

## **BOARD OF DENTISTRY**

Professional and Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

### **AGENDA**

**Date:** September 16, 2024

**Time:** 10:00 a.m.

**In-person Meeting Location:** Queen Liliuokalani Conference Room  
King Kalakaua Building, 1<sup>st</sup> Floor  
335 Merchant Street  
Honolulu, Hawaii 96813

**Virtual:** Virtual Videoconference Meeting - Zoom Meeting  
(use link below)  
<https://dcca-hawaii.gov.zoom.us/j/84749062987?pwd=Kv02eCaeksUUOF3576HjEdqADmmTiR.1>

**Zoom Phone Number:** (669) 900 6833  
**Meeting ID:** 847 4906 2987  
**Passcode:** 834047

**Agenda:** Posted on the State electronic calendar as required by Hawaii Revised Statutes section 92-7(b).

If you wish to submit written testimony on any agenda item, please submit your testimony to [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) or by hard-copy mail to Attn: Board of Dentistry, P.O. Box 3469, Honolulu, HI 96801. We request submission of testimony at least 24 hours prior to the meeting to ensure that it can be distributed to the Board members.

### **INTERNET ACCESS:**

To view the meeting and provide live oral testimony, please use the link at the top of the agenda. You will be asked to enter your name. The Board requests that you enter your full name, but you may use a pseudonym or other identifier if you wish to remain anonymous. You will also be asked for an email address. You may fill in this field with any entry in an email format, e.g., \*\*\*\*\*@\*\*\*mail.com.

Your microphone will be automatically muted. When the Chairperson asks for public testimony, you may click the Raise Hand button found on your Zoom screen to indicate that you wish to testify about that agenda item. The Chairperson will individually enable each testifier to unmute their microphone. When recognized by the Chairperson, please unmute your microphone before speaking and mute your microphone after you finish speaking.

Upon request, your Zoom video or similar on-camera option will be enabled to allow you to be visible to the Board members and other meeting participants while presenting oral testimony. Please turn off your camera after you conclude your testimony. It is the individual testifier's responsibility to ensure they have the video and internet capabilities to successfully stream or remotely testify. The Board maintains the authority to remove and block individuals who willfully disrupt or compromise the conduct of the meeting.

#### **PHONE ACCESS:**

If you cannot get internet access, you may get audio-only access by calling the phone number listed at the top on the agenda.

Upon dialing the number, you will be prompted to enter the Meeting ID which is also listed at the top of the agenda. After entering the Meeting ID, you will be asked to either enter your panelist number or wait to be admitted into the meeting. You will not have a panelist number. So, please wait until you are admitted into the meeting.

When the Chairperson asks for public testimony, you may indicate you want to testify by entering "\*" and then "9" on your phone's keypad. After entering "\*" and then "9", a voice prompt will let you know that the host of the meeting has been notified. When recognized by the Chairperson, you may unmute yourself by pressing "\*" and then "6" on your phone. A voice prompt will let you know that you are unmuted. Once you are finished speaking, please enter "\*" and then "6" again to mute yourself.

For both internet and phone access, when testifying, you will be asked to identify yourself and the organization, if any, that you represent. Each testifier will be limited to five minutes of testimony per agenda item.

If connection to the meeting is lost for more than 30 minutes, the meeting will be continued on a specified date and time. This

information will be provided on the Board's website at <https://cca.hawaii.gov/pvl/boards/dentist/board-meeting-schedule/>.

Instructions to attend State of Hawaii virtual board meetings may be found online at <https://cca.hawaii.gov/pvl/files/2020/08/State-of-Hawaii-Virtual-Board-Attendee-Instructions.pdf>.

1. Roll Call, Quorum, Call to Order, Public Notice – HRS §92-3 Open Meetings and HAR §16-79-85 Oral Testimony
2. Chair's Announcements
  - a. Welcome of new Board member, Dr. Steven Pine, DDS, Hawaii Island County
3. Approval of the Executive Session Minutes of the May 13, 2024 Board Meeting and Executive and Open Session Minutes of the July 15, 2024 Board Meeting

*The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities."*

4. New Business
  - a. Presentation by the Central Regional Dental Testing Service ("CRDTS") on the CRDTS CARE special program
  - b. Board member reports from 2024 Central Regional Dental Testing Service ("CRDTS") Annual Meeting

*Dr. Tseu and Ms. Yamada attended the CRDTS Annual Meeting on behalf of the Board from August 23-24, 2024.*

- c. Report from the Rules Permitted Interaction Group ("PIG")

*A "Permitted Interaction Group" or "PIG" is authorized by Hawaii Revised Statutes ("HRS") §92-2.5(b). PIGs may be formed by State boards to investigate specified issues outside of regularly scheduled board meetings under certain conditions. At this meeting, the Rules PIG will share a report to the Board; public testimony is accepted, but the Board cannot discuss the report until a final, duly noticed Board meeting is scheduled.*

*The Rules PIG was formed on January 22, 2024 and was tasked with*

*evaluating the existing Hawaii Administrative Rules (“HAR”) §16-79 and providing recommendations to the Board for rules revisions.*

- d. Discussion and clarification of the Board’s extension of the waiver extension for acceptance of virtual Continuing Education (“CE”) credit for the biennial renewal period of January 1, 2024 to December 31, 2025.

*On January 22, 2024, the Board voted to grant an extension to its previous blanket waiver allowing for acceptance of all CE courses completed through virtual means due to continued undue hardship from the pandemic, pursuant to HAR §16-79-147(b)(5). However, all virtual CEs for this waiver extension must be conducted in real-time. Additionally, the blanket waiver does not include the skills-portion of the Basic Life Support (“BLS”), Advanced Cardiac Life Support (“ACLS”), or Pediatric Advanced Life Support (“PALS”) courses.*

*The Board will clarify which formats of virtual CEs qualify under the current waiver extension, and generally discuss the current waiver. The official Notice may be found on the Board’s website:*

*[https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/)*

- e. Inquiry from Dr. Eunsol Lee regarding clarification of the Board’s March 18, 2013 statement on Botox

*The Board will specifically discuss what is considered “appropriate training” for Hawaii licensed dentists to administer Botox, and what type of non-aesthetic oral conditions may benefit from dermal fillers.*

5. Applications:

*The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) “To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;” and “To consult with the Board’s attorney on questions and issues pertaining to the Board’s powers, duties, privileges, immunities, and liabilities;” (Board will vote in Open Meeting.)*

a. Ratification Lists

1) Approved Dentists

DT-3181 AKIOKA, EDWARD DAVID  
DT-3182 JOW, HARRISON WALLACE  
DT-3183 WILLIS-ORLANDO, ELLIOT REED  
DT-3184 TUPUA, KRISTIANA  
DT-3185 RICE, REGINALD CHRISTIAN  
DT-3186 JOSE DEL CASTILLO, NIKKI

DT-3187 MAHDAVI, NICOLE NEGIN  
DT-3188 KAN, SUZANNE  
DT-3189 SAKAI, NICOLE C  
DT-3190 LEE, KAITLIN ELIZABETH  
DT-3191 SANO, REID KEJI  
DT-3192 GERMANO, CIARA MARIE  
DT-3193 RISNER, JONATHAN RISNER  
DT-3194 DE GUZMAN, JEFFREY  
DT-3195 UTLEY, AZURE LAARLETTA  
DT-3196 PALANI, PARTHIBAN  
DT-3197 DEVENS, KARLEY RAISA KIMI

- 2) Approved Dental Hygienists  
DH-2479 RAYOAN, CYNDIA M.L.K.  
DH-2480 CAYCE, ANGELA  
DH-2481 NGUYEN, TAYLOR M  
DH-2482 LAU, VIVIAN  
DH-2483 WATANABE, JACY T.N.  
DH-2484 CATBAGAN, AUDREE M  
DH-2485 IRMO, YASMINA ROSINA  
DH-2486 LOPEZ, AMBER C.R.  
DH-2487 NAKAMA, AUBREY C.M.  
DH-2488 LEUNG, MICHELLE H.W.  
DH-2489 NAPOLEON, JANELLE KIANA AGCAOILI  
DH-2490 CHAN, JESSICA  
DH-2491 CADIZ, MYREM JELISHA ALOP  
DH-2492 BINUYA, DENISE MARIE  
DH-2493 TORRICER, JODI HARUKO  
DH-2494 IYESUSAB, SOLOMON KAHSAY  
DH-2495 MESA-KELIIHOOMALU, CHRISTINE JOY  
DH-2496 BAGORIO, SARA BETH  
DH-2497 DUAN, TINA YINGLIN  
DH-2498 MENG, MAXINE  
DH-2499 GOUDEAU, THEKLA MELI
- 3) Approved Temporary Dentists  
DTT-381 YOUKHEANG, SOPHIE  
DTT-382 CLOKIE, KAYLE J.E.  
DTT-383 GIRON, ANTHONY  
DTT-384 GRIMARD LEANDRE

4) Approved Dental Hygienist Certification in the Administration of Intra-Oral Block Anesthesia

DH-2479 RAYOAN, CYNDIA M.L.K.  
DH-2480 CAYCE, ANGELA  
DH-2481 NGUYEN, TAYLOR M  
DH-2482 LAU, VIVIAN  
DH-2483 WATANABE, JACY T.N.  
DH-2484 CATBAGAN, AUDREE M  
DH-2485 IRMO, YASMINA ROSINA  
DH-2486 LOPEZ, AMBER C.R.  
DH-2487 NAKAMA, AUBREY C.M.  
DH-2488 LEUNG, MICHELLE H.W.  
DH-2489 NAPOLEON, JANELLE KIANA AGCAOILI  
DH-2490 CHAN, JESSICA  
DH-2491 CADIZ, MYREM JELISHA ALOP  
DH-2492 BINUYA, DENISE MARIE  
DH-2493 TORRICER, JODI HARUKO  
DH-2494 IYESUSAB, SOLOMON KAHSAY  
DH-2495 MESA-KELIIHOOMALU, CHRISTINE JOY  
DH-2497 DUAN, TINA YINGLIN  
DH-2498 MENG, MAXINE

5) Approved Additional Dentist Permit to Administer Deep Sedation/ General Anesthesia and Moderate Sedation

DT-2889 SAHDEV, ROHIT  
DT-2897 SAYAH, AZIN  
DT-3128 RETHMAN, MICHAEL JOHN

b. Dentist Application

- 1) Joseph Ostheller
- 2) Alan Walker

6. Executive Officer's Report:

- a. Update on the Council of State Government's ("CSG") Dentist and Dental Hygienist Compact
- b. Announcement of the pending merger of the Central Regional Dental Testing Service ("CRDTS") and the State Resources for Testing and Assessments ("SRTA")

7. Next Meeting:      Date:            Monday, November 18, 2024  
                                 Time:            10:00 a.m.  
                                 In-Person:    Queen Liliuokalani Conference Room  
                                                    King Kalakaua Building, 1st Floor  
                                                    335 Merchant Street  
                                                    Honolulu, Hawaii 96813  
                                 Virtual:        Zoom Meeting

8. Adjournment

9/9/24

*If you need an auxiliary aid/service or other accommodation due to a disability, contact Sheena Choy at (808) 586-2702, Monday through Friday from 7:45 a.m. to 4:30 p.m., or email [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) as soon as possible, preferably by September 12, 2024. Requests made as early as possible have a greater likelihood of being fulfilled.*

*Upon request, this notice is available in alternate/accessibile formats.*

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

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

Date: July 15, 2024

Time: 10:00 a.m.

Place: King Kalakaua Conference Room, 1<sup>st</sup> Floor  
King Kalakaua Building  
335 Merchant Street  
Honolulu, Hawaii 96813

Virtual Videoconference Meeting – Zoom Meeting  
<https://dcca-hawaii-gov.zoom.us/j/81201603396?pwd=JNKlaaMBFNr8EMaFvPEmew7beuaagw.1>

Zoom Recording Link: [https://youtu.be/FUDISWNmAQI?si=vGn\\_m-zkJpBnf9-P](https://youtu.be/FUDISWNmAQI?si=vGn_m-zkJpBnf9-P)

Members Present: Paul Guevara, D.M.D, M.D.S., Chair, Dental Member  
Andrew Tseu, D.D.S., Vice-Chair, Dental Member  
Staphe Fujimoto, D.D.S., Dental Member  
Katherine Fukushima, R.D.H., Dental Hygiene Member  
Joy Shimabuku, Public Member  
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member  
Craig Yamamoto, D.D.S., Dental Member

Members Excused: Jonathan Lau, D.D.S., Dental Member

Staff Present: Sheena Choy, Executive Officer (“EO Choy”)  
James Paige, Esq., Deputy Attorney General (“DAG Paige”)  
Marc Yoshimura, Secretary  
Tammy Norton, Secretary

In-Person Guests: Charles Kamimura

Zoom Webinar Guests: Danny Cup Choy, HDA  
Sharon Shishido  
Abraham Miller (“Abe”)  
Gerraine Hignite  
Robert T  
NF

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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.



Mary Ellen Murphy

Virtual Meeting  
Instructions:

A short video regarding virtual meetings was played for attendees.

The Vice Chair provided information on internet and phone access for today's virtual meeting and announced that today's meeting was being recorded and that the recording will be posted on the Board's web page.

Agenda:

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

Roll Call:

The Chair welcomed everyone to the meeting and proceeded with a roll call of the Board members. All Board members confirmed that they were present; those on Zoom confirmed they were present and alone.

Call to Order:

There being a quorum present, the Chair called the meeting to order at 10:11 a.m.

Approval of  
Minutes:

**Approval of the Minutes of the May 13, 2024 Meeting**

The Chair asked if there was any discussion of, corrections to, or public comments regarding the May 13, 2024 minutes.

Seeing no public comments or Board discussion, the Chair asked for a motion to approve the minutes of the May 13, 2024 meeting.

Upon a motion by Ms. Shimabuku, seconded by Ms. Fukushima, it was voted on and unanimously carried to approve the Open Session minutes of the May 13, 2024 meeting.

Approval of the May 13, 2024 meeting Executive Session minutes was deferred.

Applications:

**Ratification Lists**

After reading the license numbers on the ratification lists, the Chair asked if there was any public testimony.

Seeing none, the Chair asked for a motion to approve the ratification lists.

