

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

THURSDAY, MAY 16TH, 202

7:00 P.M.

PUBLIC BOOK

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Thursday, May 16th, 2024
7:00 P.M.

Meeting Location:

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy., Suite 104
Henderson, NV 89014

Video Conferencing / Teleconferencing Available

To access by phone: **+1 775-321-6111 & Conference ID: 638 961 184#**

To access by video webinar:

Microsoft Teams Webinar/Meeting ID#: **255 815 874 243**

Microsoft Teams Webinar/Meeting Passcode: **dC9SBB**

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form and Live Public Comment by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting)). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Wednesday, May 15, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov> In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

Note: Asterisks (*) "**For Possible Action**" denotes items on which the Board may take action.

Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. **Call to Order**

- Roll call/Quorum

2. **Public Comment (Live public comment by teleconference and pre-submitted email/written form):**

The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Wednesday, May 15, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

*3. **President's Report:** (For Possible Action)

*a. **Request to remove agenda item(s)** (For Possible Action)

*b. **Approve Agenda** (For Possible Action)

*4. **Secretary – Treasurer's Report:** (For Possible Action)

*a. **Approval/Rejection of Minutes** (For Possible Action)

(1) Board Meeting – 4/10/2024

*5. **General Counsel's Report:** (For Possible Action)

a. **Legal Actions/Litigation Update** (For Informational Purposes Only)

b. **Regulatory Update** (For Informational Purposes Only)

*c **Consideration, Review, and Possible Approval/Rejection of Stipulation Agreements**

NRS 631.3635; NRS 622A.170; NRS 622.330

(1) Kenneth Hill, DDS

(2) Douglas Kern, DMD

(3) Matthew Kikuchi, DMD

(4) Brandon Joe, DDS

*d. **Authorized Investigative Complaints – NRS 631.360; NRS 631.190** (For Possible Action)

(1) Dr. Y - The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.3475; NRS 631.349.

(2) Dr. Z - The Board received information alleging Dr. Z may have breached the standard of care, thereby potentially violating NRS 631.3475; NRS 631.349.

***6. New Business:** (For Possible Action)

***a. Approval Rejection of Voluntary Surrender of License – NAC 631.160; NRS 631.190**

(For Possible Action)

(1) David B. Dowling, DDS

(2) Gloria Smith, RDH

***b. Consideration, Review, and Possible Approval/Rejection of Proposed Information Technology (IT) Upgrades and Maintenance Schedule for Board Office IT Server and IT Equipment - NRS 631.190**

(For Possible Action)

***c. AADB to Conduct a Presentation on Dentist/Dental Hygienist Interstate Compacts**

(For Informational Purposes Only)

***7. Public Comment (Live public comment by teleconference):** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Wednesday, May 15, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of speakers.

***8. Announcements**

***9. Adjournment** (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

Office of the NSBDE 2651 N GREEN VALLEY PKWY, Ste 104, Henderson, Nevada 89014

Nevada State Board of Dental Examiners Website: www.dental.nv.gov

Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a):

Approval/Rejection of Minutes

Agenda Item 4(a)(1):

Approval/Rejection on Minutes

Board Meeting

4-10-24

Agenda Item 5(c):

**Consideration, Review, and Possible Approval/Rejection
of Stipulation Agreements**

NRS 631.3635; NRS 622A.170; NRS 622.330

NRS 631.3635 Appointment of panel to review investigation or informal hearing; members; requirements of review; findings and recommendation.

1. The Board shall appoint a panel to review an investigation or informal hearing conducted pursuant to [NRS 631.363](#). Such a panel must consist of:

(a) If the subject of the investigation or informal hearing is a holder of a license to practice dental hygiene, one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dental hygiene who is not a member of the Board and is not the subject of the investigation or informal hearing.

(b) If the subject of the investigation or informal hearing is a holder of a license to practice dentistry or any other person not described in paragraph (a), one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dentistry who is not a member of the Board and is not the subject of the investigation or informal hearing.

2. A review panel appointed pursuant to subsection 1 shall, in conducting a review of an investigation or informal hearing conducted pursuant to [NRS 631.363](#), review and consider, without limitation:

(a) All files and records collected or produced by the investigator;

(b) Any written findings of fact and conclusions prepared by the investigator; and

(c) Any other information deemed necessary by the review panel.

3. The investigator who conducted the investigation or informal hearing pursuant to [NRS 631.363](#) shall not participate in a review conducted pursuant to subsection 1.

4. Before the Board takes any action or makes any disposition relating to a complaint, the review panel appointed pursuant to subsection 1 to conduct a review of the investigation or informal hearing relating to the complaint shall present to the Board its findings and recommendation relating to the investigation or informal hearing, and the Board shall review and consider those findings and recommendations.

5. Meetings held by a review panel appointed pursuant to subsection 1 are not subject to the provisions of [chapter 241](#) of NRS.

(Added to NRS by [2017, 988](#))

NRS 622A.170 Informal dispositions; consent and settlement agreements; designation of hearing panels.

1. The provisions of this chapter do not affect or limit the authority of a regulatory body, at any stage of a contested case, to make an informal disposition of the contested case pursuant to subsection 5 of [NRS 233B.121](#) or to enter into a consent or settlement agreement approved by the regulatory body pursuant to [NRS 622.330](#).

2. The provisions of this chapter do not affect or limit the authority of a regulatory body to designate a panel of its members to hear a contested case pursuant to this chapter.

(Added to NRS by [2005, 744](#))

NRS 622.330 Consent and settlement agreements: Conditions for entry; deemed public records; exceptions.

1. Except as otherwise provided in this section, a regulatory body may not enter into a consent or settlement agreement with a person who has allegedly committed a violation of any provision of this title which the regulatory body has the authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body, unless the regulatory body discusses and approves the terms of the agreement in a public meeting.

2. A regulatory body that consists of one natural person may enter into a consent or settlement agreement without complying with the provisions of subsection 1 if:

(a) The regulatory body posts notice in accordance with the requirements for notice for a meeting held pursuant to [chapter 241](#) of NRS and the notice states that:

(1) The regulatory body intends to resolve the alleged violation by entering into a consent or settlement agreement with the person who allegedly committed the violation; and

(2) For the limited time set forth in the notice, any person may request that the regulatory body conduct a public meeting to discuss the terms of the consent or settlement agreement by submitting a written request for such a meeting to the regulatory body within the time prescribed in the notice; and

(b) At the expiration of the time prescribed in the notice, the regulatory body has not received any requests for a public meeting regarding the consent or settlement agreement.

3. If a regulatory body enters into a consent or settlement agreement that is subject to the provisions of this section, the agreement is a public record.

4. The provisions of this section do not apply to a consent or settlement agreement between a regulatory body and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

(Added to NRS by [2003, 3417](#))

Agenda Item 5(c)(1):

**Consideration, Review, and Possible
Approval/Rejection of Stipulation Agreements
NRS 631.3635; NRS 622A.170; NRS 622.330**

Kenneth Hill, DDS

Agenda Item 5(c)(2):

**Consideration, Review, and Possible
Approval/Rejection of Stipulation Agreements
NRS 631.3635; NRS 622A.170; NRS 622.330**

Douglas Kern, DMD

Agenda Item 5(c)(3):

**Consideration, Review, and Possible
Approval/Rejection of Stipulation Agreements
NRS 631.3635; NRS 622A.170; NRS 622.330**

Matthew Kikuchi, DMD

Agenda Item 5(c)(4):

**Consideration, Review, and Possible
Approval/Rejection of Stipulation Agreements
NRS 631.3635; NRS 622A.170; NRS 622.330**

Brandon Joe, DDS

Agenda Item 5(d):

**Authorized Investigative Complaints
NRS 631.360; NRS 631.190
(For Possible Action)**

NRS 631.360 Investigation, notice and hearing; subpoena; search warrant; continuances; retention of complaints; regulations. [Effective January 1, 2020.]

1. Except as otherwise provided in [NRS 631.364](#), the Board may, upon its own motion, and shall, upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person who practices dentistry, dental hygiene or dental therapy in this State. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. The Board shall, before initiating disciplinary action, at least 10 days before the date set for the hearing, notify the accused person in writing of any charges made. The notice may be served by delivery of it personally to the accused person or by mailing it by registered or certified mail to the place of business last specified by the accused person, as registered with the Board.

3. At the time and place fixed in the notice, the Board shall proceed to hear the charges. If the Board receives a report pursuant to subsection 5 of [NRS 228.420](#), a hearing must be held within 30 days after receiving the report.

4. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Executive Director may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

5. The Board may obtain a search warrant from a magistrate upon a showing that the warrant is needed for an investigation or hearing being conducted by the Board and that reasonable cause exists to issue the warrant.

6. If the Board is not sitting at the time and place fixed in the notice, or at the time and place to which the hearing has been continued, the Board shall continue the hearing for a period not to exceed 30 days.

7. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

[Part 11:152:1951] — (NRS A [1969, 95](#); [1981, 99](#); [1983, 1114](#); [1993, 784](#); [2007, 508](#); [2009, 883](#); [2013, 2219](#); [2017, 4415](#), effective January 1, 2020)

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 5(d)(1):

Dr. Y – The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.3475; NRS 631.349

NRS 631.3475 Malpractice; professional incompetence; disciplinary action in another state; substandard care; procurement or administration of controlled substance or dangerous drug; alcohol or other substance use disorder; gross immorality; conviction of certain crimes; failure to comply with certain provisions relating to controlled substances; inappropriate administration of botulinum toxin or dermal or soft tissue fillers; failure to obtain certain training; violations related to pelvic examinations; certain operation of medical facility. The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;
3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;
4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;
5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, if it is not required to treat the dentist's patient;
6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in [chapter 454](#) of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:
 - (a) Was procured through a retail pharmacy licensed pursuant to [chapter 639](#) of NRS;
 - (b) Was procured through a Canadian pharmacy which is licensed pursuant to [chapter 639](#) of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of [NRS 639.2328](#); or
 - (c) Is cannabis being used for medical purposes in accordance with [chapter 678C](#) of NRS;
7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;
8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;
9. Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#) or [616D.300](#) to [616D.440](#), inclusive;
10. Failure to comply with the provisions of [NRS 453.163](#), [453.164](#), [453.226](#), [639.23507](#), [639.23535](#) and [639.2391](#) to [639.23916](#), inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;
 12. Failure to comply with the provisions of [NRS 454.217](#) or [629.086](#);
 13. Failure to obtain any training required by the Board pursuant to [NRS 631.344](#);
 14. The performance or supervision of the performance of a pelvic examination in violation of [NRS 629.085](#); or
 15. Operation of a medical facility, as defined in [NRS 449.0151](#), at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to [NRS 449.160](#).
- ↳ This subsection applies to an owner or other principal responsible for the operation of the facility.

(Added to NRS by [1983, 1107](#); A [1987, 1556](#); [1993, 784](#); [2009, 882](#); [2011, 258, 849](#); [2015, 117, 1171](#); [2017, 1256, 4414](#); [2019, 2202, 3218, 3886](#); [2021, 1573](#))

NRS 631.349 Examples of unprofessional conduct not complete list or authorization of other acts; Board may hold similar acts unprofessional conduct. The acts described in [NRS 631.346](#) to [631.3485](#), inclusive, must not be construed as a complete list of dishonorable or unprofessional conduct, or as authorizing or permitting the performance of other and similar acts, or as limiting or restricting the Board from holding that other or similar acts constitute unprofessional or dishonorable conduct.

(Added to NRS by [1983, 1108](#))

Agenda Item 5(d)(2):

Dr. Z – The Board received information alleging Dr. Z may have breached the standard of care, thereby potentially violating NRS 631.3475; NRS 631.349

Agenda Item 6:

New Business:
(For Possible Action)

Agenda Item 6(a):

**Approval/Rejection of
Voluntary Surrender of License
NAC 631.160; NRS 631.190
*(For Possible Action)***

NAC 631.160 Voluntary surrender of license. ([NRS 631.190](#))

1. If a licensee desires voluntarily to surrender his or her license, he or she may submit to the Board a sworn written surrender of the license accompanied by delivery to the Board of the certificate of registration previously issued to him or her. The Board may accept or reject the surrender of the license. If the Board accepts the surrender of the license, the surrender is absolute and irrevocable. The Board will notify any agency or person of the surrender as it deems appropriate.

2. The voluntary surrender of a license does not preclude the Board from hearing a complaint for disciplinary action filed against the licensee.

[Bd. of Dental Exam'rs, § XX, eff. 7-21-82]

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 6(a)(1):

**Approval/Rejection of
Voluntary Surrender of License NAC 631.160
*(For Possible Action)***

David B Dowling, DDS

Nevada State Board of Dental Examiners



2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

VOLUNTARY SURRENDER OF LICENSE

I, DAVID B. DOWLING, hereby surrender my Dental / Dental Hygiene (circle one)
Print name
License number 53-229C on the 24th day of MARCH, 20 24.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

[Redacted address]

Email address: [Redacted]

Home Phone: (978) [Redacted] Cell Phone: [Redacted]

David B. Dowling
Licensee Signature

3-26-24
Date of Signature (must correspond with notary date)

State of MS

County of Marshall

The statements on this document are subscribed and sworn before me this 26 day of March, 20 24.

Carol A Johnson
Notary Public

09-20-24
My Commission Expires



Received
APR 22 2024
NSBDE 06/2019

Agenda Item 6(a)(2):

**Approval/Rejection of
Voluntary Surrender of License NAC 631.160
*(For Possible Action)***

Gloria Smith, RDH

Nevada State Board of Dental Examiners



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VOLUNTARY SURRENDER OF LICENSE

I, Gloria Smith, hereby surrender my Dental / Dental Hygiene (circle one)

Print name

License number 3552 on the 18th day of April, 2024.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Provide full current mailing address including city, state and zip on the line below:

[Redacted address]

Email address:

[Redacted email address]

Home Phone: () Ø

Cell Phone: () [Redacted]

Gloria Smith
Licensee Signature

April 18, 2024
Date of Signature (must correspond with notary date)

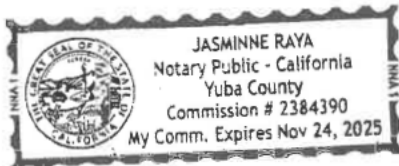
State of California

County of Sutter

The statements on this document are subscribed and sworn before me this 18 day of April, 2024.

JM
Notary Public

11/24/2025
My Commission Expires



Received

APR 23 2024

NSBDE

06/2019

Agenda Item 6(b):

**Consideration, Review and Possible Approval/Rejection
of Proposed Information Technology (IT) Upgrades
and Maintenance Schedule for Board Office IT Server
and IT Equipment - NRS 631.190
(For Possible Action)**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 6(c):

**AADB to Conduct a Presentation on Dentist/Dental
Hygienist Interstate Compacts**
(For Informational Purposes Only)

The AADB Dental and Dental Hygiene Licensure Compact:

Streamling Licensure Without Compromise

HOW?

Protects the public

The AADB Dental and Dental Hygiene Licensure Compact protects the public in three different ways:

 Licenses Persons with Compact Privilege apply for licenses through a portal to each jurisdiction, keeping boards in control of who can practice in their state and holding each licensee accountable to local rules and regulations.	 Standards Minimum competency standards include a demonstration of hand-skills, or 5-years in practice with a license in good standing in any/all jurisdictions where currently permitted to do so.	 Discipline Through the utilization of the existing, AADB Clearing house of discipline & actions, boards have access to a complete log of any board action or discipline in every Member State, preserving transparency and a quality workforce.
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HOW?

Keeps states independent

The AADB Compact legislation ensures states maintain governing independence by ensuring that all rule making, the issuance of licenses and disciplinary actions remain within the power of each jurisdictions' board or existing authority. The AADB Compact Commission serves to represent stakeholders in licensure not to intervene.

How?

Uniform Standards

Understanding that all persons issued a Compact License will qualify to practice in any Compact Member State, the AADB Compact Commission reviewed the initial licensure requirements of all 35 member boards of dentistry to establish uniform licensure requirements. These requirements pertain to education, disciplinary action, and competency to practice.

Who can participate in the AADB Dental and Dental Hygienist Compact?

To receive a Compact Privilege a licensee must:

- Graduate from a CODA-approved dental school.
- Pass the American Board of Dental Examiners, (ADEX) licensure exam, or be in practice 5 years having passed a regional licensing examination.
- Pass the written National Dental Board Exam administered by the Joint Commission on National Dental Examinations
- Be free of disciplinary actions as defined by the Compact Commission



By 2022, all AADB member boards, and 48 out of 50 US States accepted or required the ADEX licensure examination as the gold standard for establishing readiness to practice. The ADEX exam, administered in every US dental school, is the only examination incorporating both hand-skills and cognitive assessment components to ensure potential licensees can perform dentistry without harm to the public. Commissioners evaluating these state requirements determined non-skills based examinations do not ensure competency to practice as defined by the majority of US jurisdictions and should not be permitted as a uniform licensure component.

Ask Us

how to update your planned legislation to better protect patients, your state and your board.

Negative Impacts of the CSG/ADA Compact

What would happen if the CSG/ADA Compact became reality?

- **The CSG Compact will lower the licensure standards of 44 of 53 US jurisdictions.**

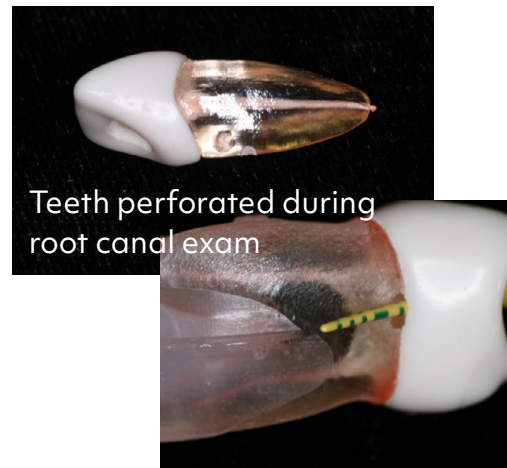
The CSG Model Legislation will allow untested dentists and dental hygienists to practice⁽¹⁾. The requirement of a “clinical assessment” as defined by the CSG does not require any testing of licensure candidates, merely an undefined “process.” Currently, nearly every US state requires an independent hand-skills examination as one component in its requirements for licensure.

