

**VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
June 11, 2021**

- TIME AND PLACE:** The meeting of the Virginia Board of Dentistry was called to order at 9:15 a.m., on June 11, 2021 at the Perimeter Center, 9960 Mayland Drive, in Board Room 4, Henrico, Virginia 23233.
- PRESIDING:** Augustus A. Petticolas, Jr., D.D.S., President.
- MEMBERS PRESENT:** Sandra J. Catchings, D.D.S., Vice President
Nathaniel C. Bryant, D.D.S., Secretary
Patricia B. Bonwell, R.D.H., PhD
Sultan E. Chaudhry, D.D.S.
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Dagoberto Zapatero, D.D.S.
- STAFF PRESENT:** Sandra K. Reen, Executive Director of the Board
Jamie C. Sacksteder, Deputy Executive Director
Donna Lee, Discipline Case Manager
David C. Brown, D.C., Agency Director, Department of Health Professions
Barbara Allison-Bryan, M.D., Deputy Director, Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
Rebecca Schultz, Policy Specialist, Department of Health Professions
- COUNSEL PRESENT:** James E. Rutkowski, Assistant Attorney General
- ESTABLISHMENT OF A QUORUM:** With ten members of the Board present, a quorum was established.
- Ms. Sacksteder read the emergency evacuation procedures.
- PUBLIC COMMENT:** Dr. Petticolas explained the parameters for public comment and opened the public comment period. Dr. Petticolas also stated that written comments were received from Dr. Edward R. Kusek and Ms. Jacqueline Pace, which were included in the agenda package. He further stated that written comments received from Dr. Richard Archer, Mr. Trey Lawrence, Dr. Danielle Robb, Mr. Jack Bierig, Dr. David Russell, and Dr. Clara Spatafore were sent by email to Board members and the Public Participation list and will be posted with the draft minutes. A copy of the written comments were also distributed to the Board members at the meeting.
- Tracey Martin, BSDH, RDH, Virginia Dental Hygienists' Association (VDHA) President** - Ms. Martin stated that on behalf of VDHA, she was speaking in opposition to any changes to practice regulations of duties delegated to dental assistants allowing the use of scalers in the removal of

cement. Ms. Martin reviewed excerpts from the Code of Virginia and the Regulations Governing the Practice of Dental Hygiene that relate to the practice of dental assistants, scope of practice of a dental hygienist, and the delegation of duties to a dental hygienist under direction and may only be performed under indirect supervision, which includes scaling, using hand instruments, slow-speed rotary instruments, and ultrasonic devices.

David A. Russell, D.D.S., Interim Chair for the Department of General Practice and Prosthodontics at VCU School of Dentistry – Dr. Russell informed the Board that VCU School of Dentistry is having difficulties hiring Faculty of Merit. He stated there are currently several vacant positions, and in the next few years there will be a number of faculty retirements. Dr. Russell explained that in order to have Faculty of Merit, VCU needs to be competitive with other dental schools regarding salaries and the ability to offer a faculty license. A faculty license is important for foreign-trained dentists who have completed a graduate specialty program. Virginia will grant a faculty license if the specialty program is recognized by the Commission on Dental Accreditation (CODA); however, some advanced training programs are not recognized as specialties by CODA. Dr. Russell further stated that many states have accommodations to grant a teaching license for faculty based on peer reviewed credentials and the approval of the Dean of the dental school. To meet the VCU School of Dentistry's charter, Faculty of Merit are needed, which includes graduates of advanced training programs that are not CODA recognized specialties. He requested that the Board amend Title 54.1-2713, licenses to teach dentistry.

Mary Pettiette, D.D.S., Associate Dean of Admissions at VCU School of Dentistry – Dr. Pettiette addressed the Board and stated that VCU is in a crisis situation as it relates to teaching faculty. She stated that some University of North Carolina faculty would not be able to teach at VCU due to the current Virginia regulation. She reiterated that VCU is asking for help from the Board to expand Faculty of Merit.

APPROVAL OF MINUTES: Dr. Petticolas asked if there were any edits or corrections to any of the three sets of draft minutes included in the agenda package. Dr. Petticolas stated that on page 16 of the agenda, the second paragraph of the March 19, 2021 minutes, the word "complimentary" should be changed to "complementary". Dr. Catchings moved to approve the three sets of minutes as amended. The motion was seconded and passed.

DIRECTOR'S REPORT: Dr. Brown informed the Board that since the Governor announced that the state of emergency declared in Executive Order 51 will end June 30, 2021, the Board will not be able to do virtual meetings. He stated there were advantages to meeting virtually such as Board members not having to travel long distances and there was more public participation in meetings. The agency may pursue legislation to have some virtual meetings. Dr. Brown stated that 75% of DHP employees are currently teleworking. By September 1, 2021, staff should be prepared to come back to the new normal. He stated that there are many benefits to teleworking and staff may still be able to telework a couple of days a week.

Dr. Allison-Bryan informed the Board that it has been about a month since the Governor announced that masks could come off under certain circumstances, which was based on good science. She stated that wearing a mask became normal and it can have some psychological effects on us when we take them off. She stated the case count for COVID continues to decrease so the vaccine works. Sixty percent of the population over 18 fully vaccinated. Dr. Allison-Bryan reminded everyone that we still have to stay diligent because there will be an uptick in cases as things become more mobile.

**PRESENTATION ON
HPMP:**

Dr. Allison-Bryan introduced Amy Ressler with the Health Practitioners' Monitoring Program (HPMP), and they discussed the functions and goals of the HPMP as it relates to its participants and its interaction with the Boards. They answered questions and addressed the Board's concerns about the program. The Board requested that at the next Board meeting, further data be provided to support the 5-year contract that is implemented by HPMP, and also present information about the financial costs for participants enrolled in the HPMP.

**PRESENTATION ON 2021
DENTAL AND DENTAL
HYGIENE WORKFORCE
REPORTS:**

Dr. Yetty Shobo, Deputy Director, DHP Healthcare Workforce Data Center, provided a PowerPoint presentation to the Board that outlined the workforce trends and statistics for dentists and dental hygienists in Virginia.

**LIAISON & COMMITTEE
REPORTS:**

- **Regulatory-Legislative Committee Report** - Dr. Catchings referred the Board to the report on page 97 of the agenda. There were no questions from the Board.

- **CODA Accreditation Site Visits in Virginia** - Dr. Dawson referred the Board to the report on pages 98 and 99 of the agenda. There were no questions from the Board.

**LEGISLATION,
REGULATION, AND
GUIDANCE:**

Status Report on Regulatory Actions Chart. Ms. Yeatts reviewed the updated Regulatory Actions. The following proposed regulations are currently at the Governor's Office:

- amendment to restriction on advertising dental specialties; and
- technical correction to fees.

The protocols for remote supervision of VDH and DBHDS dental hygienists went into effect on May 25, 2021.

The Board will adopt proposed regulations today on the following:

- training and supervision of digital scan technicians; and
- training in infection control.

The public hearing for Waiver for e-prescribing was held this morning.

- The NOIRA for elimination of practice of pulp-capping is at the Governor's office.

