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126

FILE 2

Kenneth J. Mears, D.D.S., M.S.D.

THE MEDICAL PARK
2211 E. NO. LIGHTS BLVD., SUITE 203
ANCHORAGE, ALASKA 99504

TEL.: 277-0802

March 30, 1989

Jan Faiks, Senator
P.O. Box V
Juneau, Alaska 99811

Dear Jan:

The Alaska State Society of Orthodontists thanks you for your efforts to block forced licensing of credentials by a few federal dentists. Our group has consistently resisted efforts towards unilateral reciprocity and licensing by credentials with-out a didactic exam. Alaska does not have problems with dental supply and demand due to the oversupply of dentists and specialists that followed the pipeline and still remain after the exit of many thousands of their patients. In many cases the exit of dentists from Alaska to follow their patients is blocked as the majority of Alaska dental licences give no exit reciprocity. The cost of quality dental treatment would not go down if we flood the market with untested applicants as overhead still remains high due to labor costs that are influenced by high public salaries and benefits.

I spent 21 years as a military dental clinician in active and reserve status, however some federal dentists so not treat patients. I am sure that their credentials would be rated highly, but do they still have the skill they may have had years ago? We passed the dental exam although we are specialists in orthodontics, why can't they?

Sincerely,



Kenneth J. Mears
President, Alaska State Society
of Orthodontists

cc Senator Rick Halford
Alaska Dental Society

Member
American Association of
Orthodontists



March 27, 1989

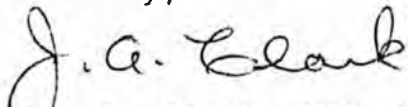
Senator Dick Eliason
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Eliason,

The Alaska Dental Society has become aware of CSSB 126 relating to dental license credentialing. This legislative proposal is poorly worded and does not permit or require any kind of background investigation of the applicants. It was introduced to favor federal service dentists and thusly discriminates against all others.

Passage of this Bill is definitely not in the public interest. I urge that you oppose this measure energetically.

Sincerely,



James A. Clark, DMD, MS

JAC/vlb

William R. Evans, DDS, APC
13012 Old Glen Hwy., Ste 102B
Eagle River, AK 99577
April 29, 1989

Senator Richard Eliason, Chairman
Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, AK 99811

RE: 1. SB 126
2. Alaska Dental Society ltr of April 26, 1989 to the Members of the Senate Labor and
Commerce Committee

Dear Senator Eliason:

I would appreciate your attention to a few comments I have regarding Dr. Kennedy's letter of April 26, 1989.

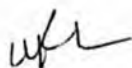
Dr. Kennedy alludes to two types of dental practices, those that are quality oriented and little effected by an influx of new practitioners, and those that are dollar oriented who chose not to commit themselves to organized dentistry's ethical standards. In principle, I would like to think that Dr. Kennedy is correct, but I doubt if any objective analysis of this subject has been done. It is important to remember that according to Sen. Falks, a member of the peer review committee of the local dental society said that patients are being "massacred by credentialed dentists." One may question the ethical propriety of such comments.

As I have stated in previous testimony to the committee, I strongly urge the inclusion of case presentations in any credentialing process, as does Dr. Kennedy; and I wholeheartedly concur with his comments regarding this aspect of the process. I also agree that a thorough background check is not without difficulty, but mechanisms are slowly coming on line to ease that problem. These mechanisms, plus initiative and thoroughness on the part of the dental examiners, could provide adequate input. The important point regarding background investigations is that if they are so important, why are they not now being done, and has the dental association ever advocated that they be done. There appears to be an underlying assumption that applicants for licensure by credentials need a more thorough background investigation than those applicants for licensure by examination. There has yet been no documentation to support such an assumption.

With regard to Dr. Kennedy's comments regarding enforcement mechanisms following licensure; about ten years ago, the state of Washington established a separate Dental Disciplinary Board empowered to deal with the issue of inept practitioners. Perhaps the state should investigate that as an avenue for expediting action against unsafe practitioners.

I urge the committee to remember that the vast majority of dentists in the State of Alaska are licensed by examination, and the majority of the practitioners involved in problems alluded to by Dr. Kennedy are practitioners licensed by examination. Institution of licensure by credentials will not have any bearing on those existing problems. That is a separate issue unrelated to licensure by credentials, and I hope it does not cloud the committee members' focus on the primary topic.

Respectfully,



William R. Evans, DDS

cc: Sen. Halford

PHILLIP L. LOCKER, D. D. S.
DENALI PROFESSIONAL CENTER
3401 DENALI ST. SUITE 301
ANCHORAGE, ALASKA 99502-4093
(907) 273-8573

February 3, 1989

Senator Jan Faiks
Alaska State Legislature
Senate
P.O. Box V
Juneau, Alaska 99811

Dear Senator Faiks

Re: Senate Bill No. 126
Labor and Commerce
Reinstatement of Licensure by Credentials

As you know AS08.36.234 allows but does not mandate the Dental Board to license applicants by the credentialing process rather than take and pass a clinical examination. In 1984, the Board suspended licensure by credentials when the AG demanded that it change its interview procedures.

Myself, the Alaska Dental Society, the dental specialists (orthodontists, oral surgeons, periodontists, etc) have continued to support the Dental Boards position of not reinstating credentialing for the following reasons

1. Only 19 states currently have provisions to license by credentials.
2. 8 of the 19 states will issue licensure by credentials only to candidates from states with a reciprocal agreement.
3. Kentucky, Ohio and Arkansas have recently reversed licensure by credentials in their states because of repeated problems verifying disciplinary action history of their applicants. In particular they have had repeated problems with bordering states where the applicant had multiple active licenses. Maryland is in the process of abolishing licensure by credentials for similar problems with disciplinary history and other adverse experiences.
4. Not one state West of the Rocky Mountains allows licensure by credentials (Alaska would be the only Western state to do so).
5. Historically, there has not been a totally reliable source to check on the applicants past history of disciplinary actions. Only 25 states regularly report to the AADE (Am. Assn. of Dental Examiners) clearing house for disciplinary action. The Army, Navy, and Air Force report periodically, but the Public Health Service has never submitted a report.
6. PL99-660, Title IV, The Health Care Quality Improvement Act of 1986, now requires all health care agencies and boards to collect and report all disciplinary actions, peer review activities, and litigation outcomes

published but will be available to those who have a need to know, and on a case-by-case basis. This will create many problems for states wanting to research an applicants past history in reviewing his credentials, especially if the candidate holds multiple licenses in several different states.

7. When the Board administered its own examination, it examined between 20-40 applicants per year. Now Alaska has joined WREB (Western Regional Examining Board) which consists of New Mexico, Arizona, Utah, Idaho, Montana and Alaska. Last year they examined 380+ candidates and this year they project to examine over 400+ candidates. This increases those eligible for Alaska Dental Licensure by ten fold.

8. We must also consider the budgetary implications. The WREB exam is 100% examination funded. All travel, lodging, per diem, etc is funded by the examination fees. Credentialing, if done correctly requires an extensive review of the candidates past and therefore would require a considerable increase in division personnel time to research the candidates' career history.

9. The overall quality of the dental graduate has decreased in recent years. In 1979 there were 6200 students enrolled in the first year of dental school, today there are 4200. In the early 70's there were as many as 10 applicants for every position open in a dental school, last year there was an average of only one applicant for every opening in the first year of dental education. Licensure examinations across the country have a steady decrease in the percentage of applicants passing their examinations. There are many reasons for these trends, but credentialing is not the answer.

In summary, I do not support licensure by credentials since the process appears to be a sham in many states which employ this mechanism. No Western states currently use this licensing modality, and those Eastern states that do simply conduct a paper review of the credentials, without so much as a cursory investigation of the licensee's career record of competency. This type of quality assesment does not fulfill the Board's primary objective to "safeguard the health and safety of the public". When national continuing competence assurance happens and when the competency of licensees is assessed periodically, national licensure by credentials could become a reality. This is not the case now, and should not be the case in Alaska!

Sincerely,



Phillip L. Locker, DDS

cc: Senator Rick Halford



Alaska Dental Society

3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675

April 26, 1989

Members Senate Labor and Commerce Committee
State of Alaska

Dear Senators,

I would like to thank you for giving the Alaska Dental Society (ADS) the opportunity to submit comments regarding SB126. We realize that your committee has been hard at work on this bill for several months. Unfortunately, due to communication breakdowns, we did not receive notice of hearings in time to make an appropriate response.

Several days ago I spoke with Sheila Peterson in Senator Eliason's office. She asked me to comment on the modified version of SB126. In my conversation with Ms. Peterson, I attempted to express ADS concerns regarding SB126 specifically, as well as the method of credentialing outlined in the Bill.

Contrary to popular belief and previous testimony before your committee, the ADS does not oppose credentialing for "turf protection" reasons. The vast majority of dental providers in Alaska are high quality service oriented professionals. The patients in our offices are service, quality and value driven. They see their chosen dentists because of the trust, attention, and personal relationships developed over years of association. As a result, these people refer their families and friends. The influx of new practitioners has very little effect on practices like these. It does have an effect on the high volume, dollar driven practices where profit and not quality professional services are the primary motivations. The majority of the practitioners in this latter category have chosen not to be members in the ADS. Their lack of participation is based on disinterest in their profession and an unwillingness to commit themselves to "organized dentistry's" ethical standards. What is clear, is that for the vast majority of the Alaska Dental Society members, new practitioner competition is not a major concern.

Now, to get back to our reasons for opposing SB126. I will divide my comments into two basic categories. First, I will discuss the problems we feel are associated on granting licensure without examination; and second, I will comment on the existing administrative procedures involved in disciplining already licensed practitioners.

As I mentioned to Ms. Peterson, we have grave reservations as to the ability of The Department of Occupational Licensing and/or the Board of Dental Examiners to effectively and thoroughly investigate an applicant's previous technical, ethical, and disciplinary history. This information is not always readily available. You have heard testimony as to use of national disciplinary reporting agencies such as the American Association of Dental Examiners, (AADE), and the new National Practitioner Data Bank. Information we have

received indicates that not all states participate in reporting to these agencies-25% of the states do not report to the AADE clearing house, many of them in the West. The U.S. Public Health Service (which has many dentists employed in Alaska) also does not report to AADE. Also, SB126 addresses "unresolved complaints". Information or complaints under investigation and unresolved are not available for obvious legal reasons. The extra time and effort to investigate and supplement applications would have to be very costly to the State if done properly.

We have been specifically asked if The West. Regional Exam. Board does a background investigation on its exam candidates. I am no expert on WREB's policies, but I understand that they do not require a background check as is proposed in the credentialing process. WREB is only a testing agency, not a licensing authority. They leave licensing up to each of their member states and therefore also the burden of a comprehensive background check. WREB does do one thing that SB126 cannot, and that is examine clinical competence. SB126 allows for only a personal interview. As you know, before the AG's Office reversed its position on how the personal interview was being conducted in 1984, the Board felt the credentialing process was acceptable. They had required presentations of case histories and studies. The candidates were able to present examples of their finest dentistry. The Board only saw what each candidate felt was his/her best. It seemed to be very fair, indeed. This pre-1984 oral interview was also valuable to the Board in another way. It allowed the Board to question the candidates and find out how they felt about their dentistry and their patients. Because dentistry is such a technical science and we see complicated ethical situations daily, the ADS feels that this type of oral interview-exam is mandatory to a successful credentialing process.

To summarize our objections to the pre-licensing procedures of SB126, I would like to reiterate our two primary concerns:

- 1) the inability to assure a thorough and accurate prior professional history and competence
- 2) the inability to examine applicants through presentation of case histories in conjunction with their oral interview

I would now like to proceed to an aspect of licensure only touched upon in your previous hearings. One of the federal service dentists testified that "the best place to handle potentially incompetent or unethical practitioners is not in the licensure process, but by enforcement mechanisms after licensure". In concept this seems correct, but historically we have found it to be just the opposite. We believe that the State has the responsibility to its citizens to do everything possible to limit their exposure to a potentially unsafe provider. But, the theory of taking disciplinary action against an already licensed dentist, historically is just that, a theory. The Board of Dental Examiners has been handcuffed in its efforts to protect the public from fraudulent, unethical, or even dangerous providers. It has been very frustrating over the years to watch the AG's Office drag its heels in processing investigations and complaints. I can't think of even one license ever being revoked. As an example, there is one case on record where the dental community pursued multiple complaints against one practitioner for almost 20 years before any action could be taken. In the end, this individual voluntarily relinquished his dental license and retired. Please consider, as we did, the reality of an overloaded, noncommittal enforcement system compromising the many patients who selected this dentist during those 20 years, expecting to receive competent clinical care.

Why this long history of indifference? Alaska's Administrative Procedures

preclude the Board from any licensing discipline until after Occupational Licensing, the AG's Office, and finally a hearing officer have made their recommendations. This laborious process has resulted in accused and recurrent offenders continuing to practice and harm the unsuspecting citizens of our State for months and frequently years after complaints and investigations have been filed. This type of disciplinary response is reprehensible.

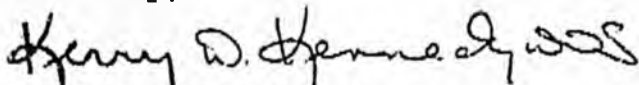
With this historic background, lacking effectiveness, and the poor cooperation from the AG's Office in the past, we are understandably very cautious when the licensing question is raised. The only feasible method under the current situation to license dentists and assure Alaska's high standard of dental care and thus protect the public from potential harm is the examination process currently employed by WREB.

Should the legislature put into place a mechanism by which the Dental Board could more expeditiously regulate and take disciplinary action against an offender's license, then the Alaska Dental Society's position on credentialing could be relaxed. Thus far, however, entry level control through examination is the only acceptable alternative.

I realize that this statement of position does not address all aspects of SB126. I would like to make myself and other ADS leaders available to you for verbal discussion.

Please advise me as to your wishes in this regard.

Sincerely,



Kerry D. Kennedy, DDS
President
Alaska Dental Society



Alaska Dental Society

3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675

March 28, 1990

Senator Richard Eliason
P.O. Box V (MS 3100)
Juneau, AK 99811

Dear Senator Eliason:

Enclosed is a position statement from the Alaska Dental Society regarding CS for Senate Bill 126 - dental licensure by credentials.

It is our understanding that this bill will be heard on the Senate Floor in reconsideration next Thursday, April 5th. Once again, we urge you to review our position in the hopes that (even with your YES vote) you will have all the information at hand, and....may even consider a change in vote from YES to NO.

Our main premise for opposition remains consistent - Dentistry in Alaska has not only maintained a high professional image, but with the advent of the Western Regional Examining Board exam, there is an excellent mechanism for clinically qualified practitioners to come to Alaska and establish practice locations. All of us can be proud of the dental treatment provided to the citizens of Alaska.

Sincerely,

Phil Moritz, DDS.
Phillip V. Moritz, D.D.S.
President
Alaska Dental Society



Alaska Dental Society

3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675

An Outline of Arguments Toward
Defeat of CS for Senate Bill 126

DENTAL LICENSURE BY CREDENTIALS

There seem to be two main areas of concern:

- I. Not jeopardizing the high level of quality dental care that Alaskans now receive
 - II. Dispelling the myth of "turf protecting" that has been a continuous accusation since statehood.
- I. Alaska has a very high level of quality dental care at the present time. There is no reason to jeopardize that level of care. Rather, what we need are the tools to enhance that quality of care - ie, a stronger dental board with more disciplinary power.
- A. Although most dentists in Alaska and the ADA support the idea of credentialing, we oppose this bill because the systems just simply are not in place to adequately protect the public.
- The American Association of Dental Examiners and the National Practitioner Data Bank do not have thorough or complete information on dentists who have been involved in malpractice, drug abuse, fraud, morals charges and peer review investigations. A large percentage of states as well as several branches of the military do not share their information with AADE. The NPDB has never gotten off the ground and when it does, will start from that date forward and will take at least five years before incoming data is relevant.
- These are the only organizations available to check the background of a potential applicant for credentialing nationwide.
- Of the states that have tried credentialing, three have already dropped it because of the problems they have had. (ARK, 1987; OH, 1984; TN, 1988.)
- B. Current state and regional exams are not equal in requirements or standards. Dental schools across the country do not have equal standards for their graduates. Until these standards become equal, the best way to determine competence is by clinical examination.
- C. Dentistry is a relatively stable profession. There exists an element of risk in individuals who move from state to state five years (or more) after having graduated from dental school. Some practitioners may be running from problems, personal or legal..there is no sure way to check on questionable pasts for anyone applying for licensure through credentials. Alaska has often been viewed by unscrupulous professionals as a "last frontier." Why open a licensure mechanism for them?
- D. Recently a representative from CNA - the dental malpractice liability carrier - stated that Alaska has never had a successful court judgement against a dentist. This demonstrates the relatively high level of professionals we have in Alaska.
- E. The U.S. Department of Health and Human Services in a study on credentialing, stated that before national credentialing can become a reality, we will need:
1. an acceptable NATIONAL clinical exam
 2. uniform standards of dental schools
 3. state boards with better communication and sharing of disciplinary actions and continuing competency assessments.

F. Dental school enrollments are down drastically with some classes not being able to be filled. This means that the schools have had to lower their standards therefore the quality of recent graduates is going down rather than going up. Tougher testing is needed to weed out those not qualified.

G. Dentistry does not have any means of monitoring dentists already licensed as opposed to physicians (who are constantly monitored by review boards in hospitals). Once a dentist receives his license (ie by credentialing) it takes a lot of effort for the Division of Occupational Licensing to revoke this privilege - usually at the expense of many damaged patients.

II. "Turf Protecting" This argument has always been with us since statehood and is fundamentally untrue as the numbers prove.

A. There are far more dentists in Alaska per capita than the national average.

1,753 persons per licensed dentist (nationwide)

1,252 persons per licensed dentist (Alaska)

28.6% more dentists in Alaska than the national average

If you subtract the military and native groups from the general population - because they receive their own federal-funded care - there are:

933 persons per licensed dentist (Alaska) or 47% more licensed dentists in Alaska than the national average.

B. There has been an increase of 34% in the number of licensed dentists in Alaska in the last 10 years:

1979 - 323 Alaska licensed dentists

1989 - 424 Alaska licensed dentists

In addition, to this, there are more than 100 military and PHS dentists in Alaska.

C. Distribution of dentists throughout the state is no longer a problem. There is not a town or village in this state that doesnot receive some form of dental care, public or private. All towns that would support a full-time or even a part-time practice in the state are being cared for.

D. There are more than 1,600 dentists who have passed the Western Regional Examining Board exam and only have to complete "paper work" to receive an Alaska license. This number increases by hundreds yearly.

E. All recommendations have been complied with as requested by the Alaska legislature:
For example:

-Alaska joined the Western Regional Examining Board

-The WREB exam is given by unbiased examiners mostly from other states

-The exam is given in various geographical locations

-The exam is given 4 times each year

F. The increased number of dentists in Alaska has led to various methods of marketing, ie, advertising in newspapers, T.V., radio and yellow pages. "Discount" dentists exist and advertise reduced rates for various procedures. The public has a wide range of practitioners to choose from.

SUMMARY

We believe we have the best position for credentialing as written in our own present dental statute.

Using "may" instead of "shall" leaves the door open for credentialing when it has all the ingredients to make it work nationally. (That may be 3-5 years down the road.)

Some states have tried licensure by credentials in some form and three have already withdrawn its availability because of problems and other states have added extra provisions (oral exam in South Dakota) as a prerequisite to licensure by credentials.

The ADA has a national position in favor of credentialing (as we do), but admits that more standardization of clinical tests as well as more effective collection and dissemination of information on practicing dentists, needs to be established.

The basic point is "if it isn't broke, why fix it?" The numbers show great strides have been made in increasing the number of dentists in Alaska - 34% in the last 10 years and 47% more licensed dentists per capita than the national average. Further, Alaska belongs to and participates in the Western Regional Examining Board.

The motivation for this bill comes from a handful of military dentists who don't want to make the effort to take a clinical exam.

96% of the Alaska licensed dentists surveyed, opposed this bill.



Alaska Dental Society

3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675

TO Senators Johna Binkley, Dick Eliason, Steve Frank, Rick Balford, Tim Kelly
Pat Pourchot, Rick Uehling and Fred Zharoff.

FROM The Alaska Dental Society and member Dr. George Hansen

We are transmitting from the Alaska Dental Society office on GEMIFAX Fax
Line 907-274-2960, located at 3400 Spenard Rd. Suite 10, Anchorage, AK 99503.

If you experience problems in receiving this FAX please call us: 907-
or, toll-free (within Alaska) 800-478-4675.

Martha Reinbold

April 3, 1990

One

Operator

Date

Page

of

How Many

George M. Hansen, D.D.S.

4860 FOLKER STREET
ANCHORAGE, ALASKA 99507

TELEPHONE: (907) 273-3137

April 3, 1990

Dear Senator:

This article is from the March 20th issue of the Eureka, California Times - Standard newspaper.

Physicians are able to freely relocate. That is very convenient for the physician; however, patients trust that someone is looking out for patient interests. As you see from this article, that trust is misplaced, at least in the State of California where the State appears to be powerless to prevent Dr. Nickels' move from Brookings, Oregon to Smith River, California. I am personally familiar with this case and it could well be a tragedy waiting to happen.

Please vote NO on SB 126, Thursday, April 5th. As dentists we desire freedom of movement also, but we should have it only when that freedom is granted solely to fully qualified, capable, conscientious dentists with proven credentials.

Sincerely,

George M. Hansen
George M. Hansen, D.D.S.

GMH/5

Doctor probed in Oregon opens in Smith River

SMITH RIVER (UPI) -- A Brookings, Ore., doctor, who retired while the Oregon Board of Medical Examiners investigated his practice, has been granted land-use permits to build a medical facility across the border in Smith River.

Dr. Russell Nickels voluntarily retired from practicing medicine in Oregon effective July 1 and surrendered his Oregon medical license, according to Dave LaDuca, the medical board's chief investigator.

LaDuca said by retiring, Nickels avoided having the findings from the medical board investigation released to the public.

"There would have been some disciplinary action taken and we could have released the information," he said.

Last week, Nickels was granted permits to build a new facility and start practicing in Smith River.

LaDuca said the Federation of State Medical Boards will be notified of the Nickels case, but, according to Curry County's district attorney, no actions have been filed or are in the works.

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. PHIL DOLEAC

TITLE:

ADDRESS: 616 WAINWRIGHT ROAD

CITY: FT. WAINWRIGHT

ZIP: 99703

PHONE: 356-3010

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I STRONGLY SUPPORT THE PASSAGE OF SB 126. IT WOULD ALLOW GREATER AVAILABILITY OF DENTAL CARE AND SPECIALITY DENTAL CARE TO THE GENERAL PUBLIC. THE CURRENT DENTAL SOCIETY POSITION ON THIS BILL IS DESIGNED TO LIMIT COMPETITION AND KEEP THE COST OF DENTAL SERVICES HIGH.

EOM-FZ

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DATE: 05/04/89

TIME: 17:13:27

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COPIES: SENATORS

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JONES
KELLY
KERTTULA
PEARCE
POURCHOT
RODEY
STURGULEWSKI
SZYMANSKI
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: JAMES F. ANDRUS

TITLE:

ADDRESS: 3250 LATOCHE ST., APT. J-18

CITY: ANCHORAGE, ALASKA

ZIP: 99508

PHONE: 261-4129

BILL NO:

SUBJECT: SEAT BELT BILLS

MESSAGE: OUR SENATORS TELL US THEY CARE ... IN A FASHION THAT WE CANNOT BEAR... THEY MAKE US WEAR BELTS... THAT GIVE US BIG WELTS... OUR FREEDOM GROWS EVER MORE RARE. AS IMPORTANT AS SEAT BELTS ARE, LIMITING GOVERNMENT'S REACH INTO OUR LIVES IS MORE IMPORTANT. KILL HB 105.

POMID: 03173720

DATE: 05/04/89

TIME: 17:37:20

LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

BARNES	BOUCHER	ADAMS
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DAVIS, C.	DAVIS, M.	FAHRENKAMP
DONLEY	ELLIS	FAIKS
FINKELSTEIN	FOSTER	FISCHER
FURNACE	GOLL	FRANK
GRUENBERG	GRUSSENDORF	HALFORD
HANLEY	HOFFMAN	JONES
HUDSON	JACKO	KELLY
KOPONEN	LARSON	KERTTULA
LEMAN	MACLEAN	PEARCE
MARTIN	MENARD	POURCHOT
MILLER	NAVARRÉ	RODEY
PETTYJOHN	PHILLIPS	STURGULEWSKI
RIEGER	SHARP	SZYMANSKI
SHULTZ	SHACKHAMMER	UEHLING
TAYLOR	ULMER	ZHAROFF
WALLIS	ZAWACKI	

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: JAMES F. ANDRUS

TITLE:

ADDRESS: 3250 LATOUCHE ST., APT. J-18

ZIP: 99508

CITY: ANCHORAGE

PHONE: 261-4129

BILL NO:

SUBJECT: SEATBELT BILLS

MESSAGE: TO THE HOUSE CAME AMENDMENTS OF NOTE... BUT THEY COULDN'T SEE HOW THEY SHOULD VOTE... WHEN THEY VOTE THE WRONG WAY... WE MAY CERTAINLY SAY... THAT THEY FOLLOW A SCRIPT NO ONE WROTE... MANDATORY SEAT BELT LAWS MAKE EVEN LESS SENSE THAN THE HOUSE. SPARE US FROM HB 105 AND SB 59.

POMID: 03083909

DATE: 05/05/89

TIME: 08:39:09

LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

BARNES	BOUCHER	ADAMS
BOYER	BROWN	BINKLEY
CATO	COLLINS	COGHILL
COTTEN	DAVIDSON	DUNCAN
DAVIS, C.	DAVIS, M.	FAHRENKAMP
DONLEY	ELLIS	FAIKS
FINKELSTEIN	FOSTER	FISCHER
FURNACE	GOLL	FRANK
GRUENBERG	GRUSSENDORF	HALFORD
HANLEY	HOFFMAN	JONES
HUDSON	JACKO	KELLY
KOPONEN	LARSON	KERTTULA
LEMAN	MACLEAN	PEARCE
MARTIN	MENARD	POURCHOT
MILLER	NAVARRÉ	RODEY
PETTYJOHN	PHILLIPS	STURGULEWSKI
RIEGER	SHARP	SZYMANSKI
SHULTZ	SNACKHAMMER	UEHLING
TAYLOR	ULMER	ZHAROFF
WALLIS	ZAWACKI	

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: COL. RICHARD W. HOPKINS

TITLE:

ADDRESS: 74 BIRCH HILL DRIVE

ZIP: 99505

CITY: FT. RICHARDSON

PHONE: 428-3919

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I STRONGLY ENCOURAGE YOUR SUPPORT OF SB 126. THIS BILL, WHICH WOULD PROVIDE LICENSURE, BY CREDENTIALS, WOULD INCREASE THE AVAILABILITY OF DENTAL CARE TO ALL PEOPLE IN ALASKA AT A REDUCED COST. PLEASE GIVE YOUR SUPPORT TO THIS IMPORTANT LEGISLATION.

POMID: 03090117

DATE: 05/05/89

TIME: 09:01:17

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

ADAMS
BINKLEY
COGHILL
DUNCAN
FAHRENKAMP
FAIKS
FISCHER
FRANK
HALFORD
JONES
KELLY
KERTTULA
PEARCE
POURCHOT
RODEY
STURGULEWSKI
SZYMANSKI
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: VALERIE AND DR. JASON RAMPTON
TITLE:
ADDRESS: 9711 TAKLI CIRCLE
CITY: EAGLE RIVER ZIP: 99577
PHONE: 694-9563
BILL NO: SB 126
SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: SB 126 WILL SOON BE BROUGHT UP FOR A VOTE ON THE SENATE FLOOR. THIS
WOULD ALLOW QUALIFIED DENTISTS LICENSES BASED ON THEIR CREDENTIALS. THIS BILL
IS SUPPORT BY APPROXIMATELY 100 DENTISTS THROUGHOUT ALL OF ALASKA. PLEASE
SUPPORT THIS BILL.

POMID: 03134003
DATE: 05/05/89
TIME: 13:40:03
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

ADAMS
BINKLEY
COGHILL
DUNCAN
FAHRENKAMP
FAIKS
FISCHER
FRANK
HALFORD
JONES
KELLY
KERTTULA
PEARCE
POURCHOT
RODEY
STURGULEWSKI
SZYMANSKI
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: VIVICA CARR
TITLE:
ADDRESS: PO BOX 240663
CITY: ANCHORAGE ZIP: 99524
PHONE: 264-2634
BILL NO: HB 83
SUBJECT: MARTIN LUTHER KING, JR., HOLIDAY
MESSAGE: WITH ALL TYPES OF VIOLENCE AND RACISM ON THE RISE, AND WORLD PEACE
JEOPARDIZED DAILY, WE AS A NATION NEED A CONSTANT REMINDER OF WHERE WE HAVE
COME FROM AND WHERE WE DO NOT WISH TO RETURN. KEEP THE DREAM ALIVE! HONOR
A TRUE AMERICAN KING. PLEASE SUPPORT HB 83.

POMID: 03132045
DATE: 05/05/89
TIME: 13:20:45
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

ADAMS
BINKLEY
COGHILL
DUNCAN
FAHRENKAMP
FAIKS
FISCHER
FRANK
HALFORD
JONES
KELLY
KERTTULA
PEARCE
POURCHOT
RODEY
STURGULEWSKI
SZYMANSKI
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: WILLIAM AMSBERRY
TITLE:
ADDRESS: 2430 HASTINGS LANE
CITY: ANCHORAGE ZIP: 99504
PHONE: 330-1023
BILL NO: SB 126
SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: I STRONGLY URGE PASSAGE OF SB 126. I FEEL IT WILL REDUCE THE COSTS OF
DENTISTRY IN ALASKA AND AT THE SAME TIME MAINTAIN QUALITY CARE AND INCREASE
PROFESSIONAL SERVICES AVAILABLE TO THE GENERAL PUBLIC.

POMID: 03160334
DATE: 05/05/89
TIME: 16:03:34
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

ADAMS
BINKLEY
COGHILL
DUNCAN
FAHRENKAMP
FAIKS
FISCHER
FRANK
HALFORD
JONES
KELLY
KERTTULA
PEARCE
POURCHOT
RODEY
STURGULEWSKI
SZYMANSKI
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: JOY BARBEE
TITLE:
ADDRESS: P O BOX 111215
CITY: ANCHORAGE ZIP: 99511
PHONE: 264-1703
BILL NO: HB 105
SUBJECT: MANDATORY SEATBELTS
MESSAGE: PLEASE VOTE YES AND PASS THROUGH THE SENATE.

POMID: 03162316
DATE: 05/05/89
TIME: 16:23:10
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

STURGULEWSKI
RODEY
KELLY
KERTTULA

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: MARIA MASSEY
 TITLE:
 ADDRESS: 1015 SHIRLEY
 CITY: NORTH POLE ZIP: 99705
 PHONE: 488-3334
 BILL NO:
 SUBJECT: PERMANENT FUND
 MESSAGE: I AM OPPOSED TO RAIDING THE PERMANENT FUND. CUT GOVERNMENT EXPENSES.

POMID: 07092004
 DATE: 04/28/89
 TIME: 09:20:04
 LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

BARNES	BOUCHER	ADAMS
BOYER	BROWN	BINKLEY
CATO	COLLINS	COGHILL
COTTEN	DAVIDSON	DUNCAN
DAVIS, C.	DAVIS, M.	FAHRENKAMP
DONLEY	ELLIS	FAIKS
FINKELSTEIN	FOSTER	FISCHER
FURNACE	GOLL	FRANK
GRUENBERG	GRUSSENDORF	HALFORD
HANLEY	HOFFMAN	JONES
HUDSON	JACKO	KELLY
KOPONEN	LARSON	KERTTULA
LEMAN	MACLEAN	PEARCE
MARTIN	MENARD	POURCHOT
MILLER	NAVARRE	RODEY
PETTYJOHN	PHILLIPS	STURGULEWSKI
RIEGER	SHARP	SZYMANSKI
SHULTZ	SWACKHAMMER	UEHLING
TAYLOR	ULMER	ZHAROFF
WALLIS	ZAWACKI	

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DANIEL G. VESTAL
 TITLE:
 ADDRESS: 21-571 G LEMON AVE
 CITY: ELEMENDORF AFB ZIP: 99506
 PHONE: 753-6488
 BILL NO: SB 126
 SUBJECT: DENTAL LICENSING BY CREDENTIALS
 MESSAGE: I AM AN ORAL HYGIENIST IN THE AIR FORCE. I SUPPORT SB 126. I HAVE WORKED CLOSELY WITH SOME OF THE DENTIST TRYING TO BECOME ALASKA LICENSED. THEY ARE NOT ONLY RESPECTED IN THE COMMUNITY, BUT THEIR QUALIFICATIONS AND CONTINUING EDUCATION SHOULD MAKE THEM PRIME CANDIDATES FOR RECEIVING AN ALASKAN DENTAL LICENSE.

POMID: 03101002
 DATE: 04/28/89
 TIME: 10:10:02
 LIONAME: ANCHORAGE LIO

COPIES: SENATORS

FAIKS
 KERTTULA
 COGHILL
 HALFORD
 RODEY

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. DENNIS GIESER (SIC)
TITLE:
ADDRESS: 11936 WILDERNESS DRIVE
CITY: ANCHORAGE, ALASKA ZIP: 99516
PHONE: 345-7030

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: THIS BILL IDENTIFIES INDIVIDUALS WHO HAVE PROVEN THEMSELVES
CLINICALLY AS WELL AS ETHICALLY FOR THE BENEFIT OF THE PUBLIC. ALTHOUGH
NOT FOOL PROOF (NOTHING IS) IT IS SUPERIOR TO A ONE TIME CLINICAL
EVALUATION SINCE IT MEASURES MUCH MORE. HOW MANY DENTISTS CURRENTLY
PRACTICING IN THIS STATE WOULD MEET ALL THESE CRITERIA?

POMID: 03103108
DATE: 04/28/89
TIME: 10:31:08
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

FAIKS
HALFORD
RODEY
COGHILL
KERTTULA

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: EDWARD KROHN
TITLE: AREA CHAIR/DUCKS UNLIMITED
ADDRESS: BOX 587
CITY: SOLDOTNA, ALASKA ZIP: 99669
PHONE: 262-5885

BILL NO: SB 184

SUBJECT: REDOUBT BAY CRITICAL HABITAT AREA

MESSAGE: I WOULD URGE PASSAGE OF SB184 TO PROTECT CRITICAL HABITAT IN REDOUBT
BAY, AT THE EARLIEST POSSIBLE TIME.

POMID: 13102632
DATE: 04/28/89
TIME: 10:26:32
LIONAME: SOLDOTNA LIO

COPIES: REPRESENTATIVES SENATORS

MENARD	ADAMS
DAVIDSON	BINKLEY
JACKO	COGHILL
FOSTER	DUNCAN
NAVARRE	FAHRENKAMP
FURNACE	FAIKS
SHARP	FISCHER
HUDSON	FRANK
DAVIS, M.	HALFORD
	JONES
	KELLY
	KERTTULA
	PEARCE
	POURCHOT
	RODEY
	STURGULEWSKI
	SZYMANSKI
	UEHLING
	ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: NELS FRANKLIN
TITLE: SCHOOL BOARD MEMBER, SOUTHWEST REGION
ADDRESS: BOX 90
CITY: MANOKOTAK, ALASKA ZIP: 99628
PHONE: 289-1042
BILL NO: SB 15

SUBJECT: NEGOTIATIONS BY PUBLIC SCHOOL EMPLOYEES
MESSAGE: AS A BOARD MEMBER OF SOUTHWEST REGION SCHOOL DISTRICT AND AS A PARENT,
I AM DEFINITELY OPPOSED TO SB15. OUR CHILDREN AND SCHOOLS WILL SUFFER IF THIS
BECOMES LAW, WE LOSE LOCAL CONTROL AND FLEXIBILITY. THE UNIONS AND TEACHERS
MIGHT AS WELL BECOME THE SCHOOL BOARDS. PLEASE DO NOT ALLOW SB15 TO MOVE FROM
COMMITTEE OR TO PASS THE SENATE. THANK YOU VERY MUCH FOR YOUR CONSIDERATION.

POMID: 06114322
DATE: 04/28/89
TIME: 11:43:22
LIONAME: DILLINGHAM LIO

COPIES: REPRESENTATIVE SENATORS

JACKO	FISCHER
	JONES
	ADAMS
	KELLY
	DUNCAN
	BINKLEY
	UEHLING
	FRANK
	PEARCE
	ZHAROFF
	FAIKS
	STURGULEWSKI
	COGHILL
	HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. FOWELL TROTTER
TITLE: DENTIST
ADDRESS: 1214 MAOSEN
CITY: KODIAK ZIP: 99615
PHONE: 486-5956
BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: AM AN 11 YEAR RESIDENT WHO CAN BRING ADDITION OF FEDERAL MONEY TO
STATE VIA RETIREMENT INCOME AND STATE SHARING OF MY HIGH FEDERAL
TAX PAYMENTS. WITHOUT DENTAL CREDENTIALING I MUST LEAVE STATE.
LONGER DENTAL FEES FOR OUR RESIDENTS IS POSSIBLE WITH COMPETITION.
SUPPORT SB 126.

POMID: 09113819
DATE: 04/28/89
TIME: 11:38:19
LIONAME: KODIAK LIO

COPIES: REPRESENTATIVE SENATORS

DAVIDSON	RODEY
	FAIKS
	KERTTULA
	COGHILL
	ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. R. MAYBERRY

TITLE:

ADDRESS: HCR 1116 SAWMILL CIRCLE

CITY: KODIAK

ZIP: 99615

PHONE: 486-6947

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I WOULD LIKE TO ENCOURAGE SUPPORT OF SB 126. PASSAGE OF THIS BILL WOULD INCREASE THE AVAILABILITY OF DENTAL CARE TO ALASKAN RESIDENTS AT A REASONABLE COST.

POMID: 09122104

DATE: 04/28/89

TIME: 12:21:04

LIONAME: KODIAK LIO

COPIES: REPRESENTATIVE SENATORS

DAVIDSON

ZHAROFF

RODEY

FAIKS

KERTTULA

COGHILL

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: ED AND SHIRLEY SCHENDERLINE

TITLE:

ADDRESS: 540 WEST POTTER DRIVE

CITY: ANCHORAGE

ZIP: 99518

PHONE: 563-3108

BILL NO:

SUBJECT: RASPBERRY ROAD PROJECT

MESSAGE: I THINK SOMETHING SHOULD BE DONE SO THAT THE LOCAL CONTRACTORS CAN PICK UP THESE JOBS. SMALLER CONTRACTORS CANNOT PICKUP THE BIG JOBS THE WAY THEY'VE WORKED OUT THIS PROJECT.

POMID: 03142420

DATE: 04/28/89

TIME: 14:24:20

LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

BARNES

BOUCHER

ADAMS

BOYER

BROWN

BINKLEY

CATO

COLLINS

COGHILL

COTTEN

DAVIDSON

DUNCAN

DAVIS, C.

DAVIS, M.

FAHRENKAMP

DONLEY

ELLIS

FAIKS

FINKELSTEIN

FOSTER

FISCHER

FURNACE

GOLL

FRANK

GRUENBERG

GRUSSENDORF

HALFORD

HANLEY

HOFFMAN

JONES

HUDSON

JACKO

KELLY

KOPONEN

LARSON

KERTTULA

LEMAN

MACLEAN

PEARCE

MARTIN

MENARD

POURCHOT

MILLER

NAVARRE

RODEY

PETTYJOHN

PHILLIPS

STURGULEWSKI

RIEGER

SHARP

SZYMANSKI

SHULTZ

SHACKHAMMER

UEHLING

TAYLOR

ULNER

ZHAROFF

WALLIS

ZAWACKI

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: ROD MCCOY

TITLE:

ADDRESS: 7749 OLD HARBOR ROAD

CITY: ANCHORAGE

PHONE: 337-6138

ZIP: 99504

BILL NO: SB 15

SUBJECT: NEGOTIATIONS BY PUBLIC SCHOOL EMPLOYEES

MESSAGE: PLEASE DON'T LET SB 15 BE HELD HOSTAGE BY THE AASB. THEY ARE NOT
SERIOUS ABOUT A FAIR COMPROMISE. NEA-ALASKA HAS PUT FORTH 3 DIFFERENT
PROPOSALS PLEASE MOVE ON ONE OF THEM NOW.

POMID: 03124808

DATE: 04/25/89

TIME: 12:48:08

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

ADAMS
BINKLEY
COGHILL
DUNCAN
FAHRENKAMP
FAIKS
FISCHER
FRANK
HALFORD
JONES
KELLY
KERTTULA
PEARCE
POURCHOT
RODEY
STURGULEWSKI
SZYMANSKI
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. JAMES E. BOWERS

TITLE: USA DENTAL CLINIC

ADDRESS: HSDX-DD-R

CITY: FT. RICHARDSON

PHONE: 862-0189

ZIP: 99505

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I STRONGLY ENCOURAGE YOU TO VOTE FAVORABLE ON SB 126 ALLOWING FOR THE
LICENSURE OF QUALIFIED DENTIST THOUGH THE CREDENTIAL PROCESS. THIS BILL IS
LIKELY TO LOWER HEALTH CARE COSTS AND TO IMPROVE THE QUALITY OF DENTAL CARE
PRESENTLY AVAILABLE TO ALASKANS. MOVE IT TO THE SENATE FLOOR NOW.

POMID: 03123608

DATE: 04/25/89

TIME: 12:36:08

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

HALFORD
RODEY
FAIKS
KERTTULA
COGHILL

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: PHILIP GAUS
 TITLE:
 ADDRESS: 19505 NORTH MONTAGUE LOOP
 CITY: EAGLE RIVER ZIP: 99577
 PHONE: 696-0242

BILL NO: SB 126
 SUBJECT: DENTAL LICENSING BY CREDENTIALS
 MESSAGE: I'M AN AIR FORCE BOARD CERTIFIED ORAL SURGEON RECOGNISED AS COMPENTENT BY THE RIDGID STANDARDS OF AAOMS.I CAN'T GET AN AK LICENSE UNLESS I PROVE I CAN DO GENERAL DENISTRY. FARE? NO. THE AK DENTAL COMMUNITY OPPOSES FOR FEAR OF INCREASED COMPETION. COULD MEAN LOWER FEES. PLEASE SUPPORT SB 126.

POMID: 03091200
 DATE: 04/22/89
 TIME: 09:12:00
 LIONAME: ANCHORAGE LIO

COPIES: SENATORS

RODEY
 KERTTULA
 COGHILL
 HALFORD
 FAIKS

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: CAROL DEPTULA
 TITLE:
 ADDRESS: 2571 LYVONA LANE
 CITY: ANCHORAGE ZIP: 99502
 PHONE: 248-5327

BILL NO:
 SUBJECT: LAWS FOP JUVENILES.
 MESSAGE: WE NEED TOUGHER LAWS FOR JUVENILES . A CHILD THAT IS OLD ENOUGH TO GO TO OUR PUBLIC SCHOOLS IS OLD ENOUGH TO EXCEPT RESPONSIBLITY FOR THEIR ACTIONS THE WAY OUR LAWS ARE NOW WE ARE SAYING IT'S OK TO STEAL AND EVEN MURDER AS LONG AS YOU AREN'T 12 YEARS OR 18 YEARS OLD.

POMID: 03091224
 DATE: 04/22/89
 TIME: 09:12:24
 LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

BARNES	BOUCHER	ADAMS
BOYER	BROWN	BINKLEY
CATO	COLLINS	COGHILL
COTTEN	DAVYDSON	DUNCAN
DAVIS, C.	DAVIS, M.	FAHRENKAMP
DONLEY	ELLIS	FAIKS
FINKELSTEIN	FOSTER	FISCHER
FURNACE	GOLL	FRANK
GRUENBERG	GRUSSENDORF	HALFORD
HANLEY	HCOFFMAN	JONES
HUDSON	JACKO	KELLY
KOPONEN	LARSON	KERTTULA
LEMAN	MACLEAN	PEARCE
MARTIN	MENARD	POURCHOT
MILLER	NAVARRE	RODEY
PETTYJOHN	PHILLIPS	STURGULEWSKI
RIEGER	SHARP	STYMANSKI
SHULTZ	SWACKHAMMER	UEHLING
TAYLOR	ULMER	ZHAROFF
WALLIS	ZAWACKI	

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. LES MILLAR
TITLE:
ADDRESS: P.O. BOX 4551
CITY: EIELSON AFB ZIP: 99702
PHONE: 488-2610
BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: I'M A RESIDENT SINCE 1945, THE STATE OF AK SUPPORTED ME THROUGH DENTAL SCHOOL UNDER THE WICHE PROGRAM. I CURRENTLY HOLD DENTAL LICENSE AA00327. MILITARY DENTISTS ARE UNDER PEER REVIEW MUCH CLOSER THAN CIVILIANS, IT SEEMS ABSURD FOR THEM TO PERFORM REMEDIAL TASKS BY EXAMINATION, THEY SHOULD BE LICENSED BY CREDENTIALS. THANK YOU.

POMID: 07102232
DATE: 04/22/89
TIME: 10:22:32
LIONAME: FAIRBANKS LIO

COPIES: SENATORS

RODEY
KERTTULA
COGHILL
HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: BETH BEHNER
TITLE:
ADDRESS: 3828 RANDOLPH ST. #2
CITY: ANCHORAGE ZIP: 99508
PHONE: 561-3150
BILL NO: HB 118

SUBJECT: OIL & GAS PROPERTIES PRODUCTION TAX-ELF
MESSAGE: REFORM ELF AND HAVE IT PROMPTLY MOVE OUT OF COMMITTEE AND PLACED UNDER GENUINE CONSIDERATION. LEGISLATORS SHOULD NOT BE ENTRENCHED IN PROMISES MADE DURING CAMPAIGNS, OR REMAIN TRUE TO ASSURANCES GIVEN TO BIG OIL CONTRIBUTORS. THEY SHOULD RATHER BE RESPONSIVE TO PUBLIC ATTITUDES, WHICH HAVE DRAMATICALLY CHANGED TO FAVOR REFORM. A LEGISLATIVE REFUSAL TO REPEAL ELF WILL CONFIRM THE PERCEPTION THAT LEGISLATORS HAVE BEEN BOUGHT BY BIG OIL.

POMID: 03103119
DATE: 04/22/89
TIME: 10:31:19
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

ADAMS
BINKLEY
COGHILL
DUNCAN
FAHRENKAMP
FAIKS
FISCHER
FRANK
HALFORD
JONES
KELLY
KERTTULA
PEARCE
POURCHOT
RODEY
STURGULEWSKI
SZYMAWSKI
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: JERRY MURPHY
 TITLE:
 ADDRESS: 507 E 76TH
 CITY: ANCHORAGE ZIP: 99518
 PHONE: 344-4491
 BILL NO:
 SUBJECT: TAXATION
 MESSAGE: CUT TAXATION AND CUT SPENDING.

POMID: 03111552
 DATE: 04/22/89
 TIME: 11:15:52
 LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

BARNES	BOUCHER	ADAMS
BOYER	BROWN	BINKLEY
CATO	COLLINS	COGHILL
COTTEN	DAVIDSON	DUNCAN
DAVIS, C.	DAVIS, M.	FAHRENKAMP
DONLEY	ELLIS	FAIKS
FINKELSTEIN	FOSTER	FISCHER
FURNACE	GOLL	FRANK
GRUENBERG	GRUSSENDORF	HALFORD
HANLEY	HOFFMAN	JONES
HUDSON	JACKO	KELLY
KOPONEN	LARSON	KERTTULA
LEMAN	MACLEAN	PEARCE
MARTIN	MENARD	PJURCHOT
MILLER	NAVARRE	RODEY
PETTYJOHN	PHILLIPS	STURGULEWSKI
RIEGER	SHARP	SZYMANSKI
SHULTZ	SWACKHAMMER	UEHLING
TAYLOR	ULMER	ZHAROFF
WALLIS	ZANACKI	

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. LILLIAN INFANTINO
 TITLE:
 ADDRESS: 1737 UNIVERSITY AVE G57
 CITY: FAIRPANKS ZIP: 99709
 PHONE: 353-5135
 BILL NO: SB 126
 SUBJECT: DENTAL LICENSING BY CREDENTIALS
 MESSAGE: LICENSURE BY CREDENTIALS FOR DENTIST IN ALASKA IS REQUESTED. IT
 BENEFIT AND ALLOW QUALIFIED DENTISTS TO PROVIDE IMPROVED QUALITY DENTAL CARE
 WITH REASONABLE COSTS. IT MAY ENCOURAGE MILITARY DENTISTS TO RETIRE IN ALASKA
 AND PROVIDE THEIR EXPERIENCE DENTAL SERVICES. THANK YOU. EOM/CLS

POMID: 07104106
 DATE: 04/22/89
 TIME: 10:41:06
 LIONAME: FAIRBANKS LIO

COPIES: SENATORS

RODEY
 KERTTULA
 COGHILL
 HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: BONNIE HERBERT

TITLE:

ADDRESS: 18126 MISTY FALLS CIRCLE

CITY: EAGLE RIVER

ZIP: 99577

PHONE: 694-7581

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: THIS BILL HAS BEEN MANIPULATED BY PAID LOBEYISTS. IT SEEMS, RIGHT OR WRONG, MONEY HAS CONTROLLED THE WAY SOME HAVE FELT ABOUT THE WAY DENTISTS SHOULD BE LICENSED. TO MAKE THE SYSTEM MORE FAIR, PLEASE PASS THIS AS QUICKLY AS POSSIBLE.

POMID: 03152008

DATE: 04/21/89

TIME: 15:20:08

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

RODEY
KERTTULA
COGHILL
HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DEBORAH MILLER (SIC)

TITLE:

ADDRESS: 13201 WESTWIND DRIVE

CITY: ANCHORAGE, ALASKA

ZIP: 99516

PHONE: 345-3890

BILL NO: HB 118

SUBJECT: OIL & GAS PROPERTIES PRODUCTION TAX-ELF

MESSAGE: I URGE YOU TO VOTE AGAINST HB 118. I FEEL PASSAGE OF THIS BILL WOULD DISCOURAGE FURTHER ECONOMIC GROWTH. THANK YOU VERY MUCH.

POMIO: 03152319

DATE: 04/21/89

TIME: 15:23:19

LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

BARNES	BOUCHER	ADAMS
BOYER	BROWN	BINKLEY
CATO	COLLINS	COGHILL
COTTEN	DAVIDSON	DUNCAN
DAVIS, C.	DAVIS, M.	FAHRENKAMP
DONLEY	ELLIS	FAKS
FINKELSTEIN	FOSTER	FISCHER
FURNACE	GOLL	FRANK
GRUENBERG	GRUSSENDORF	HALFORD
HANLEY	HOFFMAN	JONES
HUDSON	JACKO	KELLY
KOPONEN	LARSON	KERTTULA
LEMAN	MACLEAN	PEARCE
MARTIN	MENARD	POURCHOT
MILLER	NAVARRE	RODEY
PETTYJOHN	PHILLIPS	STURGULEWSKI
RIEGER	SHARP	SZYMANSKI
SHULTZ	SWACKHAMMER	UEHLING
TAYLOR	ULMER	ZHAROFF
WALLIS	ZAWACKI	

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. DALE SCHUTTE
 TITLE:
 ADDRESS: 13241 VERN DRIVE
 CITY: ANCHORAGE ZIP: 99516
 PHONE: 345-7505
 BILL NO: SB 126
 SUBJECT: DENTAL LICENSING BY CREDENTIALS
 MESSAGE: STRONGLY ENDORSE PASSAGE OF SENATE 126. I AM A BOARD CERTIFIED ORAL SURGEON CURRENTLY LICENSED IN MISSOURI. I AM ALSO AN ALASKAN RESIDENT, RESIDING IN STATE. CURRENT DENTAL LICENSURE PRACTICE IS EXTREMELY ANTIQUATED AND CUMBERSOME. PASSAGE OF BILL WOULD ENHANCE QUALITY OF DENTAL CARE FOR ALL ALASKA.

POMID: 03115615
 DATE: 04/22/89
 TIME: 11:56:15
 LIONAME: ANCHORAGE LIO

COPIES: SENATORS

KERTTULA
 RODEY
 HALFORD
 COGHILL

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: URSULA WING
 TITLE:
 ADDRESS: 820 SMYTHE STREET
 CITY: FAIRBANKS ZIP: 99701
 PHONE: 456-8999
 BILL NO:
 SUBJECT: ELF
 MESSAGE: YES ON THE ELF.

POMID: 03120514
 DATE: 04/22/89
 TIME: 12:05:14
 LIONAME: ANCHORAGE LIO

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PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DP. FRED NOLAN
TITLE:
ADDRESS: 4505 EIELSON
CITY: EIELSON AFB
PHONE: 488-7195
BILL NO: SB 126

ZIP: 99702

SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: I AM STRONGLY IN FAVOR OF SB 126. IT IS OBVIOUS STATE DENTIST ARE PROTECTING THEIR TURF. WHEN THE ONLY ORTHODONTIST IN FBKS. NEEDED HELP HE OBTAINED HIS ASSOCIATE THROUGH THE CREDENTIAL PROCESS WHICH PROVES THAT HE USED THIS PROCESS TO KEEP THE BUSINESS IN FAIRBANKS, AND IT WAS APPROVED BY THE ST. BOARD AT THAT TIME. MOST AK. DENTIST ARE HERE FORMALLY FEDERALLY EMPLOYED THESE HERE ARE INORDINATELY HIGH. SPECIALIST SHOULD BE CREDITIALLY CHOSEN.

