

**BOARD OF DENTISTRY**  
Professional & Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

**MINUTES OF MEETING<sup>1</sup>**

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by Section 92-7(b), Hawaii Revised Statutes ("HRS").

Date: January 25, 2021

Time: 10:00 a.m.

Place: Virtual Videoconference Meeting – Zoom Webinar  
<https://dcca-hawaii-gov.zoom.us/j/97533370868>

Present: Earl Hasegawa, D.D.S., Chair, Dental Member  
Pearl Arrington, R.D.H., Dental Hygiene Member  
Wallace Chong, III, D.D.S., Dental Member  
Wesley Choy, D.D.S., Dental Member  
Joseph Chu, D.D.S., Dental Member  
Paul Guevara, D.M.D, M.D.S., Dental Member  
Joy Shimabuku, Public Member  
Sharon Tanaka, Public Member  
Andrew Tseu, D.D.S., Dental Member  
George Wessberg, D.D.S., Dental Member  
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member  
Bryan Yee, Esq., Deputy Attorney General ("DAG")  
Sandra Matsushima, Executive Officer ("EO")  
Jenny Yam, Secretary  
Erin Emerson, Secretary  
Chelsea Fukunaga, Executive Officer

Excused: Dennis Nagata, D.D.S., Vice Chair, Dental Member

Zoom Webinar  
Guests: Kim Laudenslager – CRDTS  
Pat Connolly-Atkins – CDCA  
Kimber Cobb – CDCA  
Shayna Overfelt - CDCA  
Kelly Reich – WREB  
Jessica Bui – SRTA  
Hawaii Public Policy Advocates  
Ellie Kelley-Miyashiro  
Ewelina Sieka

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<sup>1</sup> Comments from the public were solicited on each agenda item. If no public comments were given, the solicitation for and lack of public comment are not explicitly stated in these minutes.

Kim Nguyen – HDA  
Mark C Chun  
Lisa Forbes  
Gerraine  
Pat  
SF

A short video was played to explain the meeting procedure and how members of the public could participate in the virtual meeting.

1. Call to Order: There being a quorum present, Chair Hasegawa called the meeting to order at 10:04 a.m.
2. Roll Call: Chair Hasegawa welcomed everyone to the meeting and proceeded with a roll call of the Board members. All Board members confirmed that they were present, with the exception of Dr. Nagata who was excused from the meeting.

At this time, Chair Hasegawa announced the Board's procedural format for agenda matters and stated that the meeting will end no later than 12:00 p.m.

3. Approval of Board Meeting Minutes and Executive Session Minutes of September 3, 2020 and October 2, 2020: Chair Hasegawa asked the Board members if there were any comments or concerns regarding the open session minutes of the September 3, 2020 and October 2, 2020 meeting.  
Chair Hasegawa requested the following amendments to the September 3, 2020 open session minutes (underlined material added, while bracketed material is to be deleted):

On page 3, the second paragraph of Dr. Champagne's presentation should read "CDCA compared all the existing typodont simulation [tooth] teeth that were available on the market and found that they were inadequate"

On page 4, the first paragraph should read "The CompeDont reproduced the variability observed in the natural [tooth] teeth, which will require the candidates to make appropriate diagnosis based on the caries."

Chair Hasegawa requested the following amendment to the October 2, 2020 open meeting minutes (underlined material added, while bracketed material is to be deleted):

Page 1, Date  
[Thursday] Friday, October 2, 2020

Chair Hasegawa asked the Board members if there were any additional comments or concerns.

There being none, it was moved by Ms. Shimabuku, seconded by Dr. Tseu, and unanimously carried to approve the open session minutes of the September 3, 2020 and October 2, 2020 meeting with amendments.

Chair Hasegawa asked the Board members if there were any comments or concerns regarding the executive session minutes of the September 3, 2020 and October 2, 2020 meeting.

There being none, it was moved by Ms. Shimabuku, seconded by Dr. Guevara and unanimously carried to approve the executive session minutes of the September 3, 2020 and October 2, 2020 meetings as circulated.

4. New Business: a. Presentations by the Central Regional Dental Testing Service, Inc. ("CRDTS"); the Commission on Dental Competency Assessments ("CDCA"); and the Western Regional Examining Board ("WREB") on non-patient based licensure examinations for dental hygienist licensure.

Chair Hasegawa welcomed the presenters from the Central Regional Dental Testing Service ("CRDTS"), the Commission on Dental Competency Assessments ("CDCA"), and the Western Regional Examining Board ("WREB") to the meeting.

