

Sunset Report
Board of Dental Examiners
Birmingham, Alabama

October 1, 2023 through September 30, 2025

ALABAMA DEPARTMENT OF
EXAMINERS of Public Accounts

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October 28, 2026

Representative Margie Wilcox
Chairman, Sunset Committee
Alabama State House
Montgomery, Alabama 36130

Dear Representative Wilcox:

This report was prepared to provide information for use by the Sunset Committee in conducting its review and evaluation of the operations of the Board of Dental Examiners in accordance with the ***Code of Alabama 1975***, Section 41-20-9.

The report contains unaudited information obtained from the management, staff, and records of the Board of Dental Examiners in addition to information obtained from other sources.

Please contact me if you have any questions concerning this report.

Sincerely,

Rachel Laurie Riddle
Chief Examiner

Examiner
Charnelle Martin

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PROFILE

Purpose/Authority

The Board of Dental Examiners (the "Board") was created by Act Number 90, Acts of Alabama 1880-81 to regulate the practice of Dentistry in the State of Alabama. The Board's statutes were updated by Act Number 100, Acts of Alabama 1959 to provide for the regulation, examination, investigation, and licensing of persons engaged in the practice or teaching of dentistry, the practice of dental hygiene, or the operation of dental laboratories; authorizing the suspension and revocation of such licenses; providing for the administration and enforcement of the Act, imposing fees, and charges, making appropriations, prescribing penalties, and repealing conflicting laws.

The Board's current statutory authority is found in the ***Code of Alabama 1975***, Sections 34-9-1 through 34-9-29, 34-9-40 through 34-9-47, 34-9-60 through 34-9-65, 34-9-80 through 34-9-90 and 34-38-1 through 34-38-8. The mandated function of the Board is to protect the public of the State of Alabama in matters relating to dentistry through, among other things, licensing applicants who seek to practice dentistry or dental hygiene and disciplining dentists and dental hygienists who violate the provisions of the Alabama Dental Practice Act.

The Board licenses qualified applicants as dentists or dental hygienists. The Board permits qualified dentists to use general anesthesia and intravenous sedation in their practices. The Board administers the Alabama Dental Hygiene Program (ADHP) for the training of dental hygienists. The Board performs initial inspections of facilities, equipment, and dental personnel for first time applicants for general anesthesia and parenteral (intravenous) sedation permits. The Board also inspects mobile and portable dental clinics and annually issues state-controlled substance registration certificates to licensees.

The Alabama Uniform Controlled Substance Act established by Act Number 1407, Acts of Alabama 1971, enumerated as the ***Code of Alabama 1975***, Section 20-2-1 through 20-2-302 was created as part of the state's effort to classify, regulate, and prevent abuse of controlled substances. The ***Code of Alabama 1975***, Section 20-2-51 requires every person who manufactures, distributes, or dispenses any controlled substance within this state or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance within this state to obtain annually a registration issued by the certifying boards in accordance with its rules. The ***Code of Alabama 1975***, Section 20-2-217 requires each licensed dentist to obtain a Qualified Alabama Controlled Substances Registration Certificate authorizing the licensee to prescribe or dispense controlled substances.

Characteristics	
Members and Selection	The Board consists of seven members: • One member selected by the Alabama Dental Society. • Five dentists, elected by all licensed dentists residing and practicing in the state. Candidates may be nominated by any group of ten or more licensed dentists residing and practicing in the state. • One dental hygienist, elected by all licensed dental hygienists residing and practicing in the state. Candidates may be nominated by any group of ten or more licensed dental hygienists residing and practicing in the state. ***Code of Alabama 1975***, Section 34-9-40
Term	• Members serve five-year terms. • Every elected member's term shall begin immediately upon taking an oath to properly and faithfully discharge the duties of his or her office and until his or her successor is elected and qualified. • A member elected or appointed shall not at the expiration of the term be eligible to succeed himself or herself. ***Code of Alabama 1975***, Section 34-9-40
Qualifications	• Members must have been actively engaged in the practice of dentistry/dental hygiene in the State of Alabama for at least five years preceding the date of their election. • Each member of the Board shall be a citizen of the state. • No member of the Board shall be a member of the faculty of any dental school, dental college, dental hygiene school, or dental hygiene college or receive any financial benefits for teaching in any dental school, dental college, dental hygiene school, or dental hygiene college. • No member of the Board shall have a financial interest in a commercial dental laboratory or a dental supply business. ***Code of Alabama 1975***, Section 34-9-40
Consumer Representation	No specific statutory requirement.

Racial Representation	No specific statutory requirement. One minority member serving.
Geographical Representation	No specific statutory requirement.
Other Representation	The membership of the Board shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state. ***Code of Alabama 1975,*** Section 34-9-40
Compensation	Board members receive compensation in a sum fixed by the Board for each day actively engaged in the duties of their office. Additionally, Board members shall receive the same per diem and travel allowance as is paid by law to state employees for each day actively engaged in the duties of their office. The secretary-treasurer shall receive such compensation as may be fixed by the Board, which shall be in addition to his or her per diem and expenses. ***Code of Alabama 1975***, Section 34-9-41 The Board members receive $100.00 per hour, not to exceed $300.00 in any single calendar day, as compensation for the performance of their official duties. Compensable official activities include: • Participation in official public meetings of the Board, including participation by remote means as authorized in ***Code of Alabama 1975***, Section 36-25A-5.1. • Documented time spent in review of assigned cases while serving on an Investigative or Complaint Review Team. • Any other official activity authorized in advance by the Board. • Board members who participate in the licensing examinations conducted by an approved testing agency shall be compensated by the testing agency, and not by the Board. ***Administrative Rule*** 270-X-1.08 The secretary/treasurer of the Board of Dental Examiners receives $400.00 per month compensation in addition to the per diem and expenses received as a Board member. ***Source:*** Interim Executive Director

Attended Board Member Training	Three Board members Five Former Board members Five Staff members One Former Staff Member Two Former Executive Directors
<u>Operations</u>	
Administrator	Ms. Sharon Thomas serves as the Interim Executive Director Annual Salary: $156,000.00 Appointed by the Board ***Code of Alabama 1975***, Section 34-9-43(8)(a)
Location	2229 Rocky Ridge Road Birmingham, AL 35216 Office Hours: Monday – Friday 8:00 am – 5:00 pm
Real Property Ownership	The Board owns the property located at 2229 Rocky Ridge Road, Birmingham, AL. This property is used as the Board's office.
Employees	Nine employees
Legal Counsel	Tara G. Hetzel and Cameron Elkins, employees of the Attorney General's Office, provide legal counsel to the Board. ***Code of Alabama 1975***, Section 34-9-43(8)(b)
Subpoena Power	In all matters pending before it, the Board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, and records, documentary evidence and materials or other evidence. ***Code of Alabama 1975***, Section 34-9-46
Internet Presence	https://dentalboard.org/ The Board's website includes financial reports, a fee schedule, a list of all individuals licensed with the Board, minutes of the Board's meetings, current rules, current statutes, announcements, and newsletters. ***Code of Alabama 1975***, Section 34-9-43(a)(11)

Financial

Source of Funds

Licensure fees, annual renewal license certificate fees, examination fees, fines, and penalties.

State Treasury

No, the Board operates outside the State's Treasury. The secretary treasurer shall deposit to the credit of the Board all funds paid to the Board in a bank selected by its members.

The Board maintains the following accounts with Synovus Bank:

- Checking Account
- Money Market Account

Code of Alabama 1975, Section 34-9-41

Required Distributions

None.

Unused Funds

The Board retains unused funds at the fiscal year-end.

Licensure

Licensees

As of January 29, 2026:

Licensees:

Dental License	2,556
Dental Hygienist License	4,485
Special Purpose License	3
Retired/Disabled License	53
Military Spouse License	8
Total	**7,105**

Permits:

Controlled Substance Permit	2,054
General Anesthesia Permit	244
Hygiene Filtration Permit	702
Oral Conscious Sedation Permit	212
Parenteral Sedation Permit	52
Special Teaching Permit	17
Teaching Permit	13
Portable Unit Permit	32
Mobile Dental Facility Permit	5
Total	**3,331**

Source: Interim Executive Director

Licensure Qualifications	**<u>Dental License</u>** • Every individual who desires to practice dentistry within the State of Alabama shall file an application accompanied by the appropriate fee prescribed by the Board and: ▪ Shall be at least 19 years of age. ▪ Be of good moral character. ▪ Be a citizen of the United States or legally present. ▪ Be a graduate of a dental school or college accredited by the American Dental Association Commission on Dental Accreditation and approved by the Board. ▪ Must successfully complete the National Board Dental Examination Parts one (1) and two (2), or the Integrated National Board Dental Examination, administered by the Joint Commission on National Dental Examinations. ▪ Shall satisfy any other requirement set forth in any rule adopted by the Board. **<u>Dental Hygienist License</u>** • Applicants for licensure must: o Passed the examination and been found qualified by the Board. o Be 19 years of age. o Be of good moral character. o Each applicant for examination and license as a dental hygienist shall meet either of the following requirements: ▪ Has graduated from a school of dental hygiene that has been approved by the Board. ▪ Has served as a dental assistant for a period of time established by Board rule and has served at least one year as a dental hygienist trainee under a training permit issued by the Board to a qualified dentist practicing in this state in accordance with the dental hygienist training program established by the Board. **<u>Special Purpose License</u>** • Shall meet the requirements for applicants seeking licensure by credentials. • An applicant only desiring to practice a specialty shall satisfy the following requirements: • The specialty shall be one in a branch of dentistry approved by the Board. • Satisfy the existing educational requirements and standards set forth by the Board for that approved specialty. • Limit his or her practice exclusively to the announced special area or areas of dental practice.

Licensure Qualifications (continued)

Military License

- A Service-Connected Practitioner who meets the following requirements can become licensed by meeting the following:
  - Holds one or more Qualifying License(s), all of which are in good standing.
  - Has engaged in the active practice of dentistry or dental hygiene for the 24 months preceding the military orders.
  - Has relocated his residency because of military orders.
  - Submits a completed application, supporting documentation, and the processing fee.

Special Volunteer License

- Applicants seeking this license must:
  - Hold a license to practice dentistry or dental hygiene in another state or the District of Columbia and not be subject to any pending disciplinary action by any applicable licensing authority.
  - Submit a completed application and fee.

Code of Alabama 1975, Sections 34-9-10, 34-9-10.1, and 34-9-26
Administrative Rules 270-X-2-.19, 270-X-3-.03, 270-X-4-.11

Examinations

Dental Examinations

The INBDE is a two-day examination, which replaces the NBDE Part I and NBDE Part II, and is designed to provide information to U.S. dental boards seeking to determine whether licensure candidates have the necessary level of clinical skills to safely practice entry-level dentistry.

University of Alabama-Birmingham (UAB): School of Dentistry

Integrated National Board Dental Examinations (INBDE)

Graduating Year	# of Students	% Passed
2024	84	100%
2025	82	100%

Additionally, to apply for licensure, an applicant must have successfully passed a regional examination within the five (5) years immediately preceding their application.