ADEX examination failures from select documented PG-Y1 licensed candidates shown here⁽²⁾.

Clearly, hand-skills examinations protect the public from harm as unqualified professionals are not licensed.

- **Public health will be increasingly endangered if the quality of professionals diminishes.**

The CSG Compact will allow unvetted practitioners to become licensed and move around more freely. It isn't unreasonable to expect poorly-skilled dentists and dental hygienists to choose to become licensed in a state that does not require a hand-skills



Teeth perforated during root canal exam



Gum damage during dental hygiene scaling examination



Damage to adjacent teeth during crown & bridge examination

What would happen if the CSG/ADA Compact became reality?

exam then, with Compact Privilege, practice in a CSG Remote State without a license direct from and outside of the jurisdiction of that state's board.

As the numbers of these untested persons in practice grows, more and more patients will be treated by lesser and lesser regulated providers. Public health is in jeopardy.

› States won't know who is practicing dentistry in their jurisdiction, or have authority over Compact Privilege holders.

State statutes restrict a board's jurisdiction to those persons to whom a license is issued. Member (Remote) States do not issue licenses. Instead, CSG Compact Privilege alone is an authorization to practice⁽³⁾.

Despite the language outlined in the CSG Compact Legislation, stating that boards retain authority over Compact Privilege holders, statutes simply don't allow it. Boards may not know who is performing dentistry in their state, nor will they have authority over them.

As explained in the CSG FAQ's, local licensure is only required for specialists. Additionally, providers are not required to maintain a license where they live.

› Access to care is hurt, not helped by the CSG compact.

The Council of State Governments claims access to care will be improved with their compact. But will it really? Institutions graduate a set number of qualified dental professionals annually. The pool of licensed professionals will not increase because a compact exists.

Instead, the CSG compact may entice dental practitioners to practice elsewhere. Unlike the Interstate Medical Licensure Compact on which the AADB Dental and Dental Hygiene Licensure Compact was modeled, the CSG's compact does not establish a home-state principle. It also does not require providers to be licensed in their state of residency.

Providers can be expected to manipulate Compact Privilege to skirt established rules and regulations, thus shifting the workforce into and out of states and cities nationwide where quality care is needed (for employment opportunities).

how to update your planned
legislation to
better protect patients, your state
and your board.

Ask Us

1. Dental and Dental Hygienist Compact, Model Legislation §3B, §3D (2023); 2. Images courtesy The American Board of Dental Examiners, ADEX Subject to all applicable copyright laws, not for duplication.; 3. Dental and Dental Hygienist Compact, Model Legislation §2G (2023).

The DENTAL COMPACT

The appeal of a licensure compact

Healthcare license compacts are a benefit for both patients and professionals, as long as they offer the highest standard for license and portability. Practitioners benefit with a faster, smoother pathway to licensure.

Licensure requirements protect the public from practitioners who should not be practicing.

The stakeholders in licensure

The main stakeholders in the licensure process are the patients. They are the ones at risk if someone receives a license who is not qualified.

Dentists, dental hygienists, students, educators, and others are communities of interest but are not harmed if a license is given when it should not have been.

Service member benefits

The amendments to the Service Members Civil Relief Act (SCRA) in January 2023 added provisions for service members and their families, portability for their professional licenses. Modern compacts continue to help the military through compact fee waivers.

Current healthcare compacts

The Federation of State Medical Boards (FSMB) Medical Compact covers 36 jurisdictions and approximately 80% of medical practitioners are eligible.

For healthcare professions, the licensing rubric includes a single uniform independent third-party examination, developed by an organization of the state regulatory boards, that serves as a benchmark standard for licensure.

How the CSG, ADA, ADHA Compact misses the mark

1. Rules are promulgated by a simple majority of the member states and have the **force of law** in the participating states. In effect, an unelected commission has quasi-legislative authority in your state⁽¹⁾.
2. The Commission may levy on, and collect an **annual assessment** from each Participating State and impose fees on Licensees of Participating States, in effect, an unelected taxing authority resulting in an unknown fiscal impact⁽²⁾.
3. Participating states **are not required to report** all disciplinary issues⁽³⁾.
4. Independent **third-party licensure examinations are not preserved**; exams without a hand-skills requirement such as the DLOSCE or ADEA Compendium, or a future unknown exam could be recognized and therefore accepted by all compact states.
 - **Examinations are neither required or uniform**
 - A "Clinical Assessment" may be any exam or process and is not clearly defined and does not require hand-skills
 - If a dental school is recognized as a testing agency or process in a compact state, recognition is required by other compact states
 - Requires the majority of states to accept a **lowered standard of licensure examination**

How the AADB Compact, patterned closely after the Federation of State Medical Boards (FSMB) Compact, protects the public

1. Compact rules would exclusively cover the definition of eligible dentists and dental hygienists and be uniform and clearly defined.
 - Compact commission simply serves as the **clearing house for original source verification** and discipline to aid the member dental boards and shorten licensure issue times.
 - All other rule making relating to the professions are left to the individual **sovereign state**.
2. Fees to cover the **expenses are not borne by the state dental board** but only by the compact licensee, military members and their spouses are exempt from fees.
3. States are **required to report all disciplinary actions** allowing dental boards to **access significance independently**. Compact eligibility requires no history of discipline, controlled substance action or criminal history.
4. Independent **third-party licensure examinations are preserved**. The ADEX Examination, recognized by 50 of 53 US jurisdictions, and owned and developed by US dental boards, provides a **uniform standard of performance** for all licensure requirements. Sixteen states exclusively recognize the ADEX examination.

1. Dental and Dental Hygienist Compact, Model Legislation §7C3, 9B, 9K 10J2, 13B (2023); 2. Dental and Dental Hygienist Compact, Model Legislation §7E3 (2023); 3. Dental and Dental Hygienist Compact, Model Legislation §6C, 8B, 8G (2023).

Dental Hygiene Perspective:

Where the AADB Compact Excels and the CSG Falls Short

› Commission Representation

The Council of State Governments (CSG) Compact states “Participating State shall have and be limited to one (1) Commissioner selected by that Participating State’s State Licensing Authority or, if the State has more than one State Licensing Authority, selected collectively by the State Licensing Authorities⁽¹⁾.”

This is problematic because dental hygienists represent only 27% of membership on state boards of dentistry⁽²⁾, meaning the likelihood a dental hygienist’s perspective will be represented on the commission from any jurisdiction, is slim.

In contrast, the AADB Compact takes Dental Hygienists and split boards into account by ensuring two (2) representatives from each Participating State sit on the established Commission⁽³⁾.



Today, every hygienist can show they’re aptly prepared and well-trained to treat patients. That may change.

› Hand-skills exams are not required

The CSG Compact only requires a “clinical assessment” not a hand-skills examination⁽⁴⁾.

A lack of a clear definition of the components of such an assessment means that the dental hygienists of the future will not be required to perform any scaling exercise, periodontal probing measurement, or calculus detection to demonstrate competency.

AADB Compact requires a hand-skills examination as part of its uniform licensure requirements to protect the public⁽⁵⁾.

› Education Programs are undetermined.

The CSG Compact does not require graduation from a CODA-accredited program, rather permits other accrediting agencies recognized by the US Department of Education⁽⁶⁾.

To simplify applications with uniform requirements and ensure dental hygienist continue to provide the highest standards of care to patients, the AADB Compact requires licensees to have graduated from CODA-approved programs.

› **Cost**

The CSG Compact clearly states, “The Commission may levy on and collect an annual assessment from each Participating State and impose fees on Licensees of Participating States when a Compact Privilege is granted, to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each fiscal year for which sufficient revenue is not provided by other sources ⁽⁷⁾.”

That’s two different fees of an undetermined amount states will pay just to participate. Costs to obtain Compact Privilege are also undetermined at this time.

States and boards cannot tolerate additional financial burdens. The AADB understands most of these costs will likely filter to dental hygienists as they apply for licensure. The AADB Compact will not charge jurisdictions to become Member States.

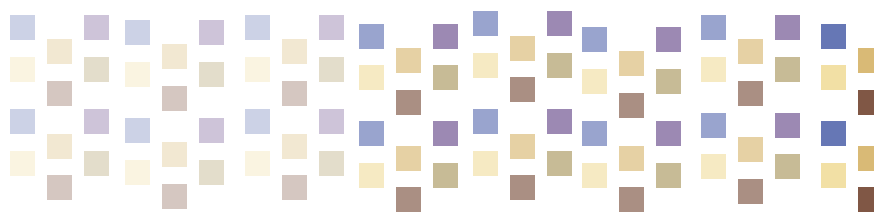


A well-designed compact should equally bring all competent professionals licensure portability with fewer burdens.

