

VIRGINIA BOARD OF DENTISTRY
AMENDED BOARD BUSINESS MEETING AGENDA
MARCH 6, 2026

<u>TIME</u>		<u>PAGE</u>
9:00 a.m.	Call to Order – Sultan E. Chaudhry, D.D.S., President	--
	• Welcome New Board Member	--
	Public Comment – Dr. Chaudhry	1
	• Paulette Goity	1
	Approval of Minutes	2-5
	• September 12, 2025, Board Business Meeting	6
	• September 12, 2025, Public Hearing	7
	• September 12, 2025, Special Session	8
	• October 30, 2025, Telephone Conference Call	9-10
	• November 13, 2025, Telephone Conference Call	11
	• February 5, 2026, Telephone Conference Call	12
	• February 26, 2026, Telephone Conference Call	12
	DHP Director’s Report – David E. Brown, D.C.	--
	Board Counsel Report – Mr. Rutkowski	--
	Liaison & Committee Reports	--
	• Nominating Committee – Dr. Hutchison	--
	• Regulatory Committee Meeting Report – Dr. Chaudhry	13-16
	Legislation and Regulation – Ms. Barrett	17-19
	• Chart of regulatory actions	20-24
	• Final elimination of pulp-capping for DAIIs	25-27
	• Final Botox regulations	28-38
	• Smiley Petition for Rulemaking	39-41
	• Consideration of Repeal of OMS Audit regulations	39-41
	Board Discussion	--
	• Consideration of Public Comments	--
	Deputy Executive Director’s Report – Ms. Weaver	42-43
	• Disciplinary Report	--
	• Discipline Process Updates	--
	Executive Director’s Report – Ms. Sacksteder	--
	• AADA/AADB Meetings	44-45
	• ADEX Annual Meeting Summary 2025	46-49
	• ADEX Report of Licensure Examinations	50-51
	• ADA/ADEX Joint Statement	--
	• Dental Compact Update	--

Renewing license

From Poppy J

Date Thu 10/9/2025 1:38 PM

To Sacksteder, Jamie (DHP) <jamie.sacksteder@dhp.virginia.gov>

Hello,

I am a dental hygienist who gave up her license in 2019. Now I've decided I would like to work again. When I looked at the method to renew my license now it was ridiculously complicated.

The amount of work that needs to be done to renew my license is excessive in my opinion.

In light of the fact that there is a great shortage of dental hygienists in Virginia I think the board should review the process of renewing the license and simplify this process.

I was a dental hygienist for 43 years and I certainly still know how to clean a patient's teeth. I understand that I should catch up on my continuing education hours, and I am willing to do that.

Could you please bring up the subject at the next board meeting on my behalf?

I would be very grateful

Sincerely

Paulette Goity

Sent from my iPhone

**VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
September 12, 2025**

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 9:12 a.m., at the Perimeter Center, 9960 Mayland Drive, Board Room 4, Henrico, Virginia 23233.

PRESIDING: Sultan E. Chaudhry, D.D.S., President

MEMBERS PRESENT: Alf Hendricksen, D.D.S., Vice-President
Surya Dhakar, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Jennifer Szakaly, D.D.S.

MEMBERS ABSENT: William C. Bigelow, D.D.S.
Jayson C. Smith, D.M.D.

STAFF PRESENT: Jamie C. Sacksteder, Executive Director
Erin T. Weaver, Deputy Executive Director
Arne Owens, Director, Department of Health Professions
Matthew Novak, Agency Regulatory Coordinator
Donna M. Lee, Discipline Case Manager

COUNSEL PRESENT: James E. Rutkowski, Senior Assistant Attorney General

ESTABLISHMENT OF A QUORUM: With eight members present, a quorum was established.
Ms. Sacksteder read the emergency evacuation procedures.
Dr. Chaudhry welcomed Dr. Bruce Hutchison to the Board as a new Board member.

PUBLIC COMMENT: Dr. Chaudhry explained the parameters for public comment and opened the public comment period.
No one registered for public comment.
Dr. Chaudhry closed the public comment period.

APPROVAL OF MINUTES: Dr. Chaudhry asked if there were any edits or corrections to the June 13, 2025, Board Business Meeting Minutes. Hearing none, Dr. Hendricksen moved to approve the minutes as presented. The motion was seconded and passed unanimously.

DHP DIRECTOR'S REPORT:

Mr. Owens stated that this January there was a change of administration in Washington and next January there will be a change of administration in Richmond; however, the focus at DHP is its internal management and becoming more efficient as an agency to ensure it's a good steward of the fees paid by licensees.

Mr. Owens informed the Board that DHP will present some legislation to the January 2026 General Assembly. He also stated that even though DHP is a non-general fund agency, a biennial budget still must be submitted to show what is required at DHP, and the final phase is with the Department of Planning and Budget.

BOARD COUNSEL REPORT:

Mr. Rutkowski reported to the Board that there are three pending cases: two appeals and one writ of mandamus. Regarding Dr. Zunka's appeal, Mr. Rutkowski stated that the Circuit Court agreed with the Board's interpretation of the practice of dentistry. Dr. Zunka may appeal against the decision in the Court of Appeals. Dr. Salartash's appeal is pending in Circuit Court, and oral arguments are scheduled for November 7, 2025. Dr. Kiely filed a Writ of Mandamus, but he has recently signed a consent order so it will probably be withdrawn.

LIAISON & COMMITTEE REPORTS:

Ms. Sacksteder addressed the Board regarding the postponement of the Nominating Committee meeting and stated that the Board is waiting to hear about the re-appointment of Dr. Hendricksen. She stated that the Committee would meet in November or December, and a slate of nominees would be presented at the Board's December meeting.

Dr. Hendricksen moved to postpone the Nominating Committee meeting until the Board receives all Board Member appointments; and if not, the Nominating Committee will meet in November or December, with nominations presented at the December Board meeting. The motion was seconded and passed unanimously.

LEGISLATION AND REGULATION:

Mr. Novak reviewed the Regulatory Actions as of August 19, 2025.

Regulatory Actions in the Secretary's Office:

- 18VAC60-21 and 18VAC60-30 – Training in Infection Control; Final Stage.
- 18VAC60-21 and 18VAC60-25 – Continuing Education Requirements for Jurisprudence; NOIRA Stage.
- 18VAC60-15 – Amendment to Allow Agency Subordinates to Hear Credentials Cases; Fast-Track stage.
- 18VAC60-21 – Implementation of the Dentist and Dental Hygienist Compact; NOIRA Stage.
- 18VAC60-21 – Training Requirements for Botulinum Toxin Injections For Cosmetic Purposes; Proposed Stage.

Regulatory Actions at the Office of the Attorney General:

- 18VAC60-25 – Revision of Dental Hygienist Training and Duties to Eliminate Need for Dual Licensure as a Dental Hygienist and Registration as a DAI; Fast-Track Stage.

Mr. Novak stated that 18VAC60-30, the elimination of direct pulp-capping as a delegable task, the public hearing was today, and the comment period closes on October 10, 2025.

Final Stage Action for Digital Scan Technicians - Mr. Novak reviewed with the Board the draft changes to 18VAC60-21 pertaining to the Final Stage Action regarding Training and Supervision of Digital Scan Technicians. He also provided the Board with a copy of the public comments provided on Town Hall.

Ms. Sacksteder stated that the definition for digital scan, digital scan technician and digital work order are defined in the Code of Virginia at 54.1-2700 and only referred to in code at 54.1-2708.5. Ms. Sacksteder explained that this digital scan regulation was proposed to address concerns of digital scans in various pharmacies and organizations operating in malls that did not have appropriate training and did not have oversight of a licensed dentist; not those working in dental offices because assistants in dental offices can scan. The Virginia Code requires the Board to create regulations for training, which is what this regulation is addressing. This training is not for dental assistants.

Mr. Novak and Ms. Sacksteder reiterated that the definition is in the Code and digital scan technicians would only be used in teledentistry practice in accordance to the code. 54.1-2708.5 is the only time the term “digital scan technician” is utilized and states “No person other than a dentist, dental hygienist, dental assistant I, dental assistant II, digital scan technician, or other person under the direction of a dentist shall obtain dental scans for use in the practice of dentistry”. This reiterates that a “digital scan technician” does not take the place of a dental assistant or dental hygienist. The code then goes on to state how a digital scan technician will be utilized in teledentistry.

After discussion, Mr. Martinez moved to adopt the final stage regulatory amendments to 18VAC60-21 as presented. The motion was seconded and passed unanimously.