Clinical Examination Passing Rates

Graduating Year	ADEX*	CRDTS**
2024	100%	100%
2025	100%	100%

*American Board of Dental Examiners
**Central Regional Dental Testing Services

Examinations (continued)

Dental Hygienists Examinations

Applicants for a license to practice dental hygiene in Alabama must pass examinations specified by the Board. Additionally, to apply for licensure, an applicant must have successfully passed a regional examination within the five (5) years immediately preceding their application.

Wallace State Community College: Dental Hygiene Program

National Board Dental Hygiene Program (NBDHE)

Graduating Year	% Passed
2024	85%
2025	83%

State/Regional Boards: First Attempt

Graduating Year	% Passed
2024	89%
2025	92%

Calhoun Community College: Dental Hygiene Program

National Board Dental Hygiene Program (NBDHE)

Graduating Year	% Passed
2024	100%
2025	90%

State/Regional Boards: First Attempt

Graduating Year	# of Students	% Passed
2024	12	100%
2025	10	100%

Fortis Institute: Dental Hygiene Program

State/Regional Boards: First Attempt

Graduating Year	# of Students	% Passed
2024	18	100%
2025	19	100%

Alabama Dental Hygiene Program (ADHP)
Passing Percentages for ADEX Dental Hygiene Examination

Graduating Year	# of Students	% Passed
2024	123	99.2%
2025	157	100%

Source: Executive Director and staff

Reciprocity	Any applicant who possesses a current license in any state, who has passed an examination approved by the Board, and who has, since graduation from dental or dental hygiene school, practiced or participated in a clinical residency or practiced dentistry or dental hygiene in the Armed Forces or with the public health service shall be eligible for licensure if his or her application is received by the Board within five years of the completion of the subject residency or Armed Forces or public health service commitment. There are no state specific agreements. ***Code of Alabama 1975***, Section 34-9-10(c)
Renewals	Every dentist and dental hygienist licensed or permitted to practice are required to submit their renewal form and fees annually on or before October 1st. Licensees with a special purpose license to practice dentistry across state lines must submit a completed renewal form prescribed by the Board on or before October 1st of the third year of the license. Failure to secure the annual registration certificate by the 1st of January will result in automatic revocation of the special purpose license to practice dentistry across state lines. 93% of licenses and permits were renewed online in FY 2025. ***Code of Alabama 1975***, Sections 34-9-15 and 34-9-10 ***Administrative Rule*** 270-X-2-.18 ***Source:*** Executive Director
Licensee Demographics	Data not collected by the Board.

Continuing Education	**<u>Dentists</u>** • Must complete 20 hours of continuing education every year as a condition of licensure renewal. ▪ A minimum of 10 hours shall be live training. ▪ Maintain current certification in Basic Life Support training. ▪ Minimum of 1 hour of prescribing of controlled substances training. ▪ A dentist holding an active sedation or anesthesia related permit must maintain a certification in Advanced Cardiac Life Support. ▪ A dentist with an active oral conscious sedation permit must complete 2 hours of training related to sedation and/or anesthesia annually. ▪ Minimum of 1 hour of training in infectious disease control. ▪ Minimum of one hour of ethical considerations in the practice of dentistry training. ▪ May earn up to a maximum of four hours for pro bono charitable work performed within the state. One hour of credit awarded for two hours of service. **<u>Dental Hygienists</u>** • Shall complete 12 hours of continuing education every year as a condition of licensure renewal. ▪ A minimum of six hours shall be live training. ▪ Maintain current certification in Basic Life Support training. ▪ Minimum of one hour of training in infectious disease control. ▪ Minimum of one hour of ethical considerations in the practice of dentist hygiene training. ▪ May earn up to a maximum of four hours for pro bono charitable work performed within the state. One hour of credit awarded for two hours of service. ***Code of Alabama 1975***, Section 34-9-15 ***Administrative Rule*** 270-X-4-.04

COMPLAINT HANDLING

The Board's ***Administrative Rule*** 270-X-5-.06 states the Board shall investigate complaints of alleged violations of the provisions of the ***Code of Alabama 1975***, Sections 34-9-1 through 34-9-90, or of the drug or controlled substances laws by persons licensed pursuant to the provisions of the ***Code of Alabama 1975***, Sections 34-9-1 through 34-9-90, following the complaint policies approved by the Board and kept on file at the Board's offices and effective at the time the complaint is received.

Initial Contact/ Documentation	Any person can file a complaint: consumers, licensees, Board members, and Board employees. A formal written complaint can be filed with the Board using an established complaint form provided by the Board, which is located on the Board's website. ➢ A written complaint can be accepted for review by the Board only if (1) it is notarized; (2) it identifies a specific dental/dental hygiene practitioner; and (3) the issue being reported happened within the 4 years preceding the filing of the complaint. An oral complaint can be accepted for review by the Board only under very limited circumstances. Those circumstances include, but are not limited to: ➢ The complaint is from a governmental agency, healthcare provider, regulatory board, educational institution responsible for teaching dentists/dental hygienists, or a reporting agency. ➢ The complaint is made to the chair of the Alabama Dental Professionals Wellness Committee regarding a wellness/impairment issue of a practitioner. At minimum, the complainant must identify him/herself, provide contact information, and provide adequate detail before the complaint can be accepted. The Board issues a receipt letter to the complainant confirming review of the complaint.
Anonymous Complaints Accepted	No

Investigative Process/ Probable Cause Determination	The Executive Director or their designee reviews complaints to confirm the complaint meets minimum requirements, including Board jurisdiction. If the complaint does not qualify, a letter of explanation will be sent to the complainant explaining that an investigation cannot be initiated. If the complaint is within the Board's jurisdiction, the Executive Director, or their designee, identifies and assigns a Board member as Team Leader. If an active or former board member reports an adverse occurrence, the Team Leader shall assign the case to an outside expert to review. If the outside expert identifies a potential standard of care violation, the case will be forwarded to the Alabama Attorney General's Office for investigation. If no standard of care issue is identified, the case will be disposed of by the Board. A complaint alleging drug, alcohol, wellness (physical/mental), or a combination of these types of issues involving a dental/dental hygiene practitioner may include the chair of the Alabama Dental Professionals Wellness Committee as part of the investigation. The Team Leader presents the investigative findings to the full Board with a recommendation. The Team Leader is recused from voting.
Negotiated Settlements	Yes, negotiated settlements are accepted.
Notification of Resolution to the Complainant	Once a case is closed, the complainant and respondent each receive a letter of the Board's decision.

Source: Board's Complaint and Investigation Policy and Board Staff

Complaint Data

Schedule of Complaints Resolved Fiscal Year 2024 through 2025				
Year/Number of Complaints Received	**Year/Number Resolved**			
	2024	**2025**	**2026**[1]	**Pending**
2024 / 455	385	60	1	9
2025 / 213	[redacted]	183	24	6
[1]As of May 12, 2026 ***Source:*** Board Staff				

Average Time to Resolve Complaints - 77 business days.

Cases pending for more than one year are due to matters referred to the Attorney General's Office, Respondent's hiring legal counsel, or ongoing investigations.

Disposition of Resolved Complaints

Number of Complaints	Resolution
334	Administrative Fines (Non-Disciplinary)
158	No Evidence to Sustain
105	Consent Orders
44	No Action
5	Outside Jurisdiction
4	Cease and Desist Letter
1	Voluntary Surrender
1	Reinstatement
1	Fines

SIGNIFICANT ISSUES

Significant Issue 2026-001: The Board did not report its January 1, 2019 acquisition of real property to the Department of Conservation and Natural Resources, State Lands Division as required. The Board was previously informed of the requirement on July 11, 2024. Once brought to the attention of the Board's staff again, this error was corrected on February 2, 2026.

Code of Alabama 1975, Sections 9-15-8 and 9-2-121(c) require state departments and institutions that hold or acquire legal title to land to file all deeds and related instruments in the county where the land is located. These laws also require departments to submit a list of all such properties to the State Lands Division, with parcels properly numbered and legally described.

Significant Issue 2026-002: The Board failed to reinstate the previous fee amounts charged for the Mobile Dental Facility/Portable Dental Operation Certificate of Registrations resulting in applicants being improperly charged those amounts instead of the temporary fee set by the Board. During the August 16, 2024 Board meeting, the Board discussed amending ***Administrative Rule*** 270-X-4-.09 to allow the waiver of the $750 initial fee and $500 renewal fee for the Mobile Dental Facility/Portable Dental Operation Certificate of Registration for Board-approved charitable events. While the amended rule proceeded through the formal rulemaking process, the Board voted to temporarily reduce both fees to $1.00. The Executive Director indicated that this temporary fee structure would remain in place until the amended rule was formally approved and became effective.

During the November 8, 2024 Board meeting, a public hearing was held regarding the amendments to ***Administrative Rule*** 270-X-4-.09, and the Board voted to approve the proposed amendments. Once certified, the rule was scheduled to take effect on January 11, 2025. However, the Board did not take action to reinstate the $750 initial fee and $500 renewal fee for the Mobile Dental Facility/Portable Dental Operation Certificate of Registration. Therefore, the Board should have continued to assess the temporary $1.00 fee until the Board formally voted to restore the original fee amounts. However, the Board charged two applicants $750 for initial Mobile Dental Facility/Portable Dental Operation Certificate of Registration and charged six applicants $500 for the Certificate of Registration renewals.

The ***Code of Alabama 1975***, Section 34-9-16 requires that the Board not charge more than $750 application fee and no more than $500 renewal fee for the Mobile Dental Facility/Portable Dental Operation Certificate of Registration.

Significant Issue 2026-003: The Board did not have contracts in place for professional services of four expert witnesses and one professional service for security. These services were utilized without formal agreements as required.

The Board is responsible for ensuring payments are made only for goods and services received and accepted pursuant to contractual terms and conditions. Additionally, the Board is responsible for ensuring contracts are in effect before any payments are made. Further, **Executive Order 726**, Section 3(a)(i), effective January 17, 2023, states "A state executive-branch agency may contract for any services necessary to accomplish its statutory purpose pursuant to applicable state procurement law, provided that the following agreements shall be subject to the Governor's approval; Contracts for professional or personal services, including legal services and administrative services, whether or not subject to review by the Contract Review Permanent Legislative Oversight Committee."

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

Prior Significant Issue 2024-001: The minutes of seventy-one Board meetings were reviewed and the following errors were noted:

- The location of the meeting was not recorded in the minutes fourteen times.
- The minutes of three meetings reflect participation and voting by a Board member, not listed as present at the meeting.
- The minutes did not reflect the Board's approval of the promotion of an investigator to the Board's Interim Executive Director.

The ***Code of Alabama 1975***, Section 36-25A-4 states, "A governmental body shall maintain accurate records of its meetings, excluding executive sessions, setting forth the date, time, *place, members present or absent, and action taken* at each meeting. Except as otherwise provided by law, the records of each meeting shall become a public record and be made available to the public as soon as practicable after approval."