The Board welcomed Kim Laudenslager, RDH, MPA, Director of Dental Hygiene Examinations, from CRDTS to give a presentation titled "CRDTS 2021 Hygiene Simulated Patient Examination".

At 10:15 a.m., Ms. Laudenslager left the meeting due to technical difficulties.

The Board welcomed Pat Connolly-Atkins, RDH, MS, CDCA Senior Advisor; Kimber Cobb, RDH, BS, CDCA National Director of Licensure Acceptance and Portability; and Shayna Overfelt, CDCA School Program Director to the meeting.

Ms. Connolly-Atkins gave a presentation titled "Hawaii State Board of Dentistry Dental Hygiene Examination":

The CDCA currently offers three (3) types of American Board of Dental Examiners ("ADEX") dental hygiene licensure examinations:

1. Patient Treatment Clinical Examination ("PTCE") +

- Computer Simulated Clinical Examination/Objective Structured Clinical Examination (“CSCE/OSCE”)
2. Manikin Treatment Clinical Examination (“MTCE”) + CSCE/OSCE
  3. CSCE/OSCE for provisional or full licensure

Ms. Connolly-Atkins stated that this presentation will mainly focus on the MTCE + CSCE/OSCE.

As of January 18, 2021, there are forty-five (45) states that accept the PTCE, thirty-two (32) states that accept the MTCE, and three (3) states that accept CSCE/OSCE without PTCE or MTCE.

Since June 2020, CDCA administered a total of 3699 examination, of which, 2680 were MTCE + CSCE/OSCE and 419 were PTCE + CSCE/OSCE. Ms. Connolly-Atkins stated that many states have opted for a non-patient based examination for dental hygiene licensure.

The 2020 MTCE totals 100 points and evaluates the following skill assessments:

- Calculus Detection – 16 points
- Calculus Removal – 66 points
- Periodontal Probing Measurement – 12 points
- Final Case Presentation – 6 points

Ms. Connolly-Atkins explained that unlike the PTCE, the 2020 MTCE did not include skill assessments for tissue management and polishing. The scoring for MTCE were redistributed and the scores were more heavily weighed on calculus detection, periodontal probing measurement, and the final case presentation; however, she emphasized that the clinical grading criteria between MTCE and PTCE remains the same.

All candidates with ADEX status will have taken the CSCE/OSCE, along with either the PTCE or the MTCE. The CSCE/OSCE content is developed by a Dental Hygiene Examination Committee, which among other things, relies on practice surveys and occupational analysis to ensure that the content and protocol of the examination are current and relevant. Ms. Connolly-Atkins stated that the CSCE/OSCE is not simply a multiple-choice exam and it is designed to have a broad-based approach.

Ms. Connolly-Atkins stated that improvements were made to

the 2021 MTCE, which includes the following:

- Teeth are manufactured with a harder surface that better simulates a patient
- Calculus is a natural shade
- Texture & quality of calculus more realistic
- Size of deposits on surfaces are larger
- More surfaces with calculus in each quadrant
- Manufacturing adjustment to address teeth loosening
- Tissue Management is evaluated

In addition, the 2021 CSCE/OSCE will include additional alternative item types, which enhances the evaluation of a candidate's knowledge. The candidates are required to apply judgement to real case scenarios and demonstrate cognitive reasoning.

Ms. Connolly-Atkins stated that 2021 MTCE will evaluate tissue management. Soft and hard tissue trauma that is inconsistent with the procedure and pre-existing condition will be evaluated and may result in penalty points being applied. Minor tissue trauma can cause a deduction of up to three (3) points. Four (4) or more tissue trauma sites are considered major tissue trauma and it would result in an automatic failure of the exam.

CDCA compared the 2020 exam results of the first time pass rate and final pass rate. For the purpose of clarification, final pass rate included the retake exam results. The results are as follow:

CSCE/OSCE: 96.87% vs 99.15%

PTCE: 94.27% vs 95.47%

MTCE: 98.73% vs 99.81%

The 2020 PTCE first time pass rate (94.27%) was higher than the previous three (3) years. Ms. Connolly-Atkins noted that the final pass rate (95.47%) is lower than previous years and it may be due to a decrease of PTCE administered in 2020 as a result of the COVID-19 pandemic. Some candidates may not have had the opportunity to complete the PTCE.