Upon a motion by the Vice Chair, seconded by Dr. Yamamoto, it was voted on and unanimously carried to approve the following ratification lists:

1) Approved Dentists

DT-3164 EGBUNE, ANNE E  
DT-3165 BOGY, HEATHER KATE  
DT-3166 BUI, NALENE

DT-3167 LUCERO THOPPIYIL, SHAYMA  
DT-3168 LAD, MAYAN  
DT-3169 SAIKI, RYNE TOSHIHIKO  
DT-3170 NGUYEN, AMBER  
DT-3171 OAK, SOPHIA J  
DT-3172 HAUTAMAA, OLIVIA ANN  
DT-3173 WILLIS, MATTHEW WEBB  
DT-3174 BODNAR, HANNAH RAE  
DT-3175 HUYNH, BRENDA THANH LAN  
DT-3176 DUTTA, SUDEEP HIROSHI  
DT-3177 NAWAZ, AHMAD M  
DT-3178 TAKAHASHI, SARAH K.H.  
DT-3179 YANG, MICHELLE H  
DT-3180 MILTON, AMADEUS

2) Approved Dental Hygienists

DH-2470 PETTY, DANA ALISON  
DH-2471 VAN ANTWERP, DARSHA MEGUMI  
DH-2472 KULIBERT, SARAH ELIZABETH  
DH-2473 LAFONTAINE, FARIN ASHLEY TAYLOR  
DH-2474 FELKER, KHLOE ISABELLA  
DH-2475 MAYEA, LIBBY JEAN  
DH-2476 TOMAS, GABRIELLE KAPUALANI  
DH-2477 GALLAMAY, VICTORIA L  
DH-2478 WALLACE, ERICA M

3) Approved Temporary Dentists

DTT-374 CHOW, KENNEDY ANDREW  
DTT-375 ABIES, MARIA KATRINA M  
DTT-376 SUNAR, MAYA K  
DTT-377 BERKENPAS, SOPHIA LYNN  
DTT-378 CHOE-YEE YU, MELISSA  
DTT-379 BURTON, BENJAIN ALSTON  
DTT-380 NEGRONI, CARLO ALBERT

**Applications**

At 10:18 a.m., upon a motion by Ms. Fukushima, seconded by Dr. Yamamoto, it was voted on and unanimously carried to move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) “To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;” and “To consult with the Board’s attorney on questions and issues pertaining to the Board’s powers, duties, privileges, immunities, and liabilities.”

At 11:15 a.m., upon a motion by the Vice Chair, seconded by Ms. Shimabuku, it was voted on and unanimously carried to move out of

Executive Session.

The Chair summarized that in Executive Session, the Board consulted with its attorney regarding confidential matters related to the applications for Dr. Arlyn Levy and Dr. Abraham Miller.

Dentist

**Arlyn Levy**

The Chair asked if there was public testimony. There was none.

Upon a motion by the Chair, seconded by Ms. Shimabuku, the Board took a roll call vote with the Chair, Vice Chair, Dr. Fujimoto, Ms. Fukushima, Ms. Shimabuku, Ms. Yamada, and Dr. Yamamoto, voting to deny Dr. Levy's application based on the following: HRS §436B-19(7); HRS §436B-19(9); HRS §436B-19(13); HRS §448-17(a); and the American Dental Association ("ADA") Code of Ethics, Section 2: Principle of Nonmaleficence.

**Abraham Miller**

The Chair asked if there was public testimony. There was none.

Upon a motion by the Chair, seconded by Dr. Yamamoto, the Board took a roll call vote with the Chair, Vice Chair, Dr. Fujimoto, Ms. Fukushima, Ms. Shimabuku, Ms. Yamada, and Dr. Yamamoto, voting to deny Dr. Miller's application based on the following: HRS §436B-19(7); HRS §436B-19(9); HRS §436B-19(13); HRS §448-17(a); and the American Dental Association ("ADA") Code of Ethics, Section 2: Principle of Nonmaleficence, Code of Professional Conduct Subsection 2.G. Personal Relationships with Patients.

Executive Officer's Report:

**2024 Legislation**

EO Choy reported legislative updates from the 2024 session.

SB 1035, SD 2, HD 1, CD 1 – Relating to the General Excise Tax

Description: Exempts from the general excise tax those medical and dental services provided by health care providers to patients who receive Medicaid, Medicare, or TRICARE benefits. (CD1)

EO Choy reported that SB 1035 was passed in both the House and Senate Committees. It was signed by the Governor on June 3, 2024 as Act 047 and shall take effect on January 1, 2026.

HB 1597, HD 1, SD 1 – Relating to the Sunshine Law

Description: Clarifies that members of the public may sue a board or alleged board after receiving an adverse Office of Information Practices decision, and that the decision will be reviewed de novo. Establishes a two-year statute of limitations to bring the lawsuit and reaffirms a complainant's right to seek review by the Office of Information Practices first. Recognizes that only a member of the public may recover attorney's fees and costs if that person prevails in an open meetings lawsuit. Requires that persons suing for open meetings law violations notify the Office of Information Practices about the lawsuit so that it may decide whether to intervene. Requires open meetings lawsuits that seek to void a board's final action to be prioritized by the courts. (SD1)

EO Choy stated that the next three bills listed on the agenda are related to the Sunshine Law, which governs much of the procedures of State boards, including the Dental Board, for openness and transparency.

HB 1597 was passed in both House and Senate Committees and transmitted to the Governor on April 17, 2024. It is awaiting signature or veto.

Essentially, this bill clarified that the Board is the proper entity against which an applicant may file a lawsuit, not the Office of Information Practices ("OIP").

#### HB 1598, HD 1, SD 1 – Relating to the Sunshine Law

Description: Requires boards to make available for public inspection board packets, if created, at the time the board packet is distributed to board members but no later than two business days before the board meeting. Provides that public testimony may be distributed to board members before the board meeting. Requires boards to include in the notice to persons requesting notification of meetings, a list of the documents that were compiled by the board and distributed to board members before a board meeting for use at the meeting. Requires boards to post board packets on its website. (SD2)

EO Choy reported that HB 1598 was passed in both the House and Senate Committees. It was signed by the Governor on May 3, 2024 as Act 011 and is effective immediately.

EO Choy stated that no Board member action is needed, the new law will be addressed administratively by Board staff, including:

- Public packets are available for the public upon request (has already been an ongoing practice of the Board);
- Board will receive public testimony even on the day of the meeting;
- Any other lists to be included in public distribution; and
- Staff is working on the posting of board packets on the department website but is still awaiting advisement from the department and on other administrative logistics involved in this process.

HB 1599, HD 1, SD 1 – Relating to the Sunshine Law

Description: Requires public meeting notices to inform members of the public how to provide remote oral testimony in a manner that allows the testifier, upon request, to be visible to board members and other meeting participants. Recognizes a board's authority to remove and block individuals who disrupt meetings. Takes effect 1/1/2025. (SD2)

EO Choy reported that HB 1599 was passed in both the House and Senate Committees. It was signed by the Governor on May 3, 2024 as Act 012 and is effective immediately.

EO Choy stated that no Board member action is needed, the new law will be addressed administratively by Board staff, including updating information read in the beginning of the meeting to allow for visible oral testimony via Zoom.

Election of Officers:

EO Choy stated that the Board will vote to elect a Chair and Vice-Chair, pursuant to HRS §436B-6(a).

**§436B-6 Organization of boards.** (a) Immediately upon the qualification and appointment of the original members, and annually thereafter, the board shall elect one member as chair and one member as vice-chair. In the absence of both the chair and the vice-chair to preside at a meeting, the members present shall select a chair pro tem.

Upon a motion by Dr. Guevara, seconded by Ms. Shimabuku, it was voted upon and unanimously carried to elect Dr. Tseu as the Chair.

Upon a motion by Ms. Shimabuku, seconded by Dr. Guevara, it was voted upon and unanimously carried to elect Dr. Lau as the Vice Chair.

EO Choy and the Board thanked Dr. Guevara and Dr. Tseu for their service this past year as Chair and Vice Chair, respectively.

Next Meeting:

Monday, September 16, 2024  
10:00 a.m.

In-Person: Queen Liliuokalani Conference Room  
HRH King Kalakaua Building  
335 Merchant Street, First Floor  
Honolulu, Hawaii 96813

Virtual

Participation: Virtual Videoconference Meeting – Zoom Meeting

Adjournment:

The meeting adjourned at 11:32 a.m.

Reviewed and approved by:

Taken and recorded by:

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Sheena Choy  
Executive Officer

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Marc Yoshimura  
Secretary

SC:my

09/06/24

- Minutes approved as is.
- Minutes approved with changes; see minutes of

DRAFT

# CRDTS CARE Program

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A CARE Program approach to serving dental professionals.

Presented by Catrice Opichka  
CRDTS Director of Special Programs

**Presentation to  
Hawaii Board of Dentistry**



CALIBRATE . ADMINISTRATE . REMEDIATE . EDUCATE

# Why CRDTS CARE?

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- Professionals helping professionals.
- CRDTS works with some of the best educators from all over the country.
- Provides a much-needed resource for re-education and remediation for dental professionals.





**Who  
do we serve?**

## **Self Referred**

Re-Education Programs for  
Dental Professionals

## **Board Mandated**

Education for disciplinary  
Remediation

# Self Referred

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Moving to a new state that is requiring re-examination.

A dentist retired and is now returning to practice in another state.

A hygienist who has stepped away from practice – lapsed license.



\*See Supporting Documentation for Hygiene Topic Examples

# Board Mandated Remediation

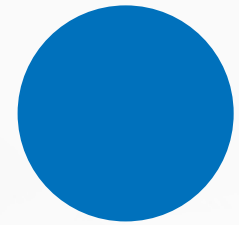
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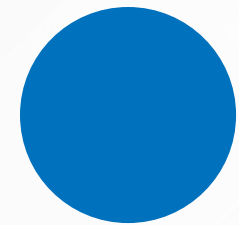
CRDTS CARE

Custom  
remediation  
plan

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Board Order



Pre-Assessment

The Key to  
Successful  
Remediation?

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The Pre-Assessment

# Didactic Pre-Assessment

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- Trusted by over 150 clients around the United States
- Over 670 customized real ethics scenarios/questions originating from regulatory boards
  
- EBAS assesses an individual's understanding of ethics and boundaries in a professional workplace environment.
  - Provides a snapshot of the licensee's critical thinking

*EBAS stands as the gold standard in remediation Ethics essay assessments, meticulously gauging ethical considerations with precision and thoroughness.*



# What is EBAS?

EBAS partners with the regulatory community, offering a customized essay exam that assesses a licensee's understanding of ethics and boundaries in a professional setting.

## Assessment Areas:

- *Fraud*
- *Boundaries*
- *Substance Abuse*
- Unprofessional Conduct
- Professional Standards





# CRDTS

## Didactic Education

CRDTS is strategically partnered with  
SPEAR Dental Education  
EBAS Ethics Testing  
CE Zoom



**SPEAR**  
Dental Education



**EBAS**  
ETHICS FOR PUBLIC PROTECTION



**CE Zoom**



Request Info

# Courses

Online classes focused on a specific subject, taught by the world's foremost dental educators

- Courses
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Search...

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CE Only

ROLES ^

- Assistant(10)
- Doctor(127)
- Front Office(1)
- Hygienist(12)

TYPE ^

- Courses(128)



### Airway Screening Tools: High-Resolution Pulse Oximetry

To screen patients for airway dysfunction, Dr. Rouse explains the use of a high-resolution pulse oximeter (HRPO), an easy...

CE 3 Lessons



### Airway Screening Tools: Cardiopulmonary Coupling

To screen patients for airway dysfunction, Dr. Rouse explains the use and practicality of the cardiopulmonary coupling...

CE 2 Lessons



### Developing an Approach for Implant Site Development

There are many decisions to consider when preparing a single tooth implant replacement in the esthetic zone. Dr. Kinz...

CE 4 Lessons

Live Chat

## CRDTS Learning Library, Courses & SME's

- CRDTS Extensive Learning Library
- Comprehensive coursework in all disciplines
- Education provided by current or past educators with expertise in specific disciplines
- Some coursework in person – some via Zoom

# Distance Learning

- CRDTS maximizes licensee's time by building in homework sessions.
- Typodonts sent home for more practice.
- Homework returned to SME for grading.
- Evaluations are done over Zoom sessions.

# Clinical Pre-Assessment

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CRDTS

Remediation

Assessments

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## Areas of Pre-Assessment and Remediation Coursework

- Diagnosis and Treatment Planning
- Operative Dentistry
- Prosthodontics
- Periodontics
- Endodontics
- Orthodontics
- Pedodontics
- Implant Dentistry
- Medical Emergencies
- Treating Medically Complex Patients
- Ethics

\*See Supporting Documentation for List of Disciplines and Topics

# Custom One-on-One Hands-On Learning

- Licensees are given clear learning objectives
- Learning objectives and course plan based on:
  - Board recommendations
  - **Pre-assessment results**



The Final Step  
of a  
Remediation

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# The Post-Assessment

## CRDTS Dental Examination for Licensure

- Clinical assessments
- Evaluated by 3 independent graders



# Final Report

Robust report including the following:

- All test scores
- Areas of assessment
- Analysis of Objectives met
- Proposed next course of action



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February 28, 2024

[REDACTED]  
[REDACTED]

Via Email

RE: Dr. [REDACTED]

DATE: December 22, 2023 – February 9, 2024

RE: [REDACTED] CRDTS CARE Remediation Program

The following report outlines the remediation provided by the CRDTS CARE program for Dr. [REDACTED] beginning on November 27, 2023, and completed on February 9, 2024. This report will begin with a table of contents, followed by competency scores, and details of the remediation. The report will conclude with a final summary and recommendations for the Board.

#### Program Report Contents

1. Didactic Coursework and Testing
  - 1a - SPEAR Education – Test Results (pages 2 - 3)
  - 1b - Ethics Test Results and Webinar Results (pages 3 - 5)
2. Clinical and Didactic Pre-Assessment (pages 5 - 10)
3. Hand Skill Exercises, Learning Objectives and Assessment (pages 11 - 17)
4. Clinical and Didactic Post-Assessment (pages 18 - 20)
5. Summary and Next Steps (page 21)

# Final Report



CRDTS CARE Remediation Program

**1. Didactic Coursework:**

**1a – SPEAR Education Testing**

On November 28, 2023, Dr. [REDACTED] began her didactic education with SPEAR Education. The following report outlines completed coursework.

Competency % needed to complete coursework: 80%

<b>SPEAR Education Course</b>	<b>First Attempt Score</b>	<b>Retake/Final Score (if applicable)</b>
Elements of Treatment Planning	Below 80%	100%
The Treatment Planning Process	Below 80%	100%
Tooth Position	Below 80%	100%
Gingival Levels	100%	NA
Treating Canted Incisal/Occlusal Planes	Below 80%	100%
Arrangement and Contour	Below 80%	100%
Treatment Planning with the CRP Protocol (Contingency, Priority Risk)	Below 80%	100%
Facially Generated Treatment Planning Esthetics: 6 Essential Criteria	100%	NA
Class II Composite Restorations: Finishing the Occlusal Table	Below 80%	100%
Class II Composite Restorations: Finishing the Proximal	Below 80%	100%
Direct Resin Artistry in the Posterior Dentition	Below 80%	100%
Adhesion in Dentistry	100%	NA
Restorative Materials and Techniques	100%	NA
Technique Workshop: Anterior Crowns	Below 80%	100%

# Final Report

# CRDTS CARE PROGRAM

## Most Valuable Parts of the CARE Programs According to State Boards

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- Custom format of the program
- The pre-assessment
- The robust final report



States  
Participating in  
CRDTS CARE  
Programs

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- Missouri
- Kansas
- Louisiana
- Iowa
- S. Dakota
- New Mexico
- Georgia
- Texas
- Illinois
- Wisconsin
- Nebraska
- Colorado
- Wyoming

\*See Supporting Documentation for List of References



OTTO DOHM, DDS  
President



JANINE SASSE-ENGLERT,  
RDH, MS, DHEd  
Chair Dental Hygiene  
Exam Review Committee



RICHAEL COBLER, BBA  
Executive Director



SAM JACOBY, DDS  
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ROD HILL, DDS  
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KELLY MANDELLA, RDH  
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Hygiene Examinations



ANDREW JOHNSTON, RDH  
Vice President



MARK EDWARDS, DDS  
Director of Dental  
Examinations



CATRICE OPICHKA, RDH  
Programs Coordinator



LISA KUCERA, RDH  
Secretary/Treasurer

*CRDTS LEADERSHIP*

---

# THANK YOU

We appreciate your time and interest and look forward to collaborating to ensure safe dental and dental practice in Hawaii.



catrice@crdts.care



Questions?



