurer and no less than two additional District Trustees of the Board of Trustees as shall be appointed by the President. The President shall serve as Chair of the Finance Committee.
- b. Term.** Members shall serve a one-year term in office, and may serve an unlimited amount of terms.
- c. Authority and Responsibilities.** The Finance Committee shall develop a draft budget to be proposed to the Board of Trustees, and work with the Board of Trustees to compile a budget report to be presented to the House of Delegates.
- d. Meetings, Quorum and Manner of Acting.** The Finance Committee shall meet in person or by conference call at least one time per year, and additionally upon the request of the Chair. Each member shall have one (1) vote. A majority of the Finance Committee shall constitute a quorum for the transaction of business at any duly called meeting of the Finance Committee; provided when less than a quorum is present a majority of the members present may adjourn the meeting without further notice. The act of a majority of the members present at a duly called meeting at which a quorum is present shall be the act of the Finance Committee.

Section 2. Ethics Committee.

- a. Composition.** The Ethics Committee shall consist of four voting members to be nominated on a regional basis and elected by the House of Delegates. The Chair of the Ethics Committee shall be designated by the President. The

election of members of the Ethics Committee shall be staggered so that two members are elected each year.

- b. Term.** Members of the Ethics Committee shall serve a two-year term in office, and may not serve more than two consecutive terms on the committee. A member who has served more than half a term shall be deemed to have served a full term. The terms of the members of the Ethics Committee shall begin at the close of the meeting of the House of Delegates at which they were elected.
- c. Authority and Responsibilities.** The Ethics Committee shall investigate and otherwise assist the Board of Trustees in all disciplinary matters in accordance with such policies and procedures developed by the House of Delegates and approved by the Board of Trustees.
- d. Meetings, Quorum and Manner of Acting.** The Ethics Committee shall meet in person or by conference call upon the request of the Chair. Each member shall have one (1) vote. Three (3) members of the Ethics Committee shall constitute a quorum for the transaction of business at any duly called meeting of the Ethics Committee; provided when less than a quorum is present at said meeting, a majority of the members present may adjourn the meeting without further notice. The act of a majority of the members present at a duly called meeting at which a quorum is present shall be the act of the Ethics Committee.
- e. Vacancies.** Should a vacancy occur between annual sessions of the House of Delegates, the President, in consultation with the District Trustees from the region of the vacancy, shall appoint a member from the region to serve until the next annual session, when the House of Delegates shall elect a member from the region to fill any unexpired term.

Section 3. Nominating Committee

- a. Composition.** The Nominating Committee shall consist of the Immediate Past President and the three most current immediate past-presidents still in good standing as members of the Association. The Chair of the Nominating Committee and a board advisor to the Nominating

Committee shall be appointed by the President. The President is not an ex officio member of the Nominating Committee.

- b. Term.** Members of the Nominating Committee shall serve a one-year term in office, and may serve an unlimited number of terms.
- c. Authority and Responsibilities.** The Nominating Committee shall identify current and future leaders of the Association and shall submit to the Board of Trustees and, upon approval of the Board of Trustees, to the House of Delegates, a list of qualified candidates to succeed those elected national officers whose terms are expiring. The Nominating Committee also shall identify potential candidates to fill vacancies and to fill such other positions as the Board of Trustees may determine. Members of the Nominating Committee are not eligible to be nominated for elected office. The Nominating Committee should, where practical, identify more than one candidate for each open position. In addition, Association members may self-nominate according to such policies and procedures as the Board of Trustees may adopt.
- d. Meetings, Quorum and Manner of Acting.** The Nominating Committee shall meet in person or by conference call upon the request of the Chair. Each member shall have one (1) vote. Three (3) members of the Nominating Committee shall constitute a quorum for the transaction of business at any duly called meeting of the Nominating Committee; provided when less than a quorum is present at said meeting, a majority of the members present may adjourn the meeting without further notice. The act of the majority of the members present at a duly called meeting at which a quorum is present shall be the act of the Nominating Committee.
- e. Vacancies.** Any member of the Nominating Committee may resign at any time by providing written notice to the President. Should a vacancy occur, the President shall appoint another past president to fill the unexpired term.