POMID: 07091309
DATE: 04/22/89
TIME: 09:13:09
LIONAME: FAIRBANKS LIO

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KODEY
KERTTULA
COGHILL
HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. DONALD DENUCCI
TITLE:
ADDRESS: 2441 HASTINGS LANE
CITY: ANCHORAGE
PHONE: 337-1574
BILL NO: SB 126

ZIP: 99504

SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: I STRONGLY ENCOURAGE YOU TO VOTE FAVORABLY ON SB 9126 ALLOWING FOR TI LICENSURE OF QUALIFIED DENTIST THROUGH THE CREDENTIALS PROCESS. THIS BILL IS LIKELY TO LOWER HEALTH CARE COSTS AND TO IMPROVE THE QUALITY OF DENTAL CARE PRESENTLY AVAILABLE TO ALASKANS. MOVE IT TO THE SENATE FLOOR NOW.

POMID: 03100511
DATE: 04/22/89
TIME: 10:05:11
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

HALFORD
RODEY
FAIKS
KERTTULA
COGHILL

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. PHIL DOLEAC
TITLE:
ADDRESS: 616 WAINWRIGHT RD.
CITY: F.W.W. ZIP: 99703
PHONE: 356-3010
BILL NO: SB 126
SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: I STRONGLY SUPPORT SB 126, LICENSING BY CREDIALLING. I FEEL IT WILL
PROVIDE IMPROVED DENTAL CARE AND MORE COMPETATIVE PRICES FOR THE PUBLIC.
EOM/CLS

POMID: 07091342
DATE: 04/22/89
TIME: 09:13:42
LIONAME: FAIRBANKS LIO

COPIES: SENATORS

RODEY
KERTTULA
COGHILL
HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. MIKE KULIKOWSKI
TITLE:
ADDRESS: 2013 30TH AVE
CITY: FAIRBANKS ZIP: 99701
PHONE: 456-1444
BILL NO: SB 126
SUBJECT: DENTAL LICENSING BY CREDENTIALS
MESSAGE: SUPPORT SB 126, AMENDING DENTAL LICENSER BY CREDENTIALS, ESSENTIAL TO
PUBLICS AVAILABILITY TO CARE THAT THEY DESERVE. FAILURE IS CRIMINAL RESTRAINT
OF TRADE PERPETUATING THE "CLOSED SHOP". SELF PROTECTION, PUBLIC PROTECTION
STATE DENTAL SOCIETY/BOARD. ASA BOARD CERTIFIED SURGEON, I CAN NOT LEGALLY
PRACTICE GENERAL DENTISTRY BUT MUST DO GENERAL DENTISTRY ON STATE BOARD EXAM,
TO GET LICENSE. MORE COMPETITION = FOR/CHEAPER CARE. EOM/CLS

POMID: 07101506
DATE: 04/22/89
TIME: 10:15:06
LIONAME: FAIRBANKS LIO

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BOYER	RODEY
DAVIS, M.	KERTTULA
KOPONEN	COGHILL
MILLER	HALFORD
SHARP	FAHRENKAMP
	FRANK

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: WILLIAM E DINSE
TITLE:
ADDRESS: 3866 BLESSING AVE.
CITY: NORTH POLE
PHONE: 377-4011

ZIP: 99705

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I SUPPORT DENTAL LICENSURE BY CREDENTIALS. I UNDERSTAND SB 126 IS STALLED IN COMMITTEE AND I URGE YOU TO HELP PUSH IT TOWARDS A VOTE. PHYSICIANS ARE LICENSED BY CREDENTIALS AND DENTISTS SHOULD BE ALSO. IT WOULD ALLOW GREATER FREEDOM FOR DENTISTS IN AK., AND WOULD BETTER SERVE ALASKANS BY INCREASING THE NUMBER OF PRACTICING DENTISTS THEREBY CREATING MARKET PRESSURE, IN TURN QUALITY OF CARE WOULD GO UP AND THE COST OF DENTAL CARE WOULD MOST LIKELY DECREASE.

POMID: 07130253

DATE: 04/22/89

TIME: 13:02:53

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

RODEY
COGHILL
HALFORD
KERTTULA

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. BARRY BARRUS
TITLE:
ADDRESS: 5281 F COMMAN DRIVE
CITY: EIELSON AFB
PHONE: 372-3362

ZIP: 99712

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I AM A SPECIALIST IN PEDIACTRIC DENTISTRY, I HAVE SERVED TWO TOURS AT EIELSON & I AM IN MY TENTH YEAR. I AM A STATE RESIDENT, I EXPRESS SUPPCRT FOR SB 126 WHICH ALLOWS DENTISTS THE RIGHT TO STATE LICENSURE BY CREDENTIALS - A PRIVILEGE ENJOYED BY OTHER PROFESSIONS. PLEASE HELP THIS BILL MOVE OUT OF COMMITTEE AND PASS. THANK YOU. EOM/CLS

POMID: 07141444

DATE: 04/22/89

TIME: 14:14:44

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

RODEY
KERTTULA
COGHILL
HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: DR. RONALD ENG

TITLE:

ADDRESS: 2740 KINGSBRIDGES CIRCLE

CITY: ANCHORAGE

PHONE: 333-7727

ZIP: 99504

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I AM EXTREMELY DISTRESSED THAT THE BILL HAS BEEN STALLED IN COMMITTEE FOR SEVERAL MONTHS. I AM AWARE THIS IS THE WORK OF A SENATOR AND A PAID LOBBYIST. I FEEL THAT THE EXISTING REGULATIONS VIOLATE THE INTENT OF THE STATE LAW AND THESE INDIVIDUALS EITHER BY INTENT OR EGOGRANCE ARE OBSTRUCTING THE LAW. I WOULD STRONGLY URGE YOUR PROMPT ACTION.

POMID: 03112700

DATE: 04/22/89

TIME: 11:27:00

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

KERTTULA
RODEY
COGHILL
HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR ELIASON

NAME: WILLIAM AMSBERRY

TITLE:

ADDRESS: 2430 HASTINGS LANE

CITY: ANCHORAGE

PHONE: 338-1823

ZIP: 99504

BILL NO: SB 126

SUBJECT: DENTAL LICENSING BY CREDENTIALS

MESSAGE: I URGE YOU TO VOTE IN A FAVORABLE MANNER ON SB 126. THIS BILL IS LIKELY TO LOWER HEALTH CARE COSTS WITHOUT A DECREASE IN THE QUALITY OF DENTAL CARE FOR ALASKANS. MOVE IT TO THE SENATE FLOOR NOW.

POMID: 03115154

DATE: 04/22/89

TIME: 11:50:54

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

HALFORD
RODEY
FAIKS
KERTTULA
COGHILL

4230 Pinnacle Circle
Anchorage, Alaska 99504
January 29, 1989

Senator Rick Halford
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

Dear Senator Halford,

As a resident of the State of Alaska, I am delighted to hear of the legislation you introduced, which if passed, would allow qualified dentists to be licensed by credentials. I have long felt a concern, shared by many Alaskans, over the extraordinary cost for dental services in this state. These high costs are the result of a highly restrictive policy on dental licensure which, in effect controls on the number of dentists practicing in Alaska.

The purpose of professional licensure is to assure quality among Alaska dentists. The current regulation governing licensure requires dentists to pass a time-consuming and expensive examination, unique to Alaska and a few associated states, before an Alaska dental license can be granted. I understand that the new legislation would allow Alaska licensure to be granted to dentists who have proven their qualifications through equally demanding examinations and licensure in other states. I am certain that this change of regulation would bring additional dentists to our state, increasing the availability of dentistry and decreasing the prohibitive prices, while maintaining the same high standards of dental care.

I want to assure you that I strongly support your efforts on behalf of this important legislation; legislation which will benefit all Alaskans.

Sincerely,

Robert S. Matthews
Robert S. Matthews

RECEIVED

FEB 2 1989

OFFICE OF
SENATOR RICK HALFORD

JAN 6 9 1989

1-12-89

2441 Hastings Lane
Anchorage, Alaska 99504
December 19, 1988

Senator Rick Halford
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

Dear Senator Halford,

The cost of health care is too high in Alaska. The State, the Unions, and the School Districts are all paying too much for health care. In this period of fiscal austerity, it is imperative that these costs be reduced.

I am a resident of Alaska employed by the Federal Government to provide dental care at Ft. Richardson. Many of our army family members have federal dental insurance and utilize local dentists in Anchorage and Eagle River. I have observed that even with federal dental insurance, many of the Army family members can't afford to pay for basic dental care in Alaska. The fees that I hear quoted seem very high relative to the rest of the nation. Certainly Alaska is an expensive place to live but these fees seem to be out of line.

After an investigation, I have concluded the following:

-Dentistry enjoys a near monopoly in Alaska resulting in fee structures which are in essence resistant to market forces.

-Licensing procedures and the state board of dental examiners support this monopoly through a restrictive licensing process.

-Action by the Governor and the legislature in the past have failed to remedy this situation.

This situation can be corrected through legislative action. The legislature must see that AS 08.36.234 allowing licensure by credentials is reimplemented. Regulation ACC 28.950 must be rescinded. These actions will have the following immediate effects:

- Allow more qualified dental practitioners to be licensed in the state thus increasing competition for health care funds and reducing costs to the public.

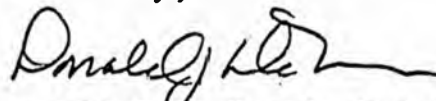
- Improve the quality of care available through the licensure of qualified specialists in dentistry who are presently not well represented in the population of dental care providers.

- Allow for alternative forms of dental health care delivery such as HMOs which again will further reduce health care costs.

The State Board of Dental Examiners presently makes a number of claims regarding licensure which are at best unfounded. They claim that they can't verify credentials and that there is no support for licensure by credentials. Both claims are absolutely false. Furthermore for a dental specialist who is an Alaska Resident residing in state, obtaining a license requires that the applicant fly 3 patients and himself to the lower 48 to be tested on procedures which are not relevant to a specialty practice. The time and financial costs are astronomical and absolutely prohibitive. The Western Regional Dental Board is not a viable alternative for a dental specialist residing in Alaska. (Also compare the number of physicians with the number of dentists who were newly licensed over the past year. You will see that it is much less difficult to obtain a medical license in Alaska.)

As a voting resident of Alaska, I ask that you take the time to investigate this issue and take it before the next legislative session. I am certain that you will also conclude that now is the time to take action to reduce the cost of health care for Alaskans. Streamlining the dental licensure process will allow more qualified dental specialists to provide an increased scope of high quality dental care at a significantly reduced cost. Now is the time to implement licensure by credentials for qualified dental specialists.

Sincerely,



Donald J. DeNucci, D.D.S.

Enclosures:

Prior letter to your office on this issue.
Your response to that letter.

February 2, 1989

Jason M. Rampton, D.M.D.
9711 Takli Circle
Eagle River, AK 99577

RECEIVED

1989

OFFICE OF
SENATOR RICK HALFORD

Senator Rick Halford
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

Dear Senator Halford,

It has been brought to my attention that a bill dealing with a revision in the Alaska Dental Practice Act was introduced on 18 January 1989. It is my understanding that this bill will mandate that the Alaska Board of Dental Examiners license dentists through the credentials process. If this bill is passed and written into law it would tremendously benefit the State of Alaska for the following reasons.

1) There is a great need for dentists in the smaller communities in the state. For example, the King Salmon/Nak Nak area has no resident dentist. If a person has a sudden dental emergency he would be forced to fly to Anchorage for treatment, which is costly and time-consuming. If this bill were passed it would give these newly licensed dentists the opportunity to serve in these rural areas. I would gladly set up a dental practice in King Salmon after I retire from the Air Force Dental Corp.

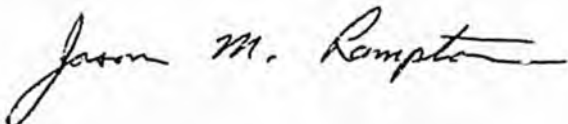
2) I have been practicing dentistry for 8 years in the military, and I am licensed to practice in several states. I have passed the National Board Examinations. In March of 1985 I passed the Western Regional Board examination. Alaska joined the Western Regional Dental Board in January of 1987. I have petitioned Dr. Bob Warren, President of the Alaska State Board of dental examiners to allow me licensure. He would not. As the law now stands, I would have to retake the Western Regional Board examination again in order to get an Alaskan license.

3) Several states allow dental licensing by credentials. If I wanted to practice dentistry in Philadelphia all that is required is documentation of my earned credentials and I would be granted a license in Pennsylvania.

4) By making it easier to obtain a license in Alaska there would also be more competition bringing down the cost of dental care for all Alaskans.

For the above reasons I highly recommend that you support this bill.

Sincerely,



Jason M. Rampton, D.M.D.

4230 Pinnacle Circle
Anchorage, Alaska 99504
January 29, 1989

Senator Dick Eliason
Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

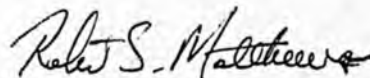
Dear Senator Eliason,

As a resident of the State of Alaska, I am delighted to hear that legislation is now before your committee, which if passed, would allow qualified dentists to be licensed by credentials. I have long felt a concern, shared by many Alaskans, over the extraordinary cost for dental services in this state. These high costs are the result of a highly restrictive policy on dental licensure which, in effect controls the number of dentists practicing in Alaska.

The purpose of professional licensure is to assure quality among Alaska dentists. The current regulation governing licensure requires dentists to pass a time-consuming and expensive examination, unique to Alaska and a few associated states, before an Alaska dental license can be granted. The new legislation would allow Alaska licensure to be granted to dentists who have proven their qualifications through equally demanding examinations and licensure in other states. I am certain that this change of regulation would bring additional dentists to our state, increasing the availability of dentistry and decreasing the prohibitive prices, while maintaining the same high standards of dental care.

I strongly urge you and your committee to support this legislation for the benefit of all Alaskans.

Sincerely,



Robert S. Matthews

2441 Hastings Lane
Anchorage, Alaska 99504
January 24, 1989

Senator Dick Eliason
Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

Dear Senator Eliason,

As an Alaskan dentist, I was delighted to hear that legislation has recently been introduced into your committee that will permit the Alaska Board of Dental Examiners to license qualified dentists through the credentials process.

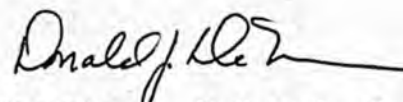
This legislation introduced by Senator Halford will mean increased access for Alaskans to the comprehensive dental services that they deserve. It will also result in reduced future costs for dental health care for individuals as well as for insured state employees.

This legislation will most certainly mean increased access to comprehensive dental health care especially in many of the dental specialty areas. For example, the city of Fairbanks has never had a resident Periodontist. This means that the residents of Fairbanks desiring to have periodontal (gum) treatment must now rely on the part time services of a specialist from Anchorage or may even have to commute to Anchorage for treatment. This is obviously unacceptable since periodontal disease is the most prevalent form of dental disease and left undetected and untreated frequently results in the loss of teeth.

The economic advantages of this legislation are also significant. With increased competition and the evolution of alternative forms of dental health care delivery such as the HMO, the cost of dental care is likely to be reduced. This will be especially important to state employees as they attempt to negotiate for health care benefits in an era when insurance carriers are determined to cut costs.

I urge your support and that of your committee for this important legislation which will provide improved dental health care for Alaskans.

Sincerely,



Donald J. DeNucci, D.D.S.

P.O. Box 230154
Anchorage, AK 99523-0154
5 February 1989

Senator Dick Eliason
Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason,

I am pleased to learn that legislation has been introduced into your committee that will allow the Alaska Board of Dental Examiners to license qualified dentists through the credentials process.

This legislation will surely result in increased access to comprehensive dental health care, as well as reduced future costs for this care, due to increased competition and the evolution of alternative forms of dental health care delivery.

I urge your support for this important legislation which will provide improved dental health care to Alaskans.

Sincerely,



Cynthia P. Thiel, D.D.S.

WILLIAM R. EVANS, D.D.S.

ALPINE DENTAL OFFICES

~~XXXX XXXX~~ 13012 Old Glen Hwy., Ste. 102B
EAGLE RIVER, ALASKA 99577

TELEPHONE (907) 694-5150

March 8, 1989

Senator Dick Eliason, Chairman
Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

The following written testimony is submitted to the committee relative to SB 126, Licensure by Credentials for Dentists.

I am a general dentist licensed by credentials in Alaska in Jan. 1982. I have had a solo practice in Eagle River since September 1982. I also hold a Washington license and graduated from the University of Washington School of Dentistry in 1973. I am a member of the Southcentral (Alaska) Dental Society, Alaska Dental Society, and American Dental Association.

I generally support SB 126 with the exception of paragraph 7 which reads, "is personally interviewed by the board." I would prefer to see general dentists required to present a minimum of three cases to the board, an "oral examination" if you will. These cases should demonstrate procedures most commonly performed by generalists, which include silver amalgam restorations, cast restorations, composite restorations, endodontics, periodontics, and removeable prosthodontics. Pre and post operative radiographs, study models, and kodachrome slides in addition to complete documentation should be presented for evaluation by the board. The candidate should be prepared to defend his treatment plan, choice of restorative material, preparation design, etc.

Objective criteria, such as that developed for clinical examinations, could be developed for evaluation of the procedures performed which would protect the people of the state of Alaska and also the rights of the candidate.

Paragraph 4 of the proposed bill, "is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a dental licensing jurisdiction" could be construed to mean that a history of adverse resolved complaints is not subject to consideration by the board. I certainly think they should be considered, and candidates with a repeated history of performing substandard dentistry should be denied licensure.

WILLIAM R. EVANS, D.D.S.

ALPINE DENTAL OFFICES

~~XXXXXX XXXX~~

13012 Old Glen Hwy., Ste. 102B
EAGLE RIVER, ALASKA 99577

TELEPHONE (907) 684-5150

Senator Eliason

March 8, 1989

page 2

The following additional comments are submitted for the committee's consideration:

1. Much fuss is being made about verifying credentials and disciplinary history regarding credentialling candidates. Isn't an investigation into the background and disciplinary history of all candidates (including examination) of equal importance? If it can't be done for one group are we to assume that it isn't being done for examinees? If it is not being done for examinees, then we must conclude that only the examination results are a valid indicator of future performance. I would submit that a solid track record of five or more years in practice is a better indicator of future performance than is passage of one examination.
2. There is no doubt that since joining WREB, there is a substantial increase in those eligible for licensure in Alaska. Of those eligible, do we know how many are taking it with the intent to practice here, or are eligible strictly incidental to Alaska being a member of the WREB. Many (perhaps most) Alaska dentists came here with the federal services and elected to stay upon release from active duty, resignation, or retirement. At this time, the examination is not given in this state, creating a substantial hardship on those federal dentists wishing to remain here.
3. Few states issue licenses by credentials, and some of those have alleged problems. It would be interesting to see a compilation of what the specific problems are. It is possible they are related to the mechanics of the process, which should not allow unqualified dentists to "slip through the cracks."
4. Specialists are tested on procedures they rarely or never do. If your child was given a geometry final examination for an algebra class, would you not complain to the school? Yet we insist that periodontists, orthodontists, oral and maxillofacial surgeons, and endodontists do fillings in order to practice their specialty.
5. There are only about a dozen credentialled dentists practicing in Alaska now. It should be easy to check us out with peer review, state board, and court records in order to compare performance records. I invite you to do so.

WILLIAM R. EVANS, D.D.S.

ALPINE DENTAL OFFICES

XXXXXX XXXXX
PO BOX 70544

13012 Old Glen Hwy., Ste. 102B

EAGLE RIVER, ALASKA 99577

TELEPHONE (907) 694-5150

Senator Eliason
March 8, 1989
page 3

I appreciate your attention to my comments, and hope you understand that it is not my intent to advocate the sacrifice of quality assurance in the licensing process, but to provide alternative means of licensure while maintaining or even increasing quality assurance. I will be happy to answer any questions the committee may have.

Sincerely,



William R. Evans, DDS

cc: Sen. Halford

Terrence A. Tauschek, DDS
1600 East Tudor Road, Suite 201
Anchorage, Alaska 99507

Senator Jan Faiks
Alaska State Legislature
Senate
Pouch V
Juneau, Alaska 99811
March 15, 1989

RE: Senate Bill 126; An Act Relating to the Board of Dental Examiners

Senator Faiks:

I am writing in regard to SB 126, currently in committee, which has been the subject of one committee hearing.

As a long-time supporter of the credentialing process, and one of your constituents, I have been keenly interested in your response to the questions this bill raises. Quite frankly, I am appalled at the lack of accurate information you appear to have had made available to you.

During the committee hearing on this bill, you referred to the "massacre of patients by credentialed dentists". This inflammatory and unfortunate choice of words is not supported by the facts. Neither the Peer Review committee of the Alaska Dental Society, nor the Alaska Board of Dental Examiners (of which I am a member) has any information regarding any substantial violations by a credentialed dentist. There have been some complaints filed, but the number of complaints is not out of proportion to the number of 'credentialed' dentists in our Alaska dentist population. If you are aware of any specific verifiable problems I ask you to bring them to the attention of the Division of Occupational Licensing for appropriate review and/or action.

In your letter dated March 7, 1989, to Dr. William Evans, which he has given me permission to quote from, you referred to your "knowledge of the death of a dental patient in Alaska while being worked on by a credentialed dentist". I challenge you to provide the name of the patient and dentist involved. No one in the dental community is aware of any such incident. Is it possible that you are referring to Dr. Robert Smith, who did have problems of this nature in the 1960's? If so, you should be aware that Dr. Smith was licensed by examination, not credentials.

It is ^{of} interest to note that the Board of Dental Examiners, in response to the above incident (which related to the use of general anesthesia), developed a permit system for the use of general anesthesia by dentists. The criteria to obtain a permit requires that the applicant provide proof of competency and proficiency in the use of anesthesia, and employs a credentials review in determining if the applicant has adequate training to allow for safe use of general anesthesia. There is no clinical examination performed.

Currently, the Board has proposed regulations in the Attorney General's office which would require a permit for the use of intravenous sedation, a newer pain and anxiety control modality. These regulations also require a review of credentials to determine if the applicant dentist has sufficient training to allow safe use of intravenous sedation. Again, there is no clinical examination requirement.

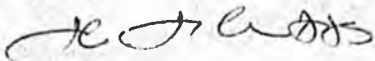
Much has been made of the fact that potential candidates for licensure by credentials are not subject to an adequate background check. While this could be an area of concern, you should also be aware that the WREB does not, and cannot, provide any background information on WREB examined candidates. The State relies on the information provided by the candidate, and information found in the data bank operated by the American Association of Dental Examiners. The Board is hopeful that we will have access to better and more complete information once the Federal health care provider data bank is in operation.

Those of us who support the credentialing process expect that the Board will be empowered and required to do a more thorough background search than is currently done on WREB examined dentists. We expect that this procedure will take longer than the licensing-by-examination method. My preference would be a time of six to twelve months. And we expect the credentials applicant to bear the cost, not the Division of Occupational Licensing.

As you can see, this issue involves many facets. It certainly is deserving of more than an emotional gut-level response triggered by inaccurate information and innuendo. I appeal to you to spend some time with the information that the committee will have before it. Many dentists are supportive of the

credentialing procedure, and have invested much of their time in preparing letters and information to keep you accurately informed. Please approach their work, and this issue, with an open mind.

Thank you.



Terrence A. Tauschek, DDS

cc: Senator Eliason, Chairman
Labor and Commerce Committee

Senator Halford

Terrence A. Tauschek, DDS
1600 East Tudor Rd., Suite 201
Anchorage, Alaska 99507

Senator Dick Eliason, Chairman
Labor and Commerce Committee
Alaska State Legislature
Senate
Pouch V
Juneau, Alaska 99811
March 15, 1989

RE:Senate Bill 124; An Act Relating to the Board of Dental Examiners

Senator Eliason and
Committee Members:

I wish to address aspects of the issues this bill raises; specifically, the matter of credentialing dentists as a means of providing an Alaska Dental license.

I am a 16 year resident of Alaska, a dentist in family practice, licensed by examination in 1974. I am currently a member of the Board of Dental Examiners, appointed in October of 1987. Since moving to Alaska, I have continuously practiced dentistry; first as an itinerant dentist for the Indian Health Service, traveling extensively in the Kodiak Island, Bristol Bay and Iliamna regions; and secondly, since 1975, in private practice in Anchorage. I continue to practice in Anchorage, and am also under contract with the Indian Health Service for two Native villages near Iliamna. I am a member of the local, state, and national dental associations, and served the Alaska Dental Society as chairman of its Peer Review Committee from 1979 to 1984. I am currently an examiner for the Western Region Examining Board (WREB). Prior to my Board appointment I served as a consultant to the Board, and as an examiner for the Board, and have been qualified as an expert witness in the United States District Court, Alaska Superior Court, and Anchorage Municipal Courts. In addition, I have practiced in two other states. I believe this experience provides me with a unique insight into dental practice. This experience, particularly that received while chairman of the Peer Review Committee has allowed me to make several observations and reach some conclusions.

The WREB examination that we now have is an excellent tool for evaluating clinical competence of new dentists entering the profession. It is comprehensive and appears to be fair and objective. It is a vast improvement

over the Board exams conducted by the Alaska Board in prior years, and my predecessors on the Board are to be complimented for joining this respected regional Board.

While the WREB, or any other Board, may be a good indicator of basic clinical competence, it does not, and cannot, predict the quality of services any dentist will provide. Nor can it give any indication of the practitioner's daily conduct, personal ethics, billing practices, or life-style which may be conducive to practice problems. Only the dentist's established practice habits can give a reliable indication of what is actually done on a daily basis.

For example, during my tenure as Peer Review chairman, a significant portion of the complaints we received were related to billing practices, fee disputes, patient-Doctor relations, insurance problems, or communication issues. A smaller portion of the complaints we received were related to the quality of care, and all the dentists involved were licensed by examination. Interestingly enough, the surveillance and enforcement system of the Division of Occupational Licensing identified those dentists who were (or are) chronic offenders, and investigated them for appropriate action. I believe this enforcement process is more effective now than in earlier years, and am confident that it will continue to serve as an effective tool.

Those who argue against credentialing believe a Board examination will "keep these offenders out of Alaska". My experience is to the contrary--it fails to keep out the unethical or undesirable dentist who may be skilled clinically, but fails to live up to minimum ethical or practice standards once in possession of a license. I believe past performance is a better way to judge future performance.

Those arguing against credentialing also claim that we have no means of looking into past practice histories. I believe the American Association of Dental Examiners data bank, the new Federal data bank, reports from state and local dental societies, hospitals, insurance companies, and other entities can provide adequate background information.

Those arguing against credentialing also state that there are no adequate guidelines to judge a credentialing applicant by. This argument is invalid: The American Dental Association, which has studied the credentialing issue for years, has a list of recommended criteria which could serve as an excellent reference. In addition, we could look to other states which use credentialing for guidance.

Those arguing against credentialing as unnecessary because of our WREB affiliation are overlooking a serious problem. It is true that the pool of eligible applicants is much larger now than in previous years and will continue to grow. However, we must recognize that most of these dentists will be practicing in other WREB states and have no intention of coming to Alaska. We are now in the position of discriminating against resident Alaska dentists who may be here by virtue of their Federal service, or who are not fortunate enough to attend one of the four WREB examination-site schools. Many current

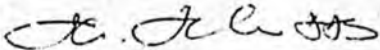
Alaska dentists started here with the Federal services--indeed all of the current Board dentists came to Alaska this way. Is it reasonable or fair to require an Alaska resident to travel, at significant expense, to Oregon or California or Nebraska with equipment and (possibly) patients for the purposes of determining basic competency? Or is there another way?

Dental specialty practitioners (surgeons, periodontists, endodontists, etc.) pose another predicament. The Board is in the position of contradicting itself: current regulations require passage of the WREB, a test of generalist procedures; then the Board grants a specialist license based on a review of the applicant's education and training. In other words, the specialists are credentialed. Are we to continue to test these Doctors in generalist's procedures knowing they will rarely, if ever, use them, or is it more reasonable to expect that their additional education, experience, and effort are sufficient testimonial to their capabilities? Since we already accept the applicants credentials in his/her specialty, doesn't requiring passage of the WREB constitute one more obstacle in that dentist's career?

In the event you choose to act favorably, I would ask only that you provide the Board with adequate time to develop good evaluation criteria, and that there be significant time period (6-12 months) from application to granting of licensure. This would allow sufficient time to perform adequate background checks and identify any dental practitioner who may be moving in anticipation of adverse license action in their home state.

It is obvious, of course, that I believe that credentialing is a valid tool which could be of benefit to Alaska and Alaska dentists. It is my hope that you will act favorably on this bill.

Thank you.



Terrence A. Tauschek, DDS

cc: Senator Halford
Senator Faiks

8030 Little Dipper Avenue
Anchorage, AK 99504
February 5, 1989

Shilo

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

I'm a Red Cross Volunteer supporting the Elmendorf Air Force Base Dental Clinic as a dental assistant.

I am writing in reference to and in support of legislation #126. I would like to take a moment and express the positive results this legislation will have upon Alaska as a people with your yes vote.

Speaking as a dental patient, I find with so few dental clinics available, high quality dental care is limited, not to mention average dental maintenance is not affordable. This in turn causes the average patient to wait until their conditions have become chronic. Unfortunately at this point it becomes extremely expensive and painful. What about the patient who requires specialty care? In some areas of the state this is not available, making it necessary for the patient to pay a large expense and travel great distances to acquire the care needed. With this legislation in effect the quality of services provided will improve due to the increased dental competition. This competition will also reflect on a price decrease, making dental care more affordable for Alaskans and will encourage a wide range of Board qualified dentists from general practice to specialists to make Alaska their home.

As a dental assistant who will shortly be in the job market, I'm concerned about the limited job opportunities available in this field. With your yes vote, you have created jobs not only for the assistants, but secretaries, hygienists, and maintenance.

Legislation provides excellent opportunity for the Alaskan employer to secure a quality medical and dental insurance plan for employees at reduced rates. Due to the increase of dental providers the employers and employees will now have a choice of several different plans to incorporate into their businesses.

I have worked with a wonderful dentist here at Elmendorf who would greatly benefit from this legislation. Not only do their credentials state their qualifications but their work and chairside manner show their talent and ability. To have such professionals practicing in Alaska would be a credit to Alaska and its residents.

In conclusion, the beneficiaries of this legislation are the patients, the employed, the employer and employees, the dentist, and Alaska. Maybe it would be best said "We The People".

Sincerely,

Sandra L. Pilgrim

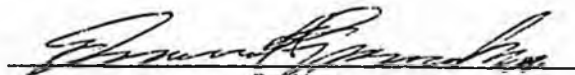
Sandra L. Pilgrim



WESTERN REGIONAL EXAMINING BOARD

*This is to certify that JASON MICHAEL RAMPTON
has successfully completed an examination in clinical proficiency in Dentistry given by
the Western Regional Examining Board on March 24-26, 1985
and is issued this certificate as verification of that proficiency to Western Regional
Examining Board member states. This certificate is valid, only for that period of time
prescribed by the member states in their laws or rules, from the date of the
examination. This does not constitute licensure.*

Signed and seal affixed
this 8th day of
April A.D.
19 85


President


9711 Takli Circle
Eagle River, AK 99577
February 16, 1989

Senator Dick Eliason
P. O. Box V
Juneau, AK 99811

Dear Senator Eliason:

On ⁹~~15~~ Feb 89, I gave testimony to the Senate Labor and Commerce Committee supporting Senate Bill 126 concerning dental licensure. Four days later, I submitted an application for a dental license. Included with my application was a notarized copy of the certificate that was awarded to me when I passed the Western Regional Dental Board Exam in March 1985. (Please note the enclosed copy of this document.) Under the present regulations of the Alaska State Board of Dental Examiners, I am not eligible for licensure. I need your help in this matter. I think it is obvious to everyone that the regulations adopted by the Alaska Board of Dental Examiners are superceding the intent of the law. Please, support us in restoring some sanity to the licensure process by adopting Senate Bill 126.

Sincerely,


Dr. Jason M. Rampton



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021
(602) 944-3315

Clinical Examinations in Dentistry

Member States

ALASKA
ARIZONA
IDAHO
MONTANA
NEW MEXICO
UTAH

March 15, 1989

Teresa Maser
Senator Rick Halford's office
P.O. Box V
Juneau, Alaska 99811

Dear Ms. Maser:

I am sending the exam requirements from the dental application for 1984 to 1988. 1984 is the latest date for which the information is readily available. This information will let the committee know what procedures were required on the exam. I would like to reiterate, however, that there are numerous other factors involved in "comparability" of exams that are not included in this information, such as exact patient requirements, examiner criteria, examiners involved, content on written exams, etc. All of these variables have changed over the years and are obviously more difficult to assess than exam procedures.

Sincerely,

Linda Paul
Executive Administrator

RECEIVED
MAR 20 1989
OFFICE OF
SENATOR RICK HALFORD

1988

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you prior to the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be a two surface inlay (proximal), MOD onlay, 3/4 crown or 7/8 crown. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. You will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures and partials set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. There will be an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, and study models. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof of graduation. If for some reason, the candidate does not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam the certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE W.R.E.B. ARE: Alaska, Arizona, Idaho, Montana, New Mexico and Utah.

1987

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown or 7/8 crown. An inlay will not be acceptable. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. You will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures and partials set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. There will be an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, study models and x-rays. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof. If for some reason, the candidate does not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam the certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements. The minimum length is three (3) years.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana, and Idaho.

1986

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown or 7/8 crown. An inlay will not be acceptable. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. Any tooth is acceptable, but you will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, study models and x-rays. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof. If for some reason, you do not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements. The minimum length is three (3) years.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana, and Idaho.



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021

(602) 944-3315

Clinical Examinations in Dentistry

1985

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown, or a 7/8 crown.

An inlay will not be acceptable. There will be a perio section on the exam which will involve diagnosis and treatment. The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. Any tooth is acceptable, but you will only be required to treat one canal of a multicanaled tooth. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. For the amalgam, cast gold and perio exams, you will provide your own patient(s). For the endodontic treatment, you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof of malpractice 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take time so apply early to avoid problems.

You will note in Section II on the application that you are required to have completed all requirements for graduation before you will be allowed to take the exam. The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides us with proof. If for some reason, you do not graduate when anticipated, the exam will be invalid.

If you are unable to attend the examination, you may receive one-half of your fee in refund, if you notify this office in writing, within two weeks after the date of the examination. To reapply, you must submit a new application and pay the full fee. NO EXCEPTIONS.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana and Idaho.

UTAH
ARIZONA
MONTANA
IDAHO



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021
(602) 944-3315

Clinical Examinations in Dentistry

1984

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which will be your choice of a Class II inlay, onlay or 3/4 crown. There will be a perio section on the exam which will involve diagnosis and treatment. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. For the amalgam, cast gold and perio exams, you will provide your own patient(s).

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof of malpractice before the exam. You may consult Poe & Associates 813/228-7361. This can take time so apply early to avoid problems.

You will note in Section II on the application that you are required to have completed all requirements for graduation before you will be allowed to take the exam. The Board has ruled that a graduating senior may take the exam with certification from the dean. Exam results will be held until the candidate graduates and provides us with proof. If for some reason, you did not graduate when anticipated, the exam will be invalid.

If you are unable to attend the examination, you may receive one-half of your fee in refund, if you notify this office in writing, within two weeks after the date of the examination. To reapply, you must submit a new application and pay the full fee. NO EXCEPTIONS.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE WREB ARE: Arizona, Utah, Montana and Idaho.

9711 Takli Circle
Eagle River, AK 99577
March 31, 1989

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811


Dear Senator Eliason:

About six weeks ago, I submitted an application for dental licensure. I have passed the Western Regional Dental Exam, but my application for licensure was rejected. (Please see the attached letter).

Senate Bill 126 has been stalled in the Senate Labor and Commerce Committee. It appears as though Senator Faiks has been very successful at slowing down the movement of this bill out of committee. Please don't allow this to happen. The Dental Board has been allowed to reign without justice shown to those dentists who desire so much to obtain licensure thru the credentials process. I love this beautiful state and I would like to practice here. Those who oppose Senate Bill 126 want to limit their competition. They are protectionists in the truest sense.

Please schedule a vote on this bill so that it can be moved out of committee. It is simply a matter of conscience. I think you realize that by now.

Sincerely,

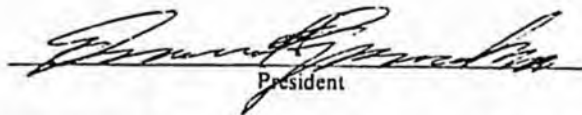

Dr. Jason M. Rampton



WESTERN REGIONAL EXAMINING BOARD

*This is to certify that JASON MICHAEL RAMPTON
has successfully completed an examination in clinical proficiency in Dentistry given by
the Western Regional Examining Board on "March 24-26, 1985
and is issued this certificate as verification of that proficiency to Western Regional
Examining Board member states. This certificate is valid, only for that period of time
prescribed by the member states in their laws or rules, from the date of the
examination. This does not constitute licensure.*

Signed and seal affixed
this 8th day of
April A.D.
19 85


President

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

STEVE COWPER, GOVERNOR

P.O. BOX D-LIC
JUNEAU, ALASKA 99811-0800
PHONE: (907) 465-2534

March 15, 1989

Jason M. Rampton, D.M.D.
9711 Takli Circle
Eagle River, AK 99577

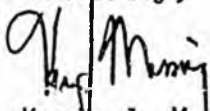
Dear Dr. Rampton:

This office is in receipt of your application for dental licensure in the State of Alaska.

The Board of Dental Examiners only accepts the results from the Western Regional Examining Board (WREB) examination as of its March 1987 examination. Since you sat for the examination in March 1985, you cannot fulfill the clinical examination requirement without retaking the WREB examination.

If you have any questions, or need further assistance, please contact this office.

Sincerely,



Kevin J. Messing
Licensing Examiner

KJM/mst9522m
031589a

Stephen C. Boesch, D.D.S.
7037 Madelynne Way
Anchorage, Alaska 99504
February 4, 1989

Senator Dick Eliason
Senate Labor and Commerce Committee
P.O. Box V
Juneau, Alaska 99811

Dear Senator Eliason,

As an Alaska resident and practicing military dentist licensed in Colorado, I want to communicate my support for Senator Halford's proposed legislation permitting the Alaska Board of Dental Examiners to license qualified dentists via the credentials process.

This bill will preclude the "protectionism" aspect of the state dental examination, and allow qualified dentists who have already passed equivalent examinations elsewhere to practice dentistry in Alaska upon presentation of their credentials and approval by the Dental Board. High quality dental care is not a state standard, but a national standard. If the existing requirements for licensing were of real value in assuring quality, they would be in use by the Medical and Nursing Boards.

Removal of licensing obstacles will mean increased access for Alaskans to comprehensive dental care and reduced dental care costs as competition increases. The legislation proposed by Senator Halford will allow residents in remote and secluded areas of the state to receive the routine, quality dental treatment many of us take for granted.

I request your support for this important legislation.

Sincerely,



Major Stephen C. Boesch, D.D.S.

Stephen C. Boesch, D.D.S.
7037 Madelynnne Way
Anchorage, Alaska 99504
April 2, 1989

Senator Dick Eliason
Senate Labor and Commerce Committee
P.O. Box V
Juneau, Alaska 99811

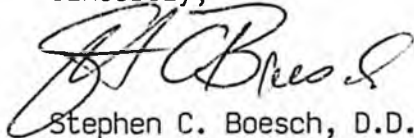
Dear Senator Eliason,

I just finished listening to three hours of testimony before the Labor and Commerce Committee concerning dental licensure by credentials. The tapes were graciously provided by your office. Thank you for allowing me to hear first hand the arguments for and against Senate Bill 126.

It is my understanding a committee vote was due March 21, 1989, but no action has been forthcoming. I urge you to get this bill out of committee and on to the Senate and House. All parties involved in this issue have expended an enormous amount of time and energy. It would be inexcusable to allow the bill to mold on the shelf another year without a vote.

I know we are all preoccupied at the moment with the tragedy at Valdez. However, Bill 126 needs a committee vote now. As Chairman of the Labor and Commerce Committee, you can do the job.

Sincerely,

A handwritten signature in cursive script, appearing to read "S. C. Boesch".

Stephen C. Boesch, D.D.S.

To: Alaska State Senate and House of Representatives

During the past session of 1989 Senator Rick Halford introduced SB 126 which would allow qualified dentists to obtain dental licensure in Alaska based on credentials. This legislation is consistent with the written policies of the American Dental Association, however, the Alaska State Dental Society has strongly opposed the bill. The State Dental Society, with the support of a paid lobbyist, have been very successful at stalling this important legislation. Therefore, we the undersigned dentists, wish to make our views known to you as an Alaskan Legislator.

1. We support the prompt passage of SB 126 and urge you to do the same.
2. The State Dental Board has adopted a regulation (not to allow licensure by credentials) which is contrary to the intent of the current law.
3. The appearance is that the State Dental Society is protecting their turf. They clearly do not want competition.
4. Increased competition will result in an overall reduction in the high price of dentistry in Alaska.
5. Alaskans will be best served by increasing the availability of dentists and dental specialists.

If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr Richard A. Criffenden, Eagle River

Dr Jason Rampton, Eagle River

Dr Gary J. Golden, Anchorage

Dr. Philip C. Bauer, Eagle River

Mr Dale A. Stutte, Anchorage

Dr. Stephen C. Boock, Anchorage

Dr. Ronald W. Eng, Anchorage

Dr. Theodore C. Amundson, Anchorage

Dr. David J. Hentges, Anchorage

Dr. Robert A. Lewis, Anchorage

ALASKA LICENSURE
(AA 641)

To: Alaska State Senate and House of Representatives

During the past session of 1989 Senator Rick Halford introduced SB 126 which would allow qualified dentists to obtain dental licensure in Alaska based on credentials. This legislation is consistent with the written policies of the American Dental Association, however, the Alaska State Dental Society has strongly opposed the bill. The State Dental Society, with the support of a paid lobbyist, have been very successful at stalling this important legislation. Therefore, we the undersigned dentists, wish to make our views known to you as an Alaskan Legislator.

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5. Alaskans will be best served by increasing the availability of dentists and dental specialists.

If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr. ~~Walter H. Martala~~, Anchorage (Perdentist)
 Mr. Dennis A. Merri, Anchorage
 Dr. William J. Rome, Eagle River
 Dr. John H. Mead, Anchorage
 Dr. John J. Samundson Anchorage
 Dr. Scott E. Sanden, Anchorage
 Dr. Cyot P. Tait, Anchorage
 Dr. Barry W. Wyzman, Anchorage

(Alaska Licensure)
 AA-661

To: Alaska State Senate and House of Representatives

During the past session of 1989 Senator Rick Halford introduced SB 126 which would allow qualified dentists to obtain dental licensure in Alaska based on credentials. This legislation is consistent with the written policies of the American Dental Association, however, the Alaska State Dental Society has strongly opposed the bill. The State Dental Society, with the support of a paid lobbyist, have been very successful at stalling this important legislation. Therefore, we the undersigned dentists, wish to make our views known to you as an Alaskan Legislator.

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3. The appearance is that the State Dental Society is protecting their turf. They clearly do not want competition.
4. Increased competition will result in an overall reduction in the high price of dentistry in Alaska.
5. Alaskans will be best served by increasing the availability of dentists and dental specialists.

If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr. Donald J. McKee, Anchorage | Dr. Philip J. Klump DDS, FT. Richardson
 Dr. William E. Amshorn, ANCHORAGE | Dr. Robert S. Matteson, Ft. Richardson
 Dr. Paul E. Melange, FT. RICHARDSON | Anchorage, AK
 Dr. William H. Hull, Eagle River | Eagle River
 Edmund A. Tyni, DDS - Ft. Richardson, AK
 Richard W. [unclear] DMD, FT. RICHARDSON, AK
 [unclear] D.D.S., Eagle River, AK
 [unclear] DDS, Eagle River, AK
 [unclear] DMD, Ft. Richardson, AK

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Thomas H. Kerkelides DDS Chugiak, Alaska
Janne Aasen DDS Anchorage
James C. Singleton DDS Anchorage.
John L. Prager DDS Anchorage (Licensed in Alaska)
Chapman L. DDS Anch, AK
George Hand, MS, Anchorage, AK

Rebecca V. Neslund, D.M.D.
Staff Dentist
(907) 543-3711 Ext. 137

SENATOR DICK ELIASON
ALASKA STATE LEGISLATURE
P.O. BOX V
JUNEAU, ALASKA 99811



"Fostering Native Self Determination in
Primary Care, Prevention and Health Promotion"

Yukon-Kuskokwim
Health Corporation
P.O. Box 528 Bethel, Alaska 99559

Dear Senator Eliason,

I am writing with respect to CSSB 126 Dental Licensure Without Examination. I am currently a dentist in Bethel, Alaska and the Director of the Dental Disease Prevention Program for the Yukon Kuskokwim Delta. I work for the Indian Health Service. I am a member of the Alaska Dental Society.

I was born in Alaska, but received my training in dentistry in Pennsylvania where my parents now reside. Upon graduation from dental school, my intent was to return to Alaska to practice dentistry. I passed the North East Regional Board Exam and was licensed in the state of Pennsylvania. However, to be able to practice in Alaska it is required that I take the Western Regional Board Exam. The expense of taking this exam is extraordinary. It is a practical exam where 4 patients are needed to perform the required skills on which I would be evaluated. To transport patients to the West Coast, pay for their lodging and food, in addition to the expenses incurred by my travel, equipment, exam fees, and other associated expenses made this impossible. Even at this time, being a dentist in Bethel, Alaska, the expense of taking this exam to receive my Alaska licence is one I cannot afford. It appears to me that this exam is not a measure of one's skills, but instead a vehicle of limiting the number of dentists in Alaska.

The Alaska Dental Society states that the main reason they do not support CSSB 126 is because they cannot "assure that the citizens of Alaska receive dental treatment by competent dentists" ("Alaska Update", Published by the Alaska Dental Society, April 1989) with Dental Licensure without Examination.

Being a Federal employee, already my Prevention Program impacts 18,000 people in the Yukon Kuskokwim Delta. I perform comprehensive dentistry on the population daily. I am under the constant review of my peers in our 10 dentist clinic and I am evaluated in all aspects of dentistry on a yearly basis due to Federal regulations. I pose no threat to the high standards of dentistry in Alaska and I believe it is unfair to pay thousands of dollars just to become a member of the Alaskan Licensed Dentists.

Please support CSSB 126. Thank you.

Sincerely,

Rebecca V. Neslund, D.M.D.

Sheila

JANUARY 11, 1990



SENATOR DICK ELIASON
P.O. Box V
JUNEAU, AK 99811

DEAR SENATOR ELIASON:

THE SENATE RULES COMMITTEE WILL SOON SCHEDULE A SENATE VOTE FOR SB 126 SPONSORED BY SENATOR HALFORD. THE BILL WOULD ALLOW QUALIFIED DENTISTS TO OBTAIN "LICENSURE BY CREDENTIALS". THE BILL OUTLINES THE EXACT CRITERIA AND QUALIFICATIONS REQUIRED BY A LICENSURE APPLICANT, INCLUDING IN-DEPTH BACKGROUND CHECKS. THIS METHOD OF LICENSURE IS CURRENTLY USED TO LICENSE VIRTUALLY ALL OTHER HEALTH PROFESSIONALS IN ALASKA. I FIND IT DISTURBING THAT DENTISTRY IS CURRENTLY THE ONLY HEALTH PROFESSION THAT DOES NOT PROVIDE THIS MECHANISM FOR LICENSURE.

THE LEADERSHIP OF THE ALASKA DENTAL SOCIETY HAS OPPOSED THIS MECHANISM OF LICENSURE FROM THE BEGINNING. THEY ARE CLEARLY PROTECTING THEIR TURF. THE STATE DENTAL BOARD HAS BEEN DIRECTED (VIA LETTERS OF INTENT FROM BOTH THE HOUSE AND THE SENATE) TO DEVELOP PROCEDURES TO LICENSE DENTISTS BY CREDENTIALS. UP TO NOW, THE DENTAL BOARD HAS FAILED TO COMPLY WITH THESE LETTERS OF INTENT. TO THOSE OF US WHO HAVE BEEN DENIED LICENSURE, IT IS VERY OBVIOUS THAT THERE IS A HIGH DEGREE OF PROTECTIONISM PROGRAMMED INTO THE EXISTING LICENSURE SYSTEM.

TO SHOW YOU THAT THERE IS A BROAD BASE OF DENTISTS WHO SUPPORT THIS BILL, WE HAVE CIRCULATED A LETTER OF PETITION TO OUR DENTAL COLLEAGUES ACROSS THE STATE. WE HAVE COLLECTED OVER 120 SIGNATURES. THESE ARE AVAILABLE FOR YOUR INSPECTION IN SENATOR HALFORD'S OFFICE. THERE IS AN ATTACHMENT TO THIS LETTER WHICH CONTAINS THE WORDING USED IN THIS PETITION.

FOR THESE REASONS AND MANY OTHERS I STRONGLY URGE YOU TO VOTE TO PASS SB 126. THIS WOULD INCREASE THE AVAILABILITY OF DENTISTS TO ALL ALASKANS.

SINCERELY,

Jason Rampton
DR. JASON M. RAMPTON
9711 TAKLI CIRCLE
EAGLE RIVER, AK 99577

ATTCH: 1

TO: ALASKA STATE SENATE AND HOUSE OF REPRESENTATIVES

DURING THE PAST SESSION OF 1989 SENATOR RICK HALFORD INTRODUCED SB 126 WHICH WOULD ALLOW QUALIFIED DENTISTS TO OBTAIN DENTAL LICENSURE IN ALASKA BASED ON CREDENTIALS. THIS LEGISLATION IS CONSISTENT WITH THE WRITTEN POLICIES OF THE AMERICAN DENTAL ASSOCIATION, HOWEVER, THE ALASKA STATE DENTAL SOCIETY HAS STRONGLY OPPOSED THE BILL. THE STATE DENTAL SOCIETY, WITH THE SUPPORT OF A PAID LOBBYIST, HAVE BEEN VERY SUCCESSFUL AT STALLING THIS IMPORTANT LEGISLATION. THEREFORE, WE THE UNDERSIGNED DENTISTS, WISH TO MAKE OUR VIEWS KNOWN TO YOU AS AN ALASKAN LEGISLATOR.

1. WE SUPPORT THE PROMPT PASSAGE OF SB 126 AND URGE YOU TO DO THE SAME.
2. THE STATE DENTAL BOARD HAS ADOPTED A REGULATION (NOT TO ALLOW LICENSURE BY CREDENTIALS) WHICH IS CONTRARY TO THE INTENT OF THE CURRENT LAW.
3. THE APPEARANCE IS THAT THE STATE DENTAL SOCIETY IS PROTECTING THEIR TURF. THEY CLEARLY DO NOT WANT COMPETITION.
4. INCREASED COMPETITION WILL RESULT IN AN OVERALL REDUCTION IN THE HIGH PRICE OF DENTISTRY IN ALASKA.
5. ALASKANS WILL BE BEST SERVED BY INCREASING THE AVAILABILITY OF DENTISTS AND DENTAL SPECIALISTS.

IF YOU HAVE ANY QUESTIONS OR INPUT INTO THIS IMPORTANT LEGISLATION PLEASE CONTACT THERESA MASER IN THE OFFICE OF SENATOR RICK HALFORD.

SINCERELY,

*Over 120 Alaskan dentists
have signed this petition.*

OVER 120 ALASKAN DENTISTS HAVE SIGNED THIS PETITION. MORE SIGNATURES ARE COMING IN DAILY. THE BREAKDOWN OF THE GEOGRAPHIC LOCATION OF THE DENTISTS WHO HAVE SIGNED THIS PETITION IS AS FOLLOWS:

ADAK-4

ANCHORAGE-40

BETHEL-11

CHUGIAK-1

DILLINGHAM-1

EAGLE RIVER-13

FAIRBANKS-32

JUNEAU-2

KETCHIKAN-2

KODIAK-3

KOTZEBUE-3

METLAKATLA-1

NOME-4

SITKA-1

WASILLA-3

April 28, 1989

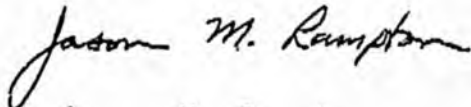
Senate Labor and Commerce Committee
P. O. Box V
Juneau, AK 99811

Dear Senators,

The Alaska Dental Society has portrayed the dentists who seek licensure by credentials as untested practitioners with unproven skills and questionable qualifications.

The real issue involved is SB126 is discrimination against a group of dentists who possess irrefutable, verifiable gold-plated credentials. None of us would ever suggest that licensure should be granted without unquestionable qualifications. But, by the same token, if a long term history of ethical practice coupled with irrefutable qualifications can be proven, then, and only then, should a practitioner be granted licensure by credentials.