## **Areas of Clinical Pre-Assessment and Clinical Coursework**

The following are examples of topics that can be addressed during CRDTS Dental Remediation. These topics are some of the most common areas we address during our remediation, but our education is not limited to these topics/disciplines.

### **Areas of Clinical Pre-Assessment**

- Diagnosis and Treatment Planning
- Restorative Dentistry
- Prosthodontics
- Periodontics
- Endodontics

### **Areas of Clinical Coursework**

- Diagnosis and Treatment Planning
- Operative Dentistry
- Prosthodontics
- Periodontics
- Endodontics
- Orthodontics
- Pedodontics
- Implant Dentistry
- Medical Emergencies
- Treating Medically Complex Patients
- Ethics





## **Topics Covered During Hygiene Reeducation Programs**

The following are examples of topics that are covered during CRDTS Hygiene Reeducation Programs. Our hygiene programs have the following but are not limited to these topics.

### **Didactic Coursework**

Periodontal Assessment and Diagnosis  
Periodontal Staging and Grading  
Chart notes and Record Keeping  
Ethics in the Dental Practice  
Medical Emergencies and Treating Complex Patients  
Local Anesthesia Review

### **Hand-Skills Assessments and Practice**

Probing  
Exploring  
Universal Curette  
Gracey Curette  
Ultrasonic Scaler  
Local Anesthesia



## State Board References

The following State Board Members have worked closely with CRDTS to develop remediation education for their licensees. Please feel free to reach out to them directly so they can share their experiences with you.

Brian Barnett  
Executive Director  
Missouri Dental Board  
[brian.barnett@pr.mo.gov](mailto:brian.barnett@pr.mo.gov)  
573-751-0040 - office

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Louisiana State Board of Dentistry  
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Kathleen Young  
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Utah Board of Dentistry  
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Utah Board of Dentistry  
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# CRDTS CARE Remediation & Reeducation Programs

CRDTS CARE Programs provide custom programming and hands-on exercises to meet state dental board requirements for licensure.

## What is CRDTS CARE ?

Custom, hands-on remediation and reeducation programming for state dental boards, dental professionals, and dental & dental hygiene students.

## Why Choose CRDTS CARE?

### How we help dental boards

CRDTS works with state dental boards to act as a remediation resource. Using a robust pre-assessment, CRDTS designs curriculum that helps licensees meet board order requirements.

### How we help dental professionals return to practice

CRDTS makes returning to practice after a lapse in license possible. Our reeducation programs allow dental professionals an opportunity to practice their skills so they can return to safe practice. Some licensees use this program to prepare for their CRDTS dental and dental hygiene examinations. Some state dental boards accept this program in lieu of retesting.

### How we help students

CRDTS provides hand skills remediation to help students who have been unsuccessful in their dental or dental hygiene examinations. Repetitive practice on simulated typodonts and SIMtoCARE Dente (virtual haptic technology) helps students further develop the clinical skills they need before retesting.

## New CARE Programs – Coming Soon

### Local Anesthesia Review

- Didactic programming - head and neck anatomy and drug/dosage review.
- Hands-on practice using anesthesia typodonts and simulation technology.

### Internationally Trained DDS

- Robust pre-assessment used to identify areas of need.
- Didactic and hands-on coursework assigned.
- Report of program completion and details of competence shared with the state dental board and licensee.

### Dental Practice Calibration

- Periodontal calibration for the clinical team.
- Learn to stage and grade perio
- Hands-on exercises to ensure the whole team is calibrated in assessing periodontal health.



785.273.0380



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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Amendment and Compilation of Chapter 16-79  
Hawaii Administrative Rules

M DD YYY

1. Chapter 16-79, Hawaii Administrative Rules, entitled "DENTISTS AND DENTAL HYGIENISTS", is amended and compiled to read as follows:

"HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 79

DENTISTS AND DENTAL HYGIENISTS

Subchapter 1 General Provisions

§16-79-1	Objective
§16-79-2	Definitions
§16-79-3	Renewal of a dental or dental hygiene license
§16-79-3.1	Restoration of forfeited license
§16-79-4	Repealed
§16-79-5	Prosthetic appliances
§16-79-6	Repealed
§16-79-7	Approved apron
§16-79-8	Approved infection control practice

Subchapter 2 Applications

- §16-79-9 Who may apply for a dental or dental hygiene license
- §16-79-10 Application forms
- §16-79-11 Documentation and credentials required for dental applicants
- [§16-79-11.1 Documentation and credentials required for temporary dental applicants](#)
- [§16-79-11.2 Documentation and credentials required for community service dental applicants](#)
- §16-79-11.5 Documentation and credentials required for dental hygiene applicants
- [§16-79-11.6 Documentation and credentials required for temporary dental hygienist applicants](#)
- [§16-79-11.7 Documentation and credentials required for community service dental hygienist applicants](#)
- §16-79-12 Repealed
- §16-79-12.7 Application for inactive license
- §16-79-13 Repealed
- §16-79-14 Denial of application
- [§16-79-14.5 Grounds for refusal to renew, reinstate or restore, and for revocation, suspension, denial, limiting, or condition of license](#)
- §16-79-15 Contested case hearing
- §16-79-16 Repealed

Subchapter 3 Repealed

§§16-79-20 to 16-79-24 Repealed

Subchapter 4 Repealed

§§16-79-28 to 16-79-33 Repealed

Subchapter 5 Repealed

§§16-79-40 to 16-79-50 Repealed

Subchapter 6 Repealed

§§16-79-54 to 16-79-63 Repealed

Subchapter 7 Dental Assistants and Licensed  
Dental Hygienists

§16-79-67 Definitions  
§16-79-68 Repealed  
§16-79-69 Repealed  
§16-79-69.1 Allowable duties and training for a  
dental assistant  
§16-79-69.5 Prohibited duties of dental assistants  
§16-79-69.10 Allowable duties of licensed dental  
hygienists  
§16-79-69.15 Prohibited duties of licensed dental  
hygienists  
§16-79-70 Repealed  
§16-79-71 Penalty

Subchapter 8 Anesthesia

§16-79-75 Definitions  
§16-79-76 Administration of local anesthesia  
§16-79-77 Administration of sedation and  
analgesia  
§16-79-78 Administration of general anesthesia  
and sedation  
§16-79-79 Reporting of adverse occurrences

Subchapter 9 Fees

§16-79-83 Fees

Subchapter 10 Practice and Procedure

§16-79-84 Administrative practice and procedure

Subchapter 11 Oral Testimony

§16-79-85 Oral testimony

Subchapter 12 Licensure Examination Remediation

§§16-79-90 to 16-79-113 Repealed

§16-79-114 Postgraduate studies after three failures

§16-79-115 Repealed

Subchapter 13 Repealed

§§16-79-116 to 16-79-137 Repealed

Subchapter 14 Continuing Education

§16-79-140 Purpose

§16-79-141 Continuing education categories

§16-79-141.5 Ethics

§16-79-142 Approved sponsoring organizations

§16-79-143 Requirements for approval by the board

§16-79-144 Biennial renewal

§16-79-144.1 Annual renewal for community service dental hygiene license

§16-79-144.2 Temporary licenses

§16-79-145 Record keeping

§16-79-146 Certification of compliance and audit

§16-79-147 Waiver or modification of requirements

§16-79-148 Penalty for false certification

Subchapter 15 Dental Records

§16-79-149 Retention of dental records

§16-79-150 Access to dental records

## SUBCHAPTER 1

### GENERAL PROVISIONS

**§16-79-1 Objective.** This chapter adopted by the board of dental examiners, hereafter referred to as "board", is intended to clarify and implement chapters 447 and 448, Hawaii Revised Statutes ("HRS"), to the end that the provisions thereunder may be best effectuated. [Eff 7/2/64; am and ren §16-79-1, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §448-6)

**§16-79-2 Definitions.** For the purposes of this chapter, the following definitions are applicable:

"ADA" means the American Dental Association.

"ADA CERP" means the American Dental Association Continuing Education Recognition Program.

"ADEX dental examination" means the dental examination developed by the American Board of Dental Examiners.

"ADHA" means the American Dental Hygienist Association.

"AGD PACE" means the Academy of General Dentistry Program Approval for Continuing Education.

"BLS" means basic life support.

"Block anesthesia" means local anesthetic solution deposited close to a main nerve trunk usually located at a distance from the site of treatment.

"CE" means continuing education.

"CODA" means the American Dental Association Commission on Dental Accreditation.

"CPR" means cardiopulmonary resuscitation.

"Dental assistant" means a non-licensed person, who may perform dental supportive procedures authorized by the provisions of this chapter under the direct supervision of a licensed dentist.



"Dental record" means the official office document that records all diagnostic information, clinical notes, treatment performed and patient-related communications that occur in the dental office, including instructions for home care and consent to treatment.

"General anesthesia" means a drug-induced, loss of consciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and to respond appropriately to physical stimulation or verbal command. Patients under general anesthesia require assistance in maintaining a patent airway and positive pressure ventilation due to inadequate spontaneous ventilatory function.

"HDA" means Hawaii Dental Association.

"HIPAA" means Health Insurance Portability and Accountability Act.

"Inactive license" means a license which has been placed on an inactive status upon a written request by a licensee.

"Integrated National Board Dental Examination" means the examination developed and governed by the American Dental Association Joint Commission on National Dental Examinations.

"License in good standing" means a license that is current, unencumbered, and held by a person who is actively practicing.

"Licensed dental hygienist" means a person who is authorized to practice dental hygiene in the State of Hawaii.

"Licensed dentist" means a person who is authorized to practice dentistry in the State of Hawaii.

"Local anesthesia" means the elimination of sensations, especially pain, in one part of the body by subcutaneous injection of a drug.

"National Board Dental Examination" or "National Board Dental Hygiene Examination" means the didactic examination developed by the American Dental Association Joint Commission on National Dental Examinations.

"NPDB" means the National Practitioner Data Bank.

"Post-doctoral resident" means a person who holds a D.M.D. or D.D.S. degree and is enrolled in a CODA-accredited residency program at affiliated training sites, such as hospitals and clinics, for the purpose of obtaining additional clinical training in dentistry.

"Sedation" means the calming of an apprehensive individual by use of systemic drugs, without inducing loss of consciousness.

"Supervision" means prescribing objectives and procedures and assigning work, provided that the person supervising shall be a licensed dentist. The levels of supervision are defined as follows:

- (1) "Direct supervision" means that the supervising licensed dentist examines and diagnoses the condition to be treated, authorizes each procedure, remains in the dentist's office or in any facility defined in section 447-3, HRS, while the procedures are being performed, and shall be responsible for all delegated acts and procedures performed by dental assistants and licensed dental hygienists.
- (2) "General supervision" means that the supervising licensed dentist has examined and diagnosed the condition to be treated, and has authorized each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan. The presence of the supervising dentist is not required; provided the dentist shall be available for consultation and shall be responsible for all delegated acts and procedures performed by licensed dental hygienists. In the case of programs under the supervision and control by the department of health or in any facility specified in section 447-3, HRS, the foregoing shall not apply except that the supervising licensed dentist shall be available for consultation, shall be responsible for all delegated acts and

procedures performed by licensed dental hygienists and the procedures pursuant to section 447-3, HRS, shall have been prescribed by a licensed dentist or otherwise be authorized by law. [Eff 7/2/64; am and ren §16-79-2, 2/13/81; am 1/27/86; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§436B-13.3, 447-1, 447-1.5, 447-3, 448-1, 448-3, 448-6, 448-9.6)

**§16-79-3 Renewal of a dental or dental hygiene license.** (a) Each licensee shall be responsible for timely renewing of the licensee's license, completing the CE requirement, and satisfying the renewal requirements provided by law.

(b) At the time of license renewal, each licensee shall submit a completed renewal application and all applicable fees and shall comply with any other requirement provided by law. A completed renewal application sent by United States mail shall be considered timely filed if the envelope bears a postmark on or before the required renewal date.

(c) The failure to timely renew a license, the failure to pay all applicable fees, the failure to complete the CE requirements during each biennium, the dishonoring of any check upon first deposit, or the failure to comply with any other requirement provided by law, shall cause the license to be automatically forfeited. [Eff 7/2/64; am and ren §16-79-3, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; am and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp ] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6, 448-7, 448-8.5)

**§16-79-3.1 Restoration of forfeited license.**

(a) ~~A license which has been forfeited may be restored within two years after the date of expiration upon compliance with the licensing renewal requirements provided by law and upon written application and payment of all applicable renewal fees, penalty fees, and compliance resolution fund fees.~~

A forfeited license may be restored ~~after~~ within two years from the date of expiration upon:

- (1) Written application and payment of all renewal, penalty, and other applicable fees;
- (2) Being engaged in the practice of dentistry or dental hygiene, as applicable, for at least three years preceding the date of the written application which includes:
  - (A) Evidence of active clinical practice of not less than one thousand hours per year for the three years immediately prior to the date of request; and
  - (B) A certification from the appropriate state board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice;
- (3) Submitting evidence of completion of the CE requirements of a minimum of thirty-two hours, plus six hours of ethics training each biennium, for licensed dentists and twenty hours for licensed dental hygienists each biennium;
- (4) Submitting a self-query background check from the NPDB. In addition, the board may require a background check from an independent background check service approved by the board, provided that the applicant shall pay the cost of the background check; and
- (5) If the person is unable to meet the above requirements, the person may be required to

reapply as a new applicant, take and pass the licensure examination.

(b) If the person has not restored the license for more than five years from the date of expiration, the person shall be required to reapply as a new applicant, take and pass the licensure examination, submit a self-query report from the NPDB, and submit a report from an independent background check service approved by the board; provided that the applicant shall pay the cost of the background check. [Eff and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp ] (Auth: HRS §448 6) (Imp: HRS §§447-1, 448-6, 448-7, 448-8)

**§16-79-4 Repealed. [R 1/27/14]**

**§16-79-5 Prosthetic appliances.** A licensed dentist shall provide a written work order authorizing the making or repair of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, traction, fracture, injury to the jaws, teeth, lips, gum, cheeks, palate, or associated head and neck tissues or parts, from casts, models, or impressions and shall keep a file copy of written work orders for a period of at least one year. The work order shall be dated and signed by the dentist, include the dentist's license number and the name and address of the independent dental laboratory. [Eff 7/2/64; am 2/24/67; am and ren §16-79-5, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

**§16-79-6 Repealed. [R 1/27/14]**

**§16-79-7 Approved apron.** An apron, preferably with cervical collar, with .25 mm lead equivalent

shall be the minimum shielding for dental radiographic procedures. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§448-1.5, 448-6)

**§16 79 8 Approved infection control practices.**

Licensed dentists and licensed dental hygienists shall practice levels of infection control consistent with the guidelines and recommendations of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and the ADA. [Eff and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6)

**SUBCHAPTER 2**

**APPLICATIONS**

**§16-79-9 Who may apply for a dental or dental hygiene license.** (a) A person applying for licensure to practice dentistry shall comply with the following requirements:

- (1) Be eighteen years of age or more;
- (2) Pass the National Board Dental Examination or the Integrated National Board Dental Examination;
- (3) Pass the ADEX dental examination;
- (4) Be a United States citizen, United States national, permanent resident of the United States, or alien authorized to work in the United States; and
- (5) Be a D.D.S. or D.M.D. graduate from a dental ~~school~~ college accredited by CODA.