- Action on Requirement for Infection Control – Ms. Yeatts reviewed the draft regulations as recommended by the Regulatory-Legislative Committee. The Board motioned to accept the adoption of the proposed regulations for infection control. The motion passed.
- Action on Digital Scan Technicians – Ms. Yeatts reviewed the draft regulations as recommended by the Regulatory-Legislative Committee.

Mr. Rutkowski informed the Board that the Attorney General's Office does not need to provide an official opinion on the regulations because at the beginning of all new regulations it is the normal process for the Attorney General's Office to review the language.

It was determined that according to the May 17, 2021 Regulatory-Legislative Committee Meeting minutes, the Committee also recommended the following changes: (1) in 18VAC60-21-10(C) – "Remote Supervision" the word "supervising" be changed to "directing"; and (2) in 18VAC60-21-165(D)(3), the words "used in reliance on" be deleted and replaced with the word "for".

The Board motioned to accept the adoption of the proposed regulations for Digital Scan Technicians with the amended language stated in the May 17, 2021 Minutes. The motion passed.

- **Guidance Document 60-5:** Auditing Continuing Education - Ms. Yeatts reviewed the proposed changes with the Board. She stated the Regulatory-Legislative Committee under the title "Auditing CE" changed the wording from "thank you letter" to "acknowledgement letter".
- **Guidance Document 60-10:** Failure to Comply with Advertising Guidelines – Ms. Yeatts reviewed the proposed changes with the Board.
- **Guidance Document 60-18:** Approved Template for Dental Appliance Work Order Forms – Ms. Yeatts reviewed the proposed changes with the Board.
- **Guidance Document 60-19:** Approved Template for Dental Appliance Subcontractor – Ms. Yeatts reviewed the proposed changes with the Board.
- **Guidance Document 60-22:** Failure to comply with Insurance and Billing Practices – Ms. Yeatts reviewed the proposed changes with the Board.

Dr. Catchings moved to adopt the revisions to Guidance Document 60-5; Guidance Document 60-10; Guidance Document 60-18; Guidance Document 60-19; and Guidance Document 60-22. The motion passed.

Ms. Reen stated that the Dental Clinical Exam Requirements guidance document and Dental Hygiene Clinical Exam Requirements guidance document was worked on as one document, but separated into two so that they could be posted with each application.

There was a discussion as to whether or not the Board was still accepting its March decision to only accept ADEX clinical exams for dentists and dental hygienists. Mr. Rutkowski recommended that the Board convene a closed session to further discuss this matter, and to discuss his report which was scheduled at the end of the agenda; WREB request and §54.1-2709(B)(iv) Exam Acceptance Provision.

Closed Meeting:

Dr. Catchings moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(7) of the Code of Virginia for consultation with legal counsel pertaining to actual or probable litigation. Additionally, Dr. Catchings moved that Ms. Reen, Ms. Sacksteder, Ms. Lee, Dr. Brown, Dr. Allison-Bryan, Ms. Yeatts, Ms. Schultz, and Board counsel, Mr. Rutkowski, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded and passed.

Reconvene:

Dr. Catchings moved to certify that this Board 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.

The Board addressed a motion by the Exam Committee to adopt the guidance document on Dental Clinical Exam Requirements and the guidance document on Dental Hygiene Clinical Exam Requirements as proposed by the Committee. A roll call vote was taken. The motion passed to accept both guidance documents.

Ms. Yeatts stated the Dental Clinical Exam Requirements will be Guidance Document 60-25; and the Dental Hygiene Clinical Exam Requirements will be Guidance Document 60-26.

**BOARD DISCUSSION
TOPICS:**

- **Consideration of Public Comments** - Ms. Yeatts stated that VCU is a state agency and they could put forth suggested legislation on their own behalf regarding faculty licensure.

After discussion, the Board agreed by consensus to support in concept the expanded pathway that VCU has requested in an effort to obtain faculty licensure.

- **Adoption of 2021 Board Meeting Calendar** – Dr. Bonwell moved to adopt the 2021 Board meeting calendar. The motion was seconded and passed.

- **Use of Scalers** – Dr. Catchings addressed the Board and requested clarification on whether a dental assistant I or II could use a scaler to remove cement from the coronal surface of teeth. After discussion, by consensus, the Board referred the matter to the Regulatory-Legislative Committee for further research.

Dr. Zapatero did not have any further comments to discuss with the Board regarding faculty licensure.

**DEPUTY EXECUTIVE
DIRECTOR'S REPORT:**

Ms. Sacksteder reviewed the disciplinary Board report on case activity from January 1, 2021 to May 31, 2021, giving an overview of the actions taken and a breakdown of the cases closed with violations.

Ms. Sacksteder also reviewed the Board's findings regarding a request by the Regulatory-Legislative Committee for Board staff to develop a methodology to gather statistics and aggregate data on past disciplinary cases addressing pediatric morbidity/mortality in dental offices so the findings could be used to track specific information on sedation records to assist the Board in making policy decisions.

**EXECUTIVE DIRECTOR'S
REPORT:**

Ms. Reen commended Ms. Lee and Ms. Sacksteder for their assistance during the current staff shortage. She stated that interviews are scheduled for the Executive Assistant vacancy. She also informed the Board that the Governor signed an Executive Order aimed at reducing Virginia's reliance on single-use plastics, which will affect the use of plastic water bottles at meetings.

- **When a Dentist Dies Guide** – Ms. Reen stated the guide will be presented for the Board to review at its September Board Meeting.

- **Grants to develop Interstate Compacts for Licensure Portability** - Ms. Reen informed the Board that the Department of Defense received approval for grants to develop interstate compacts for licensure portability and that she has been selected to be one representative to participate on licensure compact in Dentistry. She explained that licensure compact will allow a dentist to work in another state if licensed in one state accepted by compact.

- **Sanctioning Respondents** – Ms. Reen stated that she has been seeing a lot of inconsistencies in the sanctions stated in Orders. Like issues should result in like sanctions. When making a determination about sanctions, she encouraged Board members to ask her, Mr. Rutkowski, and Ms. Sacksteder what has been done in the past in similar circumstances.

Dr. Petticolas acknowledge all the hard work that Ms. Reen has provided to the Board.

Mr. Rutkowski asked the Board how they wanted to respond to WREB's request to meet with representatives of the Board. After discussion, the Board declined the request to meet with WREB.

Ms. Reen informed the Board that DHP is planning an orientation for new Board members.

Virginia Board of Dentistry
Board Business Meeting
June 11, 2021

ADJOURNMENT: With all business concluded, the Board adjourned at 2:30 p.m.

Augustus A. Petticolas, Jr., D.D.S.
Augustus A. Petticolas, Jr., D.D.S., President

Sandra K. Reen
Sandra K. Reen, Executive Director

Sept. 10, 2021
Date

September 10, 2021
Date

PUBLIC COMMENTS RECEIVED FOR JUNE 11, 2021 BOARD MEETING



VCU

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June 8, 2021

Virginia Board of Dentistry

Dear Members of the Board:

I am writing this letter to voice my strong support for the proposal for a new instructor's license in Virginia. This new license would allow the VCU School of Dentistry to recruit new faculty who would be valuable colleagues in our teaching mission. Following the model of states such as North Carolina, Florida, Texas, and Ohio, the new licensure pathway would provide a safe and established way for VCU to recruit and retain excellent faculty members.