Fast-Track Action to Correct Outdated Regulatory References – Mr. Novak reviewed with the Board the draft changes to 18VAC60-25 and 18VAC60-30 to correct outdated regulatory references. He explained that during the last round of periodic review actions, the Board repealed sections of regulations, however, references to those sections were not removed. He stated this action would clean up and correct those references.

Dr. Hendricksen moved to amend 18VAC60-25 and 18VAC60-30 by fast-track action to correct outdated regulatory references. The motion was seconded and passed unanimously.

**DEPUTY EXECUTIVE
DIRECTOR’S REPORT:**

Disciplinary Report – Ms. Weaver reviewed with the Board the Disciplinary Report for June 1, 2025 – August 15, 2025. She stated there were no summary suspensions issued or revocations for this period. Ms. Weaver explained there was an increase in cases received in July because of the

Oral Maxillofacial Surgeon (“OMS”) audit conducted by the Board. She also informed the Board that an update will be provided on the OMS and continuing education audits at the December Board meeting.

EXECUTIVE DIRECTOR’S REPORT:

Upcoming Conferences: Ms. Sacksteder informed the Board she will be attending the following:

- CLEAR Conference – September 15 - 18, 2025 in Chicago.
- AADA/AADB Meetings – October 15 -19, 2025 in Dallas.

Update on DDH Compact: Ms. Sacksteder advised the Board that there has not been a lot of progress on the Compact. She stated she is on three separate committees, and she is in meetings on average, three times a week to discuss various aspects of the Compact. She further stated there is push back for a hands-on requirement; issues on how to be compliant with the required background checks because Virginia does not do background checks and the current Code does not allow for the Board to conduct background checks; and that the Board was misled to believe that changes could be made to the Compact regarding a requirement for hands-on component for the exam and also, that there could be changes made to require active practice to participate in the compact. There are still discussions about requiring a hands-on component of the exam but there will be no active practice requirements to participate in the compact. So, someone can get a license in a state one day and seemingly apply for a compact privilege in several other states with no required active practice requirements. The Compact will also not require those with a privilege to comply with CE requirements of the state(s) they hold privileges in. The Compact will require a privilege holder to take a jurisprudence exam if the state requires it, however, Virginia is one of the only states that does not have a jurisprudence exam.

Update on SB1475 Licensure Workgroup Meeting: Ms. Sacksteder informed the Board that the Workgroup met on August 22, 2025. The Committee did not make recommended changes to the active practice requirements for credentialing/endorsement/reciprocity of dentists and dental hygienists. The Committee could not come to a consensus to make recommendations to create a pathway for internationally trained dentists to work as dental hygienists. A report will be sent to the General Assembly once it is reviewed.

ADJOURNMENT:

With all business concluded, the Board adjourned at 9:54 a.m.

Sultan E. Chaudhry, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date

VIRGINIA BOARD OF DENTISTRY
PUBLIC HEARING MINUTES
September 12, 2025

- TIME AND PLACE:** The Virginia Board of Dentistry convened a Public Hearing at 9:15 a.m., on September 12, 2025 at the Perimeter Center, 9960 Mayland Drive, Board Room 4, Henrico, Virginia 23233, to receive comments on proposed amendments to 18VAC60-30 to eliminate direct pulp capping as a delegable task for a Dental Assistant II.
- PRESIDING:** Sultan E. Chaudhry, D.D.S., President
- MEMBERS PRESENT:** Surya Dhakar, D.D.S.
Alf Hendricksen, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Jennifer Szakaly, D.D.S.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director
Erin T. Weaver, Deputy Executive Director
Arne Owens, Director, Department of Health Professions
Matthew Novak, Agency Regulatory Coordinator
- COUNSEL PRESENT:** James E. Rutkowski, Senior Assistant Attorney General
Ms. Sacksteder read the emergency evacuation procedures.
- PUBLIC COMMENT:** None.
Dr. Chaudhry stated that written comments can be emailed to Matt Novak or posted on Town Hall. The comment period will close on October 10, 2025.
- ADJOURNMENT:** The Public Hearing concluded at 9:20 a.m.

Sultan E. Chaudhry, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date

UNAPPROVED
VIRGINIA BOARD OF DENTISTRY
MINUTES
SPECIAL SESSION

CALL TO ORDER: The meeting of the Board of Dentistry was called to order at 11:00 a.m., on September 12, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Board Room 4, Henrico, VA 23233.

PRESIDING: Sultan E. Chaudhry, D.D.S., President

MEMBERS PRESENT: Surya Dhakar, D.D.S.
Alf Hendricksen, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Jennifer Szakaly, D.D.S.

QUORUM: With eight members present, a quorum was established.

STAFF PRESENT: Jamie C. Sacksteder, Executive Director
Erin T. Weaver, Deputy Executive Director
Donna M. Lee, Discipline Case Manager

OTHERS PRESENT: James E. Rutkowski, Senior Assistant Attorney General, Board Counsel
Rebecca E. Smith, Adjudication Consultant

Kevin D. Kiely, D.D.S.
Case No.: 219990 The Board received information from Ms. Smith regarding a proposed consent order pertaining to Dr. Kiely in lieu of proceeding with the formal hearing.

DECISION: Ms. Lemaster moved that the Board accept the proposed consent order for the permanent voluntary surrender of Dr. Kiely's license to practice dentistry in the Commonwealth of Virginia in lieu of proceeding with the formal hearing. Following a second, a roll call vote was taken. The motion passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 11:05 a.m.

Sultan E. Chaudhry, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES

SPECIAL SESSION – TELEPHONE CONFERENCE CALL

- CALL TO ORDER:** The Board of Dentistry convened by telephone conference call on October 30, 2025 at 5:15 p.m.
- PRESIDING:** Sultan E. Chaudhry, D.D.S., President
- MEMBERS PRESENT:** Surya Dhakar, D.D.S.
Alf Hendricksen, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Jayson C. Smith, D.M.D.
Jennifer Szakaly, D.D.S.
- MEMBERS ABSENT:** Emelia H. McLennan, R.D.H.
- QUORUM:** With eight members present, a quorum was established.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director
Donna M. Lee, Discipline Case Manager
- OTHERS PRESENT:** James E. Rutkowski, Senior Assistant Attorney General, Board Counsel
Rebecca E. Smith, Adjudication Consultant
- John C. Carter, D.D.S.**
Case Nos.: 240339, 248624,
247189, 249863
- DECISION:** The Board received information from Ms. Smith regarding a proposed consent order pertaining to Dr. Carter in lieu of proceeding with the formal hearing.
- Dr. Hendricksen moved that the Board accept the proposed consent order for the permanent voluntary surrender of Dr. Carter's license to practice dentistry in the Commonwealth of Virginia in lieu of proceeding with the formal hearing. Following a second, a roll call vote was taken. The motion passed.
- ADJOURNMENT:** With all business concluded, the Board adjourned at 5:25 p.m.

Sultan E. Chaudhry, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

**MINUTES
SPECIAL SESSION**

- CALL TO ORDER:** The Board of Dentistry ("Board") convened by telephone conference call on November 13, 2025 at 5:16 p.m., to consider a possible summary suspension in case numbers 241029, 242468, 245004, and 24182, pursuant to Virginia Code § 54.1-2408.1(A). The Board also convened to consider a consent order for resolution of case number 242128.
- MEMBERS PRESENT** Sultan E. Chaudhry, D.D.S., President – **Presiding**
Alf Hendricksen, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Jennifer Szakaly, D.D.S.
- MEMBERS ABSENT:** Surya Dhakar, D.D.S.
Jayson C. Smith, D.M.D.
- POLLING OF BOARD MEMBERS:** The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.
- QUORUM:** With seven members present, a quorum was established.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director
Donna M. Lee, Discipline Case Manager
- OTHERS PRESENT:** James Rutkowski, Senior Assistant Attorney General, Board Counsel
Rebecca Smith, Adjudication Consultant
- Daniel Chun, D.D.S.**
Case Nos.: 241029, 242468,
245004, and
245182
- CLOSED MEETING:** The Board received information from Ms. Smith to determine if Dr. Chun's practice of dentistry constituted a substantial danger to public health or safety. Ms. Smith reviewed the case and responded to questions.
- RECONVENE:** Dr. Hendricksen moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Daniel Chun. Additionally, Dr. Hendricksen moved that Ms. Sacksteder, Ms. Lee, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence would aid the Board in its deliberations. The motion was seconded and passed.
- Dr. Hendricksen moved that the Board certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the

motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION:

Dr. Hendricksen moved that the Board summarily suspend Dr. Chun's license to practice dentistry in the Commonwealth of Virginia in that his practice of dentistry constituted a substantial danger to public health or safety; and schedule a formal hearing. Following a second, a roll call vote was taken. The motion was passed.