The ***Code of Alabama 1975***, Section 36-25A-7(b) states, "A governmental body desiring to convene an executive session, other than to conduct a quasi-judicial or contested case hearing, shall utilize the following procedure:

> (1) A quorum of the governmental body must first convene a meeting as defined in Section 36-25A-2(6) a.1 and 2.
> (2) A majority of the members of the governmental body present must adopt, by recorded vote, a motion calling for the executive session and setting out the purpose of the executive session, as provided in subsection (a). If subsection
> (a) requires an oral or written declaration before the executive session can begin, such oral or written declaration shall be made, prior to the vote.
> (3) The vote of each member shall be recorded in the minutes.
> (4) Prior to calling the executive session to order, the presiding officer shall state whether the governmental body will reconvene after the executive session and, if so, the approximate time the body expects to reconvene."

Current Status: Unresolved. The Board did not comply with all requirements of the Open Meetings Act. The minutes of thirty-nine Board meetings were reviewed, and the following errors were noted:

- The Board entered into executive sessions during four different meetings. In each instance, the Board did not state the purpose of the executive session; and during one meeting the Board did not state whether the governmental body would reconvene after the executive session, nor the expected duration of the executive session.
- The minutes did not reflect the approval or adoption by the Board of minutes of meetings held on July 11, 2024 and October 11, 2024.

<u>Prior Significant Issue 2024-002</u>: Based on the review of minutes of the Board's meetings, it was noted the Board waived the following fees without statutory authority.

- On December 2, 2021, the Board waived the mobile clinic permit fee for three individuals.
- On December 8, 2023, the Board waived the application fee for a mobile dental facility and the monitoring fee for the final year of the Wellness Committee's deferral program for one hygienist.
- On February 9, 2024, the Board waived the application fee for a mobile dental facility.

Neither the Board's statutes nor their administrative rules allow the Board to grant waivers for these fees. As a result, the licensees obtained those licenses without paying the respective fees.

According to the ***Code of Alabama 1975***, Section 34-9-16**,** the Board ***shall establish and collect*** reasonable fees provided for in this chapter within the ranges set forth and without having to engage in the rulemaking process. The Board can charge no more than $1,500.00 for the Mobile Dental Application/Inspection Fee, $750.00 for a Mobile Dental Facility/Portable Dental Operation Application for Certificate of Registration Fee, and $2,000.00 for the Alabama Impaired Dental Professionals Committee Annual Monitoring Fee."

The Board's ***Administrative Rule*** 270-X-4-.09(3) related to Mobile/Portable Dental Facilities states, "No Certificate of Registration or renewal thereof shall be issued until the required fee is paid."

The Board has established the Mobile Dental Facilities/Portable Dental Operation Application for Certificate Registration Fee at $750.00, the Mobile Dental Application/Inspection Fee at $1,500.00, and the Dental Professionals Wellness Committee Monitoring Fee was $775.00 annually but increased to $1,000.00 annually in June 2022.

<u>Current Status</u>: Unresolved. The Board approved an amendment to *Administrative Rule* 270-X-4-.09 to add Section 7, which authorizes the waiver of mobile and portable fees for charitable events, despite no statutory authority to do so. A review of the Board's meeting minutes indicated that the Board continued to waive certain fees without statutory authority. The following instances were noted:

- On May 2, 2025, the Board voted to not charge the wellness monitoring fees only for non-public deferrals.
- On March 6, 2025, the Board waived two $500 mobile/portable fees for mobile dental facilities.
- On August 8, 2025, the Board waived a $500 mobile/portable fee for a mobile dental facility.
- On September 19, 2025, the Board waived a $500 mobile/portable fee for a mobile dental facility.
- On October 10, 2025, the Board waived a $500 mobile/portable fee for a mobile dental facility.

The Board's statutes do not authorize fee waivers for these fee types. As a result, the affected licensees obtained licensure without paying the required fees.

The Board's ***Administrative Rule*** 270-X-4-.09(3) related to Mobile/Portable Dental Facilities states, "No Certificate of Registration or renewal thereof shall be issued until the required fee is paid."

Additionally, the Board has an *Administrative Rule* that conflicts with its statutes. ***Administrative Rule*** 270-X-4-.09(7), states "Notwithstanding anything herein to the contrary, the Board may waive any fees that would otherwise be assessed for mobile dental facilities and/or portable dental operations in connection with a specific charitable event organized for the specific purpose of providing free or reduced cost dental care and/or education to Alabama residents who would otherwise experience substantial lack of access to dental care, if:

- The Board finds that there is a public purpose in waiving the fees;
- No Board member, Board employee, nor any family member of the foregoing will receive any personal gain; and
- The Board votes in a properly noticed public meeting to waive the fees.

Prior Significant Issue 2024-005: The Board did not post vacancy notices forty-five days prior to the expiration of seven Board members' terms. Vacancy notices were not posted for two Board members terms whose terms expired October 2019, two members terms expired October 2020, one member whose term expired October 2021, one member whose term expired October 2022 and one member whose term expired October 2023. Further, **a vacancy notice was not posted within fifteen days of one member's resignation.** As a result, potential candidates did not receive notice of vacancies and caused the Board not to receive input from all interested candidates to fill the vacancies.

The ***Code of Alabama 1975***, Section 36-14-17(c) states, "The chair of an existing board shall notify the Secretary of State by electronic means of a vacancy as follows:

- For a vacancy scheduled to occur on the board as a result of the expiration of a term, at least 45 days before the vacancy occurs.
- For a vacancy occurring for any reason other than the expiration of a term, as soon as possible, and in any case within 15 days after the occurrence of the vacancy.

Current Status: Unresolved. The Board did not post a vacancy notice within fifteen days of one member's resignation. As a result, potential candidates did not receive notice of vacancies and caused the Board not to receive input from all interested candidates to fill the vacancy.

Prior Significant Issue 2024-008: The Board did not compute and record compensatory time correctly for three employees. Compensatory time, in some cases, was computed for hours worked in excess of eight hours per day instead of a 40-hour workweek; employees were given straight time when the employee had earned compensatory time at time and half; the hours earned and/or taken according to the employee's timesheet did not get entered into the Board's Leave Accrual and Usage spreadsheet.

- One employee's compensatory leave was understated by 160:30 hours.
- One employee's compensatory leave was understated by 2:07 hours.
- One employee's compensatory leave was understated by 3:50 hours.
- One employee used 18:00 hours of compensatory time the employee did not have.

According to the ***Fair Labor Standards Act***, non-exempt employees receive overtime pay ***for hours worked over 40 in a workweek*** at a rate of not less than time and one-half their regular rate of pay.

Additionally, the Board of Dental Examiners *Policies and Procedures Manual* states "Employees should make every effort to notify the Executive Director and receive approval prior to working more than 40 hours within a work week. Non-exempt employees that work more than 40 hours within a work week are entitled to receive overtime or compensation pay at a rate of 1.5 times the hourly rate."

Once brought to the attention of the Board's staff, these errors were corrected, and the employees' leave balances were corrected.

Current Status: Unresolved. The Board did not compute and record compensatory time correctly for three employees. Compensatory time, in some cases, was computed for hours worked in excess of eight hours per day instead of a 40-hour workweek; employees were given straight time when the employee had earned compensatory time at time and a half; the hours earned and/or taken according to the employee's timesheet did not get entered into the Board's Leave Accrual and Usage spreadsheet. Once brought to the attention of the Board's staff, these errors were corrected, and the employees' compensatory leave balances were corrected.

The following errors were found when reviewing the Board's records for compensatory time:

- One employee's compensatory leave was understated by 17:47 hours.
- One employee's compensatory leave was overstated stated by 1:45 hours.
- One employee's compensatory leave was understated by 3:45 hours.

Prior Significant Issue 2023-011: The Board purchased seven meals totaling $1,541.87 for Board members, staff members, and guests attending Board meetings. These expenditures were reviewed, and the following issues were noted:

- Meals were provided for Board members, staff and guests who were not entitled to a meal allowance.
- One Board member received both a meal and claimed per diem on their travel claim.
- On seven separate occasions, costs per eligible attendees exceeded the $12.75 meal allowance by $5.86 to $36.88. These expenditures for meals exceeded the statutorily allowed amount by $1,019.13.

The ***Code of Alabama 1975***, Section 36-7-20(b) states, "No travel allowance shall be paid for a trip of less than six hours' duration. For travel which does not require an overnight stay, ***the traveler shall be paid a meal allowance of 15 percent of the regular per diem rate for a trip of from six to 12 hours' duration***, and for travel in excess of 12 hours' duration, the traveler shall be paid one meal allowance and one-fourth of the per diem allowance."

Opinion to Honorable Robert Childree, State Comptroller, dated April 26, 2001, Attorney General Opinion 2001-168 states, "The State may, however, provide refreshments and meals during a meeting that lasts through a mealtime as long as the total costs of the meals and the refreshments provided throughout the day do not exceed the amount allowable to an individual employee for in-state travel."

Opinion to Honorable N. Genelle Lee, Executive Officer, dated May 6, 2003, Attorney General Opinion 2003-137 states, "Meals and refreshments may be provided when a meeting lasts all day, and participants work through lunch or when an examination lasts all day and participants are not allowed to leave the area."

Current Status: Unresolved. The Board purchased two meals totaling $296.96 for Board members, staff members, and guests attending Board meetings. Meals were provided to persons present at the meeting who were not entitled to a meal allowance.

Prior Significant Issue 2023-016: The Board's asset listing did not reflect the purchase of five laptops, two sofas, and a conference table totaling $11,572.96.

The ***Code of Alabama 1975***, Section 36-16-8(1) states, "Except for books, the property manager shall make a full and complete inventory of all nonconsumable personal property and certain other items of personal property deemed important or sensitive enough by the Property Inventory Control Division to be included in the inventory of state property of the value of five hundred dollars ($500) or more owned by the state and used or acquired by the department or agency."

According to the State Auditor's Office Property Manual, "(B)(1) Within 30 days of receiving an item of furniture or equipment having a value of $500 or more; any item deemed sensitive by Chief, Property Division, State Auditor's Office; and all weapons; by purchase, transfer from another agency, or donation, the Property Manager shall take the following actions:

(c) Report receipt of the item to the State Auditor's Office using an automated system."

Current Status: Unresolved. The Board did not report the purchase of a credenza and television totaling $4,416.15 to the State Auditor's Office, Property Inventory Control Division.

MATTERS OF CONCERN FROM QUESTIONNAIRES

Matter of Concern 2026-001: All Board members who responded to our survey expressed that the most significant issue facing the Board is the need to update the Dental Practice Act. Additionally, two of seven specifically mentioned needed changes to the Board's election process for Board members.

Matter of Concern 2026-002: Five of seven Board members (72%) responding to our survey stated that the Board has experienced significant changes to its operations. Additionally, two of these five board members expressed concerns regarding the loss of key Board personnel.