(b) A person applying for licensure to practice dental hygiene shall comply with the following requirements:

- (1) Be eighteen years of age or more;

- (2) Pass the National Board Dental Hygiene Examination;
- (3) Pass a regional dental hygiene examination until a national clinical dental hygiene examination becomes available, pursuant to section 447-1(b) and (c), HRS;
- (4) Be a United States citizen, United States national, permanent resident of the United States, or alien authorized to work in the United States;
- (5) Be a graduate from a dental hygiene school accredited by CODA; and
- (6) Be certified in the administration of intra-oral infiltration local anesthesia and intra-oral block anesthesia from an accredited dental hygiene school or certification program approved by the board. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§436B-10, 447-1, 448-6, 448-9)

**§16-79-10 Application forms.** All applications shall be made on the forms as prescribed by the board. No application shall be deemed complete which does not set forth all the information relative to the applicant required by said forms and this chapter. The applicant is solely responsible for submitting a completed application. [Eff 7/2/64; am and ren §16-79-10, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6, 448-9)

**§16-79-11 Documentation and credentials required for dental applicants.** (a) All dental licensure applicants shall arrange to have sent directly to the board:

- (1) An official verification of having successfully passed the National Board

Dental Examination or the Integrated National Board Dental Examination;

- (2) An official verification of having successfully passed the ADEX dental examination; and
- (3) A certified copy of a dental degree, a certificate of graduation, or an official transcript of a D.D.S. or D.M.D. degree from a dental school college accredited by CODA.

(b) Applicants licensed as a dentist in another state shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

The board may require additional background checks of dental applicants from an independent background check service as approved by the board, provided that the applicant shall pay the cost of the background check. [Eff 7/2/64; am and ren §16-79-11, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-9, 448-9.4)

§16-79-11.1 Documentation and credentials required for temporary dental applicants. (a) All temporary dental licensure applicants who are not post-doctoral residents shall arrange to have sent directly to the board:

- (1) A certified copy of a dental degree, a certificate of graduation, or an official transcript of a D.D.S. or D.M.D. degree from a dental college accredited by CODA.
- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 448-12(a), HRS. The letter must list specific start and end employment dates.
- (3) If licensed as a dentist in another state, the applicant shall also submit an official verification of licensure and licensure status from the board of dental examiners of



that state and submit a self-query report from the NPDB.

(c) Any individual who is not a post-doctoral resident shall not qualify for the temporary dentist license upon failure of the ADEX exam.

(d) All applicants for the temporary dentist license who are post-doctoral residents shall arrange to have sent directly to the board:

- (1) A certified copy of a dental degree, a certificate of graduation, or an official transcript of a D.D.S. or D.M.D. degree from a dental college accredited by, or that has a reciprocal agreement with, CODA.
- (2) A signed letter submitted on official letterhead that confirms enrollment in a post-doctoral residency program that is accredited and recognized by CODA. The letter must:
  - (A) List specific start and end dates of the residency program; and
  - (B) List the addresses of the sites at which the resident will be training.
- (3) If licensed as a dentist in another state, the applicant shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

(e) Individuals who are applying for the temporary dentist license as post-doctoral residents may pass or fail the ADEX exam and still qualify for the temporary dentist license.

**§16-79-11.2 Documentation and credentials required for community service dental applicants.**

(a) All community service dental licensure applicants shall arrange to have sent directly to the board:

- (1) A certified copy of a dental degree, a certificate of graduation, or an official transcript of a D.D.S. or D.M.D. degree from a dental college accredited by, or that has a reciprocal agreement with, CODA.

- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 448-9.6(a), HRS. The letter must list specific start and end employment dates.
- (3) An official verification of licensure and licensure status from another state board of dental examiners.
- (4) A self-query report from the NPDB.
- (3) Additional requirements outlined in section 448-9.6(a)(1)(B), HRS, as applicable.
- (b) Any individual shall not qualify for the community service dentist license upon failure of the ADEX exam.
- (c) Upon approval of the community service dentist license, the licensee may obtain additional employment with another employer, qualified pursuant to section 448-9.6(a), HRS. To add additional employment, a licensee shall:
  - (1) Provide the Board with a signed letter on official letterhead from the additional employer listing specific start and end dates; and
  - (2) Maintain employment with the employer through which the individual gained initial licensure, pursuant to section 448-9.6(d)(1), HRS.
- (d) Applicants applying as commissioned officers under section 448-9.6(e), HRS shall arrange to have sent directly to the board:
  - (1) A copy of an active, unrestricted dental license from another state; and
  - (2) A copy of documentation reflecting official duty assignment to a qualifying community dental service dental site.

**§16-79-11.5 Documentation and credentials required for dental hygiene applicants.** (a) All dental hygiene licensure applicants shall arrange to have sent directly to the board:

- (1) An official verification of having successfully passed the National Board Dental Hygiene Examination;
- (2) An official verification of having successfully passed any one of the regional clinical examinations authorized by section 447-1(b), HRS, or pursuant to section 447-1(c), HRS, an official verification of having passed a national clinical examination;
- (3) A certified copy of a dental hygiene degree, certificate of graduation or an official transcript from a dental hygiene school accredited by CODA; and
- (4) Documentary proof of being certified in the administration of intra oral infiltration local anesthesia and intra-oral block anesthesia from an accredited dental hygiene school or by a certification program approved by the board.

(b) Applicants licensed as a dental hygienist in another state shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

(c) The board may require additional background checks of dental hygiene applicants from an independent background check service as approved by the board, provided that the applicant shall pay the cost of the background check. [Eff and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6)

§16-79-11.6 Documentation and credentials required for temporary dental hygienist applicants. (a) All temporary dental hygienist licensure applicants shall arrange to have sent directly to the board:

- (1) A certified copy of a dental hygiene degree, a certificate of graduation, or an official transcript from a dental hygiene college accredited by CODA.

- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 447-2, HRS. The letter must list specific start and end employment dates.
- (3) If licensed as a dental hygienist in another state, the applicant shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

(b) Individuals who are applying for the temporary dental hygienist license may pass or fail any regional clinical exam under Chapter 447, HRS and still qualify for the temporary dental hygiene license.

**§16-79-11.7 Documentation and credentials required for community service dental hygiene applicants.** (a) All community service dental hygiene licensure applicants shall arrange to have sent directly to the board:

- (1) A certified copy of a dental hygiene degree, a certificate of graduation, or an official transcript from a dental hygiene college accredited by, or that has a reciprocal agreement with, CODA.
- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 447-1.5(a), HRS. The letter must list specific start and end employment dates.
- (3) An official verification of licensure and licensure status from another state board of dental examiners.
- (4) A self-query report from the NPDB.
- (5) Additional requirements outlined in section 447-1.5(a)(1)(B), HRS, as applicable.

(b) Any individual shall not qualify for the community service dental hygiene license upon failure of any regional clinical exam under Chapter 447, HRS.

(c) Upon approval of the community service dentist license, the licensee may obtain additional employment with another employer, qualified pursuant to section 447-1.5(a), HRS. To add additional employment, a licensee shall:

(1) Provide the Board with a signed letter on official letterhead from the additional employer listing specific start and end dates; and

(2) Maintain employment with the employer through which the individual gained initial licensure, pursuant to section 447-1.5(d)(1), HRS.

(d) Applicants applying as commissioned officers under section 447-1.5(e), HRS shall arrange to have sent directly to the board:

(1) A copy of an active, unrestricted dental hygiene license from another state; and

(2) A copy of documentation reflecting official duty assignment to a qualifying community service dental hygiene site.

**§16-79-12 Repealed. [R 1/27/14]**

**§16 79 12.7 Application for inactive license.**

(a) Upon written request by a licensee during the licensure period or at renewal, and upon payment of an inactive license fee, the board shall place the licensee's active license on an inactive status.

(b) A licensee may continue and renew on inactive status for the biennial period.

(c) A licensee on inactive status shall be considered as unlicensed and shall not engage in the practice of dentistry or dental hygiene. Any person who violates this prohibition shall be subject to discipline under this chapter and chapters 436B, 447, and 448, HRS.

(d) It shall be the responsibility of each licensee on inactive status to maintain knowledge of current licensing and renewal requirements.

(e) A licensee may request to reactivate the license at any time during the licensure period or at renewal by:

- (1) Completing an application for reactivation;
- (2) Fulfilling all requirements in effect at the time of application to return the license to active status, including the payment of an activation fee and other fees that may be required;
- (3) Meeting the CE requirements; and
- (4) Providing information to ensure the licensee is fit to engage in the practice of dentistry or dental hygiene, including but not limited to reporting license sanctions, pending disciplinary actions, or conviction of a crime in which the conviction has not been annulled or expunged.

(f) An application for reactivation may be denied if the applicant does not fulfill all requirements of this chapter and chapters 436B, 447, and 448, HRS. If the applicant is denied, written notice of denial shall state specifically the reason for denying the reactivation and shall inform the applicant of the right to a hearing under chapter 91, HRS. If denied reactivation, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of reapplication. [Eff and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§91-9, 91-9.5, 436B-13.3, 448-6)

**§16-79-13 Repealed. [R 1/27/14]**

**§16-79-14 Denial of application.** In the event an application for the issuance or renewal of a license or permit, or for the reinstatement, or reactivation of a license thereof is denied, the board shall notify the applicant or licensee by letter of the board's action which shall include a concise statement of the reasons therefor and a statement

informing the applicant or licensee of the right to a contested case hearing pursuant to chapter 91, HRS. [Eff 7/2/64; am and ren §16-79-14, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§91-9, 91-9.5, 447-1, 447-7, 448-6, 448-7, 448-8.5, 448-9, 448-17, 448-18)

§16-79-14.5 Grounds for refusal to renew, reinstate or restore, and for revocation, suspension, denial, limiting, or condition of license. (a) In addition to any other acts or conditions provided in sections 436B-19 and 448-17, HRS, the board may refuse to renew, reinstate, or restore, or may deny, revoke, suspend, limit or condition in any manner, any license for any one or more of the following acts or conditions:

- (1) Failure to comply with, observe, or adhere to any law in a manner such that the board deems the licensee to be an unfit or improper person to hold a license;
- (2) Employing, utilizing, or attempting to employ or utilize at any time any person not licensed or certified where licensure or certification is required;
- (3) Violating this chapter, the applicable licensing laws, or any rule or order of the board;
- (4) When the applicant has committed any of the acts for which a license may be suspended or revoked under section 448-17, HRS;
- (5) If the applicant fails to demonstrate that the applicant possesses a good reputation for honesty, truthfulness, fairness, and financial integrity; or
- (6) If the applicant has had disciplinary action taken by any jurisdiction, including any federal or state regulatory body.

**§16-79-15 Contested case hearing.** Any person whose application for a license or permit, or whose application for the renewal, reinstatement, or reactivation of a license or permit has been denied by the board shall be entitled to a contested case hearing after notice of the denial provided that the request for a contested case hearing shall be conducted pursuant to chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs, and is filed with the board within sixty days of the date of the board's notice of the refusal or denial. [Eff 7/2/64; am and ren §16-79-15, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp ]  
(Auth: HRS §448-6) (Imp: HRS §§91-9, 91-9.5, 91-13.1, 447-1, 447-7, 448-6, 448-7, 448-8.5, 448-9, 448-17, 448-18)

**§16-79-16 Repealed. [R 2/9/89]**

**SUBCHAPTER 3 - REPEALED**

**§16-79-20 Repealed. [R 2/9/89]**

**§16-79-21 Repealed. [R 8/20/90]**

**§16-79-22 Repealed. [R 8/20/90]**

**§16-79-23 Repealed. [R 2/9/89]**



§16-79-24 Repealed. [R 8/20/90]

**SUBCHAPTER 4 - REPEALED**

§§16-79-28 to 16-79-31 Repealed. [R 8/20/90]

§16-79-32 Repealed. [R 2/9/89]

§16-79-33 Repealed. [R 8/20/90]

**SUBCHAPTER 5 - REPEALED**

§16-79-40 Repealed. [ R 1/27/14]

§16-79-41 Repealed. [ R 1/27/14]

§§16-79-42 to 16-79-50 Repealed. [R 2/9/89]

**SUBCHAPTER 6 - REPEALED**

§§16-79-54 to 16-79-58 Repealed. [R 2/9/01]

§16-79-59 Repealed. [R 2/9/89]

§16-79-60 Repealed. [R 2/9/01]

§16-79-61 Repealed. [R 2/9/89]

§§16-79-62 to 16-79-63 Repealed. [R 2/9/01]

## **SUBCHAPTER 7**

### **DENTAL ASSISTANTS AND LICENSED DENTAL HYGIENISTS**

**§16-79-67 Definitions.** For the purposes of this subchapter, the following definitions are applicable:

"Coronal polish" means a procedure limited to the removal of plaque biofilm and stain from exposed tooth surfaces, utilizing an appropriate instrument and polishing agent, as delegated by a licensed dentist. This procedure is not to be interpreted as a "dental prophylaxis".

"Dental prophylaxis" means the preventive supragingival and subgingival scaling and selective coronal polishing of the tooth surfaces, to remove calculus, soft deposits, plaque biofilm, and stains, using the appropriate instrumentation to create an environment in which hard and soft tissues can be

maintained in good health by the patient, as delegated by a licensed dentist.