Sincerely,



Dr. Jason M. Rampton

To: Alaska State Senate and House of Representatives

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If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr Richard A Griffiths, Eagle River

Dr Jason Rampton, Eagle River

Dr Gary J Golden, Anchorage

Dr Philip C. Gaus, Eagle River

Mr Dale A. Stutte, Anchorage

Dr Seth C. Borch, Anchorage

Dr Ronald W Eng, Anchorage

Dr Theodore C. Amundson, Anchorage

Dr David B. Matthews, Anchorage

Dr Robert A. Lewis, Anchorage

*ALASKA LICENSURE
(AA 641)*

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Sincerely,

Dr. Haron H. Martala, Anchorage (periodontist)

Mr. Dennis A. Greer, Anchorage

Dr. William J. Rome, Eagle River

Dr. John H. Mead, Anchorage

Dr. John J. Sammelan Anchorage

*(Alaska Licensure)
H H - 661*

Dr. Scott E. Sand, Anchorage

Dr. Cyndi P. Todd, Anchorage

Dr. Barry M. Wyzman, Anchorage

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Sincerely,

Dr. Donald J. Orsini, Anchorage | Dr. Philip J. Klump DDS, FT. Richardson
 Dr. William E. Amshery, ANCHORAGE | Dr. Robert S. Matthews, Ft. Richardson
 Dr. Paul E. McLaughlin, FORT RICHARDSON | (Anchorage) Anchorage, AK
 Dr. William H. Hull, Eagle River | Eagle River
 Edwin A. Tully DDS Ft. Richardson, AK
 Richard W. [Signature] DMD FORT RICHARDSON, AK
 [Signature] D.D.S. Eagle River, AK
 [Signature] DDS Eagle River, AK
 [Signature] DMD Ft. Richardson, AK

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Thomas Kavalakos DDS Chugiak, Alaska
Janice Areson DDS Anchorage
James C. Singleton DDS Anchorage.

Jolyn L. Prager DDS Anchorage (Licensed in Alaska)
The People DDS Anch, AK
George Ford, MS, Anchorage, AK

Anchorage & Eagle River

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Sincerely,

Thomas S. Bennett DDS Anchorage, AK
James Cottrell D.D.S. ANCHORAGE AK
O. Lynn Rommige D.D.S. Eagle River, AK
Steph W. Cline D.M.D. EAGLE RIVER, AK
Michael A. Majchewicz D.M.D., Eagle River
J. Bennett DDS Anchorage, AK

Anchorage to Eagle River

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Sincerely,

Dr. Larry J. Millikan

Dr. Donald DeLuca, Anchorage | Dr. Philip Klump DDS, Ft. Richardson, AK
 Dr. William E. Anshury, ANCHORAGE | Dr. Robert S. Matthews, Ft. Richardson, AK
 Dr. Paul E. M. Stenberg, FORT RICHARDSON | (Anchorage)
 Dr. William J. Hall, Eagle River | Eagle River AK
 Edum A. T. ... DDS Ft. Richardson, AK
 Robert W. ... DMD FORT RICHARDSON, AK
 ... D.D.S. Eagle River, AK
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Dr Jason Rampton, Eagle River

Dr Gary J. Golden, Anchorage

Dr. Philip C. Gaur, Eagle River

Mr Dale G. Muttie, Anchorage

Dr. Steve C. Bess, Anchorage

Dr. Ronald W. Eng, Anchorage

Dr. Theodore C. Conzant, Anchorage

Dr. David J. Matthews, Anchorage

Dr. Robert A. Craig, Anchorage

ALASKA LICENSURE
(AA 641)

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Sincerely,

Dr. Warren H. Marttala, Anchorage (president)
Mr. Dennis A. Greer, Anchorage
Dr. William J. Rome, Eagle River
Dr. John H. Mead, Anchorage
Dr. John J. Samuelsen, Anchorage (Alaska Licensure) AA-661
Dr. Stuart E. Sanku, Anchorage
Dr. Cynthia P. Teal, Anchorage
Dr. Barry M. Wyzman, Anchorage
Dr. Derrick M. Kuehler, Anchorage
Dr. Stephen J. Meador, Eagle River
Dr. Kim E. Horvath, Anchorage

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Chris Spangler DDS Anch, AK

George Fink, DDS, Anchorage, AK

James M. Jones MD Eagle River

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Anchorage

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David A. Jones DDS
Robert J. Feller DDS

ADAK

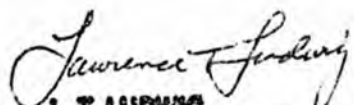
To: Alaska State Senate and House of Representatives

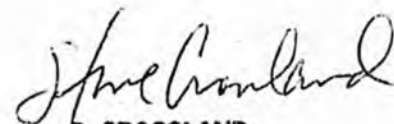
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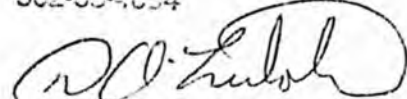
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Sincerely,


L. T. LUDWIG
CDR, DC, USN
396-46-1681
Branch Dental Clinic
Aleka, AK 98791


S. CROSSLAND
LT, DC, USNR
250-23-0022


LT W.G. WINKER, DC, USNR


N. ANNESAND, DC, USNR
502-66-4084

Bethel

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Sincerely,

Katherine Long-Roth, DDS
Bethel, AK

Rebecca Westlund DMD
Bethel, Alaska

John A. Savage DMD
Bethel, AK

David Verbeine, DDS
David Verbeine

Bethel, Alaska
Rick Halford, MD

Dillingham

To: Alaska State Senate and House of Representatives

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5. Alaskans will be best served by increasing the availability of dentists and dental specialists.

If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

A handwritten signature in cursive script that reads "John Belknap DDS". The signature is written in dark ink and is located in the lower right quadrant of the page.

Fairbanks

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Sincerely,

William E. Davis DMD
Fred J. Nolan, Jr. DDS, MS.
David R. Backus D.D.S., R.P.H.
Wann S. O. D.D.S.
William R. Buhl D.D.S.
Joseph J. Butarich D.D.S.
Larry J. Varrus D.D.S.
Michael O. Smith DDS
Cala Anne Beechie, M.S.
Steven Whitney RPH

Ron. G. Fisher DDS
Lester C. Miller DDS.
Alan R. Deubner DDS AA #603
Douglas A. Boyer DDS
Frank J. Foran DDS
James J. Halverson DMD

Fairbanks

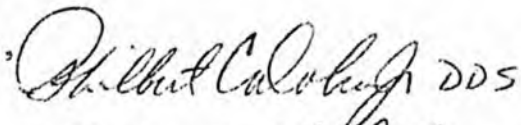


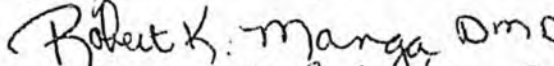



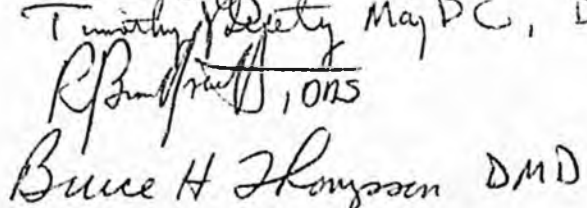
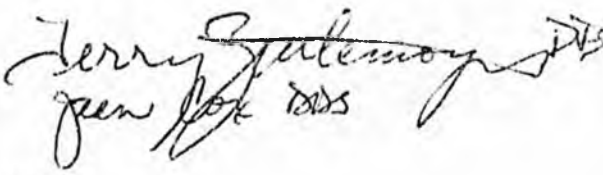
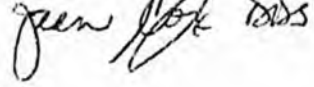
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 Philbert Calobuck DDS
 Fred P. Shulski DMD
 Robert M. Ellsworth DMD
 Robert K. Manga DMD
 Lillian M. Infantes DDS
 Michael Porcin A. DDS
 Timothy Deputy May DC, DDS
 Bruce H. Thompson DMD
 Jerry Guttenoy DDS
 Jen Fox DDS

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DAVID MIKITKA DDS.

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Sincerely,

Dr. Duane A. Soule

Dr. N. Whitney James, D.D.S.

Ketchikan

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Sincerely,

Kevin C. Craig DDS

James E. Jordan DDS

Kodiak

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Sincerely,

Randall B. Magberry, DDS / RB Magberry / HCR 1116 Sawmill Circle / Kodiak, AK 99615

Powell B Trotter, DDS. PB Trotter 1214 MADSEN, KODIAK 99615

Clifford D Green DDS CD Green 125 Seabreeze Circle
Kodiak AK 99615

Kotzebue

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Sincerely,

Peter M. Preston, DDS

Peter Preston DDS

Chief Dental Officer

Manilaq Medical Center

Kotzebue, AK 99752

Thomas H. Knox D.M.D.

Thomas H. Knox D.M.D.

STAFF DENTAL OFFICER

Manilaq Medical Center

Kotzebue AK, 99752

Metlakatla

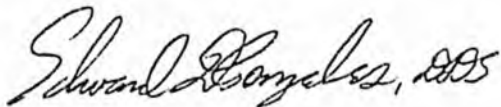
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U.S. PUBLIC HEALTH SERVICE

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Sincerely,

Mark W. Kelso, D.D.S.

Section 7 must be eliminated. If the clinical exam is flawed, then why make failure of the exam a reason for exclusion. Besides, it is unfair to those practitioners who at least attempted the exam in comparison to those who did not.

Nome

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Sincerely,

Michael N. Carzeni, DDS

Dr Michael N Carzeni
Norton Sound Dental
Box 966
Nome, Alaska 99762

Section 7f - Not fair - Why should some with appropriate credentials be penalized for attempting the exam (what was the reason for failure? - If no-show? Poor performance? Poor results? etc.)

None

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Sincerely,

I have some problems with the reasons for section 7 (not failed clinical exam for this state) being included in the legislation. Credentialing should be completely exclusive of people who have attempted to take the state board exam

Roger Wapman 228 AK-A00400

Sitka

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Sincerely,

*Tom M. Maser DDS
Sitka, Alaska*

STEVE COWPER, GOVERNOR

**DEPARTMENT OF COMMERCE &
ECONOMIC DEVELOPMENT**

DIVISION OF OCCUPATIONAL LICENSING

P.O. BOX D-LIC
JUNEAU, ALASKA 99811-0800
PHONE: (907) 465-2534

June 16, 1989

Dr. James M. Rampton
9711 Takli Circle
Eagle River, AK 99577

Dear Dr. Rampton:

This is in response to your letter requesting information regarding licensure by credentials as it pertains to other health care professions in the State of Alaska.

I have compiled the following list of professions which license by credentials and have enclosed the applicable statutes and regulations regarding each.

Veterinarians
Physical Therapists
Occupational Therapists
Chiropractors
Pharmacists

Clinical Social Workers
Psychologist
Psychological Associates
Dispensing Opticians
Medical Doctors (includes
specialists such as cardiologists
and ophthalmologists as
Alaska does not license by
specialties)

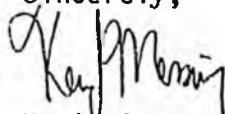
Licensed by Endorsement

Opticians
Licensed Practical Nurses

Registered Nurses
Registered Nurse Anesthetists

If you need further assistance, please contact this office.

Sincerely,



Kevin J. Messing
Licensing Examiner

KJM/ajm0604q
61689a
Enclosures



MEMORANDUM

TO: Martha Dearborn
FROM: Sam Kito, Jr. *Sam K.*
DATE: May 31, 1989
RE: End of Session Legislative Report

Alaska Dental Society issues fared quite well in the 1989 legislative session. Following is a brief summary of the status of the bills and resolutions I have dealt with on your behalf:

SB 126 - Licensure by Credentials

I was able to prevent this bill from reaching the Senate floor for a vote, thanks in part to the support shown by Dental Society members who contacted Senate Rules Committee chairwoman Arliss Sturgulewski. With the help of Senators Pat Rodey and Jan Faiks, we were able to amend the legislation in the Labor and Commerce Committee to remove the most onerous provisions. However, in spite of the amendments, the bill in its current form is still unacceptable.

I anticipate that SB 126 will be brought to the Senate floor within the first month of the 1990 session, which begins next January. I will take a Senate vote count before the legislature reconvenes and will request favorable committee assignments in the House.

HB 225 - Assignment of Benefits

Working with Representatives Max Gruenberg and Curt Merard, I was successful in having HB 225 moved out of the House Health, Education and Social Services Committee without any objections. However, due primarily to the late introduction of the bill, there was no time for the bill to pass the House.

Representative Dave Donley's House Labor and Commerce Committee has promised early consideration of HB 225 next session.

HB 10 - Student Loan Forgiveness

HB 10 remains in the House Rules Committee, but will likely be brought to the floor for a vote next session. Our attempt to add dentists to the list of health care professionals who qualify for student loan forgiveness will take place in the Senate.

This is the current ADA policy - Nov 89

WORKSHEET ADDENDUM

COMMITTEE TO STUDY THE FREEDOM OF MOVEMENT AND
LICENSURE ISSUES

NEW

Guidelines for Licensure

Dental licensure is intended to insure that only qualified individuals provide dental treatment to the public. Among qualifications deemed essential are satisfactory theoretical knowledge of basic biomedical and dental sciences and satisfactory clinical skill. It is essential that each candidate for an initial license be required to demonstrate these attributes on examination, a written examination for theoretical knowledge and a clinical examination for clinical skill. These guidelines suggest alternate mechanisms for evaluating the theoretical knowledge and clinical skill of an applicant for licensure who holds a dental license in another jurisdiction. Requiring a candidate who is seeking licensure in several jurisdictions to demonstrate his theoretical knowledge and clinical skill on separate examinations for each jurisdiction seems unnecessary duplication.

Licensure by Examination: Written examination programs conducted by the Joint Commission on National Dental Examinations have achieved broad recognition by state boards of dentistry. National Board dental examinations are conducted in two parts. Part I covers basic biomedical sciences; Part II covers dental sciences. It is recommended that satisfactory performance on Part II of National Board dental examinations within five years prior to applying for a state dental license be considered adequate testing of theoretical knowledge. National Board regulations require a candidate to pass Part I before participating in Part II. Consequently, this recommendation excludes Part I only from the time limit.

No clinical examination has achieved as broad recognition as have National Board written examinations. Clinical examinations used for dental licensure are conducted by individual state boards of dentistry and by regional clinical testing services. It is recommended that satisfactory performance within the last five years on any state or regional clinical examination at least equivalent in quality and difficulty to the state's own clinical examination be considered adequate testing for clinical skill provided that the candidate for licensure:

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice since being examined.
- c. Is endorsed by the state board of dentistry in the state of his current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

OLD

Guidelines for Licensure (1976:919; 1977:923)

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NEW

Licensure by Credentials: The American Dental Association believes that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination. Issuing a license using a performance record in place of examinations is termed licensure by credentials.

All candidates for licensure by credentials might be required to fulfill basic education and practice requirements. It is recommended that graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs be considered minimum satisfactory education for licensure by credentials. Further, it is recommended that licensure by credentials be available only to a candidate who:

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice or full-time dental education for a minimum of five years immediately prior to applying.
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- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
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Additional criteria to determine the professional competence of a licensed dentist should include:

- f. information from the National Practitioner Data Bank and/or the AADE Clearinghouse for Disciplinary Information;
- g. questioning under oath;
- h. results of peer review reports from constituent societies and/or federal dental services;
- i. drug testing;
- j. background checks for criminal or fraudulent activities;
- k. participation in continuing education;
- l. a current certificate in cardiopulmonary resuscitation;
- m. recent patient case reports and/or oral defense of diagnosis and treatment plans.

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NEW

Alternate ways that current theoretical knowledge might be documented follow. It is recommended that for a candidate who meets eligibility requirements for licensure by credentials, these methods be considered as possible alternatives to the written examination requirement.

1. Successful completion of an accredited advanced dental education program in the last ten years.
2. A total of at least 180 hours of acceptable, formal, scientific continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
3. Successful completion of a recognized specialty board examination in the last ten years.
4. Teaching experience of at least one day per week or its equivalent in an accredited dental education program for at least six of the last ten years.

Possible documentation for current clinical skill appears in the following list. Provided that eligibility requirements for licensure by credentials are met, it is recommended that these methods be considered as possible alternatives to satisfactory performance on a clinical examination.

1. Successful completion of an accredited general practice residency or dental internship within the last ten years.
2. Successful completion of an accredited dental specialty education program in a clinical discipline within the last ten years.
3. A total of at least 180 hours of acceptable clinically oriented continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
4. Clinical teaching of at least one day per week or its equivalent in an accredited dental education program, including a hospital-based advanced dental education program for at least six of the last ten years.
5. Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

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Stephen C. Boesch, D.D.S.
7037 Madelynne Way
Anchorage, Alaska 99504
Phone (907) 338-1188
March 9, 1990

Senator Dick Eliason
Alaska State Legislature
P.O. Box V
Juneau, Alaska 99811

Dear Senator Eliason,

The Alaska Legislature earlier directed the Board of Dental Examiners to provide dental licensure by credentials for qualified dentists. This action would provide the same licensing criteria presently available to all other health care professionals. In one way or another, the Dental Board continues to deny the legislature's call for licensing by credentials.

Attached is a message (author unknown) sent to Alaska Dental Society members listing thoughts to ponder. I have retyped each item and commented as follows:

Item 1...there is NO fall-back (compromise) position for this bill language.

Comment: I Agree.

Item 2...if you remove clinical competency as a prerequisite for licensure what remains to be evaluated are personal "behaviors" and individual "professionalism." Even legal entanglements can be successfully hidden. The reality is there IS NO clear-cut mechanism to check on background difficulties. Further, the National Practitioner Data Bank is limited to what it is given by outside sources.

Comment: Personal behaviors and individual professionalism are two reasons why the public holds dentistry in such high regard. Experience enhances clinical competence; it does not detract from it. As a dentist requesting a license by credentials, I submit my past performance as an indicator of my future performance. There are clear-cut mechanisms to check on backgrounds. The Western Regional Examination Board (WREB) exam is not one of them. The WREB does not check backgrounds.

Item 3...the WREB exam (legislators may not know what WREB means), now in place, and examining 4 times a year, provides from 250 to 300 successful candidates ALL eligible to apply for Alaska licensure.

Comment: The issue is not how many candidates the WREB produces each year. The issue is: Are we going to prevent experienced, qualified dentists from practicing dentistry in Alaska just because they have not taken the WREB?

Item 4...Because dental schools are varied in their standards, entrance requirements, and graduation requirements, a clinical exam is the only valid way to determine clinical competence. Alaska's dental board members DIRECTLY participate in the WREB structure and are keenly aware of the caliber of the exam's contents.

Comment: I agree. A clinical exam following graduation from an accredited dental school is the only valid way to observe clinical competence... And every applicant for licensure by credentials has already taken that clinical exam; and passed; and was licensed in a state just as

concerned as Alaska about quality of care; and practiced dentistry for at least five years. Is every clinical exam exactly the same? No. Is every clinical exam about the same? Yes. Is the WREB exam the most stringent? No.

Item 5...Dentistry in Alaska does not have any means of monitoring dentists already licensed (as opposed to hospital staff physicians who are continually reviewed by committees within their hospitals). Once a dentist receives an Alaska license, it takes a considerable effort (lengthy & costly) by the Division of Occupational Licensing to revoke this privilege - usually at the expense of many damaged patients.

Comment: Wrong. Just as with physicians, optometrists, nurses, and every other health care provider in Alaska, peer review has been, is, and will remain the strongest defense against substandard practice. Hospital Committee review applies only to select staff physicians. Prudence dictates reviewing past performance as an indicator of future performance prior to licensing. This is done by credentials review.

Item 6...This is not a "turf protecting" issue. In the last 10 years there has been a 34% increase in the number of Alaska licensed dentists. There are 28.6% more dentists per capita in Alaska than the national average. (47% more per capita if one adds the military and PHS) There are more than 1,600 dentists who have passed the WREB exam and only need to complete the application process to become licensed in Alaska. An interesting note proving an increase in the number of dentists, is the creative advertising methods some practitioners have used to attract new patients.

Comment: This statement says, "there are already too many dentists in Alaska". If this fact is in any way tied to licensure by credentials, it becomes a "turf protecting" issue.

Licensure by credentials does protect citizens or it would not be used by physicians and every other health care provider in Alaska. The WREB does not assure competency. It is an indicator of competency. The dental licensing system in Alaska works, but it is unfair, has not responded to the legislatures requests, and supports "turf protection".

Dental licensure by credentials is an important issue. The American Dental Association supports it. Washington began credentialing last year. Ohio and Wisconsin are in the process of adopting it this year. There are systems in place which specifically check the backgrounds of dentists. The Alaska Board of Dental Examiners should be using them now, because the Western Regional Examination Board does not check backgrounds.

In Alaska, every health care profession except dentistry licenses by credentials. Maintain the high quality of dentistry in Alaska while improving the care available in remote areas. Vote YES when SB 126 comes to the floor.

Sincerely,



Stephen C Boesch, D.D.S.

URGENT

Senate Bill 126 Licensure by Credentials is soon (this week) to pass out of the Senate Rules Committee to the floor of the Senate.

That means that ALL Senators will have a vote to pass this bill (sending it to the House side), OR to vote down the bill which, in essence, will kill the legislation because there is no companion bill in the House.

We have been successful in keeping this bill in the Senate and now need your help to terminate this bill in the Senate. If the ADS is to prevail on this issue - WE NEED YOUR PARTICIPATION.

Once again, dentists must send Public Opinion Messages (POM's) to their Senators and to their Senator patients. A suggested wording is on the next page as well as a listing of Legislative Information Office telephone numbers and the names of the Senators.

Other thoughts to ponder in writing or talking to your Senator friend are listed below:

1. ...there is NO fall-back (compromise) position for this bill language
2. ...if you remove clinical competency as a prerequisite for licensure what remains to be evaluated are personal "behaviors" and individual "professionalism." Even legal entanglements can be successfully hidden. The reality is there IS NO clear-cut mechanism to check on background difficulties. Further, the National Practitioner Data Bank is limited to what it is given by outside sources.
3. ...the WREB exam (legislators may not know what WREB means), now in place, and examining 4 times a year, provides from 250 to 300 successful candidates ALL eligible to apply for Alaska licensure.
4. ...because dental schools are varied in their standards, entrance requirements, and graduation requirements, a clinical exam is the only valid way to determine clinical competence. Alaska's dental board members DIRECTLY participate in the WREB structure and are keenly aware of the caliber of the exam's contents.
5. ...Dentistry in Alaska does not have any means of monitoring dentists already licensed (as opposed to hospital staff physicians who are continually reviewed by committees within their hospitals). Once a dentist receives an Alaska license, it takes a considerable effort (lengthly & costly) by the Division of Occupational Licensing to revoke this privilege - usually at the expense of many damaged patients.

URGENT

6. ...This is not a "turf protecting" issue. In the last 10 years there has been a 34% increase in the number of Alaska licensed dentists. There are 28.6% more dentists per capita in Alaska than the national average. (47% more per capita if one adds the military and PHS) There are more than 1,600 dentists who have passed the WREB exam and only need to complete the application process to become licensed in Alaska.

An interesting note proving an increase in the number of dentists, is the creative advertising methods some practitioners have used to attract new patients.

from a "position paper"
prepared by Gerald M. Stranik, DD
1990

Suggested Public Opinion Message - Call your Legislative Information Office and dictate this (or your own) language over the phone. It will be sent to each Senator you wish it sent to. P.O.M.'s are limited to 50 words.

"To Senator _____

Licensure by credentials for dentists does NOT protect the citizens of Alaska adequately. The current mandated WREB clinical exam DOES assure competency and licensure ability for over 250 qualified dentists each year! The system is working FINE. Don't dilute dentistry's strength for you and those you serve. NO on SB 126."

Signed: _____

Legislative Information Office Numbers

Anchorage 561-7007
Barrow 852-7111
Bethel 543-3541
Delta Junction 895-4236
Dillingham 342-5319
Fairbanks 452-4448
Glennallen 822-5588
Juneau 465-4648
Kenai 262-9364
Ketchikan 225-9675
Kodiak 486-8116
Mat-Su 376-3704
Nome 443-5555
Sitka 747-6276
Valdez 835-2111

Senators - Alaska State Legislature

Al Adams	Arliss Sturgulewski
John Binkley	Mike Szymanski
Jack Coghill	Rick Uehling
Jim Duncan	Fred Zharoff
Dick Eliason	
Bettye Fahrenkamp	
Jan Faiks	
Paul Fischer	
Steve Frank	
Rick Halford (Sponsor of SB 126)	
Lloyd Jones	
Tim Kelly (Senate President)	
Jay Kerttula	
Drue Pearce	
Pat Fourchot	
Pat Rodey	

Phillip C. Gaus, Jr., D.D.S.
19505 North Montague
Eagle River, AK 99577

March 9, 1990

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

Senate Bill 126, dealing with dental licensure based on credentials, has been approved by the Senate Rules Committee for calendaring. It is our understanding that this bill will be brought to the Senate floor for a vote by March 22, 1990. This letter states the position of the Federally employed dentists in Alaska.

For nearly a decade, the State Dental Board has evaded the issue of "licensure based upon credentials". During this period of time, both the Senate and the House have issued letters of intent, directing the State Board of Dental Examiners to "exercise its statutory authority under A5 08.36.234 to license dentists by credentials." The Dental Board has failed to comply with this directive (see attachments).

Licensure by credentials is not a new concept. Currently 20 states have licensure by credentials for dentists. In the last 6 months Washington State and Ohio have passed legislation adopting licensure by credentials for dentists. The American Dental Association has recently (Nov 1989) urged that "states adopt licensure by credentials for dentists and dental specialists." There could be no better indicator of a dentist's future performance than a detailed history of his past performance.

Those who oppose this bill have stated that the historical "background information" is not available for licensure applicants. Nothing could be further from the truth. There is a wealth of background information available through a databank maintained by the American Association of Dental Examiners. This databank keeps information on dentists licensed in 47 states and all branches of the military. To obtain background information on dentists licensed in the remaining 3 states or the Public Health Service, the Division of Licensing would need to consult them directly. Additionally, any dentist employed by the federal government or military service, would have files of background information. These dentists are continually evaluated through a peer review process and the findings of these evaluations are kept on file for future reference. For these reasons it is inconceivable to say that there is any lack of background information. The truth is that the State Dental Board has refused to even look at any background information when it is placed in front of them.

It should be pointed out that there is currently no background check accomplished for dentists licensed in Alaska. Currently to receive a dental license in Alaska a dentist needs only to pass a clinical exam (The Western Regional Examining Board) and pay the application fee and complete the required paperwork. It would be much better for Alaskans to have dentists with a good history of dental practice.

Within our own state of Alaska, licensure by credentials is the normal mechanism

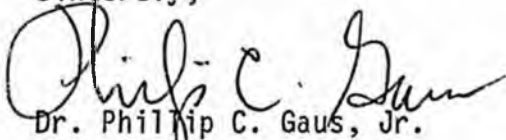
used to license all other health professionals including: Medical doctors, pharmacists, optometrists, psychologists, clinical social workers, psychological associates, dispensing opticians, veterinarians, physical therapists, occupational therapists, chiropractors, licensed practical nurses, registered nurses, anesthetists, and even dental hygienists. Dentistry stands alone in this type of licensure protectionism (see attachment).

We have no objection to any measure that may be used to investigate our background...including taking oaths, drug testing, or even polygraph testing. But we strongly oppose taking subjective examination given by the Dental Board. This type of examination has proven to be unfair as evidenced by the high failure rates and the numerous lawsuits of the past. If the Dental Board were to institute a re-licensure examination to be taken by all Alaskan licensed dentists on a recurring periodic basis (every 5-10 years), then we would have no objection to taking that examination. As long as we are evaluated by the same examination as our Alaskan licensed colleagues, that would be fair. But the problem with this proposal is that our Alaskan licensed colleagues will not submit themselves to this re-examination.

The bottom line of this issue is that there are very highly qualified dentists who are licensed to practice in other states outside Alaska. These states all have strict licensure requirements. These dentists have taken and passed an examination equivalent to the Western Regional Examining Board and proven their clinical competence through many years of practice. If their backgrounds can be verified, then and only then, they should be granted licensure in Alaska. If their background can't be verified or if their background contains derogatory information (such as professional disciplinary action, drug usage, illegal or immoral activity) then licensure should not be granted.

SB 126 is a superbly crafted bill. It follows the guidelines set up by the American Dental Association. If this bill passes it will prevent needless litigation. Please, give us your support and vote to pass SB 126.

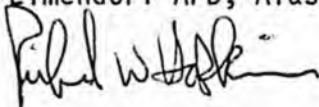
Sincerely,



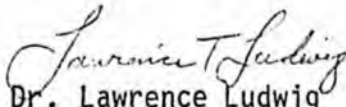
Dr. Philip C. Gaus, Jr.
U.S. Air Force
Elmendorf AFB, Alaska



Dr. Richard Snyder
U.S. Public Health Services
Alaska Native Medical Center



Dr. Richard W. Hopkins
U.S. Army
Ft. Richardson, Alaska



Dr. Lawrence Ludwig
U.S. Navy
Adak Naval Station



Dr. Powell Trotter
U.S. Coast Guard
Kodiak, Alaska

SENATE LETTER OF INTENT

HESS Letter of Intent

It is the intent of the Senate Committee on Health, Education and Social Services in passing HB 614 that the Board of Dental Examiners exercise its statutory authority under AS 08.36.234 to license dentists by credentials,

HB0614 DOCUMENT= 17 OF 24 PAGE = 2 OF 2

including credentialling for dental specialties. The committee realizes that this will require repeal of the existing regulation under which the board ceased licensing by credentials (12 AAC 28.950), and urges that this be done. Further, it is the intent of the committee that the Board report to the Legislature by the first day of the first session of the 15th Alaska Legislature on implementation of the credential provision. The report should include the number of licenses issued by credentials since the effective date of HB 614 and an analysis of those situations under which licensure by credentials was requested but not granted. In addition, any recommendations for revision to the credential statute should be included.

CS FOR HOUSE BILL NO. 614 (HESS) (title am) was referred to the Rules Committee.

END OF DOCUMENT

HB0614 DOCUMENT= 20 OF 24 PAGE = 1 OF 2

NUMBER = S
SOURCE = SJRN
E = 860508
R = 86
L = HB0614

MENT TEXT

SJRN050886HB0614
CSHB 614 HESS 3RD

Yeas: 18 Abood, Bennett, Coghill, DeVries,
Eliason, Fahrenkamp, Faiks,
Ferguson, Fischer Paul, Halford,
Josephson, Kelly, Kerttula, Ray,
Rodey, Sturgulewski, Zharoff,
Ziegler

Nays: 0

Absent: 2 Fischer Vic, Sackett

and so, CS FOR HOUSE BILL NO. 614 (HESS) (title am) passed the Senate ~~with a Senate Letter of Intent and a Legislative~~

~~Letter of Intent~~

Senator Halford moved and asked unanimous consent that the

HB0614 DOCUMENT= 20 OF 24 PAGE = 2 OF 2

vote on the passage of the bill be considered the vote on the effective date clause. Without objection, it was so ordered.

CS FOR HOUSE BILL NO. 614 (HESS) (title am) was signed by the President and Secretary and returned to the House with a Legislative and Senate Letter of Intent.

PASSED BOTH HOUSES

(Letter of Intent
for
CSHB 614(HESS)

"It is the intent of the House Health, Education and Social Services Committee in passing the Committee Substitute for HB 614 (HESS) that in the next year, the Board of Dental Examiners and the Division of Occupational Licensing complete the following tasks, and report their recommendations to the House and Senate HESS Committees by

16HB0614 DOCUMENT= 5 OF 24 PAGE = 2 OF 2
the first day of the first session of the 15th Alaska State Legislature:

1. Complete continued competency regulations.
2. Develop new procedures for credentialling including ~~credentialling~~ for dental specialties.
3. Restructure the examination, including elimination of the gold foil portion of the test, and scoring procedures, including calibration of scoring techniques.
4. Evaluate the possibility of joining the Northwest Regional Examination Board.

The report should include any other areas the Board or Division feel require change. The House HESS Committee is also requesting a Legislative Audit of the Board to be completed by the first day of the second session of the 15th Alaska State Legislature."

HB 614 was referred to the Finance Committee.

Representative Clocksin moved and asked unanimous consent that the House adopt the Health, Education & Social Services Committee Letter of Intent (page 255f).

Representative Goll objected.

The question being: "~~SHALL the HESS Letter of Intent be~~
~~ADOPTED?~~" The roll was taken with the following result:

CSHB 614(HESS) TITLE AM INTENT

Yeas: 31 Binkley, Boucher, Clocksin,,
Collins, Cotten, Davis, Duncan,
Fuller, Gruenberg, Grussendorf,
Hanley, Herrmann, Hurley, Jenkins,
Koponen, Larson, Martin,
Miller, M.M., Miller, M.W., Navarre,
Pettyjohn, Phillips, Pignalberi,

36HB0614 DOCUMENT= 12 OF 24 PAGE = 3 OF 3
Pourchot, Rieger, Ringstad, Sund,
Szymanski, Taylor, Thompson,
Uehling

Nays: 2 Goll, Harrou

STATE OF ALASKA

STEVE COWPER, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

P.O. BOX D-LIC
JUNEAU, ALASKA 99811-0800
PHONE: (907) 405-2534

DIVISION OF OCCUPATIONAL LICENSING

June 16, 1989

Dr. James M. Rampton
9711 Takli Circle
Eagle River, AK 99577

Dear Dr. Rampton:

This is in response to your letter requesting information regarding licensure by credentials as it pertains to other health care professions in the State of Alaska.

I have compiled the following list of professions which license by credentials and have enclosed the applicable statutes and regulations regarding each.

Veterinarians
Physical Therapists
Occupational Therapists
Chiropractors
Pharmacists

Clinical Social Workers
Psychologist
Psychological Associates
Dispensing Opticians
Medical Doctors (includes
specialists such as cardiolo-
gists and ophthalmologists as
Alaska does not license by
specialties)

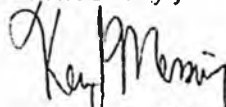
Licensed by Endorsement

Opticians
Licensed Practical Nurses

Registered Nurses
Registered Nurse Anesthetists

If you need further assistance, please contact this office.

Sincerely,



Kevin J. Messing
Licensing Examiner

KJM/ajm0604q
61689a
Enclosures

Stephen C. Boesch, D.D.S.
7037 MadeLynne Way
Anchorage, Alaska 99504
Phone (907) 338-1188
March 22, 1990

Senator Dick Eliason
Alaska State Legislature
P.O. Box V
Juneau, Alaska 99811

Dear Senator Eliason,

Senate Bill 126, "An Act relating to the Board of Dental Examiners" will be voted on Monday, March 26, 1990.

Senator Jan Faiks will propose amendments to the bill. The Alaska Dental Society has already stated that there is no room for compromise on this bill and I agree.

Senator Faiks showed her true colors regarding credentialing during last years teleconference hearings on SB 126. As a member of the Labor and Commerce Committee, she vociferously and mistakenly accused a credentialed dentist of killing several patients while practicing in Alaska. The dentist was not licensed by credentials, but by examination. She further derided the credentialing process by stating her dentist told her he had seen cases where credentialed dentists had "massacred" patients. According to Senator Faiks, Alaska dentists licensed by examination are "gold plated" dentists, implying dentists asking for license by credentials are substandard. Nothing could be further from the truth.

Many, if not most, of the dentists now licensed in Alaska came out of federal service. Most were required to travel at their own time and expense to the lower 48 to take an examination. That exam was very much like the one they had already taken, was unnecessary, and in no way assured quality dentistry. Licensure by credentials would have been easier, less expensive, and quicker. The same dentists would be practicing the same quality dentistry without a lot of hassle.

Let qualified, experienced dentists practice their profession in Alaska without jumping through "protectionist" hoops. You do it for every other medical profession. Other than the strong lobby, what is special about dentistry?

Avoid compromise. Say no to Senator Faiks' amendments. Vote yes on SB 126.

Sincerely,



Stephen C Boesch, D.D.S.

Dennis P. Gieser D.D.S.
11936 Wilderness Drive
Anchorage, Alaska

March 17, 1990

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

Please support Senate Bill(SB) 126 - Revision of the Alaska Dental Practice Act.

Licensure by credentials is a superior method of issuing dental licenses when compared to a clinical examination alone. In the past, verification of credentials was difficult. This is no longer true. Today, the American Association of Dental Examiners has adverse information on dentists from 47 states and branches of the military and will send this information to a state dental board upon request. The other three states can be queried directly. Credentials of military dentists are available with or without the dentist's permission.

For many years the American Dental Association has encouraged each state to issue dental licenses through the credentialing process. There are currently 20 states using this method with Washington state and Ohio recently added. Wisconsin is also moving toward adoption.

There is usually minimal support for licensure by credentials from dentists already licensed within a state because for them there is little to gain but potentially much to lose in the way of competition.

Some of those opposed to licensure by credentials have said that clinical competence is overlooked. Not true. One of the requirements for credentialing is a valid state dental license. A dentist with a license from another state must have successfully completed either a regional or state clinical examination. The Western Regional Examination Board (WREB), to which Alaska belongs, is no better or worse than any other regional board. The only reason Alaska belongs to this particular board is because of its location. The other regional and state boards are certainly as qualified to judge clinical competency as the WREB.

It is also interesting to note that Dentistry may be the only health profession in Alaska that does not have licensure by credentials. This includes Medicine (physicians), Chiropractic, Nursing, Optometry, Pharmacy, and other health professions.

It has been argued that licensure by credentials is acceptable for licensing physicians since hospital staff physicians have peer review. Unfortunately, not all physicians are hospital staff physicians.

It has been stated that many dentists successfully complete the WREB each year and therefore more than enough are eligible to apply for an Alaska dental license. However, it is very difficult for most to do so. Expense, time, lack of personal contacts, and unfamiliarity with this area make it unreasonable for most dentists to consider practicing here.

Dentists stationed in Alaska with the Federal Services, having passed the National Dental Written Boards, having successfully completed a regional or state clinical examination, holding a current license from another state, and having a proven, verifiable track record find it unreasonable to have to travel to another state to be reexamined.

A clinical examination, as provided by the WREB, tests clinical competence alone without regard to a possible adverse track record. On the other hand, dental licensure by credentials, as outlined in SB 126, attracts clinically competent dentists who also have a verifiable record of performance.

Please support Senate Bill 126 and ensure the same opportunity to Dentistry as is given to the other health professions in Alaska!

Sincerely,



Dennis P. Gieser D.D.S.

MARCH 11, 1990

SENATOR DICK ELIASON
P. O. Box V
JUNEAU, AK 99811

DEAR SENATOR ELIASON:

IN THE VERY NEAR FUTURE YOU WILL SEE SB 126 (DEALING WITH DENTAL LICENSURE BY CREDENTIALS) SENT TO THE SENATE FLOOR FOR YOUR VOTE. I HOPE YOU WILL SUPPORT IT.


IN 1985 I PASSED MY DENTAL LICENSURE EXAMINATION. THIS EXAM (THE WESTERN REGIONAL EXAMINING BOARD OR THE WREB) IS THE SAME EXAM THAT IS USED IN THE LICENSURE PROCESS IN ALASKA. IN 1987 I APPROACHED THE STATE DENTAL BOARD REQUESTING DENTAL LICENSURE. I WAS TOLD THAT THE DENTAL BOARD HAD DETERMINED THAT THEY WOULD NOT ACCEPT A PASSING SCORE FROM THE WREB EXAM IF IT WAS TAKEN PRIOR TO 1987. I DON'T UNDERSTAND THEIR REASONING. THE EXAM HAS NOT CHANGED. ACCORDING TO THE WREB, I AM CLINICALLY COMPETENT. BUT THE ALASKA STATE DENTAL BOARD WANTS ME TO FLY BACK TO CALIFORNIA WITH THE REQUIRED PATIENTS, AND RETAKE THIS SAME EXAMINATION. THIS WOULD COST NEARLY \$8000.00.

ACCORDING TO THE DENTAL BOARD THE PURPOSE OF THEIR CURRENT LICENSURE PROCEDURE IS TO ENSURE CLINICAL COMPETENCE, BUT I HAVE PROVEN MYSELF TO BE CLINICALLY COMPETENT. THEN THEY SET AN ARBITRARY DATE WHICH SLAMS THE DOOR ON MY HOPES FOR LICENSURE.

IF YOU CAN FIGURE OUT THE RATIONAL FOR THIS MANEUVERING BY THE DENTAL BOARD PLEASE LET ME KNOW.

FOR THIS REASON AND MANY OTHERS, IT IS EXTREMELY IMPORTANT THAT YOU SUPPORT SB 126. WE NEED YOUR SUPPORT.

SINCERELY,


DR. JASON M. RAMPTON
9711 TAKLI CIRCLE
EAGLE RIVER, AK 99577

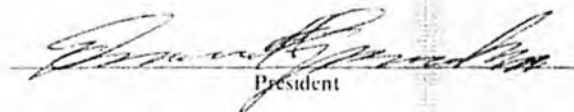
Sheila, you don't need to send out a response back to me. I just sent this out to all of our state senators. Thanks.



WESTERN REGIONAL EXAMINING BOARD

*This is to certify that JASON MICHAEL RAMPTON
has successfully completed an examination in clinical proficiency in Dentistry given by
the Western Regional Examining Board on March 24-26, 1985
and is issued this certificate as verification of that proficiency to Western Regional
Examining Board member states. This certificate is valid, only for that period of time
prescribed by the member states in their laws or rules, from the date of the
examination. This does not constitute licensure.*

Signed and seal affixed
this 8th day of
April A.D.
19 85


President

MONTEFIORE MEDICAL CENTER

presents two related programs

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Montefiore Medical Center
(212) 920-6674

State society backs challenge on licensure

Albany, NY—The Dental Society of the State of New York (DSSNY) board of governors has anted up \$20,000 for a legal plan to challenge states that don't recognize licensure by credentials.

"The board of governors pledged the money to be used for an analysis of state dental practice acts," said Dr. Edward J. Downes, chairman of the DSSNY special committee to seek support for credentialing. "The study will also assess the feasibility of a constitutional case that would be developed on behalf of a dentist seeking licensure in a state imposing arbitrary restrictions on out-of-state applicants."

Dr. Downes estimated that the study, which will produce a detailed memorandum of law, will cost about \$50,000. His committee recently began to solicit contributions from other states.

Though the committee has been working at the state level, he said, a few local components who heard about the drive have contributed funds totalling about \$5,000 so far.

The committee appeal letter also asks for state association representatives to work on a multi-state task force that would oversee the project.

"Our contention is that an amalgam is the same in Alabama or Alaska, and a crown is the same in Connecticut or California," Dr. Downes said. "Dentists want the same freedom of movement that accountants or other professionals have, and restrictions don't necessarily protect the public—they protect the financial stability of local practices."

The ADA encourages states to consider licensure by credentials in lieu of requiring



licensed dentists to take a state clinical examination for qualification. This policy supports greater freedom of interstate movement, while preserving the rights of states to enact controls for the public good.

If the feasibility study indicates that a victory can be won through the courts, Dr. Downes said, then a "major battle that ultimately could cost several hundred thousand dollars" could be waged.

"The funding from the board of governors is a step forward," he said. "But it will be a long process that will cost a lot of money. I don't expect any dramatic results for the next few months."

"If this memorandum of law supports the initiation of litigation," reads an appeal letter sent by Dr. Downes to several state associations, "then we will have to raise substantially more money to fund and develop a strong test case; if it does not, then we may have to accept the perpetuation of the current inequitable licensure policies we now endure." ■

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MEMORIAL PROGRAM

Facts

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States

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DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

FEB 04 1986

DIVISION OF
OCCUPATIONAL LICENSING

1986

For the dentist seeking a location

American Dental Association Guidelines for Licensure*

Dental Licensure is intended to insure that only qualified individuals provide dental treatment to the public. Among qualifications deemed essential are satisfactory theoretical knowledge of basic biomedical and dental sciences and satisfactory clinical skill. It is essential that each candidate for an initial license be required to demonstrate these attributes on examination, a written examination for theoretical knowledge and a clinical examination for clinical skill. These guidelines suggest alternate mechanisms for evaluating the theoretical knowledge and clinical skills of an applicant for licensure who holds a dental license in another jurisdiction. Requiring a candidate who is seeking licensure in several jurisdictions to demonstrate this theoretical knowledge and clinical skill on separate examinations for each jurisdiction seems unnecessary duplication.

Licensure by Examination: Written examination programs conducted by the Council of National Board of Dental Examiners have achieved broad recognition by state boards of dentistry. National Board dental examinations are conducted in two parts. Part I covers basic biomedical sciences; Part II covers dental sciences. It is recommended that satisfactory performance on Part II of National Board dental examinations within five years prior to applying for a state dental license be considered adequate testing of theoretical knowledge. National Board regulations require a candidate to pass Part I before participating in Part II. Consequently, this recommendation excludes Part I only from the time limit.

No clinical examination has achieved as broad recognition as have National Board written examinations. Clinical examinations used for dental licensure are conducted by individual state boards of dentistry and by regional clinical testing services. It is recommended that satisfactory performance within the last five years on any state or regional clinical examination at least equivalent in quality and difficulty to the state's own clinical examination be considered adequate testing for clinical skill provided that the candidate for licensure is currently licensed in another jurisdiction.

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice since being examined.
- c. Is endorsed by the state board of dentistry in the state of his current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Licensure by Credentials: The American Dental Association believes that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination. Issuing a license using a performance record in place of examinations is termed licensure by credentials.

All candidates for licensure by credentials might be required to fulfill basic education and practice requirements. It is recommended that graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs be considered minimum satisfactory education for licensure by credentials. Further, it is recommended that licensure by credentials be available only to a candidate who:

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice or full-time dental education for a minimum of five years immediately prior to applying.
- c. Is endorsed by the state board of dentistry in the state of current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Alternate ways that current theoretical knowledge might be documented follow. It is recommended that for a candidate who meets eligibility requirements for licensure by credentials, these methods be considered as possible alternatives to the written examination requirement.

1. Successful completion of an accredited advanced dental education program in the last ten years.
2. A total of at least 180 hours of acceptable, formal, scientific continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
3. Successful completion of a recognized specialty board examination in the last ten years.
4. Teaching experience of at least one day per week or its equivalent in an accredited dental education program for at least six of the last ten years.

Possible documentation for current clinical skill appears in the following list. Provided that eligibility requirements for licensure by credentials are met, it is recommended that these methods be considered as possible alternatives to satisfactory performance on a clinical examination.

1. Successful completion of an accredited general practice residency or dental internship within the last ten years.
2. Successful completion of an accredited dental specialty education program in a clinical discipline within the last ten years.
3. A total of at least 180 hours of acceptable clinically oriented continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
4. Clinical teaching of at least one day per week or its equivalent in an accredited dental education program, including a hospital-based advanced dental education program, for at least six of the last ten years.
5. Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

*The above guidelines were adopted by the ADA House of Delegates and are published in 1976 *Transactions of the American Dental Association*, page 919 and 1977 *Transactions*, page 923.

The above guidelines are also published in the *Journal of the American Dental Association*, Vol. 111, July 1985, page 21.

Summary of Requirements for Licensure by Credentials in Certain States Granting Licensure by Credentials (1986)

The states that grant licensure by credentials have individual requirements, of which the following is an overview. All states require a jurisprudence examination; however, this might be a formal, written examination, or a signed statement attesting that the candidate is familiar with the laws governing dentistry in the state. Candidates should write to the individual states for complete information and application.

State	Will accept applications from	Letters of recommendation	Personal interview	Years in practice
Arkansas	R	2	X	5
District of Columbia	Specialists Only		X	
Indiana	All states	3	X	5
Iowa	R	2	X	5
Kansas	R	5		5
Maine	All states	0	X*	5 ¹
Maryland	All states	3	X	5 ¹
Massachusetts	R	1	X	5
Michigan	On an individual basis	4	Rarely	No Limit
Minnesota	All states	4	X	2 ²
Missouri	All states	2		5
Nebraska	All states	2	X	1 ³
New Hampshire	R	3	X	5
New York	All states	3		5
North Dakota	* Has an option, but has not granted licensure by credentials in 5 years			
Oklahoma	R	10		5
Pennsylvania	All states	2		5
Rhode Island	R	3		5
Tennessee	R	1 ⁴		5
Vermont	At the discretion of the board	2		5

R = states that will issue licenses by credentials only to candidates from states with a reciprocal agreement.

*The state of Maine will require a personal interview with a candidate who passed a state board examination more than 1 year before applying to Maine for a license.

¹Will issue a licensure by credentials to candidates who pass the Northeast Regional Board Examination in lieu of active practice.

²Two years of the past 3 years must have been in active practice.

³This requirement will change to 3 years of active practice.

⁴One letter of recommendation from each state board¹ in each state in which the dentist has practiced.

Source: "Licensure by Credentials — Is it Working?", report published in the *Journal of the American Dental Association*, Vol 111, July 1985, pages 19-32.

Add: Connecticut
(12/31/88) Illinois
North Dakota
Wisconsin

TOTAL: 21 States

STATE OF ALASKA
DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

FEB 04 1988

DIVISION OF
OCCUPATIONAL LICENSING

Other Licensure Provisions of States

States	By Reciprocity	By Criteria	Temporary License	Provisional License
Alabama	No	No	No	No
Alaska	No	No	No	Yes
Arizona	No	No	No	Yes
Arkansas	No	Yes	No	No
California	No	No	No	No
Colorado	No	No	No	No
Connecticut	Yes	No	No	Yes(a)
Delaware	No	No	No	No
District of Columbia (e)	No	Yes	No	—
Florida	No	No	—	—
Georgia	No	No	Yes	Yes(b)
Hawaii (e)	No	No	Yes (f)	—
Idaho	No	No	Yes	Yes(d)
Illinois	Yes	No	Yes	—
Indiana	Yes	No	Yes	Yes
Iowa	No	Yes	No	No
Kansas	No	Yes	No	No
Kentucky	No	No	No	—
Louisiana (e)	No	No	No	—
Maine (e)	No	Yes	No	—
Maryland	No	Yes	No	Yes(d)
Massachusetts	No	Yes	Yes	Yes(b)
Michigan (e)	No	Yes	No	No
Minnesota	No	Yes	No	No
Mississippi	No	No	No	Yes(d)
Missouri	No	Yes	No	No
Montana	No	No	No	No
Nebraska	Yes	Yes	No	No
Nevada	No	No	No	No
New Hampshire	No	Yes	Yes	No
New Jersey	No	No	No	No
New Mexico (e)	No	No	Yes (g)	—
New York	No	Yes	Yes	Yes(l)
North Carolina	No	No	Yes	Yes(d)
North Dakota (e)	No	No	No	—
Ohio	No	No	No	No
Oklahoma	Yes	Yes	Yes	Yes
Oregon	—	Yes	No	—
Pennsylvania	No	Yes	No	No
Rhode Island	No	Yes	No	No
South Carolina (e)	No	No	No	—
South Dakota (e)	Yes	Yes	Yes	—
Tennessee	No	Yes	No	No
Texas	No	No	No	No
Utah (e)	No	Yes	No	—
Vermont	No	No	Yes	No
Virginia	No	No	No	Yes(c & d)
Washington	No	No	No	No
West Virginia	No	No	Yes	No
Wisconsin	No	No	No	No
Wyoming (e)	No	No	No	—
Virgin Islands (e)	No	No	Yes (h)	—

Data as of January 1, 1986 unless otherwise indicated.

- (a) Practice as a Dental Intern
- (b) Teaching in a Dental College or Clinic
- (c) Charitable or Social Agency
- (d) Limited Practice Permits
- (e) 1982 data
- (f) Practice restricted to hospital, public school, state/municipal institutions or Board of Public Health, as approved by Board.
- (g) Restricted to state health office or agency.
- (h) Practice restricted to government service.

Source: Joint Commission on National Dental Examinations

STATE OF ALASKA
DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

FEB 01 1988

DIVISION OF
PROFESSIONAL LICENSING



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAR 14 1988

The Honorable Guy Hunt
Governor of Alabama
Montgomery, Alabama 36130

Dear Governor Hunt:

This past August, I sent to you the final report of the Task Force on Medical Liability and Malpractice. I had established the Task Force in response to a Presidential request that the Department address the issue and because of my long-standing concern about the impact of medical liability and malpractice on the quality and availability of health care in the United States. Furthermore, as part of my continuing communications in this area, I sent to your office for your consideration model legislation regarding health care provider liability reform.

I would like to take this occasion to convey to you information about the current status of the Health Care Quality Improvement Act, Title IV of Public Law 99-660. This law, enacted in 1986, mandates activities which will influence the work of entities within your State.

Your staff may be aware of this law and its provisions, as officials from this Department have been working closely with various national organizations, who have in turn communicated information to their membership and constituency. Nevertheless, I am enclosing for your information a copy of Title IV, and wish to provide you comments on selected aspects of the statute.

The law requires that specified data regarding health care practitioners be reported to, and released by, the Secretary of Health and Human Services, or, at the Secretary's discretion, an appropriate private or public agency. Earlier, I determined that such an agency, selected by full and open competition, would operate the National Data Bank (the Bank) under contract.

Although the law specified that the Bank be operational by November 14, 1987, it did not provide appropriated funds for this purpose, and a contract was not awarded to meet that date. Funds have been requested in the President's FY 1989 budget. At such time as funds are available and the Bank is operational, an announcement will be made. In the meantime, the reporting and transmitting of information as described below is not required.

Among several requirements, the law specifies the following activities which have direct impact on your State:

1. Each entity (including an insurance company) which makes payment under a policy of insurance, self-insurance, or otherwise in settlement (or partial settlement) of, or in satisfaction of a judgment in, a malpractice action or claim must report information respecting the payment and the circumstances under which the payment was made to the appropriate state licensing board and to the Bank. Such information must be reported on all licensed health care practitioners.
2. Your State medical and dental boards must report to the Bank all disciplinary actions they take against physicians or dentists in their jurisdiction. This includes licensure suspension or revocation, reprimands, censures, and placing individuals on probation. applies
to Bill
126
3. Health care entities in your State, such as hospitals, health maintenance organizations, and group medical practices, must report adverse actions taken through a formal professional review process regarding the clinical privileges of a practitioner, effective for longer than 30 days. They are to report this information to the State Medical Board, which in turn must transmit it to the Bank.
4. Professional societies in your State which, through a formal professional review process, take adverse action regarding membership of a physician or dentist, must report that information to the State medical or dental board, which in turn must transmit it to the Bank.
5. Health care entities and professional societies in your State may report adverse actions taken against health practitioners other than physicians and dentists, to the State Medical Board, which in turn must transmit the information to the Bank.
6. Each hospital in your State must query the Bank regarding applicants seeking medical staff status or clinical privileges, as well as every two years regarding individuals on their medical staff or having clinical privileges.
7. Other health care entities and the medical and dental boards in your State which use a formal professional review process may query the Bank for information to help them in their efforts to improve the quality of health care. (Bill
126)

All affected entities should be made aware that the law authorizes the Inspector General to impose civil money penalties of up to \$10,000 for failure to report medical malpractice payments to the Bank, or for breaching the confidentiality of information collected under this law.