All potential faculty using this pathway would be vetted and approved by the Dean of the School of Dentistry. They would have to follow a rigorous credentialing and peer review program, which would assure that the individuals maintain an acceptable standard. In addition, these instructors would not be able to use their time with an instructor's license to count toward obtaining a regular dental license through Virginia's license by credentials process.

I wholeheartedly believe that in the near future a motion needs to be made and passed by the Board of Dentistry to establish this instructor's license. It will have lasting benefits for the future of dental education in the commonwealth.

Respectfully,

Richard D. Archer DDS, MS
Senior Associate Dean of Clinical Education



June 4, 2021

J. Kendall Dillehay, DDS, MS
President



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VIA E-MAIL

Dear Ms. Reen, Dr. Petticolas, Dr. Catchings, and Members of the Virginia Board of Dentistry:

We write to you on behalf of the Virginia Association of Orthodontists (“VAO”) and the American Association of Orthodontists (“AAO”) and its approximately 400 members in Virginia, who are all licensed orthodontists.

We understand that the Virginia Board of Dentistry (“the Board”) is currently working on draft regulations to establish the training requirements for a digital scan technician. Based on conversations during the Regulatory-Legislative Committee meetings on April 23, 2021, and May 17th, 2021, it appears that the Committee, which consists of members of the Board, has serious concerns about the teledentistry legislation passed during the 2020 Session of the General Assembly of Virginia. As recorded in the minutes of the Committee meeting on May 17, 2021, after discussion and by consensus,

“the Committee requested that a workgroup be formed to draft a legislative proposal to require patients who receive an appliance, including an orthodontic appliance, through teledentistry be examined in person by a dentist following the delivery of the appliance.” (see Page 2 of the May 17, 2021 minutes). The VAO and AAO support the Committee’s forming a workgroup to develop a proposal for legislation to address this very important issue and to address an area where the 2020 teledentistry legislation fell short of its goal to protect patients using teledentistry.

At the same May 17th meeting, Dr. Catchings also expressed the need for the workgroup in order to gather more information. At the time of its writing, the AAO opposed the 2020 teledentistry legislation, unless amended. The AAO submitted proposed amendments, and reasoning for those amendments, during committee hearings and to Governor Northam prior to his signing the bill into law. Seeing as several members of the Committee have shared similar concerns about the now law, we are providing to the Board and the Committee the AAO’s concerns with the law.

The AAO supports laws that it believes will best protect patient health and safety, and we applaud the spirit of the language in Chapter 27 to establish teledentistry and the legislature’s interest in passing legislation that will allow for teledentistry to be used in a safe way. Chapter 27 now includes several provisions that the AAO believes are in the best interest of the health and safety of Virginia patients. Such provisions include requiring dentists using teledentistry to document, “all dental services provided to a patient through teledentistry, including the full name, address, telephone number, and Virginia license number of the dentist providing such dental services.” However, the AAO believes that Chapter 27 has several areas that could have unintended consequences and seemingly do not best protect patient health and safety. The AAO has concerns with the following provisions for which we suggest potential amendment language for the Committee to consider in its proposal for legislation (either stricken through or in red):

- [Section 54.1-2700. Definitions]: “Teledentistry” means the ~~delivery~~ practice of dentistry between a patient and a dentist who holds a license to practice dentistry by the Board, through the use of telehealth systems and electronic technology or media, ~~including which must use interactive, two-way audio or video technology in addition to the secure asynchronous transmission of electronic health records, digital files, photographs or health data to a dentist or his designee. Teledentistry does not include audio-only telephone, electronic mail messaging, facsimile transmission, or online questionnaire.~~

As written, teledentistry is defined as the “delivery of dentistry.” The Committee should consider amending this phrase so that teledentistry is defined as the practice of dentistry. This language is consistent with other rules and regulations in the Dental Practice Act, and it better ensures that dentists are held to the same standard of care, regardless of the modality by which they practice dentistry. Additionally, the current definition of teledentistry allows for electronic technology (asynchronous) or synchronous audio or video. This means that a dentist or orthodontist would be allowed to provide comprehensive orthodontic treatment via teledentistry using only asynchronous

technology, which the AAO believes does not provide a sufficient level of supervision by the dentist in order to provide treatment that complies with the standard of care for orthodontic treatment.

- [Section 54.1-2711.D.]: Dental services delivered through the use of teledentistry shall (i) be consistent with the standard of care as set forth in section 8.01-581.20, including when the standard of care requires the use of diagnostic testing or performance of a physical examination, and (ii) comply with the requirements of this chapter and the regulations of the Board. No dentist shall provide or order an appliance for a patient through teledentistry without first reviewing bone images or X-rays of the patient and documenting such review in the patient's medical record.

The section noted in this provision- section 8.01-581.20-does not delineate or define that the standard of care would require an in-person encounter with a dentist, even in cases of prescribing appliances long-term orthodontic treatment. Therefore, the AAO proposes that no dentist should provide or order an appliance, as defined in this section, through teledentistry without review bone images or x-rays of the patient. This requirement would allow the treating dentist to understand what is going on beneath the gumline (impacted teeth, bone loss, etc.), seek to avoid complications, and determine if patients are suitable candidates for the appliance and specifically for orthodontia. The AAO believes that significant harm can occur to the patient if orthodontic treatment is provided without first evaluating what is going on beneath the gumline.

- [Section 54.1-2711. E.]: In cases in which teledentistry is provided to a patient who has a dentist of record and has not had a dental wellness examination in the previous six months prior to the initiation of teledentistry, the dentist providing teledentistry ~~shall~~ must recommend that the patient schedule a wellness examination. If a patient to whom teledentistry is provided does not have a dentist of record, the dentist ~~shall~~ must provide or cause to be provided to the patient options for referrals for obtaining a dental wellness examination. Teledentistry services cannot be provided until such record of the examination can be provided.

As members of the Committee also noted, *recommending* that a patient see a dentist for a wellness exam and *referring* a patient to a dentist for a wellness examination is not the same as *requiring* that the patient has one before using teledentistry, especially in cases of orthodontia. This provision, as written, does not require dentists to confirm that a patient has had a wellness examination within the last sixth months. The AAO suggests adding to this provision language that would require the dentist to confirm and review records, rather than suggesting the patient do so, in order to maintain standards of care.

- [Section 54.1-2719 A]: Licensed dentists may employ or engage the services of any person, firm, or corporation to construct or repair an appliance, extraorally, in accordance with a written or digital work order. Any appliance constructed or repaired by a person, firm, or

corporation pursuant to this section shall be evaluated and ~~reviewed~~ inspected in person by the licensed dentist who submitted the written or digital work order, or a licensed dentist in the same dental practice. A person, firm, or corporation so employed or engaged shall not be considered to be practicing dentistry. No such person, firm, or corporation shall perform any direct dental service for a patient, but they may assist a dentist in the selection of shades for the matching of prosthetic devices when the dentist sends the patient to them with a written or digital work order.