"Non-surgical periodontal scaling and root planing" means the therapeutic supragingival and subgingival scaling of the teeth surfaces to remove calculus, plaque, and stains and the definitive root planing procedure to remove cementum and dentin that is rough or contaminated with toxins or microorganisms utilizing the appropriate instrumentation, including but not limited to, manual and ultrasonic instrumentation, as delegated by a licensed dentist. This procedure may include removal of necrotic tissue. [Eff 11/21/74; am and ren §16-79-67, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-3, 448-6)

**§16-79-68 Repealed. [R 2/9/89]**

**§16-79-69 Repealed. [R 2/9/89]**

**§16-79-69.1 Allowable duties and training for a dental assistant.** (a) A dental assistant may perform the following supportive dental procedures under the direct supervision, direction, evaluation, and responsibility of a licensed dentist:

- (1) Assisting the licensed dentist who is actually performing a dental procedure on the patient, that includes: preparing procedural trays/armamentaria set-ups; retracting a patient's oral tissues to maintain the field of operation during the dental procedure; removing debris, as is normally created and accumulated during or after operative procedures by the dentist;

placing and removing the rubber dam; mixing dental materials; and transferring dental instruments or any other concept of four-handed dentistry the dentist requires to perform the procedure;

- (2) Assisting the licensed dental hygienist in the performance of the duties of the dental hygienist; provided the assistance does not include procedures included in section 16-79-69.5 and section 16-79-69.10;
- (3) Collecting medical and dental histories, taking intra-oral and extra-oral photographs, and recording or charting clinical findings as dictated by the licensed dentist or dental hygienist;
- (4) Completing prescription and authorization forms for drug or restorative, prosthodontic or orthodontic appliance for the supervising licensed dentist whereby the dentist signs the forms;
- (5) Conducting mouth mirror supragingival inspections and reporting observations to the supervising licensed dentist; provided that this is not interpreted as an oral cancer screening;
- (6) Exposing, processing, mounting, and labeling radiographs;
- (7) Digital intraoral scannings and Mmaking impressions for diagnostics, study casts, opposing models, occlusal appliances (e.g., splints, bite guards), mouth guards, orthodontic retainers, and medicament trays;
- (8) ~~Making intra-oral measurements for orthodontic procedures, performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics (i.e., chain elastics and rubber bands); fitting and removing head appliances; and removing arch wires~~ Final digital intraoral scannings, which would

lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues shall be evaluated and approved by a dentist with the exception of duties listed in section(a) (7);

- (9) ~~Measuring and recording vital signs~~ Making intra-oral measurements for orthodontic procedures, performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics (i.e., chain elastics and rubber bands); fitting and removing head appliances; and removing arch wires;
- (10) ~~Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations, provided the licensed dentist evaluates, initiates, and administers the sedation~~ Measuring and recording vital signs;
- (11) ~~Placing matrix retainers~~ Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations, provided the licensed dentist evaluates, initiates, and administers the sedation;
- (12) ~~Placing non-aerosol topical anesthetics~~ Placing matrix retainers;
- (13) ~~Relating pre-operative and post-operative instructions, and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist~~ Placing non-aerosol topical anesthetics;
- (14) ~~Removing dressing and sutures~~ Relating pre-operative and post-operative instructions, and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist;
- (15) ~~Removing excess supragingival cement after a licensed dentist has placed a permanent or~~

- ~~temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments; and Removing dressing and sutures;~~
- (16) ~~Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments. Removing excess supragingival cement after a licensed dentist has placed a permanent or temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments;~~
- (17) ~~Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments-;~~ and
- (18) ~~Fabrication of provisional crowns or bridge, outside of the patient's mouth, to be delivered to the patient under the dentist's direct supervision.~~
- (19) ~~A dental assistant may operate under the general supervision of any dentist licensed under this chapter to provide auxiliary support dental services in a public health setting under the specific provisions of chapter 448-3.5, HRS, to perform the supportive dental procedures described in subsection (c).~~
- (b) ~~The board requires the supervising licensed dentist to appropriately train or provide training to dental assistants which shall include, but not be limited to:~~
- (1) ~~Proper sterilization and disinfection procedures which meet the guidelines of:~~
- ~~(A) The U.S. Department of Labor Occupational Safety and Health Administration bloodborne pathogen standards;~~
- ~~(B) The State of Hawaii Department of Labor and Industrial Relations Occupational Health and Safety bloodborne pathogen standards;~~

- ~~(C) The CDC prevention guidelines; and~~
- ~~(D) The ADA Clinical Practice Guidelines;~~
- ~~(2) Ethics;~~
- ~~(3) Proper record keeping and patient confidentiality; and~~
- ~~(4) CPR.~~

~~The training courses shall be provided by sponsors pursuant to section 16-79-142. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)~~

(c) The board requires the supervising licensed dentist to appropriately train or provide training to dental assistants operating in any setting which shall include, but not be limited to:

- (1) Proper sterilization and disinfection procedures which meet the guidelines of:
  - (A) The U.S. Department of Labor Occupational Safety and Health Administration bloodborne pathogen standards;
  - (B) The State of Hawaii Department of Labor and Industrial Relations Occupational Health and Safety bloodborne pathogen standards;
  - (C) The CDC prevention guidelines; and
  - (D) The ADA Clinical Practice Guidelines;
- (2) Ethics;
- (3) Proper record keeping and patient confidentiality; and
- (4) CPR.

The training courses shall be provided by sponsors pursuant to section 16-79-142. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

**§16-79-69.5 Prohibited duties of dental assistants.** A dental assistant shall not perform the

following intra-oral functions or any other activity deemed to be irreversible as to cause change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures; and any other activity which represents the practice of dentistry and dental hygiene or requires the knowledge, skill, and training of a licensed dentist or licensed dental hygienist:

- (1) Administering local anesthetic, sedation, or general anesthesia;
- (2) Cementing, bonding, and adjusting any part of a prosthesis or appliance worn in the mouth;
- (3) Cementing or re-cementing, finishing margins, performing a try-in, and adjusting the occlusion of any temporary or permanent fixed prosthetic restoration; or placing cement bases;
- (4) Cementing bands and brackets, or activating any orthodontic appliance;
- (5) Establishing occlusal vertical dimension, making bite registrations, and making face-bow transfers;
- (6) Examining, diagnosing, or prescribing a treatment plan;
- (7) Making final impressions, which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues with the exception of duties listed in section 16-79-69.1(a)(7);
- (8) Performing any endodontic procedure to ream, file, irrigate, medicate, dry, try-in cores, or fill root canals; establishing the length of the tooth;
- (9) Performing any surgical or cutting procedures on hard or soft tissues, extracting teeth, and suturing;
- (10) Placing, condensing, carving, finishing, or adjusting the occlusion of final restorations; or placing cavity liners, medicaments, or pulp cap materials;



- (11) Placing materials subgingivally, including but not limited to, prescriptive medicaments, retraction cords, and other devices used for tissue displacement;
- (12) Prescribing medications or authorizing the fabrication of any restorative, prosthodontic, or orthodontic appliances;
- (13) Testing pulp vitality; and
- (14) Using of ultrasonic instruments and polishing natural or restored surfaces.  
[Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp ] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

**§16-79-69.10 Allowable duties of licensed dental hygienists.**

(a) A licensed dental hygienist may perform the procedures as delineated under section 447-3, HRS, as well as all of the allowable duties of a dental assistant listed in section 16-79-69.1. Also, a licensed dental hygienist may perform the following procedures pursuant to the delegation of and under the direct supervision of a licensed dentist:

- (1) Administering intra-oral infiltration and intra-oral block anesthesia in accordance with the provisions of section 16-79-76;
- (2) Administering prescriptive treatments and chemotherapeutic agents (i.e., application or placement of supragingival and subgingival prescription drugs, including but not limited to, fluoride desensitizers, antimicrobial rinses and local delivery antibiotics), as prescribed by the licensed dentist;
- (3) Applying pit and fissure sealants;
- (4) Performing non-surgical clinical and laboratory oral diagnostic tests, (e.g., pulp vitality test) for interpretation by the licensed dentist;

- (5) Performing non-surgical periodontal scaling and root planing, and periodontal maintenance;
- (6) Performing dental prophylaxis, coronal polish natural or restored surfaces, and removing overhangs;
- (7) Placing periodontal dressing;
- (8) Collecting, documenting, and assessing the comprehensive patient data that may include screenings for oral cancer, periodontal chartings, indices, and risk assessments which identify dental hygiene needs;
- (9) Establishing the dental hygiene care plan that reflects dental hygiene goals and strategies; and
- (10) Providing dental hygiene care which may include, but is not limited to, pain management, full mouth debridement, care of restorations, behavior modification, preventive health education and nutrition counseling as it relates to oral health.

(b) In a public health setting as allowed pursuant to section 447-3(d), HRS, a licensed dental hygienist may perform the procedures describe in subsection (a) under the general supervision of a licensed dentist. Pursuant to section 447-1(f), HRS, a licensed dental hygienist may practice under the general supervision of a licensed dentist and pursuant to an existing treatment plan with respect to patients of record who have had an examination by the licensed dentist; provided that a licensed dental hygienist shall not perform any irreversible procedure or administer any intra-oral block anesthesia under general supervision.

(c) In a public health setting as allowed pursuant to section 447-3(d), HRS, a licensed dental hygienist may perform the procedures described in subsection (a) under the general supervision of a licensed dentist.

(d) In a school-based oral health program, as allowed pursuant to section 447-3(e), HRS, a licensed dental hygienist may perform dental sealant screenings

and apply dental sealants under the general supervision of a licensed dentist. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-6)

**§16-79-69.15 Prohibited duties of licensed dental hygienists.** No licensed dentist shall allow a licensed dental hygienist who is in the dentist's employ or is acting under the dentist's supervision or direction to perform any of the procedures disallowed for dental assistants except for those duties specifically allowed for dental hygienists in section 447-3, HRS, and in this chapter. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-6)

**§16-79-70 Repealed. [R 2/9/89]**

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**§16-79-71 Penalty.** Any person or association practicing dentistry in the State who fails to comply with or makes false statements to provisions of this chapter shall be guilty of a failure to comply with chapter 448, HRS, and shall be punished as provided in this chapter. [Eff 11/21/74; am and ren §16-79-71, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

## SUBCHAPTER 8

### ANESTHESIA

**§16-79-75 Definitions.** For purposes of this subchapter, the following definitions are applicable:

"Analgesia" means the diminution or elimination of pain in a conscious patient.

"Certified nurse anesthetist" means a licensed nurse with special training in all phases of anesthesia.

"Deep sedation" means a drug-induced, depression of consciousness accompanied by a partial loss of protective reflexes during which patients cannot be easily aroused, but respond purposefully to physical stimulation or verbal command. Patients under deep sedation may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate.

"Facility" means a properly equipped facility that meets all the requirements set forth in the checklist attached hereto as Exhibit A.

"Hospitalization" means formal admission into a hospital for in-patient care, provided that treatment in an emergency room by itself shall not constitute "hospitalization."

"Infiltration anesthesia" means local anesthetic solution deposited near the terminal nerve endings in the area of prospective dental treatment.

"Moderate (conscious) sedation" means a drug-induced, depression of consciousness that allows a patient to maintain protective reflexes, retain the ability to independently and continuously maintain a patent airway, and respond purposefully to light tactile stimulation or verbal command.

"Nitrous oxide analgesia" means an inhalation analgesic that allows a patient to maintain protective reflexes, retain the ability to independently and continuously maintain a patent airway, and respond appropriately to light tactile stimulation or verbal command.

"Pediatric patients" means, for purposes of the BLS requirements, patients twelve years or younger. [Eff 10/7/76; am and ren §16-79-75, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

**§16-79-76 Administration of local anesthesia.**

(a) Any licensed dentist may administer local anesthesia.

(b) Any licensed dental hygienist may administer intra-oral local infiltration, intra-oral block anesthesia, or both under the direct supervision of a licensed dentist, upon meeting the following:

(1) A licensed dental hygienist may apply to the board for certification to administer intra-oral infiltration local anesthesia by providing to the board documentation of having been certified by a CODA accredited dental hygiene school or by a certification program approved that is offered by the board providers recognized by ADA CERP or AGD PACE.

(2) A licensed dental hygienist may apply to the board for certification to administer intra-oral block anesthesia by providing to the board documentation which shall include:

(A) A certificate of completion from a CODA accredited dental hygiene school or by a certification program approved that is offered by the board providers recognized by ADA CERP or AGD PACE.

(B) Program documentation or transcript listing the intra-oral block anesthesia categories, the course content, and number of injections that are consistent with section 447 3.5, HRS.

(c) The board certification to administer intra-oral block anesthesia procedures shall automatically expire upon the revocation or suspension of the license to practice dental hygiene. [Eff 10/7/76; am and ren §16-79-76, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-3, 447-3.5, 448-1, 448-6)

**§16-79-77 Administration of sedation and analgesia.** A licensed dentist may administer nitrous oxide and a single oral sedative medication administered in an appropriate dose to reduce anxiety. [Eff 10/7/76; am and ren §16-79-77, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

**§16-79-78 Administration of general anesthesia and sedation.** (a) A licensed dentist shall administer general anesthesia and sedation consistent with the current guidelines and recommendations of the American Dental Association Guidelines for the Use Of Sedation and General Anesthesia by Dentist; provided that for pediatric patients the American Academy of Pediatrics and the American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures shall be followed. No licensed dentist shall administer or employ another person, such as a nurse anesthetist or a physician, who is otherwise qualified in this State to administer general anesthesia, deep sedation, or moderate (conscious) sedation for dental patients, unless the licensed dentist possesses a written authorization or permit from the board. Sedation is continuum and it is not always possible to predict how an individual will respond. Therefore, a licensed dentist intending to produce a given level of sedation shall have the capability to rescue patients whose level of sedation becomes deeper than initially intended.

(b) In order to receive a written authorization or permit, the licensed dentist shall apply to the board, pay an application fee, and submit documentary

evidence showing that the following requirements are met:

- (1) Educational training requirements.
  - (A) General anesthesia and deep sedation: Applicant has completed an advanced dental education program accredited by CODA and approved by the board that provides comprehensive training necessary to administer deep sedation or general anesthesia and includes documented proficiency in Basic Life Support for Healthcare Providers and Advanced Cardiac Life Support or Pediatric Advanced Life Support as required pursuant to subsection 16-79-141(a)(2). Evidence of that comprehensive training shall include but not be limited to: being a Diplomate of the American Board of Oral and Maxillofacial Surgery, a Fellow/member of the American Association of Oral and Maxillofacial Surgery or completion of an ADA accredited residency in Oral and Maxillofacial Surgery or Dental Anesthesiology and shall practice in compliance with that training.
  - (B) Moderate (conscious) sedation: Applicant has completed a comprehensive training program at the postgraduate level that meets the moderate (conscious) sedation program objectives and content as outlined in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The training program shall be a minimum of sixty hours of instruction, include supervised management of at least twenty moderate (conscious) sedation patients with clinical experience in managing the compromised airway and establishment of

intravenous access, and provide current documented proficiency in Basic Life Support for Healthcare Providers and Advanced Cardiac Life Support or Pediatric Advanced Life Support as required pursuant to sub section 16-79-141(a) (2) .

- (C) A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older.
- (2) In lieu of the requirements in paragraph (1) (A) and (B), a licensed dentist may receive a written authorization or permit to use general anesthesia, deep sedation or moderate (conscious) sedation, if the licensed dentist employs or works in conjunction with a physician licensed pursuant to chapter 453, HRS, who specializes in anesthesiology or a certified registered nurse anesthetist who holds a license in good standing pursuant to chapter 457, HRS, provided that the physician who specializes in anesthesiology or certified registered nurse anesthetist shall remain on the premises of the dental facility until the patient is fully recovered and discharged from the facility.
- (3) Facilities and staff requirements. Applicant has a properly equipped facility for the administration of general anesthesia, deep sedation, or moderate (conscious) sedation staffed with a supervised team of auxiliary personnel capable of reasonably handling anesthesia procedures, problems, and emergencies



incident thereto. The current ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists and the current American Association of Oral and Maxillofacial Surgery Office Anesthesia Evaluation Manual are referenced as minimum standards of care. Adequacy of the facility and competence of the anesthesia team may be determined by the consultants appointed by the board as outlined below in this chapter.

(c) Prior to the issuance or renewal of a written authorization or permit, the board may, at its discretion, require an on-site inspection of the facility, equipment, and personnel to determine whether the facilities and staff requirements have been met. This evaluation to determine whether the facility is adequate and properly equipped, may be carried out in a manner and generally following the guidelines, standards, requirements, and basic principles as described in the current American Association of Oral and Maxillofacial Surgeons Office Anesthesia Manual. The inspection and evaluation shall be carried out by a team of consultants appointed by the board. Compliance with the checklist which is attached to these rules as Exhibit A shall constitute a rebuttable presumption that the requirements of subsection have been met.