STATUS OF PRIOR MATTERS OF CONCERN FROM QUESTIONNAIRES

Prior Matter of Concern 2024-021: Five of the eighteen (28%) dentists responding to our survey consider the Board as the most significant issue facing their profession. The comments provided by respondents indicated a negative perception of some of the Board's practices. Additionally, eight of eighteen (44%) dentists responding to our survey consider insurance to be the most significant issue facing their profession. Some of the issues cited were insurance write-offs, reimbursements, and interference with treatment.

Current Status: Unresolved. Twelve of nineteen (63%) dentists responding to our survey consider insurance to be the most significant issue facing their profession.

Prior Matter of Concern 2024-022: Eight of eighteen (44%) dentists and four of the ten (40%) dental hygienists responding to our survey think some of the Board's laws, rules, or policies are an unnecessary restriction on the practice of their professions.

Current Status: Unresolved. Ten of nineteen (53%) dentists responding to our survey think some of the Board's laws, rules, or policies are an unnecessary restriction on the practice of their professions.

Prior Matter of Concern 2024-024: Four of ten (40%) dental hygienists responding to our survey consider low wages as the most significant issue facing their profession.

Current Status: Unresolved. Four of eight (50%) dental hygienists responding to our survey stated that the most significant issue facing their profession is the low wages.

Prior Matter of Concern 2024-026: Twenty-two of thirty (73%) complainants responding to our survey do not think the Board did everything it could to resolve their complaint.

Current Status: Unresolved. Seventeen of twenty-seven (63%) complainants responding to our survey do not think the Board did everything it could to resolve their complaint.

QUESTIONNAIRES

Board Member Questionnaire

A letter was sent to all seven members of the Alabama Board of Dental Examiners requesting participation in our survey. Seven participated in our survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) currently facing the Alabama Board of Dental Examiners and how is the Board addressing these issues?**

   Board Member #1 – "Outdated Dental Practice Act. All members of the board are currently working diligently to research and look at ways to propose a modernization with updated terms and improvements to our state legislators next year."
   Board Member #2 – "Several things were done incorrectly in past years, and our current Board has worked extremely hard on ensuring these things do not recur. I wish there were ways to correct some of the negative consequences to licensees from these things in the past, but state law doesn't allow that without the Board and current Board members being named as a defendant in a lawsuit. Hoping we catch all of these errors performed in the past for the betterment of our profession, our licensees and the state of Alabama."
   Board Member #3 – "Updating the DPA to reflect advances and changes in Dentistry. By systematically reviewing the DPA and making changes to align with current public safety and practice needs."
   Board Member #4 – "The most significant issue facing the Alabama Board of Dental Examiners is the need to update the Dental Practice Act. The Board is actively engaged in a comprehensive review and revision process to modernize outdated language, clarify regulatory standards, and incorporate current dental terminology and practices. These updates are essential to improving access to care, enhancing patient safety, and ensuring that regulations reflect the realities of modern dental practice."
   Board Member #5 – "Transparency and consistency"
   Board Member #6 – "The mandate of the Board of Dental Examiners of Alabama (BDEA) is to protect the public. The idea of changing the continuing education (CE) format from its current form (10 hours in-person and 10 hours in any modality) to 20 hours per year in any modality, will not only hurt the licensees, but also the only state funded dental school and ultimately the public. The loss of "in person" CE learning courses prevents the licensees from growing with the live interaction of their peers, the open sharing of cases that are presented to dentists, and the comradery that is gained by in person learning experiences."
   Board Member #7 – "A decrease in workforce has led to a reduced access to care. Alabama is seeing a decline in dentists choosing to practice in our state, greatly driven by poor insurance reimbursement. When reimbursement remains among the lowest in the country 51 out of 51, it becomes harder to recruit and retain dentists.
   The Alabama Dental Practice Act is currently under review, presenting an opportunity for the Board to evaluate areas where it may help address access to care within its authority."

2. **What, if any, changes to the Board's laws are needed?**

Board Member #1 – "Board elections need some updates. For example, in my opinion, if a member comes off the board midterm, an election should be held to replace this member promptly. Currently it reads the most recent member comes back on for the rest of that term. This could lead to a member remaining on the board uncontested for almost 10 years straight."
Board Member #2 – "We need to fully update the Dental Practice Act, which we, as a full Board, are working on. We are hoping to have something ready to submit to the legislature by the 2027 session."
Board Member #3 – "Need to address The Electronic Dental Record, Digital Dentistry, DSOs, new practice patterns that may compromise patient safety."
Board Member #4 – "The Dental Practice Act has not undergone significant revision in over a decade. As a result, multiple updates and additions are necessary to address advancements in dental practice, workforce utilization, and patient care delivery. Revising the Act will better position the Board to meet the evolving needs of both providers and the citizens of Alabama."
Board Member #5 – "Not just board but statute. General supervision with guidelines for dental hygienist, extremely important with access to care at this time."
Board Member #6 – "A majority of the current BDEA members either have previous Consent Order violations, or their friends/associates do. Their eagerness to serve on the Board is seemingly due to a personal desire to influence revisions in laws or future Board decisions in order to prevent or somehow change actions against themselves or their colleagues. Over the past year, the Board has behaved in an embarrassingly unprofessional manner. Through the actions of some members of the Board, the AG's office has now refused to represent us past June 30, 2026. Certain Board members have exposed the Board to legal actions which are unjustified and frivolous. Certainly, modernization of some aspects of the ACT are warranted and necessary. With the current makeup of the Board, however, I feel that changes within (34-9-40) are necessary at this time in order to eliminate the constant election of self-serving Board members who are not fulfilling the mission of the Board to protect the public. I never thought I would say this, but perhaps appointed members are needed."
Board Member #7 – "Modernize supervision and delegation laws to support the workforce issue. Alabama remains the most restrictive compared to nearby states. Insurance reform/ repeal or narrow the BCBS exemption.
Add statutory language requiring the Board to consider workforce and access-to-care impact. The Board does more than protect the public. We care for the dental providers of AL and our statute needs to reflect this mission."

3. **Do you think the Board is adequately funded?**

Yes	**6**	**86%**
Unknown	1	14%

4. **Do you think the Board is adequately staffed?**

Yes	**5**	**72%**
No	2	28%

5. **Does the Board receive regular reports on its operations from the Executive Director?**

Yes	**7**	**100%**

6. **Has the Board experienced any significant change to its operations?**

Yes	**5**	**72%**
No	1	14%
Unknown	1	14%

7. **Does the Board plan to make any significant changes to its operations?**

Yes	**4**	**57%**
No	2	29%
No Opinion	1	14%

8. **Do you have any additional comments you would like to make?**

Board Member #1 – "This board is definitely moving in the right direction of proper governance and fulfilling its mission effectively. See examples below.
We identified, self-reported, and self-corrected an issue with the way our consent orders were being executed without review and vote from the entire board for many years. This vastly increased proper due process for our licensees.
We started live streaming and posting all meetings online for transparency last year.
We are working on modernizing several rules and tightening language for consistency and less ambiguity across rules.
We have begun hosting 2 town hall meetings annually for questions and answers from our licensee base."
Board Member #2 – "I have fully digested the significant findings from the 2024 Sunset Report for the Board of Dental Examiners of Alabama. I have been on the Board since Oct 2024, and the Board's goal since then is to make sure we do everything by state law, following all published Board rules also. I am hoping the Sunset Committee sees our commitment and progress, and that your findings of our positive changes will be reflected in the 2026 Sunset Report. We have the upmost respect for your committee, and have taken very seriously the task of fixing previous findings while not committing new violations. Thank you for the opportunity to be heard in this survey."
Board Member #3 – "The Board lost our ED, General Counsel, and Prosecuting Attorney. We have an interim ED, and the AG provides legal. We will have to hire these positions during 2026"

Board Member #4 – "The Board remains committed to protecting the public while supporting the dental profession. Ongoing efforts to update the Dental Practice Act and modernize regulatory processes will help ensure continued access to safe, high-quality dental care across Alabama.
It is also important to preserve a governance structure that encourages active participation from experienced and qualified dental professionals across the state. Alabama's current model, which allows licensed dentists to vote for Board representation, promotes engagement and accountability within the profession.
At the same time, Board member compensation is limited relative to the time, responsibility, and regulatory oversight required. If this is not addressed, it may become increasingly difficult to attract and retain highly qualified dentists who are willing to serve and fully commit to the work necessary to protect the public."
Board Member #5 – "Not at this time"
Board Member #6 – "We are expanding the scope of dentistry into areas that are outside our profession (i.e. cosmetic Botox). The Board of Medical Examiners (BME) issued a statement saying that the usage of cosmetic Botox is under the jurisdiction of the BME. This will probably lead to potential future litigation.
In 2025 BDEA lost three key administrative personnel (Executive Director, General Counsel and Prosecuting Counsel). Two of these long standing personnel were forced to resign. This has caused a loss of experience within the agency. For over a year, BDEA has had trouble hiring experienced individuals. This has impacted the day-to-day operations for the staff of the BDEA. One Board member illegally obtained hundreds of past licensees Consent Orders in an effort to reverse and expunge the affected licensees, which of course cannot be done. Not only has this caused strife among the licensees but there is now litigation against the Board concerning the legitimacy of these Consent Orders, as it stands currently, this Board is unable to protect the public by adequately reviewing all cases brought by patients because we do not have the staff and we are constantly having to correct the behavior of our own Board member."
Board Member #7 – "As a new Board member I appreciate this survey requesting my input. Thank you."

Dental Licensee Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Nineteen participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Poor Insurance reimbursements are forcing newly graduated dentist to leave the state."
   Respondent #2 – "Dental insurances and DSO"
   Respondent #3 – "The board is the most significant. They sometimes are not transparent or open to new ideas."
   Respondent #4 – "Special interest groups—so much of dental practices have become corporate or corporatesque. This is a problem for the patients we serve in AL. The mindset by these groups is of money value not people, i.e. performing ethical treatment at the highest standard possible. It is a question of if there are members on the AL BDE that support lowering standards/not protecting the public to help their "buddies", especially in the corporate sector. Misinformation about fluoride is a shame. And the fight to actually help our patients with dental insurance. Dental insurance is a benefit, not a true insurance. And again, special interest groups (i.e. corporate and even specialists in the dental field) should be monitored concerning over treating or creating an "à la carte" cash treatment menu to add on top of over treatment. The administration of Botox by dentists en masse is absurd. Board certified Pediatric dentists can administer Botox to their patient's parents!? What are our standards? Are we so money hungry and cash driven that we are not doing dentistry but instead chasing any skin imperfection because it generates CASH?"
   Respondent #5 – "Patient expectation from a General Dentist. They want to pay less professional fee for a General Dentist as comparing to Prosthodontist although wishes to receives a prosthesis which is done as good as a prosthodontist. In short explaining the patient of the treatment plan is challenging to me."
   Respondent #6 – "Without a doubt, it is the massive overreach of all insurance companies dictating how we do our dentistry and how much we get paid.
   This I know firsthand is causing a public risk with substandard dentistry. When insurance companies don't pay enough and expenses and payroll go up, dentist have to go much faster and more careless. Where does it end?"
   Respondent #7 – "Insurance dictating patient care and reimbursement not keeping up with the costs of providing care.
   Respondent #8 – "Lack of staffing - no one wants to work as assistants or front office in dentistry."
   Respondent #9 – "Licensure period, should be longer."
   Respondent #10 – "Inadequate insurance reimbursement, workforce shortage, regulatory agencies more concerned with doing what is more popular for dentists and hygienists and not making protecting the public as their first priority."
   Respondent #11 – "Lack of insurance reimbursements keeping up with surrounding states, inflation, and rising overhead costs."
   Respondent #12 – "Limitations by the board and behind dentistry in other states."
   Respondent #13 – "Dental Insurance (BCBS) low reimbursement fees that do not keep up with inflation is contributing to low number of new graduates choosing to stay in AL to practice."