The 2020 MTCE final pass rate is similar to the PTCE results from previous years. Ms. Connolly-Atkins noted that the 2020 MTCE first time pass rate (98.73%) is higher than the 2020 PTCE first time pass rate (94.27%), and it may be due to the fact that MTCE eliminates the need for a patient and case

selection acceptance evaluation.

The most common errors contributing to failure in both PTCE and MTCE are calculus removal and calculus detection.

The CDCA received positive feedback from candidates, dental hygiene schools and examiners for the 2020 MTCE. In conclusion, Ms. Connolly-Atkins summarized the benefits of the MTCE, which includes:

- Selected typodont presents with all examination Case Selection clinical requirements fulfilled
- Candidates are not reliant on patients to complete the examination process
- Need for Patient & Case Selection acceptance evaluation is eliminated
- Candidates are taking the same exam under the same conditions
- No potentially infectious aerosols from patients
- Reduced size of examination teams
- More efficient delivery in reduced availability
- Modified administration time=less time in clinic for all participants
- Flexibility to Evaluate Candidate performance on site or off site
- Advanced PPE not required
- Cavitron eligible

At 10:35 a.m., Ms. Laudenslager returned to the meeting.

Ms. Laudenslager apologized for leaving the meeting due to technical difficulties and proceeded to give a presentation titled "CRDTS 2021 Hygiene Simulated Patient Examination":

CRDTS currently have two (2) types of dental hygiene licensure examinations: patient-based exam and simulated patient (manikin) exam. Ms. Laudenslager advised the Board that her presentation will focus on the simulated patient (manikin) exam.

There were no modifications to the cost, scoring, complimentary weekend exam retake options, and allowance of ultrasonic usage between the patient-based exam and simulated patient (manikin) exam.

The simulated patient (manikin) exam totals 100 points and

evaluates the following clinical skills:

Extra/Intra Oral Assessment OSCE – 16 points  
Periodontal Probing – 12 points  
Scaling/Subgingival Calculus Removal – 60 points  
Calculus Detection – 12 points

Ms. Laudenslager explained that the extra/intra oral assessment cannot be performed on a typodont tooth and it was replaced with an OSCE for the simulated patient (manikin) exam. Similarly, the supragingival deposit removal cannot be performed on a typodont tooth, which was replaced with calculus detection for the simulated patient (manikin) exam.

Ms. Laudenslager stated that CRDTS and other testing agencies researched how other professions, including medical and nursing, used simulation in high-stakes performance evaluation. CRDTS evaluated the validity of the content, the reliability of the scoring rubric and the fidelity of implementation during the developmental process of the simulated patient (manikin) exam.

Candidates are allotted 2.5 hours to complete the patient-based exam and 2.25 hours to complete the simulated patient (manikin) exam.

The simulated patient oral assessment OSCE was designed to be comparable to the patient based oral assessment in the type of information that needs to be gathered. Candidates are allotted 15 minutes to complete this portion in the patient-based exam and the simulated patient (manikin) exam.

Ms. Laudenslager explained that all candidates have to select a patient with calculus that met the clinical requirements before they can take a patient-based exam, which allowed CRDTS to evaluate the candidates on calculus detection without including it in the skill assessment. The simulated-patient (manikin) exam uses typodont teeth, which already include calculus that met the clinical requirements; therefore, it was necessary to include calculus detection in the skill assessment. CRDTS worked closely with Acadental to design a typodont that is specific for entry level candidates. The candidates will be assigned twelve (12) surfaces to explore and they must accurately indicate by recording the presence or absence of calculus on each of the surfaces. Each surface is worth one (1) point. There was no modification to the exam criteria for subgingival

calculus removal between the patient-based exam and simulated patient (manikin) exam. Candidates will select either the right or left mandibular quadrant and be required to scale all teeth in their selected quadrant. Ultrasonics are allowed and all instruments need to be clean, but they are not required to be sterile. Examiners will select twelve (12) surfaces in the treated quadrant for final evaluations, and each surface is worth five (5) points.

There was no modification to the exam criteria for periodontal probing between the patient-based exam and simulated patient (manikin) exam. Candidates are assigned two (2) teeth to probe and they are required to accurately chart within +/- 1 mm the depth of the gingival sulcus on six (6) aspects of each tooth. Candidates will complete a total of twelve (12) probe readings, and each reading is worth one (1) point.

Ms. Laudenslager stated that CRDTS attempted to increase the fidelity of the simulation so that the candidate will treat the experience as real as possible.