(d) The board shall appoint a team of advisory consultants to conduct the on-site inspection and evaluation of the facilities, equipment, and personnel of a licensed dentist applying for a written authorization or permit to administer or to employ a qualified person to administer general anesthesia, deep sedation, or moderate (conscious) sedation; thereafter, re inspections may be conducted. The advisory consultants shall also aid the board in the adoption of criteria and standards relative to the regulation and control of general anesthesia, deep sedation, or moderate (conscious) sedation.

(e) A licensed dentist who has received a written authorization or permit to administer or to employ a qualified person to administer general

anesthesia, deep sedation, or moderate (conscious) sedation shall renew the authorization or permit biennially and pay a biennial fee.

(f) The board may, at any time, reevaluate the credentials, facilities, equipment, personnel, and procedures of a licensed dentist who has previously received a written authorization or permit from the board to determine if the dentist is still qualified to have a written authorization or permit. If the board determines that the licensed dentist is no longer qualified to have a written authorization or permit, it may revoke or refuse to renew the authorization, after an opportunity for a hearing is given to the licensed dentist.

(g) A licensed dentist who currently has a written authorization or permit to administer general anesthesia or sedation may continue to administer general anesthesia or sedation without the need to meet the additional requirements under subsection (b). However, if that dentist's license becomes forfeited that dentist shall file a new application and comply with all of the requirements of this section in existence at the time of the application. [Eff 10/7/76; am and ren §16-79-78, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp ] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

**§16-79-79 Reporting of adverse occurrences.** (a)

All licensed dentists in the practice of dentistry in this State shall submit a report within a period of thirty days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during or as a direct result of anesthesia related thereto. The report shall include at the minimum responses to the following:

- (1) Description of the dental procedure;

- (2) Description of the physical condition of the patient unless the patient has a Class I status as defined by the American Society of Anesthesiologists;
- (3) List of drugs and dosage administered;
- (4) Detailed description of techniques utilized in administering the drugs utilized;
- (5) Description of the adverse occurrence:
  - (A) Symptoms of any complications, including but not limited to onset and type of symptoms of the patient;
  - (B) Treatment instituted on the patient;
  - (C) Response of the patient to the treatment; and
- (6) Description of the patient's condition on termination of any procedure undertaken.
  - (b) Failure to comply with subsection (a) when the occurrence is related to the use of general anesthesia, deep sedation, or moderate (conscious) sedation shall result in the loss of the written authorization or permit of the licensed dentist to administer or to employ another person to administer general anesthesia, deep sedation, or moderate (conscious) sedation. [Eff 10/7/76; am and ren §16-79-79, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-7) (Imp: HRS §§448-1, 448-6)

## SUBCHAPTER 9

### FEES

**§16-79-83 Fees.** The license and examination fees for licensed dentists and licensed dental hygienists shall be as provided in chapter 16-53, relating to fees for boards and commissions. [Eff 11/7/64; am 8/3/70; am 10/26/70; am and ren §16-79-83, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp

8/22/16; comp ] (Auth: HRS §§92-28,  
448-6) (Imp: HRS §§92-28, 448-6)

## **SUBCHAPTER 10**

### **PRACTICE AND PROCEDURE**

#### **§16-79-84 Administrative practice and procedure.**

The rules of practice and procedure for licensed dentists and licensed dental hygienists shall be as provided in chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs which are incorporated by reference and made a part of this chapter. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §§91-2, 448-6) (Imp: HRS §§91-2, 448-6, 448-18)

## **SUBCHAPTER 11**

### **ORAL TESTIMONY**

**§16-79-85 Oral testimony.** (a) The board shall accept oral testimony on any item which is on the agenda, provided that the testimony shall be subject to the following conditions:

- (1) Each person seeking to present oral testimony shall so notify the board not later than forty-eight hours prior to the meeting, and at that time shall state the item on which testimony is to be presented;
- (2) The board may request that any person providing oral testimony submit the remarks,

or a summary of the remarks, in writing to the board;

- (3) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;
- (4) Persons presenting oral testimony shall identify themselves and the organization, if any, that they represent at the beginning of the testimony;
- (5) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed prior to the commencement of the testimony of the time constraints to be imposed; and
- (6) The board may refuse to hear any testimony which is irrelevant, immaterial, or unduly repetitious to the agenda item on which it is presented.

(b) Nothing in this section shall require the board to hear or receive any oral or documentary evidence from a person on any matter which is the subject of another proceeding pending subject to the hearings relief, declaratory relief or rule relief provisions of chapter 16-201.

(c) Nothing in this section shall prevent the board from soliciting oral remarks from persons present at the meeting or from inviting persons to make presentations to the board on any particular matter on the board's agenda. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §§92-3, 448-6) (Imp: HRS §§92-3, 448-6)

## **SUBCHAPTER 12**

### **LICENSURE EXAMINATION REMEDIATION**

§§16-79-90 to 16-79-113 Repealed. [R 1/27/14]

**§16-79-114 Postgraduate studies after three failures.** Any applicant who has three failures on the ADEX dental examination shall successfully complete a postgraduate course of one full semester or trimester in operative and prosthetic dentistry at an accredited dental college before the applicant shall be eligible to take the ADEX dental examination again. The course completion shall be evidenced by a certificate filed with the board. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp ] (Auth: HRS §448-6,) (Imp: HRS §§448-6, 448-17)

§16-79-115 Repealed. [R 1/27/14]

### SUBCHAPTER 13

§§16-79-116 to 16-79-137 Repealed. [R 1/27/14]

### SUBCHAPTER 14

### CONTINUING EDUCATION

**§16-79-140 Purpose.** The rules in this part are intended to effectuate the provisions of section 448-8.5, HRS, relating to the CE program requirements. [Eff and comp 2/9/02; am and comp 1/27/14; comp

8/22/16; comp ] (Auth: HRS §448-6)  
(Imp: HRS §§448-6, 448 8.5)

**§16-79-141 Continuing education categories.** (a)

All eligible CE categories shall be relevant to the care and treatment of patients and shall consist of the following required categories:

- (1) Clinical courses:
  - (A) Shall be directly related to the provision of oral health care and treatment of patients;
  - (B) Shall be comprised of more than one half of the required CE hours per biennium for each dentist; and
  - (C) Shall be comprised of more than one half of the required CE hours per biennium for each dental hygienist;
- (2) BLS Life Support courses:
  - (A) Shall be completed, continuously current, and include a hands-on component;
  - (B) Shall be sponsored by the American Heart Association, the American Red Cross, or from a sponsoring organization approved pursuant to section 16-79-143;
  - (C) Shall be a Basic Life Support for Healthcare Providers course;
  - (D) ~~[A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older;]~~ Shall be limited to a maximum of four CE hours per biennium;

- (E) ~~[Shall be limited to a maximum of four CE hours per biennium; and] A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older; provided further that the courses shall be limited to a maximum of six CE hours per biennium; and~~
- (F) All ~~[BLS] life support~~ courses shall not be credited toward fulfilling the clinical course requirements of subsection (a) (1) (B) or (C);
- (3) Ethics courses:
- (A) Ethics course of at least two hours per biennium for dental hygienists; and
- (B) Ethics course of at least ~~[three]six~~ hours per ~~[year] biennium~~ for dentists;
- (b) Other eligible categories include:
- (1) Non-clinical courses which are related to the practice of dentistry or dental hygiene including, but not limited to, patient management, practice management, ethics and the law;
- (2) Volunteer hours:
- (A) Participation in the promotion of oral health;
- (B) Participation in the licensure examination calibration; and
- (C) Shall be limited to a maximum of four CE hours per biennium;
- ~~(3) Didactic, clinical or non-clinical oral health instructor's hours: [shall be limited to a maximum of two CE hours per biennium; and]~~
- (A) Instructors providing CE courses shall earn two CE hours per hour of



instruction up to a maximum of eight CE hours per biennium; and

(B) Instructors providing training to students enrolled in a program that is accredited by the American Dental Association's Commission on Dental Accreditation (CODA) shall receive one CE hour per sixteen hours of instruction, not to exceed eight CE hours per biennium. The hours of participation shall be confirmed by the educational institution and submitted to the dentist in certificate form designating the CE hours earned.

(4) Attendance hours:

(A) During any convention of the ADA and its recognized component organizations or the ADHA and its recognized component organizations; and

(B) Shall be limited to a maximum of two CE hours per biennium.

(c) Courses in estate planning, membership, marketing, business, personal financial planning, and investments shall not be eligible CE categories.

(d) Licensees may satisfy the CE program requirements in the required categories in subsection (a) ~~(1)~~ or in the other eligible categories listed in subsection (b) through computer-based, electronic, virtual, correspondence courses, dental publications, or courses presented through other media, formats. Such as audio and video tape recording; provided that those courses do not compromise more than eight CE hours.

(1) Of the CE requirements for dentists, at a minimum eight CE hours shall be completed live in-person or completed virtually in real-time.

(2) Of the CE hour requirements for dental hygienists, at a minimum six CE hours shall be completed live in-person or completed virtually in real-time.

(e) The hands-on component of Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support courses shall be taken in-person to meet the continuing education requirement. [Eff and comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

**16-79-141.5 Ethics.** (a) In addition to the continuing education requirements, dentists shall complete ethics courses of at least six hours per biennium.

(b) Dental hygienists shall complete ethics courses of at least two hours per biennium. These credit hours shall count towards the continuing education requirements.

(c) All ethics courses shall be presented by board approved sponsoring organizations listed in section 16-79-142.

**§16-79-142 Approved sponsoring organizations.**

Licensees shall comply with the CE program requirements by completing the requisite number of hours approved pursuant to section 16-79-143 or from courses offered by the following sponsoring organizations approved by the board, provided the courses meet the eligibility requirements of section 16-79-141:

- (1) Academy of General Dentistry approved CE providers;
- (2) Accreditation Council for Continuing Medical Education certified CE providers;
- (3) ADA and its recognized specialty organizations;
- (4) ADA Continuing Education Recognition Program approved CE providers;
- (5) ADHA;
- (6) American Academy of Dental Hygiene;
- (7) [American Council on Pharmaceutical Education;] American College of Dentists;
- (8) [American Heart Association;] American Council on Pharmaceutical Education;

- (9) ~~[American Medical Association;]~~ American Heart Association;
- (10) ~~[American Red Cross;]~~ American Medical Association;
- (11) ~~[CODA accredited programs;]~~ American Red Cross;
- (12) ~~[Dental assistant programs as approved by the board;]~~ CODA accredited programs;
- (13) ~~[Hawaii Department of Health;]~~ Dental assistant programs as approved by the board;
- (14) ~~[Joint Commission on Accreditation of Healthcare Organizations accredited hospitals;]~~ Hawaii Department of Health;
- (15) ~~[Regional and state testing agencies as it relates to the courses and calibration sessions;]~~ International College of Dentists;
- (16) ~~[State dental associations and their component dental societies; and]~~ Joint Commission on Accreditation of Healthcare Organizations accredited hospitals;
- (17) ~~[State dental hygienists' associations and their components.]~~ Regional and state testing agencies as it relates to the courses and calibration sessions;
- (18) State dental associations and their component dental societies;
- (19) State dental hygienists' associations and their components;
- (20) The United States Armed Forces;
- (21) The United States Department of Veterans Affairs; and
- (22) The University of Hawaii [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp ] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

**§16-79-143 Requirements for approval by the board.** (a) [Sponsoring] Except as provided in subsection (e), sponsoring organizations who are not listed in section 16-79-142, shall be required to

apply to the board on a form prescribed by the board prior to the course event. The sponsoring organization shall comply with all requirements, policies, and standards set forth by the board.

(b) Courses shall comply with the provisions in section 16-79-141. Sponsoring organizations shall submit the following:

- (1) A detailed outline which provides course content, total hours of the course, and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care; and
- (2) A curriculum vitae of each instructor of the course.

(c) A certificate of attendance shall be issued to each attendee and include the following:

- (1) Name of sponsoring organization;
- (2) Course or program title and date;
- (3) Course or program approval number;
- (4) Number of CE hours; and
- (5) Name of attendee.

(d) A course which has been approved by the board pursuant to this section is acceptable only for the biennium renewal period during which approval has been granted by the board.

(e) A course which has been approved by another state dental licensure board may qualify as CE in this state, provided that the course meets the eligibility requirements of section 16-79-141.

[Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp ] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448 8.5)

**§16-79-144 Biennial renewal.** At the time of the biennial renewal, not later than December 31 of each odd-numbered year, each licensee shall have completed the CE program requirements for the two calendar years preceding the renewal date as follows:

- (1) Licensed dentist:

- (A) Dentists initially licensed in the first year of the biennium shall have completed sixteen CE hours, inclusive of the Basic Life Support CE requirement, and in addition, completed six hours of ethics training;
  - (B) Dentists initially licensed in the second year of the biennium shall ~~not be required to complete any CE hours;~~ and have completed the Basic Life Support CE requirement, and in addition, completed three hours of ethics training;
  - (C) All other dentists shall have completed thirty-two CE hours, inclusive of the Basic Life Support CE requirement, and in addition, completed at least six hours of ethics training per biennium; ~~and.~~
  - (D) In addition to subsections (A), ~~(B),~~ or (C) above, ~~after January 1, 2016,~~ each licensee who is a dentist shall complete at least three hours of ethics training per year ~~clinical courses shall be compromised of more than half of the required CE hours.~~
- (2) Licensed dental hygienist:
- ~~(A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours;~~
  - ~~(B) Dental hygienists initially licensed in the second year of the biennium shall not be required to complete any CE hours; and~~
  - ~~(C) All other dental hygienists shall have completed twenty CE hours.~~
- Community service licensed dentists shall comply with the continuing education requirements in subsection (1).
- (3) ~~Except as provided in section 16-79-147, the failure of a licensee to present evidence of~~

~~compliance with the CE program requirements shall constitute a forfeiture of license, which may be restored pursuant to section 16-79-3.1. [Eff and comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)~~

Licensed dental hygienist:

- (A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours, inclusive of the Basic Life Support CE requirement and two hours of ethics training;
  - (B) Dental Hygienist initially licensed in the second year of the biennium shall have completed the Basic Life Support CE requirement and one hour of ethics training;
  - (C) All other dental hygienists shall have completed twenty CE hours, inclusive of the Basic Life Support CE requirement and at least two hours of ethics training per biennium; and
  - (D) In addition to subsections (A) or (C) above, clinical courses shall be comprised of more than half of the required CE hours.
- (4) Except as provided in section 16-79-147, the failure of a licensee to present evidence of compliance with the CE program requirements shall constitute a forfeiture of license, which may be restored pursuant to section 16-79-3.1. [Eff and comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§16-79-144.1 Annual renewal for community service dental hygiene license. Community service dental

hygiene licenses must be renewed annually. At the time of the annual renewal, not later than December 31 of each year, each licensee shall have completed the CE program requirements for the calendar year preceding the renewal date as follows:

(1) Community service licensed dental hygienist:

(A) Shall have completed a total of ten CE hours, including one hour of ethics training.