Respondent #14 – "Dental Insurance"
Respondent #15 – "3rd party control of dental practices"
Respondent #16 – "Loss of fluoridation in large metro areas/ insurance manipulation of state legislature/influx of foreign practitioners as opposed to encouraging Alabama students to study dentistry/cost of school and especially opening a practice."
Respondent #17 – "Single provider surgeon/anesthesia model."
Respondent #18 – "Poor reimbursements from insurance companies."
Respondent #19 – "Low insurance reimbursement."

2. **Do you think regulation of your profession by the Alabama Board of Dental Examiners is necessary to protect the public welfare?**

Yes	**18**	**95%**
No	1	5%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**10**	**53%**
No	6	31%
Unknown	3	16%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**14**	**73%**
No	3	16%
Unknown	2	11%

5. **Do you consider mandatory continuing education necessary for the competent practice of your profession?**

Yes	**16**	**84%**
No	3	16%

6. **Does the Board respond to your inquiries in a timely manner?**

Yes	**9**	**47%**
No	2	11%
Unknown	8	42%

7. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**19**	**100%**

8. Do you have any additional comments you would like to make?

Respondent #1 – "CE requirements should be allowed to be completed entirely online. In person courses are usually a joke, expensive and a waste of time, usually an entire weekend. Four hours of CPR every two years is overkill."
Respondent #2 – "Insurances are destroying dental care in the state. Dentist are being forced to do substandard care in order to pay bills. DSOs are taking over dentistry because of the negotiating power they bring. Soon access to quality dental care will be a thing of the past if something doesn't change. Not to mention that dentist don't even want to stay in Alabama which makes access to care much harder."
Respondent #3 – "No"
Respondent #4 – "In person CE should continue to be required. We are NOT functional isolated. The best conversations are in person, going old school with "chalk talk". Don't let corporate dentistry push laziness and mediocracy. We are called to be the best we can be to serve the patients in AL. We cannot do so by half listening in pajamas while "multi -tasking"."
Respondent #5 – "Educating the patient " Dentally is Challenging" and wish we had a patient management courses in the Dental school, a little deeper since treating and making the patient understand the " dental issues" is very challenging, with what minimally conservative treatment they want because of their finance situation and later gets real upset and excepts the Dentist to be flawless, given their dental condition at the present time."
Respondent #6 – "If we keep getting squeeze by the insurance companies, we should have the option to have expanded function dental assistance."
Respondent #7 – "No"
Respondent #8 – "no"
Respondent #9 – "Please make things more user friendly, website navigation is terrible."
Respondent #10 – "The Board of Dental Examiners of Alabama does not need to lose sight that its primary charge is to protect the public. It is not doing what is popular with the licensees."
Respondent #11 – "no"
Respondent #12 – "Be an advocate for the dentist you serve collectively and let's move forward with times and technology. Dentistry is hard on the body and mind so allowing assistants and hygienist to be trained in more procedures would be a huge help. Also, the CE broker is very time consuming and cumbersome."
Respondent #13 – "No"
Respondent #14 – "No thank you"
Respondent #15 – "No"
Respondent #16 – "We need to keep politicians away from the board and only have knowledgeable citizens and dentists monitor our profession."
Respondent #17 – "None thanks"
Respondent #18 – "No"
Respondent #19 – "No additional comments."

Dental Hygienist Licensee Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Eight participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Low wages, dental assistants doing scaling."
   Respondent #2 – "Direct supervision of hygienists impacts access to care for Alabamians. Other states have broad scopes of practice without any issues regarding patient safety."
   Respondent #3 – "It's extremely disappointing that other states do not accept the ADHP as an accredited program."
   Respondent #4 – "Pay and quality care"
   Respondent #5 – "The lack of national recognition for Alabama state license Hygienist."
   Respondent #6 – "Pay is not competitive regionally. Alabama falls grossly behind other states."
   Respondent #7 – "Poor quality hygienists with certifications obtained through ADHP, casting an unfortunate pall on the profession of hygiene."
   Respondent #8 – "Pay"

2. **Do you think regulation of your profession by the Alabama Board of Dental Examiners is necessary to protect the public welfare?**

Yes	**7**	**88%**
No	1	12%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	1	12%
No	**6**	**76%**
Unknown	1	12%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**8**	**100%**

5. **Do you consider mandatory continuing education necessary for the competent practice of your profession?**

Yes	**7**	**88%**
No	1	12%

6. **Does the Board respond to your inquiries in a timely manner?**

Yes	**5**	**62%**
Unknown	3	38%

7. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**8**	**100%**

8. **Do you have any additional comments you would like to make?**

Respondent #1 – "No"
Respondent #2 – "The board of dentistry is decades behind scope of practice and access to care models that nearly every other state has set in place."
Respondent #3 – "Please have the ADHP approved by other states!!"
Respondent #4 – "I believe the current preceptorship program in Alabama should be reevaluated and potentially discontinued. There are important concerns regarding consistency in training and overall quality of care.
I also believe that a dental hygienist who graduated from an accredited two-year college program (excluding programs such as [redacted]) should have representation on the regulatory board and be involved in shaping policies and regulations. This would help ensure that decisions reflect the standards and expectations of more comprehensive educational programs.
Access to care should be a primary focus across the state, but it must be balanced with maintaining high standards for well-trained, competent hygienists. If the preceptorship program continues, there should be clear public distinction between hygienists trained through a traditional two-year program and those from accelerated (10-month) programs. This distinction should also be reflected in pay scales and professional expectations.
Additionally, I recommend enhanced continuing education requirements for graduates of accelerated programs, including mandatory annual coursework to ensure competency and ongoing skill development.
Regarding scope of practice, hygienists who have completed a two-year accredited program should be allowed to practice without direct supervision, while those from shorter programs should continue under direct supervision until consistent quality standards can be demonstrated.
I also believe that two-year program hygienists should have the opportunity to expand access to care by working independently in rural and underserved areas, including through mobile clinics or community-based facilities.
Finally, all hygienists should be encouraged and authorized to provide oral health education in schools to help promote preventive care among children.
Overall, there are several areas within Alabama's dental hygiene system that would benefit from thoughtful reform, and I would welcome changes that prioritize both access to care and high-quality professional standards."
Respondent #5 – "No thank you for asking."
Respondent #6 – "No"
Respondent #7 – "The quality of ADHP candidates and subsequent graduates affects the public perception of this occupation, and as a result, hygienists are viewed as a subpar and inferior class of dental professionals."
Respondent #8 – "No"

Complainant Questionnaire

A letter was sent to ninety-eight complainants requesting participation in our survey. Twenty-seven people participated in the survey. The percentages are based on the number who responded to the question.

1. Was the receipt of your complaint acknowledged by the Board?

Yes	**20**	**74%**
No	3	11%
Unknown	4	15%

2. Approximately how long after filing your complaint did the Board contact you?

Within 15 days	**7**	**26%**
Within 30 days	4	15%
Within 60 days	4	15%
More than 60 days	5	18%
Unknown	**7**	**26%**

3. Did the Board communicate the results of its investigation into your complaint to you?

Yes	**16**	**59%**
No	10	37%
Unknown	1	4%

4. Do you think the Board did everything it could to resolve your complaint?

Yes	**17**	**63%**
No	6	22%
Unknown	4	15%

5. Do you have any additional comments you would like to make?

Respondent #1 – "No"
Respondent #2 – "They only contacted me in the beginning to let me know they had my complaint. Then I had to constantly contact them until it took them almost a year to reply and then they said they rude with the dental company. What a joke it was they should be abolished the dental board is a complete and utter joke."
Respondent #3 – "I feel like the board didn't take my complaint very seriously. I was worked on without sedation. I don't think a patient should ever have to endure a dentist, taking a hammer to their face while not under sedation. I believe more should have been done so that the dentist know not to do this again."
Respondent #4 – "I totally appreciate everything the board did to handle my complaint."
Respondent #5 – "Board is controlled by the dental services that support it in my opinion the chances of action against one of the members is very unlikely."
Respondent #6 – "I reported a dentist for sexual assault which is definitely against our code of ethics as dental professionals and they dismissed it because it didn't happen at the office. They could have at least written him up for an ethics violation so it would show on his license and hopefully make others aware."

Respondent #7 – "Inadequate communication"
Respondent #8 – "this was psychological TRAUMA."
Respondent #9 – "They did nothing at all they work to make sure nothing happens to any Dental working was a waste of my time fact it was a joke I would think extortion would be something they would want to look in to but looks like they don't care or getting a cut back."
Respondent #10 – "The case was closed. I was not happy that it was a win for the dental office!"
Respondent #11 – "Never received a follow up."
Respondent #12 – "Nope"
Respondent #13 – "[redacted] of [redacted] should not have a dental license. He's money hungry and does futile dental work for his own financial gain. His dental work is ass."
Respondent #14 – "My investigation needs to be reopened. This dentist has left my mouth so damage I have suffered severe bone loss which cannot be corrected by any other dentist !!!!!!!!!!! Either open the case back up or I will pursue legal action against the board of dental examiners!!!!!!!!!!!! I expect a response within 5 business days."
Respondent #15 – "None"
Respondent #16 – "No"
Respondent #17 – "I am not being contacted unless I call them."
Respondent #18 – "It would be nice to know the outcome of your complaint. I don't think I was ever notified of anything."
Respondent #19 – "They never cared and chose to protect the dentist that choked my special needs nonverbal son. Y'all keep these monsters in position of power! And protect them after their wrong doings."
Respondent #20 – "[redacted] was very helpful and understanding of the situation."
Respondent #21 – "While being treated by [redacted] in Leeds Al for a lower implant. I have had sever bone loss, and nerve damage in my lower jaw. In addition, because of an ill-fitting temporary lower implant my lower gum was damaged requiring tissue grafting for my gum. I have also gone untreated for an abscess on an upper implant that I have requested repeatedly to be treated which has cause severe infection. Due to the access infection, I have experienced chronic sinus and respiratory infections. The doctor did a "partial root canal" he could not complete due to going on vacation out of the country. This dentist should have had the knowledge to refer me to an oral surgeon or prosthodontist to rectify the damage he has done. I have had numerous failed attempts requesting my complete medical chart including X-rays from [redacted]'s office.

