MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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DENTAL DIGEST

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The Mississippi State Board of Dental Examiners is a legislatively-mandated state regulatory agency charged with the responsibilities of examining, licensing, registering, and regulating the practices of dentistry and dental hygiene to ensure competency (through examination and licensure) and ethics (through registration and regulation) among all dental professionals in the State of Mississippi for the ultimate goal of safeguarding and enhancing the health and welfare of the citizens of this State. As such, the Mississippi State Board of Dental Examiners is neither affiliated with nor functions as a subsidiary of any private or professional organization.

DIRECT FROM THE DIRECTOR

Welcome to the May 1996 edition of the Dental Digest, which is the last edition of the Dental Digest to be published from the Board's current location. At long last and after a diligent search for suitable office space, the Board will relocate its office **effective July 1, 1996.** For several years, Board meetings and hearings have been held in local hotels due to insufficient office space, and there has been a strong need for the Board's office to be much closer to the State office complex. Therefore, **EFFECTIVE JULY 1, 1996,** the Board will relocate to the following address:

Suite 100
600 East Amite Street
Jackson, Mississippi 39201-2801

Furthermore, the Board's new telephone and facsimile numbers will be:

601-944-9622 (Main Telephone Number)
(601) 944-9624 (Facsimile Number)

Please make a note of the Board's new address and telephone numbers, as any telephone calls, facsimile transmissions, and correspondence **ON AND AFTER JULY 1, 1996** must be directed to the new telephone numbers and address. **However, remember that any correspondence, etc., to the Board prior to July 1, 1996 should be directed to the Board's current address and telephone/facsimile numbers.**

Finally, Andrew R. Townes, D.D.S. resigned from the Board effective March 1, 1996, and Charles G. Purifoy, D.D.S. was appointed as Dr. Townes' replacement. Dr. Townes was a most effective and diligent Board member for many years, and his presence has been an inspiration to all who have known him. As we bid farewell to Dr. Townes, we welcome Dr. Purifoy and the enthusiasm and commitment he brings with him as he begins his service to the citizens of our State. □

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REGULATION HIGHLIGHT

As part of its legislatively-mandated regulatory responsibilities, the MSBDE must enforce the laws of this State and enact any regulations necessary to ensure the consistent and ethical compliance with these laws. Accordingly, when deemed appropriate and as a means of establishing uniform policies for all dental professionals in Mississippi, the MSBDE enacts and/or amends regulations. Whenever a regulation is enacted or amended, it must be filed immediately with the Mississippi Secretary of State and is not considered approved until thirty (30) days after filing. At this time, a "final filing" must be effected with the Mississippi Secretary of State, and the adopted or amended regulation becomes final thirty (30) days after the filing date.

As a regular feature of the Dental Digest, the MSBDE from time-to-time highlights certain regulations that have been amended/enacted. Accordingly, Board Regulations 13, 13-A, 29, 39, 41, 43, 47, 49, 51, 53, 55, and 57 have been reprinted in this edition of the Dental Digest. Please carefully review each Regulation, note the changes, and place them with your other Board regulations.

Board Regulation Number 13
Procedures Not Delegated to Auxiliary Personnel

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

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

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

Board Regulation Number 13-A

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 29
Administration of Anesthesia

I. Definitions
   A. LOCAL ANESTHESIA. The elimination of sensations, especially pain in one part of the body, by topical application or regional injection of a drug.
   B. GENERAL ANESTHESIA. A controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.
   C. INTRAVENOUS OR PARENTERAL CONSCIOUS SEDATION. A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by a pharmacologic method.

II. Any person licensed to practice dentistry in the State of Mississippi shall be authorized to use anesthesia in accordance with the provisions of this section.

III. LOCAL ANESTHESIA. All licensed dentists are authorized to use local anesthesia.

IV. GENERAL ANESTHESIA. No dentist shall use general anesthesia in his office on an out-patient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board.
   A. In order to receive such permit, the dentist must apply on a prescribed application form to the Board, submit specified application fee, and produce evidence showing that he or she:
      1. Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects (or its equivalent) beyond the undergraduate dental school level in a training program as described in Part II of the American Dental Association's "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry;" or
      2. Is a diplomat of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery, or is a member of the American Association of Oral and Maxillofacial Surgeons; or
      3. Employs or works in conjunction with a qualified anesthesiologist or certified nurse anesthetist who is a member of the anesthesiology staff in an accredited hospital, provided that such anesthesiologist or nurse anesthetist must remain on the premises of the dental facility until any patient given a general anesthetic regains consciousness and is discharged; and
      4. Has a properly equipped facility for the administration of general anesthesia staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team shall be determined by the Board as outlined below.
      5. Holds an Advanced Cardiac Life Support (ACLS) certificate, or a certificate from a Board-approved course. Those holding a general anesthesia permit at the time of the enactment of this regulation must be ACLS certified beginning with the 1994 registration.