Ask Us

how to update your planned legislation to better protect patients, your state and your board.

1. Dental and Dental Hygienist Compact, Model Legislation §3A, §3D (2023); 2. 33rd Edition Composite Book, AADB (2023); 3. AADB Dental and Dental Hygienist Compact Legislation, §2C, 3B (2023); 4. Dental and Dental Hygienist Compact, Model Legislation §2D, §4A (2023); 5. AADB Dental and Dental Hygienist Compact Legislation, §2D, 2Q (2023); 6. Dental and Dental Hygienist Compact, Model Legislation §3A (2023); 7. Dental and Dental Hygienist Compact, Model Legislation §7E (2023).



A licensure compact could address many of the needs of the dental healthcare community. With two pieces of legislation to consider, which meets

YOUR needs?

Requirements

	IDDHLC (AADB) Compact	CSG Compact
DO YOU RECEIVE A STATE DENTAL LICENSE?	YES (EXPEDITED LICENSE)	NO (PRIVILEGE FROM COMPACT COMMISSION)
WHO ISSUES YOUR LICENSE OR PRIVILEGE?	PARTICIPATING STATE BOARD	COMPACT COMMISSION
IS HANDSKILL TESTING BY AN INDEPENDENT THIRD-PARTY MANDATORY?	YES	NO
IS GRADUATION FROM A CODA ACCREDITED DENTAL SCHOOL MANDATORY?	YES	NOT NECESSARILY
WHO HAS DIRECT JURISDICTION OVER COMPLIANCE, LEGAL ACTIONS, ORDERS, ETC.?	STATE DENTAL BOARD	COMPACT COMMISSION (NO REAL STATE LICENSE, NO JURISDICTION OVER NON-LICENSEES)
ARE THERE FISCAL IMPACTS TO STATE AND DENTAL BOARD?	NO	YES, UNKNOWN YEARLY CHARGES
WILL STATUTES NEED TO BE CHANGED OR SUPERSEDED?	NO	YES (EG. IF STATUTES REQUIRE HANDS-SKILL EXAM OR CODA DENTAL OR DENTAL HYGIENE SCHOOL – COMPACT COMMISSION RULES APPLY)
IS THERE A TWO-TIER LICENSING REQUIREMENT?	NO	YES (PRIVILEGE ONLY REQUIRED TO FOLLOW REQUIREMENTS OF STATE WHERE LICENSED)
COMPACT MODEL?	INTERSTATE MEDICAL COMPACT	COSMETOLOGY COMPACT

Ask Us

how to update your planned legislation
to better protect patients, your state and your board.

The North Carolina State Board of Dental Examiners

Position Statement

On

Selection of a Dentist and Dental Hygienist Compact

Currently two different Dentist and Dental Hygienist licensing compacts are being presented to state legislatures throughout the country. One compact was developed by the Council of State Governments, the other by the American Association of Dental Boards. Both agencies seek to create an interstate compact that will enhance licensing portability for dentists and dental hygienists; especially for those serving in the military and their spouses. Both also believe that receiving a compact license or privilege to practice relieves licensees of the burdens of maintaining multiple state licenses.

While the North Carolina State Board of Dental Examiners (NCSBDE) supports these goals it is uncertain as to the necessity of entering a compact to reach them. Neither proposed compact produces documentary or survey evidence of the number of dentists and dental hygienists who wish to pursue licensing in multiple states. It is difficult to recommend support of sweeping, long-term, and binding compact legislation without some idea of the demand for such a process. Also, the General Assembly's passage of NCGS 93B-15.1 allowing for military personnel and their spouses to be licensed by military endorsement, along with amendments to the Servicemember Civil Relief Act (SCRA), now allow for members of the military and their spouses to be licensed or to practice pursuant to military orders within a matter of days at no cost. It is hard to imagine a compact with less cost and greater efficiency than procedures that are already in place at the NCSBDE. North Carolina has also experienced a significant increase in mobility and the number of non-military dentists and hygienists admitted from other states after the General Assembly removed restrictions previously found in the Credentialing Statute. [NCGS 90-36]. This license mobility has occurred under current law and without the need for a compact. Notwithstanding these issues, the Dental Board has reviewed both proposed compacts very carefully and offers the following observations.

The proposed compact developed by the Council of State Governments (CSG), generally follows the language of previous compacts developed for various professions and North Carolina has joined six (6) of these: Nursing, Physical Therapy, Audiology and Speech-Language, Occupational Therapy, Emergency Medical Services, and Psychology. The other proposed compact has been developed by the American Association of Dental Boards (AADB) and purports to follow compact language developed and implemented by the Federation of State Medical Boards. Both have as their purpose a means to facilitate the interstate practice of dentistry and dental

hygiene, to improve access to care, and to protect public health and safety “...through the state’s authority to regulate the practice of dentistry and dental hygiene in the state.” (CSG Compact. Section 1) However, there are significant differences as to how the compacts are structured to achieve these goals. After careful, thorough, and thoughtful reading and analysis of the two compacts, ***the North Carolina State Board of Dental Examiners (NCSBDE) takes the position of favoring passage of the AADB Compact for the following reasons.***

First, the NCSBDE believes that the authority to regulate the practice of dentistry and dental hygiene rightfully belongs to the elected members of the NC General Assembly as enforced through a properly authorized Dental Board subject to legislative oversight. The AADB compact supports this position by clearly stating that it is the State Dental Board in Compact member states that determines if a dentist or dental hygienist is eligible for a compact license. (AADB Compact Sec. 6.d)

By contrast, the CSG compact creates a government agency made up of one (1) appointed commissioner from each state. This commission has the authority to pass rules with the effect of state law in each member state and is not subject to oversight by the NC General Assembly, any elected North Carolina official, the North Carolina Dental Board, or the North Carolina Courts. Should the unelected commission pass a rule that to which North Carolina objects, the rule can only be overturned by a majority of member state legislatures enacting “...a statute or resolution in the same manner used to adopt the Compact, within four (4) years...” (CSG Compact Sec. 9.D.) A court of competent jurisdiction may invalidate a rule only on certain grounds defined by the compact, and the only courts where legal challenges may be raised are “... the U.S. District Court of the District of Columbia or where the Commission has its principal offices...” (CSG Compact Sec. 10.J.3)

In addition to enacting rules with the effect of state law without oversight from any North Carolina agencies or officials and without any state-based legal remedies, the Commission also has unlimited and unchecked taxing and fee making authority. The CSG Compact Commission may levy and collect an annual assessment from each member state and impose fees on individual dentists and dental hygienists in amounts sufficient to cover its annual budget (CSG Compact. Sec. 7.E.3) Despite repeated inquiries, the CSG has not been able to provide any estimate of what the cost of its annual budget may be. **The NCSBDE simply thinks it is fiscally irresponsible to join an organization without having some idea of the initial and on-going costs.**

In contrast, the AADB Compact lacks taxing authority and does not levy an annual assessment on member states. All costs are to be borne by fees dentists and dental hygienists pay for the privilege of obtaining a Compact License. These fees are collected only from dentists and dental hygienists who voluntarily seek to obtain such a license. In addition, the AADB has for years maintained a nationwide database of disciplinary actions which could be expanded to include

other administrative actions necessary to support a compact. The NCSBDE believes this could result in considerable savings over the CSG Compact that faces the prospect of building such a system from the ground up.

Second, the AADB Compact continues to uphold the long-standing North Carolina statute that requires dental and dental hygiene graduates to pass a hand-skills examination conducted by a competent third-party before a license is issued. It is the Board's belief that testing critical thinking and analytical skills is not enough for the new licensee. The practice of dentistry and dental hygiene involves surgically precise movement within the narrow confines of the oral cavity often while doing so in a mirror image. It is not enough to diagnose and know what must be done, rather one must have the practiced and precise motor skills to heal without harm. The Board believes allowing newly graduated dentists and dental hygienists to perform procedures on patients without undergoing a hand-skills test is akin to allowing the new pilot to attempt landing a fully loaded passenger plane based solely on a written examination without ever having taken a check-ride with a certified flight examiner.

The CSG Compact does not require hand-skills testing. This allows dentists and dental hygienists from the minority of states that do not require hand-skills testing to practice in states that do. If the CSG compact was adopted here, North Carolina citizens would for the first time in history be subject to treatment by practitioners whose hand skills have never been evaluated by a competent third-party. This is a risk the NCSBDE is unwilling to support voluntarily.

Additionally, this aspect of the CSG compact would put North Carolina dental and dental hygiene graduates in an unequal and unfair position. Those who graduate from NC dental and dental hygiene schools and plan to practice in our state would continue to be subject to hand-skills testing required by the North Carolina statute as applied through the NC State Board of Dental Examiners. On the other hand, those entering NC through the CSG Compact could escape such testing. In fact, the CSG Compact incentivizes students with poor clinical hand-skills to seek initial licensure in a compact member state that does not require hand-skills testing. Once licensed without such testing, the licensee could then move freely across the border to North Carolina to practice on our residents. The North Carolina State Board of Dental Examiners opposes exposing the citizens of our state to such a risk and applying unequal treatment to NC graduates who would continue to be required to meet higher testing standards.