The AAO suggests amending this section so that the treating dentist, or a licensed dentist in the same dental practice, who orders any appliance reviews that appliance in person to confirm its accuracy and fit. In the case of another dental appliance, dentures, laws regularly require that a lab creating the appliance send the appliance back to the prescribing dentist prior to receipt by the patient, so the dentist can inspect and confirm that the appliance conforms with the prescription and impressions that were provided. The same reasoning should apply to orthodontic appliances; the dentist should be required to inspect the appliances for conformity to the prescription and impressions (digital or physical) before being sent to the patient to begin treatment. The AAO believes that this suggested amendment specifically would address the concerns discussed by the Committee.

While the AAO commends the legislature for recognizing the need for rules to define teledentistry and how it should be used, the AAO supports the Committee's decision to form a workgroup to develop a legislative proposal, and we are happy to assist in any way we can. The AAO believes that the suggested amendments ensure that telehealth advancements continue to grow in a thoughtful way, while keeping patient health and safety a priority in Virginia. If you have any questions, please contact the AAO's Government Affairs Associate, Gianna Nawrocki, at ghnawrocki@aaorho.org or at 314-292-6527.

Sincerely,



Trey Lawrence
Vice President, General Counsel
American Association of Orthodontists



Danielle Robb, DDS, MS
President
Virginia Association of Orthodontists



**American
Association of
Orthodontists®**

2021 Annual Session
Virtual Meeting ■ June 25-27, 2021

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June 7, 2021

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Ms. Sandra Catchings, D.D.S.
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VIA E-MAIL

Dear Ms. Reen, Dr. Petticolas, Dr. Catchings, and Members of the Virginia Board of Dentistry:

We write to you on behalf of the Virginia Association of Orthodontists (“VAO”) and the American Association of Orthodontists (“AAO”) and its approximately 400 members in Virginia, who are all licensed orthodontists.

The VAO and AAO understand that the Virginia Board of Dentistry (“the Board”) is currently working on draft regulations to establish the training requirements for a digital scan technician. In the interests of patients and dental professionals throughout Virginia, the VAO and AAO strongly urge the Board to consider asking the Attorney General of Virginia an official advisory opinion of the law. Such a request is authorized by statute and may be made by, “the head of a state division,

bureau, institution or board” when “the question dealt with is directly related to the discharge of the duties of the official requesting the opinion.”¹ The Board presently has a duty to promulgate regulations consistent with Virginia law and the intent of Chapters 37 and 220 of the 2020 Acts of the Assembly, and it appears an advisory opinion may be necessary in order for it to do so.

Based on conversations during the Regulatory-Legislative Committee meetings on April 23, 2021, and May 17th, 2021, it appears that the Committee, which consists of members of the Board, has serious concerns about the teledentistry legislation passed during the 2020 Session of the General Assembly of Virginia. As an example of the confusion hindering the Board’s ability to fulfill said duty, at the Regulatory Legislative Committee Meeting on May 17th, 2021, a Senior Policy Analyst for the Department of a Health Professions, Ms. Elaine Yeatts, indicated that a digital scan technician, “does not have to be directly supervised or indirectly supervised by a dentist,”² and that it is likely that a digital scan technician, “is not an employee of the dentist.”³ This interpretation, however, appears incongruent with Chapters 37 and 220 and the purpose of the Intended Regulatory Action, which is described in the Register as follows:

The purpose of the proposed action is, “to implement Chapters 37 and 220 of the 2020 Acts of Assembly, which define a digital scan technician, as used in teledentistry, and require the board to promulgate regulations for the education and training of technicians to practice under the *supervision* of a dentist licensed in Virginia. Proposed amendments include (i) establishing requirements for a board approved training program, (ii) specifying the responsibility of the dentist for the practice of teledentistry and training and *supervision* of a digital scan technician, (iii) voluntary registration of digital scan technicians, and (iv) other changes necessary to implement the provisions of Chapters 37 and 220.” (Emphasis added).

Furthermore, the language of the statute authorizing the “digital scan technician” seems clear:

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.⁴ (Emphasis added).

Therefore, it appears that there is discrepancy between the proposed regulatory action, which is to determine dentists’ responsibility for *supervision* of digital scan technicians, and what Department of Health Professions’ staff has interpreted as *direction* rather than *supervision*.

Members of the Committee also expressed concerns with Ms. Yeatts’ interpretation that a patient could be treated entirely via teledentistry, with the treating dentist never seeing the patient in-person. The specific example discussed was in the case of fitting an orthodontic appliance and

¹ VA ST § 2.2-505. Official opinions of Attorney General

² Virginia Board of Dentistry Regulatory-Legislative Committee Meeting. Virginia Board of Dentistry, May 17, 2021. Audio File, 23:30.

³ Virginia Board of Dentistry Regulatory-Legislative Committee Meeting. Virginia Board of Dentistry, May 17, 2021. Audio File, 24:12.

⁴ VA ST § 54.1-2708.5. Digital scans for use in the practice of dentistry; practice of digital scan technicians.

the need for the treating dentist to verify it fits properly. At this time⁵, Ms. Michelle Schultz, Policy Analyst at the Department of Health Professions, offered her opinion as it relates to the ability to require that final fitting and inspection be done by the dentist, stating that she did not see such requirement, “would take it out of the scope of teledentistry by requiring the fitting of an appliance to come later,” adding that, “it could still be considered that you relied on dentistry to get the digital scans.”⁶ Ms. Schultz did add that while Ms. Yeatts does not agree with this, this was her reading of the language.⁷

The AAO and VAO appreciate the Committee’s continued efforts to ensure regulations passed are in the best interest of patient health and safety. The members of the Committee, as well as the representatives from the Department of Health Professions, have highlighted the importance of these regulations and the need for clarity. The VAO and AAO respectfully request that in order to obtain such clarity, the Board, or a representative from the Board, request an official opinion of the law from Attorney General Mark Herring.

Should you have any questions or concerns, please do not hesitate to reach out to the AAO’s General Counsel, Trey Lawrence, at 314-292-6525 or tlawrence@aaortho.org. We welcome the opportunity to continue to engage with you on this important topic.

Sincerely,



Trey Lawrence
Vice President, General Counsel
American Association of Orthodontists



Danielle Robb, DDS, MS
President
Virginia Association of Orthodontists

⁵ Virginia Board of Dentistry Regulatory-Legislative Committee Meeting. Virginia Board of Dentistry, May 17, 2021. Audio File, 39:36

⁶ Virginia Board of Dentistry Regulatory-Legislative Committee Meeting. Virginia Board of Dentistry, May 17, 2021. Audio File, 39:50

⁷ Virginia Board of Dentistry Regulatory-Legislative Committee Meeting. Virginia Board of Dentistry, May 17, 2021. Audio File, 40:26

TO: Virginia Board of Dentistry
FROM: Jack R. Bierig, Legal Counsel to WREB
RE: Public Comment on March 19, 2021 Board Decisions To Cease Recognizing WREB Exams
DATE: June 9, 2021

Thank you for the opportunity to provide public comment to the Virginia Board of Dentistry. In this comment, I will address the two principal reasons that the Board determined, effective January 1, 2023, to cease recognizing the exams for dental and dental hygiene licensure offered by the Western Regional Examining Board (“WREB”). As I understand it, those reasons were (a) a concern that without being a member of WREB, the Board will have no input into changes in WREB exams and will not even know of those changes until after they are implemented; and (b) a concern about the scoring methodology for the WREB dental licensure exam. In this comment, I will suggest how both of these concerns can effectively be met.