B. Facilities

1. The Board adopts the standards regarding the equipment within a facility as set forth by the American Association of Oral and Maxillofacial Surgeons in the Office Anesthesia Evaluation Manual, latest edition, as the standards by which each dentist administering general or IV anesthesia must meet. Certification of offices by the American Association of Oral and Maxillofacial Surgeons as meeting the standards adopted constitutes a *prima facie* showing that the dentist meets the standards.
2. In addition to complying with the standards adopted in subsection 1 of this section, the dentist shall be required to show that the facility is staffed with a team of personnel capable of handling procedures, problems and emergencies incident to the administration of general anesthesia.
3. Copies of the Office Anesthesia Evaluation Manual are available from the American Association of Oral and Maxillofacial Surgeons (AAOMS), Post Office Box 3501, Libertyville, Illinois 60198.
4. Any dentist administering general or IV anesthesia at a facility other than his own office or facility must insure that the proper equipment and personnel as required in subsections one (1) and two (2) of this section are present.

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

D. Renewal

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

E. Advanced Cardiac Life Support and CPR

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

V. INTRAVENOUS OR PARENTERAL SEDATION

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

A. No dentist shall use intravenous or parenteral sedation on an outpatient basis for dental patients unless such dentist possesses a permit of authorization issued by the Board.

B. Each dentist who is licensed to practice dentistry in the state who desires to use intravenous or parenteral sedation must apply on a prescribed form to the Board and submit specified application fee.

C. A dentist may employ or use intravenous or parenteral sedation on an outpatient basis for dental patients provided he:

1. Has received formal training in the use of intravenous or parenteral sedation; and
2. Is certified by the institution where the training was received to be competent in the administration of intravenous or parenteral sedation. Such certification shall specify the type, the number of hours and the length of training; the minimum number of didactic hours shall be forty (40); the minimum number of patient contact hours shall be twenty (20); the preceding is necessary for recognition of the formal training program. This formal training program shall be sponsored by or affiliated with an university, teaching hospital or other facility approved by the Board or part of the undergraduate curriculum of an accredited dental school; and
3. Is competent to handle all emergencies relating to intravenous or parenteral sedation.
4. Holds an Advanced Cardiac Life Support (ACLS) certificate, or a certificate from a Board-approved course. Those holding an intravenous or parenteral sedation permit at the time of the enactment of this regulation must be ACLS certified beginning with the 1994 registration.

D. Facilities

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

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

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

a manner prescribed by the Board. If the results of the initial evaluation are deemed unsatisfactory, the applicant may request another review.

F. Advanced Cardiac Life Support and CPR
Any dentist utilizing intravenous or parenteral sedation shall be ACLS certified or hold a certificate from a Board-approved course, and his auxiliary personnel must meet the requirements set forth in Board Regulation 45.

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

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

VI. NITROUS-OXIDE INHALATION CONSCIOUS SEDATION

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

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

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

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

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

Board Regulation 39
Infection Control

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

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

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

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

Board Regulation Number 41
Continuing Education

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

1. Continuing Dental Education (CDE) requirements will be effective on July 1, 1993 immediately following adoption of this regulation by the Mississippi State Board of Dental Examiners and reporting will be incorporated with the annual registration to be submitted one year following the effective date of this regulation, which period shall be from September 1 through August 31 of each year.