On the other hand, the AADB Compact requires all licensee who apply for licensure through the Compact to have successfully completed the American Board of Dental Examiners (ADEX) examination – an examination that tests the hand-skills of dentists and dental hygienists. Those who have not taken the ADEX examination have an alternative pathway that requires the applicant to have practiced at least five (5) years and have passed a similar state or regional licensure examination that tests hand skills. In either case, those who obtain a compact license through the AADB Compact must have undergone hand-skills testing.

Third, the NCSBDE supports a pathway for qualified out-of-state dentists and dental hygienists to receive an expedited “license” in North Carolina as opposed to merely being granted a “privilege” to practice. Those who qualify and meet the requirements of the AADB Compact are awarded an expedited **license** to practice in another Compact member state. In short, this means that the Dental and Dental Hygiene Practice Acts and other statutes as currently written would apply to any person practicing in North Carolina by virtue of a the AADB “compact license.” No legislative or statutory changes to these Practice Acts would be necessary since they apply to all who are licensed to practice dentistry or dental hygiene in our state. While it is true that both the AADB and CSG Compacts provide a pathway for dentists and dental hygienists to practice in other member states without the need to complete cumbersome duplicative application procedures, the CSG compact issues a **privilege** to practice rather than a **license**.

This raises a very important question: is the “privilege” to practice legally equivalent to being “licensed” to practice? The CSG Compact is silent on this point and current NC statutes do not address the rights and responsibilities of those practicing by virtue of a privilege. However, there are several important state and federal statutes that require a practitioner to be licensed in order to fully practice a profession within a state. For example, in North Carolina state statutes require an individual to have a **dental license** to write a prescription to be filled by a NC Pharmacist (NCGS 90-46), to form a Professional Corporation or Professional Limited Liability Company (NCGS 90-55), or to own a dental practice (NCGS 90-29(c)(11)). **The NCSBDE supports the granting of an expedited license, as is the case with the AADB Compact, in order to avoid legal questions or the need for additional legislation to address the differences between a privilege and a license.**

For the above primary reasons, the NCSBDE supports adoption of the AADB Compact rather than the CSG Compact to the extent that the North Carolina General Assembly deems it warranted, necessary, and appropriate to join a dental licensing compact. The AADB Compact would facilitate the interstate practice of dentistry and dental hygiene and improve access to care while maintaining existing authority within North Carolina – including legislative oversight – to protect the public health and safety of the citizens of our state.

INTERSTATE DENTAL AND DENTAL HYGIENE LICENSURE COMPACT



1 INTERSTATE DENTAL AND DENTAL HYGIENE LICENSURE COMPACT

2 The Interstate Dental and Dental Hygiene Licensure Compact is hereby enacted into law and the Governor shall
3 enter into a Compact on behalf of the State of _____ with any jurisdiction legally joined therein, in the
4 form substantially as set forth in this Act.
5

6 Section 1 . PURPOSE.

7 This Compact shall be known as the Interstate Dental and Dental Hygiene Licensure Compact and the purpose of
8 the Compact is to expedite licensure and increase access to dental health care through licensure boards acting in
9 cooperation. The Compact adopts the existing structures most utilized by Dental Boards across the United States,
10 while ensuring the safety of the public through the sharing of documents and information. This Compact ensures
11 that each state retains the right to impose an adverse action on a licensee as a home state or as a practicing state.
12 Each state has an opportunity to share investigations and information with the home state of licensure. The
13 Compact is operated by state dental board members, administrators and other staff, thus allowing for each state
14 to maintain its sovereignty.

15 The Compact:

- 16 (a) Allows for expedited licensure portability and ease of movement of licensees between states;
- 17 (b) Allows each state to continue to regulate the practice of dentistry and dental hygiene within its
18 borders;
- 19 (c) Creates a common goal of protecting the public by ensuring a uniform licensure standard and
20 sharing of information in the Compact;
- 21 (d) Allows for licensure in every participating state by requiring passage of the uniform licensure
22 examination that assesses psychomotor and cognitive dental skills and is currently accepted in fifty
23 state (50) licensing jurisdictions and United States territories;
- 24 (e) Gives licensees one (1) location to maintain professional documentation to expedite license
25 transfers in states, hospitals or institutional credentialing;
- 26 (f) Facilitates a faster licensure process for relocation or separation of military members and their
27 dependent spouses; there are no Compact fees for military members or their spouses;
- 28 (g) Alleviates a duplicative process for licensure among multiple states; and
- 29 (h) Saves applicants money by not having to obtain duplicate documents from a source that charges
30 for the documents.

31
32 Section 2. DEFINITIONS

- 33 (a) “AADB” means the American Association of Dental Boards (AADB) or its named successor, formerly
34 known as the American Association of Dental Examiners (AADE), originally chartered on September
35 10th, 1896 and renewed in 1944, comprised of State Dental Boards in the United States and its territories;
36
- 37 (b) “Attorneys’ Committee” means the committee of attorneys who currently represent a Member State
38 Dental Board. The Attorneys’ Committee shall participate in the Commission as a non-voting member.
39 An attorney that has previously served as an attorney for a Member State Dental Board may be invited on
40 a year-to-year basis to serve on the Attorneys’ Committee if they have not engaged in an official case
41 against a State Dental Board or have any no other conflict of interest. The Attorneys’ Committee may
42 assist the investigators in working through joint investigation issues between states;
43
- 44 (c) “Active-duty military person or spouse” means a Licensee in full-time active-duty status in the active
45 uniformed services of the United States, including members of the National Guard and Reserves. The
46 legal spouse of the military member must be recognized by the military unit as a dependent while the
47 service member is on active duty. Spouses shall receive the same privileges as military members for the
48 purpose of this Compact;
49

- 50 (d) “Active Investigation” means an active investigation resulting in formal allegations or charges
51 precipitating a judicial process by a State Dental Board, oversight agency, or other law enforcement entity;
52
- 53 (e) “Adverse Action” means an order issued by a State Dental Board or reported to the clearinghouse pursuant
54 to the Commission’s Bylaws and rules that disciplines a Licensee. Adverse Action includes, and is not
55 limited to, the suspension, limiting, or revocation of a License or Compact License Privilege; the
56 imposition of fees and sanctions; and any temporary emergency order that may be later withdrawn by a
57 Board;
58
- 59 (f) “ADEX examination” means the initial licensure examinations developed by the American Board of
60 Dental Examiners, Inc. or its successor;
61
- 62 (g) “Bylaws” means the bylaws passed by the Commission or its named successor commission;
63
- 64 (h) “Clearinghouse” means the clearinghouse and databank that houses prior Adverse Action documentations,
65 orders and denials of licensure or permits from State Dental Boards that is administered by the AADB or
66 its successor;
67
- 68 (i) “CODA” means the Commission on Dental Accreditation or its successor as approved by the United States
69 Department of Education;
70
- 71 (j) “Commission” means the Interstate Dental and Dental Hygiene Compact Licensure Commission created
72 pursuant to Section 3 of this Act.
73
- 74 (k) “Commissioners” means the two (2) members chosen by each Member State Dental Board to serve as the
75 voting members of the Commission;
76
- 77 (l) “Compact” means the Interstate Dental and Dental Hygiene Licensure Compact created pursuant to
78 Section 3 of this Act;
79
- 80 (m) “Compact License Privilege” means the expedited dental or dental hygiene license to practice in a Member
81 State that is not the Licensee’s Home State;
82
- 83 (n) “Conviction” means an adjudication or formal judgment by a court that an individual is guilty through a
84 plea of guilty or no contest, or a finding of guilt by the court. Evidence of a conviction of a criminal
85 offense by the court shall be considered final for the purposes of considering or imposing disciplinary
86 action by a Member State Dental Board;
87
- 88 (o) “Criminal background check” means a criminal background check using the results of fingerprint or other
89 biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the
90 exception of federal employees who have suitability determination in accordance with 5 C.F.R. 731.202;
91
- 92 (p) “Dental hygienist” means any person who:
93 1. Has successfully graduated from a CODA-approved dental hygiene school;
94 2. Has successfully passed the ADEX dental hygiene licensure examination; or has been in practice 5
95 years or more and has successfully passed a Regional Board Examination or equivalent state-
96 administered psychomotor licensure examination prior to January 1, 2024;
97 3. Has successfully passed the written national dental hygiene board examination administered by the
98 Joint Commission on National Dental Examinations;

- 99 4. Possesses a full and unrestricted dental hygiene license issued by a Member State;
100 5. Has never been convicted or received adjudication, deferred adjudication, community supervision or
101 deferred disposition for any offense by a court of appropriate jurisdiction;
102 6. Has never been a subject of discipline by a Licensing Agency through any Adverse Action, order, or
103 other restriction of the Licensee by a Licensing Agency, with the exception of failure to pay fees or
104 failure to complete continuing education;
105 7. Is not currently under Active Investigation by a Licensing Agency or law enforcement authority in
106 any state, federal or foreign jurisdiction; and
107 8. Meets any jurisprudence requirement established by a Member State Dental Board of a Member State
108 in which a Licensee is seeking a Compact License Privilege.