Sent to [redacted] Dentistry:

I am writing to formally express my concerns and dissatisfaction with the treatment and service I have received at your practice. Over the course of my visits, I have encountered numerous issues that have left me frustrated and dissatisfied with the care provided.
I initially had an old-school hybrid denture that was functioning well for me. However, I was convinced by [redacted] and his dental team to switch to an All-on-4 implant system. Since making that change, the implants have failed, and my temporary prosthetic has broken, leaving me in a worse condition than before. Additionally, I had other dental treatment needs that were continually overlooked, as the focus was always placed on the all-on-4 since it was the new thing, rather than my overall dental health.

Throughout this process, I have always followed the instructions provided and have been cooperative. However, when I began to raise concerns about the treatment and the condition of my mouth, I was dismissed, and the blame was repeatedly placed on me. Recently, I was told that I missed an appointment, yet scheduling has been an ongoing issue normally at the fault of his staff. [redacted]'s office frequently reschedules my appointments, and it is often difficult to find availability. Despite this, I am now being held responsible for these problems.

I feel that my concerns have not been taken seriously, and the lack of communication and care has led to a significant decline in my dental health as well as quality of life. I trusted the professional advice I received at [redacted]'s practice, and now I am left in a compromised position both in terms of my oral health and my confidence in the care provided.

I am left with severe in repairable bone loss. Which results in being unable to receive implants and opting for ill fitted snap in dentures. I would have never agreed to all my teeth being extracted if [redacted] had been transparent on his skills as a dentist, quality of care and the end result of failed implants. This dentist is clearly in the business for money not the quality of care to his patients. And the conflict of interest involved in this investigation between [redacted] and the dental board is astounding."

Respondent #22 – "I feel that the Board protects it members and that my complaint was whitewashed. If you had conducted a thorough review of [redacted]'s finances you would clearly see that I was fraudulently overcharged."

Respondent #23 – "It's a shame that a dentist can damage your mouth and basically nothing can be done except he returns part of my expenses to the Board. I ended up with more periodontist's charges and had to pay my "wonderful" prior dentist to correct as much as she could in my mouth; all of which was out-of-pocket and still left me with dental problems that cannot be repaired. This is not a good attitude, but I have heard of other cases where he has tried to overcharge and overwork dental procedures. He tried to do something that he should have known he couldn't do and advised against it. I wanted to go on Yelp/online and relate my experiences but I did not. There needs to be more consequences beyond just giving money back to the Board. Thank you."

Respondent #24 – "The resolution came immediately. I feel like it was dismissed with no investigation or consideration at all. ...and no recourse for further disciplinary action."

Respondent #25 – "I never received any notice about the outcome. After 3.5 years, I think that is very unfortunate."

Respondent #26 – "I was very disappointed with the outcome ... my mouth was plainly damaged. Still numb to this day. Went to see the dentist and he poked my mouth with the explorer and it was clear as day that it was still numb didn't feel a thing.
The office was the most unprofessional and uncaring. Will never go back to that office. I've found a good dentist that cares what happens to my mouth.
[redacted]

Respondent #27 – "The board claimed that there was not enough evidence to support my complaint. I think that the Board needs to be more diverse and not include dental providers who may be complained about."

APPENDICES

Appendix I: Applicable Statutes

Section 34-9-1 Definitions

For the purposes of this chapter, the following terms have the respective meanings ascribed by this section:

(1) ADMINISTER. When used in reference to a controlled substance, the direct application of a controlled substance to the body of a patient by a dentist by injection, inhalation, ingestion, or other means.

(2) ANNUAL REGISTRATION. The documentary evidence that the board has renewed the authority of the licensee to practice dentistry or dental hygiene in this state.

(3) BOARD. The Board of Dental Examiners of Alabama.

(4) COMMERCIAL DENTAL LABORATORY. A technician or group of technicians available to any or all licensed dentists for construction or repair of dental appliances.

(5) DISPENSE. When used in reference to a controlled substance, the delivery of a controlled substance to a patient by a dentist, including the prescribing and administering of a controlled substance.

(6) GENERAL ANESTHESIA. A controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.

(7) INFILTRATION ANESTHESIA. A form of local anesthesia wherein the terminal or peripheral sensory portion of either the maxillary or mandibular branch of the trigeminal nerve endings are anesthetized by injecting a solution submucosally into an intra-oral circumscribed area for the relief or prevention of pain.

(8) LICENSE. The grant of authority by the board to an individual to engage in the practice of dentistry or dental hygiene.

(9) LICENSE CERTIFICATE. The documentary evidence under seal of the board that the board has granted authority to the licensee to practice dentistry or dental hygiene in this state.

(10) LICENSED DENTIST. A dentist who holds a current license certificate from the board.

(11) LICENSED HYGIENIST. A hygienist who holds a current license certificate from the board.

(12) LOCAL ANESTHESIA. The elimination of sensations, especially pain in one part of the body by topical application or regional injection of a drug.

(13) PATIENT ABANDONMENT. The termination of dental treatment without giving the patient adequate notice of at least 15 days before the termination of dental treatment. Adequate notice includes informing the patient of the availability of emergency treatment and providing the patient with an opportunity to obtain the services of another dentist during the notice period. Abandonment may also occur if the dentist jeopardizes the health of the patient during the termination process.

(14) PRACTICE OF DENTISTRY ACROSS STATE LINES.

a. The practice of dentistry as defined in Section 34-9-6 as it applies to the following:

1. The rendering of a written or otherwise documented professional opinion concerning the diagnosis or treatment of a patient located within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to the dentist or his or her agent.

2. The rendering of treatment to a patient located within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from this state to the dentist or his or her agent.

3. The holding of himself or herself out as qualified to practice dentistry, or the use of any title, word, or abbreviation to indicate or induce others to believe that he or she is licensed to practice dentistry across state lines.
b. This definition is not intended to include an informal consultation between a licensed dentist located in this state and a dentist located outside this state, provided that the consultation is conducted without compensation or the expectation of compensation to either dentist, and does not result in the formal rendering of a written or otherwise documented professional opinion concerning the diagnosis or treatment of a patient by the dentist located outside the state.
(15) PRIVATE TECHNICIAN. A technician employed by a dentist or group of dentists for a specified salary.
(16) SEDATION. A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by a pharmacologic method.
(Acts 1959, No. 100, p. 569, §34; Acts 1985, No. 85-697, §1; Act 99-402, p. 669, §1; Act 2009-18, p. 43, §3; Act 2013-252, p. 626, §1; Act 2018-274, §1; Act 2023-362, §1.)

Section 34-9-2 Legislative Findings
(a) The Legislature hereby declares that the practice of dentistry and the practice of dental hygiene affect the public health, safety, and welfare and should be subject to regulation. It is further declared to be a matter of public interest and concern that the dental profession merit and receive the confidence of the public and that only qualified dentists be permitted to practice dentistry and only qualified dental hygienists be permitted to practice dental hygiene in the State of Alabama. All provisions of this chapter relating to the practice of dentistry and dental hygiene shall be liberally construed to carry out these objects and purposes.
(b) The Legislature also finds and declares that, because of technological advances and changing practice patterns, the practice of dentistry and the practice of dental hygiene is occurring with increasing frequency across state lines and that the technological advances in the practice of dentistry and in the practice of dental hygiene are in the public interest.
(c) The Legislature further finds and declares that the practice of dentistry and the practice of dental hygiene are each a privilege. The licensure by this state of nonresident dentists who engage in dental practice and persons who engage in the practice of dental hygiene within this state are within the public interest. The ability to discipline the nonresident dentists and dental hygienists who engage in dental practice in this state is necessary for the protection of the citizens of this state and for the public interest, health, welfare, and safety.
(Acts 1959, No. 100, p. 569, §1; Act 99-402, p. 669, §1; Act 2011-571, p. 1165, §1.)

Section 34-9-3 License or Permit Required to Practice Dentistry
It shall be unlawful for any person to practice dentistry in the State of Alabama except the following:
(1) Those who are now duly licensed or permitted dentists, pursuant to law.
(2) Those who may be hereafter duly licensed or permitted and who are currently registered as dentists, pursuant to this chapter.
(3) Those nonresident dentists who have been issued a special purpose license to practice dentistry across state lines in accordance with Section 34-9-10. This subdivision shall not apply to those dentists who hold a full, unrestricted, and current license or permit issued pursuant to Section 34-9-8 or Section 34-9-10.
(Acts 1959, No. 100, p. 569, §7; Act 99-402, p. 669, §1; Act 2011-571, p. 1165, §1.)

Section 34-9-4 License Required to Practice Dental Hygiene or Expanded Duty Dental Assisting
It shall be unlawful for any person to practice dental hygiene in the State of Alabama, except:
(1) Those who are now licensed dental hygienists pursuant to law; and
(2) Those who may hereafter be duly licensed and who are currently registered as dental hygienists pursuant to this chapter.
(Acts 1959, No. 100, p. 569, §8; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-5 Penalties
Any individual who engages in the practice of dentistry in this state within the meaning of this chapter without having first obtained from the board a license to practice dentistry shall be guilty of a Class C felony and shall be punished as prescribed by law.
(Acts 1959, No. 100, p. 569, §9; Act 99-402, p. 669, §1; Act 2011-571, p. 1165, §1; Act 2023-362, §1.)

Section 34-9-6 What Constitutes Practice of Dentistry
Any person shall be deemed to be practicing dentistry who does any of the following:
(1) Performs, or attempts or professes to perform, any dental operation or dental service of any kind, gratuitously or for a salary, fee, money, or other remuneration paid, or to be paid, directly or indirectly, to himself or herself, or to any person in his or her behalf, or to any agency which is a proprietor of a place where dental operations or dental services are performed.
(2) Directly or indirectly, by any means or method, makes impression of the human tooth, teeth, jaws, or adjacent tissue, or performs any phase of any operation incident to the replacement of a tooth or any part thereof.
(3) Supplies artificial substitutes for the natural teeth, and who furnishes, supplies, constructs, reproduces, or repairs any prosthesis (fixed or removable), appliance, or any other structure to be worn in the human mouth.
(4) Places such appliance or structure in the human mouth, or adjusts, attempts, or professes to adjust the same, or delivers the same to any person other than the dentist upon whose prescription the work was performed.
(5) Professes to the public by any method to furnish, supply, construct, reproduce, or repair any prosthesis (fixed or removable), appliance, or other structure to be worn in the human mouth, or who diagnoses, or professes to diagnose, prescribe for, professes to prescribe for, treats or professes to treat disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure, or who extracts or attempts to extract human teeth, or removes tumors, abnormal growths, or other lesions from the human gums, jaws, and adjacent structures, or who operates for cleft lip or palate, or both; or who treats surgically or mechanically fractures of the human jaw; or who administers local or general anesthetics in the treatment of any dental lesion.
(6) Repairs or fills cavities in the human teeth.
(7) Uses a roentgen, radiograph, or digital imaging machine for the purpose of making dental roentgenograms, radiographs, or digital images, or who gives, or professes to give, interpretations or readings of dental roentgenograms, radiographs, or digital images, or radiographic or roentgen therapy.
(8) Administers an anesthetic of any nature in connection with a dental procedure.