2. With the initial reporting ending August 31, 1995, every licensed dentist shall be required to have forty (40) hours documented, approved continuing education. Every year thereafter, each licensed dentist shall have forty (40) hours of continuing education for the previous two (2) consecutive years. Approved CDE shall consist of courses approved by the ADA, AGD, MDA, MDS, NDA, or other courses or activities specifically approved by the Board for CDE credit. No more than four (4) hours per year on the subject of CPR (Cardiopulmonary Resuscitation) shall be allowed toward the two-year, forty-hour requirement, and dentists successfully completing an eight-hour, two-year CPR certification course are allowed to use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, forty-hour CDE requirement. Furthermore, licensees successfully completing a 16-hour Advanced Cardiac Life Support (ACLS) course may use eight (8) hours each year, of the total sixteen (16) hours, toward fulfilling the two-year, forty-hour CDE requirement, and licensees successfully completing an 8-hour ACLS course, a Board-approved general anesthesia review course, or an equivalent Board-approved course, may use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, forty-hour CDE requirement. Finally, dentists may attend courses offered and approved by any of the additional organizations listed in Section 3 of this Regulation and use such attendance as a means of fulfilling continuing education requirements.

3. With the initial reporting ending August 31, 1995, every licensed dental hygienist shall be required to have twenty (20) hours documented, approved continuing education. Every year thereafter, each licensed dental hygienist shall have twenty (20) hours of continuing education for the previous two (2) consecutive years. Approved CDE for dental hygienists shall consist of courses approved by the MDHA, 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)

! Any dentist, dental hygienist, or dental assistant who does not promptly notify the MSBDE of a change of address may be assessed a $10.00 penalty.

hours, toward fulfilling the two-year, twenty-hour CDE requirement.

4. Continuing Education credit will not be given for video courses (unless viewed while attending approved study club meetings, continuing education courses, or through group satellite uplinks as part of approved courses), audio courses, reading, or correspondence courses. However, provided the course directly relates to the practices of dentistry or dental hygiene, attendance at approved Continuing Medical Education (CME) courses may be used to satisfy the minimum continuing education requirements of Sections 2 and 3 above.
5. 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.
6. 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.
7. A record of courses taken, the date, location, number of hours for such course, and certificates of attendance shall be kept by the dentist or hygienist for a minimum of three (3) years from the date of attendance and shall be made available for review at any time by any member of the Board or by any designated agent of the Board. Further, when a Board member or any designated agent thereof shall conduct any authorized investigation, any and all continuing education records will be reviewed and/or audited by such Board member or authorized agent during the course of the investigation. Finally, when any licensee is noticed to appear before the Board to show cause why that licensee's dental or dental hygiene license should not be suspended, revoked, or have other action taken against it, that licensee is required to present proof of compliance with this Regulation.
8. Each dentist or hygienist shall certify on the annual registration card the number of CDE hours completed by him/her in the preceding reporting period.
9. 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.
10. The following disciplinary actions will be taken against dentists not meeting the requirements set forth in item number 9 above:
    - First Offense: Five Hundred and No/100 Dollars ($500.00) fine.
    - Second Offense: One Thousand Five Hundred and No/100 Dollars ($1,500.00) fine plus a thirty (30) day suspension of license.
    - Third Offense: Five Thousand and No/100 Dollars ($5,000.00) fine plus a six (6) month suspension of license.
11. The following disciplinary actions will be taken against dental hygienists not meeting the requirements set forth in item number 9 above:
    - First Offense: Two Hundred Fifty and No/100 Dollars ($250.00) fine.
    - Second Offense: Seven Hundred Fifty and No/100 Dollars ($750.00) fine plus a thirty (30) day suspension of license.
    - Third Offense: Two Thousand Five Hundred and No/100 Dollars ($2,500.00) fine plus a six (6) month suspension of license.
12. 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.

[SAMPLE CERTIFICATION OMITTED]

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.

Board Regulation Number 43
Advertising

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

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

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

G. Fictitious names previously approved and registered with the Board will be considered as being in compliance with these Rules and Regulations.

H. A dentist may practice in a predominantly medical facility that uses a fictitious name.

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

! The Mississippi State Board of Dental Examiners vehemently opposes the legalization of "Denturism" in the State of Mississippi. It feels the public's best interest can only be served by the use of scientifically trained, licensed dentists to diagnose, prescribe construction, and insert dentures and other restorative appliances. It further feels that to do otherwise would misguide the public to its detriment. (Adopted by the MSBDE, November 3, 1995 and officially recorded in its Minutes.)

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

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

B. If the proposed name is rejected, the party submitting the name shall have fifteen (15) days from receipt of the notice of the rejection to request an appearance before the Board for reconsideration of the Board's rejection. The Board shall notify the party seeking reconsideration of a rejected corporate name/trade name of its decision within thirty (30) days after the party's appearance before the Board.