(B) Clinical courses shall be comprised of more than half of the annual required CE hours.

(C) Shall have completed a Basic Life Support course, which shall be limited to a maximum of two CE hours annually and shall not be credited toward fulfilling the clinical course requirements. The BLS course:

(i) Shall be completed, continuously current, and include a hands-on component;

(ii) Shall be sponsored by the American Heart Association, the American Red Cross, or from a sponsoring organization approved pursuant to section 16-79-143; and

(iii) Shall be a Basic Life Support for Healthcare Providers course.

**§16-79-144.2 Temporary Licenses.** Licensees issued a temporary dentist or temporary dental hygienist license are not subject to continuing education requirements.

**§16-79-145 Record keeping.** (a) Licensees shall maintain original documentation showing evidence of attendance for four years after completion of any CE course.

(b) Evidence of attendance from the sponsoring organization approved by the board may include the following:

(1) The certificate of attendance;

- (2) The name of the licensee;
- (3) The name of the eligible course or program;
- (4) The name of the sponsoring organization;
- (5) The date and place where the course or program was held; and
- (6) The number of the eligible credit hours.  
[Eff and comp 2/9/02; am and comp 1/27/14;  
comp 8/22/16; comp                   ] (Auth:  
HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

**§16-79-146 Certification of compliance and audit.** (a) At the time of renewal, each licensee shall certify on the renewal application that the licensee has satisfied all of the CE requirements.

(b) The board may audit and shall provide written notice of an audit, ~~require~~ requiring any licensee to submit copies of the original documents or evidence of attendance to be attached to the summary form provided by the board. The board may require additional evidence demonstrating the licensee's compliance with the CE requirements.

(c) A licensee shall respond to an audit or a request for additional evidence demonstrating the licensee's compliance with the CE requirements within sixty days of the date of the request. [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp                   ] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

**§16-79-147 Waiver or modification of requirements.** (a) Any licensee seeking renewal of license without full compliance of the CE requirements shall submit:

- (1) A written request for waiver or modification of the CE requirements, with an explanation why the waiver or modification is being sought; and
- (2) Other supporting documents.



(b) The board may grant a waiver or modification of the CE requirements based on:

- (1) Full time service in the armed forces of the United States;
- (2) An incapacitating illness documented by a licensed physician;
- (3) Being disabled and unable to practice dentistry or dental hygiene documented by a licensed physician;
- (4) Being retired from practice and not performing any dental or dental hygiene services; or
- (5) Undue hardship or any other extenuating circumstances.

(c) Written requests for waiver or medication of CE requirements, with explanation and supporting documents must be received and approved before the renewal deadline to be considered for that licensing biennium. [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp

] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

**§16-79-148 Penalty for false certification.** A false certification to the board by a licensee shall be deemed a violation of this chapter and chapters 447 and 448, HRS, as applicable, and subject the licensee to disciplinary proceedings." [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp

] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

## SUBCHAPTER 15

## DENTAL RECORDS

**§16-79-149 Retention of dental records.** (a)

Dental records may be computerized or minified by the use of microfilm or any other similar photographic process; provided that the method used creates an unalterable record. The dentist shall retain dental records in the original or reproduced form for a minimum of seven years after the last data entry, except in the case of minors, whose records shall be retained during the period of minority plus seven years after the minor reaches the age of majority.

(b) Dental records may be destroyed after the seven-year retention period.

**§16-79-150 Access to dental records.** Access to

dental records shall adhere to the regulations by HIPAA, and the ethical guidelines and requirements established by the ADA and HDA.

2. Material, except source notes and other notes, to be repealed is bracketed and stricken. New material except source notes and other notes, is underscored.

3. Additions to update source notes and other notes to reflect amendments to sections are not bracketed, struck through, or underscored.

4. These amendments to and compilation of chapter 16-79, Hawaii Administrative Rules, shall take effect ten days after filing with the Office of the Lieutenant Governor.

I certify that the foregoing are copies of the rules, drafted in the Ramseyer format pursuant to the requirements of section 91-4.1, Hawaii Revised Statutes, which were adopted on M DD YYYY and filed with the Office of the Lieutenant Governor.

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NADINE Y. ANDO  
Director of Commerce and  
Consumer Affairs

APPROVED AS TO FORM

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Deputy Attorney General

DRAFT

**CLARIFICATION:**  
**NOTICE REGARDING EXTENSION OF WAIVER ACCEPTING VIRTUAL**  
**CONTINUING EDUCATION (“CE”)**

\*Effective January 22, 2024\*  
Clarification as of September 16, 2024

On January 22, 2024, the Board of Dentistry (“Board”) voted to grant an extension to its previous blanket waiver allowing for acceptance of all continuing education (“CE”) courses completed through virtual means due to continued undue hardship from the pandemic, pursuant to Hawaii Administrative Rules (“HAR”) §16-79-147(b)(5). This exemption will only be applied towards the required CE course hours for the biennial renewal period of January 1, 2024 to December 31, 2025. **However, all virtual CEs for this waiver extension must be conducted in real-time.**

Additionally, the blanket waiver does **NOT** include the skills-portion of Basic Life Support (“BLS”), Advanced Cardiac Life Support (“ACLS”), or Pediatric Advanced Life Support (“PALS”) courses. Therefore, the skills-portion of BLS, ACLS, and PALS courses must be taken **in-person** to meet the CE requirement. Licensees are reminded that, pursuant to HAR §16-79-141(a)(2)(B), all BLS, ACLS, and PALS courses must be sponsored by the American Heart Association or American Red Cross to qualify.

All CE hours will still need to be in the approved categories pursuant to HAR §16-79-141 and shall be taken from approved sponsoring organizations pursuant to HAR §16-79-142, or courses previously approved by the Board pursuant to HAR §16-79-143.

A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support (“ACLS”) course or if treating pediatric patients, the Pediatric Advanced Life Support (“PALS”) course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older.

For further information, please see:

- HAR § 16-79-141 (continuing education categories);
- HAR § 16-79-142 (approved sponsoring organizations);
- HAR § 16-79-143 (requirements for approval by the board);
- HAR § 16-79-144 (biennial renewal); and
- HAR § 16-79-147 (waiver or modification of requirements).

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**Clarification FAQs:**

**1. What qualifies as “real-time?”**

The following CE formats by approved sponsoring organizations would qualify as “real-time” and meet the “real-time” CE requirements for the 2024-2026 renewal period:

- In-person events, including conferences, lectures, presentations etc.
- Online courses that are taught in real-time (e.g. live/interactive webinar, live Zoom presentation, livestream, etc.)
- Live, clinical courses
- Live study groups/clubs

## 2. What will not qualify as “real-time?”

The following CE formats will not qualify as “real-time,” and will not meet the real-time CE requirements for the 2024-2026 renewal period:

- Pre-recorded webinars/videos
- Self-study, E-learners, home-study, or self-instructional courses (even if there is a quiz)
- Video recordings
- Any other “on demand” recorded courses

## 3. How many CEs are required by the renewal deadline of December 31, 2026?

Dentist CE Requirements		
Licensed anytime <u>before</u> Jan 1, 2024	Licensed anytime from Jan 1, 2024 – Dec 31, 2025	Licensed anytime from Jan 1, 2025 – Dec 31, 2026
38 total	22 total	6 total
At least 20 clinical	At least 12 clinical	
At least 6 ethics	At least 6 ethics	6 ethics
At least 1 BLS*, not more than 4	At least 1 BLS*, not more than 4	

Dental Hygienist CE Requirements		
Licensed anytime <u>before</u> Jan 1, 2024	Licensed anytime from Jan 1, 2024 – Dec 31, 2025	Licensed anytime from Jan 1, 2025 – Dec 31, 2026
20 total	10 total	2 total
At least 11 clinical	At least 6 clinical	
At least 2 ethics	At least 2 ethics	2 ethics
At least 1 BLS*, not more than 4	At least 1 BLS*, not more than 4	

**\*Please note:**

- 1) Basic Life Support (“BLS”) for Healthcare Providers courses must be sponsored by the American Red Cross or the American Heart Association. Completion of a general CPR course will not be sufficient.
- 2) A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support (“ACLS”) course or if treating pediatric patients, the Pediatric Advanced Life Support (“PALS”) course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older.



**Does not indicate method of instruction/format**



Colibri Healthcare, LLC  
(formerly Elite Professional Education, LLC)  
26 N. Beach St. | Suite A  
Ormond Beach | Florida | 32174  
Toll-Free 1.888.857.6920  
Email: office@elitelearning.com

# Certificate of Completion

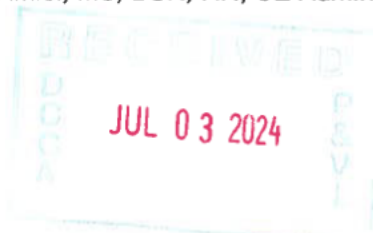


Has successfully completed the Dental Ethics and the Digital Age, 2nd edition (3 CE Hour(s)) ; AGD Subject Code - 555.

Colibri Healthcare, LLC, is designated as a Nationally Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. Current approval period is 1/1/2022 to 12/31/2025; Provider ID# 217536. Colibri Healthcare, LLC, is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/goto/cerp](http://www.ada.org/goto/cerp) State Board Approvals: California Dental Board Provider #RP4737; Florida Board of Dentistry Provider #50-4007, Louisiana State Board of Dentistry Provider #50-4007.

Completion Date: 11/28/2023

Jannah Amiel, MS, BSN, RN, CE Administrator





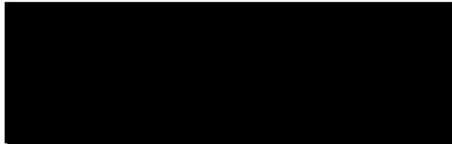
This is your CE Certification Letter. Please retain for your records.

# ADA American Dental Association®

America's leading advocate for oral health

211 Chicago Avenue  
Chicago, Illinois 60611  
312-440-2383

December 29, 2023



**Does not indicate method of instruction/format**

American Dental Association verifies that [REDACTED] participated in the ADA continuing education course: **Prescribing Controlled Substances (Part 3 of ADA & DEA Series)**. This course constitutes 1.00 CE credit contact hour(s). This course was completed on **December 29, 2023**.

Sincerely:

A handwritten signature in black ink that reads "Bruce Terry".

Bruce R. Terry, D.M.D.  
Chair, CDEL Committee on Continuing Education  
American Dental Association

Participants; Continuing education credits issued for participation in this course may not apply toward license renewal in all licensing jurisdictions. It is the responsibility each participant to verify the CE requirements of his/her licensing or regulatory agency.

Participants should retain this document for their records.

**ADA CERP®** Continuing Education  
Recognition Program

American Dental Association is an ADA CERP recognized provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

**The Dentists Insurance Company**

1201 K St, 14th Floor

Sacramento, CA 95814

4.d.



### Continuing Education Transcript



License Type:

License No:

**Live**

**Course**  
**Methodology**  
**Speaker/Location**  
**Course No**  
**Type**  
**CE Units**  
**Completion Date**

RM 19: Communication, Care and Clear Protocols - HI  
 Live Lecture  
 Arthur Curley, Esq. and Carol J. McCutcheon, DDS  
 03-2151-1126  
 Core  
 3.00  
 8/10/2023

NOTE: DO NOT SEND CERTIFICATES TO THE DENTAL BOARD OF CALIFORNIA. The above hours earned may be claimed towards license renewal. An 8-hour daily maximum may be claimed for renewal. The original continuing education verifications are subject to Board audit and should be RETAINED by licensees for their own records for a period of six years. Completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type. This course(s) meets the Dental Board of California's requirements for continuing education units.

All of the information contained on this certificate is truthful and accurate:

Sheila Davis

Assistant Vice President, Claims and Risk Management

I hereby certify that I successfully completed the above continuing education course(s)



Licensee's Signature

Date

**ADA CERP**® | Continuing Education Recognition Program

California Dental Association is an ADA CERP Recognized Provider

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [ADA.org/goto/cerp](http://ADA.org/goto/cerp).

This is your CE Certification Letter. Please retain for your records.

## ADA American Dental Association

America's leading advocate for oral health

211 E Chicago Avenue  
Chicago, Illinois 60611  
312-440-2383

Issuing Date: Wednesday, January 11, 2023

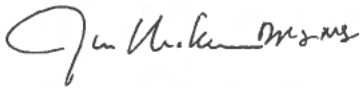
**Live, does not indicate if interactive**

[REDACTED]

The American Dental Association verifies that [REDACTED] participated in the live webinar continuing education course: Sports Dentistry, Injury Prevention, and the Doctor/Patient Perspective presented by Steve Mills, Emilio Canal, Lance Thompson, and Steven Birnbaum on December 13, 2022 from 7-8 pm Central Time.

This course constitutes 1.00 CE credit contact hour(s).

Verified by:



James D. Nickman, DDS  
Chair, CDEL Committee on Continuing Education  
American Dental Association

Participants: Continuing education credits issued for participation in this course may not apply toward license renewal in all licensing jurisdictions. It is the responsibility of each participant to verify the CE requirements of his/her licensing or regulatory agency.

Participants should retain this document for their records.

**ADA CERP**® | Continuing Education  
Recognition Program

American Dental Association is an ADA CERP recognized provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to ADA CERP at [ADA.org/ccepr](http://ADA.org/ccepr)



Vivos Therapeutic's

7001 Tower Road  
Denver, Colorado, 80249  
Breiser@vivoslife.com

### Course Attendance Verification

Participant: [Redacted]  
State / License: HI /

Course Location: Online

Date	Course Title, Verification Code, Time	Presenter(s)	CE Credits	AGD Code
2023-03-18	The Root Cause - Understanding the Origin of Sleep Apnea, KRAFT318, 11:50 AM	Dr. Brian Kraft	2.50	430

Education Method: Live

Education Type: Lecture and Participation

Authorized Signature

Brianna Reiser  
Director of Continuing Education

**Online live & interactive**



Vivos Therapeutics, Inc.  
Nationally Approved PACE Program Provider for FAGD/MAGD credit  
Approval does not imply acceptance by  
any regulatory authority or AGD endorsement  
07/30/2022 to 07/30/2026  
Provider ID# 329609

Please retain this document for your records.

Continuing Education Credits issued may not apply towards license renewal in all states/provinces. It is the responsibility of each participant to verify the requirements of his/her state/provincial licensing board(s) and to self-report their continuing education hours earned.

Online live, interactive

### CONTINUING DENTAL EDUCATION VERIFICATION



DENTAL CE ACADEMY

VERIFICATION CODE: [REDACTED]  
SUBJECT CODE: 010 Microbiology, Immunology  
AGD Membership No.: 0  
SPEAKER: Dr. Kirsten Roling, DDS, Dr. Tanya Dunlap, PhD

PROVIDER NAME: Virtual Dontics (Dental CE Academy) | PROVIDER ADDRESS: [REDACTED]

LICENTIATE'S NAME: [REDACTED] LICENSE NUMBER: [REDACTED]  
COURSE TITLE: CLOSTRIDIUM DIFFICILE AND THE DENTAL PRACTICE: Dentistry's Overlooked Threat DATE: MARCH 31, 2023  
UNITS EARNED: 1.5 credit hours MODE: Electronically mediated | Live interactive webinar

All of the information contained on this document is truthful and accurate:

PROVIDER'S SIGNATURE: *Kirsten Roling, DDS* DATE: MARCH 31, 2023  
Kirsten Roling, DDS

LICENTIATE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Original continuing education verification documents are subject to Board audit. Licentiate must check with respective dental board for all requirements pertaining to relicensure. Completion of this course does not constitute authorization for the attendee to perform any services that she or he is not legally authorized to perform based on her or his license or permit.