109
110 (q) “Dental Practice Act” means the laws and regulations governing the practice of dentistry within a Member
111 State;
112

113 (r) “Dentist” means any person who:

- 114 1. Has successfully graduated from a CODA-approved dental school;
115 2. Has successfully passed the ADEX dental licensure exam; or has been in practice 5 years or more and
116 has successfully passed a Regional Board Examination or equivalent state-administered psychomotor
117 licensure examination prior to January 1, 2024;
118 3. Has successfully passed the written National Dental Board Exam administered by the Joint
119 Commission on National Dental Examinations;
120 4. Possesses a full and unrestricted dental license issued by a Member State Dental Board;
121 5. Has never been convicted or received adjudication, deferred adjudication, community supervision, or
122 deferred disposition for any offense by a court of appropriate jurisdiction;
123 6. Has never been a subject of discipline by a Licensing Agency through any Adverse Action, order, or
124 other restriction of the Licensee by a Licensing Agency, with the exception of failure to pay fees or
125 failure to complete continuing education;
126 7. Has never had a state or federal drug registration, permit, or license restricted, suspended, or revoked
127 by the United States Drug Enforcement Administration or any Licensing Agency that oversees
128 scheduled drug registrations;
129 8. Is not currently under Active Investigation by a Licensing Agency or law enforcement authority in
130 any state, federal or foreign jurisdiction; and
131 9. Meets any jurisprudence requirement established by a Member State Dental Board in which a Licensee
132 is seeking a Compact License Privilege;
133

134 (s) “Home State” means the state of primary licensure of a Licensee;
135

136 (t) “License” means the authorization by a Licensing Authority for a dentist or dental hygienist to engage in
137 the unrestricted practice of dentistry or dental hygiene, which would be unlawful without such license;
138

139 (u) “Licensee” means a Dentist or Dental Hygienist who holds an unrestricted License to practice as a dentists
140 or dental hygienist.
141

142 (v) “Licensing Agency” means the agency or other entity of a State that is responsible for the licensing of
143 Dentists and Dental Hygienists. If a Member State Dental Board has such responsibility, it shall be deemed
144 a Licensing Agency.
145

146 (w) “Member State Dental Board” means a state agency in a Member State that protects the public through
147 licensure, regulation, and the education of dentist and dental hygienists, as directed by the state law. All

148 actions taken by a Member State Dental Board shall be under the authority of the laws its State and any
149 other rights conferred under this Compact;

- 150
151 (x) “Member State” means a state or United States territory that has enacted the Compact;
152
153 (y) “Regional Board Examination” means initial licensure examinations administered by the Western
154 Regional Examining Board (WREB), the North East Regional Board of Dental Examiners (NERB), the
155 Commission on Dental Competency Assessments (CDCA), Council of Interstate Testing Agencies
156 (CITA), Southern Regional Testing Agency (SRTA), or Central Regional Dental Testing Services
157 (CRDTS) that assess psychomotor skills;
158
159 (z) “Repository” means the repository of original documents of a Licensee that may include original
160 transcripts, certification documents, test scores, military training records, previous or current licensing
161 documents and other sources of materials needed for applications and verification administered by the
162 AADB or its successor. The Repository shall receive documents from primary or originating sources
163 and/or verify their authenticity;
164
165 (aa) “Scope of practice” means the dental-related procedures that require a License, permit, or training, to
166 undertake the treatment and procedure to be completed on a patient within the Member State’s
167 requirements;
168
169 (bb) “State” means a state within the United States or a United States Territory; and
170
171 (cc) “State jurisprudence” means the knowledge of a Member State’s laws and rules of dentistry and dental
172 hygiene.
173

174 Section 3. COMPACT AND COMMISSION

- 175 a) The Member States hereby create the Interstate Dental and Dental Hygiene Licensure Compact and the
176 Commission. Each State must enact a compact that is not materially different from this Compact, as
177 determined by the Commission.
178
179 b) Each Member State Dental Board shall have two (2) voting members who shall serve as Commissioners.
180 Each Commissioner shall have one (1) vote. Member States with separate dental and dental hygiene
181 Licensing Agencies shall appoint one (1) Commissioner from each licensing agency. One Commissioner
182 shall be a current member of a Member State Dental Board. Commissioners may not delegate votes or
183 vote by proxy, however, if a Commissioner is unable to attend, the Member State may substitute a
184 Commissioner who meets the same requirements.
185
186 c) Upon five (5) states joining the Compact, the Compact shall become active. The Commission shall adopt
187 Bylaws upon becoming active.
188
189 d) The Commission shall meet at least once per calendar year (the “Annual Meeting”) and at additional
190 times as necessary pursuant to the Bylaws and rules.
191
192 e) At each Annual Meeting, the Commission shall elect a Chair, Vice Chair, Secretary, and Treasurer from
193 the membership of the Commission (the “Officers.”) The Officers shall be members of the Commission’s
194 Executive Committee (the “Executive Committee.”) The Commission shall also elect representatives
195 from four (4) regional districts established by the Commission to serve on the Executive Committee. All
196 Officers and Executive Committee representatives shall serve one (1)-year terms.
197

- 198 f) Quorum for purposes of conducting business shall be a majority of Commissioners attending in person
199 or virtually.
200
- 201 g) The Commission shall provide notice of all meetings on its website and in other communications to
202 Member State Dental Boards.
203
- 204 h) A vote of two-thirds (2/3) of the Commissioners present shall be required for an executive session to
205 discuss:
206 1) Items specifically related to participation in a lawsuit or in anticipation of a legal proceeding;
207 2) Matters specifically exempted from disclosure by federal statute;
208 3) Information or matters involving law enforcement agencies or information that accuses a person
209 of a crime or a public censure;
210 4) Discussions that would include information of a personal nature that would constitute an
211 unwarranted invasion of personal privacy;
212 5) Anything considered internal practices and procedures or a trade secret;
213 6) Other items described in the Commission Bylaws allowing for executive sessions to be called; or
214 7) Advice of Legal Counsel.
215
- 216 i) The Commission shall keep minutes and make them available to all Member States.
217
- 218 j) The Commission may establish other committees as needed.
219
- 220 k) The Commission shall prepare an annual report that shall be made available to the legislatures and
221 governors of the Member States. The annual report shall describe the activities of the Commission during
222 the preceding calendar year. Such reports shall also include reports of the annual financial audit and any
223 actions taken by or rules that were adopted by the Commission.
224

225 Section 4. DUTIES OF COMPACT MEMBER STATES 226

- 227 a) Member States shall submit to the Clearinghouse all Member State Dental Board actions and other
228 documents and data as determined by the Commission;
229
- 230 b) Member States shall notify the Commission of any Adverse Action taken by the Member State Dental
231 Board, any Active Investigation by the Member State Dental Board, any Active Investigation involving
232 pending criminal charges, or other circumstance as determined by the Commission;
233
- 234 c) Any Adverse Action, order, restriction or denial of a license or permit on a Licensee or Compact License
235 Privilege holder shall be reported to the Clearinghouse by the Member State Dental Board;
236
- 237 d) Member State Dental Boards may submit to the Clearinghouse nonpublic complaints, or disciplinary or
238 investigatory information not required by Section 4(c). All investigatory material shall be considered
239 confidential and not part of a public record unless otherwise specifically required by state statute;
240
- 241 e) Accept continuing education credits as required by each state;
242
- 243 f) Documents in the Repository shall be treated by a Member State as the equivalent of a primary or original
244 source document for licensure;
245
- 246 g) Member States shall accept a standardized application for a Compact License Privilege. The standardized
247 application shall be established by the rules enacted by the Commission;

- 248
249 h) Member States may agree to share information regarding ongoing investigations and actions, including
250 joint investigations between states. All investigatory material shall be considered confidential and not part
251 of a public record unless otherwise specifically required by state statute; and
252
253 i) As part of the Compact enforcement, participating Member States may issue subpoenas and seek
254 testimony of witnesses, which subpoenas shall be enforced in other Member States and enforced by a
255 court of competent jurisdiction where the witnesses or evidence is located.
256