**Matthew S. Mower, D.M.D.
Case No.: 242128**

The Board received information from Ms. Smith regarding a proposed consent order pertaining to Dr. Mower in lieu of proceeding with the formal hearing.

DECISION:

Dr. Hendricksen moved that the Board accept the proposed consent order for the permanent voluntary surrender of Dr. Mower's license to practice dentistry in the Commonwealth of Virginia in lieu of proceeding with the formal hearing. Following a second, a roll call vote was taken. The motion was passed.

ADJOURNMENT:

With all business concluded, the Board adjourned at 5:56 p.m.

Sultan E. Chaudhry, D.D.S., Chair

Jamie C. Sacksteder, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

**MINUTES
SPECIAL SESSION**

- CALL TO ORDER:** The Board of Dentistry ("Board") convened by telephone conference call on February 5, 2026 at 5:15 p.m., to consider a possible summary suspension in case numbers 243718 and 247727, pursuant to Virginia Code § 54.1-2408.1(A).
- MEMBERS PRESENT** Sultan E. Chaudhry, D.D.S., President – **Presiding**
Surya Dhakar, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Jayson C. Smith, D.M.D.
Jennifer Szakaly, D.D.S.
- POLLING OF BOARD MEMBERS:** The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.
- QUORUM:** With eight members present, a quorum was established.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director
Donna M. Lee, Discipline Case Manager
- OTHERS PRESENT:** James Rutkowski, Senior Assistant Attorney General, Board Counsel
Carolann McNicol, Adjudication Consultant
- Trina B. Collins, D.D.S.**
Case Nos.: 243718, 247727
- The Board received information from Ms. McNicol to determine if Dr. Collins' practice of dentistry constituted a substantial danger to public health or safety. Ms. McNicol reviewed the case and responded to questions.
- DECISION:** Dr. Szakaly moved that the Board summarily suspend Dr. Collins' license to practice dentistry in the Commonwealth of Virginia in that her practice of dentistry constituted a substantial danger to public health or safety; and schedule a formal hearing. Following a second, a roll call vote was taken. The motion was passed.
- ADJOURNMENT:** With all business concluded, the Board adjourned at 5:32 p.m.

Sultan E. Chaudhry, D.D.S., Chair

Jamie C. Sacksteder, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

**MINUTES
SPECIAL SESSION**

CALL TO ORDER: The Board of Dentistry ("Board") convened by telephone conference call on February 26, 2026 at 5:15 p.m., to consider a possible summary suspension in case number 252524, pursuant to Virginia Code § 54.1-2408.1(A).

MEMBERS PRESENT Margaret F. Lemaster, R.D.H. - Presiding
Sury Dhakar, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Richard Quigg, D.D.S.
Jennifer Szakaly, D.D.S.

MEMBERS ABSENT: Emelia McLennan, R.D.H.

POLLING OF BOARD MEMBERS: The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

QUORUM: With seven members present, a quorum was established.

STAFF PRESENT: Jamie C. Sacksteder, Executive Director
Donna M. Lee, Discipline Case Manager

OTHERS PRESENT: James Rutkowski, Senior Assistant Attorney General, Board Counsel
Rebecca Smith, Adjudication Consultant

**Michael E. Krone, D.D.S.
Case No.: 252524** The Board received information from Ms. Smith to determine if Dr. Krone's impairment from substance abuse constitutes a substantial danger to public health or safety. Ms. Smith reviewed the case.

DECISION: Mr. Martinez moved that the Board summarily suspend Dr. Krone's license to practice dentistry in the Commonwealth of Virginia in that he is unable to practice dentistry safely due to impairment, resulting from substance abuse; and schedule a formal hearing. Following a second, a roll call vote was taken. The motion was passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 5:28 p.m.

Margaret F. Lemaster, R.D.H.,

Jamie C. Sacksteder, Executive Director

Date

Date

Regulatory Committee Meeting Report

1. Overview

The Regulatory Committee met on February 27th to review current and emerging issues affecting dentistry. The committee evaluated several areas where regulatory clarification, modernization, or repeal may be appropriate to support public protection, transparency, and operational consistency across the profession. Nothing recommended in regulatory committee is final, all recommendations are presented to the full board for approval, amendments, or denial.

2. Key Discussion Areas

A. Artificial Intelligence (AI) in Clinical Practice

The committee discussed the increasing use of AI-supported tools in diagnosis and treatment planning. Two regulatory needs were identified:

- **Final Diagnosis Responsibility:** Ensuring regulations clearly state that AI cannot replace the licensed dentist's responsibility for the final diagnosis and treatment decisions.
- **Patient Notification:** Considering a requirement that patients be informed when AI tools are used in their care, supporting transparency and informed consent.

The committee agreed that early regulatory guidance may prevent future confusion and protect patients as AI becomes more integrated into clinical workflows. The staff will review current regulations to see if more clarification can be added to strengthen this concern. Future information will be presented at a future regulatory meeting (which has not been scheduled). Then if the regulatory committee approves, will then be presented at a future Board Meeting.

B. Legal Name Requirements for Treating Dentists

The committee discussed disciplinary cases where patients were unable to identify their treating dentist because the dentist used a shortened name or nickname in practice.

- **Patient Right to Verify Licensure:** Patients must be able to confirm that the individual treating them is properly licensed, which requires the use of the dentist's legal name as it appears on their license.
- **Regulatory Clarification:** The committee discussed strengthening or clarifying regulations to require the use of the licensed name in all patient-facing interactions, documentation, and advertising.

This issue was identified as a growing concern with direct implications for patient safety and transparency. Staff will review current regulations and other Board regulations to ensure that regulations are in place to protect the public. Proposed regulations will be presented at a future regulatory meeting (that has not been scheduled). Then if the regulatory committee approves, will then be presented at a future Board Meeting.

C. OMS Audit Regulation – Recommendation for Repeal

The committee reviewed the history and outcomes of the Oral and Maxillofacial Surgery (OMS) audit regulation, in place since 2002.

- **Audit Findings:** Previous audits have not identified systemic or egregious issues.
- **Regulatory Burden:** Given the lack of demonstrated risk, the committee determined that the regulation may no longer be necessary.
- **Other Facts:** The Board has been doing these audits ever 3 years since 2002
 - **Costs the board approximately \$37,053 to conduct these audits**

Recommendation: Repeal the OMS audit regulation due to limited value and absence of ongoing concerns.

D. Dentist-in-Charge Requirements

The committee discussed increasing instances of dental organizations operating without a clearly designated dentist-in-charge.

- **Operational Risks Identified:** Billing oversight, hiring practices, recordkeeping, and infection control are often inadequately supervised when no dentist-in-charge is formally assigned.
- **Associate Dentist Challenges:** Many associate dentists lack authority or oversight responsibilities, creating gaps in accountability.

The committee agreed that a formal **dentist-in-charge requirement** may be necessary to ensure proper clinical and administrative oversight within multi-provider or corporate practices. Staff will investigate other existing regulations from other states to address this concern and present information to a future regulatory committee. If any recommendations occur, they will be submitted to the full Board for review.

E. Continuing Education (CE) Reporting Service Requirement

The committee discussed the administrative burden associated with CE audits. The Board currently has approved CE Broker for this service. It is suggested to look at avenues to make this a regulatory requirement.

- **Staff Time and Cost:** Manual CE verification requires significant staff resources.
- **Proposed Solution:** Require licensees to use an approved CE reporting service as a condition of licensure renewal.
- **Expected Benefits:** Improved audit efficiency, reduced administrative workload, and more consistent documentation.

The committee agreed this requirement could streamline CE compliance and reduce operational strain. The Board staff will draft regulatory language for regulatory committee approval, if it is recommended by the regulatory committee, it will then be presented to the full Board for review.

F. Scope of Practice Guidance Document

The committee discussed the need for clarification addressing the scope of practice for dentists.

- **Recent Case Law:** Two recent legal decisions involving dentistry highlight the need for clearer interpretation of scope boundaries.
- **Purpose of Guidance:** Provide licensees with a consolidated, accessible reference that cites relevant case law and clarifies expectations.