Additionally, on August 15, 1987, Public Law 100-93, the Medicare-Medicaid Patient and Program Protection Act of 1987, became law. Among other provisions, this law expands the requirement under Title IV that State Boards

Page 3

report adverse actions on physicians and dentists, to include all licensed, certified, or registered health care providers. We will be notifying your State agencies of these provisions in the same manner as we implement the provisions of Title IV National Data Bank.

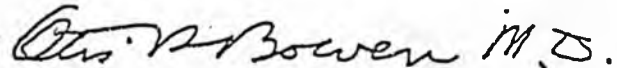
I acknowledge that the Health Care Quality Improvement Act of 1986 does place a sizeable burden on your administration; it undoubtedly will need your support in order to achieve its goal, to improve the quality of health care for our citizens.

Please share this information with appropriate agencies in your administration, as well as with appropriate professional organizations in your State. These would include your State Boards of Medicine, Osteopathic Medicine, and Dentistry, and State professional associations such as your State medical and dental associations and your State bar association.

The Bank will provide these entities and agencies with detailed information regarding reporting requirements in advance of the date on which reporting must begin.

The Health Resources and Services Administration of the Public Health Service has the responsibility for administering the Title IV activities. If you have further questions concerning Title IV, please contact David N. Sundwall M.D., Administrator, Health Resources and Services Administration, 5600 Fishers Lane, Room 1604, Rockville, Maryland 20857.

Sincerely,



Otis R. Bowen, M.D.
Secretary

Enclosure

National Data Bank Will Track Doctors With History of Trouble

By MARTIN TOLCHIN
Special to The New York Times

WASHINGTON, Sept. 24 — In an effort to identify incompetent health practitioners, the Department of Health and Human Services is creating a nationwide data bank of disciplinary actions taken against physicians, dentists, nurses, therapists and other licensed health professionals.

The National Practitioner Data Bank will be used to provide hospitals, licensing agencies and other medical groups with information on such matters as misdiagnosis and mistreatment, and professional misconduct, including making sexual overtures to patients, according to Dr. Margaret A. Wilson, of the department's Office of Quality Assurance, who is the project director of the data bank.

The data bank, which was approved by Congress in 1986, was considered necessary because physicians and other health practitioners sometimes moved from one state to another after being disciplined, said Representative Ron Wyden, an Oregon Democrat who sponsored the bill.

The data bank will not contain information on such personal matters as arrests, nonpayment of taxes, or drug or alcohol abuse except when it affects a practitioner's performance or professional conduct. The data bank information will not be available to the public.

In Operation by Summer

Dr. Wilson said the data bank would be in operation by next summer. She said the agency was soliciting bids and added, "We anticipate awarding a contract in November."

The repository will cover an estimated eight million health practitioners in the United States. It will contain information on revocation, probation, suspension and limitations of privileges, as well as judgments, settlements, reprimands and other adverse actions taken by, among others, state medical boards, courts, hospitals, medical societies, insurance companies and peer review committees.

These organizations will be required to report their actions to the department once the data bank opens, or pay a civil penalty of \$10,000 for each instance of failure to report. Groups that want to put past records into the data bank will be permitted to do so.

"For the first time in the U.S., there will be a national system to keep track of the disciplinary records of medical providers," said Representative Wyden. "In the past, incompetents have been able to slip through the cracks in the system, inflicting bad medical care on the American consumer."

"The data bank will help us hold down medical costs, because hospitals and others will be able to weed out the incompetents," he added.

Mr. Wyden said the data bank was needed because physicians and other health practitioners who are disciplined, or face discipline, often move to another state where their reputations are not known. The law provides that when health practitioners surrender their privileges pending an investigation the cases are required to be reported to the data bank.

\$2.76 Million to Start Up

The National Practitioner Data Bank will cost \$2.76 million to start up, which will be provided by an appropriation bill signed by President Reagan last week. The data bank was authorized by the Health Care Quality Improvement Act of 1986, but it was not immediately brought into being because of a lack of money.

The public will not have access to the data bank, but hospitals and other health centers will be required to consult the project in granting privileges, or be assumed to know the disciplinary records of the health practitioners involved.

If a hospital has not requested access

The effort is aimed at doctors who move.

to the data bank, the law provides for a plaintiff's lawyer in a malpractice suit might do so.

Access to the data bank will also be given to state licensing boards, health care groups that are screening job applicants and people who want to see their own records. In addition, the Department of Defense and the Drug Enforcement Administration will have access to the data bank.

In 1986, there were 2,302 disciplinary actions by state medical boards against doctors alone, according to a report by the Federation of State Medical Boards of the United States. These included license revocation, probation, license suspension and other regulatory action. Federal officials said that there was little reliable data on disciplinary actions against other health professionals.

"If anything, these numbers are conservative," Mr. Wyden said, "because the profession, fearing legal action, has been reluctant to come forward."

James Stacy, a spokesman for the American Medical Association, agreed that "there was some reluctance to step forward when physicians were liable to lawsuits."



The New York Times

Representative Ron Wyden, who sponsored the bill in 1986 that established the National Practitioner Data Bank.

Law Also Prevents Suits

A second part of the 1986 law prevents lawsuits from being filed against peer review committees that worked in good faith and observed due process in investigating cases. Mr. Stacy said that the A.M.A. supported that legislation.

Dr. James H. Sammons, executive vice president of the A.M.A., said in a statement that the organization "supports the concept of a national clearing house for physician data." But he expressed concern because the project, which initially covered only physicians and dentists, was expanded in 1987 to include all health professionals.

Dr. Sammons said he feared that this broader scope could make the law difficult to enforce, and urged Federal agency to "reconsider its design specifications, operational requirements and timetables to have a chance of success."

Dr. Wilson, the head of the data bank, said that finding a system that would be secure from unauthorized access was a top priority.

In addition, she said, "We have to mount an enormous educational and communications program" to inform the health community of the new law.

Data to Be Disseminated

Dr. Wilson said that the data bank would collect and disseminate this information:

¶ Disciplinary measures taken by state licensing boards regarding all licensed health practitioners.

¶ Malpractice payments made by all entities, including hospitals, medical groups and insurance companies.

¶ Restrictions of privileges invoked against doctors and dentists by hospitals and clinics; hospitals and clinics have the option of including restrictions imposed on other health professionals.

¶ Disciplinary actions made by medical and dental societies regarding doctors and dentists;

¶ State actions against hospitals, health maintenance organizations and other health care groups.

The American Dental Association strongly supports the data bank, according to John O'Donnell, the organization's director of legislation. "I certainly support the intent of the legislation, namely to provide a system that will identify practitioners with competent or negligent practice, illegal conduct or impaired behavior," Mr. O'Donnell said.

The American Nurses Association has not taken a position on the data bank, according to Thomas P. Nick, the group's director of Congressional and agency relations.

A.M.A. Sought to Run Bank

The A.M.A. initially sought the contract to create the data bank when 1986 law was passed. But the Federal agency withdrew its requests for it at that time because it did not have money to pay for the project.

"We have been in the business of collecting data on physicians since 1960," Dr. Sammons said, "and know what it costs to implement and maintain a data bank of this size."

Dr. Sammons said the A.M.A. looked forward to working with the agency and the Congress "to assure the success of this statutory mandate."

Representative Wyden said that he sponsored the 1986 law in response to an Oregon case involving a surgeon who resigned from a hospital after peer review committee moved to terminate his staff privileges on ground that his care of patients was substandard. The doctor then sued members of committee, along with clinic, charging that they had made warranted attacks on his competence because he was a competitor.

Last May, the Supreme Court ruled that the peer review committee had given the surgeon due process, and held a \$2.2 million antitrust award against the doctors and the clinic.

REPORT OF A NEW SYSTEM OF RECORDS

System Number: 09-15-0054

Title: Health Care Practitioner Adverse Credentialing Data Bank,
HHS/HRSA/BHP

A. System Purpose and Background

In accordance with the Health Care Quality Act of 1986, Pub. L. 99-660, the Department of Health and Human Services, Health Resources and Services Administration, is establishing a nationwide data bank entitled "Health Care Practitioner Adverse Credentialing Data Bank." HRSA is proposing to establish a new system of records for the purpose of (1) collecting from insurance companies, health care entities, and State licensing boards information affecting the professional qualifications of health care practitioners; and (2) disseminating data on adverse actions taken against health care practitioners to health care entities, which may employ them and to State licensure boards, as required by law.

The proposed system of records notice specifies in detail the categories of records and types of information to be maintained. HRSA estimates that the number of health care practitioners on whom data may be collected or disseminated by this system of records may total 80,000. The amount of personal and professional data maintained on each subject individual is the minimum feasible to accomplish the purpose of the system. The information in this system of records will be collected and maintained by a contractor for DHHS.

The Office of General Counsel, PHS Division, has reviewed this report and has no legal objection.

B. Specific Authorities

Health Care Quality Improvement Act of 1986, Section 424(b) (42 U.S.C. 11134(b)) authorizes the maintenance of records of medical malpractice payments, disciplinary actions taken by Boards of Medical Examiners, and professional review actions taken by health care entities.

C. Potential Effects of Disclosure of Information

1. The probable effects of this system of records on privacy or other personal or property rights of individuals

✓ The creation of this system of records will have an effect on an individual's privacy and personal rights.

The purpose of this data collection is to encourage good faith professional review activities of health care entities, to require collection from and dissemination to health care entities of information concerning payments for medical malpractice compensation and adverse clinical privileges actions and licensure disciplinary actions. This may result in the (1) determination that a health care provider is unsuitable for medical staff membership; (2) refusal, reduction, or loss of clinical privileges; or (3) suspension of licensure, thus having an adverse effect on the individual.

However, the collection (and subsequent disclosure as described below in Item F) of this information is justified because PHS, as provided by the Health Care Quality Improvement Act, has a responsibility toward the public regarding the health care practices of licensed health care providers whose professional health care activities so significantly fail to conform to generally accepted medical practice standards as to raise reasonable concern for the health and safety of their patients.

2. Effect on the preservation of the constitutional principles of federalism and the separation of powers

State medical licensing boards will be collecting and receiving information regarding the professional competence of licensed health care practitioners. These activities will not have an effect on the preservation of the constitutional principles of federalism and separation of powers.

D. Indexing and Retrieval

Records will be retrieved by name and other unique numeral identifiers necessary to establish the identity of an individual maintained in the system.

E. Safeguards

Safeguards have been established to insure that no unauthorized personnel has access to this information. The safeguards in this notice have been prepared to reflect the minimum safeguards which HRSA and the contractor will maintain.

F. Compatibility Routine Uses

Six routine uses compatible with the purpose for which the information is being collected are included. They are discussed in the preamble, and are as follows:

The first routine use permits disclosure to each hospital concerning a health care practitioner who is on its medical staff (courtesy or otherwise) or has clinical privileges at the hospital and for the purpose of screening such individuals who apply for staff positions or clinical privileges. Records may also be disclosed to a hospital at such other times as it requests them. This enables the hospital to meet the requirement of the Health Care Quality Improvement Act of 1986 which requires that each hospital every two years shall request information from the system on each practitioner on its medical staff or holding clinical privileges.

The second routine use will permit HRSA to disclose records to other health care entities, such as health maintenance organizations and group medical practices which provide health care service and follow a formal professional review process, as they enter an employment or affiliation relationship with a health care practitioner, or to which the health care practitioner has applied for clinical privileges or appointment to the medical staff. The purpose of the disclosures is to further the quality of the health care provided by these entities.

The third routine use will permit HRSA to disclose records to a State licensing board conducting a review of the individual to aid the Board in meeting its responsibility to protect the health of the population in its jurisdiction.

applies to Senate Bill 126

The fourth routine use will permit HRSA to disclose records to an attorney who has filed a malpractice action or claim on behalf of a client with State or Federal court or other adjudicatory body regarding a specific health care practitioner, for use solely with respect to litigation resulting from the action or claim.

military and
public health
} applies
Senate
Bill 126

The fifth routine use will permit disclosure to any Federal entity, employing a health care practitioner or having the authority to sanction such practitioners covered by a Federal program, which (1) enters into a memorandum of agreement with HHS, (2) conducts a formal professional review process in determining an adverse action against a practitioner, and (3) maintains a Privacy Act system of records regarding information collected on the health care practitioners it employs. The purpose of the disclosures is to further the quality of the health care provided by these entities.

These Federal entities include the Department of Defense and the Veterans Administration which will contribute data to and withdraw data from the system. They will request data on their staff every two years and also will check with the system on a practitioner prior to reaching a medical staff or clinical privileging affiliation agreement with the individual.

The sixth routine use provides for disclosure to the Department of Justice should HRSA or the Department become the defendant in a litigation.

G. Supporting Documentation

1. Preamble and system notice: Advance copies of the preamble and proposed system notice are attached.
2. Agency rules: No change to existing Department Privacy Act regulations are necessary.
3. Exemptions requested: No exemptions from provisions of subsection (j) or (k) of the Privacy Act are required.
4. Computer Matching Report: This new system notice will not involve any computer matching program; therefore, no public notice of computer matching has been prepared.

ADA Policies

Licensure

Single State Board of Dentistry (1985:597)

Resolved, that the American Dental Association, in the interest of the dental health of the public, support a single state board of dentistry in each state, as the sole licensing and regulating authority for the delivery of all dental care.

Policy on Licensure of Graduates of Non-accredited Dental Schools (1984:539)

The United States has a long and proud tradition of affording opportunities to immigrants. The American Dental Association fully supports application of this principle in dentistry; but not at the expense of the standards of dental practice in this country. State licensure is a critical element in preserving that standard of practice and for the protection of the citizens of the state.

Although licensing provisions vary among U.S. licensing jurisdictions, all jurisdictions have the same three types of requirements: an educational requirement, a written examination requirement and a clinical examination requirement. The traditional educational requirement is graduation from an accredited dental school. Only dental schools in the United States and Canada are recognized as accredited. Extending accreditation in schools in other countries is not feasible.

In the absence of accreditation, an educational requirement for dental licensure has limited significance. The Association questions whether written and clinical examinations alone provide sufficient verification of competence to serve the purpose of licensure. Thus, the Association urges jurisdictions to require any graduate of a non-accredited school to obtain supplementary education in an accredited school prior to licensure. The amount of additional training needed by graduates of non-accredited schools may vary. While some flexibility is needed, the licensure process requires well-defined minimum standards. Recommended minimum educational standards for licensure of a graduate of a non-accredited school are:

1. Completion of a supplementary predoctoral education program in an accredited dental school. A supplementary education program of at least two academic years is required.
2. Certification by the dean of the accredited dental school that the candidate has achieved the same level of didactic and clinical competence as expected of a graduate of the school.

Dental Hygiene Requirements (1977:926)

Resolved, that graduation from a dental hygiene program or the successful completion by dental students of an equivalent component of a dental school curriculum, accredited by the Commission on Accreditation of Dental

and Dental Auxiliary Educational Programs, is the essential educational eligibility requirements for dental hygiene licensure examination, and practice, and be it further Resolved, that the American Dental Association supports only those efforts to qualify individuals to perform dental hygiene functions who have completed an accredited dental hygiene program or an equivalent component of the dental curriculum.

Licensure of Specialists by Credentials (1976:921)

Resolved, that each constituent society, in consultation with its state board of dentistry, be urged to develop mechanisms of licensure by credentials for dental specialist.

} applies to Special Bill 126

Active and Inactive Licenses (1976:921)

Resolved, that each constituent society, in consultation with its state board of dentistry, be urged to develop a mechanism for issuing active and inactive licenses to enhance public protection.

Enforcement of State Dental Practice Acts (1976:921)

Resolved, that each constituent society, in consultation with its state board of dentistry, be urged to study the need for greater state support for enforcement of the state dental practice act, and be it further Resolved, that, if need is established, the constituent society, in consultation with its state board of dentistry, consider developing mechanisms to obtain additional state support for enforcement of the state dental practice act in the public interest.

Relicensure by Credentials (1976:921)

Resolved, that each constituent society, in consultation with its state board of dentistry, study mechanisms of licensure by credentials that have the potential for use as relicensure standards.

Guidelines for Licensure (1976:919; 1977:923)

Dental licensure is intended to insure that only qualified individuals provide dental treatment to the public. Among qualifications deemed essential are satisfactory theoretical knowledge of basic biomedical and dental sciences and satisfactory clinical skill. It is essential that each candidate for an initial license be required to demonstrate these attributes on examination, a written examination for

theoretical knowledge and a clinical examination for clinical skill. These guidelines suggest alternate mechanisms for evaluating the theoretical knowledge and clinical skill of an applicant for licensure who holds a dental license in another jurisdiction. Requiring a candidate who is seeking licensure in several jurisdictions to demonstrate his theoretical knowledge and clinical skill on separate examinations for each jurisdiction seems unnecessary duplication.

Licensure by Examination: Written examination programs conducted by the Council of National Board of Dental Examiners have achieved broad recognition by state boards of dentistry. National Board dental examinations are conducted in two parts. Part I covers basic biomedical sciences; Part II covers dental sciences. It is recommended that satisfactory performance on Part II of National Board dental examinations within five years prior to applying for a state dental license be considered adequate testing of theoretical knowledge. National Board regulations require a candidate to pass Part I before participating in Part II. Consequently, this recommendation excludes Part I only from the time limit.

No clinical examination has achieved as broad recognition as have National Board written examinations. Clinical examinations used for dental licensure are conducted by individual state boards of dentistry and by regional clinical testing services. It is recommended that satisfactory performance within the last five years on any state or regional clinical examination at least equivalent in quality and difficulty to the state's own clinical examination be considered adequate testing for clinical skill provided that the candidate for licensure:

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice since being examined.
- c. Is endorsed by the state board of dentistry in the state of his current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Licensure by Credentials: The American Dental Association believes that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination. Issuing a license using a performance record in place of examinations is termed licensure by credentials.

All candidates for licensure by credentials might be required to fulfill basic education and practice requirements. It is recommended that graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs be considered minimum satisfactory education for licensure by credentials. Further, it is recommended that licensure by credentials be available only to a candidate who:

- * a. Is currently licensed in another jurisdiction.
- * b. Has been in practice or full-time dental education for a minimum of five years immediately prior to applying.

- c. Is endorsed by the state board of dentistry in the state of current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Alternate ways that current theoretical knowledge might be documented follow. It is recommended that for a candidate who meets eligibility requirements for licensure by credentials, these methods be considered as possible alternatives to the written examination requirement.

- 1. Successful completion of an accredited advanced dental education program in the last ten years.
- 2. A total of at least 180 hours of acceptable, formal, scientific continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
- 3. Successful completion of a recognized specialty board examination in the last ten years.
- 4. Teaching experience of at least one day per week or its equivalent in an accredited dental education program for at least six of the last ten years.

Possible documentation for current clinical skill appears in the following list. Provided that eligibility requirements for licensure by credentials are met, it is recommended that these methods be considered as possible alternatives to satisfactory performance on a clinical examination.

- 1. Successful completion of an accredited general practice residency or dental internship within the last ten years.
- 2. Successful completion of an accredited dental specialty education program in a clinical discipline within the last ten years.
- 3. A total of at least 180 hours of acceptable clinically oriented continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
- 4. Clinical teaching of at least one day per week or its equivalent in an accredited dental education program, including a hospital-based advanced dental education program for at least six of the last ten years.
- 5. Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

Content of State Licensure Applications (1976:916)

Resolved, that the American Dental Association requests each state board of dentistry to review its application for licensure to insure that only data related to the individual's qualifications to provide dental treatment are required. However, this is not intended to exclude customary inquiries into the applicant's moral character, being found guilty of a felony, or having violated the dental practice act of another jurisdiction.

Applies to Senate Bill 126

Applies to Senate Bill 126



Purpose of Licensure (1976:915)

Resolved, that the American Dental Association believes licensure to be solely for the protection of the public.

Position Statement on Federal Intervention in Licensure (1975:187, 718)

The American Dental Association has repeatedly recorded its support for the principle of dental licensure at the individual state level and its opposition for placing this important function under federal control. The purpose of this statement is to identify the reasons underlying the Association's position.

A basic premise of the Association's position is that American dentistry has reached a level of quality and availability not matched elsewhere in the world. The system of state licensure has been an important factor in dentistry's development. Therefore, the Association would oppose replacement of the state licensure system. In the opinion of the Association, federal control of dental licensure would not only fail to solve existing problems involving delivery of dental care to the public, but also could be expected to create new problems.

Maldistribution: One of the most widely recognized and most complex problems facing dentistry involves the distribution of dentists throughout the country. Typically, inner city and rural areas have difficulty attracting dentists. Some proponents of abandoning the state licensure system believe that federal licensure would help alleviate the distribution problem. Presumably, federal licensure would eliminate red tape for dentists moving from one state to another. Then, underserved areas might be able to attract dentists from other states.

Although the Association recognizes the maldistribution problem, it does not believe federal licensure to be a potential solution. A review of dentist-population ratios by county and state indicates greater variance within states than among states. Currently, nothing impedes a dentist licensed in a state from moving to an underserved area in the same state. Since this has not occurred, it is doubtful that dentists from other states would flock to these underserved areas.

Mobility of Dentists: Even though not important as a solution to maldistribution of dentists, the Association is committed to seeking a mechanism that would allow competent practitioners to relocate in a different state with a minimum of inconvenience. This goal is not incompatible with the system of state licensure. Licensing a dentist licensed in another state on the basis of his credentials meeting specific professional criteria is one mechanism currently being vigorously pursued. In considering various alternatives, however, the Association has maintained the position that each state should retain sufficient safeguards to ensure that any dentist granted a license in the state is competent to serve the people of the state. Any lesser condition would fail to provide adequate public protection.

Experimentation: The current state-based licensure system is composed of 53 jurisdictions, each attempting to develop

the most effective system possible for regulating the practice of dentistry. When new systems or regulations are proposed, initial evaluation must, of necessity, be based on supposition. Because hard evidence about new proposals is seldom available, new proposals usually evoke mixed reactions. Although few new ideas gain majority approval quickly on a national level, many are approved by one or more states. Experience of these states forms a basis for other states to make a higher quality decision about the proposal within a relatively short time. In a sense, a few states provide a controlled experiment for the majority. Examples of this process can be found in acceptance of National Board scores, development of the concept of licensure by credentials, growth of regional clinical testing services and assignment of duties to dental auxiliary personnel.

Influence on the Dental Curriculum: Dental schools have a responsibility to graduate individuals capable of practicing dentistry. Since meeting licensure requirements is a prerequisite to practice, dental schools also prepare students to pass licensure examinations. Consequently, the agency that establishes licensure standards can have an influence over dental curriculums. Under the state licensure system this influence is shared among 53 jurisdictions, and thus moderated. With a single federal agency setting standards, the influence of licensure examinations might become excessive and virtually dictate the content and emphasis for all dental curriculums. This centralization would tend to make a static situation which would inhibit evolution and change. Also, the cooperation that has developed among educators, examiners and the practicing profession at the state level has been effective in dealing with the relationship between licensure requirements and the dental curriculum. The same degree of cooperation could not be expected at the federal level.

Enforcement: Licensure involves more than issuing licenses to candidates who qualify. Regulatory agencies also must ensure that licensed dentists maintain competence and practice in accordance with the law. It is in this policing function that federal licensure seems most inadequate. To be most effective, regulatory responsibility should be placed at the lowest level of government capable of performing the functions—in this instance, the state, through its board of dentistry.

Summary: For the reasons cited, the American Dental Association strongly opposes federal licensure and federal intervention in the state licensing system.

Licensure by Credentials (1975:715)

Resolved, that the American Dental Association, through its constituent societies, strongly encourages state boards of dentistry to establish criteria by which dentists could be licensed by credentials to permit the freedom of interstate movement while retaining those controls necessary to fulfill the public responsibilities of the respective state boards.

Licensure of Dental Hygienists (1973:725)

Resolved, that state licensure of dental hygienists continue to be part of the dental profession's responsibility for insuring high quality dental care for the public, and be it further

Resolved, that legal provisions for the practice of dental hygiene continue to support the principle that the hygienist functions under the direction and supervision of a licensed dentist rather than independently, and be it further

Resolved, that state boards of dentistry are the appropriate agencies to issue licenses and regulate the practice of dental hygiene.

Licensure Recommendations of Special Committee (1973:712)

Resolved, that all recommendations of the Report of the Special Committee to Study Dental Licensing Procedures of the American Dental Association that are adopted by the House of Delegates of the American Dental Association be adopted with the knowledge, understanding and agreement that they be adopted as guidelines for each individual state and are to be implemented at the discretion of each constituent society and state board of dental examiners.

The following recommendations of the Special Committee of the Association to Study Dental Licensing Procedures were approved by the House of Delegates (1973:712):

Recommendation 1: That each state continue to require of all candidates for licensure satisfactory performance on a written examination, either state or National Board.

Recommendation 2: That each state accept satisfactory performance on National Board examinations as fulfilling or partially fulfilling its requirement of satisfactory performance on a written examination for licensure.

Recommendation 3: That states consider including in their practice acts provision for waiving the written examination requirement for candidates who are licensed in another state and who have passed a comparable written examination in that state.

Recommendation 4: That each state continue to require of all unlicensed candidates for licensure satisfactory performance on an individual state clinical examination or a clinical examination conducted by a regional testing service of the dental profession.

Recommendation 6: That states consider including in their practice acts provision for waiving the clinical examination requirement, or portion thereof, for candidates who are licensed in another state and who have passed a clinical examination in that state.

Recommendation 7: That each state consider active participation in the development of regional clinical examinations, if none now exist in the region.

Recommendation 8: That the American Association of Dental Examiners proceed promptly with activating its Dental Examiners National Testing Service (DENTS) to assist in the research, development, coordination and administrative management of state and regional clinical examinations.

Recommendation 9: That DENTS in cooperation with dental education and the practicing profession be urged to place high priority on developing suggested content and performance standards for clinical licensure examinations.

Recommendation 10: That the American Dental Association support the principle of regional clinical examinations and DENTS as mechanisms for achieving uniformly high standards in clinical evaluation.

Recommendation 11: That each state consider requiring dentists to show evidence of continuing education as a condition for re-registration of their licenses.

Recommendation 12: That states consider including in their practice acts provision to require for licensure maintenance proof of remedial study for those dentists identified through properly constituted peer review mechanisms as being severely deficient.

Recommendation 13: That state dental associations, state boards of dentistry and dental schools work in close cooperation to provide supplemental clinical education opportunities for those dentists who lack clinical proficiency but are otherwise eligible for dental license.

Recommendation 16: That the American Dental Association favors reciprocal agreements for licensed dentists who meet specific professional criteria which have been established by individual state boards of dentistry to insure the protection of the public.

Recommendation 18: That each state cooperate with the American Association of Dental Examiners in its project of developing model criteria for licensure by credentials.

Recommendation 19: That the American Dental Association continue to support the principle of dental licensure at the individual state level and to oppose any activity which would place this important function under federal regulation.

Recommendation 20: That a survey of attitudes on dental licensing procedures be repeated in three to five years to determine whether actual changes in attitudes on licensing procedures are occurring.

Recommendation 21: That a nine-member Special Committee of the Association to Study Dental Licensing Procedures be appointed by the Board of Trustees to continue for one year the study of licensing matters and the need for a Council on Dental Licensure, and that membership on the Special Committee be equally divided among representatives of the American Association of Dental Examiners, American Association of Dental Schools and American Dental Association.

Criteria Approval Provisions for Licensure (1971:531)

Resolved, that the American Association of Dental Examiners be urged to develop criteria approval provisions for licensure which could be adopted by individual state boards of dentistry.

Dental Society Consultation Regarding Licensure (1968:250)

Resolved, that constituent dental societies be urged to consult with state boards of dentistry to give continuing consideration to methods of determining the qualifications of candidates for licensure.

Regulation of Dental Licensure (1968:248)

Resolved, that the principle of dental licensure at the individual state level be affirmed and that any proposal

which would place this important state function under federal regulation be opposed.

Licensing of Dental Hygienists (1959:248)

Resolved, that the state boards of dental examiners and the American Association of Dental Examiners be requested to give consideration to the profession's need for dental hygienists and encouraged to develop mechanisms under which hygienists licensed in one state may be examined for practice by another state in which they may now reside, with previous education, licensure and experience used as a substitute for current requirements.

Government awards contract on national data bank

Washington—Unisys Corp, an experienced government contractor, outbid three competitors for a 5-year, \$15.9 million contract to operate the first national data bank on disciplinary and malpractice actions against physicians and dentists.

The data bank is expected to begin

operations this summer. It will collect and disseminate information on adverse actions involving at first only dentists and physicians. Eventually it will gather information on other health workers as well, including dental hygienists, laboratory technicians, and other dental-related workers licensed,

certified, or registered by states.

Officials of Unisys Corp, an information systems company headquartered in Blue Bell, PA, with offices in and around the District of Columbia, were taking a low profile on the Dec 30 government announcement, referring questions about the contract

to the Department of Health and Human Services (HHS), which awarded it. The other bidders were not identified.

The American Medical Association, which earlier had been interested in operating the data bank, also declined comment.

Continued on page nine

New TV spot offers message on gum disease

Chicago—A public service announcement (PSA) urging TV viewers to "start fighting gum disease now" and see their dentist regularly will begin airing on network television later this month as part of a major public education campaign sponsored by Crest in cooperation with the

ADA



dental health brochure, available only through Association



Scenes from the

Court OKs ADA appearance in amalgam case

Hartford, CT—A federal district court here has granted permission for the ADA to appear as a friend of the court (*amicus curiae*) in a case now pending against a metals recycler and four dental supply houses charged with wrongful disposal of scrap amalgam.

W E A S H I N G T O N

Data bank

Continued from page one

The AMA did not bid on the contract awarded to Unisys.

When the data bank is up and running it will collect information on the following:

- all payments made on behalf of any licensed health care provider as a result of a malpractice claim or settlement;
- licensure disciplinary actions taken by state medical and dental boards;
- professional review actions by health care entities (such as hospitals and health maintenance organizations) with peer review procedures that adversely affect clinical privileges of dentists or physicians for more than 30 days and are based on professional competence or conduct;
- adverse actions taken by professional societies against the membership of a physician or dentist following formal peer review of professional competence or conduct.

These actions must be reported to the data bank after it becomes operational. Malpractice casualty insurance companies also will be required to report any payments made on behalf of physicians and dentists to settle legal claims. No retroactive reporting will be required, HHS officials said.

Hospitals will be required to consult the data bank when a dentist or physician seeks staff privileges. Hospitals also must check with the data bank every 2 years concerning physicians and dentists with staff or clinical privileges.

Plaintiff's attorneys may obtain information from the bank under certain conditions. Strict confidentiality requirements will be spelled out in government regulations yet to be issued.

The data bank was authorized in the 1986 Health Care Quality Improvement Act under Public Law 99-660 and was supposed to be operating by Nov 14, 1987. Political and financial difficulties blocked the project until the fiscal year 1989 HHS appropriation included nearly \$3 million in startup funds.

"The data bank will be operated as a partnership between the public and private sectors," said HHS Secretary Otis Bowen, MD. "Its success will require the continuing good will and best efforts of all of us interested in the well-being of our nation's health care system."

The government's work plan for the data bank requires the contractor to operate it in consultation with dentistry and other health professions through an executive committee whose members include representatives of the ADA and American Association of Dental Examiners. Both organizations have agreed to serve on the committee, which will hold its first meeting in February, according to an HHS official.

Dr. William E. Allen, associate executive director, will represent the ADA for a term from Dec 1, 1988, to Nov 30, 1992. The AADE representative will serve a 2-year term. Initial committee members will serve staggered terms of 1 to 4 years.

"As a private practitioner for over 35 years," said Dr. Allen, "I am especially pleased to assist in the development of a national program intended to benefit both the public and the dental profession."

"I wish to emphasize," he continued, "that every effort will be made to assure the integrity of the program and to protect the rights of those health professionals subject to the reporting requirements of the data bank."

The committee will review and comment

on design and operation of the data bank and advise the contractor on such issues as data confidentiality, security, and fees.

Dr. Bowen and sponsors of the 1986 legislation creating the data bank said it would be important in assuring that information on adverse actions against health professionals follows them when they relocate practices to other states and jurisdictions.

He said other federal agencies were taking steps to comply with the bank's reporting requirements including the US Public Health Service, Department of Defense and Drug Enforcement Administration, which are committed to participating, and the Veterans Administration, which "is considering how it may participate."

—Craig Palmer

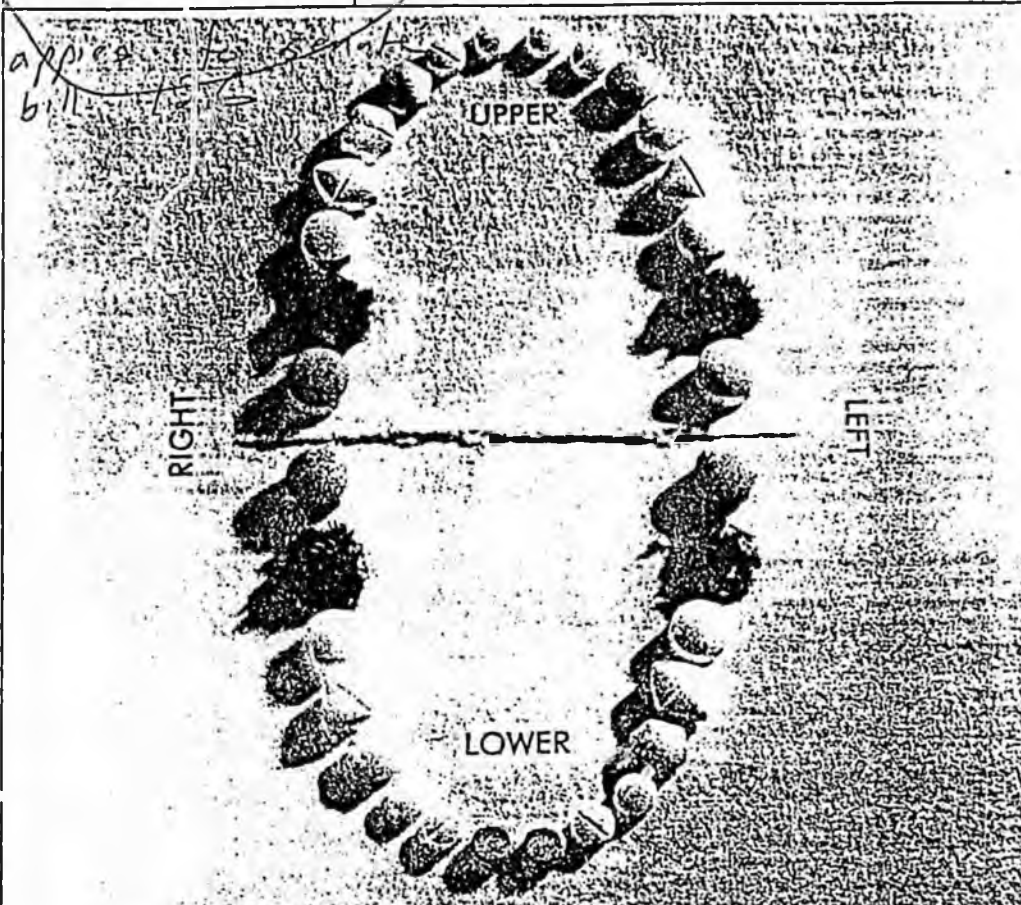
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Partnership for a Drug-Free America

This public service message is approved by the Advisory Commission on Children and Drug Abuse, Commission on Drug Abuse, American Dental Association.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE

Friday, December 30, 1988

Public Health Service

Frank Sis (301) 443-3377

HHS Secretary Otis R. Bowen, M.D., today announced the award of a \$15.9 million ⁵⁴ contract to establish and operate a National Practitioner Data Bank intended to lessen the possibility that incompetent physicians and dentists may move their practices from state to state without detection.

The five-year contract was awarded to UNISYS, an information systems company with corporate headquarters in Blue Bell, Pa. Fiscal year 1989 funding amounts to \$3 million. The data bank is expected to become operational in the summer of 1989.

"The data bank will be operated as a partnership between the public and private sectors," Secretary Bowen said. "Its success will require the continuing good will and best efforts of all of us interested in the well-being of our nation's health care system."

The data bank was authorized by the Health Care Quality Improvement Act of 1986 to restrict the ability of physicians and dentists to move their practices from one state to another with little likelihood of discovery of previous substandard professional performance. The act also encourages peer review by providing immunity from private antitrust suits to health care entities that conduct professional peer review with due process and in good faith in the furtherance of quality patient care.

(MORE)

The data bank will collect information concerning:

- All payments made on behalf of any licensed health care provider as a result of a malpractice claim or settlement;
- Licensure disciplinary actions taken by state medical and dental boards;
- Professional review actions by health care entities with peer review processes, such as hospitals or health maintenance organizations, which adversely affect the clinical privileges of a physician or dentist for more than 30 days and which are based on a review of the practitioner's professional competence or conduct; and
- Adverse actions taken by professional societies against the membership of a physician or dentist following formal peer review of the practitioner's professional competence or conduct.

Reports will be required only after the data bank becomes operational next summer. There will be no retroactive reporting.

Hospitals will be required to consult the data bank when a physician or dentist seeks to join the staff or receive clinical privileges. Hospitals also must consult the data bank every two years concerning physicians and dentists who are on their medical staff or have clinical privileges.

Health care entities, such as group medical and dental practices, may consult the data bank when a physician or dentist applies for clinical privileges or appointment to the staff. State licensing boards may consult the data bank. Individual physicians or dentists may consult the data bank about their own records. A plaintiff's attorney may access the data bank under certain conditions.

*applies
to Senate
bill 126*

(MORE)

In operating the data bank, the contractor will be guided by an executive committee composed of representatives of the federal health care system and various professional organizations.

Proposed rules for the operation of the data bank were published in the Federal Register on March 21, 1988. Final rules are expected to be published in the near future.

The data bank also will include, at future date, the additional functions mandated by section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987. That section will require states to report adverse licensing actions taken against a broad range of health care practitioners.

The federal government ^{military & public health} is taking steps to comply fully with the reporting requirements of the data bank," Secretary Bowen noted. "The Public Health Service, the Department of Defense and the Drug Enforcement Administration are formally committed to participating, and the Veterans Administration is considering how it may participate."

} applies to Senate Bill 126

In addition to establishing the data bank, Secretary Bowen earlier established a special Task Force on Medical Liability and Malpractice, which studied the full range of malpractice-related issues and released its report and recommendations last year. As recommended by the task force, HHS and the Department of Justice also developed model legislation to help states in reforming malpractice laws, and HHS specialists have assisted individual states in their reform efforts.

The contract announced today will be monitored by the Office of Quality Assurance in the Bureau of Health Professions. The bureau is part of the Health Resources and Services Administration, an agency of the Public Health Service.



Washington—On a scale of one to ten, you'd have to give it an eleven.

The ADA/FDI (Federation Dentaire Internationale) Joint 1988 World Dental Congress was the largest dental exhibition ever held in North America. The "super-meeting" was attended by more than 30,000 dentists, dental assistants, dental hygienists, dental laboratory technicians, students, spouses, guests, exhibitors, dealers, and buyers from around the globe.

The Oct 8-14 meeting, the first joint convocation held by the ADA and the FDI

International exhibit billed 'biggest ever' on continent

More than 30,000 go to Washington

Exhibit photos, page five

since 1975, also can boast to have been the largest convention ever held in the nation's capital. The ADA, however, is no stranger to Washington, DC—it held annual sessions here five other times—in 1912 (National Dental Association), 1929, 1951, 1967, and 1974.

A total of 9,904 ADA member dentists attended the joint congress, and welcomed foreign dental personnel, spouses, and guests to the United States. Some 1,875 FDI

supporting members, 176 ADA affiliate members, and 251 ADA affiliate-FDI supporting members participated in joint congress programs, including scientific sessions, technical exhibits, general interest programs, and business meetings.

Those attending the joint congress were able to browse through the latest dental product and equipment wares displayed by 578 companies, gathered in 1,072 commercial exhibit booths at the Washington, DC convention center—the largest technical exhibit ever collected on the continent. ■

Who attended?

ADA member dentists	9,904
ADA spouses	4,172
Guests	3,651
Dental students	654
Dental assistants	1,837
Dental hygienists	954
Dental lab technicians	236
Dental dealers/buyers	392
Nonmember dentists	902
Exhibitors	5,422
ADA affiliate and FDI supporting members	251
ADA affiliate only FDI supporting member only	176
ADA affiliate only FDI supporting member only	176
Total attendance	30,641

Unofficial figures from the Council on ADA Sessions and International Relations

House tightens AIDS policy

Association opposes denying care

Washington—The ADA House of Delegates adopted a revised policy statement on the treatment of AIDS patients that effectively toughens the Association's opposition to denying dental care to those infected with the deadly disease.

After a lengthy debate, the House decided to alter the policy statement it adopted last

Policy in full, page four

year on the obligations of dentists to treat patients infected with AIDS or the AIDS virus (human immunodeficiency virus or HIV), and to remove from the statement all references to the right of referral.

Long-established policy, the House noted, allows dentists to make referrals to other practitioners as appropriate, taking into account both dentists' experience, equipment, and skills.

Language in the original statement, which permitted "informed and sensitive referrals to individuals who have special skills, knowledge, and experience" was dropped from the statement because it was redundant, the House said.

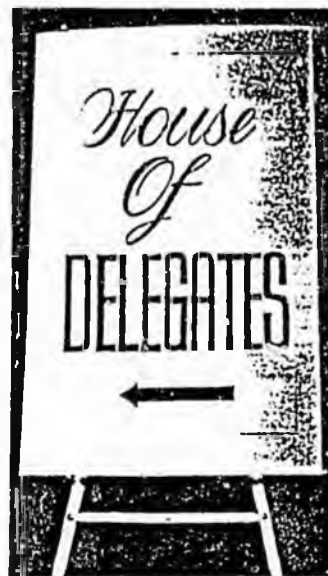
The right of referral, spelled out in the ADA *Principles of Ethics and Code of Professional Conduct*, remains intact for all dentists, and doesn't require special mention in the AIDS, HIV policy statement.

The revised policy, the House noted, does not preclude the right of any dentist to refer to another practitioner a patient with a condition beyond his or her "skills, knowledge, equipment, or experience," as described in the *Code*.

There was no need to restate that fact in the AIDS, HIV policy statement, the House decided.



ADA Executive Director Thomas J. Ginley, PhD, addresses the House of Delegates.



Beyond AIDS, the revised policy statement includes also a new section on ethical considerations. Following the statement on this subject by the Council on Ethics, Bylaws, and Judicial Affairs, the revised policy statement quotes from Section I of the ADA *Principles of Ethics*, which defines the dentist's "primary professional obligation" as service to the public.

The new section states, "The competent and timely delivery of quality care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient, shall be the most important aspect of that obligation."

Another approved revision in the original statement, adopted by last year's House, calls for "all dentists involved in the treatment" of patients suspected of HIV infection to be notified of test results, while protecting the confidentiality of such information.

The House also adopted a resolution declaring that the ADA "opposes discrimination on any basis, including discrimination against persons with infectious diseases," while opposing any move to declare such diseases handicapping conditions.

The House resolved that "as a highest priority, the Association work aggressively toward persuading state legislatures, Congress, and all appropriate governmental agencies that communicable, infectious diseases are not a handicap within the meaning of applicable discrimination laws." ■

ADA to examine licensure issue, report to House

Washington—The ADA House of Delegates, meeting here during the joint world congress, adopted two resolutions calling on the Association to take a closer look at one of organized dentistry's most controversial issues: dental licensure.

In a close vote (218 to 196), the House adopted a measure requiring the ADA appoint a committee to study "freedom of movement and licensure issues" and report back to the House in 1989.

More House actions, page four

Also adopted was a resolution calling for "appropriate agencies of the ADA, cooperation with the American Association of Dental Examiners [to] study the comparability of clinical examinations in use for dental licensure and the feasibility of identifying reliable standards for evaluating clinical competency." A preliminary report on the study is expected to go to the House next year, with a final report to follow in 1990.

By its action, the House acknowledged that licensure and freedom of movement are issues of major concern to many ADA members.

A 1986 membership survey showed that 76.9% of ADA members either "strongly agree" or "agree" that the Association should encourage states to adopt licensure by credentials. Existing Association policy adopted in 1975, encourages state boards to "establish criteria by which dentists could be licensed by credentials to permit freedom of interstate movement while retaining those controls necessary to fulfill public responsibilities of the respective state boards."

Though it encourages credentialing, the ADA has long held that licensure is a state rights issue, a view that reflects years of continuous study of licensure-related concerns.

Some dentists—particularly the young ones—believe the Association should exert greater pressure on the states to adopt a licensure policy, an approach the ADA has always resisted in deference to the states.

Early in the House discussion, it appeared the resolutions later adopted were headed for the scrap pile. Impassioned pleas from

Continued on page four



After 3 years as speaker of the ADA House, Dr. Joseph G. DiStasio presides over his last meeting.

Licensure

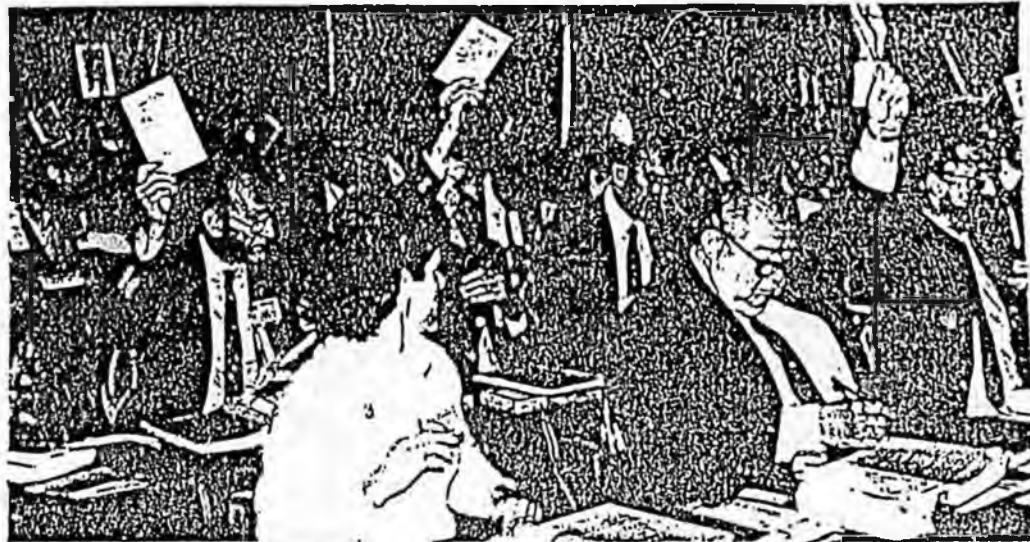
Continued from page two

Nelson of the American Student Dental Association and Dr. Patsy Fujimoto, who chairs the ADA Commission on the Young Professional, caused the House to take notice.

But it was a statement from then president-elect, now President Arthur J. Dugoni that swayed the House to favor the licensure resolutions—particularly 1411, which calls for the study of clinical examinations.

Stating flatly that he supported the resolution, Dr. Dugoni reminded the House that the measure "says only that we will study the issue. It does not take away states' rights or powers of licensure."

An ADA staff committee that will include representatives of the American Association of Dental Examiners has been formed at the direction of Thomas J. Ginley, PhD, executive director. The committee held a planning meeting Oct. 27. ■



D. Delegates raise their voting cards during the 1988 House session.

House adopts policy on auxiliary issues

Updated statement defines responsibilities, terms

Washington—A detailed policy statement defining the Association's position on dental auxiliary education, credentialing, and utilization was adopted here by the 1988 House of Delegates.

The *Comprehensive Policy Statement on Dental Auxiliaries* replaces interim policy the House adopted last year when a number of suggested amendments to the original document were referred for study and recommendation to the Council on Dental Education.

The new House-approved statement is a basic reference on auxiliary issues. Its provisions center on the dentist's "ultimate responsibility for patient care" and define

More on House, Nov 21 ADA NEWS

Association policy on such matters as delegation of auxiliary functions, supervision, employment settings, education, and licensure. The document also provides a glossary of terms related to dental auxiliary utilization and supervision.

Development of the statement began in 1985 when the council initiated a review of existing ADA policy on dental auxiliaries. The council found that the Association's policies on auxiliaries—dental hygienists, assistants, and laboratory technicians—had been adopted piecemeal over a period of

30 years, largely in response to changes in dental practice and the legislative climate.

Deciding that something more comprehensive and up to date was needed, the council went to work on a statement that would, as the council said in an early background report, "incorporate existing policies into a single, concise document without significantly changing or adding to current House-adopted policy." The document has been refined since then, and with its adoption all old policies on dental auxiliaries were rescinded.

The new House-approved policy statement will be distributed to all ADA constituent societies. ■



Members of the House listen to debate during their 3-day meeting.

ADA policy statement on AIDS, HIV and dental practice

Adopted by the ADA House of Delegates on Oct. 12 in Washington, DC.

The dental profession in the United States has a long tradition of providing appropriate and compassionate care to the public, including special groups with special needs. The American Dental Association believes that it has the responsibility to articulate a clear position on issues related to acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection and to formulate policy based on current scientific knowledge and accepted legal, moral, and ethical imperatives.

This policy statement will be reviewed on a regular basis and may be modified as new information and developments become available.

National Policy—The Association is supportive of initiatives to develop a national policy on HIV infection that can become the basis for coordinated efforts by the public and private sectors. The oral health aspects of HIV infection and issues related to the practice of dentistry should be included in national policies as they are developed.

Legal Issues—Antidiscrimination laws and regulations should be clarified or amended either legislatively or through the courts, in consideration of the rights of the patient to be free from acts of prejudice and the rights of others to be protected against an unreasonable risk of disease.

Public Information—The health care and communications communities should work together, in consultation with government agencies, to develop public service announcements and other educational messages regarding AIDS. Public education to increase awareness of how AIDS is transmitted should include information that will diminish irrational fears about transmission of the disease through dental treatment.

Ethical Considerations—The dental profession has long

Association statement.

The dentist's primary professional obligation shall be service to the public. The competent and timely delivery of quality care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient, shall be the most important aspect of that obligation.

Professional Considerations—The Association believes that HIV-infected individuals should be treated with compassion and dignity. Current scientific and epidemiologic evidence indicates that there is little risk of transmission of infectious diseases through dental treatment if recommended infection control procedures are routinely followed. Patients with HIV infection may be safely treated in private dental offices when appropriate infection control procedures are employed. Such infection control procedures provide protection both for patients and dental personnel.

A sound approach to the treatment of infectious patients requires an assessment of the patient's condition based on reasonable and informed medical judgments, given the state of medical knowledge at the time. A dentist should not refuse to treat a patient whose condition is within the dentist's current realm of competence solely because the patient is HIV infected.

Dentists should be alert to signs and symptoms of HIV infection that may be identified during the provision of dental care. Patients with histories or conditions possibly indicative of HIV infection should be referred to their physicians for diagnostic procedures, counseling and medical follow-up.

All dentists involved in the treatment of the patient should be notified of test results and should protect the confidentiality of such information.

The Association believes that individuals with HIV infection should have access to dental treatment. Treatment considerations should provide for a just balance between the well-being of

New committee acts on dues structure directive

Washington—The ADA's complicated membership dues structure, which includes 22 membership categories and may be hampering recruitment, has been hoisted up on the racks in preparation for an overhaul.

The House of Delegates, meeting here during the joint world congress, approved a resolution calling on the ADA Board of Trustees and other agencies to "study the entire issue of membership categories and dues structure" with an eye for developing a simplified, more equitable dues system. The Board is expected to report back to the House in 1989.

To allow for the larger study, the House deferred action on a series of resolutions that would have, in one way or another, altered the current dues system piecemeal. These resolutions were referred to the Board for review in the dues system study.

The House asked the Board to work "in consultation with appropriate Association agencies, the Commission on the Young Professional, the American Student Dental Association, and constituent and component societies" to study the dues structure and membership categories.

Within a week after the House action, ADA Executive Director Thomas J. Ginley, PhD, had appointed a 10-member committee to conduct the dues study. The group, held its first meeting Nov. 26 and is expected



Senate Finance Committee

Rick Halford, Senator

These are copies of
typical of officer
effectiveness reports. These
reports are available
to document the dental
background on all federally
employed dentists.