(9) Uses the words “dentist,” “dental surgeon,” “oral surgeon,” or the letters “D.D.S.,” “D.M.D.” or any other words, letters, title, or descriptive matter which in any way represents him or her as being able to diagnose, treat, prescribe, or operate for any disease, pain, deformity, deficiency, injury, or physical condition of the teeth or jaws, or adjacent structures.
(10) States, or professes, or permits to be stated or professed by any means or method whatsoever that he or she can perform or will attempt to perform dental procedures, or render a diagnosis connected therewith.
(11) Performs any clinical operation included in the curricula of recognized dental colleges; provided, that members of the faculty, teachers, instructors, fellows, interns, residents, dental students, and student dental hygienists who are employed by or who are taking courses or instructions at the University of Alabama School of Dentistry or such other dental colleges, hospitals, or institutions in Alabama, as may be approved by the board; and provided, that the work of fellows, interns, residents, dental students, and student dental hygienists is performed within the facilities of such dental colleges, hospitals, and institutions under the supervision of an instructor and as an adjunct to his or her course of study or training, shall not be required to take examination or obtain a license certificate and renewal license certificate when all of such work, dental procedures, and activities are confined to his or her work in the college, hospital, or other institution and the work is done without remuneration other than the regular salary or compensation paid by such colleges, hospitals, or other institutions.
(12) Professes to the public by any method to bleach human teeth, performs bleaching of the human teeth alone or within his or her business, or instructs the public within his or her business, or through any agent or employee of his or her business, in the use of any tooth bleaching product.
(Acts 1959, No. 100, p. 569, §10; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-6.1 Mobile Dental Facilities or Portable Dental Operations
(a) For purposes of this section, the following words have the following meanings:
(1) DENTAL HOME. The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care, delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.
(2) MOBILE DENTAL FACILITY. Any self-contained facility in which dentistry or dental hygiene is practiced which may be moved, towed, or transported from one location to another.
(3) OPERATOR. A person licensed to practice dentistry in this state or an entity which is approved as tax exempt under Section 501(c)(3) of the Internal Revenue Code which employs dentists licensed in the state to operate a mobile dental facility or portable dental operation.
(4) PORTABLE DENTAL OPERATION. The use of portable dental delivery equipment which is set up on site to provide dental services outside of a mobile dental facility or a dental office and uses non-fixed dental equipment and independent plumbing.
(b) In order to operate a mobile dental facility or portable dental operation, an operator shall first obtain a certificate of registration issued by the board. The operator shall complete an application in the form and manner required by the board and shall meet all qualifications established by rules of the board.
(c) A mobile dental facility shall comply with all of the following requirements:
(1) The operator shall maintain an official business address which shall not be a post office box and which shall be within this state and be associated with an established dental facility which shall have an official business address on record with the board. The address shall be filed with the board as part of the application for a certificate of registration.

(2) The operator shall maintain an official telephone number of record which shall be accessible 24 hours a day and which shall be filed with the board as part of the application for a certificate of registration. The telephone number shall have 911 capability.
(3) The board shall be notified within 30 days of any change in address, location, or telephone number of record. The notification shall also include the method by which patients are notified of the change of address, location, or telephone number of record. For purposes of this subdivision, patient shall mean any individual who has received treatment or consultation of any kind within two years of the date of the proposed change of address, location, or telephone number of record.
(4) All written or printed documents available from or issued by the mobile dental facility shall contain the official business address and telephone number of record for the mobile dental facility.
(5) When not in transit, all dental and official records shall be maintained at the official business address.
(6) The operator shall maintain a written procedure for emergency follow-up care for patients treated in a mobile dental facility, which includes arrangements for treatment in a dental facility that is permanently established in the area within a 50-mile radius where services are provided subject to a qualified dentist being located in the area and subject to the dentist agreeing to provide follow-up care. An operator who either is unable to identify a qualified dentist in the area or is unable to arrange for emergency follow-up care for patients otherwise shall be obligated to provide the necessary follow-up care via the mobile dental facility or the operator may choose to provide the follow-up care at his or her established dental practice location in the state or at any other established dental practice in the state which agrees to accept the patient. An operator who fails to arrange or provide follow-up care as required herein shall be considered to have abandoned the patient, and the operator and any dentist or dental hygienist, or both, who fails to provide the referenced follow-up care shall be subject to disciplinary action by the board.
(7) The mobile dental facility shall have communication abilities that enable the operator to contact necessary parties in the event of a medical or dental emergency. The communication abilities shall enable the patient or the parent or guardian of the patient treated to contact the operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the operator and receive treatment information, including radiographs.
(8) The mobile dental facility and the dental procedures performed therein shall comply with all applicable federal and state laws and all applicable rules of the board promulgated pursuant to Section 34-9-43.
(9) Any driver of a mobile dental facility shall possess a valid Alabama driver’s license appropriate for the operation of the vehicle. A copy of the driver’s license of each driver shall be submitted to the board at least 30 days prior to the individual operating a mobile dental facility.
(10) All mobile dental facilities authorized in this section which are a vehicle or which are to be towed or otherwise transported by another vehicle shall be registered in this state.

(11) The operator of a mobile dental facility shall not perform services on a minor without the signed consent from the parent or guardian which form shall be established by the board. The consent form shall inquire whether the prospective patient has received dental care from a licensed dentist within one year and if so, the consent form shall request the name, address, and phone number of the dental home. If the information provided to the operator does not identify a dental home for the prospective patient, the operator shall contact the Alabama Medicaid Agency for assistance in identifying a dental home for Medicaid eligible patients. If this information is provided to the operator, the operator shall contact the designated dental home by phone, facsimile, or electronic mail and notify the dental home of the prospective patient's interest in receiving dental care from the operator. If the dental home confirms that an appointment for the prospective patient is scheduled with the dentist, the operator shall encourage the prospective patient or his or her guardian to seek care from the dental home. The consent form shall document that the patient, or legal guardian, understands the prospective patient has an option to receive dental care from the mobile dental facility or his or her designated dental home if applicable. The consent form shall require the signature of a parent or legal guardian if the patient is a minor.

(12) Each operator of a mobile dental facility shall maintain a written or electronic record detailing for each location where services are performed all of the following information:

a. The street address of the service location.

b. The dates of each session.

c. The number of patients served.

d. The types of dental services provided and the quantity of each service provided.

e. Any other information requested by rule of the board.

(13) The written or electronic record shall be made available to the board within 10 days of a request.

(14) Each mobile dental facility shall possess all applicable county and city licenses or permits to operate at each location.

(d) The mobile dental facility shall comply with the following physical requirements and inspection criteria:

(1) Ready access in a ramp or lift.

(2) A properly functioning sterilization system.

(3) Ready access to an adequate supply of potable water, including hot water.

(4) A covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.

(5) Ready access to toilet facilities which shall be located within the mobile dental facility. Operators applying for a certificate prior to July 1, 2008, are not required to meet this requirement. Any governmental entity operating a mobile dental facility shall only be required to have ready access to toilet facilities.

(6) All licenses and permits as required by Section 34-9-13 on site.

(7) Ready access to an emergency kit.

(8) Sharps containers and red biohazard equipment available on site.

(e) A portable dental operation shall comply with all of the following requirements:

(1) The operator shall maintain an official business address which shall not be a post office box and which shall be within this state and be associated with an established dental facility which shall have an official business address on record with the board. The address shall be filed with the board as part of the application for a certificate of registration.

(2) The operator shall maintain an official telephone number of record which shall be accessible 24 hours a day and which shall be filed with the board as part of the application for a certificate of registration. The telephone number shall have E-911 capability.
(3) The board shall be notified within 30 days of any change in address, location, or telephone number of record. The notification shall also include the method by which patients are notified of the change of address, location, or telephone number of record. For purposes of this subdivision, patient shall mean any individual who has received treatment or consultation of any kind within two years of the date of the proposed change of address, location, or telephone number of record.
(4) All written or printed documents available from or issued by the portable dental operation shall contain the official business address and telephone number of record for the portable dental operation.
(5) When not in transit, all dental and official records shall be maintained at the official business address.
(6) The operator shall maintain a written procedure for emergency follow-up care for patients treated in a portable dental operation, which includes arrangements for treatment in a dental facility that is permanently established in the area within a 50-mile radius where services are provided subject to a qualified dentist being located in the area and subject to the dentist agreeing to provide follow-up care. An operator who either is unable to identify a qualified dentist in the area or is unable to arrange otherwise for emergency follow-up care for patients shall be obligated to provide the necessary follow-up care via the portable dental operation, or the operator may choose to provide the follow-up care at his or her established dental practice location in the state or at any other established dental practice in the state which agrees to accept the patient. An operator who fails to arrange or provide follow-up care as required herein shall be considered to have abandoned the patient, and the operator and any dentist or dental hygienist, or both, who fail to provide the referenced follow-up care shall be subject to disciplinary action by the board.
(7) The portable dental operation shall have communication abilities that enable the operator to contact necessary parties in the event of a medical or dental emergency. The communication abilities shall enable the patient or the parent or guardian of the patient treated to contact the operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the operator and receive treatment information, including radiographs.
(8) The portable dental operation and the dental procedures performed therein shall comply with all applicable federal and state laws and all applicable rules of the board promulgated pursuant to Section 34-9-43.
(9) The operator of a portable dental operation may not perform services on a minor without the signed consent from the parent or guardian on a form established by the board. The consent form shall request information as to whether the prospective patient has received dental care from a licensed dentist within one year and, if so, shall request the name, address, and phone number of the dental home. If the information provided to the operator does not identify a dental home for the prospective patient, the operator shall contact the Alabama Medicaid Agency for assistance in identifying a dental home for Medicaid eligible patients. If this information is provided to the operator, the operator shall contact the designated dental home by phone, facsimile, or electronic mail and notify the dental home of the prospective patient’s interest in receiving dental care from the operator. If the dental home confirms that an appointment for the prospective patient is scheduled with the dentist, the operator shall encourage the prospective patient or his or her guardian to seek care from the dental home. The consent form shall document that the patient, or legal guardian, understands the prospective patient has an option to receive dental care from either the portable dental operation or his or her designated dental home, if applicable. The consent form shall require the signature of a parent or legal guardian if the patient is a minor.