V. **Specialties**. The only recognized specialties of dental practice in Mississippi as defined by the Mississippi State Board of Dental Examiners are as follows:

A. **Dental Public Health**. Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. (Adopted May 1976, American Dental Association.)

B. **Endodontics**. Endodontics is the branch of dentistry which is concerned with the morphology, physiology, and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp, and associated periradicular conditions. (Adopted December 1983, American Dental Association.)

C. **Oral Pathology**. Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations. (Adopted May 1991, American Dental Association.)

D. **Oral and Maxillofacial Surgery**. Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical, and adjunctive treatment of diseases, injuries, and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region. (Adopted October 1990, American Dental Association.)

E. **Orthodontics and Dentofacial Orthopedics**. Orthodontics is that area of dentistry concerned with the supervision, guidance, and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception, and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application, and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and aesthetic harmony among facial and cranial structures. (Definition adopted December 1980 and Designation adopted October 1994, American Dental Association.)

F. **Pediatric Dentistry**. Pediatric dentistry is the practice and teaching of comprehensive preventive and therapeutic oral health care of children from birth through adolescence. It shall be construed to include care for special patients beyond the age of adolescence who demonstrate mental, physical, and/or emotional problems. (Adopted 1985, American Dental Association.)

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

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

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

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

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

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

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

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

D. Advertising may include, but is not limited to, the following information:
1. The dentist's title or degree or designation of any special area of dental practice recognized by the American Dental Association in which the dentist has met the existing educational requirements or standards for that recognized specialty;
2. Office and telephone answering hours, office location, office telephone number, residence address, and residence telephone number; and
3. Fees for a specific, routine service which, for purposes of this rule, may be characterized as a "routine dental service" if it is performed frequently in the dentist's practice, is usually provided at a specific fee to substantially all patients receiving the service, and is provided with little or no variance in technique or materials.

E. The following requirements shall be met when advertising a routine dental service:
1. If a range of fee is advertised (including the use of words such as "from," "as low as," or "starting at"), the minimum and maximum fees shall be fully disclosed.
2. Consultation, treatment planning, or treatment for any routine dental service advertised for a specific fee must be made available for a minimum of sixty (60) days following the last day of publication or broadcast of that fee or for any shorter period of time if clearly specified in the advertisement.
3. When a routine dental service is advertised as "free," "no charge," "without charge," or the like, such service must be made available at no cost for a minimum of sixty (60) days following the date of the last publication or broadcast of such free service or for any shorter period of time if clearly specified in the advertisement.
4. When a patient accepts the treatment plan for a routine dental service which was advertised by the dentist, any subsequent dental service which is reasonably and foreseeably related to the advertised routine service must be provided without additional charge, unless the advertisement for the routine dental service includes the following statement: ***"Additional charges may be incurred for related services which may be required in individual cases."*** This disclaimer must have the same size lettering as the price listed. If this form of advertisement is through a television broadcast, the disclaimer must be run throughout the entire broadcast. Furthermore, if this form of advertisement is through a radio broadcast, the disclaimer must be clearly audible.
5. No advertisement concerning a dentist's routine dental services shall be published or broadcast unless it contains in legible and/or audible language the following: ***"No representation is made about the quality of the dental services to be performed or the expertise of the dentist performing such services."*** This disclaimer must have the same size lettering as the price listed. If this form of advertisement is through a television broadcast, the disclaimer must be run throughout the entire broadcast. Furthermore, if this form of advertisement is through a radio broadcast, the disclaimer must be clearly audible.

F. The following statements in advertising shall be deemed to be misleading to the public for purposes of this rule:
1. Statements claiming superiority of a particular method of treatment, material, drug, or appliance.
2. Statements that a certain dentist is a specialist or specializes in any branch of dentistry, unless that specialty is recognized by the American Dental Association and the Mississippi State Board of Dental Examiners and the dentist has met the existing educational requirements and standards for that recognized specialty. This includes membership in an organization that has not been recognized by the American Dental Association. If there is any question regarding this rule, the dentist should seek prior approval from the Mississippi State Board of Dental Examiners.
3. Statements such as "quality dentistry," "quality work," "staff of skilled dentists," "skilled employees," or reference to uncertified or unlicensed persons performing functions requiring a license under Miss. Code Ann. § 73-9-1, et al.
4. Statements of superior facilities at a certain office; statements that an office is "scientifically equipped" and/or has the "latest modern equipment"; references to "modern offices," "modern methods," or "modern devices"; and other similar expressions.
5. Statements that a dental operation or treatment can be performed without causing any pain.
6. Advertisements that contain the words "General Dentistry" and "Family Dentistry" in the same advertisement.