With respect to the first concern, WREB has extended an offer to have the Board become a member, and I am hereby reiterating that offer. WREB would welcome the involvement and input of the Board in the development and modification of its exams and its decision-making process generally. In making this offer, WREB understands that legal counsel to the Board has apparently taken the position that the Board cannot be a member of more than one testing agency without risking improper conflicts of interest – and that, since the Board is already a member of another entity that administers licensure exams in dentistry, it cannot be a member of WREB.

However, I am not aware of any legal authority supporting this position as a matter of Virginia law or the law of any other state. Likewise, neither WREB nor I have seen any authority for this point cited by the Board or its counsel. And I do not understand why it would be a

conflict for the Board to be a member of more than one testing agency – given that the Board does not stand to gain financially from membership in any such agency.

In this connection, I would point out that a substantial majority of State Boards of Dentistry are members of more than one testing agency, including more than half a dozen State Boards that are members of both WREB and either the Commission on Dental Competency Assessments (“CDCA”), the Council of Interstate Testing Agencies (“CITA”), or both. Attached as Exhibit 1 is a chart that WREB previously submitted to James Rutkowski, counsel to the Board. That chart shows that a substantial majority of state dental boards are members of multiple testing agencies.

WREB would be pleased to put the Board in touch with other state dental boards that have concluded that there is no legal or ethical impediment to being a member of more than one testing agency. These other boards can provide the Board with their analysis of the issue and their experience in being a member of more than one testing agency. But for now, WREB hopes that the Board will seriously consider its invitation to have the Board become a member of WREB – and to work with WREB to design and implement licensure exams that serve the best interests of dental practitioners and patients in the Commonwealth.

Turning to the Board’s second concern, WREB continues to believe that the March 19 decision to cease recognizing its dental exam was based on a misunderstanding of that exam and its scoring methodology. That misunderstanding cannot fairly be addressed in a 3 to 5 minute public comment period. Rather, I would respectfully submit that a meeting between appropriate representatives of the Board and appropriate representatives of WREB would provide the Board with an accurate understanding of the relevant issues and an opportunity to discuss how the concerns of the Board can be addressed to the satisfaction of the Board. Accordingly, on behalf

of WREB, I am hereby requesting such a meeting. WREB would be pleased to participate in such a meeting at a time and place that is convenient for the Board.

Thank you again for the opportunity to provide this public comment. WREB hopes that, after considering this comment, the Board will accept its invitation to become a member and to meet with WREB to discuss the Board's concerns about the WREB examinations.

Exhibit 1

Member States of Testing Agencies

	CDCA	CITA	CRDTS	SRTA	WREB
Alabama		x	x	x	
Alaska					x
Arizona	x				x
Arkansas	x	x	x	x	x
California			x		x*
Colorado					x
Commonwealth of Jamaica	x				
Connecticut	x				
Delaware					
District of Columbia	x				
Florida	x				
Georgia			x		
Hawaii	x		x		x**
Idaho					x
Illinois	x		x		x
Indiana	x				x
Iowa			x		x
Kansas	x		x		x
Kentucky	x				
Louisiana		x			
Maine	x				
Maryland	x				
Massachusetts	x				
Michigan	x				
Minnesota	x		x		x
Mississippi	x				
Missouri	x		x		x
Montana					x
Nebraska			x		
Nevada	x				x
New Hampshire	x				
New Jersey	x				
New Mexico	x		x		x
New York	x				
North Carolina		x			
North Dakota			x		x
Ohio	x				
Oklahoma	x		x		x
Oregon	x				x
Pennsylvania	x				
Puerto Rico		x			
Rhode Island	x				
South Carolina		x	x	x	
South Dakota			x		
Tennessee		x		x	
Texas			x		x
US Virgin Islands		x			
Utah	x	x			x
Vermont	x				
Virginia		x			
Washington	x		x		x
West Virginia	x	x	x	x	
Wisconsin	x		x		
Wyoming	x		x		x
* Dental Only					
** Dental Hygiene Only					

**Support Document for the Suggested Change to:
54.1-2713. Licenses to Teach Dentistry**



Virginia Commonwealth University
School of Dentistry
Department of General Practice &
Prosthodontics
Lyons Dental Building
520 North 12th Street
Richmond, VA 23298
(804) 828-2977

June 9, 2021

Subject: REQUEST TO AMEND TITLE 54.1-2713, LICENSES TO TEACH DENTISTRY.

Dear members of the Virginia Board of Dentistry,

The School of Dentistry is having difficulties hiring Faculty of Merit. Currently we have 3 open vacancies in the Prosthodontic section and 4 open vacancies in the General Practice section. In addition to our vacant positions, in the next few years we stand to lose a significant number of faculty to retirement. Of our current full time prosthodontists, 3 out of 6 are over 60. Of our current full-time general practitioners, 8 out of 20 are over 60. Data from the American Dental Education Association reports that nationwide 40% of dental school faculty are over the age of 60. We have quite a few faculty who are retired military. Currently the military is reducing their number of dentists, which decreases our potential pool of applicants.

To be competitive, we need faculty of merit. To have faculty of merit, we need to be competitive with other dental schools. A big part of competitiveness is salaries, which Dean Spatafore is addressing. The next key to competitiveness is the ability to offer a faculty license. A faculty license is important for foreign-trained dentists who have completed a graduate specialty program. Virginia grants such a license if the specialty program is recognized by the Commission on Dental Accreditation. Some advanced training programs fall under the category of general dentistry and consequently are not recognized as specialties by the Commission on Dental Accreditation. These advanced training programs are 2 to 3 years in length and contain a clinical component. Examples of advanced training programs that are not ADA recognized specialties are: Operative Dentistry, Material Science, Digital Dentistry, Esthetic Dentistry, Dental Sleep Medicine and Implantology. Faculty licenses in Virginia are not granted if the Council of Dental Accreditation does not recognize the advanced training program specialty.

Many states have accommodations to grant a teaching license for faculty based on peer reviewed credentials and the approval of the Dean of the dental school. Examples include North Carolina, Florida, Massachusetts, Texas, Ohio, Colorado, Oregon and New York.

Prominent faculty of Merit include:

Dr. Andre Ritter, Professor and Chair of Cariology and Comprehensive care at New York University. Dr. Ritter is the author of Sturdevant's Art and Science of Operative Dentistry.

Dr. Marcos Vargas, Professor, Department of Family Dentistry, Univ of Iowa

Dr. Markus Blatz, Professor and Chair, Department of Restorative Dentistry, University of Pennsylvania

Dr. Patricia Pereira, Associate Dean of Academic Affairs, University of Florida

Dr. Taiseer Sulaiman, Director of Biomaterials, University of North Carolina and an International Speaker

CODA Standard 3-1 requires that all faculty must be credentialed by demonstrating appropriate knowledge and experience for the specific discipline. Granting of a faculty license would occur only with the approval of the School of Dentistry's Credentialing Committee. At the school of dentistry, we also have a built in peer review system. Patients whose treatment is overseen by a particular faculty member, are routinely evaluated by other faculty members at subsequent appointments. Patients that are treated in the Faculty Practice Clinic are routinely evaluated by other faculty members. A faculty license shall expire upon the holder's end of employment with the School of Dentistry. A faculty license does not satisfy the requirements for a Virginia Dental License by credentials.