Section 4. Councils and Other Standing Committees.

The Board of Trustees or House of Delegates may establish such councils and other standing committees as either of them deem necessary or prudent in the exercise of their authority and responsibility as set forth in these Bylaws.

- a. **Authority/Composition/Qualifications.** The action establishing a council or standing committees shall set forth the council or committee's purpose, authority, and composition, and the qualifications required for membership on the committee. In the absence of any direction to the contrary in the authorizing action, the President shall appoint the Chair and members of all councils and standing committees, subject to the approval of the Board of Trustees. Any committee having the authority of the Board of Trustees shall have members of the Board of Trustees as a majority of its members.
- b. **Quorum and Manner of Acting.** At all meetings of any council or standing committee, a majority of the members shall constitute a quorum for the transaction of business unless otherwise set forth in these Bylaws or the resolution establishing such council or committee. A majority vote by council or committee members present and voting at a meeting at which a quorum is present shall be required for any action.
- c. **Committee Vacancies.** Except as otherwise provided herein, vacancies in the membership of a council or committee shall be filled by the President.
- d. **Policies and Procedures.** The Board of Trustees shall develop and approve policies and procedures for the operation of all councils and standing committees. All councils and standing committees shall report to the Board of Trustees, unless otherwise set forth in the resolution establishing such council/committee.

Section 5. Advisory/Ad Hoc Committees and Task Forces.

The Board of Trustees or House of Delegates may appoint such advisory or ad hoc committees or task forces as are necessary or appropriate in the exercise of their authority and responsibility as set forth in these Bylaws. An ad hoc committee shall terminate three (3) years from the date of its creation, unless renewed by the Board of Trustees. A task force shall

terminate after one (1) year from the date of its creation, unless renewed. Ad hoc committees and task forces may be established for longer periods with the approval of the Board of Trustees. The action establishing such a committee or task force shall set forth the committee's or task force's purpose and composition.

- a. Quorum and Manner of Acting.** At all meetings of any advisory or ad hoc committee or task force, a majority of the members thereof shall constitute a quorum for the transaction of business. A majority vote by committee or task force members present and voting at a meeting at which a quorum is present shall be required for any action.
- b. Committee/Task Force Vacancies.** Except as otherwise provided herein, vacancies in the membership of a committee or task force shall be filled by appointments made in the same manner as the original appointments to that committee/task force.
- c. Policies and Procedures.** The Board of Trustees shall develop and approve general policies and procedures for the operating of all committees and task forces. All committees and task forces shall report to the entity creating the committee/task force.

ARTICLE X

CONSTITUENTS & COMPONENTS

Section 1. Tripartite. The Association is a tripartite organization. Voting and Supporting members must maintain an active membership in the Association, a Constituent and a Component (if such exist where the member is licensed, practices or resides).

Section 2. Constituents. Voting members of the Association who are licensed, practicing or residing within a particular state, commonwealth, federal district, territory or possession of the United States may be organized as a constituent of the Association (each of which is referred to as a "Constituent"). The Board of Trustees may authorize the establishment of Constituents which shall (i) be organized and operated in accordance with these Bylaws, and such additional rules and policies as may be adopted by the Board of Trustees

from time to time; (ii) fulfill criteria for affiliation as may be established by the Board of Trustees from time to time; (iii) enter into Constituent agreements with the Association; and (iv) be issued a charter. All members of a Constituent must be members of the Association.

a. Application for Recognition as a Constituent. The Board of Trustees, or its designee(s), shall adopt an application form and procedures to facilitate the consideration of applicants seeking to be organized as a Constituent of the Association. All applicants must complete the application form and submit the application, along with the designated fee, if any, to the administrative office of the Association. The Board of Trustees, or its designee(s), shall review the application of all applicants and determine, based on the criteria set forth in these Bylaws and such other guidelines as the Board of Trustees may prescribe, if applicants meet the qualifications necessary for recognition as a Constituent.

b. Revocation. Charters for the operation of Constituents may be revoked by the Board of Trustees at any time and in such manner and after such investigation as the Board of Trustees may deem necessary. Upon revocation of a Constituent's charter, the Constituent immediately shall remit all of its funds and records to the Association's Executive Director.