During all simulated patient (manikin) treatment procedures, the candidate must follow proper aseptic and infection techniques. Candidates must wear personal protective equipment, which include gloves, mask, protective eyewear, and lab jacket. The operatory and/or operating field must remain clean and organized in appearance.

CRDTS will provide all materials for the simulated patient (manikin) exam. Candidates receive their Acidental typodont inside an oral cavity cover that simulates the cheeks (shroud), and the apparatus is attached and mounted to the chair. Ms. Laudenslager explained that correct patient/operator position must be maintained while operating, for example, the shroud provided by Acidental is a closed system which requires the candidates to suction water as it pools.

Ms. Laudenslager stated that all patient-based exams administered in dental hygiene schools in 2020 were prohibited from the usage of ultrasonics due to the COVID-19 pandemic and concerns with aerosols; however, all simulated patient (manikin) exam administered in 2020 were allowed to use ultrasonics.

Candidates have the option to take a simulated patient (manikin) exams, patients-based exams or a combination of



both. CRDTS is working with the dental hygiene schools and state boards to provide the type of exams the candidates need to obtain licensure.

The Board welcomed Kelly Reich, WREB Director of Dental Hygiene Exams to give a presentation titled "Dental Hygiene Manikin Exam".

Ms. Reich began her presentation by explaining that prior to implementing the manikin-based exam, WREB has:

- Conducted six field tests with students
- Reviewed student feedback about their experience, the models, difficulty of exam
- Completed an exam analysis and equating of the models by WREB psychometrician (results have not been released at this time)
- Student performance results versus keyed models

Ms. Reich explained that the goal of field testing was to verify the validity of the WREB manikin exam. It was also to verify that all candidates have a standardized exam experience, while still maintaining the level of challenge for entry level practitioners. The field testing also helped develop the Examiner Standardization and Calibration exercises.

The WREB manikin exam consists of two (2) components, which include the Assessment & Detection ("AD") Quadrant and the Removeable Calculus ("RC") Quadrant. Both components are administered as one exam at one site.

The AD Maxillary Arch is completed first and the arch is magnetically placed in the carrier tray prior to exam. Candidates are allotted thirty (30) minutes and the arch is removed once they are finished. The arches are pre-keyed prior to the exam season and the examiners do not need to grade this portion of the exam.

WREB has developed several versions of the pre-keyed arches, which ensures that candidates will not receive the same type of quadrant. Candidates are required to record the following on the assigned teeth using a NC 11/12 explorer and UNC 1-12 mm probe:

- One furcation classification
- Gingival recession
- Probing depths (simulated sulcus)

- Presence or absence of calculus on key surfaces

In addition, Candidates will need to perform an Extra and Intra Oral Assessment based on images of common oral conditions, and they must select the proper response based on the images.

Ms. Reich stated that the AD Calculus is 3D printed which cannot be altered, and it is located below the gumline.

The RC Mandibular Arch is placed in the carrier prior to the exam. There are several versions of this one-time-use arch and candidates are allotted ninety (90) minutes to detect and remove the calculus from the arch. The arch is removed when the candidate is finished, and it is independently graded on site by three (3) examiners. Since the exam is graded on site, candidates will receive immediate exam results and have the opportunity to retake the exam on site for no additional fee.

WREB worked with their vendor for several years to improve the typodont used for calculus removal. Some of the calculus deposits are located just at the gumline, but the majority of the deposits are below the tissue. Candidates are allowed to use ultrasonic instrumentation. The calculus is brown in color, which blends with the root structure of the typodont tooth and it also helps the candidates to avoid over instrumentation of the tooth.

WREB also included soft and hard tissues trauma in their grading criteria. Scuffing of tissue and some alteration of tooth surface is acceptable.

The Board thanked the CRDTS, CDCA and WREB representatives for their presentation.

b. Discussion and decision making on the non-patient based licensure examination options for dental hygienist licensure

Chair Hasegawa asked if there were any comments or concerns from the public attendees.

Chair Hasegawa recognized Jessica Bui, Executive Director of Southern Regional Testing Agency ("SRTA") to provide her public comment.