The committee agreed to explore development of such clarification of scope of dentistry, to support compliance and reduce ambiguity. This could possibly be a guidance document regarding the most recent case law. Staff will discuss further with board counsel and present possible solutions in a future regulatory committee. If any recommendations are made, they will be present to the full board.

G. Sexual Misconduct Regulations

The committee reviewed current regulations addressing sexual misconduct for dentists.

- **Regulatory Gap:** While these provisions exist for dentists, they are not explicitly repeated for dental hygienists and dental assistants.
- **Proposed Action:** Mirror the existing dentist-focused sexual misconduct regulations across all dental professions to ensure consistent expectations and enforcement.

This change is intended to strengthen patient protection and regulatory consistency. Regulatory language will be drafted for review of the regulatory committee and if approved, then will be presented to the full board for final approval, amendment, or denial.

H. Ethics Regulation Crosswalk

The committee discussed the need to evaluate whether a new code of ethics regulation is necessary.

- **Crosswalk Development:** Staff will create a regulation crosswalk to identify where ethical obligations already exist within current regulations.
- **Purpose:** Determine whether additional regulations are needed or whether existing provisions sufficiently address ethical expectations.

This analysis will guide future regulatory recommendations. This will be presented a future regulatory committee meeting.

3. Committee Recommendations to the Board

- Approve the repeal of the OMS audit regulation.

Board of Dentistry
Current Regulatory Actions
As of February 16, 2026

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-21 18VAC60-30	Final	Training in infection control	7/5/2022	1322 days (3.6 years)	Amendments require specific training in infection control for dental assistants. Promulgated in response to a petition for rulemaking.
18VAC60-21 18VAC60-25	NOIRA	Continuing education requirements for jurisprudence	7/12/2022	1315 days (3.6 years)	Board is considering amendments to Chapters 21 and 25 to require jurisprudence continuing education for dentists and dental hygienists.

At DPB

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-25	Fast-Track	Revision of dental hygienist training and duties to eliminate need for dual licensure as a dental hygienist and registration as a DAI	1/8/2026	39 days	Removes the requirement for dental hygienists to maintain registration as a DAI to perform certain function.

At OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC60-25 18VAC60-30	Fast-Track	Regulatory references cleanup	9/15/2025	Complete	Cleans up regulatory references from previous actions. Due to a high volume of actions being released from the OAG at once, submission to DPB is staggered. This action will be submitted when DPB analysts have space to accommodate them.

Recently effective, published, or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/next steps
18VAC60-30	Proposed	Elimination of direct pulp-capping as a delegable task	8/11/2025	Final stage language to be considered
18VAC60-15	Fast-Track	Amendment to allow agency subordinates to hear credentials cases	TBD	Due to many actions released from executive branch review at the same time, actions have been staggered for submission to next steps. This action should be sent for publication sometime in February to be published sometime in March.

18VAC60-21	NOIRA	Implementation of the Dentist and Dental Hygienist Compact	3/9/2026	4/8/2026
18VAC60-21	Final	Training and supervision of digital scan technicians	2/23/2026	3/25/2026
18VAC60-21	Proposed	Training requirements for botulinum toxin injections for cosmetic purposes	12/15/2025	2/13/2026; Final stage language to be voted on at February meeting.

Agenda Item: Consideration of Final Action Regarding Pulp Capping for DAIs

Included in your Agenda Package:

- Final amendments to 18VAC60-30-120
- TownHall comment received during the proposed stage

Action Needed:

- Motion to amend 18VAC60-30-120 by final action.

Board of Dentistry

Elimination of direct pulp capping as a delegable task for a Dental Assistant II
18VAC60-30-120. Educational requirements for dental assistants II.

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or active licensure as a dental hygienist.

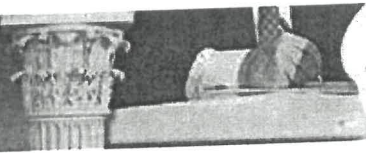
B. To be registered as a dental assistant II, a person shall complete a competency-based program from an educational institution that meets the requirements of 18VAC60-30-116. An applicant may be registered as a dental assistant II with specified competencies completed in education as described in this subsection:

1. Didactic coursework in dental anatomy that includes basic histology, understanding of the periodontium and temporal mandibular joint, pulp tissue and nerve innervation, occlusion and function, muscles of mastication, and any other item related to the restorative dental process.
2. Didactic coursework in operative dentistry, to include materials used in direct and indirect restorative techniques, economy of motion, fulcrum techniques, tooth preparations, etch and bonding techniques and systems, and luting agents.
3. Laboratory training to be completed in the following modules:
 - a. No less than 15 hours of placing, packing, carving, and polishing of amalgam restorations, placement of a non-epinephrine retraction cord, and indirect pulp capping procedures and no less than six class I and six class II restorations completed on a manikin simulator to competency;
 - b. No less than 40 hours of placing and shaping composite resin restorations, placement of a non-epinephrine retraction cord, and indirect pulp capping procedures, and no less than 12 class I, 12 class II, five class III, five class IV, and five class V restorations completed on a manikin simulator to competency; and
 - c. At least 10 hours of making final impressions, placement of a non-epinephrine retraction cord, final cementation of crowns and bridges after preparation, and adjustment and fitting by the dentist, and no less than four crown impressions, two placements of retraction cord, five crown cementations, and two bridge cementations on a manikin simulator to competency.
4. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training in the following modules:
 - a. At least 30 hours of placing, packing, carving, and polishing of amalgam restorations, placement of a non-epinephrine retraction cord, and no less than six class I and six class II restorations completed on a live patient to competency;
 - b. At least 60 hours of placing and shaping composite resin restorations, placement of a non-epinephrine retraction cord, and no less than six class I, six class II, five class III, three class IV, and five class V restorations completed on a live patient to competency; and
 - c. At least 30 hours of making final impressions; placement of non-epinephrine retraction cord; final cementation of crowns and bridges after preparation, adjustment, and fitting by the dentist; and no less than four crown impressions, two placements of

retraction cord, five crown cementations, and two bridge cementations on a live patient to competency.

5. Successful completion of the following competency examinations given by the accredited educational programs:

- a. A written examination at the conclusion of didactic coursework; and
- b. A clinical competency exam.



Agency

Department of Health Professions

Board

Board of Dentistry

Chapter

Regulations Governing the Practice of Dental Assistants [18 VAC 60 - 30]

Action	<u>Elimination of direct pulp capping as a delegable task for a Dental Assistant II</u>
Stage	<u>Proposed</u>
Comment Period	Ended on 10/10/2025

[Back to List of Comments](#)

Commenter: Ryan Dunn, Virginia Dental Association

9/9/25 3:33 pm

Proposed Regulations Eliminating Direct Pulp Capping as a delegable task for DAII

Dear Ms. Sacksteder and Members of the Board of Dentistry:

In creating the regulatory framework and educational requirements for Dental Assistant IIs more than fifteen years ago, the Virginia Board of Dentistry (Board) considered over 1,000 public comments, convened an ad hoc committee of experts including representatives from the Virginia Dental Assistants Association, the Virginia Dental Hygienists' Association, the Virginia Dental Association (VDA), and faculty from the CODA-accredited dental assisting program at J. Sargeant Reynolds Community College.

In the petition to remove direct pulp capping from the duties that can be delegated to a Dental Assistant II (DAII), the Board has not demonstrated to the general public or communities of interest that there has been any harm caused to Virginia patients in the 15 years in which this procedure has been allowed.

The Board has not provided any evidence of the inadequacy of the educational curriculum at Virginia's two Dental Assistant II programs.

The Board has not provided any indication that the current scope of practice of a DAII exceeds the intent of legislators who passed enabling legislation to create the position to help better address the oral healthcare needs of Virginians.

The Board has not provided any indication that it has sought expert advice from the directors of the accredited programs in Virginia at which DAIIIs can be educated or from any dental practices that employ the dental assistant IIs whose educational curriculum included direct pulp capping.

Rather than proposing to amend educational standards to satisfy the board that a DAII can perform direct pulp capping safely, the Board's actions instead suggest that DAIIIs as a class of persons can no longer be educated to safely perform this procedure, which has been within their scope for 15 years.

We ask the Board to bear in mind that a DAII practices under the supervision of a dentist. If the dentist is concerned during a prep, he or she has the responsibility of intervening and treating that

patient using their best professional judgement.