257 Section 5. POWERS AND DUTIES OF THE COMMISSION
258

- 259 a) The Commission shall have the duty and power to:
- 260 1) Oversee and maintain the administration of the Compact, including the organizational needs, the
261 financial activities, the hiring of personnel and ongoing activities or needs of the Commission;
 - 262 2) Promulgate Bylaws and rules to operate the Compact and the Commission;
 - 263 3) Establish a budget and make expenditures;
 - 264 4) Have an annual financial audit performed by an independent certified public accounting firm;
 - 265 5) Issue, upon the request of a Member State Dental Board, advisory opinions concerning the
266 meaning or interpretation of the Compact and its Bylaws, rules, and actions;
 - 267 6) Enforce compliance with Compact provisions, the rules promulgated by the Commission, and the
268 Bylaws, using all necessary and proper means, including but not limited to the use of judicial
269 process;
 - 270 7) Hold an Annual Meeting for the Commission where the elections of the Executive Committee and
271 other issues may be discussed and voted on;
 - 272 8) Establish personnel policies and programs relating to conflicts of interest, and the rates of
273 compensation and qualifications of personnel;
 - 274 9) Accept donations and grants of money, equipment, supplies, materials and services, and to receive,
275 utilize and dispose of them in a manner consistent with the conflict-of-interest policies established
276 by the Commission;
 - 277 10) Report annually to the legislatures and governors of the Member State Dental Boards concerning
278 the activities of the Commission during the preceding calendar year. Such reports shall also include
279 reports of annual financial audits, all actions of the Commission, rules adopted by the Commission,
280 and any recommendations by the Commission; and
 - 281 11) Coordinate education, training and public awareness regarding the Compact, its implementation,
282 and its operation.
283
- 284 b) The Executive Committee shall have the power to act on behalf of the Commission, with the exception of
285 rulemaking, during periods when the Commission is not in session. When acting on behalf of the
286 Commission, the Executive Committee shall oversee the administration of the Compact, including
287 enforcement and compliance of the Compact.
288
- 289 c) The officers and employees of the Commission shall be immune from suit and liability, either personally
290 or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil
291 liability caused or arising out of, or relating to, an actual or alleged act, error or omission that occurred, or
292 that such person had a reasonable basis for believing occurred, within the scope of Commission
293 employment, duties or responsibilities; provided, that such person shall not be protected from suit or
294 liability for damage, loss, injury or liability caused by the intentional or willful and wanton misconduct of
295 such person.
296

- 297 d) The liability of the executive director and employees of the Commission or representatives of the
298 Commission, acting within the scope of such person's employment or duties for acts, errors or omissions
299 occurring within such person's state may not exceed the limits of liability set forth under the constitution
300 and laws of that state for state officials, employees and agents. The Commission shall be considered to be
301 an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be
302 construed to protect such person from suit or liability for damage, loss, injury or liability caused by the
303 intentional or willful and wanton misconduct of such person.
304
- 305 e) The Commission shall defend the Commission's executive director, its employees, and, subject to the
306 approval of the attorney general or other appropriate legal counsel of the Member State represented by an
307 Commission representative, shall defend such Commission representative in any civil action seeking to
308 impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of
309 Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for
310 believing occurred within the scope of Commission employment, duties or responsibilities, provided that
311 the actual or alleged act, error or omission did not result from intentional or willful and wanton misconduct
312 on the part of such person.
313
- 314 f) To the extent not covered by the state involved, Member State, or the Commission, the representatives or
315 employees of the Commission shall be held harmless in the amount of a settlement or judgment, including
316 attorney fees and costs, obtained against such persons arising out of an actual or alleged act, error or
317 omission that occurred within the scope of Commission employment, duties or responsibilities, or that
318 such persons had a reasonable basis for believing occurred within the scope of Commission employment,
319 duties or responsibilities, provided that the actual or alleged act, error or omission did not result from
320 intentional or willful and wanton misconduct on the part of such persons.
321

322 Section 6. APPLICATION, ELIGIBILITY, AND ISSUANCE OF COMPACT LICENSE
323 PRIVILEGE TO A MEMBER STATE.
324

- 325 a) A dentist or dental hygienist applying for Compact License Privileges shall meet the requirements of a
326 Dentist as listed in Section (2)(r) of this Compact or a Dental Hygienist as listed in Section (2)(p) of this
327 Compact and hold a current License in a Member State under this Compact.
328
- 329 b) Each Dentist or Dental Hygienist shall designate a Home State of licensure. The Home State shall be
330 determined by:
331
- 332 1) The State of primary residence for the Dentist or Dental Hygienist, where twenty-five percent
333 (25%) of their practice within one year occurs. An active-duty military member or their spouse
334 may choose a Home State as designated with the military but are not required to meet the
335 requirement of twenty-five percent (25%) practice being within their Home State; or
336
 - 337 2) If no State qualifies under Section 6(b)(1), then the State where the Dentist or Dental Hygienist
338 filed the previous year's federal tax return.
339
- 340 c) A Dentist or Dental Hygienist may redesignate a Home State no more than one time in a calendar year if
341 the qualifications of a Home State are met.
342
- 343 d) A Dentist or Dental hygienist seeking a Compact License Privilege (the "Applicant") shall apply to their
344 Home State Dental Board for a letter stating that the Applicant is eligible for Compact License Privileges.
345

- 346 e) The Home State Dental Board shall determine the eligibility of an application for a Compact License
347 Privilege and shall issue a letter of approval or denial of the application for a Compact License Privilege.
348
- 349 f) The letter from the Applicant's Home State Dental Board approving the application shall be submitted
350 to the Member State Dental Board for the Member State in which the Applicant proposes to practice, and
351 shall include: (i) the Compact application packet; (ii) authorization to seek access to the Applicant's
352 Repository documents; (iii) any additional information that may be required by the proposed Compact
353 License Privilege state; and (iv) any required fees. The Member State Dental Board shall review the
354 application to confirm compliance with the Member State's laws and regulations. Following such review,
355 if the Member State Dental Board approves the application, it shall issue a Compact License Privilege
356 from the proposed Member State to the Applicant.
357
- 358 g) Appeals of a denial of a Compact License Privilege application shall be filed with the Member State
359 Dental Board making such determination, and shall be filed within thirty (30) dates of the date of the
360 denial.
361
- 362 h) A Licensee holding a Compact License Privilege shall notify the Commission within ten (10) business
363 days of any Adverse Action taken against a License held in a state that is not a Member State.
364
- 365 i) A Compact License Privilege may be revoked, suspended or limited by the issuing Member State Dental
366 Board if at any time the Licensee's Home State license is revoked, suspended or limited.
367
- 368 j) The Commission shall issue rules on the duration of a Compact License Privilege, the application and
369 renewal process for a Compact License Privilege, and any application fees.
370
- 371 k) Eligibility or ineligibility to receive a Compact License Privilege shall not limit the ability of a Licensee
372 to seek a state license through the regular process outside of the Compact.
373

374 7. JURISDICTION OVER COMPACT LICENSE PRIVILEGE HOLDERS

- 375 a) Each Licensee holding a Compact License Privilege shall be subject to and comply with the laws and
376 regulations of the Member State in which such Licensee practices under a Compact License Privilege.
377
- 378 b) Each Licensee holding a Compact License Privilege shall be subject to the jurisdiction and authority of
379 the Member State Dental Board of the state in which such Licensee practices, as if they held a license
380 issued from such Member State Dental Board. Such Compact License Privilege holder shall be deemed
381 a "Licensee" of the Member State Dental Board for purposes of such board taking an Adverse Action.
382
- 383 c) Each Licensee holding a Compact License Privilege shall list a current address with the Commission
384 that shall serve as their official address of service.
385
- 386 d) A Licensee holding a Compact License Privilege may have an Adverse Action taken against them by:
387
- 388 1) The Member State Dental Board of the Member State in which they are practicing with a
389 Compact License Privilege;
 - 390 2) The Licensee's Home State; or
 - 391 3) The State Licensing Authority of a State that is not a Member State from which the Licensee
392 holds a License.
393

- 394 e) A Home State may take an Adverse Action against the holder of a Compact License Privilege,
395 regardless of where the actions giving rise to the Adverse Action occurred.
396 f) Any Member State in which the Compact Licensee holds a Compact License Privilege may investigate
397 an allegation of a violation of the laws and rules of the practice of dentistry or dental hygiene in any
398 other State where the Compact Licensee holds a Compact License Privilege.
399

400 Section 8. FEES AND MILITARY WAIVER

- 401 a) The Commission shall issue rules regarding the use of the Repository by each holder of a Compact
402 License Privilege.
403
404 b) A Member State Dental Board issuing a Compact License Privilege authorizing practice in its State
405 may impose a fee for a Compact License Privilege, for either initial issuance or any renewal..
406
407 c) No Compact fee shall be required of any active-duty military member and/or their spouse up to one
408 (1) year after separation. Each Member State issuing a Compact License Privilege may waive fees for
409 active-duty military and/or their spouse as required by each individual state statute.
410
411 d) Active-duty military may transfer military training records to the Repository without a fee.
412