I. RATEE IDENTIFICATION DATA (Read AFN 36-10 carefully before filling in any item)						
1. NAME (Last, First, Middle Initial) RAMPTON, JASON M.	2. SSN [REDACTED]	3. GRADE MAJ	4. DAFSC 9826			
5. ORGANIZATION, COMMAND, LOCATION USAF Regional Hospital Elmendorf (AAC), Elmendorf AFB, Alaska			6. PAS CODE ELOAFBBV			
7. PERIOD OF REPORT FROM: 2 Jun 87 THRU: 1 Jun 88		8. NO. DAYS OF SUPERVISION 366	9. REASON FOR REPORT Annual			
II. JOB DESCRIPTION 1. DUTY TITLE: Dental Officer, General 2. KEY DUTIES, TASKS, AND RESPONSIBILITIES: Examines dental patients, interprets roentgenograms and diagnostic tests, restores health and function of the oral cavity through the treatment of carious lesions by endodontic therapy, restorations, extractions and replacements of missing teeth with bridges or removable prosthetic appliances. Diagnoses and treats diseases and destructive processes of the oral cavity and investing tissues of the teeth. Additional Duties: Member, Quality Assurance/Risk Management (QA/RM); Member, Preventive Dentistry Committee.						
III. PERFORMANCE FACTORS <i>Specific example of performance required</i>						
	NOT OBSERVED	FAR BELOW STANDARD	BELOW STANDARD	MEETS STANDARD	ABOVE STANDARD	WELL ABOVE STANDARD
1. JOB KNOWLEDGE (Depth, currency, breadth) Highly skilled general dentist. Skillfully completed complex, pediatric, multidiscipline cases involving space maintenance and minor orthodontic movement.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. JUDGMENT AND DECISIONS (Consistent, accurate, effective) While performing duties in sick call, diagnoses are precise, timely and accurate. Treatment plans reflect sound judgment.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. PLAN AND ORGANIZE WORK (Timely, creative) Coordinated dental examination and dental prophylaxis schedules for three elementary schools at Elmendorf Air Force Base, which afforded access to all eligible children.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. MANAGEMENT OF RESOURCES (Manpower, materiel, fiscal) By customizing his treatment time to the specific needs of a number of apprehensive pediatric patients, he has completed their treatment thus eliminating referrals and expediting their care.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. LEADERSHIP (Initiative, accept responsibility) Leads by example. Willingly accepts additional patients when sick call is heavy. Willingly assists other doctors when patient scheduling problems arise. Volunteered to train participants of the Red Cross Training Program in restorative and pediatric dentistry.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ADAPTABILITY TO STRESS (Stable, flexible, dependable) Upon the occurrence of a medical emergency, took charge, initiated and directed proper procedures and maintained the patient until the emergency medical response team arrived.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ORAL COMMUNICATION (Clear, concise, confident) His presentation on preventive dentistry to numerous assemblies at the base elementary schools during National Childrens Dental Health Month was well received by both the students and teaching staff.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. WRITTEN COMMUNICATION (Clear, concise, organized) Complete and accurate reports covering the Childrens Preventive Dentistry Program kept the Base Dental Surgeon completely informed of the program's progress and completion.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. PROFESSIONAL QUALITIES (Attitude, dress, cooperation, bearing) He is totally devoted to his dental responsibilities and the Air Force family. Fully supports all squadron, base, and community functions. Sets an exemplary example of an Air Force officer to the community.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. HUMAN RELATIONS (Equal opportunity participation, sensitivity) Has a compassionate humane regard for all people no matter what their situation or beliefs. Is an active leader in his local church and scouting troop.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

IV. ASSIGNMENT RECOMMENDATION: 1. STRONGEST QUALIFICATION: Technical Skills
 2. SUGGESTED JOB (Include AFSC): General Dentist, 9826
 3. ORGANIZATION LEVEL: Hospital 4. TIMING: 1989

V. EVALUATION OF POTENTIAL:

Compare the ratee's capability to assume increased responsibility with that of other officers whom you know in the same grade. Indicate your rating by placing an "X" in the designated portion of the most appropriate block.

[]			[]			[]			[]			Highest ↑
[]			[]			[]			[]			
[]			[]			[]			[]			
RATER	ADDN RATER	INDORS- ER	RATER	ADDN RATER	INDORS- ER	RATER	ADDN RATER	INDORS- ER	RATER	ADDN RATER	INDORS- ER	

lowest ←

VI. RATER COMMENTS An outstanding dental officer who demonstrates a wide scope of knowledge in general dentistry, continues to provide the best possible patient care, and uses every opportunity through continuing dental education courses and literature to upgrade treatment given at this facility. Selected to attend a Medical Aspects of Child Abuse and Neglect Course to aid in patient identification. His involvement in the community phase of the Preventive Dentistry Program has included assisting in a children's tooth brush swap booth during Dental Health Month, manning a dental health booth at a local mall during a city-wide health fair and also at the Base Open House, all of which have contributed to an outstanding and successful program. He is always willing to help the clinic by accepting additional patients from either sick call or another doctor who may be running behind. When assigned a task, he considers all avenues and arrives at sound workable solutions. Chairmen of both the QA/RM and Preventive Dentistry Committees have commented on his keen insights to solutions of problems facing these committees. Eagerly accepts ever increasing responsibilities. Promote.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
JOHN A. SAMUELSON, Colonel, USAF, DC USAF Regional Hospital Elmendorf (AAC) Elmendorf Air Force Base, Alaska	OIC, Dental Clinic 1	1 Jun 88
SSAN	SIGNATURE	
[REDACTED]	<i>John A. Samuelson</i>	

VII. ADDITIONAL RATER COMMENTS CONCUR NONCONCUR

Steady performer; superb clinician. Major Rampton, as a member of the Preventive Dentistry Committee, coordinated examinations and dental prophylaxis at the three Elmendorf AFB elementary schools offering all eligible children access to this program. It was a total success! Continues to handle many of our apprehensive pediatric patients affording in-house treatment which has greatly enhanced our patient care. Was a vital contributor to our outstanding Childrens Dental Health Month by providing presentations at assemblies at base school during this period. He continues to demonstrate his ability to accept and complete additional responsibility. Promote.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
HAROLD H. BIDDLE, Colonel, USAF, DC USAF Regional Hospital Elmendorf (AAC) Elmendorf Air Force Base, Alaska	Base Dental Surgeon	1 Jun 88
SSAN	SIGNATURE	
[REDACTED]	<i>Harold H. Biddle</i>	

VIII. INDORSER COMMENTS CONCUR NONCONCUR

Major Rampton continues to demonstrate professionalism and sensitive approach to patient care. He served on the publicity committee for a recent hospital dining-in which was noted as the best dining-in in the hospital's history. His participation during our annual continuing medical readiness training exercise is noteworthy. He is ready for increased responsibility.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
WILLIAM E. PALMA, Colonel, USAF, NC USAF Regional Hospital Elmendorf (AAC) Elmendorf Air Force Base, Alaska	Commander	1 Jun 88
SSAN	SIGNATURE	
[REDACTED]	<i>William E. Palma</i>	

I. RATEE IDENTIFICATION DATA (Read AFR 36-10 carefully before filling in any item)						
1. NAME (Last, First, Middle Initial) RAMPTON, JASON M.	2. SSN [REDACTED]	3. GRADE Captain	4. DAFSC 9826			
5. ORGANIZATION, COMMAND, LOCATION USAF Regional Hospital Elmendorf (AAC), Elmendorf AFB, Alaska			6. PAB CODE ELOAFBBV			
7. PERIOD OF REPORT FROM: 2 Jun 86 THRU: 1 Jun 87		8. NO. DAYS OF SUPERVISION 299	9. REASON FOR REPORT Annual			
II. JOB DESCRIPTION 1. DUTY TITLE: Dental Officer General 2. KEY DUTIES, TASKS, AND RESPONSIBILITIES: Examines patients, makes diagnoses, formulates treatment plans and treats patients. Restores teeth by operative, prosthetic and endodontic procedures. Replaces missing teeth by removable partial dentures and fixed partial dentures. Responsible for supervision and continuous training of his assigned technician. Additional Duties: Pediatric Dental Officer for dental service; Infection Control Monitor for Dental Clinic, #1.						
III. PERFORMANCE FACTORS <i>Specific example of performance required</i>						
	NOT OBSERVED	FAR BELOW STANDARD	BELOW STANDARD	MEETS STANDARD	ABOVE STANDARD	WELL ABOVE STANDARD
1. JOB KNOWLEDGE (Depth, currency, breadth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is knowledgeable and well read in all fields of dentistry. Was selected from eleven other officers to attend a command sponsored preceptorship for pediatric dentistry. Has become the focal point for all pediatric dentistry patients for the base.						
2. JUDGMENT AND DECISIONS (Consistent, accurate, effective)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extremely reliable. Quick and accurate diagnoses enable him to treat sick call patients, without overlapping into scheduled patient treatment time. His thorough treatment plans have consistently reflected sound judgment.						
3. PLAN AND ORGANIZE WORK (Timely, creative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Through excellent patient management skills and consistent monitoring of his appointment schedule, he has been able to accommodate a large volume of apprehensive pediatric patients thereby eliminating referral and expediting patient care.						
4. MANAGEMENT OF RESOURCES (Manpower, materiel, fiscal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
By routinely performing multiple operative procedures at one appointment, he has been able to keep his pediatric appointment book under ten work days, greatly enhancing patient accessibility to care.						
5. LEADERSHIP (Initiative, accept responsibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Strong, goal oriented leader. Recognized as one of the hardest working members of our staff. Chosen by his peers to act as spokesman for the group when presenting a new Dental Officer of the Day Program to the Base Dental Surgeon.						
6. ADAPTABILITY TO STRESS (Stable, flexible, dependable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Possesses quiet, well founded self assurance. Successfully completed treatment on numerous apprehensive pediatric patients where other officers had failed.						
7. ORAL COMMUNICATION (Clear, concise, confident)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
He has established an excellent rapport with his patients by informing them of their treatment needs in a language which is clear and easily understood.						
8. WRITTEN COMMUNICATION (Clear, concise, organized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
His patient records are concise and accurate. Procedures performed are well documented and easily understood. Written consultation requests are clear and complete, highlighting pertinent information.						
9. PROFESSIONAL QUALITIES (Attitude, dress, cooperation, bearing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
His enthusiasm and confident "can-do" attitude, integrity and willingness to help others, set an impeccable example of an Air Force Officer.						
10. HUMAN RELATIONS (Equal opportunity participation, sensitivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
He is totally open minded and empathetic in dealing with all his patients and co-workers. An active leader in his local church. He is totally unbiased.						

I. RATEE IDENTIFICATION DATA (Read AFR 36-10 carefully before filling in any item)			
1. NAME (Last, First, Middle Initial) RAMPTON, JASON M.	2. SSN [REDACTED]	3. GRADE Capt	4. DAFSC 9826
5. ORGANIZATION, COMMAND, LOCATION George USAF Hospital (TAC), George AFB, California			6. PAS CODE GBOTFVPS
7. PERIOD OF REPORT FROM: 02 Jun 85 THRU: 01 Jun 86		8. NO. DAYS OF SUPERVISION 311	9. REASON FOR REPORT Annual
II. JOB DESCRIPTION 1. DUTY TITLE: General Dental Officer 2. KEY DUTIES, TASKS, AND RESPONSIBILITIES: Responsible for diagnosis of dental diseases and abnormalities from radiographic and clinical exams. Restores oral structures to proper health and function by utilizing accepted techniques. Additional Duties: Infection Control Officer, Continuing Education Officer, War Readiness Officer, Dental Mobility Officer assigned to the Air Transportable Clinic, Permanent member of the Dental Quality Assurance and Risk Management Committee.			
III. PERFORMANCE FACTORS <i>Specific example of performance required</i>			
	NOT OBSERVED	FAIR BELOW STANDARD	BELOW STANDARD
		MEETS STANDARD	ABOVE STANDARD
			WELL ABOVE STANDARD
1. JOB KNOWLEDGE (Depth, currency, breadth)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Demonstrates outstanding knowledge in all phases of dentistry. He has a special interest and technical skill in endodontics which has been of great value in our attempt to provide completed dental care to our patients.			
2. JUDGMENT AND DECISIONS (Consistent, accurate, effective)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
He easily diagnoses and plans treatment for patients suffering the most severe dental defects. Actively participates in the decision making process during the Quality Assurance and Risk Management Committee meetings.			
3. PLAN AND ORGANIZE WORK (Timely, creative)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Meticulously maintains and updates Continuing Education and Training Folders and ensures that each provider fulfills Air Force requirement of Continuing Medical Education and training hours. Responsible for scheduling all in-house and consultant CME lectures.			
4. MANAGEMENT OF RESOURCES (Manpower, material, fiscal)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Effectively utilizes material and ancillary personnel resources. He skillfully schedules appointment time for maximum efficiency in the treatment of endodontic case loads, cutting down the waiting time for root canal treatment appointments to less than one week.			
5. LEADERSHIP (Initiative, except responsibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
As the Infection Control Officer his high standard and strict criterias has enabled the clinic to provide quality dental care in an utmost clean and sterile environment.			
6. ADAPTABILITY TO STRESS (Stable, flexible, dependable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
While consistently treating a much heavier load than normally expected of his peers, Capt Rampton carries out his additional responsibilities with exceptional enthusiasm and competence.			
7. ORAL COMMUNICATION (Clear, concise, confident)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extremely capable speaker, delivers succinct infection control briefings to entire dental staff. Capt Rampton's in-house continuing education lectures have been exeptional in both clarity and content.			
8. WRITTEN COMMUNICATION (Clear, concise, organized)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formulated outstanding operational guidelines for operating room training for all dental officers, which is a integral part of our war readiness mission.			
9. PROFESSIONAL QUALITIES (Attitude, civis, cooperation, bearing)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Captain Rampton's attitude and cooperation have been commendable. His outstanding professional competence and military bearing allowed him to be selected as the Company Grade Officer of the Quarter for the hospital.			
10. HUMAN RELATIONS (Equal opportunity participation, sensitivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acutely aware of individual worth, he actively promotes equal treatment for everyone. His concern and sensitivity to the needs of his subordinates has won their respect.			

IV. ASSIGNMENT RECOMMENDATION: 1. STRONGEST QUALIFICATION: Professional Excellence
 2. SUGGESTED JOB (Include AFSC): 9826 General Dental Officer
 3. ORGANIZATION LEVEL: Wing 4. TIME: Immediate

V. EVALUATION OF POTENTIAL:

Compare the ratee's capability to assume increased responsibility with that of other officers whom you know in the same grade. Indicate your rating by placing an "X" in the designated portion of the most appropriate block.

<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input checked="" type="checkbox"/>			Highest
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			

Labels: RATER, ADDN RATER, INDRS-ER (repeated for each column)

Lowest ←

VI. RATER COMMENTS: Capt Rampton is a superbly talented dental officer whose efforts have been invaluable in this clinic. His relentless effort in constantly upgrading the infection control standard in this clinic is commendable. His astute diagnostic ability and skillful application of clinical techniques are seldom equaled. As an active member of the Quality Assurance and Risk Management Committee, Dr Rampton has been instrumental in developing workable guidelines covering every facet of clinical operation. He, as our endodontic consultant, consistently treats the most difficult endodontic cases with an ease and confidence expected of trained specialists in the field. He is especially adept at generating an early patient rapport and is uniformly assigned the most difficult patients. A trusted advisor, his counsel is actively sought by the Junior Dental Officers. He is an excellent practitioner of modern dentistry whose services are in constant demand by a multitude of patients. He is extremely active in community, church and school activities. This truly outstanding officer deserves immediate promotion as soon as he is eligible.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
RONALD W. ENG, MAJ, USAF, DC George USAF Hospital (TAC) GEORGE AFB, California	General Dental Officer	01 Jun 86
SSAN	SIGNATURE	
[REDACTED]	<i>Ronald W. Eng</i>	

VII. ADDITIONAL RATER COMMENTS

CONCUR NONCONCUR

Captain Rampton's excellence in both dentistry and its administration are legion within this Air Division. His interest in dental infection control has literally eliminated post operative infective complications within this dental service. He is singularly responsible for the excellence of our dental officer readiness training program which has provided fully trained dental officers while causing minimal disruption to the clinical treatment schedule. Dr Rampton should be retained and promoted at the first opportunity.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
GARY G. GRAY, COL, USAF, DC George USAF Hospital (TAC) George AFB, California	Base Dental Surgeon	01 Jun 86
SSAN	SIGNATURE	
[REDACTED]	<i>Gary G. Gray</i>	

VIII. INDRSER COMMENTS

CONCUR NONCONCUR

There is no doubt that Captain Rampton will assume a position of leadership within the Air Force Dental Service. He is a strong, intelligent and hard working individual whose successes in the practice and administration of modern dentistry have had a definite and positive impact on the combat readiness of this Air Division. Obvious strong potential for assumption of greater responsibility. Promote at the earliest opportunity.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
CHARLES M. HERNDON, Colonel, USAF, MC George USAF Hospital (TAC) George AFB, CA	Director, Base Medical Services	4 Jun 86
SSAN	SIGNATURE	
[REDACTED]	<i>Charles M. Herndon</i>	

RATEE IDENTIFICATION DATA (Read AFR 35-10 carefully before using in any item)

1. NAME (Last, First, Middle Initial) RAMPTON, JASON M.	2. SSAN (Include Suffix) [REDACTED]	3. GRADE Capt	4. DAFSC 9826
5. ORGANIZATION, COMMAND, LOCATION George USAF HP (TAC), George Air Force Base, California			6. PAS CODE GBOTFVPS
7. PERIOD OF REPORT FROM: 02 June 1984 THRU: 01 June 1985		8. NO. DAYS OF SUPERVISION 324	9. REASON FOR REPORT ANNUAL

II. JOB DESCRIPTION 1. DUTY TITLE: **General Dental Officer**
 2. KEY DUTIES, TASKS AND RESPONSIBILITIES: **Responsible for diagnosis of dental diseases and abnormalities from radiographic and clinical examinations. Restores oral structures to proper health and function by utilizing accepted techniques. ADDITIONAL DUTIES: Infection Control Officer, War Readiness Officer, OIC Endodontics, Dental Mobility Officer.**

III. PERFORMANCE FACTORS	NOT OBSERVED	FAR/BELOW STANDARD	BELOW STANDARD	MEETS STANDARD	ABOVE STANDARD	WELL/ABOVE STANDARD
1. <i>Specify example of performance required</i> 1. JOB KNOWLEDGE (Depth, currency, breadth) Demonstrated outstanding knowledge in the practice of general dentistry. Recently passed the very difficult Western Regional Dental Board.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. JUDGMENT AND DECISIONS (Consistent, accurate, effective) Accurately diagnoses and treatment plans difficult multi-disciplinary treatment cases. Has recently been selected as Officer in Charge of the Endodontic Section.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. PLAN AND ORGANIZE WORK (Thorough, efficient) Personally responsible for a self-maintained and highly efficient patient scheduling system. Organized treatment schedule for patients with chronic diseases.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. MANAGEMENT OF RESOURCES Reorganized and directed Dental Clinic War Readiness training schedule. Responsible for ordering and maintaining all supplies needed for infection control.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. LEADERSHIP (Initiative, acceptance, responsibility) Director of Infection Control for Dental Clinic. Is presently undertaking a six-month infection control in-depth study for the Air Force Dental Investigative Service.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ADAPTABILITY TO STRESS (Stable, flexible, dependable) Is very self confident. Has handled numerous after-hours dental emergencies that have resulted in several letters of appreciation being sent to the Commander USAF Hospital, George.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ORAL COMMUNICATION (Clear, concise, understandable) Presented an outstanding series of lectures to dental, medical, and TDY reserve units on infection control. Active in off-duty preventive dentistry. Lectures to local school system.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. WRITTEN COMMUNICATION (Clear, concise, understandable) Formulated the dental operating instructions for infection control which received an excellent on the last Health Services Management Inspection.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. PROFESSIONAL QUALITIES (Sound, consistent, commendable) Presents outstanding military competence in dealing with patients and fellow professionals. Military bearing and dress are exemplary.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. HUMAN RELATIONS (Equal opportunity, appropriate concern) He continually strives to upgrade the Dental Clinic's sensitivity to patients regardless of the patient's race, color, creed, sex, or position. This rater has received numerous favorable comments concerning his genuine compassion and concern.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

IV. ASSIGNMENT RECOMMENDATION: 1. STRONGEST QUALIFICATION:

2. SUGGESTED JOB (The AFSC):

3. ORGANIZATION LEVEL: 4. TIMING:

V. EVALUATION OF POTENTIAL:

Compare the ratee's capability to assume increased responsibility with that of other officers whom you know in the same grade. Indicate your rating by placing an "X" in the designated portion of the most appropriate block.

[X] [X] [X]			[] [] []			[] [] []			[] [] []		
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RATER ADDN INDOORS- RATER ER			RATER ADDN INDOORS- RATER ER			RATER ADDN INDOORS- RATER ER			RATER ADDN INDOORS- RATER ER		

Lowest ← Highest

VI. RATER COMMENTS Captain Jason M. Rampton is an outstanding Air Force Dental Officer. He is intelligent, creative, and highly motivated to our overall mission. He possesses excellent and comprehensive knowledge of all phases of general dentistry. He is an energetic team worker, often providing additional unscheduled time to the patient to assure the highest quality of care available. His work as Infection Control Officer has truly been outstanding. He completely upgraded the Infection Control Program to one of the best in the Air Force. His Dental Operating Instructions and procedures for treating infectious patients received an excellent in the last Health Services Management Inspection. Dr Rampton's work in our dental quality control program has insured a technical and professional excellence rivaling any other program in the profession. The many hours he has spent teaching our younger enlisted personnel have measurably increased the productivity of this clinic. He is extremely active in community, church, and school activities. I strongly recommend Capt Rampton be promoted as soon as possible.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
STEVEN A. STRAUSS, Major, USAF, DC George USAF Hospital (TAC) George Air Force Base, California	General Dental Officer	2 June 1985
SSAN	SIGNATURE	
[REDACTED]	Steven A. Strauss	

VII. ADDITIONAL RATER COMMENTS CONCUR NONCONCUR

Captain Rampton is a truly superior dental officer. His untiring efforts in developing, teaching, and enforcing stringent and workable infection control guidelines have literally eliminated cross-contamination of dental patients. He has guaranteed a safe dental environment for both our patients and providers. He is a hard working dental officer dedicated to the highest ideals of modern quality dental care. He should be retained and promoted as soon as eligible.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
GARY G. GRAY, Colonel, USAF, DC George USAF Hospital (TAC) George Air Force Base, California	Base Dental Surgeon	2 June 1985
SSAN	SIGNATURE	
[REDACTED]	Gary Gray	

VIII. INDORSER COMMENTS CONCUR NONCONCUR

Captain Rampton has daily demonstrated an excellence and drive seldom encountered among our younger dental officers. He has been the driving force in an infection control program praised for its excellence by the Air Force Dental Inspector General. This officer also serves as our Dental Mobility Officer. He is most deserving of immediate promotion.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION	DUTY TITLE	DATE
MARTIN I. VICTOR, Colonel, USAF, MC George USAF Hospital (TAC) George Air Force Base, California	Director, Base Medical Services	5 June 1985
SSAN	SIGNATURE	
[REDACTED]	[Signature]	

I. RATEE IDENTIFICATION DATA (Read AFR 36-10 carefully before filling in any item)			
1. NAME (Last, First, Middle Initial)	2. SSAN (Include Suffix)	3. GRADE	4. OAFSC
RAMPTON, JASON H.	██████-██████-██████	CAPT	9826
5. ORGANIZATION, COMMAND, LOCATION			6. PAS CODE
USAF Clinic Ramstein (USAFE), Ramstein AB, Germany			RFODFV8D
7. PERIOD OF REPORT		8. NO. DAYS OF SUPERVISION	9. REASON FOR REPORT
FROM: 2 Jun 83 THRU: 1 Jun 84		366	ANNUAL
II. JOB DESCRIPTION 1. DUTY TITLE: Dental Officer General 2. KEY DUTIES, TASKS AND RESPONSIBILITIES: Examines, diagnoses, and treats diseases, abnormalities, injuries, and defects of the teeth and investing tissues. Evaluates findings of roentgenograms and diagnostic tests. Evaluates findings of treatment required. Instructs patients in preventive measures for dental health. Is responsible for the supervision and continuous dental training of the technician assigned to him. Additional duties: Dental radiology officer; ATH dental officer; coordinator, dental Red Cross volunteer program.			
III. PERFORMANCE FACTORS			
<i>Specific example of performance required</i>	NOT OBSERVED	FAR/ BELOW STANDARD	BELOW/ STANDARD
		MEETS STANDARD	ABOVE/ STANDARD
			WELL/ ABOVE STANDARD
1. JOB KNOWLEDGE (Depth, currency, breadth)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stays ahead of his peers in many areas of dentistry, especially in the area of radiology. His vigilance over this area has assured a quality dental radiology section.			
2. JUDGMENT AND DECISIONS (Consistent, accurate, effective)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
He demonstrates an excellent perception of complex matters in all areas of responsibility. His diagnoses are unquestioned by other dental officers and have led to superb treatment plans.			
3. PLAN AND ORGANIZE WORK (Timely, creative)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
His work in the dental treatment room runs smoothly, on time, and without problems. His organization of working times for radiology assistants has led to an efficient periodic dental examination program.			
4. MANAGEMENT OF RESOURCES (Manpower and material)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
He has kept abreast of changes in the state of the art for radiology. His procurement of the step wedge for film development analysis has provided the clinic with a means for maintaining superior dental radiographs.			
5. LEADERSHIP (Initiative, accept responsibility)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
As ATH dental officer, he has provided superb supervision to ensure the dental function at the ATH operates efficiently.			
6. ADAPTABILITY TO STRESS (Stable, flexible, dependable)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has never been flustered by difficult patients or challenging tasks. Capt Rampton has been a dependable recall chain leader and has ensured quick responses to exercises.			
7. ORAL COMMUNICATION (Clear, concise, confident)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During Children's National Dental Health Month he provided a meaningful presentation to young children on preventive dentistry.			
8. WRITTEN COMMUNICATION (Clear, concise, organized)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
His radiology notebook is well written and organized and provides the clinic with exacting documentation and guidelines.			
9. PROFESSIONAL QUALITIES (Attitude, dress, cooperation, bearing)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
He has a very positive attitude that makes working with him an enjoyable experience. He maintains the highest standards of military professionalism and appearance.			
10. HUMAN RELATIONS (Equal opportunity participation, sensitivity)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
He is a warm, calm individual who deals fairly with everyone and participates willingly in the equal opportunity program.			

IV. ASSIGNMENT RECOMMENDATION: 1. SIBONEST QUALIFICATION: Cooperative, diligent worker

2. SUGGESTED JOB (Include AFSC): General Dentist (9826)

3. ORGANIZATION LEVEL: Wing/medium size clinic

4. TIMING: July 1985

V. EVALUATION OF POTENTIAL:

Compare the ratee's capability to assume increased responsibility with that of other officers whom you know in the same grade. Indicate your rating by placing an "X" in the designated portion of the most appropriate box.

[]			[]			[]			[]			↑ High
[]			[]			[]			[]			
[]			[]			[]			[]			
[]			[]			[]			[]			
RATER	ADJN	INDORS- ER	RATER	ADJN	INDORS- ER	RATER	ADJN	INDORS- ER	RATER	ADJN	INDORS- ER	

← Low

VI. RATER COMMENTS: Capt Rampton is a positive individual who readily accepts responsibility and performs at a superior level. His patient care is sensitive and outstanding. He is a versatile officer who performs admirably in the examination room, treating emergency patients or seeing unscheduled patients. He strives for excellence in his additional duty responsibilities. He has organized monthly meetings for the radiology section which has strengthened the effectiveness of the technicians' ability to produce high quality radiographs. Voluntarily, he has attended meetings and conferred with other highly knowledgeable individuals in dental radiography. He has established a program that utilizes only the best radiographic techniques. His activities as the ATH and as a recall chain leader have been extremely successful. He is the dental coordinator for the Boy Scout merit badge program and is involved in many community activities. His potential is excellent. Promote with peers.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION
MELVIN J. SOKOLOWSKY, Maj, USAF, DC
USAF Clinic Ramstein (USAFE)
Ramstein AB, Germany

DUTY TITLE

General Dental Officer

DATE

4 Jun 84

SSAN

SIGNATURE

Melvin J. Sokolowsky

VII. ADDITIONAL RATER COMMENTS

CONCUR

NONCONCUR

Capt Rampton successfully completed rotations in oral surgery and pedodontics, rounding out his ability to perform general dentistry. He has continued to support wing training activities and has participated as a team member at the casualty collection point. He voluntarily participates in additional continuing education during lunch hour and has presented information from meetings he attended to the literature review group at the dental clinic.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION
EDDIE A. KUBINSKI, Lt Col, USAF, DC
USAF Clinic Ramstein (USAFE)
Ramstein AB, Germany

DUTY TITLE

Chief, General Dentistry

DATE

4 Jun 84

SSAN

SIGNATURE

Eddie A. Kubinski

VIII. INDORSER COMMENTS

CONCUR

NONCONCUR

Capt Rampton has excelled as a dental clinician. He has accomplished his additional duties with dedication and vigor. He was recognized by the Health Services Management Inspection team and by the USAFE Dental Surgeon for having a very effective and productive radiology section. He is a team player who is always ready to do a little extra for the good of the mission. Capt Rampton is ready to be challenged with greater responsibilities to broaden his overall knowledge in the operation of a dental service.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION
GEORGE I. [REDACTED] II, Col, USAF, DC
USAF Clinic Ramstein (USAFE)
Ramstein AB, Germany

DUTY TITLE

Base Dental [REDACTED]

DATE

Jun 84

SSAN

SIGNATURE

George I. [REDACTED]

I. RATE IDENTIFICATION DATA (Read AFH 36-10 carefully before filling in any item)																																																																																
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III. PERFORMANCE FACTORS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:10%; text-align:center;">NOT OBSERVED</th> <th style="width:10%; text-align:center;">FAIR/BELOW STANDARD</th> <th style="width:10%; text-align:center;">BELOW STANDARD</th> <th style="width:10%; text-align:center;">MEETS STANDARD</th> <th style="width:10%; text-align:center;">ABOVE/STANDARD</th> <th style="width:10%; text-align:center;">WELL/ABOVE STANDARD</th> </tr> </thead> <tbody> <tr> <td> 1. <i>Specific example of performance required</i> 1. JOB KNOWLEDGE (Depth, currency, breadth) He has demonstrated his excellent job knowledge consistently through superb handling of consultation and has sought to stay current by his participation in literature review, dental study club and Western Germany Armed Forces Dental Society meetings. </td> <td style="text-align:center;">0</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> 2. 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IV. ASSIGNMENT RECOMMENDATION: 1. STRONGEST QUALIFICATION: Concern for patients
 2. SUGGESTED JOB (Include AFSC): General Dentist (9826)
 3. ORGANIZATION LEVEL: Wing/Medium size clinic 4. TIMING: June 1984

V. EVALUATION OF POTENTIAL:

Compare the ratee's capability to assume increased responsibility with that of other officers whom you know in the same grade. Indicate your rating by placing an "X" in the designated portion of the most appropriate block.

[X] [X] [X]			[] [] []			[] [] []			[] [] []		
[] [] []			[] [] []			[] [] []			[] [] []		
RATER	ADDN	INDORS-ER	RATER	ADDN	INDORS-ER	RATER	ADDN	INDORS-ER	RATER	ADDN	INDORS-ER

Lowest ← Highest

VI. RATER COMMENTS Capt Rampton has continually excelled in all his varied activities in the clinic and in the community. He donates many hours to the Boy Scout Program and is a merit badge counselor for the dental merit badge. He also is an active member in his church performing countless hours of clerical assistance. A devoted family person, Capt Rampton exemplifies to all a positive image of a caring helpful person. He sponsored the first female dentist at this clinic and was very unselfish with his time and resources to provide her with a good image of the military and the clinic. He has always provided excellent care to his patients with an attitude of dedication to the job and to the people he serves. He is always willing to help other dentists when he has free time and looks out for the welfare of others. His willingness to perform outside of the clinic in challenging tasks prompted him to be selected to the air transportable hospital. He is an outstanding young man and Air Force officer and should be accepted for indefinite reserve status. Promote with peers.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION MELVIN J. SOKOLOWSKY, Maj, USAF, DC USAF Clinic Ramstein (USAFE) Ramstein AB, Germany	DUTY TITLE General Dental Officer	DATE 2 Jun 83
SSAN [REDACTED]	SIGNATURE <i>Melvin J. Sokolowsky</i>	

VII. ADDITIONAL RATER COMMENTS CONCUR NONCONCUR
 Capt Rampton has performed admirably for the clinic in the Casualty Collection Point during wing readiness exercises. His ability to triage, treat casualties, and perform life saving techniques was also recognized during his Combat Casualty Care Course and Advanced Life Support Course. During this course he passed both the didactic and practical sections for certification by the American College of Surgeons. His pursuit of difficult challenges has also been demonstrated this year by his participation and completion of prosthodontic and periodontic rotations.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION GEORGE I. DAUGHERTY II, Col, USAF, DC USAF Clinic Ramstein (USAFE) Ramstein AB, Germany	DUTY TITLE Base Dental Surgeon	DATE 2 Jun 83
SSAN [REDACTED]	SIGNATURE <i>George I. Daugherty II</i>	

VIII. INDORSER COMMENTS CONCUR NONCONCUR
 Capt Rampton's performance as the dental radiology officer was verified by the excellent rating for the radiology section in the May 1983 HSMI. He formulated guidelines for quality assurance and developed an operating manual for the clinic's radiology section. His survey of other USAFE dental clinic radiology sections has enhanced the quality of radiologic efforts and built a solid framework for future improvements. He will be an asset to any organization he works for in the future.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION JAMES G. CALENE, Col, USAF, MC, FS USAF Clinic Ramstein (USAFE) Ramstein AB, Germany	DUTY TITLE Commander	DATE 2 Jun 83
SSAN [REDACTED]	SIGNATURE <i>James G. Calene</i>	

I. RATEE IDENTIFICATION DATA (Read AFR 36-10 carefully before filling in items)			
1. NAME (Last, First, Middle Initial)	2. SSAN (Include Suffix)	3. GRADE	4. DAFC
RAMPTON JASON M.	██████-██████-██████	CPT	9826
5. ORGANIZATION, COMMAND, LOCATION			6. PAS CODE
USAF Clinic Ramstein (USAFE), Ramstein Air Base, Germany			RFODFV8D
7. PERIOD OF REPORT		8. NO. DAYS OF SUPERVISION	9. REASON FOR REPORT
FROM: 2 Jun 81 THRU: 1 Jun 82		346	ANNUAL
II. JOB DESCRIPTION 1. DUTY TITLE: CLINIC DENTAL OFFICER GENERAL			
2. KEY DUTIES, TASKS AND RESPONSIBILITIES: Examines, diagnoses and treats disease, abnormalities, injuries and defects of the teeth and investing tissues. Evaluates findings of roentgenograms and diagnostic tests. Evaluates findings of treatment required. Instructs patients in preventive measures for dental health. Is responsible for the supervision and continuous dental training of the technician assigned to him. ADDITIONAL DUTIES: Assistant Preventive Dentistry Officer and Assistant Radiology Officer.			
III. PERFORMANCE FACTORS			
<i>Specific example of performance required</i>	NOT OBSERVED OR NOT RELEVANT	FAIR/BELOW STANDARD	BELOW/STANDARD
			MEETS STANDARD
			ABOVE/STANDARD
			WELL/ABOVE STANDARD
1. JOB KNOWLEDGE (Depth, currency, breadth)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Captain Rampton consistently displays knowledge above that expected of a recent dental graduate. He actively uses this knowledge in the pursuit of new ideas and methods improving both the quality and quantity of dental care rendered.			
2. JUDGMENT AND DECISIONS (Consistent, accurate, effective)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During his rotations in Endodontics, Oral Surgery, Pedodontics, and the Examination Room, he has repeatedly assessed diverse patient symptoms to arrive at the correct diagnosis and treatment.			
3. PLAN AND ORGANIZE WORK (Timely, creative)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
He devises the most efficient and frugal means to accomplish his procedures on each person treated.			
4. MANAGEMENT OF RESOURCES (Manpower and material)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
By efficiently using auxiliary personnel and training them in material conservation he has increased his output at a lower cost per procedure.			
5. LEADERSHIP (Initiative, accept responsibility)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Captain Rampton continuously seeks additional responsibility. He has complete confidence that he can perform any task assigned.			
6. ADAPTABILITY TO STRESS (Stable, flexible, dependable)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Captain Rampton can handle even the most apprehensive patient with relative ease. He also comports himself in admirable professional aplomb in the inevitable crises of difficult clinical situations.			
7. ORAL COMMUNICATION (Clear, concise, confident)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
His clear, concise presentations in in-house presentations have greatly contributed to the development of improved dental standards within this facility.			
8. WRITTEN COMMUNICATION (Clear, concise, organized)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is able to explain technical data in a way that readers of all levels can easily understand.			
9. PROFESSIONAL QUALITIES (Attitude, dress, cooperation, bearing)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has consistently discussed with me the need to maintain and continue professional attitudes and qualities at all levels of the clinic.			
10. HUMAN RELATIONS (Equal opportunity participation, sensitivity)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Actively supports equal opportunity showing a genuine concern that all people receive fair and just treatment.			

IV. ASSIGNMENT RECOMMENDATION: 1. STRONGEST QUALIFICATION **Conscientious**

2. SUGGESTED JOB (Include AFSC) **General Dentist (9826)**

3. ORGANIZATION LEVEL **Hospital or Clinic**

4. LIMIT: **June 1984**

V. EVALUATION OF POTENTIAL:

Compare the ratee's capability to assume increased responsibility with that of other officers whom you know in the same grade. Indicate your rating by placing an "X" in the designated portion of the most appropriate block.



VI. RATER COMMENTS Captain Rampton is a dedicated, energetic young dental officer. Although possessing knowledge above that normally expected of a recent dental graduate, he has shown a constant drive to increase his professional knowledge even further. This was quite evident especially during his rotations through the dental specialty departments. His work in the Ramstein Elementary School as Assistant Preventive Dental Health Officer during National Dental Health Week is noteworthy. He has attended the United States Army General Dentistry Conference and is a member of the Western Germany Armed Forces Dental Society. Captain Rampton is a very efficient and effective health care provider who needs very minimal supervision. He is considering a career in the Air Force Dental Corps and I feel he should be granted indefinite reserve status as soon as possible.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION: THOMAS P. LANIEWICZ, Major, USAF, DC
 USAF Clinic Ramstein (USAFE)
 Ramstein Air Base, Germany
 DUTY TITLE: OIC Dental Clinic Two
 DATE: 2 Jun 1982
 SSAN: [REDACTED] SIGNATURE: [Signature]

VII. ADDITIONAL RATER COMMENTS
 CONCUR NONCONCUR
 Captain Rampton has been cooperative in every sense both as a health care team member and as a military officer. He has supported the needs of his organization and his patients to the very best of his abilities. Throughout this rating period, Captain Rampton has given his full attention to the improvement of his clinical skills and has achieved noticeable gains in that behalf. A straightforward and dependable dental officer, Captain Rampton has been repeatedly praised by his patients for the courtesy and consideration with which he has administered his treatments.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION: DONALD P. MORSE, Colonel, USAF, DC
 USAF Clinic Ramstein (USAFE)
 Ramstein Air Base, Germany
 DUTY TITLE: Dental Surgeon
 DATE: 3 Jun 1982
 SSAN: [REDACTED] SIGNATURE: [Signature]

VIII. INDORSER COMMENTS
 NONCONCUR
 Captain Rampton has enthusiastically met the rigorous tasks and erratic working hours associated with exercising the second echelon of mass casualty care. His participation in the Medical Red Flag war readiness course, the animal model training program, and a hospital operating room cross training rotation was enhanced by his sincerity and professionalism. The efficacy of his judgments has been demonstrated by the conservative and durable nature of the dental restorations and counselings he has provided. Captain Rampton's genuine concern about the welfare of others has been an obvious influence on his performance. His attitudes toward supporting the military mission, broadening his expertise in dentistry, and complying with supervisory leadership have been most credible.

NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION: WILLIAM E. PALMA, Col, USAF, MC, CFS
 USAF Clinic Ramstein (USAFE)
 Ramstein AB, Germany
 DUTY TITLE: Commander
 DATE: 4 Jun 1982
 SSAN: [REDACTED] SIGNATURE: [Signature]



Senate Finance Committee

Rick Halford, Senator

This is a typical
record of professional
continuing education. This
is available on any
federally employed dentist.

CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 10 U.S.C. 8112 and EO 9397

PURPOSE: To provide a record of an individual's participation in continuing health education activities.

ROUTINE USE: Used by individual practitioners to report personal continuing education accomplishments. SSAN is used for positive identification of individual and records.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may preclude awarding clinical privileges.

INSTRUCTIONS

Use continuously until form is completely filled out. Begin a new form and attach to old form. All forms must remain with the credentials file until it is destroyed.

I. IDENTIFICATION			
NAME (Last, First, Middle Initial) Rampton, Jason M.	GRADE Major	SSAN [REDACTED]	CORPS Dental
DUTY ADDRESS (PENCIL ONLY) USAF Reg Hosp Elmendorf AFB, AK	SPECIALTY	PAFBC 9826	2AF5C

II. ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 - CME activities with accredited sponsorship or cosponsorship
- Category 2 - CME activities with non-medical sponsorship
- Category 3 - Medical teaching
- Category 4 - Papers published, exhibits, etc.
- Category 5 - Nonsupervised CME (self-instruction, consultation, self-assessment, etc.)

Refer to the American Medical Association Information Booklet for Physician Recognition Award for more detailed definitions.

TITLE	CME FY 88	NAME	RANK	DESCRIPTION	SPONSOR	LOCATION	DATE	HOURS	CAT	TOTAL	CREDIT CATEGORY (1-6)	
		RAMPTON, JASON	MAJ									
				Endodontic Diagnosis (1)	Col Rome	Elmendorf, AK	22Oct87	1.0	1	1.0		
				Pedodontic Management	LtCol Rominger	Elmendorf, AK	12Nov87	1.0	1	2.0		
				Porcelain Veneers	LtCol Cameron	Elmendorf, AK	10Dec87	1.0	1	3.0		
				TMJ Radiology	Col Schutte	Elmendorf, AK	17Dec87	.5	1	3.5		
				Endodontic Diagnosis (2)	Col Rome	Elmendorf, AK	14Jan88	1.0	1	4.5		
				Initial Perio Therapy	Col DeNucci	Elmendorf, AK	28Jan88	1.0	1	5.5		
				Maxillofacial Trauma	Maj Gaus	Elmendorf, AK	11Feb88	1.0	1	6.5		
				Temporary Restorations	LtCol Golden	Elmendorf, AK	25Feb88	.5	1	7.0		
				Oral Surg Emergencies	Col Schutte	Elmendorf, AK	10Mar88	1.0	1	8.0		
				Maxillofacial Prosthetics	Col Saunders	Elmendorf, AK	24Mar88	1.0	1	9.0		
				Suturing Technique	Maj Gaus	Elmendorf, AK	31Mar88	1.5	1	10.5		
				Patient Sensitivity	Maj Garcia	Elmendorf, AK	14Apr88	1.0	1	11.5		
				Orthopedic Injuries and Shock and IV Fluid Therapy--								
				Videotapes		Elmendorf, AK	28Apr88	1.0	1	12.5		
				Flight Dentistry (DNIF)	Col Jaeger	Elmendorf, AK	16May88	.5	1	13.0		
				Medical Malpractice, Informed Consent and Third Party Liability-----								
					Capt Halbert	Elmendorf, AK	19May88	.5	1	13.5		
				Intraoral Photography	Col Denucci	Elmendorf, AK	25Aug88	.5	1	14.0		
				Remote Site Dentistry	Maj Wyman	Elmendorf, AK	22Sep88	1.0	1	15.0		
				ACLS	USAF Hospital	Elmendorf, AK	29,30Sep88	16.0	1	31.0		
				=====								
				FY 1988 Total 31.0 hours <i>John B. New 88</i>								

CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 10 U.S.C. 8112 and EO 9397

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INSTRUCTIONS

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I. IDENTIFICATION

NAME (Last, First, Middle Initial) Rampton, Jason M.	GRADE Maj	SSAN [REDACTED]	CORFS Dental
DUTY ADDRESS (PENCIL ONLY) USAF Reg Hosp Elmendorf AK	SPECIALTY Dentistry	PAFSC 9826	2AFSC

II. ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 - CME activities with accredited sponsorship or cosponsorship
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DESCRIPTION	SPONSOR	LOCATION	DATE	HOURS	CAT	TOTAL
Anes & Airway Mgt	Dr Fronefield	Elmendorf, AK	9Oct86	1	1	1.0
Endo Restorations	Dr Rome	"	27Oct86	2	1	3.0
TMJ Study Club	Dr Saunders	"	Oct86	9	1	12.0
Endo Emerg	Dr Rome	"	13Nov86	1	1	13.0
Prev Dent Course	LtCol Malsey	Brooks, TX	1-5Dec86	40	1	53.0
Pedo Short Course	LtCol Barrus	Elelson, AK	Jan87	8	1	61.0
Perlo Emerg	Dr Marttala	Elmendorf, AK	29Jan87	1	1	62.0
General Dent	Dr Giles	"	15Jan87	3.5	1	65.5
Forensic Dent	Dr Burke	"	12Feb87	1	1	66.5
Oral Surg Emerg	Dr Schutte	"	26Feb87	1	1	67.5
Maxillofacial Inj	Dr Van Asma	"	12Mar87	1	1	68.5
Oral Pathology	Dr Slater	"	26Mar87	4	1	72.5
Suturing	Dr Schutte	"	9Apr87	1	1	73.5
Pros Emergencies	Dr Saunders	"	23Apr87	1	1	74.5
Itinerant Dent	Dr Rome	"	14May87	1	1	75.5
Flight Dentistry	Dr Jaeger	"	28May87	1	1	76.5
Restorative Dent	Dr Bowers	"	11Jun87	1	1	77.5
TMJ Dysfunction	Dr DeNucci	"	23Jul87	1	1	78.5
Laboratory Relations	LtCol Rudd	"	23Sep87	1	1	79.5
Anes & Airway Mgt	Col Fronefield	"	24Sep87	.5	1	80.0
OR Protocol	Capt Gardiner	"	24Sep87	1	1	81.0
Child Abuse Prev Sem	Dr Krugman	Ft Richardson, AK	24Sep87	7	1	87.0
CPR	USAF Reg Hosp	Elmendorf, AK	Sep87	4	1	91.0

FY 1987 Total 91.0 hours *JA 2870058*

CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 10 U.S.C. 8112 and EO 9397

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INSTRUCTIONS

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I. IDENTIFICATION

NAME (Last, First, Middle Initial) Rampton, Jason M.	GRADE Capt	SSAN [REDACTED]	CORPS Dental
DUTY ADDRESS (PENCIL ONLY)	SPECIALTY General Dentistry	PAFSC 9826	2AFSC

II. ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 - CME activities with accredited sponsorship or cosponsorship
- Category 2 - CME activities with non-medical sponsorship
- Category 3 - Medical teaching
- Category 4 - Papers published, exhibits, etc.
- Category 5 - Nonsupervised CME (self-instruction, consultation, self-assessment, etc.)

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DESCRIPTION OF ACTIVITY (Title of course, meeting, lecture, paper, self-instruction, etc.)	NAME OF SPONSOR	LOCATION	INCLUSIVE DATES	NUMBER OF CREDIT HOURS	CREDIT CATEGORY (1 - 5)
Surgical Endodontics/ Endodontics Update	Maj Williams	GAFB	23 Apr 85	3.0	1
Potpourri of Dentistry	Maj Strauss	GAFB	16 May 85	1.0	1
ACLS	Maj Reugemer	GAFB	Feb 85	16	1
OR Training	Lt Misco	GAFB	17 Apr 85	4	2
OR Training	Lt Misco	GAFB	5 Jun 85	4	2
Ultra fining Technique	Star Dental Dorothy Griswald	GAFB	6 Jun 85	2	2
3rd Molar Surgery	Dr. Karl Kounec	Las Vegas	25-26 Jul 85	14	1
CPR	SSgt Medaugh	GAFB	3 Sep 85	4	1
Forensic Dentistry	Col Gray	GAFB	5 Sep 85	1	2
Endo Emergencies	Maj Eng	GAFB	5 Sep 85	1	2
Fractures/Trauma	Maj Rethman	GAFB	5 Sep 85	1	2
Intro To Anesthesia	Capt Miller	GAFB	3 Oct 85	4	2
Dental Legal Briefing	Maj Johnson	GAFB	9 Oct 85	1	2
Dental Materials Briefing	Premier Dental Lee Westfall	GAFB	17 Oct 85	2	2
ADA Scientific Session	ADA	San Francisco	2-5 Nov 85	24	2
Dental Products Demonstration	Brasler Dental Patrick Flanagan	GAFB	21 Nov 85	2	3
Infection Control Briefing	Dr Ranpton	GAFB	9 Jan 86	.5	3

CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 38 CFR 171.101-171.102

PURPOSE: To provide a record of an individual's participation in continuing health education activities.

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INSTRUCTIONS

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I. IDENTIFICATION

NAME (Last, First, Middle Initial) Rampton, Jason M.	GRADE Captain	SSAN [REDACTED]	CORPS Dental
DUTY ADDRESS (PENCIL ONLY) Hospital / G. [REDACTED]	SPECIALTY General Dentistry	PAFSC 9826	2AFSC

II. ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 - CME activities with accredited sponsorship or cosponsorship
- Category 2 - CME activities with non-medical sponsorship
- Category 3 - Medical teaching
- Category 4 - Papers published, exhibits, etc.
- Category 5 - Nonsupervised CME (self-instruction, consultation, self-assessment, etc.)

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DESCRIPTION OF ACTIVITY (Title of course, meeting, lecture, paper, self-instruction, etc.)	NAME OF SPONSOR	LOCATION	INCLUSIVE DATES	NUMBER OF CREDIT HOURS	CREDIT CATEGORY (1-5)
Wartime Mission/Dependent Dental Care/Continuation Pa	Brig. General Sachsel	GAFB	13 July 84	1.0	2
Protocol for I.V. Sedations and Biopsy	Capt. J. Law	GAFB	19 Sept 84	.50	2
Protocol for Hospital Admit	Capt. J. Law	GAFB	24 Sept 84	.25	2
Pit & Fissure Sealants	Capt. L. Masuoka	GAFB	24 Sept 84	.50	2
Update on Local Anesthetics Marcaine	Maj. W. Raines	GAFB	24 Sept 84	.50	2
SCI/FSO/3rd Party Liability	Col. G. Gray	GAFB	1 Nov 84	.25	2
Code Blue Brief	Capt. M. Crooks	GAFB	1 Nov 84	.25	2
Radiology QA	Maj. R. Eng	GAFB	1 Nov 84	.25	2
Infection Control	Capt. J. Rampton	GAFB	1 Nov 84	.25	2
Environmental Safety	Capt. J. Powers	GAFB	1 Nov 84	.25	2
Waste, Fraud, Abuse	SSgt. Powell	GAFB	1 Nov 84	.25	2
Preventive Dentistry	Capt. D. Crooks	GAFB	1 Nov 84	.25	2
Child Abuse & The Dentist	Capt. D. Crooks	GAFB	15 Nov 84	.25	2
Code Blue Excerise	Capt. M. Crooks	GAFB	15 Nov 84	.50	2
Infection Control	TSgt. Shafer	Commander's Call GAFB	15 Nov 84	.25	2
TMJ Dysfunction Surgical Aspects	Dr Jack Hankle	GAFB	13 Dec 84	2.0	1
Orthodontic Diagnosis and Minor Tooth Movement	Capt. S. Brizendine	GAFB	28 Feb 85	3.0	1

DESCRIPTION OF ACTIVITY (Title of course, meeting, lecture, paper, self-instruction, etc.)	NAME OF SPONSOR	LOCATION	INCLUSIVE DATES	NUMBER OF CREDIT HOURS	CREDIT CATEGORY (1-5)
X-ray Safety Briefing	TSgt Armstrong	GAFB	9 Jan 86	.25	2
Nitrous & IV Sedation	Maj Rethman	GAFB	3 Mar 6 Feb 86	4	2
Forensic Odontology	Dr Gordon Freeman	Norton AFB	27 Feb 86	1	1
Forensic Exercise	Col Gray	GAFB	28 Feb 86	1	2
MPD/TMJ Lecture	Maj Schnieder	GAFB	5 Mar 86	2	1
Pros Considerations	Lt Col Tebrock	GAFB	17 Mar 86	4	1
Hepatitis & Aids Review	Col Gray, Maj Eng	GAFB	3 Apr 86	15 min	3
Intro to Hosp Anesthesia	Capt Miller	GAFB	3 Oct 85	4	2
Maxillofacial Injuries	Maj Rethman	GAFB	17 Dec 85	2	2
Intro to OR Part I.	Maj Rethman	GAFB	5 Jun 86	2	2
Precision Attachments/Aids & Dental Infection Control	Maj Kenneth Hsu	GAFB	19 Jun 86	2	2
Dental Forensic Presentation	Maj K. Hsu	GAFB	25 Jun 86	1	2
Dental Emergencies/Suturing	Maj Bradford	GAFB	3 Jul 86	2	2
Patient Sensitivity	USAF Film	Elmendorf, AK	14 Aug 86	1	1
Forensic Dentistry	Dr Kalal	Elmendorf, AK	28 Aug 86	1	1
Infectious Control	Sue Crow	Elmendorf, AK	29 Aug 86	1	1

III. CARDIOPULMONARY RESUSCITATION TRAINING (DATES)

BASIC LIFE SUPPORT	REFRESHER TRAINING	ADVANCED CARDIAC LIFE SUPPORT	ADVANCED TRAUMA LIFE SUPPORT	INITIALS OF VERIFYING OFFICIAL
FEB. 85		FEB. 85		Dr. PEILGENDER
SEPT 86				(S.S.)

CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 10 U.S.C. 8112 and EO 9397

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INSTRUCTIONS

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I. IDENTIFICATION			
NAME (Last, First, Middle & Initial) Rampton JASON R.	GRADE CAPT.	SSAN [REDACTED]	[REDACTED]

II. ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 -- CME activities with accredited sponsorship or cosponsorship
- Category 2 -- CME activities with non-medical sponsorship
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- Category 4 -- Papers published, exhibits, etc.
- Category 5 -- Nonsupervised CME (self-instruction, consultation, self-assessment, etc.)