G. General dentists who list any services performed must place a disclaimer. The public communication must include immediately after the listing of services the following statement: ***"Listing of these previously mentioned area(s) of practice***

does not indicate any certification of expertise therein." The point size of the disclaimer for any written communication or advertisement must be the same point size as the majority of the letters in such written communication or advertisement, and the point size of the disclaimer for any videotaped or television communication or advertisement must be no smaller than 13 point. Any public communication through an electronic medium (e.g., radio communications) shall contain such statement at a time and in a tone and manner so as clearly to convey the required information to the listener or viewer.

H. Specialists may list only specialties for which they are licensed in the State of Mississippi. Specialists may list services performed but not that an individual specializes in such services.

I. In-person and telephone solicitations of dental patients by a dentist or his agent poses an inherent danger to the public because such advertising cannot be supervised, may exert pressure on the prospective patient, and often demands an immediate response without affording the prospective patient an opportunity for comparison or reflection. Unlike an advertisement appearing in print or through a broadcast medium (e.g., television or radio), in-person and telephone solicitations do not simply provide information and leave the recipient free to act or not, but is ripe with the potential for overbearing persuasion. Accordingly, in-person and telephone solicitations of dental services by a dentist or his agent is strictly prohibited.

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

Board Regulation Number 47
Licensure by Credentials

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

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

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

Board Regulation Number 49
Active Status

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

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

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

Board Regulation Number 51
Prescription Guidelines

Purpose: To determine appropriate prescribing practices for licensed dentists.

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

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

Board Regulation Number 53
Patient Records

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

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

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

Board Regulation Number 55
Corporate Practice

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

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

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

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

Board Regulation Number 57
Consultative or Operative Treatment by Dentists Not Licensed in Mississippi

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

1. Whenever a licensed Mississippi dentist determines it necessary to secure the services of a dentist not licensed by this State who must enter Mississippi to provide consultative or operative treatment, the Mississippi dentist must submit a written request for Board approval. Approval of such requests will be determined on a case-by-case basis and according to the required documentation provided to the Board.
2. Such request must denote the reasons for the consultative or operative treatment; the name, license number, and brief practice history of the dentist licensed outside the State of Mississippi; a certificate of good standing from the state wherein the dentist licensed outside the State of Mississippi is currently practicing; evidence from the insurance carrier of malpractice insurance coverage while practicing in Mississippi; and the maximum amount of time the dentist licensed outside the State of Mississippi will be providing consultative or operative services for the benefit of the licensed Mississippi dentist.
3. The licensed Mississippi dentist must assume full and complete responsibility for any and all patient care and treatment provided by the dentist licensed outside the State of Mississippi while such dentist is treating the patient(s) of the licensed Mississippi dentist, and a sworn affidavit to this effect must accompany the request for Board approval.
4. If during the course of patient care and treatment it is determined that an extension of time is required for the dentist licensed outside the State of Mississippi, a written request must be submitted forthwith to the Board stating the reasons for such an extension of time. However, unless prior Board approval has been received, at no time shall the dentist licensed outside the State of Mississippi provide patient care and treatment beyond the maximum amount of time initially requested by the licensed Mississippi dentist; otherwise, the licensed Mississippi dentist may be subject to disciplinary action by the Board.
5. The Board shall set a period of time for which permission for the consultative or operative treatment shall be in effect.

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

• TAKE

NOTE •

- Remember that annual license renewal begins for licensed dentists and dental hygienists July 1, 1996 for the 1996-1997 renewal period. Licensed dentists and dental hygienists have from July 1 through August 31 to renew their respective licenses without suffering a penalty. Beginning September 1 a three-month penalty period begins with the following penalties:

  Dentists: September 1 through September 30: $100 penalty fee; October 1 through October 31: $200 penalty fee; November 1 through November 30: $300 penalty fee.