Many direct pulp caps may be best placed by the dentist, but mainly so that the exposure is sealed as quickly as possible during the procedure. Time is of the essence and, for fifteen years, appropriately trained DALLs in Virginia have helped address exposures during the prep with four-handed dentistry, to allow them to be better isolated.

The VDA asks the Board to reconsider this proposed regulatory amendment, which comes at a time when the Board is aware of well-documented shortages in Virginia's dental workforce that impact access to essential dental care.

Sincerely,

Ryan Dunn

CEO, Virginia Dental Association
CommentID: 237095

Action Item: Consideration of Final Stage Regulations for Botox Training Requirements

Included in your Agenda Package:

- Final stage language for botox training requirements

Staff Note: No comments were received during the proposed stage.

Action Needed:

- Motion to amend 18VAC60-21 by final action.

Board of Dentistry

Training requirements for botulinum toxin injections for cosmetic purposes
18VAC60-21-55. Training requirements for administration of botulinum toxin injections for cosmetic purposes.

A. A dentist may possess and administer botulinum toxin injections for cosmetic purposes provided that the dentist has completed 12 hours of training in the subjects listed in subsection C of this section. Training must include a minimum of four hours of clinical, in-person training on at least two live patients, which shall include patient follow-up post-procedure. Eight of the 12 hours of training may be didactic and may be obtained online or in person.

B. To satisfy the requirements of this section, training must be provided by a dental program or advanced dental education program accredited by CODA, the ADA or its constituent or branch associations, or the Academy of General Dentistry.

C. Training to possess and administer botulinum toxin injections for cosmetic purposes shall include the following subjects:

1. Assessing patients for use of botulinum toxin injections;
2. Screening of patient expectations and psychological motivations;
3. Diagnosis, planning, and treatment;
4. Informed consent, including off-label use of botulinum toxins;
5. Anatomy and neurophysiology of the head and neck;
6. Indications and contraindications for the use of botulinum toxin injections, including off-label and approved product uses;
7. Pharmacology of neurotoxins and botulinum toxins;
8. Safety and risks associated with use of botulinum toxins, including the recognition and management of adverse reactions and complications;
9. Preparation and administration of botulinum toxins; and
10. Evaluation of patient outcomes.

18VAC60-21-350. Certification to perform cosmetic procedures; applicability.

A. In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he the oral and maxillofacial surgeon shall be certified by the board pursuant to § 54.1-2709.1 of the Code. Such certification shall only entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body.

B. Based on the applicant's education, training, and experience, certification may be granted to perform the following procedures for cosmetic treatment:

1. Rhinoplasty and other treatment of the nose;
2. Blepharoplasty and other treatment of the eyelid;
3. Rhytidectomy and other treatment of facial skin wrinkles and sagging;
4. Submental liposuction and other procedures to remove fat;
5. Laser resurfacing or dermabrasion and other procedures to remove facial skin irregularities;
6. Browlift (either open or endoscopic technique) and other procedures to remove furrows and sagging skin on the upper eyelid or forehead;

7. Platysmal muscle plication and other procedures to correct the angle between the chin and neck;
8. Otoplasty and other procedures to change the appearance of the ear; and
9. ~~Application of injectable medication or material for the purpose of treating extra-oral cosmetic conditions.~~ Administration of dermal filler.

Action Item: Consideration of Petition for Rulemaking

Included in your Agenda Package:

- Petition for Rulemaking, in which the petitioner requests that the Board amend 18VAC60-21-350 and 1860-21-370 to exempt oral and maxillofacial surgeons who perform non-surgical cosmetic procedures from: (i) the requirement for American Board of Oral and Maxillofacial Surgery ("ABOMS") board eligibility or certification and (ii) the requirement to hold active hospital privileges; and
- Public comments received by the board via TownHall and email

Staff Note: There were 2 comments received by the board, both of which were in favor of the proposed change.

Action Needed:

- Motion to either:
 - Accept the petition and initiate rulemaking; OR
 - Take no action on the petition, clearly stating why.

ALAYNA SMILEY, MD, DMD, MPH
6841 Elm Street, Suite 11
McLean, VA 22101
DATE: December 1, 2025

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

RE: Petition for Rulemaking – Cosmetic Procedures Regulations

Dear Executive Director,

Please accept the enclosed Petition for Rulemaking submitted pursuant to Va. Code § 2.2-4007, requesting amendments to 18VAC60-21-350 and 18VAC60-21-370 relating to cosmetic procedure certification requirements.

Given my more than 35 years of experience as a dual-degree Oral and Maxillofacial Surgeon, and in light of the statutory language requiring only “consideration” of hospital privileges—not mandatory privileges—I respectfully request that the Board initiate rulemaking to modernize these regulations, ensuring they reflect evidence-based practice standards and promote patient access to safe, non-surgical cosmetic care.

Thank you for your time and consideration. I remain available for questions or additional information.

Sincerely, _____

Alayna Z. B. Smiley, MD, DMD, MPH

VA Dental License 0401419227 | VA OMFS License 0438000523

ALAYNA SMILEY, MD, DMD, MPH
6841 Elm Street, Suite 11
McLean, VA 22101

PETITION FOR RULEMAKING
Submitted to the Virginia Board of Dentistry
Pursuant to Va. Code § 2.2-4007

ALAYNA SMILEY, MD, DMD, MPH
6841 Elm Street, Suite 11
McLean, VA 22101

PETITION FOR RULEMAKING
Submitted to the Virginia Board of Dentistry
Pursuant to Va. Code § 2.2-4007

Petitioner:

Alayna Zofia B. Smiley, M.D., D.M.D., M.P.H.

Virginia Dental License: 0401419227

Virginia OMFS License: 0438000523

Email: Doctor.b.smiley@gmail.com

I. REGULATIONS TO BE AMENDED

This petition respectfully requests that the Virginia Board of Dentistry amend the following regulations and associated application instructions:

- 18VAC60-21-350 – Procedures requiring certification for oral and maxillofacial surgeons.

- 18VAC60-21-370 – Requirements for certification for certain cosmetic procedures.

These provisions currently impose mandatory ABOMS board eligibility, board certification, and active hospital privileges for non-surgical cosmetic procedures such as dermal fillers, microneedling with exosomes and or stem cells, fractional CO2 facial laser resurfacing.

II. SUBSTANCE AND PURPOSE OF THE REQUESTED RULEMAKING.

The Petitioner requests amendment of 18VAC60-21-350 and 18VAC60-21-370 so that non-surgical cosmetic procedures—including dermal fillers, microneedling, and fractional CO2 laser resurfacing—do not require ABOMS board eligibility/board certification or active hospital privileges.

Certification should instead rely on procedure-specific education, training, and competency. As established for neurotoxin injections.

These treatments are **non-surgical, low-risk cosmetic procedures** typically performed with topical or local anesthesia and do not require an operating room, hospital-level resources, or surgical support services. I am fully trained and experienced in each modality and currently practice under the supervision of a **Virginia-licensed Plastic Surgeon serving as my Medical Director** for neurotoxin injections.

III. LEGAL AUTHORITY FOR THE BOARD TO ACT.

Filed under:

1. Va. Code § 2.2-4007 – permitting any person to request amendment of a regulation.

2. Va. Code § 54.1-2709.1 – directing the Board to consider, not mandate, hospital privileges when setting training and experience requirements for cosmetic procedures.

IV. PETITIONER'S PROFESSIONAL BACKGROUND

I, Dr. Alayna Zofia B. Smiley, am a dual-degree Oral and Maxillofacial Surgeon with more than 35 years of clinical experience, including extensive practice in cosmetic facial procedures, lasers, injectables, and regenerative medicine.

V. FACTUAL AND POLICY JUSTIFICATION

A. non-surgical cosmetic procedures do not require hospital privileges.

a. The **American Society for Dermatologic Surgery (ASDS)**, states dermal fillers, fractional laser resurfacing, microneedling, PRP/exosome treatments, and similar aesthetic modalities are classified as **office-based cosmetic procedures** requiring no hospital privileges or operating room setting (ASDS, 2018). These procedures are routinely performed in dermatology, cosmetic medical offices, and medical spas nationwide.

b. The **American Society of Plastic Surgeons (ASPS)** likewise categorizes dermal fillers, microneedling, and fractional lasers as **minimally invasive cosmetic procedures** suitable for outpatient settings (ASPS, 2023). These treatments fall into the same risk category as neuromodulators and superficial chemical peels, all of which are standard non-surgical services.

c. Ambulatory accreditation bodies—including **AAAH** and **The Joint Commission**—do not classify these procedures as requiring hospital-level oversight because they are performed safely with topical/local anesthesia only.

