New Board appointments for Districts II and III were made 07/01/2011, and these new Board members are William L. Alford, DDS, District II, and A. Roddy Scarbrough, DMD, District III. No further Board appointments are scheduled until 07/01/2014, at which time the Board will begin its cycle of new appointees with the State-at-Large Dentist position. All Board members serve six-year, non-consecutive terms.

Visit the Board's web site at **http://www.dentalboard.ms.gov**, and remember that e-mails may be sent to the Board at **dental@dentalboard.ms.gov**. The web site has a wealth of information, as well as most, if not all, of the forms utilized by the Board. The laws and regulations are an integral part of the web site, and licensees are encouraged to visit the site often to keep abreast of any changes effected by the Board. Also, the site has selected information from the Board's databases to be used for licensure verification and/or recruiting purposes. All of the Board's forms and applications are formatted in Adobe Acrobat PDF forms, which means that applications and forms may be completed on a personal computer. Furthermore, licensees may access the Board's on-line portal via a link on the home page.

Carl H. Boykin, DDS
State-at-Large
President

Jeffery D. Hartsog, DMD
District IV
Vice-President

Robert T. Watts, Jr., DMD
District V
Secretary

William L. Alford, DDS
District II

Frank Trice Dalton, DMD
District I

Donald E. Price, DDS
District VI

A. Roddy Scarbrough, DMD
District III

Janet Brice McMurphy, RDH
State-at-Large

Don't forget to thoroughly review each edition of *The Dental Digest* which is mailed to all licensees and permit holders. The newsletter always has a variety of important and useful information. All of the Board's amendments to its laws and regulations are reported in its newsletter, and Board determinations as to permissible procedures for licensed Mississippi dentists and dental auxiliaries working under the direct supervision of licensed Mississippi dentists are noted in the "*Things to Note*" section of each newsletter. If you have any questions about an item appearing in the newsletter, please feel free to contact the Board's office for clarification.

The Board has a blast e-mail feature wherein e-mails may be sent from the Board to licensees and permit holders who have provided e-mail addresses to the Board. This feature enables the Board to more expeditiously provide information to its licensee population as to Board determinations, adoption/amendment of regulations, and important reminders. If you have an e-mail address and have not notified the Board of such, or if you have changed your e-mail address, please notify the Board of this information to ensure you are included in these most important e-mails. Also, information concerning license renewal and certification cards are transmitted to licensees via e-mail.

All Board meetings are open to the public except when the Board makes a determination that it is necessary to go into Executive or Closed Session, and this usually is reserved for personnel and disciplinary actions. All dis-

ciplinary action hearings are held in Open Session; however, the Board's deliberations following the hearing are held in Closed or Executive Session. Furthermore, no items will be added to the Board meeting agendas as of two (2) weeks prior to the scheduled Board meeting date. Board meeting and licensure examination dates through 12/31/2012 are as follows:

02/03/2012
03/02-03/2012 (CITA Examinations)
05/03-04/2012 (CITA Examinations)
05/18/2012
08/03/2012
11/16/2012

At its 02/25/2011 meeting, the Board discussed whether dental laboratory technicians are allowed to see patients in their dental laboratories who have been sent to them from licensed Mississippi dentists to determine the correct shade selection for crowns, bridges, etc., and whether dental laboratory technicians are permitted to provide assistance to patients and dentists in dental offices for determining shade selection. The Board determined that both are permissible procedures for dental laboratory technicians and that neither would be in violation of the Board's laws and regulations.

At its 05/13/2011 meeting, the Board amended Board Regulations 37 (Current Fee Structure) and 61 (Mobile and Portable Dental Facilities). Board Regulation 37 was amended to stipulate fees for an application for a mobile/portable dental facility and follow-up site visits. The initial application fee for a mobile/portable dental facility is $300.00, and the follow-up site visit fee is $150.00. Sections 4.b., 7.c., and 7.d. of Board Regulation 61 were amended to reference Board Regulation 37 insofar as fees for an application for a mobile/portable dental facility and follow-up site visits. Furthermore, Section 6.b. of Board Regulation 61 was amended to stipulate that 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/portable dental facility provides services, or in an adjacent county to the location wherein such services are being provided. Click on the "Laws and Codes" link on the Board's web site (http://www.dentalboard.ms.gov) for copies of amended Board Regulations 37 and 61.

At its 05/13/2011 meeting, the Board determined that all licenses/permits MUST be renewed ONLY via the on-line method beginning with the 2011-2013 dental biennial renewal period. NO PAPER RENEWAL OPTION WILL BE AVAILABLE. Additionally, beginning with the 2012-2014 dental hygiene and radiology permit holder biennial renewal period, all licenses/permits MUST be renewed ONLY via the on-line method, as well. Furthermore, CERTIFICATION CARDS WILL BE TRANSMITTED VIA E-MAIL.

At its 05/13/2011 meeting, the Board considered a question regarding Pellevue and whether general dentists are allowed to utilize Pellevue in light of the Board's 10/19/2007 determination wherein only oral and maxillofacial surgeons are allowed to perform extraoral cosmetic procedures. The Board determined the use of Pellevue is considered an extraoral cosmetic procedure covered by the Board's 10/19/2007 determination and, as such, only oral and maxillofacial surgeons are allowed to perform this procedure.

At its 08/19/2011 meeting, the Board approved the American Safety & Health Institute's (ASHI) ACLS and PALS coursework as fulfilling the requirements in Board Regulation 29 for the application for and renewal of anesthesia permits.