  Dental Hygienists: September 1 through September 30: $50 penalty fee; October 1 through October 31: $100 penalty fee; November 1 through November 30: $150 penalty fee.

  On December 1, all dental and dental hygiene licenses that have not been renewed will be voided for a failure to re-register.

- General Anesthesia and IV Sedation Permits will be renewed for the 1996-1997 renewal period beginning September 15, 1996. The renewal period for these permits will run from September 15 through October 31, and on November 1 any General Anesthesia or IV Sedation Permits that have not been renewed will be voided for a failure to re-register.

- Remember that annual radiology permit renewal begins for dental assistants holding radiology permits October 1, 1996 for the 1996-1997 renewal period. Dental assistants holding radiology permits have from October 1 through November 30 to renew their permits without suffering a penalty. Beginning December 1 a three-month penalty period begins with the following penalties:

  December 1 through December 31: $20 penalty fee; January 1 through January 31: $40 penalty fee; February 1 through February 28 (or 29): $60 penalty fee.

  On March 1, 1997 all radiology permits that have not been renewed will be voided for a failure to re-register.

- Random continuing education compliance audits for the 1994-1996 audit period will be mailed to twenty percent (20%) of the licensed dentists and dental hygienists in each district sometime during the month of September 1996. Those dentists and dental hygienists receiving continuing education compliance audit forms must provide proof that they are in compliance with Board Regulations 41 and 45. Proof of compliance with Board Regulation 41 must be in the form of (1) copies of certificates of completion; or (2) correspondence from course sponsors verifying seminar attendance. Copies of current and prior certification cards

in Cardiopulmonary Resuscitation (CPR) must be provided as proof of compliance with Board Regulation 45. Remember, your certification in CPR must be current AT ALL TIMES and must not lapse from one certification date to the next. Also, it is not necessary to provide proof of more than forty (40) hours of continuing education for dentists and twenty (20) hours of continuing education for dental hygienists.

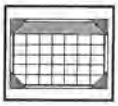
- DO NOT FORGET that the Board is relocating its office EFFECTIVE JULY 1, 1996. Any correspondence and telephonic communications must be directed to the new address and telephone/facsimile numbers noted on page 1 of this newsletter.

- If a dentist, dental hygienist, or dental assistant holding a radiology permit moves or changes names, that person must notify the Board IMMEDIATELY. Otherwise, he/she could suffer a penalty for non-notification of a change of address or name or late/non-renewal of a license or permit.

- The Board cannot be held responsible for the non-delivery or untimely delivery of renewal notices by the United States Postal Service. Therefore, if a dentist or dental hygienist has not received a renewal notice from the Board by the second week of July 1996, that person should contact the Board's office at once. If a dental assistant holding a radiology permit has not received a renewal notice from the Board by the second week in October, that person should immediately contact the Board's office. Finally, certification cards are mailed within two (2) weeks of renewal of a license or permit; consequently, if a dentist, dental hygienist, or dental assistant with a radiology permit has not received the requisite certification card within two (2) weeks of mailing the renewal fees to the Board's office, that individual should contact the Board's office to determine if there is a problem.

- All revisions to annual renewal profile sheets must be TYPED on the reverse of each profile sheet. Also, if any information is highlighted on a profile sheet, that information must be supplied to the Board. If a licensee or permit holder does not have access to a typewriter, a computer may be used to type these changes for submission to the Board with the profile sheet. □

NOTEWORTHY DATES



As the Mississippi State Board of Dental Examiners is a legislatively-mandated regulatory agency, its meetings are open to the public. However, due to the confidential and/or sensitive nature of certain aspects of the Board's business, the Board may vote to go into "Closed Session." **Also, no items will be added to the agenda of any Board meeting as of one week prior to the date of that meeting.** Beginning July 1, 1996 meetings will be held at the Board's new office at Suite 100, 600 East Amite Street, Jackson, Mississippi; however, please call the Board's office prior to any meeting to verify the correct date and time. The following dates, including agenda cut-off dates, have been set aside through December 1996 for Board meetings:

Sunday, June 9 through Friday, June 14, 1996
(June 3, 1996 Cut-Off)
July 26, 1996 (July 19, 1996 Cut-Off)
August 23, 1996 (August 16, 1996 Cut-Off)
October 4, 1996 (September 27, 1996 Cut-Off)
November 8, 1996 (November 1, 1996 Cut-Off)
December 6, 1996 (November 29, 1996 Cut-Off)

The June 1996 Board meetings will be held at the University of Mississippi School of Dentistry during administration of the annual dental and dental hygiene licensure examinations.