B. Evidence-based safety standards depend on training and competency, not ABOMS certification or hospital privileges.

Board Certification Is Not a Legal Requirement for Competence in Non-Invasive Aesthetic Medicine

I wish to clarify that **board certification in Oral and Maxillofacial Surgery is not a statutory requirement** for a practitioner to perform

these non-surgical cosmetic procedures. Neither the ADA, CDEL, nor AAOMS mandates board certification for competency in minimally invasive cosmetic care.

OMS residency training includes **extensive education in facial anatomy, injectable procedures, soft-tissue techniques, pathology, wound healing, and laser applications** (AAOMS Parameters of Care, 2020). These competencies directly support safe and effective performance of fillers, microneedling, stem cell therapies, and fractional laser resurfacing.

Furthermore, the **U.S. Supreme Court ruling in North Carolina Board of Dental Examiners v. FTC (2015)** affirms that state licensing boards may not impose restrictions unrelated to patient safety or supported necessity. Non-invasive cosmetic procedures do not meet the threshold for requiring surgical board certification or hospital privileges.

C. These Procedures Are Widely Performed in Virginia MedSpas and Clinics

In Virginia, these same treatments are routinely performed in medical spas, dermatology clinics, and aesthetic practices by:

- Physicians
- NPs and PAs
- RNs under supervision
- Dentists

The **Virginia Administrative Code (18VAC60-21)** does **not** mandate hospital privileges or surgical facility credentials for these minimally invasive aesthetic services. They are recognized as low-risk procedures fully appropriate for outpatient settings. My request is consistent with existing practice norms in the Commonwealth.

D. The Board already regulates similar procedures (e.g., cosmetic botulinum toxin) without requiring hospital privileges.

E. Current regulations exceed statutory authority by converting “consideration” into a mandatory requirement.

F. Modernized rules improve patient safety and access.

VI. REQUESTED ACTION & PROPOSED REGULATORY LANGUAGE

The Petitioner requests the Board:

1. Amend 18VAC60-21-370 to allow certification for non-surgical cosmetic procedures without requiring ABOMS board status or hospital privileges.
2. Amend 18VAC60-21-350 to classify dermal fillers, stem cells, microneedling with exosomes), and fractional CO2 laser resurfacing as non-surgical procedures regulated separately as is done with cosmetic neurotoxins.
3. Update Board instructions to reflect training-based competency requirements.

VII. CONCLUSION

The procedures for which I seek approval are low-risk, non-surgical, and widely performed in outpatient and medspa settings throughout the Commonwealth. National guidelines, accreditation standards, and accepted clinical practice all support the position that these treatments **do not require hospital privileges or surgical board certification.**

The current regulations are more restrictive than necessary, exceed statutory requirements, and limit patient access to safe care. Petitioner respectfully requests initiation of rulemaking.

Respectfully submitted,

Alayna B Smiley MD, MPM, MPH

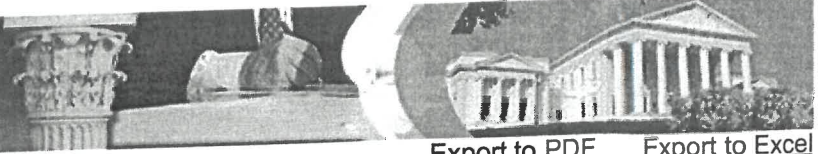
FOOTNOTES

1. Va. Code § 2.2■4007.
2. Va. Code § 54.1■2709.1.
3. 18VAC60■21■350.
4. 18VAC60■21■370.
5. ASLMS Laser Safety Guidelines.
6. FDA Dermal Filler Safety Communications.
7. Systematic Reviews on Fractional CO2 Laser Safety

References (APA Format)

- American Association of Oral & Maxillofacial Surgeons. (2020). *Parameters of care: Clinical practice guidelines for oral and maxillofacial surgery*. AAOMS.
- American Society for Dermatologic Surgery. (2018). *Guidelines of care for office-based dermatologic procedures*. ASDS.
- American Society of Plastic Surgeons. (2023). *National procedural statistics report*. ASPS.
- American Society for Laser Medicine & Surgery. (2021). *Guidelines on Laser Resurfacing*
- Food and Drug Administration. (2021). *Dermal Filler Safety Communications*
- Centers for Medicare & Medicaid Services. (2017). *CMS ambulatory surgical center and outpatient regulations*. U.S. Department of Health and Human Services.
- North Carolina State Board of Dental Examiners v. Federal Trade Commission, 574 U.S. 494 (2015).
- Virginia Administrative Code. (2024). *18VAC60-21: Regulations governing the practice of dentistry*. Commonwealth of Virginia.
- The Joint Commission. (2022). *Office-based surgery and procedural standards*. TJC.

Accreditation Association for Ambulatory Health Care. (2022). *Ambulatory care standards manual*. AAAHC.



Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dentistry [[18 VAC 60 - 21](#)]

[Back to List of Comments](#)

Commenter: jason dulac, dds

1/12/26 1:55 pm

i support this change

i support this request. arguably a MD omfs would be exempt from this if practicing under their MD license. i think both md and dds ms omfs should be exempt as to make oral surgeons "equal" from a board perspective. its generally nurses that perform these procedures under indirect supervision of an MD in any type of med spa. i believe an oral surgeon is not only more qualified than an RN but i also dont like the message that it sends to the community that a nurse is more qualified than an omfs to inject in or otherwise treat the head and neck area.

CommentID: 238896

From: Sacksteder, Jamie (DHP)
To: Barrett, Erin (DHP)
Subject: Fw: Alayna Smiley, MD, DMD request
Date: Thursday, January 8, 2026 11:47:45 AM

I believe this is in response to the petition for rule-making

Respectfully,

Jamie C. Sacksteder
Executive Director
Board of Dentistry
(804)367-4581
Virginia Department of Health Professions
9960 Mayland Drive Suite 300
Perimeter Center
Henrico, VA 23233



Any and all statements provided herein shall not be construed as an official policy, position, opinion, or statement of the Virginia Board of Dentistry (VBOD). VBOD staff cannot and do not provide legal advice. VBOD staff provides assistance to the public by providing reference to VBOD statutes and regulations; however, any such assistance provided by VBOD staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable laws and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state and federal laws and regulations, including the interpretation and application of the laws and regulations of VBOD.

UNDER NO CIRCUMSTANCES SHALL VBOD, ITS MEMBERS, OFFICERS, AGENTS, OR EMPLOYEES BE LIABLE FOR ANY ACTIONS TAKEN OR OMISSIONS MADE IN RELIANCE ON ANY INFORMATION CONTAINED IN THIS EMAIL.

From: Peter Scelfo <drpjscelfo@aol.com>
Sent: Thursday, January 8, 2026 11:45 AM
To: Sacksteder, Jamie (DHP) <jamie.sacksteder@dhp.virginia.gov>
Subject: Alayna Smiley, MD, DMD request

I do believe this matter should be a subject taken up by the Board of Oral Surgery. That said, I do not see that if the specific treatment actions are defensible, there is no reason that this request cannot be granted for this one individual.

Peter Scello, DDS, FAGD

Action Item: Consideration of Repeal of OMS Audit Regulations

Included in your agenda package:

- 18VAC60-21-390

Staff Note: This is a recommendation of the regulatory committee from February 27, 2026.

Action Needed:

- Motion to repeal 18VAC60-21-390 by fast-track action.

Project 8605 - Fast-Track

Board of Dentistry

Repeal of requirement to periodically audit oral and maxillofacial surgeons for quality assurance

18VAC60-21-390. ~~Quality assurance review for procedures performed by certificate holders. (Repealed.)~~

~~A. On a schedule of no less than once every three years, the board shall conduct a random audit of charts for patients receiving cosmetic procedures that are performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organization as determined by the board.~~

~~B. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding, or other system by which such charts can be identified by cosmetic procedure.~~

~~C. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.~~

Possible Repeal of the following regulations:

18VAC60-21-390. Quality assurance review for procedures performed by certificate holders.

A. On a schedule of no less than once every three years, the board shall conduct a random audit of charts for patients receiving cosmetic procedures that are performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organization as determined by the board.

B. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding, or other system by which such charts can be identified by cosmetic procedure.

C. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.