The School of Dentistry is the only dental school in the Commonwealth. Our charter is to provide the citizens of Virginia with highly qualified dentists. To meet our charter we need faculty of merit, which includes graduates of advanced training programs that are not Commission on Dental Accreditation recognized specialties. I appreciate your time today and I appreciate your consideration of the request from the School of Dentistry to amend section Title 54.1-2713, Licenses to teach dentistry.



David A. Russell, D.D.S.
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VCU

June 9, 2021

Virginia Board of Dentistry
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Office of the Dean

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Dear Members of the VA Dental Board:

This letter is in support of the proposal to modify the Faculty License Requirements in the Commonwealth of Virginia. This modification would allow Virginia Commonwealth University School of Dentistry to recruit new, foreign trained, highly competent faculty, who would be valuable colleagues to our teaching mission. This modification is vital for foreign-trained dentists who have the credentials to be productive members of our faculty.

All potential faculty utilizing this pathway for licensure would be fully vetted by the School of Dentistry including the Dean and a peer review committee. This committee would be the same one that we will be using for the new CODA Standard 3-1. This standard requires that all faculty must be credentialed by demonstrating appropriate knowledge and experience for their specific discipline. Candidates would follow a rigorous credentialing and peer review program, this would assure the individuals have the best credentials, maintain high standards throughout their careers and would help address the severe faculty shortage we are facing. This license would NOT allow these individuals to count this time toward obtaining a regular dental license though Virginia's license by credentials process. Nor would it allow the person holding the license to practice dentistry outside of the VCU School of Dentistry.

When reviewing other state's Board of Dentistry requirements for licensure many states have this type of license in place. That gives the dental schools in those states the edge for hiring these highly qualified individuals. They serve in all capacities at these dental schools including Associate Deans, Department Chairs, Research Fellows and general faculty. We cannot compete in the hiring process, thus we are losing out in the race to become the BEST all around Dental School in the country and attracting top notch faculty.

As the only dental school in the Commonwealth, it is our mission to provide the citizens of Virginia with highly trained dentists, and to do so we need to include foreign-trained dentists many of whom are advanced trained graduates of programs that may not be recognized by the Commission on Dental Accreditation. As dean, I am in complete support of this change, and I appreciate the consideration of the Board.

Kind Regards,

Clara M. Spatafore, DDS, MS
Interim Dean, School of Dentistry



VCU

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June 8, 2021

Virginia Board of Dentistry

Dear Members of the Board:

I am writing this letter to voice my strong support for the proposal for a new instructor's license in Virginia. This new license would allow the VCU School of Dentistry to recruit new faculty who would be valuable colleagues in our teaching mission. Following the model of states such as North Carolina, Florida, Texas, and Ohio, the new licensure pathway would provide a safe and established way for VCU to recruit and retain excellent faculty members.

All potential faculty using this pathway would be vetted and approved by the Dean of the School of Dentistry. They would have to follow a rigorous credentialing and peer review program, which would assure that the individuals maintain an acceptable standard. In addition, these instructors would not be able to use their time with an instructor's license to count toward obtaining a regular dental license through Virginia's license by credentials process.

I wholeheartedly believe that in the near future a motion needs to be made and passed by the Board of Dentistry to establish this instructor's license. It will have lasting benefits for the future of dental education in the commonwealth.

Respectfully,

Richard D. Archer DDS, MS
Senior Associate Dean of Clinical Education

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health

Professions

Chapter 27. Dentistry

Article 2. Licensure of Dentists

§ 54.1-2713. Licenses to teach dentistry; renewals (suggested change written in red font)

A. Upon payment of the prescribed fee and provided that no grounds exist to deny licensure pursuant to § 54.1-2706, the Board may grant, without examination, a faculty license to teach dentistry in a dental program accredited by the Commission on Dental Accreditation of the American Dental Association to any applicant who meets one of the following qualifications:

1. Is a graduate of a dental school or college or the dental department of an institution of higher education, has a current unrestricted license to practice dentistry in at least one other United States jurisdiction, and has never been licensed to practice dentistry in the Commonwealth; or
2. Is a graduate of a dental school or college or the dental department of an institution of higher education, has completed an advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association, or has never been licensed to practice dentistry in the Commonwealth; Or:
3. Certification letter from the dean that the applicant has met or been approved under credentialing standards of a dental school or an academic medical center with which the person is to be affiliated; and such dental school or academic medical center shall be accredited by the American Dental Association's Commission on Accreditation or the Joint Commission on Accreditation of Healthcare Organizations.

B. The dean or program director of the accredited dental program shall provide to the Board verification that the applicant is being hired by the program and shall include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license.

C. The holder of a license issued pursuant to this section shall be entitled to perform all activities

that a person licensed to practice dentistry would be entitled to perform and that are part of his faculty duties, including all patient care activities associated with teaching, research, and the delivery of patient care, which take place only within educational facilities owned or operated by or affiliated with the dental school or program. A licensee who is qualified based on educational requirements for a specialty board certification shall only practice in the specialty for which he is qualified. A license issued pursuant to this section shall not authorize the holder to practice dentistry in non affiliated clinics or in private practice settings.

D. Any license issued under this section shall expire on June 30 of the second year after its issuance or shall terminate when the licensee leaves employment at the accredited dental program. Such license may be renewed annually thereafter as long as the accredited program certifies to the licensee's continuing employment.

1975, c. 479, § 54-175.1; 1976, c. 327; 1988, c. 765; 2005, cc. 505, 587; 2012, cc. 20, 116.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Why is the suggested change needed?

1. Faculty Shortage in Dental Education

The August 2017 Journal of Dental Education report, "Dental Schools Vacant Budgeted Faculty Positions," revealed several reasons that faculty vacancies persist, including competitiveness of salaries, candidates not meeting position requirements, new positions open due to new schools or expansions of class size, and faculty separations (retired, left for private practice, left for position at another school) (Figure 1). The report's authors state, "Overall, among full-time faculty members, retirement was a far larger problem for vacancies than competition with the private sector in 2015-16. These retirement rates suggest a **need for an infusion of younger faculty members to replenish schools after the retirement of aging faculty members.**"