* * * * * *

For those dental assistants who wish to obtain radiology permits, the following dates in 1996 have been set aside by Hinds Community College, Louisiana State University, and the University of Tennessee for radiology seminars:

Hinds Community College--Jackson, MS

July 19-20, 1996
October 4-5, 1996

You should register a minimum of two (2) weeks prior to each seminar. For additional information, please contact Ms. Becky Davidson, Hinds Community College, Nursing/Allied Health Center, at 601-371-3522.

Louisiana State University--Baton Rouge, LA

June 8, 1996
August 17, 1996

For additional information, please contact the Continuing Education Department at Louisiana State University, 504-948-8584, or toll free in Louisiana at 800-223-1569, extension 8584.

University of Tennessee--Memphis, TN

July 19-20, 1996

For additional information, you may contact Mr. Mike Spikes at 901-448-5386.

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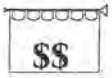
DO NOT FORGET WE ARE MOVING EFFECTIVE JULY 1, 1996



CURRENT MSBDE FEES

The following fees represent current amounts charged for applications, renewals, and other services rendered by the MSBDE. These fees are subject to change and must be paid by money order, personal check, or cashier's check in advance of any request.

Application for Dental License	$300.00
Application for Dental Hygiene License	$150.00
Application for Dental License through Credentials	$2,000.00
Application for Dental Hygiene License through Credentials	$1,000.00
Application for Institutional, Teaching, or Provisional License	$25.00
Application for Specialty License	$200.00
Application for General Anesthesia Permit	$200.00
Application for I.V. Sedation Permit	$200.00
Application for Radiology Permit (Including Initial Registration Fee)	$60.00
Annual Dental License Renewal	$100.00
Annual Dental Specialty License Renewal	$50.00
Annual Dental Hygienist Renewal	$50.00
Annual Institutional, Teaching, or Provisional Renewal	$100.00
Annual Radiology Permit Renewal	$20.00
Annual General Anesthesia Permit Renewal	$50.00
Annual IV Sedation Permit Renewal	$50.00
Duplicate License	$20.00
Certificate of Good Standing/Recommendation	$20.00
Certified Copy of License	$20.00
Handling fee for Insufficient Funds Checks	$50.00
Requests for Database Information (Labels, Printouts, and Disks)*	$125.00
Radiology Examinations Administered in MSBDE Offices	$25.00
One Copy of MSBDE Laws and/or Regulations	$10.00
Additional Copies of MSBDE Laws and/or Regulations (Per Copy)	$5.00
Duplicate MSBDE Mailouts Necessitated by Non-Notification of Change of Address	$10.00
Newsletter (Per Copy)	$2.50

*This is the minimum charge per request. Additional charges may be assessed as determined on a case-by-case basis.

□□

MSBDE NEWSLETTER
Suite C, 580 Springridge Road
Post Office Box 1960
Clinton, MS 39060-1960

PLACE
STAMP
HERE

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
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CLINTON, MS 39060-1960

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Clinton, MS 39060-1960

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CHANGE OF ADDRESS NOTIFICATION

Pursuant to Miss. Code Ann. § 73-9-19, every licensed dentist and dental hygienist "shall promptly keep the board advised of any change in address of his office or residence." Additionally, Board Regulation 25, VI.A., stipulates that "[e]very person holding a radiology permit shall promptly keep the Board advised of any change of mailing address." Therefore, if you have changed your home, business, mailing, or satellite address, please use this form to notify the MSBDE of such. Otherwise, keep the form in your files should you need to notify the MSBDE of a future change of address. You may cut along the dotted line, affix a postage stamp to the reverse side of this form, and mail it directly to the Mississippi State Board of Dental Examiners. If you wish, you may send the form via facsimile to (601)924-9623. Please call (601)924-9622 should you have any questions.

Full Name: _____ MS License No.:_____

Old Address: _____

_____

New Address: _____

_____

Telephone: _____ Effective Date of Change:_____

Type of Change: ☐ Home Address ☐ Office Address ☐ Mailing Address ☐ Satellite Address