Reasoning

- The Board has been doing these audits every 3 years since 2002
- The audits have never revealed any systemic or egregious issues
- These audits cost the board approximately \$37,053 dollars
 - 39 Cosmetic procedure permits
 - Approximate hours of investigator/inspector- approximately 12 hours at \$58.34 per hour
 - Then an expert must review each case 39 cases at approximately 2.5 hours each at \$100 per hour.



Virginia Department of
Health Professions

Board of Dentistry

Disciplinary Board Report

August 15, 2025 – February 12, 2026

The table below includes all cases that have received Board action from August 15, 2025 through February 12, 2026.

Year 2025-2026	Cases Received	Cases Closed No Violation	Cases Closed W/Violation	Total Cases Closed
August	20	19	5	24
September	59	60	2	62
October	65	47	6	53
November	62	38	6	44
December	63	61	7	68
January	62	42	3	45
February	12	15	0	15
TOTALS	343	282	29	311

Closed Case with Violations consisted of the following:

Patient Care Related:

- **12 Standard of Care: Diagnosis/Treatment:** Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also, include failure to diagnose/treat & other diagnosis/treatment issues.
- **2 Drug Related, Patient Care:** Dispensing in violation of the Drug Control Act (to include dispensing for non-medicinal purposes, excessive prescribing...)
- **2 Standard of Care: Malpractice Reports:** A judgment or settlement as well as other malpractice related issues.
- **1 Fraud, Patient Care:** Performing unwarranted or unjust services or the falsification or alteration of patient records.
- **1 Inability to Practice Safely:** Impairment due to use of alcohol, illegal substances, or prescription drugs, or incapacitation due to mental, physical, or medical conditions.

Non-Patient Care Related:

- **8 Business Practice Issues:** Recordkeeping or continuing education.
- **1 Reinstatement:** Application for reinstatement granted with a finding of violation.
- **1 Fraud, Non-Patient Care:** Improper patient billing.

- **1 Records Release:** Failure or delay in release of records. Chargin excessive fees for record requests.

CCA's

There were 14 CCAs issued from August 15, 2025 through February 12, 2026.

Suspensions/Revocations

From August 15, 2025 through February 12, 2026, there have been 2 Summary Suspensions, 5 voluntary permanent surrenders, and 0 Revocations. There have been 2 mandatory suspensions from August 15, 2025 through February 12, 2026

Continuing Education Audit – 2024 Renewals

77 dentists and 60 dental hygienists were randomly selected for an audit of continuing education compliance for renewal of their licenses in 2024.

- 78% Compliant
- 16% Non-compliant and will be subject to public discipline.
- 7 Advisory Letters and 4 CCAs issued related to minor infractions

Cosmetic Procedure Quality Assurance Audit

37 registered OMS hold cosmetic procedure certificates. Of those, 24 reported performing cosmetic procedures in the preceding 3 years and were subject to the audit.

- 3 fully compliant
- 12 Advisory Letters issued regarding failure to annually updated OMS profile
- 9 CCAs issued for failure to update OMS profile and minor recordkeeping
- **NO public discipline**



AMERICAN BOARD of DENTAL EXAMINERS

It was wonderful to see so many of you at the 2025 Dental Testing and Regulatory Summit and Educators Conference, held October 16 - 18 at the Gaylord Texan Resort in Grapevine, Texas. Now in its second year, this event brought together more than 700 attendees and 100 guests, serving as the site of Annual Meetings for three organizations (the American Association of Dental Administrators (AADA), American Board of Dental Examiners (ADEX), and the American Association of Dental Boards (AADB)) as well as the ADEX Educators Conference.

The energy throughout the weekend reflected a shared commitment to advancing public protection and licensure standards. We are pleased to share the following highlights from this year's ADEX Annual Meeting with those who were unable to attend.

State Board Presidents, Vice Presidents & Executive Directors Forum

Always a popular session, Executive Directors, Presidents, and Vice Presidents from 29 jurisdictions participated in a special forum dedicated to issues facing boards of dentistry today. Conversations focused on the licensure of internationally trained providers, the practice of non-licensed dentistry, and dental and dental hygiene licensure compacts.

Participants also discussed opportunities for each state to appoint both a dentist and a dental hygienist to serve on the **ADEX Council on Examinations**, ensuring direct board involvement in the ongoing development of licensure assessments. In the past year, 21 new board members from 13 jurisdictions have become ADEX licensure examiners. An additional communication regarding this opportunity will be shared with you very soon.

General Assembly

The General Assembly featured an annual update from Chair Dr. Mark Armstrong. He emphasized that the recent merger of CDCA-WREB-CITA and ADEX has strengthened relationships with state boards, candidates, and dental education programs while reinforcing fairness, reliability, and board oversight. A panel discussion titled "*Becoming the American Board of Dental Examiners*" brought together leaders from the Board of Directors and the Council on Examinations to reflect on two decades of organizational advancements and the milestones that shaped ADEX's national impact.

An insightful report from the Assignment Committee detailed the scope of operations across the ADEX network as it stands in 2025:

- **607 total sites:** 292 Dental (48%) and 315 Dental Hygiene (52%)
- **5,609 individual examiner assignments**
- **1,281 active Examiners**
 - Dentist: 813 | Hygienist: 456 | Public Member: 12

ADEX Dental and Dental Hygiene exams are accepted or required by law for initial licensure in 51 US jurisdictions. Due to its accessibility and nationwide portability, the ADEX examination standard serves 98% of dental licensure candidates and 85% of dental hygiene licensure candidates in the U.S.. During his address, Dr. Benjamin Wall, Director of Examinations, noted that from January to September 2022, more than **6,700 dental** and **5,300 dental hygiene** candidates challenged ADEX examinations. Additional results for Dental Therapy, Local Anesthesia, EFDA, and Dental Hygiene Restorative exams were presented. Dr. Wall also offered detailed exam performance statistics that demonstrated and validated the importance of standardized assessments in confirming readiness for safe and competent practice. Key technological developments in testing administration were also shared.

Elections for Treasurer, Secretary, and seven At-Large board positions took place. Dr. Mark Armstrong (OH) and Dr. Rudy Ramos (TX) began their last year as chair and vice chair, respectively. For Bios and more details of all board members, please visit our [website](#). (*Italics indicate first-time members of the Board*)

Chair: Dr. Mark Armstrong (OH)

Vice Chair: Dr. Rudy Ramos (TX)

Treasurer: Dr. Wesley Thomas (DC)

Secretary: Diane Klemann, RDH (MT)

Dental Members At Large:

Dr. Kevin Collins (NC)

Dr. Robert Lauf (ND)

Dr. Jonna Hongo (OR)

Dr. Melodie Jones (AL)

Dr. Merlin Young (NC)

Dental Hygiene Members At Large:

Heather Hardy, RDH (AZ)

Susan Johnston, RDH (OH)

Council on Examinations:

Dr. Conrad McVea (LA)

Dr. Renee McCoy-Collins (DC)

ADEX Educators Conference

ADEX Examinations are available to every graduating dentist and dental hygienist, and the American Board of Dental Examiners is committed to preparing faculty supporting these individuals. On Saturday, October 19th, educators from across the country also gathered for a series of sessions focused on calibrating and preparing candidates to challenge the 2025-26 examinations. Attendees in the dental hygiene track heard from peer panelists who discussed trends in the dental hygiene landscape.

Looking Ahead

The American Board of Dental Examiners invites all members of state boards interested in becoming examiners to reach out regarding onboarding opportunities. Your state's involvement continues to shape the national standard for dental and dental hygiene licensure, upholding our shared mission of protecting the public through fair, valid, and reliable assessments.

We deeply appreciate the ongoing partnership and input of every board across the country and look forward to continued collaboration in the year ahead.



AMERICAN BOARD of DENTAL EXAMINERS

American Board of Dental Examiners (ADEX)

Report of the ADEX Licensure Examinations

Date: February 5, 2026

Prepared by: American Board of Dental Examiners (ADEX)

Prepared for: Virginia Board of Dentistry

1. Executive Summary

The American Board of Dental Examiners (ADEX) is pleased to announce the successful completion of the organizational merger between CDCA-WREB-CITA and ADEX. The unified organization now operates exclusively as the American Board of Dental Examiners (ADEX), further linking national licensure exam development and administration, examiner calibration, candidate services, and state board support within a single, streamlined structure.

This combination strengthens ADEX's capacity to deliver a consistent, nationally recognized standard for psychomotor licensure examinations in dentistry, dental hygiene, and dental therapy. It also expands and formalizes state dental board representation in the licensure process. Each ADEX member state and jurisdiction is now eligible to appoint both a dentist and a dental hygienist to the **ADEX Council on Examinations**, reinforcing a licensure framework that is board-driven, evidence-based, and focused on public protection.