Ms. Bui stated that the presentations by CRDTS, CDCA, and

WREB are similar to what SRTA offers for their manikin-based dental hygiene examination. SRTA tests for calculus requirements, periodontal measurements, detection of calculus, removal of calculus and management of soft tissue. The most heavily weighed criteria is the removal of calculus. The SRTA manikin-based exam and patient-based exam have the same skill assessments. Ms. Bui stated that all test agencies used the same manufacturer, Acadental. They experienced similar challenges with the typodont teeth from previous years, such as, the soft tissue and typodont teeth were not as hard or life-like. Ms. Bui stated that Acadental are now producing harder teeth with more life-like calculus and natural calculus coloring. SRTA provides the shroud for the manikin-based exam. The manikin-based exam was well received by the dental hygiene schools and candidates due to the COVID-19 pandemic. 94% of the candidates scored between 90-100% on the manikin-based exam. SRTA also provides an optional Extra/Intra Oral Computerized Exam, to accommodate some state licensure requirements for a computerized or written portion of the exam. The Extra/Intra Oral Computerized Exam questions include categories such as oral manifestation and diseases, and healthy tissue management.

Chair Hasegawa asked if there were any further public comments. There were none, Chair Hasegawa asked the Board if they had any questions for the representatives from CRDTS, CDCA, WREB and SRTA.

Chair Hasegawa asked whether all four test agencies are using the same manufacturer, Acadental.

Ms. Connolly-Atkins answered affirmatively that Acadental is the manufacturer for all four test agencies.

Chair Hasegawa asked whether Acadental are using the same manufacturing standards for all four test agencies.

Ms. Connolly-Atkins stated that each test agencies worked with Acadental independently to develop their own manikin-based exam. Acadental produced the same tooth structure, and the hard and soft tissue structure. She went on to say that each test agencies differ by the location and amount of calculus on the typodont teeth.

Ms. Laudenslager concurred with Ms. Connolly-Atkins's comment and stated that each agency worked closely with Acadental to develop their own proprietary design.

Ms. Reich stated that WREB also use Acadental as their vendor. She concurred with Ms. Connolly-Atkins that test agencies differ by the size and location of the calculus placement.

Chair Hasegawa asked if the Board had any further questions for the representatives from CRDTS, CDCA, WREB and SRTA. There were none.

Chair Hasegawa noted that the Board voted at its October 2, 2020 meeting to interpret “the ADEX examination” referenced in HRS §448-9.4 to include the ADEX CompeDont manikin-based examination and the manikin-based periodontal clinical examination. He asked DAG Yee to advise the Board’s options and whether the Board can also interpret HRS § 447-1(b) regarding the non-patient based licensure examination options for dental hygienist licensure.

DAG Yee stated that HRS § 447-1(b) provides that:

- (b) The board shall require an applicant to take and pass the State's examination or one of the following four regional clinical examinations given after February 1, 2005, by the:
  - (1) Western Regional Examining Board;
  - (2) Central Regional Dental Testing Service, Inc.;
  - (3) Southern Regional Testing Agency, Inc.; or
  - (4) North East Regional Board of Dental Examiners, Inc.

DAG Yee stated that the “clinical examinations” referenced in HRS § 447-1(b) does not specifically distinguish between patient-based exam or non-patient based exam. He went on to say that the Board’s interpretation of HRS §448-9.4 at its October 2, 2020 meeting was not in response to the COVID-19 pandemic, and advised that the Board may also interpret HRS § 447-1(b) regarding the non-patient based licensure examination options for dental hygienist licensure.

DAG Yee stated that it is up to the Board to determine whether the dental hygiene non-patient based exams offered by WREB, CRDTS, SRTA, and CDCA meet our statutory requirements. The Board would also need to consider that WREB, CRDTS, SRTA, and CDCA are using the same manufacturer, Acadental, with similar manufacturing standards and they only differ in the location, size and amount of calculus on the typodont tooth.

It was moved by Ms. Arrington, seconded by Dr. Wessberg, and unanimously carried to interpret the “clinical examinations” referenced

in HRS § 447-1(b) to include the manikin-based examination.

Dr. Wessberg is of the opinion that the manikin-based examination creates a more consistent exam for all candidates.

At 11:09 a.m., Dr. Guevara left the meeting.

At 11:11 a.m., Dr. Guevara returned to the meeting.

5. Chapter 91, Adjudicatory Matters: Chair Hasegawa called for a recess from the Board's meeting at 11:11 a.m., to discuss and deliberate on the following adjudicatory matters, pursuant to Chapter 91, HRS (note: Board members and staff entered into Microsoft Teams):

- a. In the Matter of the Dental License of INDU SHARMA, D.D.S., DEN 2019-7-L - Board's Final Order for Noncompliance with Previous Board's Final Order

After discussion, it was moved by Ms. Shimabuku, seconded by Dr. Wessberg and unanimously carried to approve the above referenced Board Final Order.