413 Section 9. JOINT INVESTIGATIONS AND DISCIPLINARY ACTIONS

- 414 a) Each Member State shall name a point of contact for joint investigations between Member State Dental
415 Boards.
416
417 b) Member State Dental Boards may participate with other Member State Dental Boards in joint
418 investigations of Licensees that are subject to this Compact.
419
420 c) Member State Dental Boards may share investigative, litigation or other materials in furtherance of
421 any joint or individual investigation of a Compact License Privilege holder.
422
423 d) A subpoena issued by a Member State or Member State Dental Board shall be enforceable in other
424 Member States as allowed by law.
425
426 e) If a Compact License Privilege holder has an Adverse Action taken by any Member State Dental Board
427 against the Compact License Privilege holder, the Compact License Privilege holder, Licensee shall
428 automatically be subject to discipline by other Member State Dental Boards.
429
430 f) If a Compact License Privilege holder has an Adverse Action taken against their Home State license,
431 including being revoked, surrendered, or relinquished in lieu of discipline or suspended, then
432 automatically all other Compact License Privileges shall be placed in the same status. The Home State
433 Dental Board shall notify the Commission and the Commission shall issue a notice to all Member
434 State Dental Boards of such Adverse Action.
435
436 g) If discipline or an Adverse Action is taken against a Compact License Privilege holder in a Member
437 State, the Member State Board shall notify the Commission and the Home State of the Compact
438 License Privilege holder. The Home State may deem the action conclusive as a matter of law and fact
439 decided and may:
440
441 1) Impose the same or lesser sanction consistent with the Home State's laws; or
442

- 443 2) Pursue separate actions against the Compact License Privilege holder under its laws, regardless
444 of the sanctions pursued by the Member State Dental Board.
445

446 Section 10. OTHER REQUESTS FOR INFORMATION FROM THE REPOSITORY AND THE
447 CLEARINGHOUSE

- 448 a) Insurance companies and entities verifying documents for the purpose of licenses extended to a Dentist or
449 Dental Hygienist may seek information from the Clearinghouse for public record documents;
450
451 b) A Dentist or Dental Hygienist may submit a request to the Commission to allow any hiring employer,
452 entity, or insurance company to access documents from the Repository for the purposes of credentialing,
453 licensing or other privileges;
454
455 c) The Commission shall set a fee schedule for these services.
456

457 Section 11. RULEMAKING FUNCTIONS OF THE COMMISSION

- 458 a) The Commission shall promulgate reasonable rules in order to effectively and efficiently implement and
459 achieve the purposes and administration of the Compact. Notwithstanding the foregoing, in the event the
460 Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of
461 the Compact or the powers granted hereunder, then such an action by the Commission may be determined
462 to be invalid and have no force or effect.
463
464 b) Rules issued by the Commission shall have the force of law in each Member State.
465
466 c) Rules deemed appropriate for the operations of the Commission shall be made pursuant to a rulemaking
467 process that substantially conforms to the Model State Administrative Procedure Act of 2010, and
468 subsequent amendments thereto.
469

470 Section 12. OVERSIGHT OF THE COMPACT

- 471 a) The executive, legislative, and judicial branches of state government in each Member State shall enforce
472 the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes
473 and intent to allow for expedited licensure for the purpose of mobility. The provisions of the Compact
474 and the rules promulgated hereunder shall have standing as statutory law but shall not override existing
475 state authority to regulate the practice of dentistry and dental hygiene.
476
477 b) All courts may take judicial notice of the Compact and the rules in any judicial or administrative
478 proceeding in a Member State pertaining to the subject matter of the Compact which may affect the
479 powers, responsibilities or actions of the Commission.
480
481 c) The Commission shall be entitled to receive all service of process in any such proceeding and shall have
482 standing to intervene in the proceeding for all purposes. Failure to provide service of process to the
483 Commission shall render a judgment or order void as to the Commission, the Compact or promulgated
484 rules.
485

486 Section 13. ENFORCEMENT AND DEFAULT PROCEDURES

- 487 a) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the
488 Compact.
489
490 b) The grounds for default under this Compact by a Member State include, but are not limited to, failure of
491 a Member State to perform such obligations or responsibilities imposed upon it by the Compact or by the
492 rules and Bylaws of the Commission promulgated under the Compact.

- 493
494 c) If the Commission determines that a Member State has defaulted in the performance of its obligations or
495 responsibilities under the Compact, or the Bylaws or promulgated rules, the Commission shall:
496 1) provide written notice to the defaulting state and other Member States of the nature of the
497 default, the means of curing the default and any action taken by the Commission. The
498 Commission shall specify the conditions by which the defaulting state must cure its default;
499 and
500 2) provide remedial training and specific technical assistance regarding the default.
501
- 502 d) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact
503 upon an affirmative vote of a majority of the Commissioners and all rights, privileges and benefits
504 conferred by the Compact shall terminate on the effective date of termination. A cure of the default does
505 not relieve the offending state of obligations or liabilities incurred during the period of the default.
506
- 507 e) Termination of membership in the Compact shall be imposed only after all other means of securing
508 compliance have been exhausted. Notice of intent to terminate shall be given by the Commission to the
509 Governor, the majority and minority leaders of the defaulting state's legislature and each of the Member
510 States.
511
- 512 f) The Commission shall establish rules and procedures to address licenses and Compact License Privilege
513 holders that are materially impacted by the termination of a Member State or the withdrawal of a Member
514 State.
515
- 516 g) The Commission shall not bear any costs relating to any state that has been found to be in default or
517 which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between
518 the Commission and the defaulting state.
519
- 520 h) The defaulting state may appeal the action of the Commission by petitioning the federal district where
521 the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation,
522 including reasonable attorney fees.
523
- 524 i) The Commission shall not bear any costs relating to any state that has been found to be in default or
525 which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between
526 the Commission and the defaulting state.
527
- 528 j) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may avail
529 itself of any other remedies available under state law or the regulation of a profession.
530

531 Section 14. DISPUTE RESOLUTION

- 532 a) The Commission shall attempt, upon the request of a Member State Dental Board, to resolve disputes
533 which are subject to the Compact and which may arise among Member State Dental Boards.
534
- 535 b) The Commission shall promulgate rules providing for both mediation and binding dispute resolution, as
536 appropriate.
537
- 538

539 Section 15. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

- 540 a) Any state is eligible to become a Member State of the Compact.
541

- 542 b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by
543 no less than five (5) states. Thereafter, it shall become effective and binding on a state upon enactment of
544 the Compact into law by that State.
545
- 546 c) The governors of non-member states, or their designees, shall be invited to participate in the activities of
547 the Commission on a nonvoting basis prior to adoption of the Compact by all States.
548
- 549 d) The Commission may propose amendments to the Compact for enactment by the Member States. No
550 amendment shall become effective and binding upon the Commission and the Member States unless and
551 until it is enacted into law by unanimous consent of the Member States.
552

553 Section 16. WITHDRAWAL

- 554 a) Once effective, the Compact shall continue in force and remain binding upon each and every Member
555 State; provided, however, that a Member State may withdraw from the Compact after giving appropriate
556 notice by specifically repealing the statute which enacted the Compact into law.
557
- 558 b) The Licensee's Compact License Privilege shall remain in effect for six (6) months from the date of the
559 Member State Dental Board withdrawal.
560
- 561 c) The withdrawing State shall immediately notify the chairperson of the Commission in writing upon the
562 introduction of legislation repealing the Compact by the withdrawing state.
563
- 564 d) The Commission shall notify the other Member States of the withdrawing State's intention to withdraw
565 within sixty (60) days of its receipt of notice provided under Section 16(c) of this section.
566
- 567 e) Reinstatement following withdrawal of a Member State shall occur upon the withdrawing state
568 reenacting the Compact or upon such later date as determined by the Commission.
569
- 570 f) The Commission shall issue rules to address the impact of the withdrawal of a Member State on Licenses
571 granted by other Member States to dentists and dental hygienists who designated the withdrawing
572 Member State as their Home State.
573

574 Section 17. DISSOLUTION

- 575 a) The Compact shall dissolve effective upon the date of the withdrawal or default of the Member State
576 which reduces the membership in the Compact to one (1) Member State.
577
- 578 b) Upon the dissolution of the Compact, the Compact shall become null and void and shall be of no further
579 force or effect, and the business and affairs of the Commission shall be concluded and surplus funds
580 shall be distributed in accordance with the Bylaws.
581

582 Section 18. SEVERABILITY AND CONSTRUCTION

- 583 a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence or provision is
584 deemed unenforceable, the remaining provisions of the Compact shall be enforceable.
585
- 586 b) The provisions of the Compact shall be liberally construed to effectuate its purposes.
587

588 Section 19. BINDING EFFECT OF COMPACT AND OTHER LAWS

- 589 a) Nothing herein prevents the enforcement of any other law of a Member State that is not inconsistent
590 with the Compact.
591

- 592 b) All lawful actions of the Commission, including all rules and Bylaws promulgated by the Commission,
593 shall be binding upon the Member States.
594
- 595 c) All agreements between the Commission and the Member States shall be binding in accordance
596 with their terms.
597
- 598 d) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature
599 of any Member State, such provision shall be ineffective to the extent of the conflict with the
600 constitutional provision in question in that Member State.
601

602 Section 20. RULES OF ORDER

603 The most current edition of the *American Institute of Parliamentarians Standard Code of Parliamentary*
604 *Procedure* shall all meetings of the Commission, including its committees, in those situations not
605 otherwise covered in the Bylaws.