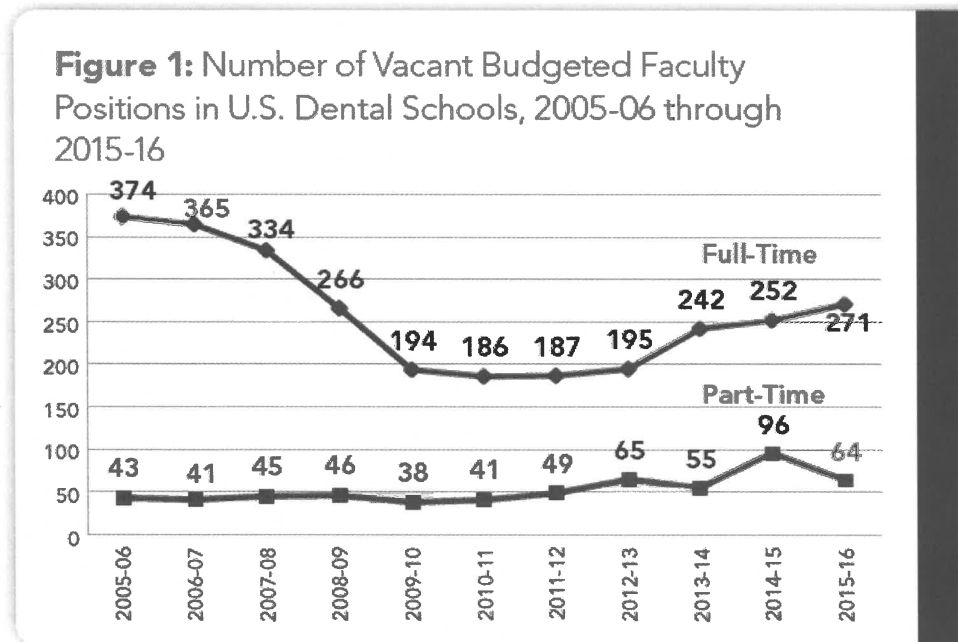


Figure 1

While 2015-16 data show that over **40%** of full-time faculty are over **60 years old**, data from the 2017 ADEA Survey of Dental School Seniors show that, upon graduation, only **0.4%** of dental school seniors planned to enter academia at a dental school, even though 58% expressed an interest in teaching at some point in their careers (Figure 2). Faculty diversity shows changing trends with women currently outnumbering men in the cohort under 40 years of age. While racial and ethnic diversity among the faculty has improved, there is still much work to do. These statistics reflect the need to promote interest in faculty positions among predoctoral and allied dental students as well as advanced dental education residents and fellows.

Predoctoral and allied dental students, as well as residents, must be made aware of the benefits of academic dentistry and the specific initiatives that will help them explore careers in dental education. **Data indicate that the time to address the future shortage of dental educators is now.**

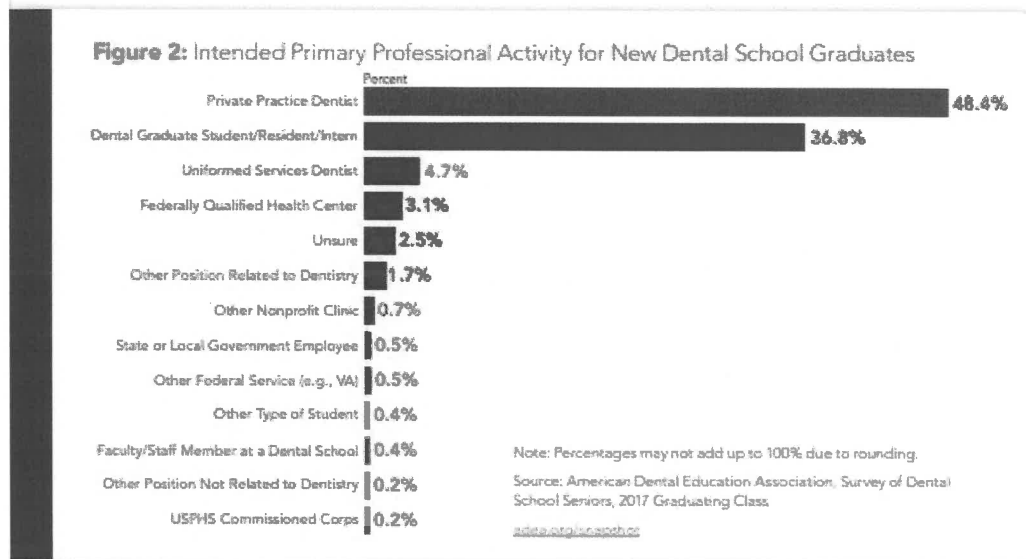


Figure 2

Reference: ADEA Office of Policy, Research and Diversity | Omar A. Contreras, M.P.H.; Sonja Harrison, M.S.W.; Denice Stewart, D.D.S., M.H.S.A.; Jeffery Stewart, D.D.S., M.S.; Richard W. Valachovic, D.M.D., M.P.H.

2. VCU-School of Dentistry Faculty Changing Demographics

VCU Dental School has **87 Full time** faculty members of which **29 are ≥ 60 years old**. A total of **31%** are now at retirement age.

3. VCU-School of Dentistry Shortage of Faculty Members

- Students to faculty ratio
- Many retirements
- Many faculty members are needed for both preclinical and clinical teaching

4. Military Reducing Their Numbers

Military reducing their numbers which reduces the number of retired military dentists teaching in dental schools. Retired military dentists used to be one of the main streams for faculty at VCU School of Dentistry.

“The U.S. Army has had **difficulty recruiting and retaining dentists**, because of declining dental school enrollment, a robust economic environment for dentistry, changes in demographic features of dental providers, and the current operational tempo of the military. Identifying factors associated with recruitment and retention of Army Dental Corps officers is paramount when the changes in the dental profession are taken into account.”

Likelihood of Dental Corps Officers Staying on Active Duty until Retirement

	No. (%)						
	Highly Unlikely	Unlikely	Slightly Unlikely	Neutral	Slightly Likely	Likely	Very Likely
All respondents	86 (35)	44 (18)	24 (10)	36 (15)	17 (7)	22 (9)	14 (6)
Captains	70 (39)	37 (21)	17 (9)	27 (15)	10 (6)	12 (7)	7 (4)
Majors	14 (25)	6 (11)	6 (11)	8 (14)	7 (12)	9 (16)	7 (12)
Lieutenant colonels	7 (7)	3 (3)	3 (3)	7 (7)	6 (6)	12 (12)	63 (63)
Colonels	3 (2)	2 (1)	1 (1)	4 (3)	4 (3)	7 (5)	134 (86)
Captains/majors							
Female	15 (37)	5 (12)	2 (5)	6 (15)	7 (17)	6 (15)	0
Male	68 (35)	38 (20)	21 (11)	29 (15)	10 (5)	14 (7)	13 (7)
Lieutenant colonels/colonels							
Female	0	2 (10)	1 (5)	1 (5)	1 (5)	0	16 (76)
Male	10 (5)	3 (1)	1 (1)	10 (5)	9 (4)	17 (8)	170 (77)

Reference: *Army Dental Officer Retention: LTC Jeffrey G. Chaffin, DC USA**; *COL Priscilla H. Hamilton, DC USA**; *MG Russell J. Czerw, DC USA† MILITARY MEDICINE, 173, 10:1014, 2008*

5. Increasing Number of Advanced Dental Education Programs That are Non-CODA Accredited

- **Programs in Operative Dentistry, Restorative Dentistry, Esthetic Dentistry, Digital Dentistry, Dental Sleep Medicine, Implantology**
- Graduates of advanced training programs in operative dentistry play a role for the dental profession, particularly, in military settings, in research and as faculty in dental education programs.
- These programs aim to graduate dental professionals with the proper knowledge and clinical training to teach principles of contemporary general dentistry.