- b. In the Matter of the Dental License of STEWART PETER AHN, D.D.S., DEN-2020-10-L - Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

After discussion, it was moved by Dr. Guevara, seconded by Ms. Shimabuku and unanimously carried to approve the above referenced Settlement Agreement.

Following the Board's review, deliberation, and decision on these matters pursuant to Chapter 91, HRS, Chair Hasegawa announced that the Board reconvene to its regular Chapter 92, HRS, meeting at 11:28 p.m. Board members and staff returned to the Zoom meeting.

6. Applications: a. Ratifications

It was moved by Dr. Guevara, seconded by Ms. Shimabuku, and unanimously carried to ratify approval of the following dentist licenses, dental hygienist licenses, applications for certification in the administration of intra-oral block anesthesia and community service dental hygienist licenses:

- Approved Dentist

DT 2864 JESSICA G GASSER  
DT 2865 ANDREW D KENNEDY

DT 2866 TIMOTHY R J ADAMCHUK  
DT 2867 KRISTIN L LEE  
DT2868 TROY D DEDECKER  
DT 2869 SCOTT E LAWSON  
DT 2870 KENDALL R G O TADA  
DT 2871 BURT K KAWAMOTO  
DT 2872 TYLER T YAMADA  
DT 2873 TIFFANY J LEWIS  
DT 2874 DIANA T DO

- Approved Dental Hygienist

DH 2256 TESS M NAKATSUJI  
DH 2257 LAUREN E TAKAI  
DH 2258 MIKI EDLUND  
DH 2259 STACIE T PANERGO  
DH 2260 CHASITY A SANIATAN  
DH 2261 JACQUELINE D BECK  
DH 2262 JANNIKA A DUMBRIQUE  
DH 2264 MARYAM GHAZI  
DH 2265 KRIZIA FAITH A MACADANGDANG  
DH 2266 LINDSEY M BARAYUGA  
DH 2267 NANCY TRAN  
DH 2268 SHYLA K FERMAHIN  
DH 2269 CAROLE R CALARO  
DH 2270 EMMA K PINGEL  
DH 2271 KRISTINE LEE AGUON  
DH 2272 DANIELLE L CURRY  
DH 2273 ALYSSA A B FUJIMOTO  
DH 2274 NEIL M GUIANG  
DH 2275 CAITLIN A HANSON  
DH 2276 CHRISTINE M DOMINGO  
DH 2277 BRITTNIE K SUDA-MOLINA  
DH 2278 MACY G HERMAN  
DH 2279 LISA LEE  
DH 2280 VIVIAN A CALDERON  
DH 2281 MICHAELA E DENNEY  
DH 2282 RAENA P CABACUNGAN

- Approved Certification in the Administration of Intra-Oral Block Anesthesia

DH 2267 NANCY TRAN  
DH 2268 SHYLA K FERMAHIN  
DH 2269 CAROLE R CALARO  
DH 2271 KRISTINE LEE AGUON

DH 2273 ALYSSA A B FUJIMOTO  
DH 2274 NEIL M GUIANG  
DH 2275 CAITLIN A HANSON  
DH 2276 CHRISTINE M DOMINGO  
DH 2277 BRITTNIE K SUDA-MOLINA  
DH 2278 MACY G HERMAN  
DH 2279 LISA LEE  
DH 2280 VIVIAN A CALDERON  
DH 2282 RAENA P CABACUNGAN

- Approved Community Service License - Dental Hygienist

CSDH 9 ROBIN M GELDERT-CHEEK

7. Next Meeting: Chair Hasegawa announced the next meeting is to be determined. EO Matsushima explained that there is a meeting tentatively scheduled on Monday, February 8, 2021 solely for legislative matters. If none arises then the meeting will be cancelled.

Monday, February 8, 2021

10:00 a.m.

Virtual Videoconference Meeting – Zoom Webinar

8. Adjournment: The meeting adjourned at 11:35 a.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sandra Matsushima

/s/ Erin Emerson

\_\_\_\_\_  
Sandra Matsushima  
Executive Officer

\_\_\_\_\_  
Erin Emerson  
Secretary

SM:ee

01/29/2021

[ x ] Minutes approved as is.

[ ] Minutes approved with changes; see minutes of \_\_\_\_\_.