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DESCRIPTION OF ACTIVITY (Title of course, meeting, lecture, paper, self-instruction, etc.)	NAME OF SPONSOR	LOCATION	INCLUSIVE DATES	NUMBER OF CREDIT HOURS	CREDIT CATEGORY (1-5)
Review of Dent Lit	Robbins	Rampton	6 Oct 83	1	1 JMR
Oral Path + Ding	Robbins	1	12 Oct 83	1	1 JMR
Oral Surg I	Jarwood	1	20 Oct 83	1	1 JMR
West Vir. Dent Society		Gardner	15 Nov 83	1	1 JMR
Lit Review 3 hrs	Jarwood	(Rampton)	17 Nov 83	1	1 JMR
Lit Review 3 hrs	Jarwood	1	1 Dec 83	1	1 JMR
Lit Review 3 hrs	Jarwood	1	1 Nov 83	1	1 JMR
Oral Path.	Jarwood	1	22 Nov 83	1	1 JMR
Lit Review	1		15 Dec 83	1	1
Lit Review	1		4 Jan 84	1	1
TMJ & Jaws Disease	Jarwood		19 Mar 84	1	1
Operative Dentistry	Robbins		19 Mar 84	1	1
Cleft Management	Jarwood		6 Apr 84	1	1
Oral Surg Gen Dent	Jarwood		13 June 84	1	1
IV Sedation	Jarwood		13 June 84	1	1
How to Use	Rampton		30 Apr 84	1	1

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND STUDY REFERENCES	EVALUATION OR TRAINING				EVALUATOR OR INSTRUCTOR	TRAINEE INITIAL	SUPERVISOR OR CERTIFYING OFFICIAL
	TYPE	DATE COMPLETED	SCORE OR HOURS	DUE DATE			
A	B	C	D	E	F	G	H
CONT. EDUC. 200 S/C VS GEN DENT		9 Mar 83	1		Dr. Lewis	JMR	[Signature]
W. GERMAN D. SOC. RE-PROTH. SURG		17 Mar 83	1		Dr. Hobden	JMR	[Signature]
Cont. EDUC Electrosurgery		3 MAR 83	1		Dr. Robbins	JMR	[Signature]
Cont. EDUC ORAL Pathology		13 Apr 83	1		Dr. Hobden	JMR	[Signature]
W. GERMAN D. SOC. FIXED PROS.		21 Apr 83	1		Dr. Lewis	JMR	[Signature]
Cont. EDUC Lit Rev TMJ Pathology		5 MAY 83	1		Dr. Richter	JMR	[Signature]
AMERICAN Dent. Assoc. LTS JCATS	PT STY	5-9 Nov 83	20			JMR	[Signature]
Cont. ED Pros/Therapeutics		11 May 83	1		Dr. S. Koleski Dr. Robbins	JMR	[Signature]
Prosthetics Rotation	CLINIC	10 Oct 82 - 31 Jan 83	100		Dr. Brandt	JMR	[Signature]
Periodontics Rotation	CLINIC	1 Feb 83 - 27 May 83	100		Dr. Wasserman	JMR	[Signature]
Endosseous EAO		4 June 83	1		Dr. Schiller	JMR	[Signature]
Cleaning and Shaping		8 June 83	1		Dr. Leppan	JMR	[Signature]
Hypnosis		17 July 83	1		Dr. Dowd	JMR	[Signature]
Med History from Med Review		13 July 83	1		J. Kramer	JMR	[Signature]
Pregnancy and Dentistry		21 July 83	1		M. Sokolowski	JMR	[Signature]
Pedo cases Removal of 3rd Molars		4 Aug 83	1		L. Corry V. Farheed	JMR	[Signature]
Med History from Dental View		10 Aug 83	1		V. Farheed	JMR	[Signature]
Review of APOS		1 Sept 83	1		N. Andrew	JMR	[Signature]
FU Copy Sent to 45 Sglt SMSgt R. H. T. G. 55/77.5		5 Sept 83				JMR	[Signature]

NAME OF TRAINEE (Last, First, Middle Initial)	SSAN	GRADE	AFSC
RAMPTON, JASON R.	████-██-████	CAPT	9826

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND STUDY REFERENCES A	EVALUATION OR TRAINING				EVALUATOR OR INSTRUCTOR F	TRAINEE INITIAL G	SUPERVISOR OR CERTIFYING OFFICIAL H
	TYPE B	DATE COMPLETED C	SCORE OR HOURS D	DUE DATE E			
* CPR REFRESHER		18 MAY 82	4	TSGT RUSSI / SSET CURTIS	BY CTF	JMR	CTF AWARDED BY ANKUSO CLASS
DENT. LIT. REV. GP. - CENTRIC RELATION		20 MAY 82	1	DR. ROBBINS		JMR	
REMOVABLE PROSTHODONTICS		21 JUL 82	1	DR. ROBBINS		JMR	W/C
DENTAL LIT REVIEW GROUP		1 JUL 82	1			JMR	
DENTAL LIT REVIEW GROUP - ORAL SURGERY		5 AUG 82	1	DR. HESTER		JMR	
DENTAL LIT REVIEW GROUP - PERI-PRES		3 JUN 82	1			JMR	W/C
FY COPY send to		SGT/TSGT R. RUSSI - 2.5					
ENDO REVIEW		11 AUG	1		DR. CRAWFORD	JMR	W/C
GUTTA PERCUA FILLS		13 OCT	1		DR. LEGAN	JMR	
WESTERN GERMAN DENTAL SOC CLINICAL PHOTOGRAPHY		16 SEP	1		DR. GOETZ	JMR	
LIT REVIEW - PERIO CONT		14 OCT	1		DR. RICHTER / DR. ROBBINS	JMR	
OVERDENTURES		21 OCT	1		DR. ROBBINS	JMR	
LIT REVIEW - PEDO EMERGENCIES		4 NOV	1		DR. SWANSON	JMR	
LIT REVIEW - SPACE CONTROL		18 NOV	1		DR. LOHEN	JMR	
WESTERN GERMAN DENTAL SOC FORENSIC DENTISTRY		18 NOV	2		DR. MORLANE	JMR	
LIT REVIEW - FULL MOLAR EVAL		2 DEC	1		DR. HILL	JMR	
STRESS MANAGEMENT		8 DEC	1		MSGT MILLER	JMR	W/C
SURGICAL EXPOSURE OF UNERUPTED TEETH		16 DEC	1		DR. ANDREN	JMR	
* COMBAT CASUALTY CARE COURSE		15 JAN 83	52		-	JMR	
Perio Potpourri		29 JAN 83	1		DR. WASSERMAN	JMR	
Pin Amalgam		3 Feb 83	1		DR. ROBBINS	JMR	
LIT. REV. TX REC HEARD LABINGS		17 Feb 83	1		R. Lee	JMR	
WG DEN SOC TRAUMA / SPLINT		17 Feb 83	1		R. Lee	JMR	W/C
* FORMAL DENTAL EDUCATION							
NAME OF TRAINEE (Last, First, Middle Initial)				SSAN	GRADE	AFSC	
RAMPTON, JASON M.				█-█-█	CAPT	9826	

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND STUDY REFERENCES A	EVALUATION OR TRAINING				EVALUATOR OR INSTRUCTOR F	TRAINEE INITIAL G	SUPERVISOR OR CERTIFYING OFFICIAL H
	TYPE B	DATE COMPLETED C	SCORE OR HOURS (AGD hrs) D	DUE DATE E			
Member arrived on station 20 JUN 81							
REMOVABLE PARTIAL DENTURE DESIGN		12 AUG 81	1	DR. STRAUSSER	<i>[Signature]</i>	JMR	
BATTLEFIELD MEDICINE (ANIMAL MODELS 2)		26 AUG 81	3 1/2	DRS PEPPERD & HUMMEL	BY CTF	JMR	CTF AWARDED
MEDICAL MED FLAG EXERCISE - MUNICH		31 AUG - 2 SEPT 81	28	AFMPC SURG OFF.	BY CTF	JMR	CTF AWARDED BY AFMPC SURG. OFF.
CEMENTS & CEMENTATION		9 SEP 81	1	DR. BRAUDT	<i>[Signature]</i>	JMR	
FREE GINGIVAL GRAFTS		25 SEP 81	1	DR. BRENNAN	DR. BRENNAN	JMR	
BLEACHING OF ENDODONTIC TEETH		1 OCT 81	1	DR. LEGAN	<i>[Signature]</i>	JMR	
25th ANNUAL OF THE ARMY & USAREUR DENTAL TRAINING CONFERENCE		14 - 17 OCT 81	25	USAREUR & 7th ARMY	USAREUR & 7th ARMY	JMR	CTF AWARDED
ORAL PATHOLOGY CONFERENCE @ LANDSTUHL HOSPITAL		27 NOV 81	1	DR. LARSEN	DR. LARSEN	JMR	
ORAL SURGERY ROTATION		1 - 30 NOV 81	(20) 80	DR. HEDDA	<i>[Signature]</i>	JMR	<i>[Signature]</i> Col. B.D.S.
CONFERENCE ON ORAL PATHOLOGY		3 DEC 81	2	DR. BRANNON	DR. BRANNON	JMR	
SPLINTING OF FRACTURES		10 DEC 81	2	DR. BURNER	DR. BURNER	JMR	
ORAL SURGERY ROTATION		1 - 31 DEC 81	(20) 80	DR. HEDDA	<i>[Signature]</i>	JMR	<i>[Signature]</i> Col. B.D.S.
MAXILLOFACIAL TRAUMA I		26 JAN 82	1	DR. HEDDA	<i>[Signature]</i>	JMR	
ENDODONTICS ROTATION		1 - 31 JAN 82	(20) 80	DR. LEGAN		JMR	
LANDSTUHL O.R. ROTATION - ORTHOPEDICS		8 - 12 FEB 82	32	LANDSTUHL O.R. STAFF		JMR	
BATTLEFIELD MEDICINE - ANIMAL MODELS (AFM 160-37)		19 MAR 82 EXPIRES: 26 FEB 83	3	DR. PEPPERD	BY CTF	JMR	CTF AWARDED BY 8th TFW CLINIC
PERIAPICAL SURGERY		18 MAR 82	1	DR. LEGAN		JMR	
ORAL HABITS		14 APR 82	1	DR. SACHSEL	DR. SACHSEL	JMR	
ORAL DIAGNOSIS ROTATION		1 - 30 APR 82	(20) 80			JMR	
ENDODONTICS ROTATION		1 - 25 FEB 82	(20) 80	DR. LEGAN		JMR	
INTRASRAL PHOTOGRAHY		12 MAY 82	1	DR. STRAUSSER	DR. STRAUSSER	JMR	
DENT. LIT. REV. GP. - OCCLUSION		6 MAY 82	1	DR. RUBRINS		JMR	
FORMAL DENTAL EDUCATION							
NAME OF TRAINEE (Last, First, Middle Initial)		SSAN		GRADE		AFSC	
RAMPTON JASON M.		529-78-1042		Capt		9826	



Senate Finance Committee

Rick Halford, Senator

This is a typical
credentials folder used
for Federally employed
dentists

APPLICATION FOR CLINICAL PRIVILEGES

AUTHORITY: Title 10, U.S.C. Chapter 55 and Sections 8067 and 8012.

PRINCIPAL PURPOSE(S): To evaluate each practitioner's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical procedures.

ROUTINE USE(S): Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

APPLICANT COMPLETES SECTION I THROUGH IX

I. IDENTIFICATION

NAME (Last, First, Middle Initial)		GRADE	SSN	DATE
RAMPTON JASON M		Capt	[REDACTED]	12 Jul 81
HOME ADDRESS (City, State and ZIP Code)		DUTY PHONE NO.		HOME PHONE NO.
9711 TAKLI Cir 99577				
MEDICAL FACILITY/UNIT OF ASSIGNMENT	DUTY SECTION	PRIMARY/SECONDARY	SPECIALTY	CORPS
Elmendorf AFB Hosp	SGD	[REDACTED]	General Dentist	Dentist

II. PROFESSIONAL EDUCATION

NAME OF PROFESSIONAL SCHOOL	LOCATION	DATES ATTENDED		DEGREE
		FROM	TO	
University of Louisville	Louisville, Ky	Aug 77	May 81	DMD

III. POST GRADUATE TRAINING (Internship, Residency, Fellowships)

NAME OF HOSPITAL OR INSTITUTION	LOCATION	TYPE PROGRAM (Residency, etc.)	DATES ATTENDED	
			FROM	TO

IV. PRESENT AND PREVIOUS MILITARY AND CIVILIAN ASSIGNMENTS (Continue on Reverse)

NAME OF HOSPITAL OR ORGANIZATION	LOCATION	SERVICE OR SPECIALTY TO WHICH ASSIGNED	DATES ATTENDED	
			FROM	TO
Ramstein AFB Clinic	Ramstein, Germany	Dental	Jun 81	Jun 84
George AFB Hosp	George AFB, Ca	Dental	Jul 84	Jul 86

IV. PRESENT & PREVIOUS MILITARY & CIVILIAN ASSIGNMENTS (Continued) (If additional space is needed continue on separate sheet of paper.)

NAME OF HOSPITAL OR ORGANIZATION	LOCATION	SERVICE OR SPECIALTY TO WHICH ASSIGNED	DATES ATTENDED	
			FROM	TO

V. CERTIFICATION/LICENSURE

FULLY QUALIFIED IN (Specialty)		BOARD ELIGIBLE IN	
BOARD CERTIFICATION BY (Specialty Board)	CERTIFICATE NUMBER	DATE ISSUED	EXPIRATION DATE
Western Regional Mental Board	[REDACTED]		
STATE LICENSURE (Name of State)	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE
Utah	[REDACTED]	26 FEB 86	31 DEC 88
Arizona	3523	8 Aug 86	Aug 89

VI. MEMBERSHIP IN PROFESSIONAL SOCIETIES (If additional space is needed continue on separate sheet of paper.)

NAME OF SOCIETY	STATUS (Member, Fellow, etc.)
ADA	member

VII. REFERENCES (Every practitioner MUST list three references. Two must be the former Chief of Professional Services and service chief at your previous facility, if you had them.)

NAME	ADDRESS (City/Base, State, Zip Code)	TELEPHONE NUMBER
Col. Gary Gray	HOSP George AFB, Ca 92394	269-3960
Maj Ron Eng	"	269-3960
Col J. K. Plumber	"	

VIII. CREDENTIALS ACTION HISTORY (If answer to any of the following questions is "YES," give full details in "Remarks" or on separate sheet of paper.)

A. HAS YOUR LICENSE TO PRACTICE MEDICINE IN ANY JURISDICTION EVER BEEN LIMITED, SUSPENDED OR REVOKED?	YES	NO	G. HAVE YOU EVER BEEN ARRESTED OR TREATED FOR DRUG OR ALCOHOL ABUSE?	YES	NO
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
B. HAVE YOU EVER BEEN REFUSED MEMBERSHIP IN A HOSPITAL MEDICAL STAFF?		<input checked="" type="checkbox"/>	H. HAVE YOU EVER BEEN A DEFENDANT IN A FELONY CASE?		<input checked="" type="checkbox"/>
C. HAS YOUR REQUEST FOR ANY SPECIFIC CLINICAL PRIVILEGES EVER BEEN DENIED OR GRANTED WITH STATED LIMITATIONS?		<input checked="" type="checkbox"/>	I. HAVE YOU EVER BEEN A DEFENDANT OR THE SUBJECT OF A MALPRACTICE ACTION?		<input checked="" type="checkbox"/>
D. HAVE YOUR PRIVILEGES AT ANY INSTITUTION EVER BEEN LIMITED, RESTRICTED, OR REVOKED?		<input checked="" type="checkbox"/>	IF "YES" WAS THE MATTER:		
E. HAS YOUR NARCOTICS REGISTRATION EVER BEEN SUSPENDED OR REVOKED?		<input checked="" type="checkbox"/>	(1) SETTLED PRIOR TO FINAL COURT ACTION?		
F. HAVE YOU EVER BEEN DENIED MEMBERSHIP OR RENEWAL THEREOF, OR BEEN SUBJECT TO DISCIPLINARY ACTION IN ANY MEDICAL ORGANIZATION?		<input checked="" type="checkbox"/>	(2) JUDGMENT RENDERED BY COURT?		
			(3) DEFENDANT FOUND LIABLE?		
			(4) MATTER STILL PENDING?		
			J. HAVE YOU EVER HAD OR PRESENTLY HAVE A SIGNIFICANT MEDICAL (Including mental health) PROBLEM?		

IX.

STATEMENT OF APPLICANT
(PLEASE READ CAREFULLY BEFORE SIGNING)

All information submitted by me in this application is true to the best of my knowledge and belief. In making this application for clinical privileges at this hospital, I acknowledge my obligation to provide continuous care and supervision of my patients, to accept committee assignments, to accept consultation assignments, and to participate in staffing the emergency area and other specialty care units.

I hereby authorize the hospital, its medical staff, and their representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated and with others who have information bearing on my professional competence, character, and ethical qualifications. I hereby further consent to the inspection by the hospital, its medical staff, and its representative of all documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability any and all individuals and organizations who provide information to the hospital, or its staff, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for clinical privileges, and hereby

consent to the release of such information. I further agree to release and hold harmless from any liability the United States and any and all persons who participate within the scope of their duties in good faith and without malice in the review of or any action or recommendations relating to my professional competence, ethics, character, and other qualifications. I hereby further authorize the hospital to communicate to other hospitals and to other persons or organizations with a legitimate interest therein any information concerning my professional competence, character, and ethics that the hospital may have or acquire, and, where such communication is made in good faith and without malice, I consent thereto and agree to hold the hospital and its authorized representatives free from liability, therefor. I understand and agree that I, as an applicant for clinical privileges, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications. I further acknowledge that I am familiar with the principles and standards of the Joint Commission on Accreditation (JCAH) and will cooperate with the hospital in maintaining JCAH standards for the hospital. I also agree to conduct any practice according to high ethical traditions. I particularly agree to subject my clinical performance to, and faithfully participate in, the hospital's quality assurance programs as the same shall from time to time be in effect.

SIGNATURE OF APPLICANT

Jason Rampton

DATE

12 Aug 86

FOR CREDENTIAL COMMITTEE USE ONLY

X. REVIEW

RECOMMEND APPROVAL DISAPPROVAL¹
 APPROVAL WITH MODIFICATION¹

RECOMMEND APPROVAL DISAPPROVAL¹
 APPROVAL WITH MODIFICATION¹

SIGNATURE OF SERVICE CHIEF

DATE

.H

SIGNATURE OF DEPARTMENT CHAIRPERSON

DATE

Harold W. Biddle

25 Aug 86

XI. PROVISIONAL, COURTESY, OR CONSULTING PRIVILEGES

APPROVAL DISAPPROVAL¹ APPROVAL WITH MODIFICATION¹

DATE

FROM 25 AUG 86 TO 21 FEB 87

SIGNATURE OF MEDICAL FACILITY COMMANDER OR DESIGNATED REPRESENTATIVE

DATE

[Signature]

25 AUG 86

XII. CREDENTIALS COMMITTEE RECOMMENDATION

DEFINED PRIVILEGES

APPROVED DISAPPROVED¹ APPROVED WITH MODIFICATION¹

SIGNATURE OF CREDENTIALS COMMITTEE CHAIRPERSON

DATE

[Signature]

23 JAN 87

XIII. MEDICAL FACILITY COMMANDER APPROVAL

CLINICAL PRIVILEGES

APPROVED DISAPPROVED¹ APPROVED WITH MODIFICATION¹

SIGNATURE OF MEDICAL FACILITY COMMANDER (MAJCOM Surgeon if MFC is not a physician)

DATE

Mr. Palmer

30 Jan 87

REMARKS

¹ Explain in "Remarks".

CREDENTIALS PRIVILEGE LIST - DENTAL

AUTHORITY: Title 10, U.S.C. Chapter 35 Sections 8067 and 8012.

PRINCIPLE PURPOSE: To assist the Credentials Committee in making recommendations with regard to the applicant's competence to treat certain conditions and perform certain dental/medical procedures.

ROUTINE USES: Information on this form may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care applicants. It may also be released to civilian institutions or organizations where the applicant is applying for staff privileges during or after separating from the service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

NAME (Print or type Last, First, Middle Initial) <i>Rampton Jason M</i>	RANK (Pencil) <i>Major</i>	ORG/DUTY SECTION <i>Hogel/SGD</i>	PRIMARY AFSC <i>9826</i>
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GENERAL INSTRUCTIONS

- A. Purpose: To allow the dental care provider to request specific professional privileges and to provide documentation of action taken on requested privileges.
- B. Professional privileges are, for the purposes of credentialing, divided into "CORE" and "NON-CORE" privileges. "CORE" privileges are those procedures a dental officer, as a graduate of a dental school accredited by the American Dental Association, may request without justification. "NON-CORE" privileges require additional justification. See Section II for documentation of additional training and justification codes.
- C. Applicant: Enter one of the following four code numbers in each "REQUEST" block.
Supervisor: Enter one of the following four code numbers in each "VERIFIED" block in answer to each requested privilege.

1. Perform without supervision.	3. Not requested/not verified because of duty position or facility support.
2. Perform with supervision.	4. Not requested/not verified due to lack of expertise.
- NOTE: Place an "X" after the code number to alert the reader to any exception(s). Applicant: Use Section III to explain.
Supervisor: Use Section IV to explain.
- D. Any changes to privileges must be made in accordance with AFR 168-13.
- E. Numbers found after procedure names are Department of Defense dental procedure codes provided for definition purposes only.
- F. PRIVILEGES ARE NOT LIMITED DURING AN EMERGENCY SITUATION WHERE A TREATMENT DELAY COULD RESULT IN HARM TO THE PATIENT OR TO THE AIR FORCE.

I. CORE PRIVILEGES

APPLICANT: Enter code number (1 - 4) in "Request" block. List exceptions in Section III, "Remarks" block.
SUPERVISOR: Enter code number (1 - 4) in "Verified" block. List exceptions in Sec IV, "Recommendations" block.

PRIVILEGE (Enter Code No.)		PROCEDURES AND SERVICES	PRIVILEGE (Enter Code No.)		PROCEDURES AND SERVICES
REQUEST	VERIFIED		REQUEST	VERIFIED	
1	<i>1/26/87</i>	DIAGNOSTIC/ADJUNCTIVE			EMERGENCY DENTISTRY (CONTINUED)
		Clinical Oral Examinations (0120-0140)			Incision and Drainage (7511)
		Written Consultation (0150)			Reduction of Dislocation (7811)
		Intraoral Radiographs (0210, 0220)			Osteitis Treatment (7902)
		Extraoral Radiographs (0250, 0330)			Pericoronitis Treatment (7903)
		Local Anesthesia (9211)	1	<i>1/26/87</i>	PREVENTIVE
		Oral Sedation or Analgesia (9234)			Prophylaxis (1110, 1120)
		Other Therapeutic Medication (9630)			Topical Fluoride Application (1240, 1245)
		Prescriptions (9631)			Oral Health Counseling (1310-1331)
		Hospital Admissions without Physical Exam	1	<i>1/26/87</i>	RESTORATIVE
		Postoperative Treatment (9918)			Amalgams (2140-2161)
		Impression for Dental Cast (9923)			Glass Ionomer (2205, 2215)
		Jaw Relation Records (9924)			Resins (1350, 2320-2343)
		Mouth Protectors/Fluoride Carriers (9940)			Inlays/Onlay (2511-2541)
1	<i>1/26/87</i>	EMERGENCY DENTISTRY			Post Retention (Prefabricated) (2955)
		Recent Inlay, Crown, or Fixed Partial Denture (2910)	1	<i>1/26/87</i>	Enameloplasty or Odontoplasty (2970)
		Sedative/Temporary Restoration (2940)			ENDODONTICS
		Pulpotomy/Pulpectomy (3210-3231)			Pulp Treatments (3110-3231)
		Endodontic Interim Treatment (3360)			Root Canal Therapy (3311-3340)
		Gingival Flap (4240)	1	<i>1/26/87</i>	Bleaching of Discolored Teeth (3960)
		Reimplantation of Traumatologically Avulsed Teeth			PERIODONTICS
		Provisional Splint, Extracoronary (4321)			Gingivectomy or Gingivoplasty (4210)
		Periodontal Scaling (4342)			Gingival Curettage (4220)
		Tooth Removal (7110)			Removal of Provisional Splint, Extracoronary (4322)
		Repair Traumatic Wounds, Simple (7210, 7211)			Occlusal Adjustment, Limited (4330)
					Periodontal Scaling and Root Planing (4343)
					Root Desensitization (4351)

CORE PRIVILEGES (Continued)

PRIVILEGE (Enter Code No.)		PROCEDURES AND SERVICES	PRIVILEGE (Enter Code No.)		PROCEDURES AND SERVICES
REQUEST	VERIFIED		REQUEST	VERIFIED	
		PERIODONTICS (CONTINUED)			PROSTHODONTICS, FIXED (CONTO)
		Occlusal Splint (4361)			Crown: Stainless Steel, Aluminum, Tin (6719)
1	1/2/86	PROSTHODONTICS, REMOVABLE			Post Core, Metal (Casting) (6720)
		Complete Dentures (5110, 5130)	1	1/2/86	Composite Resin Fixed Partial Denture (6730)
		Partial Dentures (5201-5205)			ORAL AND MAXILLOFACIAL SURGERY
		Partial Denture, Corrected Cast (5330)			Alveoloplasty With Extraction (7310)
		Denture Repair (5611, 5621)			Alveoloplasty (7320)
		Denture Reline/Rebase (5731-5765)			Stomatoplasty, Uncomplicated (7340)
		Remount, Chairside (5820)			Sequestrectomy (7481)
		Amalgam Occlusals (5873)	1	1/2/86	Biopsy (7520)
1	1/2/86	PROSTHODONTICS, FIXED			ORTHODONTICS
		Crown/Retainer (6110-6160)			Space Maintainer, Removable (8110)
		Pontics (6201-6240)			Space Maintainer, Simple, Fixed (8120)
		Replace Broken Facing (6610)			Habit Breaker, Removable (8210)
		Stain And Glaze (6611)			Simple Hawley Device (8310)
		Broken Connector Repair (6612)			Removable Device Adjustment (8511)
		Crown, Resin, Interim (6710, 6711)			Separators (8521)
		Fixed Partial Denture, Interim (6714)			Band and Bonded Attachment Removal (8530)
					Repair Removable Appliance

II. NON-CORE PRIVILEGES

APPLICANT: Enter code number (1 - 4) in "Request" block. Enter a code letter in the "JUST. CODE" block. List and discuss exceptions and additions in Sec III, "REMARKS" block. SUPERVISOR: Enter code number (1 - 4) in "Verified" block. Discuss exceptions in Sec IV, "Recommendations" block.

ADDITIONAL TRAINING: The letters (a, b, c, etc.) corresponding to Title of Training, when filled in, are your Justification Code Letters.

Title of Training	Completion Date	Title of Training	Completion Date
a. Forensic Odontology Program	Feb 86	f.	
b. Periodontic Rotation	Feb 10, 83	g.	
c. Oral Surgery Rotation	Jan-Aug 81	h.	
d. T.M.J. Study Club	Oct 86	i.	
e. Pediatric Dentistry Preceptorship	Jan 76	j.	

NOTE: Use REMARKS section of this form to list further ADDITIONAL TRAINING and mark this box:

RE-QUEST	JUST. CODE	VERI-FIED	PROCEDURES AND SERVICES	RE-QUEST	JUST. CODE	VERI-FIED	PROCEDURES AND SERVICES
			DIAGNOSTIC/ADJUNCTIVE				ENDODONTICS (CONTINUED)
1	A	1/2/86	Post Mortem Examination (0141)				Marsupialization (3480)
4		4	Sialography (0310)	4		4	Perforation Repair (3970)
4		4	Cephalometric Film (0340)	4		4	Endodontic Endosseous Implant (3980)
4		4	Macroscopic Tissue Examination (0450)				PERIODONTICS
4		4	Microscopic Tissue Examination (0451)	1	B	1/2/86	Mesial/Distal Wedge (4230)
			RESTORATIVE THERAPY	1	19	1/2/86	Mucogingival Flap (4250)
4		4	Gold Foil Restorations (2410-2160)	4		4	Osseous Resective Surgery (4260)
4		4	Pinledge Restoration (2542)	4		4	Osseous Graft (4261)
4		4	Porcelain/Ceramic Inlay (2619)	1	19	1/2/86	Soft Tissue Graft (4270)
			ENDODONTICS	4		4	Vestibuloplasty (4272)
4		4	Apexification/Apexogenesis Treatment (3350)	4		4	Provisional Splint, Intracoronal (4320)
4		4	Apicoectomy (3410)	4		4	Occlusal Adjustment, Complete (4331)
4		4	Retrograde Filling (3420)	4		4	Hemisection (4370)
4		4	Surgical Fenestration (Trephination) (3470)	4		4	Root Amputation (4371)
				4		4	Bicuspidization (4372)
				4		4	Implant Surgery

NON-CORE PRIVILEGES (Continued)

RE-QUEST	JUST. CODE	VERI-FIED	PROCEDURES AND SERVICES	RE-QUEST	JUST. CODE	VERI-FIED	PROCEDURES AND SERVICES
			PROSTHODONTICS, REMOVABLE				ORAL AND MAXILLOFACIAL SURGERY (CONTINUED)
4		4/1	Precision Attachments (5207, 5208)			4/1	Intermaxillary Fixation (7685)
4		4/1	Overdentures (5860-5866)	4		4/1	Maxillofacial Devices (7690)
4		4/1	Metal Base (5871)	4		4/1	Arch Bar Removal (7695)
4		4/1	Cast Metal Occlusals (5872)	4		4/1	Osteotomy, Max/Man (7711-7722)
			MAXILLOFACIAL PROSTHETICS				
4		4	Maxillofacial Prosthesis Repair (5631)	4		4/1	Augmentation, Contour, Reduction (7755)
4		4/1	Prosthetic Impression (5905)	1	D	1/1/82	Myofacial Pain Dysfunction Tx. (7815)
4		4/1	Maxillofacial Prosthesis (5910)	1	D	1/1/82	Mandibular Manipulation (7835)
4		4/1	Other Prosthesis (5925)	4		4/1	TMJ Surgery (7845)
4 5/3		4 5/3	Face Mask, Custom (5930)				Arthrocentesis, Arthrography, TMJ Injection (7880)
4		4/1	Implants (5940)	4		4/1	Frenectomy (7960)
4		4/1	Maxillary Inclined Plane and/or Maxillary Occlusal Table (5950)	3	C	3/2/82	
4		4/1	Mandibular Guide Flange (5955)	1	E	1/1/82	ORTHODONTICS
4		4/1	Palatal Lift/Drop Prosthesis (5960)	1	E	1/1/82	Space Maintainer, Complex, Fixd. (8121)
			PROSTHODONTICS, FIXED				
4 5/3		4 5/3	Full Mouth Reconstruction	3	E	3/2/82	Habit Breakers (8212, 8220)
4		4/1	Implant Prosthesis	3	E	3/2/82	Complex Hawley Device (8311)
4		4/1	Retainer, Cast Metal for Acid-Etch Bridge (6705)	2	E	2/1/82	Rem Expansion Device, Simple (8320)
			ORAL AND MAXILLOFACIAL SURGERY				
1	C	1/1/82	Tooth Removal, Complicated (7120)	3	E	3/2/82	Rem Exp Device with Bite Plane (8321)
1	C	1/1/82	Tooth Removal, Impacted (7130)	2	E	2/1/82	Fixed Expansion Device (8322)
3	C	3/2/82	Tooth Implantation, Replantation and Transplantation (7140)	3	E	3/2/82	Bite Plane, Ant. or Post. (8330)
1	C	1/1/82	Tooth Exposure, Surgical (7150)	4 5/3	E	4/2/82	Functional Orthopedic Devices (8332)
4		4/1	Repair Traumatic Wounds, Complex (7212, 7213)	4		4/1	Banding & Bonding (8410, 8420)
4		4/1	Cleft Palate Repair (7260)	4		4/1	Section Wire (8440)
4		4/1	Cleft Lip Repair (7265)	4		4/1	Round Archwire (8441, 8442)
4		4/1	Oral-Antral Fistula Repair (7270)	4		4/1	Rectangular Archwire (8443, 8444)
4		4/1	Oral-Nasal Fistula Repair (7275)	1	E	1/1/82	Passive Lingual or Palatal wire (8445)
4		4/1	Skin or Mucosal Grafts (7280)	4		4/1	Extraoral Traction Device (8446)
4		4/1	Bone Graft or Osseous Implant (7285)	4 5/3		4/2	Fixed Device Adjustment (8510, 8512-8514)
4		4/1	Stomatoplasty, Complicated (7350)	4		4/1	Addition of Auxiliaries (8520)
4		4/1	Major Salivary Gland Surgery (7405)	4		4/1	Positioner Insertion (8540)
1	C	1/1/82	Excision, Soft Tissue (7412)	1	E	1/1/82	Device Repair (8552)
1	C	1/1/82	Excision, Benign Tumor (7432)	4		4/1	Craniofacial Analysis (8553)
4		4/1	Excision, Malignant Tumor (7442)	4		4/1	Orthodontic/Orthognathic Diagnostic Setup (8554)
4		4/1	Removal of Cyst or Tumor (7452, 7462)				ANESTHESIA
4		4/1	Destruction of Lesions (7465)	4		4/1	General Anesthesia (9220)
4		4/1	Removal of Exostoses (7470)	4		4/1	I, V. Sedation or Analgesia (9231)
4		4/1	Resection, Max or Man (7480, 7485)	4		4/1	I, M. Sedation or Analgesia (9232)
4		4/1	Removal of Foreign Body (7530)	4		4/1	Inhalation Sedation or Analgesia (9233)
4		4/1	Maxillary Sinusotomy (7560)				
4		4/1	Cricothyrotomy (7570)				MISCELLANEOUS
4		4/1	Tracheostomy (7580)	4		4/1	Hosp Admissions with Physical Exam (9720)
4		4/1	Open Reduction, Max or Man (7610)	4		4/1	Mandibular Recording (Three Dimensional) (9925)
4		4/1	Closed Reduction, Max or Man (7620)	4		4/1	Radiation Shield (9943)
4		4/1	Zygomatic Complex Fracture (7651)	4		4/1	Radiation Needle Carrier (9944)
4		4/1	Facial Bone Fractures (7680)	4		4/1	Hyperbaric Monitoring (9971)
4		4/1	Other Fracture Reduction (7681)	4		4/1	Operating Room Privileges

III.

APPLICANT'S REMARKS

SIGNATURE OF APPLICANT

Jason M. Sampson

DATE

3 Mar 88

IV.

SUPERVISOR'S RECOMMENDATION

Recommend Approval

Recommend Approval With Modifications As Specified Below:

Recommend Disapproval As Specified Below:

SUPERVISOR'S TYPED, PRINTED, OR STAMPED SIGNATURE BLOCK

JOHN A. SAMUELSON, COL, USAF, DC

SIGNATURE

John A. Samuelson

DATE

3 March 88

V.

SGD APPROVAL/ADDITIONAL COMMENTS

7 Dec 88 Reviewed J. Biddle

SGD TYPED, PRINTED, OR STAMPED SIGNATURE BLOCK

HAROLD H. BIDDLE, COL, USAF, DC
BASE DENTAL SURGEON

SIGNATURE

Harold H Biddle

DATE

4 Mar 88

VI.

BIENNIAL REVIEW

APPLICANT'S TYPED, PRINTED, OR STAMPED SIGNATURE BLOCK

SIGNATURE

DATE

SUPERVISOR'S TYPED, PRINTED, OR STAMPED SIGNATURE BLOCK

SIGNATURE

DATE

SGD'S TYPED, PRINTED, OR STAMPED SIGNATURE BLOCK

SIGNATURE

DATE



DEPARTMENT OF THE AIR FORCE
USAF REGIONAL HOSPITAL ELMENDORF (AAC)
ELMENDORF AIR FORCE BASE, ALASKA 99506-5300

REPLY TO
ATTN OF: Chairperson, Credentials Committee

23 Jan 87
(Date)

SUBJECT: Review of Medical Credentials

TO: SG

After reviewing the medical credentials of Capt Jason M. Rampton,
the Credentials Committee has (approved) (~~approved with exceptions~~) (~~disapproved~~)
the requested clinical privileges.

Exceptions:

Ø

[Signature]
PAUL B. COFOID, Colonel, USAF, MC
Chairperson, Credentials Committee

1st Ind, SG

30 Jan 87
(Date)

TO: _____

Recommendation of the Credentials Committee is (approved) (~~disapproved~~).

[Signature]
WILLIAM E. PALMA, Colonel, USAF, MC
Commander

2d Ind

5 Feb 87
(Date)

TO: SG

I acknowledge receipt of the medical privileges awarded to me by the Credentials
Committee and approved by the Hospital Commander.

[Signature]
Signature of Applicant



DEPARTMENT OF THE AIR FORCE
USAF REGIONAL HOSPITAL ELMENDORF (AAC)
ELMENDORF AIR FORCE BASE, ALASKA 99506-5300

REPLY TO
ATTN OF

Chairperson, Credentials Committee

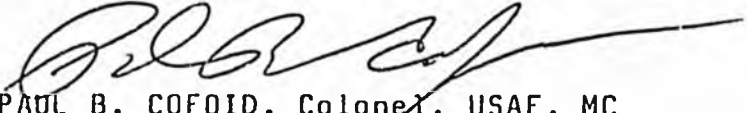
25 Aug 1986

UNCLASSIFIED

Provisional Awarding of Provider Medical Credentials

TO: Capt Jason M. Rampton

You are hereby granted provisional privileges in the practice of General Dentistry. There are no limitations or restrictions set to the normal practice of General Dentistry in an inpatient and/or outpatient setting.

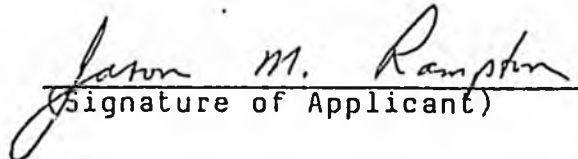

PAUL B. COFOID, Colonel, USAF, MC
Chairperson, Credentials Committee

1st Ind

10 Sep 86
Date

TO: SGH

I acknowledge receipt of medical privileges awarded to me by the Credentials Committee.


(Signature of Applicant)

PROVIDER ACTIVITY PROFILE

QA PROVIDER ACTIVITY PROFILE

DATE 14 NOV 1988 TIME 0815

PERSONAL DATA - PRIVACY ACT OF 1974

PROVIDER ID RAMPTJ NAME RAMPTON, JASON M. DEPT SGD1

QA ID CODE 805227491 CONT ED (YY/HHH) 88/0 87/0 86/0

ASSIGNMENT DATE 07 AUG 1986 REAPPOINTMENT DATE 19 APR 1990

RENEWAL DATE UF: BLS 30 DEC 1988 ACLS 30 SEP 1990 ATLS

LICENSE: TYPE DENTISTRY STATE UT RENEWAL DATE 31 DEC 1988

1 - PERFORMANCE ASSESSMENT/OUTCOME INDICATORS

ENTER SELECTION:

CREDENTIALS EVALUATION OF HEALTH CARE PRACTITIONERS

AUTHORITY: Title 10, U. S. C. Section 8012, Title 44, U. S. C. Section 3101

PRINCIPAL PURPOSE(S): For requesting personal information from each practitioner relating to his or her formal education training, clinical experience, and evidence of physical, moral, and ethical capacities to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical procedures.

ROUTINE USE(S): To award inpatient and ambulatory clinical privileges to health care practitioners. Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

I. TO BE COMPLETED BY PRACTITIONER

1. NAME (Last, First, Middle Initial)

RAMPON, JASON M.

2. SSAN

██████-██-████

3. SERVICE(S) REQUESTING PRIVILEGES IN

Dental

██████, AFB, HO██████

RELEASE OF LIABILITY

I hereby release from liability all officials of the United States Air Force including all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating or action concerning my application and my credentials and qualifications. I hereby release from liability any and all individuals and organizations who, in good faith and without malice, provide any and all information to officials of the United States Air Force, including medical facility officers, or to the authorized medical staff representatives, concerning my professional practice, competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of any and all such information.

5. SIGNATURE

Jason M. Rampton

6. DATE

14 Jul 86

II. TO BE COMPLETED BY EVALUATOR

7. NAME OF INSTITUTION WHERE ABOVE PRACTITIONER PRACTICED

USAF HOSPITAL GEORGE

8. DATES AT INSTITUTION

FROM JULY '84 TO JULY '86

9. STATUS OF PRACTITIONER (Staff, resident, etc.)

STAFF

10. SPECIALTY OR SPECIALTIES PRACTITIONER HAD PRIVILEGES IN AT THIS FACILITY

GENERAL DENTIST

The following evaluation is based on demonstrated performance compared to that reasonably expected of a practitioner at his or her level of training, experience and background:

PERFORMANCE (Mark "X" in appropriate block for each item listed)	POOR	FAIR	GOOD	SUPERIOR	NOT OBSERVED
A. BASIC MEDICAL KNOWLEDGE				/	
B. PROFESSIONAL JUDGEMENT				/	
C. SENSE OF RESPONSIBILITY				/	
D. ETHICAL CONDUCT				/	
E. COMPETENCE AND SKILL				/	
F. COOPERATIVENESS, ABILITY TO WORK WITH OTHERS				/	
G. APPEARANCE				/	
H. HISTORY AND PHYSICAL EXAM				/	
I. RECORD KEEPING				/	
J. CASE PRESENTATIONS				/	
K. PATIENT MANAGEMENT				/	
L. PHYSICIAN-PATIENT RELATIONS				/	
M. ABILITY TO WRITE AND SPEAK ENGLISH				/	
N. PARTICIPATION IN MEDICAL STAFF AND COMMITTEE ACTIVITIES				/	

10. If the answer to any of the following questions is "YES" please give full details in the Remarks Section on reverse. If additional space is needed, continue on a separate sheet of paper and attach to this form. Be sure to identify item by number. To your knowledge has the applicant:

A. EVER HAD HIS OR HER LICENSE TO PRACTICE IN ANY JURISDICTION LIMITED, SUSPENDED OR REVOKED?	YES	NO	G. EVER BEEN A DEFENDANT IN A FELONY CASE?	YES	NO
B. EVER BEEN REFUSED MEMBERSHIP ON A MEDICAL STAFF?		X	H. HAD ANY SIGNIFICANT MEDICAL PROBLEMS?		X
C. EVER HAD A REQUEST FOR SPECIFIC PRIVILEGES DENIED OR GRANTED WITH STATED LIMITATIONS?		X	I. EVER BEEN A DEFENDANT OR THE SUBJECT OF A MALPRACTICE ACTION?		X
D. EVER HAD PRIVILEGES AT ANY HOSPITAL SUSPENDED, LIMITED, OR REVOKED?		X	If "YES" was the matter:		
E. EVER HAD NARCOTICS REGISTRATION SUSPENDED OR REVOKED?		X	(1) SETTLED PRIOR TO FINAL COURT ACTION?		
F. REGULARLY OBTAINED CONSULTATIONS WHEN NEEDED?	X		(A) JUDGEMENT RENDERED BY COURT?		
			(B) MATTER STILL PENDING?		
			(2) DEFENDANT FOUND LIABLE?		

11. (Complete if applicable) UPON REVIEW OF THE ATTACHED LIST OF PRIVILEGES SUBMITTED BY THE PRACTITIONER, DO YOU HAVE ANY RESERVATIONS ABOUT HIM OR HER EXERCISING ALL PRIVILEGES REQUESTED? YES NO

12. NUMBER OF YEARS YOU HAVE KNOWN THE APPLICANT

2 1/2

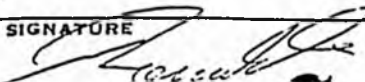
13. BEST TELEPHONE NUMBER TO CONTACT YOU

Aurora 353-3961

14. REMARKS (Please add any other information you think appropriate in evaluating this applicant.)

15. TITLE OF EVALUATOR

16. SIGNATURE



17. DATE

14 JULY 86

CREDENTIALS EVALUATION OF HEALTH CARE PRACTITIONERS

AUTHORITY: Title 10, U. S. C. Section 8012, Title 44, U. S. C. Section 3101

PRINCIPAL PURPOSE(S): For requesting personal information from each practitioner relating to his or her formal education training, clinical experience, and evidence of physical, moral, and ethical capacities to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical procedures.

ROUTINE USE(S): To award inpatient and ambulatory clinical privileges to health care practitioners. Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

I. TO BE COMPLETED BY PRACTITIONER

1. NAME (Last, First, Middle Initial) RAMPTON, JASON M.

3. FACILITY George AFB, Hosp 4. SERVICE(S) REQUESTING Dental

RELEASE OF LIABILITY

I hereby release from liability all officials of the United States Air Force including all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating or action concerning my application and my credentials and qualifications. I hereby release from liability any and all individuals and organizations who, in good faith and without malice, provide any and all information to officials of the United States Air Force, including medical facility officers, or to the authorized medical staff representatives, concerning my professional practice, competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of any and all such information.

5. SIGNATURE Jason Rampton 6. DATE 14 Jul 86

II. TO BE COMPLETED BY EVALUATOR

7. NAME OF INSTITUTION WHERE ABOVE PRACTITIONER PRACTICED USAF Hosp George AFB Ca 8. DATES AT INSTITUTION
FROM July 85 TO July 86

9. STATUS OF PRACTITIONER (Staff, resident, etc.) staff 10. SPECIALTY / OR SPECIALTIES PRACTITIONER HAD PRIVILEGES IN AT THIS FACILITY general dentistry

The following evaluation is based on demonstrated performance compared to that reasonably expected of a practitioner at his or her level of training, experience and background:

PERFORMANCE (Mark "X" in appropriate block for each item listed)	POOR	FAIR	GOOD	SUPERIOR	NOT OBSERVED
A. BASIC MEDICAL KNOWLEDGE				/	
B. PROFESSIONAL JUDGEMENT				/	
C. SENSE OF RESPONSIBILITY				/	
D. ETHICAL CONDUCT				/	
E. COMPETENCE AND SKILL				/	
F. COOPERATIVENESS, ABILITY TO WORK WITH OTHERS				/	
G. APPEARANCE				/	
H. HISTORY AND PHYSICAL EXAM				/	
I. RECORD KEEPING				/	
J. CASE PRESENTATIONS				/	
K. PATIENT MANAGEMENT				/	
L. PHYSICIAN-PATIENT RELATIONS				/	
M. ABILITY TO WRITE AND SPEAK ENGLISH				/	
N. PARTICIPATION IN MEDICAL STAFF AND COMMITTEE ACTIVITIES				/	

10. If the answer to any of the following questions is "YES" please give full details in the Remarks Section on reverse. If additional space is needed, continue on a separate sheet of paper and attach to this form. Be sure to identify item by number. To your knowledge has the applicant:

A. EVER HAD HIS OR HER LICENSE TO PRACTICE IN ANY JURISDICTION LIMITED, SUSPENDED OR REVOKED?	YES	NO	G. EVER BEEN A DEFENDANT IN A FELONY CASE?	YES	NO
B. EVER BEEN REFUSED MEMBERSHIP ON A MEDICAL STAFF?		/	H. HAD ANY SIGNIFICANT MEDICAL PROBLEMS?		/
C. EVER HAD A REQUEST FOR SPECIFIC PRIVILEGES DENIED OR GRANTED WITH STATED LIMITATIONS?		/	I. EVER BEEN A DEFENDANT OR THE SUBJECT OF A MALPRACTICE ACTION?		/
D. EVER HAD PRIVILEGES AT ANY HOSPITAL SUSPENDED, LIMITED, OR REVOKED?		/	If "YES" was the matter:		
E. EVER HAD NARCOTICS REGISTRATION SUSPENDED OR REVOKED?		/	(1) SETTLED PRIOR TO FINAL COURT ACTION?		
F. REGULARLY OBTAINED CONSULTATIONS WHEN NEEDED?		/	(A) JUDGEMENT RENDERED BY COURT?		
			(B) MATTER STILL PENDING?		
			(2) DEFENDANT FOUND LIABLE?		

11. (Complete if applicable) UPON REVIEW OF THE ATTACHED LIST OF PRIVILEGES SUBMITTED BY THE PRACTITIONER, DO YOU HAVE ANY RESERVATIONS ABOUT HIM OR HER EXERCISING ALL PRIVILEGES REQUESTED? YES NO

12. NUMBER OF YEARS YOU HAVE KNOWN THE APPLICANT

2

13. BEST TELEPHONE NUMBER TO CONTACT YOU

353-3966

14. REMARKS (Please add any other information you think appropriate in evaluating this applicant.)

15. TITLE OF EVALUATOR
GARY C. GRAY
BASE DENTAL SURGEON

16. SIGNATURE

Gary C. Gray

17. DATE

14 July 84

CREDENTIALS EVALUATION OF HEALTH CARE PRACTITIONERS

AUTHORITY: Title 10, U. S. C. Section 8012, Title 44, U. S. C. Section 3101

PRINCIPAL PURPOSE(S): For requesting personal information from each practitioner relating to his or her formal education training, clinical experience, and evidence of physical, moral, and ethical capacities to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical procedures.

ROUTINE USE(S): To award inpatient and ambulatory clinical privileges to health care practitioners. Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

I. TO BE COMPLETED BY PRACTITIONER

1. NAME (Last, First, Middle Initial) KAMPTON, JASON	2. [REDACTED]
3. FACILITY George AFB, HOSP SGO	4. SERVICE(S) REQUESTING Dental (Privilege list attached)

RELEASE OF LIABILITY

I hereby release from liability all officials of the United States Air Force including all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating or action concerning my application and my credentials and qualifications. I hereby release from liability any and all individuals and organizations who, in good faith and without malice, provide any and all information to officials of the United States Air Force, including medical facility officers, or to the authorized medical staff representatives, concerning my professional practice, competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of any and all such information.

5. SIGNATURE <i>Jason Kampton</i>	6. DATE 14 July 86
--------------------------------------	------------------------------

II. TO BE COMPLETED BY EVALUATOR

7. NAME OF INSTITUTION WHERE ABOVE PRACTITIONER PRACTICED GEORGE AFB HOSPITAL	8. DATES AT INSTITUTION	
9. STATUS OF PRACTITIONER (Staff, resident, etc.) STAFF	FROM	TO
10. SPECIALTY OR SPECIALTIES PRACTITIONER HAD PRIVILEGES IN AT THIS FACILITY		

The following evaluation is based on demonstrated performance compared to that reasonably expected of a practitioner at his or her level of training, experience and background:

PERFORMANCE (Mark "X" in appropriate block for each item listed)	POOR	FAIR	GOOD	SUPERIOR	NOT OBSERVED
A. BASIC MEDICAL KNOWLEDGE					X
B. PROFESSIONAL JUDGEMENT					X
C. SENSE OF RESPONSIBILITY					X
D. ETHICAL CONDUCT					X
E. COMPETENCE AND SKILL					X
F. COOPERATIVENESS, ABILITY TO WORK WITH OTHERS				X	
G. APPEARANCE				X	
H. HISTORY AND PHYSICAL EXAM					X
I. RECORD KEEPING					X
J. CASE PRESENTATIONS					X
K. PATIENT MANAGEMENT					X
L. PHYSICIAN-PATIENT RELATIONS				X	
M. ABILITY TO WRITE AND SPEAK ENGLISH				X	
N. PARTICIPATION IN MEDICAL STAFF AND COMMITTEE ACTIVITIES				X	

10. If the answer to any of the following questions is "YES" please give full details in the Remarks Section on reverse. If additional space is needed, continue on a separate sheet of paper and attach to this form. Be sure to identify item by number. To your knowledge has the applicant:

	YES	NO		YES	NO
A. EVER HAD HIS OR HER LICENSE TO PRACTICE IN ANY JURISDICTION LIMITED, SUSPENDED OR REVOKED?			G. EVER BEEN A DEFENDANT IN A FELONY CASE?		✓
B. EVER BEEN REFUSED MEMBERSHIP ON A MEDICAL STAFF?		✓	H. HAD ANY SIGNIFICANT MEDICAL PROBLEMS?		✓
C. EVER HAD A REQUEST FOR SPECIFIC PRIVILEGES DENIED OR GRANTED WITH STATED LIMITATIONS?		✓	I. EVER BEEN A DEFENDANT OR THE SUBJECT OF A MALPRACTICE ACTION?		✓
D. EVER HAD PRIVILEGES AT ANY HOSPITAL SUSPENDED, LIMITED, OR REVOKED?		✓	If "YES" was the matter:		
E. EVER HAD NARCOTICS REGISTRATION SUSPENDED OR REVOKED?		✓	(1) SETTLED PRIOR TO FINAL COURT ACTION		
F. REGULARLY OBTAINED CONSULTATIONS WHEN NEEDED?	✓		(A) JUDGEMENT RENDERED BY COURT?		
			(B) MATTER STILL PENDING?		
			(2) DEFENDANT FOUND LIABLE?		

11. (Complete if applicable) UPON REVIEW OF THE ATTACHED LIST OF PRIVILEGES SUBMITTED BY THE PRACTITIONER, DO YOU HAVE ANY RESERVATIONS ABOUT HIM OR HER EXERCISING ALL PRIVILEGES REQUESTED? YES NO

12. NUMBER OF YEARS YOU HAVE KNOWN THE APPLICANT

152

13. BEST TELEPHONE NUMBER TO CONTACT YOU

3885

14. REMARKS (Please add any other information you think appropriate in evaluating this applicant.)

I arrived at George AFB 3 weeks ago and have not become well acquainted with Dr. Rempton. He enjoys a very good reputation and there is no uncomplimentary information regarding him.