- These programs are 2-3 year long programs with didactic and clinical components. Some are dual degree programs where graduates obtain a clinical certificate and a masters degree in a given discipline.
- There are more than 15 programs in the United States.

Note: please refer to the attached documents for an example of an Advanced Dental Education Program in Operative Dentistry and Biomaterials from the University of North Carolina at Chapel Hill.

6. Presence of Well Rounded Foreign Trained Dentist as Pioneers in The Dental Field

Examples of talented faculty members from other respected schools falling under this category:

- **Dr. Andre Ritter**, Professor and Chair of Cariology and Comprehensive Care, School of Dentistry, New York University and Author of the top selling dental book “Sturdevant's Art and Science of Operative Dentistry”
- **Dr. Marcos Vargas**, Professor, Department of Family Dentistry, School of Dentistry, University of Iowa
- **Dr. Markus Blatz**, Professor and Chair of Restorative Dentistry, School of Dentistry, University of Pennsylvania
- **Dr. Patricia Pereira**, Associate Dean of Academic Affairs, School of Dentistry, University of Florida
- **Dr. Taiseer Sulaiman**, Director of Biomaterials, School of Dentistry, University of North Carolina and an International Speaker

7. Faculty/Instructors License at Other Faculty Competing States

Many other states have adopted the same suggested change a long time ago. Schools in those states have managed to recruit and retain excellent faculty for their programs.

Example states:

- North Carolina
- Florida
- Massachusetts
- Texas
- Ohio
- Colorado
- Oregon

Note: please refer to Dr. Chadwick's letter attached to this document. (Dr. Chadwick is the Dean of the School of Dentistry at East Carolina University and Former ADA president)

8. CODA Started the Implementation of Standard 3-1-Faculty and Staff

CODA Standard 3-1- “The number, distribution, and qualifications of faculty and staff must be sufficient to meet the dental school’s stated purpose/mission, goals and objectives, at all sites where required educational activity occurs. The faculty member responsible for the specific discipline must be qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution.

Intent: Faculty should have knowledge and experience at an appropriate level for the curriculum areas for which they are responsible. The collective faculty of the dental school should have competence in all areas of the dentistry covered in the program.”

To be compliant with this standard, the school of dentistry needs to be able to attract and hire people who have training in a non-coda accredited specialties to teach them at the dental schools. Those people need a faculty license to provide clinical education to our students and care to our patients.

9. Parameters for the Suggested Change

- Dentists who would be granted this license shall have at least 2 years of clinical training in the US from an ADA accredited dental institution.
- Dentists who practice under this category shall not be granted a full Virginia license by credentials.
- Dentists who practice under this category shall be peer reviewed by a committee formed at the dental school. Members of this committee shall be fully licensed by the state of Virginia.



May 24, 2021

Clara M. Spatafore, DDS, MS
Interim Dean
School of Dentistry
Virginia Commonwealth University
Richmond, Virginia 23298-0566

Dear Dr. Spatafore,

I appreciate the opportunity to provide some information regarding the benefit of a provision in the North Carolina Dental Practice Act that provides a pathway to licensure for individuals who are licensed in the US or in any country, territory or other jurisdiction and meet the credentialing requirements of our dental school, to acquire an instructor's license. I have copied the applicable portion of the NC Practice Act below for your reference:

§ 90-29.5. Instructor's license.

- (a) The Board may issue an instructor's license to a person who is not otherwise licensed to practice dentistry in this State if the person meets both of the following conditions:
- (1) Is licensed to practice dentistry anywhere in the United States or in any country, territory, or other recognized jurisdiction.
 - (2) Has met or been approved under the credentialing standards of a dental school or an academic medical center with which the person is to be affiliated; such dental school or academic medical center shall be accredited by the American Dental Association's Commission on Accreditation or the Joint Commission on Accreditation of Health Care Organizations.
- (b) The holder of an instructor's license may teach and practice dentistry:
- (1) In or on behalf of a dental school or college offering a doctoral degree in dentistry operated and conducted in this State and approved by the North Carolina State Board of Dental Examiners;
 - (2) In connection with an academic medical center; and
 - (3) At any teaching hospital adjacent to a dental school or an academic medical center.
- (c) Application for an instructor's license shall be made in accordance with the rules of the North Carolina State Board of Dental Examiners. On or after January 1, 2003, all dentists previously practicing under G.S. 90-29(c)(3) shall be granted an instructor's license upon application to the Board and payment of the required fee. The holder of an instructor's license shall be subject to the provisions of this Article. (1979, 2nd Sess., c. 1195, s. 11; 2002-37, s. 7.)

This provision has been very beneficial in attracting well-qualified foreign dentists, who are licensed in their home country to become faculty members at our school. Faculty with an instructor's license can teach and practice dentistry in our school or participate in any of our educational programs (e.g., an extramural school service events). The use of this provision has been extremely successful in helping us recruit and retain excellent faculty for our educational programs, and we would highly recommend it for your consideration.

If you need additional information or would like to discuss our use of instructor's licenses, please let me know.

Sincerely,

D. Gregory Chadwick, DDS, MS
Dean



ADAMS SCHOOL
OF DENTISTRY

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
ADAMS SCHOOL OF DENTISTRY

919-537-3737

Koury Oral Health Sciences Building
Campus Box 7450
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September 9, 2019

To Whom It May Concern:

Dr. Awab Abdulhaq Abdulmajeed has completed all requirements for a Certificate in Operative Dentistry & Biomaterials issued by the Adams School of Dentistry and a Master of Science degree in Operative Dentistry and Biomaterials issued by the Graduate School of the University of North Carolina at Chapel Hill. The requirements for this dual program are:

Overview: Completion of all of the following requirements: (1) academic; (2) clinical; (3) teaching assistantships; (4) comprehensive examination(s); and (5) Master's degree thesis. All of the requirements described below must be successfully completed in order to graduate from the Program.

Academic Requirement: Successful completion of all core courses and discipline-specific courses as listed in the Program curriculum.

Clinical Requirement: Successful completion of all clinical requirements, which includes patient care during the course of the Program. These clinical requirements included

1. Direct restorations with different restorative materials
2. CAD/CAM restorations
3. Esthetic enhancement and smile makeover (Bleaching and Ceramic Veneers)
4. Full coverage indirect restorations
5. Partial coverage indirect restorations (Inlays, Onlays)
6. Implant supported fixed dental prosthesis
7. Removable partial dentures

Graduate Teaching Assistantship Assignments

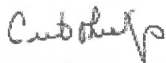
Comprehensive Examination Requirement: A passing score on the comprehensive written and/or oral examination

Master's Degree Thesis Requirement: Successful completion of all thesis research work, including approval of the final thesis document by a thesis committee, and an oral thesis defense.

Dr. Abdulmajeed has completed and complied with additional, applicable University, Graduate School, UNC School of Dentistry, and Program requirements and policies in order to graduate from the Program.

Please feel free to contact me if you have questions ceib_phillips@unc.edu

Sincerely,



Ceib Phillips, MPH, PhD
Associate Dean for Advanced Education/Graduate Programs
Interim Program Director, Operative Dentistry & Biomaterials
Program Director, Oral & Craniofacial Biomedicine
Professor, Department of Orthodontics
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