b1. Due notice shall be given by the Board of Trustees to the Constituent in question, by registered mail and reasonable opportunity shall be allowed for the constituent to meet the requirements or correct infractions before final action is taken to revoke the charter.

c. Name. No Constituent, Component or other entity shall use the name of the Association in any manner whatsoever unless duly authorized to do so by the Association pursuant to the terms of a written agreement.

d. Organization. Each Constituent shall have a Board of Directors, officers and bylaws in such form as shall be approved by the Association's Board of Trustees. Constituents must maintain voting membership categories and criteria that are identical to the Association's (with the exception of Life membership). Changes to a Constituent's

bylaws must receive the written approval of the Association's Board of Trustees.

- e. Meetings.** Each Constituent may hold such meetings as it deems appropriate.
- f. Choice of Constituent.** Members may belong to only one Constituent, and may join the Constituent of their choice based on where they reside, practice or hold a license.
- g. Transfers.** A member of a Constituent may transfer to another Constituent by written request addressed to the Executive Director. The Executive Director shall affect the transfer and promptly shall notify the effected Constituents. Full membership privileges shall be granted to the transferring member in the new Constituent, and the new Constituent shall give the transferring member a credit for the full amount of any dues paid to the previous Constituent to be applied towards dues in the new Constituent.

Section 3. Components. Voting members of the same Constituent that practice, reside or hold a license within the same geographical territory may be organized as a component by the Constituent and issued a charter (each of which is referred to as a "Component"). The name, boundaries, and eligibility requirements for Components shall be determined by the Constituent, subject to the prior written approval of the Association's Board of Trustees and such rules and policies as may be adopted by the Board of Trustees from time to time. Constituents shall have the right to revoke the charter of any Component created by the Constituent.

ARTICLE XI

ELECTRONIC MEETINGS

Any action to be taken at a Board of Trustees, House of Delegates, voting member, council, committee, or task force meeting may be taken through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate with each other simultaneously. Participation in such a meeting shall constitute presence in person at the meeting of the persons so participating. Notwithstanding anything set forth to the contrary in these Bylaws,

notice of an electronic meeting must be delivered at least forty-eight (48) hours prior to the meeting.

ARTICLE XII

USE OF ELECTRONIC COMMUNICATION

Unless otherwise prohibited by law, (i) any action to be taken or notice delivered under these Bylaws may be taken or transmitted by electronic mail or other electronic means; and (ii) any action or approval required to be written or in writing may be transmitted or received by electronic mail or other electronic means.

ARTICLE XIII

FINANCE

Section 1. Contracts. The Board of Trustees may authorize any officer or officers, agent or agents of the Association, in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Association, and such authority may be general or confined to specific instances.

Section 2. Payment of Indebtedness. All checks, drafts, or other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Association shall be signed by such officer or officers, agent or agents of the Association and in such manner as shall be determined by action of the Board of Trustees. In the absence of such determination by the Board of Trustees, such instruments shall be signed by the Treasurer and countersigned by the Executive Director.

Section 3. Deposits. All funds of the Association shall be deposited to the credit of the Association in such banks, trust companies, or other depositories as the Board of Trustees may select.

Section 4. Bonding. The Board of Trustees ~~may~~ shall provide for the bonding of such officers and employees of the Association as it may determine is necessary and/or appropriate.

Section 5. Gifts. The Board of Trustees may accept on behalf of the Association any contribution, gift, bequest, or

devise for the general purposes or for any special purpose of the Association.

Section 6. Books and Records. The Association shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its members, the Board of Trustees, House of Delegates, and any committees having the authority of the Board of Trustees.

Section 7. Annual Audit. The Board of Trustees shall provide for an annual audit of the financial records of the Association by a certified public accountant. A report of the financial condition of the Association shall be made to the membership of the Association annually.

Section 8. Fiscal Year. The fiscal year of the Association shall be determined by the Board of Trustees.

ARTICLE XIV

INDEMNIFICATION

The Association shall indemnify all past and present officers, directors, employees, committee, council, and task force members, and all other volunteers of the Association to the full extent permitted by the Illinois General Not For Profit Corporation Act of 1986, as may be amended ("Illinois Act"), and shall be entitled to purchase insurance for such indemnification of officers and directors to the full extent as determined by the Board of Trustees.