15. TITLE OF EVALUATOR
JON K. PLUMMER, LT COL
CHIEF HOSPITAL SERVICES

16. SIGNATURE

Jon K. Plummer

17. DATE

14 July 86

CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 10 U.S.C. 8112 and EO 9397

PURPOSE: To provide a record of an individual's participation in continuing health education activities.

ROUTINE USE: Used by individual practitioners to report personal continuing education accomplishments. SSAN is used for positive identification of individual and records.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may preclude awarding clinical privileges.

INSTRUCTIONS

Use continuously until form is completely filled out. Begin a new form and attach to old form. All forms must remain with the credentials file until it is destroyed.

I. IDENTIFICATION			
NAME (Last, First, Middle Initial) Rampton, Jason M.	GRADE Major	SSAN [REDACTED]	CORPS Dental
DUTY ADDRESS (PENCIL ONLY) USAF Reg Hosp Elmendorf AFB, AK	SPECIALTY	PAFSC 9826	ZAFSC

II. ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 - CME activities with accredited sponsorship or cosponsorship
- Category 2 - CME activities with non-medical sponsorship
- Category 3 - Medical teaching
- Category 4 - Papers published, exhibits, etc.
- Category 5 - Nonsupervised CME (self-instruction, consultation, self-assessment, etc.)

Refer to the American Medical Association Information Booklet for Physician Recognition Award for more detailed definitions.

TIME	DESCRIPTION	SPONSOR	LOCATION	DATE	HOURS	CAT	TOTAL	RS	CREDIT CATEGORY (1-5)
	CME FY 88								
	RAMPTON, JASON MAJ								
	Endodontic Diagnosis (1)	Col Rome	Elmendorf, AK	22Oct87	1.0	1	1.0		
	Pedodontic Management	LtCol Rominger	Elmendorf, AK	12Nov87	1.0	1	2.0		
	Porcelain Veneers	LtCol Cameron	Elmendorf, AK	10Dec87	1.0	1	3.0		
	TMJ Radiology	Col Schutte	Elmendorf, AK	17Dec87	.5	1	3.5		
	Endodontic Diagnosis (2)	Col Rome	Elmendorf, AK	14Jan88	1.0	1	4.5		
	Initial Perio Therapy	Col DeNucci	Elmendorf, AK	28Jan88	1.0	1	5.5		
	Maxillofacial Trauma	Maj Gaus	Elmendorf, AK	11Feb88	1.0	1	6.5		
	Temporary Restorations	LtCol Golden	Elmendorf, AK	25Feb88	.5	1	7.0		
	Oral Surg Emergencies	Col Schutte	Elmendorf, AK	10Mar88	1.0	1	8.0		
	Maxillofacial Prosthetics	Col Saunders	Elmendorf, AK	24Mar88	1.0	1	9.0		
	Suturing Technique	Maj Gaus	Elmendorf, AK	31Mar88	1.5	1	10.5		
	Patient Sensitivity	Maj Garcia	Elmendorf, AK	14Apr88	1.0	1	11.5		
	Orthopedic Injuries and Shock and IV Fluid Therapy--								
		Videotapes	Elmendorf, AK	28Apr88	1.0	1	12.5		
	Flight Dentistry (DNIF)	Col Jaeger	Elmendorf, AK	16May88	.5	1	13.0		
	Medical Malpractice, Informed Consent and Third Party Liability-----								
		Capt Halbert	Elmendorf, AK	19May88	.5	1	13.5		
	Intraoral Photography	Col Denucol	Elmendorf, AK	25Aug88	.5	1	14.0		
	Remote Site Dentistry	Maj Wyman	Elmendorf, AK	22Sep88	1.0	1	15.0		
	ACLS	USAF Hospital	Elmendorf, AK	29,30Sep88	16.0	1	31.0		
	=====								
	FY 1988 Total 31.0 hours								

CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 10 U.S.C. 8112 and EO 9397

PURPOSE: To provide a record of an individual's participation in continuing health education activities.

ROUTINE USE: Used by individual practitioners to report personal continuing education accomplishments. SSAN is used for positive identification of individual and records.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may preclude awarding clinical privileges.

INSTRUCTIONS

Use continuously until form is completely filled out. Begin a new form and attach to old form. All forms must remain with the credentials file until it is destroyed.

I. IDENTIFICATION

NAME (Last, First, Middle Initial) Rampton, Jason M.	GRADE Maj	SSAN [REDACTED]	CORPS Dental
DUTY ADDRESS (PENCIL ONLY) [REDACTED]	SPECIALTY Dentistry	PAFSC 9826	2AFSC

II. ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 - CME activities with accredited sponsorship or cosponsorship
- Category 2 - CME activities with non-medical sponsorship
- Category 3 - Medical teaching
- Category 4 - Papers published, exhibits, etc.
- Category 5 - Nonsupervised CME (self-instruction, consultation, self-assessment, etc.)

Refer to the American Medical Association Information Booklet for Physician Recognition Award for more detailed definitions.

DESCRIPTION	SPONSOR	LOCATION	DATE	HOURS	CAT	TOTAL
Anes & Airway Mgt	Dr Fronefield	Elmendorf, AK	9Oct86	1	1	1.0
Endo Restorations	Dr Romo	"	27Oct86	2	1	3.0
TMJ Study Club	Dr Saunders	"	Oct86	9	1	12.0
Endo Emerg	Dr Rome	"	13Nov86	1	1	13.0
Prev Dent Course	LtCol Malsey	Brooks, TX	1-5Dec86	40	1	53.0
Pedo Short Course	LtCol Barrus	Eielson, AK	Jan87	8	1	61.0
Perio Emerg	Dr Marttala	Elmendorf, AK	29Jan87	1	1	62.0
General Dent	Dr Giles	"	15Jan87	3.5	1	65.5
Forensic Dent	Dr Burke	"	12Feb87	1	1	66.5
Oral Surg Emerg	Dr Schulte	"	26Feb87	1	1	67.5
Maxillofacial Inj	Dr Van Asma	"	12Mar87	1	1	68.5
Oral Pathology	Dr Slater	"	26Mar87	4	1	72.5
Suturing	Dr Schulte	"	9Apr87	1	1	73.5
Pros Emergencios	Dr Saunders	"	23Apr87	1	1	74.5
Itinerant Dent	Dr Rome	"	14May87	1	1	75.5
Flight Dentistry	Dr Jaeger	"	28May87	1	1	76.5
Restorative Dent	Dr Bowers	"	11Jun87	1	1	77.5
TMJ Dysfunction	Dr DeNucci	"	23Jul87	1	1	78.5
Laboratory Relations	LtCol Rudd	"	23Sep87	1	1	79.5
Anes & Airway Mgt	Col Fronefield	"	24Sep87	.5	1	80.0
OR Protocol	Capt Gardiner	"	24Sep87	1	1	81.0
Child Abuse Prev Sem	Dr Krugman	Fl Richardson, AK	24Sep87	7	1	87.0
CPR	USAF Reg Hosp	Elmendorf, AK	Sep87	4	1	91.0

FY 1987 Total 91.0 hours



DEPARTMENT OF THE AIR FORCE
USAF REGIONAL HOSPITAL ELMENDORF (AAC)
ELMENDORF AIR FORCE BASE, ALASKA 99506-5300

RECEIVED

APR 15 1988

DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSING

Utah State Board of Dentistry
Dir. of Reg.
160 W. 300 South - P.O. Box 45802
Salt Lake City, UT 84145

Dear Sir,

1. In accordance with Air Force Regulation 168-13, all health care providers must have in their credential file an authenticated statement from their Board of Licensure attesting to their current licensure to practice. Your assistance is solicited to verify the following information pertaining to one of your licensees. Your official seal and signature on this letter will constitute verification of the below information and will fulfill the requirements set forth under AFR 168-13.

"I JASON M. RAMPTON, license # [REDACTED], am licensed to practice Dentistry in the state of UTAH."

Jason M. Rampton
(Signature of Licensee)

2. The provider's signature following his attestation will constitute his/her permission for your office to verify the above information. Your time and prompt response will be greatly appreciated. If you have any questions please contact Mrs. Wanda Ferris or SSgt Gail Hewitt, ext. (907)552-2328/4501. All responses should be forwarded to our Quality Assurance and Credentials Office.

W. Palmer

WILLIAM E. PALMER Col. USAF, MC
Commander

September 1, 1988

To Whom it May Concern:

Please be advised that Dr. Jason . Rampton's Utah State Dental License number is: 03006-0701-7, issued on February 26, 1986.

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

M. Eddy
(Signature of License Verification Official)

STATE SEAL

THIS LICENSE MUST BE CONSPICUOUSLY POSTED IN YOUR PLACE OF BUSINESS
THIS STUB CAN BE REMOVED IF NECESSARY

STATE OF UTAH

DEPARTMENT OF BUSINESS REGULATION DIV. OF OCCUP. & PROF. LICENSING
160 EAST 300 SOUTH, SALT LAKE CITY, UTAH 84111

LICENSE NUMBER 03006-0701-7 DATE OF ISSUE 86/12/31

RAMPTON JASON M
9711 TAKLI CIR
EAGLE RIVER AK

99577



RECEIPT NUMBER
004928
EXPIRATION DATE
88/12/31

IS DULY REGISTERED TO PRACTICE AS
A DENTIST

WALLET SIZE LICENSE

DETACH AND PLACE IN YOUR
WALLET FOR FUTURE REFERENCE

CUT OUT ALONG THIS LINE

DO NOT CUT OFF PROFESSION INFORMATION. CUT OUTSIDE OF THE DARK BLUE BORDER. LASER PRINTING HAS BEEN USED TO PREVENT ALTERATION OR FORGERY. IT MAY SMEAR WHEN PLACED IN PLASTIC CARD HOLDERS. LAMINATING THE WALLET COPY WILL PREVENT SMEARING.

STATE OF UTAH

DEPARTMENT OF BUSINESS REGULATION

DIV. OF OCCUP. & PROF. LICENSING

LICENSE NUMBER 03006-0701-7 EXPIRATION DATE 88/12/31

RAMPTON JASON M
9711 TAKLI CIR
EAGLE RIVER AK

93577



IS DULY REGISTERED TO PRACTICE AS
A DENTIST

*This is a true and accurate
copy of the original.*

W. J. Rome Col USAF-DC

26 Jan 87



Jason M. Hampton, DDS

having complied with all the requirements of the State of Utah and the rules of this Department, is hereby registered and licensed to practice

Dentist

n/a

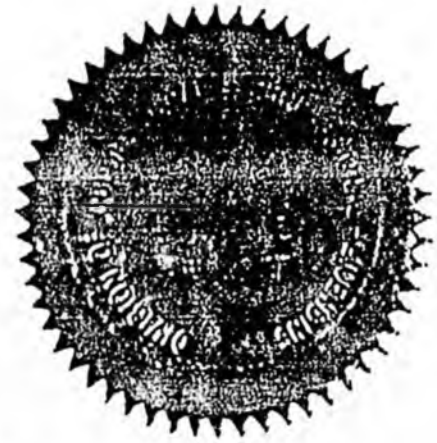
License No. 3006

In Witness Whereof, I have hereunto set my hand and affixed the official seal of the Division this

24th day of February A.D. 1956

Robert O. Bowen

Director, Division of Registration



*This is a true and accurate copy of the original 6 Nov 86
Robert O. Bowen 565 DEK1 010*

The American Dental Association
COUNCIL ON
NATIONAL BOARD EXAMINATIONS
presents this certificate to

Jason M. Rampton

as evidence of satisfactory attainment
in the
National Board Dental Examinations



William J. Lorette D.D.S.

COUNCIL CHAIRMAN

Fred Casey

COUNCIL SECRETARY

Issued 1981

This is a true and
accurate copy of the
original, 6 Nov 84
John Samuelson SCD.DC.
OIC



THE
ARIZONA STATE BOARD
OF DENTAL EXAMINERS

at an examination held

on March 25, 1986, has found

Jason Michael Rampton

qualified, and hereby granted a License to Practice

DENTISTRY

in the State of Arizona

No. 3523

President [Signature]

Secretary [Signature]

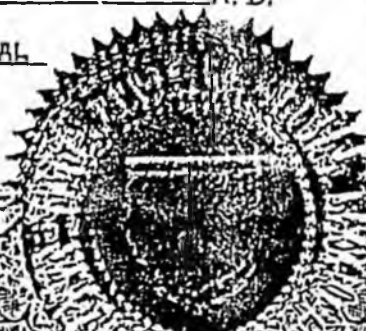
Member [Signature]

Signed and seal affixed

this ATH day of

AUGUST A. D.

19 AL



*certified correct
- Billie 210-886*

DENTAL SCHOOLS BY CODE NUMBER

The following coded list includes all active dental schools in the United States, Puerto Rico, Canada, and the Philippine Islands. Also included are all known dental schools which are no longer in existence or have merged with another dental school, but whose graduates are still listed in this directory. These schools are identified with an asterisk. More information on active dental schools is published in the following section.

007 UNIVERSITY OF CALIFORNIA FACULTY OF DENTISTRY
Los Angeles, Calif.

008 UNIVERSITY OF LOUISVILLE
School of Dentistry
Louisville, Ky.

009 UNIVERSITY OF MISSOURI
School of Dentistry
Columbia, Mo.

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002 UNIVERSITY OF ALBERTA FACULTY OF DENTISTRY
Edmonton, Alberta, Canada

004 ATLANTA DENTAL COLLEGE*
Atlanta, Ga. - See 140

006 ATLANTA SOUTHWEST DENTAL COLLEGE*
Atlanta, Ga. - See 140

008 BASTROP COLLEGE OF DENTAL SURGERY
Dental School, University of Maryland
Baltimore, Md.

007 UNIVERSITY OF MARYLAND
Dental Department
Baltimore, Md. - See 008

009 BALTIMORE MEDICAL COLLEGE*
Dental Department
Baltimore, Md. - See 008

008 BAYNES DENTAL COLLEGE*
St. Louis, Mo.

010 BAYLOR COLLEGE OF DENTISTRY
Dallas, Texas

011 BIRMINGHAM DENTAL COLLEGE*
Birmingham, Ala.

013 BOSTON DENTAL COLLEGE*
Boston, Mass. - See 131

013 UNIVERSITY OF BUFFALO
School of Dentistry
Buffalo, N.Y. - See 161

011 UNIVERSITY OF CALIFORNIA*
College of Dentistry
San Francisco, Calif. - See 153

016 CENTRAL COLLEGE OF DENTISTRY*
Indianapolis, Ind.

019 HOSPITAL COLLEGE OF MEDICINE*
Department of Dentistry of Central University
Richmond, Va. - See 058

018 COLLEGE OF DENTISTRY, CENTRO ESCOLAR DE SIEMORIAS
Manila, Philippine Islands

018 CHICAGO COLLEGE OF DENTAL SURGERY*
Chicago, Ill. - See 143

020 CINCINNATI COLLEGE OF DENTAL SURGERY*
Cincinnati, Ohio

021 CINCINNATI COLLEGE OF MEDICINE AND SURGERY
Dental Department
Cincinnati, Ohio

023 CLEVELAND UNIVERSITY OF MEDICINE AND SURGERY*
Dental Department
Cincinnati, Ohio

022 COLLEGE OF DENTAL AND ORAL SURGERY*
New York, N.Y. - See 077

024 COLLEGE OF PHYSICIANS AND SURGEONS
School of Dentistry
San Francisco, Calif. - See 153

025 COLLEGE OF PHYSICIANS AND SURGEONS*
Dental Department
Boston, Mass.

026 COLORADO COLLEGE OF DENTISTRY*
Denver, Colo.

027 COLUMBIA UNIVERSITY
School of Dental and Oral Surgery of the Faculty of Medicine
New York, N.Y.

028 COLUMBIAN DENTAL COLLEGE*
Chicago, Ill. - See 043

029 COLUMBIAN UNIVERSITY*
Dental Department
Washington, D.C.

030 CRENSHAW UNIVERSITY
Royal School of Dental Science
Ottawa, Ont., Can.

031 DALHOUSIE UNIVERSITY FACULTY OF DENTISTRY
Halifax, Nova Scotia, Canada

032 DENVER COLLEGE OF DENTISTRY*
Denver, Colo.

033 UNIVERSITY OF DENVER*
School of Dentistry
Denver, Colo.

034 DES MOINES COLLEGE OF DENTAL SURGERY*
Des Moines, Iowa

035 DETROIT COLLEGE OF MEDICINE*
Department of Dental Surgery
Detroit, Mich.

026 UNIVERSITY OF DETROIT
School of Dentistry
Detroit, Mich.

027 DRAKE UNIVERSITY*
College of Dentistry
Des Moines, Iowa - See 050

028 GEORGETOWN UNIVERSITY
School of Dentistry
Washington, D.C.

029 GERMAN AMERICAN DENTAL COLLEGE*
Chicago, Ill.

040 HARVARD DENTAL SCHOOL*
Boston, Mass. - See 137

041 HOMEOPATHIC HOSPITAL COLLEGE*
Dental Department
Cleveland, Ohio

042 HOWARD UNIVERSITY
College of Dentistry
Washington, D.C.

044 ILLINOIS SCHOOL OF DENTISTRY*
Chicago, Ill. - See 045

043 UNIVERSITY OF ILLINOIS
College of Dentistry
Chicago, Ill.

046 INDIANA DENTAL COLLEGE*
Indianapolis, Ind. - See 037

047 INDIANA UNIVERSITY
School of Dentistry
Indianapolis, Ind.

048 INTERSTATE DENTAL COLLEGE*
Kansas City, Mo.

050 THE UNIVERSITY OF IOWA
College of Dentistry
Iowa City, Iowa

021 COLLEGE OF JERSEY CITY*
Department of Dentistry
Jersey City, N.J.

053 KANSAS CITY DENTAL COLLEGE*
Kansas City, Mo. - See 142

053 KANSAS CITY-WESTERN DENTAL COLLEGE*
Kansas City, Mo. - See 142

054 KENTON DENTAL COLLEGE*
Kenton, Iowa - See 050

055 SCHOOL OF DENTAL SURGERY, LAVAL UNIVERSITY
Montreal, Quebec, Canada - See 074

056 LINCOLN DENTAL COLLEGE OF COTNER UNIVERSITY
Lincoln, Neb. - See 077

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VERIFICATION OF ADA MASTERFILES INFORMATION

GRADUATION FROM U.S. ACCREDITED PROGRAMS

The ADA verifies the school and year of graduation for all graduates of U.S. accredited dental schools. Graduation dates and program information is acquired directly from the deans of the dental schools as a requirement for school accreditation. No graduates of U.S. schools are entered onto our files without this verification.

GRADUATION FROM FOREIGN SCHOOLS

Dentists who graduated from dental schools outside of the U.S. are not verified for either school or graduation date. Foreign dentists may be placed on the ADA's masterfiles in three ways: 1) providing a copy of their diploma to the Department of Membership Records; 2) by enrolling in a accredited U.S. graduate or resident program and joining the ADA as a Graduate Student member; 3) by joining as an Active member after their U.S. licensure is verified by an ADA constituent (state) dental society.

Licensure

The ADA's constituent (state) dental societies verify licensure when dentists apply for membership. The ADA does not keep license information on its masterfiles. Practicing dentists must continue to be licensed to maintain their membership. Licensure of non-members is not verified.

Specialty

Specialty information is added both to the ADA member and to non-member records. Specialty information is obtained in two ways:

1. From the dentist, who verifies the information by submitting a copy of the diploma from an accredited U.S. advanced education program.
- 2) Upon graduation from an ADA accredited advanced education program. Graduation dates and program information is obtained directly from the deans and program directors. (This source of information has only been available since 1984. Graduates of specialty programs from prior years must request their specialty listing in writing and provide verification to the ADA).

NOTE: While all specialty information is verified, lack of information on character of practice does not assure that the dentist is not a specialist.

Verified specialty information includes both the subject and the level of specialization achieved:

E - Educationally qualified

L - Licensed in the specialty

D - Diplomate in one of the eight recognized specialty boards

G - Grandfathered (practicing in the specialty before January 1, 1965).

12/87 DM.

THE UNIVERSITY OF LOUISVILLE

To all to whom these Letters shall come, Greeting:

The trustees of the University on the recommendation of the University faculty and by virtue of the authority vested in them have conferred on

Jason Michael Rampton

who has satisfactorily pursued the studies and passed the examinations required therefor the degree of

Doctor of Dental Medicine

with all the rights, privileges and honors pertaining thereto.

Given at the University of Louisville in the Commonwealth of Kentucky on the Tenth day of May in the year of our Lord the One Thousand Nine Hundred Eighty-first, of the City of Louisville the Two Hundred Third, of the Commonwealth of Kentucky the One Hundred Eighty-ninth, and of the University of Louisville the One Hundred Eighty-third.



Woodford L. Peter, Jr.
Chairman of the Board of Trustees

Donald C. Swain
President of the University

(9) Copy of Drug Enforcement Administration license (DEA), if the physician or dentist has one. If a physician or dentist does not have one, it should be determined if the he or she never had a license or if it was withdrawn by the DEA.

b. Other Requirements:

(1) Physicians are to be screened through the Federation of State Medical Boards (FSMB) disciplinary data bank. Names of individuals to be screened through the FSMB are provided by telephone or message to HQ AFMPC/SGC. The following information must be provided on each individual: name, date of birth, social security number, ECFMG certificate number (if applicable), medical school and date of graduation. As an alternative, a current physician profile from the AMA Masterfile may be obtained and kept on file. This requirement does not apply if the applicant is a direct transfer from another Air Force MTF either as an active duty or civilian provider.²

(2) Applicants are to be interviewed by at least one individual of the same or a similar professional training. Contract groups may be delegated this authority for contract personnel. Appendix 1 is a screening checklist which may be used in interviewing and considering applicants. A summary or statement of the interview of is to be included in the credentials file.

c. Verifications. A reasonable effort must be made to verify with the primary issuing authority all documents noted above with (VERIFIED). Documents can be verified by one of several means.

(1) Written confirmation from the issuing authority. This confirmation should be included in section VI of the PCF. In the case of qualifying degrees, a certified copy of final college transcripts is acceptable.

(2) Telephonic confirmation from the issuing authority. This confirmation must be annotated in section VI of the PCF, either on the copy of the document being verified or on a separate listing of documents verified. The note should state:

(a) Who and what organization verified the document.

(b) The date it was verified.

(c) The signature of the person who did the verification.

(3) Prior to 1 Jan 88, documents on physicians can be verified against an American Medical Association Masterfile physician profile. After 1 Jan 88, physician profiles can only be used to identify discrepancies between the physician identified and what was obtained from the primary issuing authorities.

(4) Authentication that a document is a true and valid copy of the original does not constitute verification.

(5) Despite the best of efforts, there will be documents which cannot be verified. If written verification cannot be obtained after two tries and in all other cases where verification cannot be obtained, note in section VI of the PCF what documents cannot be verified and why.

(6) Following the initial verification, credentials do not need to be reverified with a few exceptions:

(a) Licenses for non-active duty providers must be reverified upon renewal of license or privileges, whichever is sooner.³

² 42 U.S.C. 11137 directs the Department of Health and Human Services to establish in 1989 a National Practitioner Data Bank to receive pertinent information on licensed providers. When this data bank is functioning, this requirement will change to require screening through the DHHS data bank.

³ The JCAHO has given the Air Force an equivalency waiver which negates the need to reverify the licenses of active duty providers.

(b) Some specialty board certifications are valid for only specified periods and are to be reverified upon renewal.

d. **Providers Entering Through Recruiting Channels.** Recruiting personnel compiles the documents specified above and provides it to HQ AFMPC/SG. HQ AFMPC/SG sends all precredentialing documents to the provider's initial MTF assignment at least 15 days before the provider's reporting date. On request, the precredentialing packages on nonselected applicants will be provided to the recruiting agencies of the other Military Departments.

e. **Providers Attending Residency, Fellowship, or Other Long-Term Graduate Education Programs Within the Air Force, to Include OB/GYN and Pediatric Nurse Practitioner Preceptorships:**

(1) The director of medical education at the MTF which provides the training for an individual will create and maintain a health education record and a PAF during the first year of training. It will contain verified copies of all appropriate documents. For nurse practitioners, the 3790th Medical Service Training Wing will prepare and maintain these records.

(2) The PAF will include AF Forms 494, Academic/Clinical Evaluation Report, which are to be completed at least every six months. Upon completion of training, a final AF Form 494 shall be prepared to reflect all material in the PAF. The final AF Form 494 will be placed in the health education record. The health education record becomes the basis for the PCF and will be sent to the gaining MTF by registered mail (no return receipt required) to arrive at least 15 days prior to the provider's reporting date.

(3) Also to be included in the health education record when it is sent to the gaining MTF is an AF Form 1562 completed by the training program director. The opinion in Item 11 of the form is based on the standardized privilege list for the specialty in which the provider has been trained. The training program director then enters the appropriate code in the Approved column of the privilege list to show his or her evaluation of the student's ability to do the procedures or treatments. Before awarding provisional privileges, the initial MTF must ensure it can support the procedures or treatments the training program director indicated the student can do and change the list as necessary.

f. **Deferred Providers Attending Residency, Fellowship, or Other Long-Term Graduate or Other Medical Education Programs in Residence at Civilian MTFs.** These individuals are in a nonsponsored status under the administrative control of HQ AFMPC/SG. HQ AFMPC/SG will ask each provider to submit a copy of his or her professional diplomas, certificates of internship and residency training, license, and AF Forms 1540 and 1562. The appropriate documents will be verified and sent to the provider's gaining MTF at least 15 days prior to the individual's reporting date. The gaining MTF must get and verify appropriate documents that were not available at the time the provider's credentials were processed.

A2-7. **Provider's Credentials File.** The Privacy Act of 1974 governs access to PCFs. The file for each provider is divided into six separate sections using a six-part folder (NSN 7530-00-990-8884) as follows:

a. **Section I.** Section I includes the current application for privileges and lists of privileges for the present unit of assignment, including the AF Form 1540 and privilege lists. A positive medication list for physician assistants, nurse practitioners, and optometrists must be included.

b. **Section II.** Performance Data. This section consists of two parts:

(1) The permanent documents contained in the PCF which reflect relevant and factual performance data on the provider. This section includes, but is not limited to, AF Forms 1562 and 22. AF Form 22 summarizes data in the PAF and is completed by the individual who maintains the PAF each time a provider:

(a) Is considered for renewal of privileges.

(b) Is reassigned to another MTF.

(c) Separates/retires or terminates employment or services.

TESTIMONY ON SB 126 BEFORE SENATE LABOR & COMMERCE
COMMITTEE MEETING ON MARCH 20, 1989

DR. JASON RAMPTON: (Anchorage)

Good afternoon. My name is Dr. Jason Rampton. I gave testimony at the previous hearing on the 8th of February. I also spoke later with Senator Faiks here in Anchorage.

The main concern that was expressed by those who oppose SB 126 was how do we verify the background of a dentist who seeks licensure by credentials. To answer this question, I've compiled a typical package of the in depth background information that can easily be obtained for a federally employed dentist. I believe before you -- I sent down three stapled packets of credentialing information.

The first packet contained an annual performance report. This is a yearly report and it's basically a report card for the dentist. This report card is completed by two or three other dentists, who are his direct supervisors. It contains information on his professionalism, on his dental skills, on his moral integrity, and other important issues. If the dentist has practiced in central service for 20 years then, for example, he would have 20 of these [indisc.] report cards. Can there be any better yardstick to measure a dentist? I think not, in fact, I think you would agree that a long-term track record of past performance is the best indicator of future performance.

The second packet contains information on continuing dental education. A dentist who is currently licensed in Alaska, as previously was mentioned, is required to complete an average of 14 hours of continuing education annually. That's only 14 hours to maintain his license. In the Air Force, on the other hand, by comparison, we're required to complete an average of 50 hours annually. That's more than three times what is required by other licensed dentists in Alaska. And by the way, the requirements for continuing dental education is set forth by the Army and [indisc.] are very similar to those of the Air Force.

The third package you have before you contains precise credentialing information used by the Elmendorf Air Force Base Regional Hospital. This file provides information on specific dental procedures that individual dentists routinely perform on other patients at this particular base. It is a very in depth credentialing process and all federally employed dentists are subject to a very similar credentialing process. As you can see before you, very clearly there is an abundance, and I do mean there is an abundance of documentation to support the dental credentials in federally employed dentists. These documents can be presented to the state board upon their request at any time.

Now, I would challenge the Alaska Dental Society to produce any similar such in depth documentation and

credentials for licensed dentists who have taken the Western Regional Board exam. The Western Regional Board exam demonstrates only that a dentist can perform basic critical procedures while someone is looking over his shoulder. This is not to say that there are not highly qualified dentists practicing in Alaska, but, rather, that the in depth historical long-term documentation of credentials is far better for an experienced federally employed dentists. Just, the documentation is very, very good, and these credentials are, I repeat, are verifiable.

I also ask how many Alaskan licensed dentists can provide proof of their current CPR certification. I think that the committee would find this very revealing, and I'd also like to point out that all federally employed dentists are required to be CPR certified.

Now there is another question regarding the burden of proof - that is who is responsible to do [indisc.] in verifying credentials. The burden of proof to provide the documentation for credentials should be placed upon the applicant. If the Dental Board desires to further investigate the background of the dentist, then let them do so. If they want to, the Dental Board could easily telephone every licensing agency in the entire country requesting background information, or past litigation, or discipline, and it could easily be done with a telephone call giving the applicant's name and social security number. Any added expense required to perform this inquiry

should be paid by the applicant. Perhaps a processing fee of say \$500 or \$1,000, or whatever the Board deems necessary should be paid to ensure that this process would be met, that this process would not financially burden the State of Alaska.

Now, in conclusion I would like to say that there are dentists with very good verifiable gold-plated credentials who are being victimized by current emergency regulations by the Dental Board. Local dentists are clearly protecting their turfs. If this bill is not passed, a great injustice will be allowed to continue. I urge you, I urge you ever so strongly to support this bill. I thank you again for the opportunity to speak, and if you have any questions, I'd like to answer them for you.

GEORGE HANSEN: (Anchorage)

Yes, Senator Eliason, this is George Hansen. I'm a private practicing dentist in Anchorage. I've been here 12 years. I may be protecting my turf, but I don't think there could be much done to damage my practice at this stage of the game.

[Indisc.] to testify against the bill in its present form, my source of information is primarily the ADA. The members of the ADA absolutely favor a freedom of movement of dentists, but we put a qualification on there that it has to be with support of the patient. That is, the patient's rights must be considered, and so while we want

to move dentists with a minimum of inconvenience, we don't want to take away all the boarders. The ADA then falls short of recommending licensure by credential at this time, and essentially for the same reasons that the committee is having difficulty forming an acceptable statute. That is, the incomplete ability to establish clinical and professional competency sufficient to protect the patients.

With regard to specific sections of the bill, on page 1, line 25, requires the Board to establish equivalency of testing procedures. The ADA has been looking at that for some time and we find it to be somewhat of a difficult problem and expect two more years before we can resolve that problem.

Line 29 requires that a dentist employed in federal service be endorsed by an employing federal agency. We believe that that's being discriminatory. There are many dentists who will be coming to Alaska, or at least looking at Alaska, who are employed, but they will be employed by other dentists, or will be employed by unions, [indisc] insurance companies. We think that an endorsement requiring only a federal service dentist would not be correct.

On the next page, page 2, lines 2 and 3, require a continuous active practice averaging 20 hours per week, but it doesn't specify clinical practice. We would think that that would be a minimum amount of time in clinical practice.

Lines 5, 6 and 7 speak to unresolved complaints. Well that information should be confidential. That is, if the complaint is unresolved, it should not be brought to the attention of the Board. That compounds a problem, however, if our Board can't find what other boards are looking at without compromising the precision of the dentist who is applying and is under investigation, then that means that our Board doesn't have the information available. That would mean then that whoever applies would have to go through some waiting period. We see that as being another area of great difficulty.

Lines 12 to 17, speak to continuing education related to dentistry. It doesn't specify that there will be an approving agency for those CE courses. Also, it is unspecified that any part of the CE must be clinical dentistry.

There is no fiscal notes here. I find that the states of Arkansas and Tennessee discontinued licensure by credential because they found that they were flooded by applicants and were unable to review the applications that were submitted to them.

So, in theory, I would say that the resources are not yet available to the licensing agency in Alaska - that is the Dental Board - to ensure adequate proof of professional competency. The Dental Board is not currently empowered to protect the public by examining, if we allow them to examine credentials only. I would say that when proof of

patient satisfaction is made part of the process, then licensure by credential should be incorporated.

Thank you, Senator.

DR. WAYNE A JENKINS (Sitka)

Good afternoon, Senator and members of the committee. I'm Dr. Wayne Jenkins and I am a dentist in Sitka.

I am strongly in support of SB 126. The working draft has been very well done and would offer protection to the patient. The requirements are even more strenuous than that required of the practical exam, for example, the CPR requirement, which is very good. The 50 hours of continuing dental education over a three-year period is even more stringent than is required for re-licensing.

I have no vested interest in this bill, as I am not eligible to be credentialed. I failed the Alaska board in 1964. Just a brief rundown on my CD, if I've never testified here before. I am a graduate of the University of [indisc.]; 1962 a Veterans Administration internship; commissioned officer in the United States Public Health Service from 1963 - I have had a total of assignments off and on in Alaska for 9-1/2 years; I hold a masters degree in dental education and dental research from Indiana University granted in 1972; I have been on the faculty of dental school at New York University, the University of Pacific, the University of California; I have been on the faculty of the University of Hawaii, School of Dental

Hygiene and also the University of New York and two dental programs of dental assisting; I was also the consultant to the Veterans Administration in Hawaii in 1979 through 1981; I spent nine years assigned exclusively to doing clinical and laboratory research on dental materials. I have 22 publications in national and international journals; and I have over 61 presentations before local, state and national and international professional groups.

The [indisc] about the Alaska Dental Society has bragged over the last few years that they were able to stop licensure by credentials and encourage the supporting of legislation again this year as opposed to recommendations of the committee. Again, this is pure and simple protectionist policy. Since I [indisc.] in 1958, the majority of the interviews and the polls from the American Dental Association has found that the majority of the dentists in the American Dental Association favor some form of credentialing, but have always insisted that this be done as a state's right, not a national policy. National policy is looking at this very closely and something should be done on a state's rights basis. At the present time, the president of the American Dental Association, who is dean of the dental school at the University of the Pacific, is a strong endorser of credentialing, but also as a state's rights measure. Credentialing is the way of the future and it should not be used as a protectionist policy.

This is my testimony and I thank you this afternoon.

DR. MARY ANNE NAVITSKY: (Sitka)

I am a lifetime resident of Alaska and want to endorse the bill, 126. I have grown up in Alaska and know that often health care is very limited in many areas of Alaska, and feel that although we do need someone to protect the patient, limiting the number of dentists, I do not believe, is a way to adequately protect the patient's well-being.

The need for some way of dealing with that problem of inadequate care is definitely there. I believe licensure by credential is not going to disrupt the care of the patient.

Thank you very much.

WILLIAM R. EVANS: (Anchorage)

I've maintained a private solo practice in Eagle River since September of 1982 and was licensed by credential in Alaska in January of 1982. I also hold a Washington license obtained by examination.

I have submitted written testimony to the committee. The current draft relieves many of the concerns I held regarding the initial proposal. I wish to make it very clear that I do not support any sort of legislation or regulations that diminish or dilute the quality controlled [indisc.] for licensure in Alaska. I do favor legislative wording that would not preclude case presentations for evaluation by the board. It is my understanding that the use of the word "interview" does not allow, in the

attorney general's opinion, an oral examination. Perhaps, changing the wording to "interview and/or case presentation, or oral examinations" would allow for cases to be submitted for evaluation. I appreciate the difficulty of creating an objective oral examination, and I do believe it could be done. I feel it would be in the best interest of the State of Alaska to give the Board of Dental Examiners the option to use [indisc.] if necessary to do so.

Regarding paragraph 8 of the current draft, I would urge the committee to change the wording to "50 hours of continuing education related to clinical dentistry." This would preclude the continuing education requirement being satisfied by practice management courses.

In spite of my membership in the South Central Alaska Dental Society and the Alaska Dental Society, I support SB 126 and do not agree with their opposition to licensure by credentials. They have, in my opinion, failed to show how a carefully and well thought out protocol for licensure by credentials would have any adverse effect on the people of the State of Alaska.

Thank you for you attention, Mr. Chairman.

DR. DOUGLAS SMOLE: (Anchorage) [Dr. Smole's testimony was read into the record by Aileen Smith, an Anchorage attorney]

I am Dr. Douglas Smole, a practicing general dentist for 25 years. My family and I have resided, and I have practiced dentistry in Anchorage for 17 years. I am in my 5th years of private practice and am currently a member of the state board of dental examiners. I am a member of the American Dental Association (ADA) and its state and local dental society components. I am a fellow in the American Academy of General Dentistry.

Prior to private practice, I provided dental service as a commissioned officer in the U.S. Public Health Service in seven states and completed my 20+ years of service as chief of dental services for the Southcentral Services Unit at the Alaska Native Medical Center. I have had a broad range of responsibilities, training and experience and will readily provide a curriculum vitae upon request.

I concur with the American Dental Association position "that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination". This position is supported by ADA immediate past president (1988) James Sadoris of Tulsa Oklahoma who stated that "we think licensure by credentials is the proper tack to take". "Many people will tell you that the check and balance on the education system is the licensure system. That's not true the ADA's Commission on Accreditation. The majority of the ADA's House of Delegates thinks that licensure by

credentials is an excellent method and we recommend that to the states." (quote from AGD Impact 2/88)

Furthermore, surveys of ADA members nationwide in 1972 and 1986 indicated that 68% and 76.9% of the members supported licensure by credentials. It is significant to note that in Alaska the opinion of Alaska Dental Society membership has not been formally surveyed on the credentialing question. In my experience, I have heard many Alaskan dentists express opinions in favor of properly processed credential licensure. I believe that state dental boards should be much more than gate keepers and should engage in a variety of efforts directed toward assuring the quality and accessibility of care. Boards must also promote integrity in the provision of that care.

During my years in Alaska, I have been a close observer of the State Dental Board and its licensing activities. At one time, the exam was given at the Native Medical Center. I have worked with dozens of dentists who were examined by the board. Generally the pass rate was 40-50% with extremes of 90% or more the year the teamsters clinics came to Alaska and 10% in 1984. In 1984, 18 candidates took the clinical exam in June, and 2 were granted licenses. At the same session, 12 presented their credentials and I was granted a license. During the first four years that the statutes allowed licensure by credentials, only 5 licenses were granted even though the board was presuming that credential exam based on case

review was legal. It was this crises in 1984 that lead to a threatened lawsuit, the Attorney General's decision, the regulation staying licensure by credentials and movement of the board toward accepting the results of the Western Region Examining Board (WREB). Unfortunately, th episode in 1984 caused considerable discomfort for the board and resulted in much time being spent in fending off challenges. The pain reoccurs whenever the concept of credentialing re-appears. I believe that it is time to put the past aside and to take a positive approach to assuring that licensure by credentials is done in accordance with the statutes, but with modifications of the process to assure protection for the public and fairness to qualified candidates.

Alaska's acceptance of the WREB clinical exam results is a significant improvement. I believe that the WREB is a fair measure of some of the basic knowledge and sills of the general dentist. The exam uses measurable criteria and standard, anonymity of examinees and is will organized. It is important to understand that the WREB is not the panacea that some would rhetorically want you to believe. The WREB functions as a clinical examining agency. The WREB does not do background checks on the candidates. The WREB does not test specialty skills of dental specialists that perform oral surgery, orthodontics, childrens dentistry or other specialties.

The WREB is very expensive and inconvenient for dentists that must travel from Alaska and the WREB does not provide patients for the examinees. Patients are available through the dental schools where the exams are given or the candidate must pay for transportation of his/her own patients to better assure appropriateness of the case and reliability of the patient. A patient that doesn't show up can become the dentists failure to complete the exam. An ironic point concerning the WREB is that those dentists who are most likely to want to live in Alaska for life are those who have experienced Alaska by virtue of their federal service here or who were born here. Alaska's entrance into the WREB process may very well hinder entry by those who already love Alaska. To say that 500 or 600 WREB examinees are eligible for licensure in Alaska is misleading when you consider that only 21 have applied for actual licensure as of February, 1989. The majority of dentists that practice in Alaska came here in federal service.

A look at the process by which dental specialists are licensed, supports the case for licensure by through scrutiny of credentials. In Alaska, specialists are required to take the general exam and then a second license to practice the specialty is granted based on the acceptance of the specialists credentials. This is a glaring contradiction to the claim that credential review is not effective or valid. Alaska has an extremely

competent group of about 46 licensed specialists who are rarely, if ever, the subjects of board investigation. It is, however, a wild stretch of imagination to conclude that specialists are qualified to practice their speciality because they demonstrated their ability to do silver fillings, gold fillings, or other basic general dental procedures.

The credentialing process already works for specialists. It is time to relieve the entering specialist of the unreasonable burden of taking the inappropriate general dentist exam. Certainly, the extra years of training and national specialty board eligibility or certification are outstanding credentials.

In addition to the credential licensure of specialists, there were 23 dentists licensed by credentials prior to the regulation 12ACC28.950 cessation of licensing by credentials. Dr. George Hansen, the state chairman of Dentist Peer Review, informed me on February 23rd, that he is not aware of problems or complaints directed toward this group. My experience on the board, where we see the names of dentists under investigation, is the same. It is unfortunate that comments to the contrary were made at the February 8th Senate Committee Meeting dealing with Senate Bill 126. It is equally unfortunate that rumors have circulated that deaths have occurred in Alaska at the hands of a credential licensed dentist. The patient deaths that

occurred in a dental office in the 1960's were under the care of a dentist licensed by examination.

In my experience during federal service in Alaska, I was called upon by federal attorneys to be a dental consultant and witness in various cases involving drug abuse, standards of clinical care and fraud. These cases involved dentists licensed by examination. It is not my intent to say that one group of licensees is more or less honest, non-addictive, or professionally competent than another. The point is that a 3 day limited exam alone, without a thorough credential review does not guarantee the entry of a gold plated dentist. The thorough evaluation of all applicant dentists background and close scrutiny of the experienced practitioner clinical track record can afford protection to the public. Clinical examination is still needed for the novice or others whose credentials are not readily verifiable.

At this time, 23 states have statutory authority to grant licensure by credentials. Nine of these require reciprocal licensure and 4 are not exercising statutory authority. Minnesota has been doing so for 81 years and reports fewer complaints against dentists licensed by credentials. Douglas Sell, executive Director of the Minnesota Board of Dentistry, stated in response to a survey in February, 1988. "We are careful in our requirements and verification of credentials presented... we verify all licensure candidates through clear "National

Clearinghouse on Licensure, Enforcement and Regulation) and the AADE (American Association of Dental Examiners) disciplinary system". Kentucky did experience a rise in the dentist population which it attributed to licensure by credentials. In response, the state eventually discontinued the practice. Ohio stopped credentialing, but in 1985, Mr. Omar P. Whisman, Executive Director of the Ohio Dental board, stated in an article in the July, 1985 Journal of the American dental Association, "We have two dental schools in the state and licensing by credentials is a valid mechanism to attract quality educators to Ohio. I believe the development of a reporting mechanism is important and if an effective mechanism existed, I believe the Board would reconsider licensing by credentials in Ohio".

The clearinghouses have been improved and will continue to improve, therefore, it is appropriate to move forward with this timely process now. The statement that no state west of the Rocky Mountains has licensure by credentials is true, but, has little application since Alaska has unique circumstances of geography, economics and patients' needs. I believe that we should take a positive approach and become creative leaders on the "last frontier."

Some claim that it is not possible to check backgrounds for dentists. This is not true. Two clearinghouses exist now and the National Data Bank will begin this summer. The Clearing House for Disciplinary

Information sponsored by the American Association of Dental Examiners (AADE) is seeking funding to improve reporting. Currently, 38 states and the U.S. Army, Navy, and Air Force report on a regular basis according to Ms. Molly Nadler, Executive Director (personal communication February 23, 1989). AADE is also encouraging members to report to that clearinghouse with hopes of 100% compliance by next year. The AADE also intends to periodically publish complete reports or boards disciplinary activities. Additionally, the Central Disciplinary Data Bank operated by Clear is being upgraded.

Another significant fact related to background checking is the passage of USPL99-660, The Health Care Quality Improvement Act of 1986 Title IV, Part A, Sections 402, 411 and 412 provide relief from liability for damages for professional review groups that provide information concerning damaging or incompetent performance. This has enhanced the reporting process.

I believe that competition, like water, seeks its own level. If there are too many practitioners in a state, the prudent business person/dentist is not going to practice there. It is true that the costs of operating a practice are high, but, this fact affects both the established practitioner and the newcomer. I also believe that competition can improve the quality and accessibility of care. Like the Avis ad, if you're second or new in town, you try harder. This may even relate to the fact that we

have seen an increase in dentist involvement in activities such as free dental care, school screening programs and improved dentist sign-up on dental emergency call schedules.

Recommendations:

1. Pass SB 126 with word shall. This will eliminate the present stagnation and set the stage for a positive can-do approach to the credential licensure statute.

2. Specify an effective date which would allow the Dental Board time to implement procedural changes which will be needed for effective implementation.

3. Refer to ADA guidelines for licensure (attached) and add language that will allow the Board to license individuals who can document successful accredited residency training, continuing education, teaching experience, and skills which the ADA offers as alternatives to satisfactory performance on a clinical examination. If case reviews are to be required, the Board will need more time and resource to develop fair measurable criteria for such reviews.

4. Assure by statute, if necessary, that the applicants pay fees that are sufficient to cover added costs of credential review.

5. Assure by statute, if necessary, that the issuance of licenses by credentials will require several months from date of completed application to allow thorough background

checks and to thwart immediate moves by the incompetent dentist on the move.

DR. ARTHUR S. HANSEN: (Anchorage)

I'm not sure that I'm looking at the right copy of the bill. Is CSSB 126 correct? Right, dated 3/17, that's the committee substitute that I have.

I was on the Board when the original credentialing act went through, and it concerns me that some of the allegations that are being made about credentialing. I can give you a little bit of a background on what happened during that period of time when we had licensure by credentials, but we also had a case review, and it proved to be a disaster. What we found at that time was that the case presentations, the dentistry done during the case presentations, was actually worse than it was during the examination period. That was why the credentialing was stopped at that time. It had nothing to do with anything else other those facts.

I was on the Board from '77 until '84 and I was the one, actually, who evolved the credentialing act that was actually passed and put into use. I did [indisc.] from review of other states and I put the act together for the state, and with the idea that we would have the case review, but it just didn't work at that time. Now circumstances may have changed. I've been off the line here and I haven't heard everything that has gone on, but

listening to the last speaker (Smole) with the idea that some of the review agencies are now on-line, which they were not on-line then, this makes a difference on how you can handle some of these cases, because we didn't have the advantage of having that type of information at that time. It was considered confidential and it was not passed from state to state. As a matter of fact, the State of Alaska was reluctant to hold information back when we had two licenses revoked and I was not able to put them on them books that I could tell other states about those revocations. So I have a problem with the credentials unless it's worded properly and you have the proper review of the candidate. Like I said, I was on the Board when the original went through and I was actually Chairman of the Board when we stopped it.

If you have any questions of me, I would be happy to answer them. I have some questions as to the Western Regional. I understand they joined the Western Regional - that was at my suggestion that they joined the Western Regional. It was also at my suggestion that the Western Regional changed their examination to the present format. You can talk to Dave Lowe from the Western Regional if you would like to, and I reviewed all of the things that we did in the State of Alaska at that time and they tried to incorporate those things in the Western Regional when they formed their new examination. But to back it up to the 1982 date that you're talking about, you would go back to

the old examination which I reviewed with Wayne Puttman and Claude Ricks. We went down to Oregon and reviewed the examination. It was not the same quality that it is now. I don't know what the exam is now because I haven't been involved in the exam, but I would guess from what I'm hearing that the examination is more along the lines of what our examination used to be, at least that is what I recommended to the Western Regional and I was told that this is what they were doing. I think you're backing the... [tape 1, side 1 ends midspeech]

[tape 1, side 2 begins midspeech]..and it would be hard to go back and find out whether the examinations were equal at a particular time when it ends with license. When you go down to, on the first page, "in scope, quality and difficulty" those were difficulties that we had to deal with when we were trying to do the credentialing and that is why we came up with the case review.

Do you have any questions of me? I can only give you information as to what went on during the period of time when I was on the Board, which was a period of seven years. It was also during that period of time I was president of the Western Examiners and Dental School [indisc.] for one year. I don't know what kind of credentials you would like to have from me, but I was there and I did a lot of work with this very thing that you're working with now and I may be of some help to you.

SENATOR COGHILL:

Dr. Hansen, I'm the one that requested that be put in there on the Western Regional Examining Board. And I guess going back to '82, that's when they first came into being and that's when they had their first clinical examinations. I don't know whether they corresponded -- we've got some correspondence today that just got into our packet that goes back to '84 that says that they were -- it seems to me that they required at that time just about everything that you folks required in your exam. What I was trying to do, I was trying to reach back far enough so that there couldn't be any room for favoritism or anything like that as far as getting into the clinical examination, because you folks in the industry have come a long way in identifying the techniques as well as the whole dentistry has advanced very greatly as far as the techniques are concerned. And so I don't know how far we want to go back, but that's why I went to that -- that's when we recognized it. Do you have a comment on that.

DR. HANSEN:

Senator Coghill, that may very well be the case that the Western Regional started, but if that is true, that is the examination that four of us went down and observed and it was not acceptable at that time. Because that was exactly what we wanted to do, and when we went and observed the examination, it was not of the same quality as our

examination. And we just felt, all of us felt that we could not accept the examination at that time.

My suggestion would be that you go back no further than where the State of Alaska joined the Western Regional because that is about the time when they changed their examination. I don't know exactly when they changed it. I went off the Board in '84 and it was over some of these very issues that I went off of the Board because I was just tired of fooling around with all of the back and forth. And it was also at that time that I was called by Dave Lowe, who was president and chairman of Western Regional at that time. He had inquiries from the State of Alaska, and he wanted to know what it was all about and I told him what it was all about. I was assured by him that the examination had been changed and had gone along the lines that I had suggested to him, and he felt that it would not be a problem for Alaska to join the Western Regional at that time. But to go all the way back to '82, I don't think that's fair.

SENATOR COGHILL:

How about '84 when they came into align with your requirements.

DR. HANSEN:

Well, I don't know exactly when they did come into align, when they did change the examination. I've been out

of it since '84 and I don't know when they changed. It was right about that time when they did change, and if you would go back to the time when they did change and they made the clinical examination more equal to what we were doing here in Alaska, I would have no problem with it. I don't know about the rest of the Board. I have no turf to protect. I am a retired dentist, retired by way of disability. I'm not practicing at all, and I want it to be understood that this is the case. I'm only interested in protecting the consumer at this point. I know what went on the Board during the time I was there, and I would like to help you. That's all I'm here for.

I just want to make sure that you're not going back to where the examination was not equal, and what I saw on that examination, you could fail most of the examination and still pass. That was not acceptable to me at that time.

I'd like to make a comment further down on the credentialing where you are changing the "may" to "shall." I think you are locking the Board's hands at that point when you do that, and if they have to do this, and we still have formulated no way to implement what we were going to do. Once they have the framework that they can use, you may want to go back in and change the "may" to "shall." But at this step we don't have anything and I think you are locking the Board's hands and where they don't know exactly what they have to do.

SENATOR ELIASON:

Thank you. I'm sure that the sponsor of the bill would not exactly appreciate taking "shall" out. I understand that's the problem to start with - that's a basic problem.

DR. T.A. TAUCHER: (Anchorage)

Good afternoon. I have previously mailed to you, Senator Eliason and the committee members, a three-page report which I had report. If you will all take the time to read it sometime out of the committee hearing, I would like to address some comments made here today. I think in the interest of time that that might be an advantage.

First off, Senator Eliason, I would like to point out to you and answer your question regarding CPR certification that the credentialing requirement, as now written, would require. I am a current member of the Board of Dental Examiners and the Board feels that possession of a CPR certificate by a practicing dentist is an advantageous thing to have. We have, in fact, around four hours of a continuing education requirement to be allocated to obtaining and maintaining a CPR certificate. I think that is an important point to know.

Dr. Art Hansen in Fairbanks has related some difficulties with checking qualifications for credential candidates through case presentations, and he said that was a very difficult thing to do and I'm inclined to agree with

him. Before each Western Regional Board, the examiners are required to go through a calibration procedure, which is a technique to standardize the examiners so that they will all be [indisc.] in the same fashion. We calibrate through the presentation of study molds, through the presentation of written narratives and through slides. And we find that even though we know what our scores were when that work was actually graded at the clinical examination the year prior, that examining Board members cannot agree based on the slides alone. It is my feeling that if the Board is required to incorporate slide shows, or case presentations of that nature into the credentialing process, that we are, in fact, going to be opening the can of worms that Dr. Hansen related to. It is extremely difficult to see on a slide what you can actually see [indisc.] and I think that is going to impose an undue burden on the Board and on the candidate.

I have to tell you that while I agree with Dr. Hansen in that respect, I disagree with him in that I believe that the case presentation and the slide show by the credential candidates was actually a process used by the Board to subvert and to thwart intent of the legislature in asking the Board to process candidates for licensure through the credentialing process. As prior testimony has demonstrated, only very few licenses were granted, significantly few of them were granted through the examination procedure.

