



South Carolina Department of  
Labor, Licensing and Regulation

South Carolina Board of Dentistry

# NEWSLETTER

Summer 2006

J. Douglas Snowden, DMD, Editor

Issue No. 47

## *Mission Statement*

To protect the public health, safety and welfare in the State of South Carolina by the licensure and regulation of dentists, dental hygienists and dental technicians.

## *Board of Dentistry Members*

**Michelle D. Bedell, DMD**  
President  
Blacksburg

**J. Douglas Snowden, DMD**  
Vice President  
Florence

**Tanya S. Riffe, RDH**  
Secretary  
Ravenel

**William D. Cranford, Jr., DMD**  
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Rock Hill

**William H. Bragdon, DDS**  
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Mt. Pleasant

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Cayce

**Thomas M. Dixon, DMD**  
Honea Path

**Genie M. Duncan**  
West Columbia

## *Clinical Licensure Examinations*

As the State Boards of Dentistry continue their efforts to develop one examination format, the South Carolina Board believes that national licensure examinations will provide licensee mobility by allowing licensees greater freedom of movement to practice in different states. The Board also believes that the establishment of uniform testing standards will enhance the protection of the public.

The American Dental Licensure Examination (ADLEX) was administered at the Medical University of South Carolina (MUSC) College of Dental Medicine on April 21, 2006. The American Dental Hygiene Licensure Examination (ADHLEX) will be available in the near future. The Board of Dentistry will accept candidates for licensure that have passed the ADLEX and the ADHLEX provided all other requirements for licensure have been fully completed.

On February 24, 2006, the Board signed a Membership and Examination Acceptance Agreement with the American Board of Dental Examiners (ADEX) and the Central Regional Dental Testing Services, Inc. (CRDTS). CRDTS will administer the clinical examinations developed by ADEX (dental and dental hygiene) at MUSC on behalf of the Board. The ADLEX is delivered in an integrated format as five independent sections scheduled during appropriate curriculum checkpoints. The clinical skills sections are 1) Periodontics; 2) Prosthodontics; 3) Endodontics; 4) Restorative Dentistry, and 5) Applied Diagnosis and Treatment Planning. The ADHLEX will consist of two sections: 1) Patient Assessment, Scaling and Plaque/Stain Removal and 2) Treatment Standards.

The SC Board of Dentistry continues to accept the results of the Southern Regional Testing Agency, Inc. (SRTA) dental and dental hygiene clinical licensure examinations. SRTA exams were administered at MUSC on March 24, 2006.

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[www.llr.state.sc.us](http://www.llr.state.sc.us)

**CHANGE OF NAME and/or ADDRESS REMINDER:** To ensure receipt of important information from the Board, you must contact the Board office with any changes in name or address. Name changes require a copy of a court order, marriage certificate, divorce decree or other official document.

### Instructions for Accessing the Board's Web site

Log on to [www.llr.state.sc.us](http://www.llr.state.sc.us)  
Click on "Licensing Boards"  
Select "Board of Dentistry"

The statutes, regulations, CDC Guidelines for Infection Control, meeting minutes, complaint and other forms, applications, and licensure verification are all available at this Web site.

## ***Disciplinary Hearing Panels Authorized***

SC Code Ann. Section 40-1-90 authorizes the Board to designate a hearing officer or hearing panel to conduct hearings or take other action as may be necessary under this section. At its meeting on Sept. 10, 2005, the Board adopted a policy whereby panel members are appointed to serve on the Board's disciplinary hearing panels.

### ***Disciplinary Process***

Pursuant to SC Code Ann. Sections 40-15-180, 40-15-200, 40-1-90 and 40-1-120.

#### **Initial Complaint**

An initial complaint is a brief statement of the alleged misconduct on the part of a dentist or dental hygienist licensed to practice in SC or a dental technician registered to perform dental technological work in SC. Once received by the Board office, an initial complaint is referred to the Office of Investigation and Enforcement (OIE) which will review the allegations and, if appropriate, conduct a preliminary investigation and prepare the results for presentation to the Investigative Review Committee (IRC) and the Board.

#### **Administrative Initial Complaint Dismissed**

If the Board finds that, upon recommendations of the IRC, the initial complaint along with the investigative findings (report) does not state facts sufficient to charge misconduct, the initial complaint is dismissed. OIE will notify the complainant as well as the licensee that the matter has been dismissed.

#### **Formal Complaint**

If the Board finds, upon recommendation of the IRC, that an initial complaint warrants a hearing before a hearing panel, a Formal Complaint is authorized. A Formal Complaint is a formal written complaint alleging misconduct on the part of a dental professional licensed to practice in this State (designated as the Respondent).

#### **Formal Complaint Issued**

The Office of General Counsel (OGC) will prepare a Formal Complaint of alleged violations of the Dental Practice Act. The Formal Complaint (and Notice), signed by the prosecuting attorney and the State Board's president or vice president, is sent to the Respondent by certified mail. The Respondent has 30 days to file, with the Board, an Answer to the Formal Complaint.