At its 08/19/2011 meeting, the Board considered an inquiry as to whether the tightening of dental implants may be delegated to dental auxiliaries. The

LICENSEE CATEGORY	ISSUED 01/01-12/31/2011
General Dental and Provisional	50
Specialty	12
General Anesthesia	2
Parenteral Conscious Sedation	1
Enteral Conscious Sedation	7
Dental Hygiene and Provisional	83
Radiology Permits	379
TOTAL ALL CATEGORIES	534

Board amended Item 5 of Board Regulation 13 (Supervision and Delegation of Duties to Dental Auxiliary Personnel) to NOT allow "[t]he placement, cementation, or final torquing of inlays, permanent crowns, fixed bridges, removable bridges, partial dentures, full dentures, or implant abutments" to be delegated to dental auxiliaries.

At its 08/19/2011 meeting, the Board adopted several amendments to Board Regulation 29 (Administration of Anesthesia). The following is a synopsis of several of the major amendments to this regulation. Additional amendments ensuring consistency of terminology were adopted; however, those amendments are not enumerated hereafter.

LICENSEE CATEGORY	CURRENT POPULATION
General Dental and Provisional	1,209
Specialty	255
General Anesthesia	51
Parenteral Conscious Sedation	32
Enteral Conscious Sedation	51
Dental Hygiene and Provisional	1,479
Radiology Permits	2,943
TOTAL ALL CATEGORIES	6,020

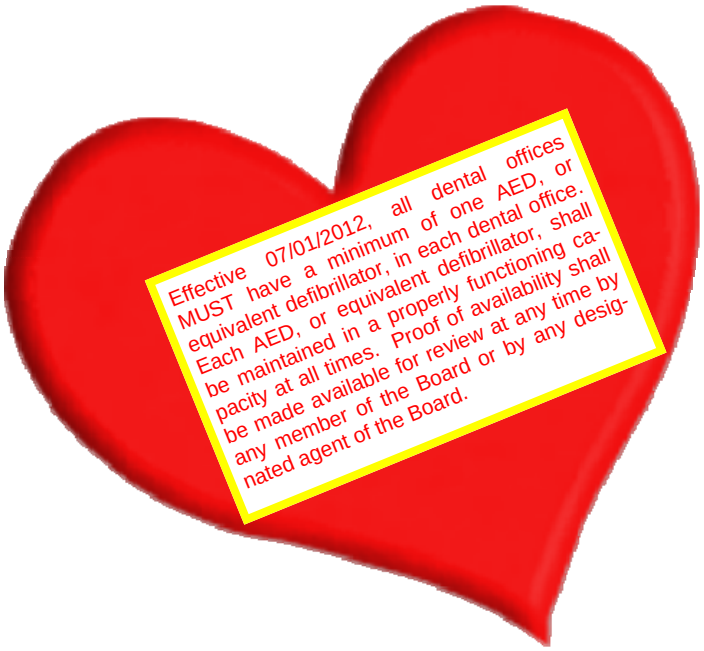
- Section 1.c., the definition of Anxiolysis (Minimal Sedation), was amended to read as follows: "pharmacological reduction of anxiety through the administration of a minor psychosedative/tranquilizer, which allows for uninterrupted interactive ability in a totally awake patient with no compromise in 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."
- Section 1.s., the definition of Minor Psychosedative/Tranquilizer, was amended to read as follows: "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."
- A new Section 1.w. was added to provide a definition for Pediatric Clinical Patient Cases, which reads as follows: "clinical patient cases on patients twelve (12) years of age and under."
- Under Section 2., a new item d.(2) was added which reads as follows: "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."

- Under Section 5., Criteria and Application for Anesthesia Permits, the didactic hours and patient training for item a.(4)(a), Enteral Conscious Sedation Permits, was amended, in part, as follows: "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)."
- Under Section 5., Criteria and Application for Anesthesia Permits, the didactic hours and patient training for item b.(4)(a), Parenteral Conscious Sedation Permits, was amended, in part, as follows: "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)." With the foregoing amendment, the Board now issues two levels of Parenteral Conscious Sedation Permits: (a) Limited Parenteral Conscious Sedation Permit; and (b) Full Parenteral Conscious Sedation Permit.

At its 11/18/2011 meeting, the Board approved a substitute Advanced Cardiac Life Support (ACLS) course developed by the American Dental Association (ADA) for use in fulfilling the ACLS requirements for Enteral Conscious Sedation and Parenteral Conscious Sedation Permits as stipulated by Board Regulation 29. This course was NOT approved as a substitute ACLS course for General Anesthesia Permits.

At its 11/18/2011 meeting, the Board considered a request as to whether it is within the scope of practice for Endodontists to place implants and extract teeth. The Board determined that under the ADA's current definition of Endodontics, extractions of unsalvageable teeth (determined to be those teeth which cannot be saved) are permissible within the scope of practice of Endodontists; however, implant placement is NOT permissible.

At its 11/18/2011 meeting, the Board considered a request as to whether a pediatric dentist with advanced hospital training is allowed to update a H & P performed by a medical doctor twenty-four (24) hours prior to outpatient dental surgery. The Board determined this issue was NOT under its purview; rather, this matter was determined to be under the purview of hospitals.

The 2012-2014 dental hygiene and radiology permit holder biennial renewal cycle begins 09/01/2012 and concludes 10/31/2012, followed by a two-month penalty phase. All licenses and permits not renewed by 12/31/2012 will be voided on 01/01/2013 for failure to renew. Visit the Board's web site at http://www.dentalboard.ms.gov to link to the on-line portal for renewal of licenses and permits. It is MANDATORY to provide a minimum of one (1) e-mail address to the Board for transmittal of renewal information.