Dr. Hansen also raised the question as to the quality of the examinations in other regions of the country. My experience as a former Alaska board examiner in November of 1984 and the current Western Regional examiner, is that the regional examinations are for the most part similar in scope and quality, and I would say that there is a rather high level of parody between them.

Senator Coghill has raised a question about the effective date, and I think Senator Coghill is probably not aware of a policy the Western Regional Board; it maintains its records for five years. At the end of the fifth year, after a candidate has passed or failed the Board, the records are disposed of. And so I would tell you that an effective date of 1982 is not going to be possible for any member or board of the Western Regional to meet, and the reason for that being that it exceeds the five-year limitation. Currently, the Alaska Board of Dental Examiners accepts favorable results from the Western Regional back to January of 1987. We had rejoined and accepted doing into the process examining with the Western Regional in spring of 1987. That entry date, spring of 1987 was rolled back to January of 1987 for the simple reason that the legislation that allowed us to join the Western Regional was dated January of 1987. So I would ask you to keep that in mind that the roll back date, if you will, should not extend more than five years from the

effective date. The reason simply being that the Western Regional cannot provide us that information.

I have several other comments here related to the parody of the credentialing candidate versus the examination candidate. As the revised bill now stands, our credentialing candidates and examination candidates for licensure both have to be graduates of an accredited dental school. Accreditation that occurs through the American Dental Association effectively limits either credentialed or examination candidates to the graduates of North American dental schools. And the simple reason for that is the accreditation committee is not felt at any one school, even though its [indisc.] meets the standards that are currently set forth for the accreditation.

A credential candidate has to pass a similar exam in another jurisdiction. We have a five-year track record that would be developed on every credentialed candidate before we consider them for license. There can be no adverse licensing action against any credentialing candidate, nor can they anticipate any. And I would ask you as a board member and charged with enforcing these regulations that there should be an adequate time period from application by the credentialed candidate from the application time to the time they can actually expect to receive a license. The reason being is that a dentist who is facing a licensing [indisc. - background conversation] to Alaska before that licensing action for the state is

complete. If we have the ability to spend a little bit of time, I would suggest six months, we can probably find that out.

A continuing dental education requirement that grants the candidates 50 hours of clinical dental education with three years prior significantly exceeds what's required of current Alaskan dentists.

The CPR certification requirement exceeds what is currently required although it is suggested for Alaskan dentists. The endorsement by a local society or a branch of the federal service is something that is not required of an examination candidate.

To put it quite frankly, the examination candidate has to graduate from dental school somewhere in North America and pass the Western Regional exam, and send us a check for \$200 if he is an Alaskan dentist. Perhaps I should say he or she.

The background check that we currently have on candidates for licensure by examination is, in my opinion, inadequate. The Western Regional Board is a testing agency only. It cannot provide us, and in fact will not provide us with background activity as to what the candidate has actually done in other states. The credentialed candidate, as opposed to that, would be required to provide documentation that not only were they clinically competent, that they did, in fact, on a daily basis, provide competent

care in a safe and ethical fashion. And that is a burden that we do not place on the examination candidate.

As a board member, I'm also finding the board in a position of not predicting itself [indisc. - background conversation] specialists are required to pass the general and then by virtue of their training, experience and credentials they're granted a specialty license in their particular speciality. In addition, most who are eligible or are board certified as specialists are ethically prohibited from ever engaging in any general practice, and I find that very difficult to understand as to why we require oral and [indisc.] surgeons demonstrate their skills doing silver fillings and/or gold capping when in fact they are ethically bound from ever doing those procedures again. I think that's an unfair burden on specialists. It makes a workload for the Alaska Board of Examiners that is unnecessary and does not serve the people of Alaska at all.

Earlier today you heard some references to an unfortunate series of deaths that occurred in a dental office. Prior testimony was that those deaths occurred at the hands of a credentialed dentist and that is inaccurate. Randall Burns, I am told, pulled the file on the doctor in question and determined that in fact he had been licensed by an examination. These deaths, incidentally, related not to the performance of clinical dentistry, but rather to the performance of general anesthesia. In response to that

problem in the late 1960's, the Alaska Board of Examiners then created the current system which requires that any dentist who is to use general anesthesia while treating a patient would have to meet requirements of the current system. That current system requires a review of the dentist's training and experience, which is another word for credentialing. Currently the Alaska Board of Dental Examiners has in the Attorney General's Office a series of regulations which relate to the use of [indisc.] sedation. This is a anxiety and pain control modality and, of course, in the same manner that anesthesia is used, is on a daily basis by general dentists and specialists, and it, too, requires a credentialing process before a permit to use a [indisc.] would be granted. And I suggest that the potential for harm that these two modalities pose, the anesthesia or [indisc.] sedation, far outweighs the threat to the public health and welfare that the placement of [indisc.] provides, and if credentialing is adequate for these two modalities, is it not also adequate to test general dentists.

I have some comments about the Western Regional Board. I am not totally unbiased in this fashion. As I explained before, I am an examiner for that Board. I believe that as it now stands, it provides a good double blind objective test of the candidates and they'll need to perform some clinical functions. It is probably an excellent mechanism to test new entrants into the

professional field. As I pointed out, it provides for no background check, and in addition, that test is not given in the State of Alaska. It discriminates by virtue of our own geographic location against any qualified resident Alaska dentist who happens to be here by virtue of his federal service or some other means of working here. It imposes an undue burden on Alaskan dentists who wish to be licensed. The nearest place that you can take that examination is in Portland. The next closest place is San Francisco. The other places are Riverside, California, in the desert, or if you truly like the bush, you can go to Omaha, Nebraska, at Creighton University. This is the only four locations. It's only given four times a year, and it tends to be quite restrictive in the availability of the examinations because the first exam of the year is the 8th of May, the second is given at the end of May, there's one in June, and another is September, and if you don't pass any one of those examinations, you are not eligible until the following May. And there is no way around that requirement.

There was a comment made after the last hearing on SB 126 that this bill sounded like a military relief act. I found that an interesting comment, and I bring it up only to point out that currently all six members of the Dental Board were all brought to Alaska by virtue of their federal service. We have representatives from the Public Health Service, we have [indisc.] from the Army on that Board.

With the exception of those dentists who happen to be fortunate enough to attend schools at the University of the Pacific, the University of Oregon, [indisc.] or Creighton University, who intend to return to Alaska, the present Western Regional Board serves to help them, but it does not help any of those who were brought here and perhaps have established families and residences here in the state, and made commitments to stay in Alaska.

The other points I'd like to bring out is that the amended bill has had some restrictions as to when it was first put into the hopper. The pro-credentialing people are the actually the ones that have [indisc. - background talking] even though they are in favor of credentialing. None of us wants to open the Alaskan profession up to a possibility of having unethical or incompetent operators, and it is our belief that the restrictions that are currently in this will prevent that from happening.

The [indisc.] credentialing people frequently complain about maintaining quality. My experience is we feel that the current licensing arrangement employed by the State of Alaska says a rule to maintain quality once you pass the Newman Competency Test and that in fact the credentialing bill which requires background checks such as considered here will give us a better opportunity to determine whether or not an applicant for a license is qualified.

And I'm afraid we have to get back down to the basic issue, which I really believe current licensing [indisc. -

background talking] and I think the complaint about maintaining quality and the inability to maintain workable programs are really designed to cloud the issue and cover up fundamental objections by current established licensed dentists who say that this would open up the state to more practitioners. I really believe that the people of Alaska are the real losers in that situation.

DR. DONALD J. DENUCCI: (Anchorage)

Thank you for allowing me to read a brief statement today.

I believe that you have before you a bill that offers as near an iron clad assurance that dentists licensed by credentials in Alaska will provide the state with a high level of quality dental care and it is also likely to increase the scope and availability.

Mr. Chairman and members of the committee, I would strongly urge support of this well thought out and superbly crafted bill, SB 126.

RICK SILER: (Anchorage)

I want to repeat a pair of statements from the meeting of the University of Alaska Dental Program Advisory Committee and also from a subcommittee of the selection of the new faculty member.

AS 08 [stat ref. indisc.] requires the presence and supervision of an Alaska licensed dentist when dental

hygiene students are performing dental hygiene procedures in their course of study [indisc.] to dental hygiene programs at the University of Alaska, Anchorage. They are presently conducting a nationwide search to recruit a dentist faculty member. Therefore, the possibility exists that the selected person may not be licensed to practice dentistry in Alaska. A new dentist could be ready to teach classes this fall if accreditation standards can comply with AS 08.32 and all [indisc.] of present licensure requirement AS 08.36 must be accomplished.

SB 126 does provide an effective alternative alternative to meet university needs. Credentialing will not only solve the present teacher hiring problem, but will offer more [indisc. - background noise]. Presently, dentists from the Public Health Service fulfill university requirements by working with and supervising our students in our facilities. Because these dentists do not normally process an Alaska license, we are compelled to have another dentist, who has an Alaska license, present. This is an unnecessary duplication of skills, talent and time that credentialing could eliminate. SB 126 ensures the professional qualifications necessary to provide the supervision at the UAA Dental Hygiene Program, required by AS 08.32. We therefore strongly endorse the passage of SB 126.

Thank you Senator.

LICENSURE BY CREDENTIALS

A REPORT

INTRODUCTION

I AM DR. DOUGLAS SMOLE, A PRACTICING GENERAL DENTIST FOR 25 YEARS. MY FAMILY AND I HAVE RESIDED, AND I HAVE PRACTICED DENTISTRY IN ANCHORAGE FOR 17 YEARS. I AM IN MY 5TH YEAR OF PRIVATE PRACTICE AND AM CURRENTLY A MEMBER OF THE STATE BOARD OF DENTAL EXAMINERS. I AM A MEMBER OF THE AMERICAN DENTAL ASSOCIATION (ADA) AND IT'S STATE AND LOCAL DENTAL SOCIETY COMPONENTS. I AM A FELLOW IN THE AMERICAN ACADEMY OF GENERAL DENTISTRY.

PRIOR TO PRIVATE PRACTICE, I PROVIDED DENTAL SERVICE AS A COMMISSIONED OFFICER IN THE U.S. PUBLIC HEALTH SERVICE IN SEVEN STATES AND COMPLETED MY 20+ YEARS OF SERVICE AS CHIEF OF DENTAL SERVICES FOR THE SOUTHCENTRAL SERVICE UNIT AT THE ALASKA NATIVE MEDICAL CENTER. I HAVE HAD A BROAD RANGE OF RESPONSIBILITIES, TRAINING AND EXPERIENCE AND WILL READILY PROVIDE A CURRICULUM VITAE UPON REQUEST.

I CONCUR WITH THE AMERICAN DENTAL ASSOCIATION POSITION "THAT AN EVALUATION OF A PRACTICING DENTISTS THEORETICAL KNOWLEDGE AND CLINICAL SKILL BASED ON HIS PERFORMANCE RECORD CAN PROVIDE AS MUCH PROTECTION TO THE PUBLIC AS WOULD AN EVALUATION BASED ON EXAMINATION". THIS POSITION IS SUPPORTED BY ADA IMMEDIATE PAST PRESIDENT (1988) JAMES SADDORIS OF TULSA OKLAHOMA WHO STATED THAT "WE THINK LICENSURE BY CREDENTIALS IS THE PROPER TACK TO TAKE". "MANY

PEOPLE WILL TELL YOU THAT THE CHECK AND BALANCE ON THE EDUCATION SYSTEM IS THE LICENSURE SYSTEM. THAT'S NOT TRUE AT ALL. THE CHECK-AND-BALANCE OF THE EDUCATION SYSTEM IS THE ADA'S COMMISSION ON ACCREDITATION. THE MAJORITY OF THE ADA'S HOUSE OF DELEGATES THINKS THAT LICENSURE BY CREDENTIALS IS AN EXCELLENT METHOD AND WE RECOMMEND THAT TO THE STATES" (QUOTE FROM AGD IMPACT 2/88)

FURTHERMORE, SURVEYS OF ADA MEMBERS NATIONWIDE IN 1972 AND 1986 INDICATED THAT 68% AND 76.9% OF THE MEMBERS SUPPORTED LICENSURE BY CREDENTIALS. IT IS SIGNIFICANT TO NOTE THAT IN ALASKA THE OPINION OF ALASKA DENTAL SOCIETY MEMBERSHIP HAS NOT BEEN FORMALLY SURVEYED ON THE CREDENTIALLING QUESTION IN MY EXPERIENCE, I HAVE HEARD MANY ALASKAN DENTISTS' OPINIONS IN FAVOR OF PROPERLY PROCESSED CREDENTIAL LICENSURE. I BELIEVE THAT STATE DENTAL BOARDS SHOULD BE MUCH MORE THAN GATE KEEPERS AND SHOULD ENGAGE IN A VARIETY OF EFFORTS DIRECTED TOWARD ASSURING THE QUALITY AND ACCESSIBILITY OF CARE. BOARDS MUST ALSO PROMOTE INTEGRITY IN THE PROVISION OF THAT CARE.

THE BOARD/HISTORICAL OBSERVATIONS

DURING MY YEARS IN ALASKA, I HAVE BEEN A CLOSE OBSERVER OF THE STATE DENTAL BOARD AND ITS LICENSING ACTIVITIES. AT ONE TIME, THE EXAM WAS GIVEN AT THE NATIVE MEDICAL CENTER. I HAVE WORKED WITH DOZENS OF DENTISTS WHO WERE EXAMINED BY THE

BOARD. GENERALLY THE PASS RATE WAS 40-50% WITH EXTREMES OF 90% OR MORE THE YEAR THE TEAMSTERS CLINICS CAME TO ALASKA AND 10% IN 1984. IN 1984, 18 CANDIDATES TOOK THE CLINICAL EXAM IN JUNE, AND 2 WERE GRANTED LICENSES. AT THE SAME SESSION, 12 PRESENTED THEIR CREDENTIALS AND 1 WAS GRANTED A LICENSE. DURING THE FIRST FOUR YEARS THAT THE STATUTES ALLOWED LICENSURE BY CREDENTIALS, ONLY 5 LICENSES WERE GRANTED EVEN THOUGH THE BOARD WAS PRESUMING THAT A CREDENTIAL EXAM BASED ON CASE REVIEW WAS LEGAL. IT WAS THIS CRISIS IN 1984 THAT LEAD TO A THREATENED LAWSUIT, THE ATTORNEY GENERALS DECISION, THE REGULATION STAYING LICENSURE BY CREDENTIALS AND MOVEMENT OF THE BOARD TOWARD ACCEPTING THE RESULTS OF THE WESTERN REGION EXAMINING BOARD (WREB). UNFORTUNATELY, THE EPISODE IN 1984 CAUSED CONSIDERABLE DISCOMFORT FOR THE BOARD AND RESULTED IN MUCH TIME BEING SPENT IN FENDING OFF CHALLENGES. THE PAIN RE-OCCURS WHENEVER THE CONCEPT OF CREDENTIALLING RE-APPEARS. I BELIEVE THAT IT IS TIME TO PUT THE PAST ASIDE AND TO TAKE A POSITIVE APPROACH TO ASSURING THAT LICENSURE BY CREDENTIALS IS DONE IN ACCORDANCE WITH THE STATUTES, BUT WITH MODIFICATIONS OF THE PROCESS TO ASSURE PROTECTION FOR THE PUBLIC AND FAIRNESS TO QUALIFIED CANDIDATES.

THE WESTERN REGIONAL EXAMINING BOARD/WREB

ALASKA'S ACCEPTANCE OF THE WREB CLINICAL EXAM RESULTS IS A SIGNIFICANT IMPROVEMENT. I BELIEVE THAT THE WREB IS A FAIR

MEASURE OF SOME OF THE BASIC KNOWLEDGE AND SKILLS OF THE GENERAL DENTIST. THE EXAM USES MEASUREABLE CRITERIA AND STANDARDS, ANONYMITY OF EXAMINEES AND IS WELL ORGANIZED. IT IS IMPORTANT TO UNDERSTAND THAT THE WREB IS NOT THE PANACEA THAT SOME WOULD RHETORICALLY WANT YOU TO BELIEVE. THE WREB FUNCTIONS AS A CLINICAL EXAMINING AGENCY. THE WREB DOES NOT DO BACKGROUND CHECKS ON THE CANDIDATES. THE WREB DOES NOT TEST SPECIALTY SKILLS OF DENTAL SPECIALISTS THAT PERFORM ORAL SURGERY, ORTHODONTICS, CHILDRENS DENTISTRY OR OTHER SPECIALTIES.

THE WREB IS VERY EXPENSIVE AND INCONVENIENT FOR DENTISTS THAT MUST TRAVEL FROM ALASKA AND THE WREB DOES NOT PROVIDE PATIENTS FOR THE EXAMINEES. PATIENTS ARE AVAILABLE THROUGH THE DENTAL SCHOOLS WHERE THE EXAMS ARE GIVEN OR THE CANDIDATE MUST PAY FOR TRANSPORTATION OF HIS/HER OWN PATIENTS TO BETTER ASSURE APPROPRIATENESS OF THE CASE AND RELIABILITY OF THE PATIENT. A PATIENT THAT DOESN'T SHOW UP CAN BECOME THE DENTISTS FAILURE TO COMPLETE THE EXAM. AN IRONIC POINT CONCERNING THE WREB IS THAT THOSE DENTISTS WHO ARE MOST LIKELY TO WANT TO LIVE IN ALASKA FOR LIFE ARE THOSE WHO HAVE EXPERIENCED ALASKA BY VIRTUE OF THEIR FEDERAL SERVICE HERE OR WHO WERE BORN HERE. ALASKAS ENTRANCE INTO THE WREB PROCESS MAY VERY WELL HINDER ENTRY BY THOSE WHO ALREADY LOVE ALASKA. TO SAY THAT 500 OR 600 WREB EXAMINEES ARE ELIGIBLE FOR LICENSURE IN ALASKA IS MISLEADING WHEN YOU CONSIDER THAT ONLY 21 HAVE APPLIED FOR ACTUAL LICENSURE AS

OF FEBRUARY, 1989. THE MAJORITY OF DENTISTS THAT PRACTICE IN ALASKA CAME HERE IN FEDERAL SERVICE.

THE PROBLEM OF SPECIALISTS

A LOOK AT THE PROCESS BY WHICH DENTAL SPECIALISTS ARE LICENSED, SUPPORTS THE CASE FOR LICENSURE BY THOROUGH SCRUTINY OF CREDENTIALS. IN ALASKA, SPECIALISTS ARE REQUIRED TO TAKE THE GENERAL EXAM AND THEN A SECOND LICENSE TO PRACTICE THE SPECIALTY IS GRANTED BASED ON THE ACCEPTANCE OF THE SPECIALISTS CREDENTIALS. THIS IS A GLARING CONTRADICTION TO THE CLAIM THAT CREDENTIAL REVIEW IS NOT EFFECTIVE OR VALID. ALASKA HAS AN EXTREMELY COMPETENT GROUP OF ABOUT 46 LICENSED SPECIALISTS WHO ARE RARELY, IF EVER, THE SUBJECTS OF BOARD INVESTIGATION. IT IS, HOWEVER, A WILD STRETCH OF IMAGINATION TO CONCLUDE THAT SPECIALISTS ARE QUALIFIED TO PRACTICE THEIR SPECIALITY BECAUSE THEY DEMONSTRATED THEIR ABILITY TO DO SILVER FILLINGS, GOLD FILLINGS, OR OTHER BASIC GENERAL DENTAL PROCEDURES.

THE CREDENTIALING PROCESS ALREADY WORKS FOR SPECIALISTS. IT IS TIME TO RELIEVE THE ENTERING SPECIALIST OF THE UNREASONABLE BURDEN OF TAKING THE INAPPROPRIATE GENERAL DENTIST EXAM. CERTAINLY, THE EXTRA YEARS OF TRAINING AND NATIONAL SPECIALTY BOARD ELIGIBILITY OR CERTIFICATION ARE OUTSTANDING CREDENTIALS.

CREDENTIALS, NOW AND FUTURE

IN ADDITION TO THE CREDENTIAL LICENSURE OF SPECIALISTS, THERE WERE 23 DENTISTS LICENSED BY CREDENTIALS PRIOR TO THE REGULATION 12ACC28.950 CESSATION OF LICENSING BY CREDENTIALS. DR. GEORGE HANSEN, THE STATE CHAIRMAN OF DENTIST PEER REVIEW, INFORMED ME ON FEBRUARY 23RD, THAT HE IS NOT AWARE OF PROBLEMS OR COMPLAINTS DIRECTED TOWARD THIS GROUP. MY EXPERIENCE ON THE BOARD, WHERE WE SEE THE NAMES OF DENTISTS UNDER INVESTIGATION, IS THE SAME. IT IS UNFORTUNATE THAT COMMENTS TO THE CONTRARY WERE MADE AT THE FEBRUARY 8TH SENATE COMMITTEE MEETING DEALING WITH SENATE BILL 126. IT IS EQUALLY UNFORTUNATE THAT RUMORS HAVE CIRCULATED THAT DEATHS HAVE OCCURED IN ALASKA AT THE HANDS OF A CREDENTIAL LICENSED DENTIST. THE PATIENT DEATHS THAT OCCURED IN A DENTAL OFFICE IN THE 1960'S WERE UNDER THE CARE OF A DENTIST LICENSED BY EXAMINATION.

IN MY EXPERIENCE DURING FEDERAL SERVICE IN ALASKA, I WAS CALLED UPON BY FEDERAL ATTORNEYS TO BE A DENTAL CONSULTANT AND WITNESS IN VARIOUS CASES INVOLVING DRUG ABUSE, STANDARDS OF CLINICAL CARE AND FRAUD. THESE CASES INVOLVED DENTISTS LICENSED BY EXAMINATION. IT IS NOT MY INTENT TO SAY THAT ONE GROUP OF LICENSEES IS MORE OR LESS HONEST, NON-ADDICTIVE, OR PROFESSIONALLY COMPETENT THAN ANOTHER. THE POINT IS THAT A 3 DAY LIMITED EXAM ALONE, WITHOUT A THOROUGH CREDENTIAL REVIEW DOES NOT GUARANTEE THE ENTRY OF A GOLD PLATED DENTIST. THE THOROUGH EVALUATION OF ALL

APPLICANT DENTISTS BACKGROUND AND CLOSE SCRUTINY OF THE EXPERIENCED PRACTITIONER CLINICAL TRACK RECORD CAN AFFORD PROTECTION TO THE PUBLIC. CLINICAL EXAMINATION IS STILL NEEDED FOR THE NOVICE OR OTHERS WHOSE CREDENTIALS ARE NOT READILY VERIFIABLE.

AT THIS TIME, 23 STATES HAVE STATUTORY AUTHORITY TO GRANT LICENSURE BY CREDENTIALS. NINE OF THESE REQUIRE RECIPROCAL LICENSURE AND 4 ARE NOT EXERCISING STATUTORY AUTHORITY. MINNESOTA HAS BEEN DOING SO FOR 81 YEARS AND REPORTS FEWER COMPLAINTS AGAINST DENTISTS LICENSED BY CREDENTIALS.

DUGLAS SELL, EXECUTIVE DIRECTOR OF THE MINNESOTA BOARD OF DENTISTRY, STATED IN RESPONSE TO A SURVEY IN FEBRUARY, 1988. "WE ARE CAREFUL IN OUR REQUIREMENTS AND VERIFICATION OF CREDENTIALS PRESENTED... WE VERIFY ALL LICENSURE CANDIDATES THROUGH CLEAR (NATIONAL CLEARINGHOUSE ON LICENSURE, ENFORCEMENT AND REGULATION) AND THE AADE (AMERICAN ASSOCIATION OF DENTAL EXAMINERS) DISCIPLINARY SYSTEM". KENTUCKY DID EXPERIENCE A RISE IN THE DENTIST POPULATION WHICH IT ATTRIBUTED TO LICENSURE BY CREDENTIALS. IN RESPONSE, THE STATE EVENTUALLY DISCONTINUED THE PRACTICE. OHIO STOPPED CREDENTIALLING BUT IN 1985, MR. OMAR F. WHISMAN, EXECUTIVE DIRECTOR OF THE OHIO DENTAL BOARD, STATED IN AN ARTICLE IN THE JULY, 1985 JOURNAL OF THE AMERICAN DENTAL ASSOCIATION, "WE HAVE TWO DENTAL SCHOOLS IN THE STATE AND LICENSING BY CREDENTIALS IS A VALID MECHANISM TO ATTRACT QUALITY EDUCATORS TO OHIO. I BELIEVE THE DEVELOPMENT OF A

REPORTING MECHANISM IS IMPORTANT AND IF AN EFFECTIVE MECHANISM EXISTED, I BELIEVE THE BOARD WOULD RECONSIDER LICENSING BY CREDENTIALS IN OHIO".

THE CLEARINGHOUSES HAVE BEEN IMPROVED AND WILL CONTINUE TO IMPROVE, THEREFORE, IT IS APPROPRIATE TO MOVE FORWARD WITH THIS TIMELY PROCESS NOW. THE STATEMENT THAT NO STATE WEST OF THE ROCKY MOUNTAINS HAS LICENSURE BY CREDENTIALS IS TRUE, BUT, HAS LITTLE APPLICATION SINCE ALASKA HAS UNIQUE CIRCUMSTANCES OF GEOGRAPHY, ECONOMICS AND PATIENTS NEEDS. I BELIEVE THAT WE SHOULD TAKE A POSITIVE APPROACH AND BECOME CREATIVE LEADERS ON THE 'LAST FRONTIER'.

BACKGROUND CHECKS

SOME CLAIM THAT IT IS NOT POSSIBLE TO CHECK BACKGROUNDS FOR DENTISTS. THIS IS NOT TRUE. TWO CLEARINGHOUSES EXIST NOW AND THE NATIONAL DATA BANK WILL BEGIN THIS SUMMER. THE CLEARING HOUSE FOR DISCIPLINARY INFORMATION SPONSORED BY THE AMERICAN ASSOCIATION OF DENTAL EXAMINERS (AADE) IS SEEKING FUNDING TO IMPROVE REPORTING. CURRENTLY, 38 STATES AND THE U.S.ARMY, NAVY, AND AIR FORCE REPORT ON A REGULAR BASIS ACCORDING TO MS. MOLLY NADLER, EXECUTIVE DIRECTOR (PERSONAL COMMUNICATION FEBRUARY 23, 1989). AADE IS ALSO ENCOURAGING MEMBERS TO REPORT TO THAT CLEARINGHOUSE WITH HOPES OF 100% COMPLIANCE BY NEXT YEAR. THE AADE ALSO INTENDS TO PERIODICALLY PUBLISH COMPLETE REPORTS OF BOARDS DISCIPLINARY

ACTIVITIES. ADDITIONALLY THE CENTRAL DISCIPLINARY DATA BANK OPERATED BY CLEAR IS BEING UPGRADED.

ANOTHER SIGNIFICANT FACT RELATED TO BACKGROUND CHECKING IS THE PASSAGE OF USPL99-660, THE HEALTH CARE QUALITY IMPROVEMENT ACT OF 1986 TITLE IV, PART A, SECTIONS 402, 411 AND 412 PROVIDE RELIEF FROM LIABILITY FOR DAMAGES FOR PROFESSIONAL REVIEW GROUPS THAT PROVIDE INFORMATION CONCERNING DAMAGING OR INCOMPETENT PERFORMANCE. THIS HAS ENHANCED THE REPORTING PROCESS.

ECONOMICS/ACCESS TO CARE

I BELIEVE THAT COMPETITION, LIKE WATER, SEEKS ITS OWN LEVEL. IF THERE ARE TOO MANY PRACTITIONERS IN A STATE, THE PRUDENT BUSINESS PERSON/DENTIST IS NOT GOING TO PRACTICE THERE. IT IS TRUE THAT THE COSTS OF OPERATING A PRACTICE ARE HIGH, BUT, THIS FACT AFFECTS BOTH THE ESTABLISHED PRACTITIONER AND THE NEWCOMER. I ALSO BELIEVE THAT COMPETITION CAN IMPROVE THE QUALITY AND ACCESSIBILITY OF CARE. LIKE THE AVIS AD, IF YOU'RE SECOND OR NEW IN TOWN, YOU TRY HARDER. THIS MAY EVEN RELATE TO THE FACT THAT WE HAVE SEEN AN INCREASE IN DENTIST INVOLVEMENT IN ACTIVITIES SUCH AS FREE DENTAL SCHOOL SCREENING PROGRAMS AND IMPROVED DENTIST SIGN-UP ON DENTAL EMERGENCY CALL SCHEDULES.

RECOMMENDATIONS

1. PASS SENATE BILL 126 WITH THE WORD SHALL. THIS WILL .
ELIMINATE THE PRESENT STAGNATION AND SET THE STAGE
FOR A POSITIVE CAN-DO APPROACH TO THE CREDENTIAL
LICENSURE STATUTE.
2. SPECIFY AN EFFECTIVE DATE WHICH WOULD ALLOW THE
DENTAL BOARD TIME TO IMPLEMENT PROCEDURAL CHANGES
WHICH WILL BE NEEDED FOR EFFECTIVE IMPLEMENTATION.
3. REFER TO ADA GUIDELINES FOR LICENSURE (ATTACHED)
AND ADD LANGUAGE THAT WILL ALLOW THE BOARD TO
LICENSE INDIVIDUALS WHO CAN DOCUMENT SUCCESSFUL
ACCREDITED RESIDENCY TRAINING, CONTINUING EDUCATION,
TEACHING EXPERIENCE, AND SKILLS WHICH THE ADA OFFERS
AS ALTERNATIVES TO SATISFACTORY PERFORMANCE ON A
CLINICAL EXAMINATION. IF CASE REVIEWS ARE TO BE
REQUIRED THE BOARD WILL NEED MORE TIME AND RESOURCES
TO DEVELOP FAIR MEASURABLE CRITERIA FOR SUCH REVIEWS.
4. ASSURE BY STATUTE, IF NECESSARY, THAT THE APPLICANTS
PAY FEES THAT ARE SUFFICIENT TO COVER ADDED COSTS OF
CREDENTIAL REVIEW.
5. ASSURE BY STATUTE, IF NECESSARY, THAT THE ISSUANCE OF
LICENSES BY CREDENTIALS WILL REQUIRE ? MONTHS FROM
DATE OF COMPLETED APPLICATION TO ALLOW THOROUGH
BACKGROUND CHECKS AND TO THWART IMMEDIATE MOVES BY
THE INCOMPETENT DENTIST ON THE MOVE.

← several
6, 9, 12

R. Douglas Lunde DDS
3/13/89

American Dental Association Guidelines for Licensure*

Dental Licensure is intended to insure that only qualified individuals provide dental treatment to the public. Among qualifications deemed essential are satisfactory theoretical knowledge of basic biomedical and dental sciences and satisfactory clinical skill. It is essential that each candidate for an initial license be required to demonstrate these attributes on examination, a written examination for theoretical knowledge and a clinical examination for clinical skill. These guidelines suggest alternate mechanisms for evaluating the theoretical knowledge and clinical skills of an applicant for licensure who holds a dental license in another jurisdiction. Requiring a candidate who is seeking licensure in several jurisdictions to demonstrate this theoretical knowledge and clinical skill on separate examinations for each jurisdiction seems unnecessary duplication.

Licensure by Examination: Written examination programs conducted by the Council of National Board of Dental Examiners have achieved broad recognition by state boards of dentistry. National Board dental examinations are conducted in two parts. Part I covers basic biomedical sciences; Part II covers dental sciences. It is recommended that satisfactory performance on Part II of National Board dental examinations within five years prior to applying for a state dental license be considered adequate testing of theoretical knowledge. National Board regulations require a candidate to pass Part I before participating in Part II. Consequently, this recommendation excludes Part I only from the time limit.

No clinical examination has achieved as broad recognition as have National Board written examinations. Clinical examinations used for dental licensure are conducted by individual state boards of dentistry and by regional clinical testing services. It is recommended that satisfactory performance within the last five years on any state or regional clinical examination at least equivalent in quality and difficulty to the state's own clinical examination be considered adequate testing for clinical skill provided that the candidate for licensure:

- ✓/a. Is currently licensed in another jurisdiction.
- ✓/b. Has been in practice since being examined.
- ✓/c. Is endorsed by the state board of dentistry in the state of his current practice.
- ✓/d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- ✓/e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Licensure by Credentials: The American Dental Association believes that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination. Issuing a license using a performance record in place of examinations is termed licensure by credentials.

All candidates for licensure by credentials might be required to fulfill basic education and practice requirements. It is recommended that graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs be considered minimum satisfactory education for licensure by credentials. Further, it is recommended that licensure by credentials be available only to a candidate who:

- ✓/a. Is currently licensed in another jurisdiction.
- ✓/b. Has been in practice or full-time dental education for a minimum of five years immediately prior to applying.
- ✓/c. Is endorsed by the state board of dentistry in the state of current practice.
- ✓/d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- ✓/e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Alternate ways that current theoretical knowledge might be documented follow. It is recommended that for a candidate who meets eligibility requirements for licensure by credentials, these methods be considered as possible alternatives to the written examination requirement.

1. Successful completion of an accredited advanced dental education program in the last ten years.
2. A total of at least 180 hours of acceptable, formal, scientific continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
3. Successful completion of a recognized specialty board examination in the last ten years.
4. Teaching experience of at least one day per week or its equivalent in an accredited dental education program for at least six of the last ten years.

Possible documentation for current clinical skill appears in the following list. Provided that eligibility requirements for licensure by credentials are met, it is recommended that these methods be considered as possible alternatives to satisfactory performance on a clinical examination.

- ① Successful completion of an accredited general practice residency or dental internship within the last ten years.
- ② Successful completion of an accredited dental specialty education program in a clinical discipline within the last ten years.
- ③ A total of at least 180 hours of acceptable clinically oriented continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
- ④ Clinical teaching of at least one day per week or its equivalent in an accredited dental education program, including a hospital-based advanced dental education program, for at least six of the last ten years.
- ⑤ Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

*The above guidelines were adopted by the ADA House of Delegates and are published in 1976 *Transactions of the American Dental Association*, page 919 and 1977 *Transactions*, page 923.

LICENSURE BY CREDENTIALS

Summary

<u>Statutory authority to grant to:</u>	<u>#</u>	<u>Jurisdiction</u>
Dentist	23	Alaska, Connecticut, D.C., Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Texas, Wisconsin
Dental hygienist	29	Alaska, Arkansas, Colorado, Connecticut, Delaware, D.C., Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New York, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Vermont, Washington, West Virginia, Wisconsin
<u>Requires "reciprocity" from applicant's state for:</u>		
Dentist	9	Connecticut, D.C., Iowa, Kentucky, New Hampshire, Oklahoma, Pennsylvania, Rhode Island, Wisconsin
Dental hygienist	10	Colorado, D.C., Iowa, Kentucky, New Hampshire, Oklahoma, Pennsylvania, Rhode Island, Washington, Wisconsin
<u>Known not to exercise statutory authority to credential:</u>		
Dentist	4	Alaska, Kentucky, Ohio, Texas
Dental hygienist	1	Kentucky

Public Law 99-660

S. 1744-42

SEC. 323. EFFECTIVE DATE.

(a) **GENERAL RULE.**—Subtitle 1 of title XXI of the Public Health Service Act shall take effect on the date of the enactment of this Act and Subtitle 2 of such title and this title shall take effect on the effective date of a tax enacted after the date of the enactment of this Act to provide funds for compensation paid under such subtitle 2.

(b) **INSUFFICIENCY OF FUNDS.**—If at any time there are insufficient funds to pay all of the claims payable under subtitle 2 of title XXI of the Public Health Service Act for 180 days, such subtitle shall cease to be in effect until sufficient funds to pay all of the claims under such subtitle become available.

TITLE IV—ENCOURAGING GOOD FAITH PROFESSIONAL REVIEW ACTIVITIES

SEC. 401. SHORT TITLE.

This title may be cited as the "Health Care Quality Improvement Act of 1986".

SEC. 402. FINDINGS.

The Congress finds the following:

(1) The increasing occurrence of medical malpractice and the need to improve the quality of medical care have become nationwide problems that warrant greater efforts than those that can be undertaken by any individual State.

(2) There is a national need to restrict the ability of incompetent physicians to move from State to State without disclosure or discovery of the physician's previous damaging or incompetent performance.

(3) This nationwide problem can be remedied through effective professional peer review.

(4) The threat of private money damage liability under Federal laws, including treble damage liability under Federal antitrust law, unreasonably discourages physicians from participating in effective professional peer review.

(5) There is an overriding national need to provide incentive and protection for physicians engaging in effective professional peer review.

PART A—PROMOTION OF PROFESSIONAL REVIEW ACTIVITIES

SEC. 411. PROFESSIONAL REVIEW.

(a) **IN GENERAL.**—

~~(1) LIMITATION ON DAMAGES FOR PROFESSIONAL REVIEW ACTIONS.~~—If a professional review action (as defined in section 431(9)) of a professional review body meets all the standards specified in section 412(a), except as provided in subsection (b)—

(A) the professional review body,

(B) any person acting as a member or staff to the body,

(C) any person under a contract or other formal agreement with the body, and

(D) any person who participates with or assists the body with respect to the action,

CLEAR announces major upgrade of discipline reporting system

The central disciplinary action data bank operated by the National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) has been substantially revised to provide easier-to-read reports, CLEAR recently announced. The system, known as NDIS or the National Disciplinary Information System, has been reconfigured to operate on an IBM Model 80 PS/2 computer. It contains data on disciplinary actions submitted by participating states for nearly 200 professions.

NDIS subscribers will now receive bimonthly reports of disciplinary actions and may choose from hard copy, disk, or tape formats, said Al Glover, executive director of the Lexington-based organization. In addition to listing disciplinary data on most health occupations, CLEAR recently contracted with the National Association of State Boards of Accountancy to receive reports from its members. In recent months, "the snowball just hit the ground and is starting to roll," said Glover of the expanding database. "The more states participate the more it will pick up."

Another feature of the upgraded system is an alphabetical listing by last name of all individuals in the database for comparison among states and across professions. In browsing through that list, Glover said, one can find a person whose license was revoked in California one year and the same name listed under revocations in New York two years later. "If New York had known about the California action," then perhaps that person wouldn't have been licensed, he pointed out. With the new system, CLEAR is hoping to bridge the gap between "data" and information that is meaningful to regulators.

\$240 per hour for rule review? It's the going rate at California agency

When the California Board of Osteopathic Examiners submitted new regulations to the state Office of Administrative Law, the bill for the mandatory review was more than \$24,000 for 101 hours -- a \$240-per-hour rate. Since the Attorney General's office only charged \$75 per hour, the board demanded an explanation. Apparently, with minor differences, the two rates are calculated by a formula that divides agency expenditures by "workload" hours. Contingency-funded agencies like the board are charged at the hourly rate for the services they use.

Michael Schaufele, OAL's manager of administrative services, explained that the AG's office is

much larger and spreads its costs of operation among many more agencies.

"We expected to be billed for a large number of hours," said Linda Bergmann, board executive director. "But the bill was for one-sixth of our budget. Surprisingly, we were the only board to inquire about the rate."

Correction The Illinois Department of Professional Regulation (formerly the Department of Registration and Education) does not permit licensed accountants to collect commissions for selling securities to clients.

IN THE COURTS

Supreme Court to hear lawyer testimonial case

"If I had any legal problem, car accident or anything, I would go back to Grey and Oring," concluded Sharon S. in a 1981 radio advertisement for a California law firm. When car dealers or cereal makers use such testimonials, nobody blinks. But for California lawyers, using client testimonials is a violation of the state bar's Rules of Professional Conduct. The rule's constitutionality may be tested next January when the U.S. Supreme Court is expected to hear oral arguments in the case. (*Oring v. State Bar of California*)

Since both parties agree that the testimonial was true, the case will pit first amendment rights of free speech against the state's right to restrict certain types of truthful advertisements. In addition to the constitutional issues, Oring will contend that word-of-mouth testimonials from satisfied clients are the traditional method by which lawyers obtain business. It should not matter that the lawyer uses a medium -- like radio -- that reaches more people, said Ted Choen, Oring's attorney.

Peer review on Oregon board "under a cloud" after Patrick case

Peer review panels, endorsed by state legislatures, hospitals, and the U.S. Congress as a means of furthering quality health care, have hit some snags. In a recent case, the U.S. Supreme Court held that private hospital panels are not invariably immune from federal antitrust law. (*Patrick v. Burget*, 86-1145)



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021
(602) 944-3315

Clinical Examinations in Dentistry

Member States

ALASKA
ARIZONA
IDAHO
MONTANA
NEW MEXICO
UTAH

March 15, 1989

Teresa Maser
Senator Rick Halford's office
P.O. Box V
Juneau, Alaska 99811

Dear Ms. Maser:

I am sending the exam requirements from the dental application for 1984 to 1988. 1984 is the latest date for which the information is readily available. This information will let the committee know what procedures were required on the exam. I would like to reiterate, however, that there are numerous other factors involved in "comparability" of exams that are not included in this information, such as exact patient requirements, examiner criteria, examiners involved, content on written exams, etc. All of these variables have changed over the years and are obviously more difficult to assess than exam procedures.

Sincerely,

Linda Paul
Executive Administrator

RECEIVED
MAR 20 1989
OFFICE OF
SENATOR RICK HALFORD

1988

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you prior to the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be a two surface inlay (proximal), MOD onlay, 3/4 crown or 7/8 crown. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. You will only be required to treat one canal of a multicaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures and partials set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. There will be an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, and study models. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof of graduation. If for some reason, the candidate does not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam the certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE W.R.E.B. ARE: Alaska, Arizona, Idaho, Montana, New Mexico and Utah.

1987

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown or 7/8 crown. An inlay will not be acceptable. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. You will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures and partials set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. There will be an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, study models and x-rays. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof. If for some reason, the candidate does not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam the certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements. The minimum length is three (3) years.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana, and Idaho.

1986

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown or 7/8 crown. An inlay will not be acceptable. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. Any tooth is acceptable, but you will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, study models and x-rays. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof. If for some reason, you do not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements. The minimum length is three (3) years.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana, and Idaho.

WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021
(602) 944-3315*Clinical Examinations in Dentistry*ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown, or a 7/8 crown.

An inlay will not be acceptable. There will be a perio section on the exam which will involve diagnosis and treatment. The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. Any tooth is acceptable, but you will only be required to treat one canal of a multicanaled tooth. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. For the amalgam, cast gold and perio exams, you will provide your own patient(s). For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof of malpractice 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take time so apply early to avoid problems.

You will note in Section II on the application that you are required to have completed all requirements for graduation before you will be allowed to take the exam. The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides us with proof. If for some reason, you do not graduate when anticipated, the exam will be invalid.

If you are unable to attend the examination, you may receive one-half of your fee in refund, if you notify this office in writing, within two weeks after the date of the examination. To reapply, you must submit a new application and pay the full fee. NO EXCEPTIONS.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana and Idaho.



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021
(602) 944-3315

UTAH
ARIZONA
MONTANA
IDAHO

Clinical Examinations in Dentistry

1984

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which will be your choice of a Class II inlay, onlay or 3/4 crown. There will be a perio section on the exam which will involve diagnosis and treatment. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. For the amalgam, cast gold and perio exams, you will provide your own patient(s).

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof of malpractice before the exam. You may consult Poe & Associates 813/228-7361. This can take time so apply early to avoid problems.

You will note in Section II on the application that you are required to have completed all requirements for graduation before you will be allowed to take the exam. The Board has ruled that a graduating senior may take the exam with certification from the dean. Exam results will be held until the candidate graduates and provides us with proof. If for some reason, you did not graduate when anticipated, the exam will be invalid.

If you are unable to attend the examination, you may receive one-half of your fee in refund, if you notify this office in writing, within two weeks after the date of the examination. To reapply, you must submit a new application and pay the full fee. NO EXCEPTIONS.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE WREB ARE: Arizona, Utah, Montana and Idaho.



UNIVERSITY OF ALASKA ANCHORAGE

3211 Providence Drive
Anchorage, Alaska 99508

COLLEGE OF CAREER AND VOCATIONAL EDUCATION
OFFICE OF THE DEAN

MEMORANDUM

March 13, 1989

To: Senator Rick Halford
Alaska Legislature

Fm: Dr. Vern Oremus, Dean
College of Career and Vocational Education

Subj: SB 126

According to AS 08.32.095 the Dental Hygiene Program at the University of Alaska Anchorage requires an Alaska licensed dentist to directly supervise dental hygiene students providing clinical treatment [see attachment 1]. Because a nationwide search currently is underway to recruit a dentist-faculty member, there exists the possibility of the selected person not being licensed to practice dentistry in Alaska. In order to meet student needs, accreditation standards, and Alaska Statute 08.32, an alternative to the present statute must be considered.

Senate Bill 126 provides an effective alternative for the University's needs. By providing for credentialing in the statute, an option would exist to open the applicant pool for the UAA dentist-faculty position [see attachment 2]. In addition, credentialing would allow for more effective utilization of the dentist-faculty members working with the Dental Hygiene Program through the Memorandum of Agreement currently in effect with the Alaska Native Medical Center (ANMC) [see attachment 3].

page 2
Rick Halford

Senate Bill 126 ensures the qualifications of a dentist to provide supervision of the Dental Hygiene Program at the University of Alaska Anchorage because the Bill requires the person to:

- (1) graduate from a dental program accredited by the American Dental Association,
- (2) successfully complete the National Dental Board Examination,
- (3) be licensed in another jurisdiction recognized by the American Dental Association and appropriate state, territory, or regional licensing agencies,
- (4) be in the continuous active practice of dentistry,
- (5) prove sound moral, ethical, and professional behavior, and
- (6) personally interview with the Board of Dental Examiners.

Therefore the administration, faculty, and students of the Dental Hygiene Program and the College of Career and Vocational Education strongly endorse the passage of Senate Bill 126. Please contact me if you have questions or comments.

Thank you for your consideration.

(c) The clinical examination shall test the applicant's skill in clinical procedures considered essential by the board for the practice of dental hygiene including the removal of calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques.

(d) The board may require an applicant to pass a laboratory examination as a prerequisite to admission to the clinical examination if the board has reason to believe the applicant cannot practice safely on a clinical patient. († 1 ch 78 SLA 1953; am § 6 ch 59 SLA 1978; am § 7 ch 49 SLA 1980; am § 6 ch 100 SLA 1984)

Sec. 08.32.070. Registration and licensing of dental hygienists. The board shall register each successful applicant and issue the applicant a license upon payment of all required fees. († 1 ch 78 SLA 1953; am § 3 ch 36 SLA 1969; am § 7 ch 59 SLA 1978; am § 8 ch 49 SLA 1980; am § 7 ch 100 SLA 1984)

Sec. 08.32.071. Renewal of Registration. At least 60 days before expiration of a licensee's registration certificate, the division of occupational licensing shall mail a form for renewal of registration to each licensed dental hygienist. Each licensee who wishes to renew a registration certificate shall complete the form and return it with the appropriate fee and evidence of continued professional competence as required by the board. The division of occupational licensing shall, as soon as practicable, issue a registration certificate valid for a stated number of years. Each licensee shall keep the registration certificate beside or attached to the licensee's license. Failure to receive the registration form does not exempt a licensee from renewing registration. († 8 ch 100 SLA 1984; am § 16 ch 94 SLA 1987)

Sec. 08.32.080. Lapse and reinstatement of license. Repealed by § 7 ch 94 SLA 1988.

Sec. 08.32.081. Lapse and reinstatement of license. A licensed dental hygienist who does not pay the renewal registration fee forfeits the hygienist's license. The board may reinstate the license without examination within two years of the date on which payment was due upon written application, proof of continued professional competence, and payment of all unpaid renewal fees and any penalty fee established under AS 08.01.100(b). († 4 ch 36 SLA 1959; am § 8 ch 59 SLA 1978; am § 9 ch 49 SLA 1980; am § 9 ch 100 SLA 1984)

Sec. 08.32.090. Temporary License. Repealed by § 15 ch 59 SLA 1978.

Sec. 08.32.095. Exemption from license requirement. (a) A person enrolled as a full-time student in an accredited school of dental hygiene may perform dental hygiene procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under AS 08.38, or under the direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under AS 08.38; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dental hygiene under (a) of this section is subject to all other provisions of this chapter and laws and regulations which apply to the practice of dental hygiene by a licensed dental hygienist. († 10 ch 49 SLA 1980)

Sec. 08.32.097. Fees. The Department of Commerce and Economic Development shall, by regulations adopted under AS 08.01.065, establish fees for dental hygienists for the following:

(1) filing an examination and licensing application;

(2) examination fee;

(3) credential fee;

(4) initial license;

(5) registration fee;

(6) filing a reexamination application;

(7) duplicate license;

(8) delinquent registration. († 10 ch 100 SLA 1984; am § 22 ch 37 SLA 1985)

ARTICLE 2 REGULATION OF DENTAL HYGIENISTS

Section

100. Employment of dental hygienists

110. Scope of work of dental hygienists

120. Place of employment

130. Information required

140. Supervision required

150. (Repealed)

160. Grounds for discipline, suspension or revocation of license

165. Limits or conditions on license; discipline

170. (Repealed)

171. Disciplinary sanctions

180. Violation

Sec. 08.32.100. Employment of dental hygienists. A licensed dentist, incorporated eleemosynary dental dispensary or infirmary, private school or welfare center, the United States of America or the state may employ a licensed dental hygienist. († 3 ch 78 SLA 1953)

Sec. 08.32.110. Scope of work of dental hygienists. (a) The role of the dental hygienist is to assist members of the dental profession in providing oral health care to the public. A person licensed to practice the profession of dental hygiene in the state may:

(1) remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques;

(2) apply topical preventive or prophylactic agents;

(3) apply pit and fissure sealants;

(4) perform root planning and periodontal soft tissue curettage;

(5) perform other dental operations and services delegated by a licensed dentist if the dental operations and services are not prohibited by (c) of this section; and

(6) if certified by the board and under the direct or indirect supervision of a licensed dentist, administer local anesthetic agents.

(b) The board shall specify by regulation those additional functions that may be performed by a licensed dental hygienist only upon successful completion of a formal course of instruction approved by the



UNIVERSITY OF ALASKA ANCHORAGE

3890 University Lake Drive
Anchorage, Alaska 99508

02/08/89

PERSONNEL SERVICES

ANTICIPATED POSITION ANNOUNCEMENT

POSITION: Assistant/Associate Professor PCN 702122
Full-time, Permanent, Tenure Track, 9 Months

LOCATION: Dental Hygiene Department
College of Career and Vocational Education
University of Alaska Anchorage

SALARY: Assistant - \$27,955 to \$32,619 Annually
Associate - \$33,073 to \$38,578 Annually

QUALIFICATIONS: Dental degree. Alaskan licensure or eligibility for Alaskan licensure through Western Regional Exam Board. Three years ranked faculty member in dental/dental auxiliary teaching position.

RESPONSIBILITIES: Teach dental hygiene courses, including pathology, periodontology, local anesthesia, pharmacology and possibly community dental health. Preclinical: local anesthesia and team teaching in first year dental hygiene preclinic. Clinical: supervision of clinical dental hygiene students; team teaching and coordination of dental hygiene clinic.

CLOSING DATE: April 25, 1989, 5:00 P.M.

APPLICATION PROCEDURE: Submit letter of application, curriculum vitae, and three letters of reference to:

Personnel Services Office
University of Alaska Anchorage
3890 University Lake Drive
Anchorage, AK 99508 (907) 786-1418

UAA is an AA/EO Employer and Educational Institution.
Must be eligible for employment under the Immigration Reform and Control Act of 1986.

ATTACHMENT THREE

AFFILIATION AGREEMENT

ALASKA NATIVE MEDICAL CENTER (hereinafter the Affiliate) agrees to permit the University of Alaska Anchorage (hereinafter UAA) to place students properly enrolled in UAA's Dental Hygiene Instructional program in its facility for a supervised clinical experience subject to the following provisions:

A. UAA's Responsibilities

1. UAA will conduct its program in conformity with all applicable state and federal laws and regulations.
2. UAA will select and place students for clinical experience and will provide student work schedules and clinical assignments to the Affiliate at least three weeks prior to each clinical placement.
3. UAA will inform the Affiliate of the general curriculum pattern of each entering class (including clinical practice desired), the purposes of the program, and the educational level of and types of performance expected from the students, and will, wherever possible, adapt the program to the procedures used by the Affiliate.
4. UAA will provide a qualified instructor to review each student's progress toward accomplishing course objectives and will solicit the assistance of the Affiliate in evaluating each student's progress.
5. UAA will require participating students to abide by the rules of dress and conduct and other reasonable regulations of the Affiliate, to maintain medical and hospital insurance, and to exercise the highest degree of care when using the Affiliate's supplies and equipment.

B. Affiliate's Responsibilities

1. Affiliate will accept approximately 10 students for placement each semester, recognizing that there may be some semesters in which no students will be assigned.
2. Affiliate will allow the UAA instructor a period of orientation in its dental facility prior to the placement of students, and will include the instructor in those meetings of the Affiliate's staff which pertain to the student's educational experience.
3. Affiliate will permit participating students and instructors reasonable use of the dressing areas, restrooms and dining or cafeteria areas of its facility, and when necessary and possible will provide an adequate classroom within the facility.
4. Affiliate will maintain adequate staff so that students are not expected, except in emergency situations, to meet Affiliate's service demands.
5. Upon reasonable and proper notice, Affiliate will allow legitimate educational accrediting bodies to examine the facility in conjunction with their review of UAA's program
6. The affiliate will require participating students to have the following screenings: R.P.R., Rubella, Hepatitis B., and P.P.D.
7. Due to the high risk nature of the working environment, the affiliate requires participants to show proof of Hepatitis B. vaccination.

C. General Provisions

1. There will be no monetary reimbursement from either party to the other for the mutual benefits received under this agreement, nor will any student be reimbursed for services performed incidental to this agreement.