#### **Panel Hearing**

After the Respondent files an Answer, a panel hearing will be held upon 30 days notice to the Respondent and/or counsel. A panel consisting of not less than three and no more than five members will convene to conduct a panel hearing. A court reporter will be present to make a verbatim transcript of the testimony and exhibits.

#### **Duty of the Panel**

If a panel finds that the charges in a Formal Complaint are not supported by the evidence or do not merit taking disciplinary action, the panel will make a certified report of the proceedings, including its findings of fact and recommendations, and file the report with the Administrator.

If the panel finds and determines that the Respondent is guilty of misconduct meriting a sanction, it will make a certified report of the proceedings before it, including its findings of fact, conclusions and recommendations, and will file the report, together with a transcript of the testimony taken and exhibits, with the Administrator.

#### **Review by the Board**

After the panel has filed its report, the Board, through its Administrator, will give 30 days notice to the Respondent and/or counsel of the time and place at which the Board will convene to consider the report for the purpose of determining its final action. The Respondent and/or counsel may appear before the Board at the hearing and submit briefs and be heard in oral argument in opposition to, or in support of, the recommendations of the hearing panel.

Upon consideration of the report of the panel and of the showing made to the Board, the Board may 1) refer the matter back to the panel for further hearing; 2) order a further hearing before the said Board; or 3) proceed upon the certified report of the prior proceedings before the panel.

#### **Duty of the Board after Review**

Upon its final review, the Board may either dismiss the Formal Complaint or find that Respondent has violated the Dental Practice Act or other provisions of law. If the Formal Complaint is dismissed, the Administrator of the Board will notify the Respondent, personally or through counsel, and the initial complainant of such dismissal.

If the Board determines that the Respondent has committed misconduct meriting a sanction, it will make a final certified report of the proceedings before it, including its findings of fact, conclusions of law, and decision of sanction. The final certified report, together with a transcript of the testimony taken and exhibits, is filed with the Administrator. The Respondent, personally or through counsel, is notified of such action, enclosing a copy of the Board's findings of fact, conclusions of law, and decision of sanction.

#### **Appeal of the Board's Decision**

Any action by the Board is subject to review by an administrative law judge upon petition for review filed by the Respondent within 30 days from the date of delivery of the Board's decision to the Respondent or counsel. The petition is filed with an administrative law judge and a copy served upon the Board administrator.

#### **Proceedings Private Until Filed**

Unless and until otherwise ordered by the Board, all proceedings and documents relating to Formal Complaints and hearings thereon and to related proceedings shall be private, unless the Respondent requests, in writing, that they be public.

### **COMPLAINT FORM**

If you believe the practice or service provided by a licensed professional or registrant to be unethical, below an acceptable standard of care, or outside the scope of the profession, or if you are aware of unlicensed practice, you may file a complaint with the Board by downloading a "Complaint Form" located under "Applications / Forms" on the Web page.

### ***Board Elects New Officers***

At its Jan. 13, 2006 meeting, the Board of Dentistry elected the following officers for 2006-2007:

Michelle D. Bedell, DMD, president	(7/1/06 - 12/31/06)
William D. Cranford, DMD, president	(1/1/07 - 6/30/07)
J. Douglas Snowden, DMD, vice president	(7/1/06 - 6/30/07)
Tanya S. Riffe, RDH, secretary	(7/1/06 - 6/30/07)

### ***New Board Member Elected from Fourth Congressional District***

Congratulations to **Dr. David W. Jones**, of Spartanburg, on his recent election to the Board of Dentistry. He will represent the 4<sup>th</sup> Congressional District effective Jan. 1, 2007. Dr. Jones was unopposed in the election. His name has been submitted to Gov. Mark Sanford for appointment.

### ***DDS – Doctor of Dental Surgery or DMD – Doctor of Dental Medicine?***

DDS or DMD indicates the degree awarded upon graduation from dental school to become a general dentist. There is no difference between the two degrees; dentists who have a DMD or DDS have the same education. Universities have the prerogative to determine what degree is awarded. Both degrees use the same curriculum requirements set by the ADA's Commission on Dental Accreditation. Generally, three or more years of undergraduate education plus four years of dental school is required to graduate and become a general dentist. State licensing boards accept either degree as equivalent, and both degrees allow licensed individuals to practice the same scope of general dentistry. Additional post-graduate training is required to become a dental specialist.

### ***Definitions of Dental Specialties***

Board Reg. 39-11(4-C), states, "Dentists who choose to announce specialization should use "specialist in" and shall limit their practice exclusively to the announced special area(s) of dental Practice, provided at the time of announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association."

The SC Board of Dentistry recognizes all of the dental specialties recognized by the American Dental Association (ADA). Listed below are the approved dental specialties and their definitions approved by the Council on Dental Education and Licensure of the ADA.