ADEX and the **American Dental Association (ADA)** have recently engaged in conversations that reflect a shared commitment to ensure that dental licensure assessments continue to evolve alongside advancements in clinical education, technology, and patient care. Through this collaboration, the ADEX and the ADA aim to identify opportunities for alignment in examination content, evaluation methods, and candidate experience—ultimately strengthening the process by which new dentists demonstrate their readiness for practice.

“By working together, we are advancing our mutual goal of ensuring every licensed dentist enters the profession with proven competence and the highest standards of patient safety,” said Dr. Richard Rosato, President, ADA.

ADEX Chair Dr. Mark Armstrong adds, “Our dialogue with the ADA highlights our commitment to a modern, equitable licensure standard—grounded in rigorous clinical hand skills assessment and reflective of today's dental practice.”

We anticipate continued engagement over the coming months as both organizations explore best practices and potential innovations to further the dental licensure examination standards nationwide.

2. Strengthening Direct Engagement with State Dental Boards

ADEX is deepening direct engagement with state dental boards as licensure standards and regulatory expectations evolve. To advance this work, ADEX has strengthened its leadership resources with the addition of **Stephen Prisby as Regulatory and Educational Affairs Director**, bringing significant prior state dental board executive experience to enhance regulator-informed support.

ADEX will continue targeted outreach focused on open dialogue, collaboration, and alignment. We remain committed to providing high-quality examinations, transparent communication, and data-driven licensure resources, while working closely with state boards to ensure licensure pathways protect the public and support the profession.

3. National Candidate Activity and Exam Utilization

ADEX is proud to support the licensure needs of dental boards and commissions across 50+ U.S. states and jurisdictions. In 2025, ADEX offered more than 570 examination dates at 312 testing locations, serving over 466 individual dental education programs nationwide.

ADEX Examinations Utilized Nationally:

ADEX Dental Licensure Examination	
ADEX Dental Hygiene Licensure Examination	
Dental Therapy Clinical Examination	
Local Anesthesia Examination for Dental Hygienists	
Dental Assisting (where applicable)	

2025 Statistical Report

All Candidates Tested

Dental	13,859
Dental Hygiene	7,209
Local Anesthesia (+DA)	2,934
DH Restorative	183
Auxiliary	73
Dental Therapy	47
Nitrous Oxide	607

**Dental Exam Pass Rate
(2025 Grads only)**

	# Cands	First Attempt	End of Yr
DSE OSCE	6,694	99.48%	99.91%
Endodontics	6,750	77.10%	99.29%
Prosthodontics	6,752	87.81%	99.50%
Periodontics	6,738	99.23%	99.99%
Anterior Rest.	6,725	93.77%	99.69%
Posterior Rest.	6,726	88.91%	99.49%

**Dental Hygiene Exam Pass Rate
(2025 Grads only)**

	# Cands	First Attempt	End of Yr
CSCE OSCE	5,330	99.47%	99.77%
DH Clinical Exam, SPTCE	5,470	95.76%	99.63%

4. Licensing and Examination Updates

National Score Database:

ADEX provides state dental boards with secure access to candidate performance data for all ADEX and legacy CDCA, WREB, CITA and NERB exams.

The National Standard in Examination Acceptance & Portability:

ADEX represents the most widely accepted licensure examination pathway nationwide, serving 98% of dental candidates and approximately 85% of dental hygiene candidates.

5. Organizational Highlights and Strategic Initiatives

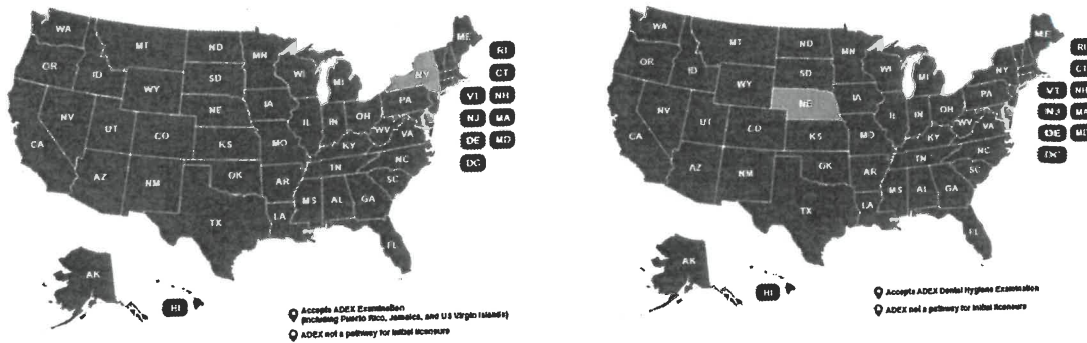
- ADEX debuted its Dental Testing System 2.0 (DTS) technology, further streamlining examination delivery and communication processes.
- The American Board of Dental Examiners administered the first-ever ADEX Dental examination at King Abdulaziz University (KAU) in Jeddah, Saudi Arabia in January 2026. KAU is the first CODA-approved program in the eastern hemisphere.

6. Licensure Compact Monitoring

ADEX continues to monitor and participate in discussions regarding oral health compacts and national mobility initiatives.

7. Upcoming Priorities

- ADEX will provide ongoing support for boards in all 51 jurisdictions where its examinations are accepted.



- Materials regarding examining with the American Board of Dental Examiners and serving on the Council on Examinations are currently in production and will be shared with boards in the coming weeks.
- The 3rd Annual Dental Testing and Regulatory Summit will take place October 14-18, 2026, at the Gaylord National Harbor just outside of Washington, DC. The Summit includes the Annual Meetings for the American Board of Dental Examiners, the American Association of Dental Administrators and the American Association of Dental Boards. Additional details about the Summit will be shared in the coming months.

For questions or additional information, please contact:

Stephen Prisby
 Regulatory and Education Affairs Director
sprisby@adextesting.org

Stephanie Beeler
 Director of Communications, Board Affairs & Events
sbeeler@adextesting.org

Alex Vandiver
 Chief Executive Officer
avandiver@adextesting.org

American Dental Association and American Board of Dental Examiners Announce Collaborative Discussions to Advance Clinical Licensure Competency Examinations

The American Dental Association (ADA), the Joint Commission on National Dental Examinations (JCNDE) and the American Board of Dental Examiners (ADEX) have begun a series of collaborative discussions focused on enhancing the standards and delivery of clinical licensure competency examinations for dental professionals.

The discussions reflect a shared commitment by these organizations to ensure that dental licensure assessments continue to evolve alongside advancements in clinical education, technology, and patient care. Through this collaboration, the ADA and ADEX aim to identify opportunities for alignment in examination content, evaluation methods, and candidate experience—ultimately strengthening the process by which new dentists demonstrate their readiness for practice.

“By working together, we are advancing our mutual goal of ensuring every licensed dentist enters the profession with proven competence and the highest standards of patient safety,” said Dr. Richard Rosato, President, ADA.

ADEX Chair Dr. Mark Armstrong added, “Our dialogue with the ADA highlights our commitment to a modern, equitable licensure standard—grounded in rigorous clinical hand skills assessment and reflective of today’s dental practice.”

The ADA and ADEX anticipate continued engagement over the coming months as both organizations explore best practices and potential innovations to further the dental licensure examination standards nationwide.

About the American Dental Association

The not-for-profit ADA is the nation's largest dental association, representing 154,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance has long been a valuable and respected guide to consumer dental care products. The Journal of the American Dental Association (JADA), published monthly, is the ADA's flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit ADA.org. For more information on oral health, including prevention, care and treatment of dental disease, visit the ADA's consumer website MouthHealthy.org.

About the American Board of Dental Examiners (ADEX)

The American Board of Dental Examiners (ADEX) is a not-for-profit organization dedicated to supporting dental boards in their mission to protect the public through the licensure of qualified oral health professionals. Established in 1969, ADEX administers independent competency

examinations developed and approved by representatives of state dental boards. ADEX examinations are accepted or required by law in 51 U.S. jurisdictions and serve as the initial licensure pathway for 98% of dental and 85% of dental hygiene candidates nationwide. Through ongoing collaboration with dental boards and educators, ADEX continues to advance innovative, evidence-based assessment methods that uphold the highest standards of fairness, clinical competence, and public protection. Learn more at adextesting.org.