Virtual Dontics (Dental CE Academy)  
Nationally Approved PACE Program Provider for FAGD/MAGD credit.  
Approval does not imply acceptance by any regulatory authority, or AGD endorsement.  
7/1/2021 to 6/30/2023.  
Provider ID 405345

RECEIVED  
PROF & VOCATIONAL  
LICENSING DIVISION

This letter confirms that the person below participated in the following course given by, Align Technology, Inc. continuing dental education program.

Participant's name: [REDACTED]

Date: July 18, 2022

Online, live, does not indicate interactive

Course title: Study Club Virtual - Doctor and Team

Educational method: online

Instructor name: Dr. Terry Codington

Course location: Online

AGD subject code: 370 - Transparent Removable Appliances

State course completion code: SCC3770

CE: 2 hours



Dr. Tate Jackson  
Senior Director Education  
Align Technology, Inc.  
2820 Orchard Parkway  
San Jose, CA 95134



**PACE**  
ACADEMY of  
GENERAL DENTISTRY  
PROGRAM APPROVAL  
FOR CONTINUING  
EDUCATION

Align Technology, Inc.  
Nationally Approved PACE Program  
Provider for FAGD/MAGD credit.  
Approval does not imply acceptance  
by any regulatory authority, or AGD  
endorsement.  
1/1/2024 to 12/31/2027.  
Provider ID 304513

Licensee name:

State/Province:

License #:

Invisalign Provider # or user name:

AGD member #:

Keep this form for your records.

AGD Members: Align Technology, Inc. will submit verification for Live courses and most Virtual courses to the AGD on your behalf if you provided an accurate AGD member number.

Continuing dental education (CDE) hours issued for participation in this course may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s).

**Sheena R. Choy**

---

**From:** DCCA Dental  
**Sent:** Thursday, September 5, 2024 11:13 AM  
**To:** DCCA Dental  
**Subject:** RE: [EXTERNAL] Question regarding Botox for Dentist in Hawaii

**From:** [REDACTED]  
**Sent:** Tuesday, August 27, 2024 10:05 AM  
**To:** DCCA PVL <[pvl@dcca.hawaii.gov](mailto:pvl@dcca.hawaii.gov)>  
**Subject:** [EXTERNAL] Question regarding Botox for Dentist in Hawaii

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Hello,

My name is Eunsol Lee. I am a practicing dentist in Hawaii.  
I have a question regarding the use of Botox.

According to the Chapter 448 in Hawaii Revised Statues (HRS):

"Licensed dentists in Hawaii are allowed to utilize Botox specifically for the treatment of TMD/myofacial pain or other conditions affecting the oral cavity and associated structures as specified in 448.1, HRS. **Dental practitioners are required to receive appropriate training and acquire the necessary knowledge, skills, and expertise to provide this service in a safe and efficacious manner.** Additionally, they should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The use and placement of dermal fillers by licensed dentists in Hawaii is also within the scope of practice of dentistry. **Dermal fillers may be utilized to treat conditions within the oral cavity.** Licensed dentists should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The use of Botox and placement of dermal fillers must be completed by the licensed dentist possessing the appropriate training, knowledge, and skill set. It cannot be delegated to a dental hygienist or dental assistant.

Dermal fillers may be utilized by general practice dentists provided these treatments are specifically reserved only for intraoral conditions/procedures. Those oral maxillofacial surgeons possessing advanced training in cosmetic maxillofacial surgery may utilize dermal fillers for cosmetic type procedures. "

1. What is considered the appropriate training? I am planning on taking a TMJ Botox Course with Aesthetic Medical Training Organization. It is an 8 hours ADA certified course. Would taking this course be enough for me to practice on patients?
2. What type of non-esthetic oral conditions are there that may benefit from dermal fillers??

Thank you for taking the time to answer. Have a great day

**Official Hawaii Board of Dentistry Statement  
Voted & Adopted at March 18, 2013 Board Meeting**

“The use of Botox is within the scope of practice of dentistry as defined in Chapter 448, Hawaii Revised Statutes (“HRS”). Licensed dentists in Hawaii are allowed to utilize Botox specifically for the treatment of TMD/myofacial pain or other conditions affecting the oral cavity and associated structures as specified in §448.1, HRS. Dental practitioners are required to receive appropriate training and acquire the necessary knowledge, skills, and expertise to provide this service in a safe and efficacious manner. Additionally, they should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The use and placement of dermal fillers by licensed dentists in Hawaii is also within the scope of practice of dentistry. Dermal fillers may be utilized to treat conditions within the oral cavity. Licensed dentists should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The use of Botox and placement of dermal fillers must be completed by the licensed dentist possessing the appropriate training, knowledge, and skill set. It cannot be delegated to a dental hygienist or dental assistant.”

---

**NOTE: The following is a REPORT only by the Investigative Committee. The Board considered the report findings and recommendation and voted on the Board’s official position listed above**

**Report/Recommendation of Investigative Committee (IC)\* on Use of Botulinum Toxin Type A (BOTOX) and the use of dermal fillers by Hawaii Dentists.**

**Hawaii Revised Statutes 448-1**

**§448-1 Dentistry defined; exempted practices.** A person practices dentistry, within the meaning of this chapter, who represents oneself as being able to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums, or jaw, or who offers or undertakes by any means or methods to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same, or to take impressions of the teeth or jaws; or who owns, maintains, or operates an office for the practice of dentistry; or who engages in any of the practices included in the curricula of recognized and approved dental schools or colleges. Dentistry includes that part of health care concerned with the diagnosis, prevention, and treatment of diseases of the teeth, oral cavity, and associated structures including the restoration of defective or missing teeth. The fact that a person uses any dental degree, or designation, or any card, device, directory, poster, sign, or other media whereby one represents oneself to be a dentist, shall be prima facie evidence that the person is engaged in the practice of dentistry.



The following practices, acts, and operations, however, are exempt from the operation of this chapter:

(5) The making of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or associated tissues, or parts, upon orders, prescription, casts, models, or from impressions furnished by a Hawaii licensed dentist; and

**Webster's Dictionary:**

Deformity- 1: the state of being deformed  
 2: IMPERFECTION, BLEMISH: as  
     a: a physical blemish or distortion  
 DISFIGUREMENT  
     b: a moral or aesthetic flaw or defect

Deficiency- 1: the quality or state of being deficient  
 2: an amount that is lacking or absent  
 SHORTAGE: a shortage of substances necessary to health

Deficient- 1: lacking in some necessary quality or element  
 2: not up to normal standard or complement

**Dorland's Illustrated Medical Dictionary**

Deformity- distortion of any part or general disfigurement of the body; malformation

Deficiency- a lack or defect

**Final Position Statement dated 7 March 2013**

The Investigative Committee (IC) has concluded that the use of BOTOX is within the scope of the practice of dentistry as defined by Hawaii statutes. The IC recommends that licensed dentists in Hawaii be allowed to utilize BOTOX specifically for the treatment of TMD/myofacial pain or other conditions affecting the oral cavity and associated structures. Dental practitioners are advised to receive appropriate training and acquire the necessary knowledge, skills, and experience to provide this service in a safe and efficacious manner. Additionally, they should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The IC also concluded that the use and placement of dermal fillers by licensed dentists in Hawaii is within the scope of the practice of dentistry. Dermal fillers may be utilized to treat conditions affecting the oral cavity and associated structures. As above, they should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The use of BOTOX and placement of dermal fillers must be completed only by the licensed dentist possessing the appropriate training, knowledge, and skill set. **It can not be delegated to a dental hygienist or dental assistant.**

**\* Investigative Committee Members**

*Armand K. Chong, D.D.S*

*Mark Chun, D.M.D.*

*Paul W. Guevara, D.M.D., M.D.S.*

*Robert G. Sherman, D.M.D.*

*Melanie Vallejos, D.D.S.*

*Candace M. Wada, D.D.S.*

## DDH Compact Implementation Timeline

On April 22, 2024, the Dentist and Dental Hygienist Compact (DDH Compact) was enacted in its seventh state. The compact legislation specifies that it will come into effect upon enactment of its seventh state. See the [DDH Compact Map](#) for an updated list of participating states. Although the compact has been enacted by seven states, applications for compact privileges are not yet available. Below is a timeline of implementation activities that must take place before the compact can be used by dentists and dental hygienists. The compact will not be fully operational for an estimated 18-24 months.

### **April 22, 2024 – DDH Compact enacted in 7<sup>th</sup> state.**

The DDH Compact legislation specifies it is effective upon the enactment of the 7<sup>th</sup> state.

### **Summer 2024 - Formation of Compact Commission**

Each member state must appoint a one representative to serve on the compact commission. The commissioner is selected by the state's dental licensing board. The compact specifies that the commissioner must be a representative of the state licensing board.

### **Fall 2024 – Inaugural Commission Meeting**

The state commissioners will convene for the inaugural meeting of the DDH Compact Commission where they will elect an executive committee, vote on initial rules and bylaws, and take other steps for the compact to move towards being fully operational. Commission meetings will be open to the public.

### **2025 Ongoing – Creation of Compact Data System**

The compact commission will continue to work on operationalizing the compact by acquiring a data system. The data system is a foundational piece of compact operations. Compact member states communicate licensure and compact privilege information via the data system. It is expected that the data system process will take 10-12 months. Once the data system is available, states will be tasked with onboarding to the system. States will have varying timelines to onboard.

### **2025 Ongoing – Additional Commission Meetings**

The compact commission will hold commission meetings throughout 2025 for additional rulemaking. The commission will also hire staff, develop a budget, approve a fee structure, select a secretariat organization and take additional steps for the compact to be fully operational.

### **Privilege Applications Open**

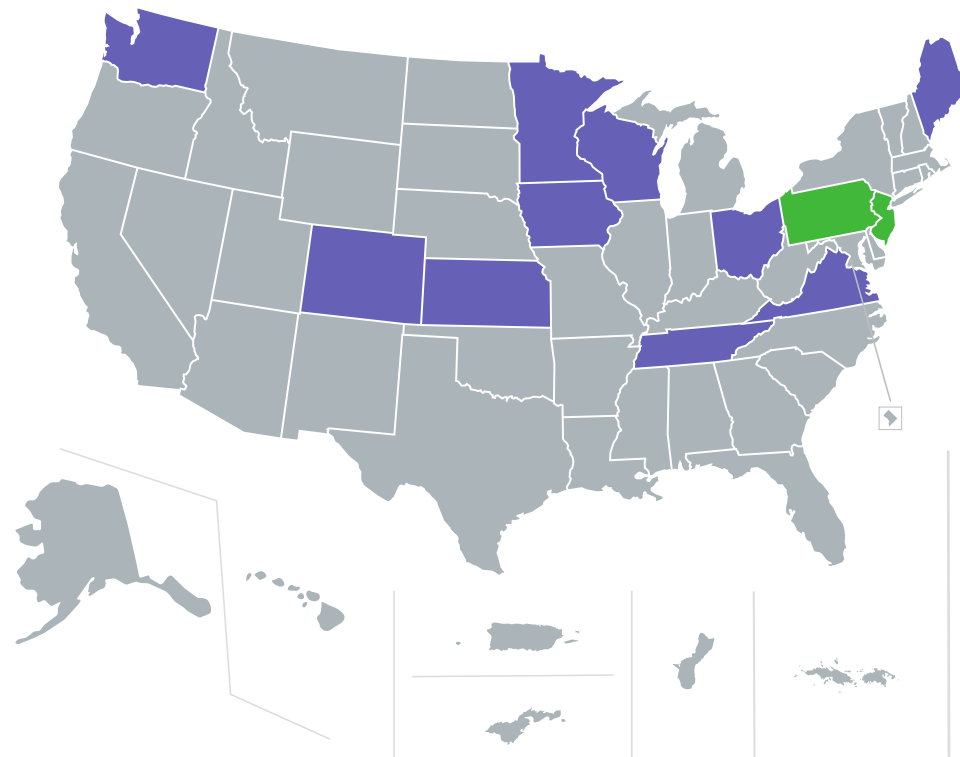
Once the data system is up and running and an application process is established, the compact commission will open applications for compact privileges to dentists and dental hygienists.

The application process will involve verifying the dental professional has a qualifying license and is eligible for compact participation. Once the application has been reviewed, the applicant will receive confirmation that they have been issued compact privileges in the member state(s) they selected. After a privilege is issued, the dentist or dental hygienist can practice in those member states in which they hold a privilege.

# DDH Dentist and Dental Hygienist Compact

COMPACT MAP

- No Active Legislation
- Legislation Pending
- Legislation Enacted





+

**SRTA**  
States Resources for Testing and Assessments

**6.b.**

## COMING TOGETHER TO BETTER SERVE YOUR TESTING NEEDS

CRDTS and SRTA are pleased to announce the pending merger of these two excellent testing agencies. These two trusted agencies have provided excellence in clinical licensure testing for more than 100 years combined. Together these organizations will use their experience and collective resources to enhance the experience of the candidate, our partner schools, and dental boards.

**For candidates:** You will continue to experience a fair and objective exam experience provided by ethical and compassionate examiners. We truly want you to do well and strive to provide an atmosphere that significantly lowers testing anxiety. Additionally, we will now serve more locations, including many off-campus options throughout the year, that will allow you to examine when and where you want. Taking this exam on your terms is a winning opportunity and applies to candidates from all schools.

**For our partner schools:** You should expect to experience no disruption to the process currently in place. In fact, with added resources, we are looking to find ways to improve our efforts to serve your needs. We are grateful for the trust you have put in us and promise to continue working hard to make the experience for you and for your students as efficient and affordable as possible.

If you are not currently a partner school, we would like to show you what our exam experience is like, and how positive it can be for all parties involved. Due to our streamlined processes, we can offer our exams at a lower price to candidates. In addition to our dental and dental hygiene exams, we offer additional resources such as faculty calibration using the latest in haptic technology and more!

**For our state dental boards:** With this merger, you can feel confident in the integrity of the examination content and process. We will continue to be directed by a steering committee comprised of current state dental board members, which means we act under your direction. We are here to support your mission to protect the public, while also working with schools and candidates to remove unnecessary burdens in the examination process. We have implemented advanced technology, independent testing sites, and continue to have the lowest fees among current exams. If you would like to learn more about what we are doing, please reach out!

Accepted nationally for initial licensure and licensure by endorsement, CRDTS and SRTA examinations provide excellent portability in addition to quality and professional administration. Students can feel confident knowing that the CRDTS and SRTA merger will lead to continued advocacy for acceptance of all qualifying examinations that meet the requirements in every state and jurisdiction in the U.S. as encouraged by the American Dental Association (ADA).

Even stronger together, you can count on CRDTS and SRTA for the best in dental and dental hygiene testing.

Stay tuned for more information coming soon by visiting [crdts.org](http://crdts.org) or [srta.org](http://srta.org) or call the CRDTS central office at 785.273.0380.