***Dental Public Health*** is defined as the science and art of preventing and controlling dental diseases and promoting dental health throughout organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. (adopted May 1976)

***Endodontics*** is defined as the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions. (adopted Dec. 1983)

***Oral and Maxillofacial Pathology*** is defined as the specialty of dentistry and discipline pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations. (adopted May 1991)

***Oral and Maxillofacial Radiology*** is defined as the specialty of dentistry and discipline of radiation concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region. (adopted April 2001)

***Oral and Maxillofacial Surgery*** is defined as the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region. (adopted Oct. 1990)

***Orthodontics and Dentofacial Orthopedics*** is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. (adopted April 2003)

***Pediatric Dentistry*** is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. (adopted 1995)

***Periodontics*** is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues. (adopted Dec. 1992)

***Prosthodontics*** is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes. (adopted April 2003)

### ***State Board Infiltration Anesthesia Exam***

The State Board Infiltration Anesthesia Examination is offered four times per year. The final exam of 2006 will be on Oct. 13, 2006; deadline for applications is Sept. 29, 2006. Contact the Board office (803) 896-4599 for information and application.

## *Legislative Update*

Effective 6/14/06, SECTION 1. Chapter 15, Title 40 of the 1976 Code is amended by adding Section 40-15-172.

### **Section 40-15-172. Registration of mobile and portable dental facilities; operating requirements.**

(A) (1) An organization or dental practice utilizing a licensed dentist to operate one or more mobile dental facilities or portable dental operations shall register with the board by submitting an application in the form and manner required by the board and shall pay a registration fee, as established by the board in regulation. These fees must be adjusted in accordance with Chapter 1 of Title 40.

(2) If the ownership of a mobile dental facility or portable dental operation changes, a new registration must be obtained from the board.

(3) An applicant shall submit proof of registration with the Secretary of State, as may be required by law, authorizing the entity to do business in this State.

(B) A registrant, in addition to the other requirements of this section, shall ensure that:

(1) a dentist licensed to practice in this State is responsible at all times for services provided at a mobile dental facility or portable dental operation;

(2) dental services provided at a mobile dental facility or portable dental operation are provided by persons authorized by law to provide these services;

(3) each dentist and dental hygienist providing dental services in a mobile dental facility or portable dental operation displays his or her authorization to practice in this State in plain view of patients;

(4) dental and official records are maintained and available for inspection and copying upon request by the board;

(5) a confidential written or electronic record is maintained at each mobile dental facility or portable dental operation documenting each location where services are provided, including:

(a) the street address of the service location;

(b) the dates and times at each service location;

(c) the dental services provided to each patient by name;

(6) confidential written or electronic records, maintained in accordance with item (5), are available to the board on request and that costs for providing these records are borne by each mobile dental facility or portable dental operation;

(7) a written procedure for emergency or follow-up care for patients treated in the mobile dental facility or portable dental operation is kept where services are being provided and that this procedure includes prior arrangements for emergency or follow-up treatment in a medical or dental facility, as may be appropriate, located in the area where services are being provided;

(8) communication devices are available to enable immediate contact with appropriate persons in the event of a medical or dental emergency;

(9) the mobile dental facility or portable dental operation complies with all applicable federal, state, and local laws, regulations, and ordinances including, but not limited to, those concerning radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, and federal Centers for Disease Control guidelines, and the registrant possesses all applicable county, state, and city licenses or permits to operate the unit at the location where services are being provided; and that carbon monoxide detection devices are installed and in proper working order in mobile dental facilities only;

(10) during or at the conclusion of each patient's visit to the mobile dental facility or portable dental operation, the patient, or patient's parent or guardian if the patient is a minor, is provided with an information sheet and that if the patient has provided consent to an institutional facility to assist in the patient's dental health records, the institution is provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long term care facility or school, and that the information sheet includes the following:

(a) pertinent contact information as provided by this section;

(b) the name of the dentist and other dental staff who provided services and their license numbers, if applicable;

(c) a description of the treatment rendered, including billed service codes and fees associated with treatment and tooth numbers when appropriate;

(d) a description of any dental needs either observed during a hygienist's screening or diagnosed during a dentist's evaluation;

(e) a recommendation that the patient see another dentist if the mobile dental facility or the portable dental operation is unable to provide the follow-up treatment described in subitem (d);

(11) patient records are maintained by the registrant in a secure manner and that notice is given to the board not less than thirty days before any transfer of records from the registrant's possession.

(C) A violation of a provision of law or regulation regulating the practice of dentistry, dental hygiene, or the operation of mobile dental facilities or portable dental operations may result in disciplinary action as provided in this chapter.

(D) A person or entity that is not registered with the board in accordance with this section is not entitled to reimbursement or other compensation for any services provided in this State.

(E) For the purposes of this section 'mobile dental facility or portable dental operation' means a facility or operation that is not confined to a single building and that can be transported from place to place."

Effective 6/23/06, Board Regulation 39-1, **License to Practice Dentistry**, was amended by the addition of new subsection D.

**Reg. 39-1(D)**. Dentists licensed in any state or territory of the United States may be issued a license to practice dentistry in this State if the applicant complies with the provisions of Regulation 39-1(B) and Section 40-15-275 and pays a fee of \$2000.00. The Board may waive \$1500.00 of the fee upon agreement with an applicant to practice exclusively in a rural county for not less than two consecutive years.