ARTICLE XV

WAIVER OF NOTICE

Whenever notice is required to be given under applicable law, the Articles of Incorporation or these Bylaws, waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XVI

AMENDMENTS

Section 1. Proposed Amendments. The Board of Trustees, the House of Delegates, Constituents, Components or

any voting member of the Association may propose amendments, in whole or in part, to these Bylaws and Code of Ethics. The Board of Trustees shall provide recommendations for all proposed amendments before the first meeting of the House of Delegates.

Section 2. Approval of Amendments.

Proposed amendments of these Bylaws and Code of Ethics shall be forwarded to the House of Delegates for consideration. Approval of such proposals shall require the act of two-thirds (2/3) of the entire House of Delegates at a duly called session of the House of Delegates.

Section 3. Notice. Notice of intent to amend these Bylaws must be (i) sent to all Delegates by mail or electronic communication or (ii) published in print or online and circulated to the entire membership; or (iii) published on the Association's website at least thirty (30) days prior to the session of the House of Delegates at which such amendments are to be considered. Such notice must include a general description of the proposed amendments.

ARTICLE XVII

DISSOLUTION

In the event of the dissolution of the Association, the Board of Trustees shall, after paying or making provision for the payment of all of the liabilities of the Association, dispose of all of the remaining assets of the Association (except any assets held by the Association upon condition requiring return, transfer or other conveyance in the event of dissolution, which assets shall be returned, transferred or conveyed in accordance with such requirements) exclusively for the purposes of the Association in such manner, or to such organization or organizations as shall at the time qualify as a tax-exempt organization or organizations recognized under Sections 501(c)(3) or 501(c)(6) of the Internal Revenue Code of 1986, as amended (the "Code") or the corresponding provisions of any future United States Internal Revenue statute, as the Board of Trustees shall determine. Any such assets not so disposed of shall be disposed of by the court of general jurisdiction of the county in which the principal office of the Association is then located, exclusively for such purposes in such manner, or to such

organization or organizations that are organized and operated exclusively for such purposes, as said court shall determine.

ARTICLE XVIII

PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order Newly Revised, shall govern all meetings of the House of Delegates in all cases to which they are applicable and in which they are not inconsistent with the Illinois Act, these bylaws and any special rules of order the Association may adopt.

APPENDIX B

CODE OF ETHICS FOR DENTAL HYGIENISTS

1. Preamble

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

2. Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility.
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- to establish a standard for professional judgment and conduct.
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

3. Key Concepts

Our beliefs, principles, values and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics, and are interrelated and mutually dependent.

4. Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and well being of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.

5. Fundamental Principles

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics.

Universality

The principle of universality expects that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

Complementarity

The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

Ethics

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.

Community

This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

Responsibility

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

6. Core Values

We acknowledge these values as general for our choices and actions.

Individual autonomy and respect for human beings

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

Confidentiality

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

Societal Trust

We value client trust and understand that public trust in our profession is based on our actions and behavior.

Non-maleficence

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

Beneficence

We have a primary role in promoting the well being of individuals and the public by engaging in health promotion/disease prevention activities.

Justice and Fairness

We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

Veracity

We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

7. Standards of Professional Responsibility

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities:

To Ourselves as Individuals...

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

To Ourselves as Professionals...

- Enhance professional competencies through continuous learning in order to practice according to high standards of care.
- Support dental hygiene peer-review systems and quality-assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

To Family and Friends...

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

To Clients...

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral health care.
- Recognize that cultural beliefs influence client decisions.

To Colleagues...

- conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care professionals.

To Employees and Employers...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- Manage conflicts constructively.

- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employers and employees.

To the Dental Hygiene Profession...

- Participate in the development and advancement of our profession.
- Avoid conflicts of interest and declare them when they occur.
- Seek opportunities to increase public awareness and understanding of oral health practices.
- Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
- Contribute time, talent, and financial resources to support and promote our profession.
- Promote a positive image for our profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono

service.

To Scientific Investigation...

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects.

We acknowledge our ethical obligations to the scientific community:

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.