(10) Each operator of a portable dental operation shall maintain a written or electronic record detailing for each location where services are performed all of the following information:
a. The street address of the service location.
b. The dates of each session.
c. The number of patients served.
d. The types of dental services provided and the quantity of each service provided.
e. Any other information requested by rule of the board.
(11) The written or electronic record shall be made available to the board within 10 days of a request.
(12) Each portable dental operation shall possess all applicable county and city licenses or permits to operate at each location.
(f) The portable dental operation shall comply with all physical requirements and inspection criteria established by rule of the board and shall comply with the license and permit requirements of Section 34-9-13.
(g) The mobile dental facility or a portable dental operation shall be inspected by the board or its representative prior to receiving a certificate of registration. Once registered, the mobile dental facility or a portable dental operation shall be subject to periodic unannounced audits and inspections by the board.
(h) The mobile dental facility or a portable dental operation shall comply with the current recommendations for infection control practices for dentistry as promulgated by the Centers for Disease Control and any rule of the board relating to infection control or reporting in a dental office.
(i) The initial application for a certificate of registration shall include the full name, address, and telephone number of the dentists and dental hygienists working at the facility or operation. The initial application for a certificate of registration shall also include proof of insurance from a licensed insurance carrier that the operator has in force at least one million dollars ($1,000,000) of general liability insurance. The operator shall be required to maintain one million dollars ($1,000,000) of general liability insurance at all times for which the mobile dental facility or portable dental operation is licensed by the board. Governmental entities which operate mobile dental facilities or portable dental operations shall not be required to have or maintain any amount of general liability insurance. The operator shall advise the board in writing within 15 days of any change in the employment of any dentist or dental hygienist working at the facility or operation.
(j) The operator shall notify the board in writing within 10 days of any change made relating to a dentist to whom patients are to be referred for follow-up care as provided in subdivision (6) of subsection (c).
(k) The operator shall notify the board in writing within 10 days of any change in the procedure for emergency follow-up care as provided in subdivision (6) of subsection (c).
(l) At the conclusion of each patient's visit to the mobile dental facility or a portable dental operation, the patient shall be provided with a patient information sheet which shall also be provided to any individual or entity to whom the patient has consented or authorized to receive or access the patient's records. The information sheet shall include, at a minimum, the following information:
(1) The name of the dentist or dental hygienist, or both, who performed the services.
(2) A description of the treatment rendered, including billing service codes and fees associated with treatment and tooth numbers when appropriate.
(3) If applicable, the name, address, and telephone number of any dentist to whom the patient was referred for follow-up care and the reason for such referral.

(4) The name, address, and telephone number, if applicable, of a parent or guardian of the patient.
(m) In the event a mobile dental facility or a portable dental operation is to be sold, the current operator shall inform the board and the Alabama Medicaid Agency, if the operator is an Alabama Medicaid enrolled provider, at least 10 days prior to the sale being completed and shall be required to disclose the purchaser to the board and the Alabama Medicaid Agency, if the operator is an Alabama Medicaid enrolled provider, via certified mail within 10 days after the date the sale is finalized. The operator of a mobile dental facility or a portable dental operation shall notify the board and the Alabama Medicaid Agency, if the operator is an Alabama Medicaid enrolled provider, at least 30 days prior to cessation of operation. Such notification shall include the final day of operation and a copy of the notification shall be sent to all patients and shall include the manner and procedure by which patients may obtain their records or transfer those records to another dentist. It is the responsibility of the operator to take all necessary action to insure that the patient records are available to the patient, a duly authorized representative of the patient, or a subsequent treating dentist. For purposes of this subsection, a patient shall mean any individual who has received any treatment or consultation of any kind within two years of the last date of operation of the mobile dental facility or a portable dental operation.
(n) A mobile dental facility or a portable dental operation that accepts or treats a patient but does not refer patients for follow-up care when such follow-up care is clearly necessary, shall be considered to have abandoned the patient and will subject the operator and any dentist or dental hygienist, or both, who fails to provide the referenced follow-up care to disciplinary action by the board.
(o) In addition to the requirements of this section, any operator, dentist, or dental hygienist working or performing any services at a mobile dental facility or a portable dental operation shall be subject to the provisions of this chapter. Any violation of the provisions of this section shall subject the operator, dentist, or dental hygienist to the penalties provided in Section 34-9-18, and no order imposing penalties pursuant to Section 34-9-18 shall be made or entered except after notice and a hearing by the board with any such order being subject to judicial review.
(p) The board may promulgate rules to implement and enforce this section.
(q) A mobile dental facility or portable dental operation shall conform to all requirements of this chapter, rules promulgated by the board pursuant to this chapter, any rule or regulation promulgated by the Occupational Safety and Health Administration, the federal Centers for Disease Control and Prevention, and the Alabama Department of Public Health, and any applicable federal, state, or local law, regulation, guideline, or ordinance including, but not limited to, those relating to radiographic equipment, flammability, construction, sanitation, medical waste transportation, zoning, prevention of infection and disease, facility operation, and licenses or permits to operate.
(r) This section shall not apply to any mobile dental facility operated by the Alabama Department of Public Health or a local county health department.
(s) This section shall not apply to any mobile dental facility or portable dental operation which is operated during a state of emergency declared by the Governor as authorized in Section 31-9-8.
(t) It is the express intent of the Legislature that no state agency, including, but not limited to, the Alabama Medicaid Agency, shall restrict any mobile dental facility or portable dental operation which complies with the provisions outlined herein and all applicable state and federal rules from participation in its programs.
(u) Notwithstanding any other provision of law, any entity which is approved as tax exempt under Section 501(c)(3) of the Internal Revenue Code and employs dentists licensed in this state shall continue to be able to employ dentists licensed in this state and to provide dental services in the same manner and under the same conditions as licensed on June 7, 2008.
(Act 2008-279, p. 536, §§1, 3; Act 2011-571, p. 1165, §1; Act 2018-274, §1.)

Section 34-9-7 Exemption of Certain Practices and Operations

(a) Nothing in this chapter shall apply to the following practices, acts, and operations:

(1) The practice of his or her profession by a physician or surgeon holding a certificate of qualification as a medical doctor and licensed as such under the laws of this state, provided he or she shall not practice dentistry as a specialty.

(2) The practice of dentistry in the discharge of their official duties by graduate dentists or dental surgeons in the United States Army, Navy, Air Force, or other armed services, public health service including, but not limited to, a federally qualified health center authorized and operating under Section 330 of the Public Health Service Act (42 U.S.C. § 254B), provided, however, that such federally qualified health centers shall register pursuant to Section 34-9-7.2 (provided further however, dentists, dental hygienists, and other personnel employed by any public health service which performs dental health care for the general public under programs funded in whole or part by the state or federal government shall be subject to all of the provisions of this chapter and the rules and regulations duly promulgated by the board governing the practice of dentistry and dental hygiene in this state), Coast Guard, or Veteran's Administration.

(3) The practice of dentistry by a licensed dentist of other states or countries at meetings of the Alabama Dental Association or components thereof, or other like dental organizations approved by the board, while appearing as clinicians, or when appearing in emergency cases upon the specific call of dentists duly licensed under this chapter.

(4) The filling of prescriptions of a licensed and registered dentist, as hereinafter provided, by any person or persons, association, corporation, or other entity for the construction, reproduction, or repair of prostheses (fixed or removable) or appliances on a cast made by or from impressions made by a licensed and currently registered dentist, to be used or worn as a substitute for natural teeth; provided, that the person or persons, association, corporation, or other entity, shall not solicit or advertise, directly or indirectly, by mail, card, newspaper, pamphlet, radio, television, Internet, or otherwise, to the general public to construct, reproduce, or repair prostheses (fixed or removable) or other appliances to be used or worn as substitutes for natural teeth.

(5) The use of roentgen machines or other means for making radiographs, digital images, or similar records, of dental or oral tissues under the supervision of a licensed dentist or physician; provided, that the services shall not be advertised by any name whatever as an aid or inducement to secure dental patronage, and no person shall advertise that he or she has, leases, owns, or operates a roentgen or other machine for the purpose of making dental radiographs or images, of the human teeth or tissues or the oral cavity, or administering treatments thereto for any disease thereof.

(6) The giving of a general anesthetic by a nurse anesthetist who administers a general anesthetic under the direct supervision of a duly licensed dentist to a patient who is undergoing dental treatment rendered by the dentist.

(7) The use of a nurse in the practice of professional or practical nursing, as defined in Sections 34-21-1 through 34-21-26, by a dentist.

(8) A dentist who engages in the practice of dentistry across state lines in an emergency, as defined by the board.

(9) A dentist who engages in the practice of dentistry across state lines on an irregular or infrequent basis. The "irregular or infrequent" practice of dentistry across state lines is considered to occur if the practice occurs less than 10 days in a calendar year.
(b) A dentist or dental hygienist on active duty, or performing his or her duties as a reservist in the military, is not subject to any fee required for a special purpose license to practice dentistry across state lines. The dentist or dental hygienist shall notify the board in advance of his or her participation in military activities and shall forward a copy of his or her current dental license or permit, or both, to the board. The dentist or dental hygienist shall also provide proof of military status and any orders requiring him or her to perform dental treatment services in this state.
(Acts 1959, No. 100, p. 569, §1; Acts 1967, No. 729, p. 1564, §1; Acts 1981, No. 81-372, p. 540, §1; Act 99-402, p. 669, §1; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-7.1 Exemption of Participation in Continuing Education Course
The practice of dentistry by a dentist licensed in another state as a part of participation in a continuing education course conducted, taught, or supervised by the University of Alabama School of Dentistry or any other continuing education provider in Alabama which is approved by the board is exempt from the licensing requirements of this chapter.
(Act 2002-512, p. 1318, §2; Act 2018-274, §1.)

Section 34-9-7.2 Registration of a 501(C)(3) Entity
A 501(c)(3) entity, as defined under Section 501(c)(3) of the Internal Revenue Code, that operates a dental clinic that provides dental services shall register with the board. The information provided to the board as a part of the registration process shall include the name of the corporation, the nonprofit status of the corporation, sites where dental services shall be provided by the corporation, and the names of all persons employed by, or contracting with, the corporation who are required to hold a license pursuant to this chapter. A copy of the entity's 501(c)(3) certification from the Internal Revenue Service shall be filed with the board. If the entity has multiple clinics, the entity shall register each clinic with the board and the entity shall have one licensed dentist serving as chief of dental services for all of the clinics. All dentists and hygienists at each clinic shall possess the applicable licenses or permits required by this chapter and shall be subject to this chapter.
(Act 2011-571, p. 1165, §2; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-8 Dental Facility Teaching Permits; Dental Facility Special Teaching Permits.
(a) The board shall annually issue dental faculty teaching permits to persons who are bona fide members of the faculty of a dental college, if they hold a dental degree but are not licensed and registered to practice dentistry or dental hygiene in the state. The dean of any dental college located in the state shall annually certify to the board the bona fide members of the clinical faculty of the college who are not licensed and registered to practice dentistry or dental hygiene in the state. The board shall issue teaching permits to applicants upon the certification by the dean. The teaching permits shall be invalid if the holder ceases to be a member of the clinical faculty of the dental college. The dean of any dental college shall promptly notify the board regarding changes in the faculty which affect the eligibility of a faculty member to possess a teaching permit. The holder of a teaching permit shall be subject to this chapter and may perform all clinical operations which a person licensed to practice dentistry or dental hygiene in the state is entitled to perform. The operations may only be performed within the facilities of the dental college or any other facility approved by the board as an adjunct to his or her teaching functions in the college. An annual fee established pursuant to this chapter shall be paid to the board when the teaching permit is issued.

(b) The board shall annually issue dental faculty special teaching permits to persons who are bona fide members of the faculty of a dental college if they hold a dental degree but are not licensed and registered to practice dentistry or dental hygiene in the state. The dean of any dental college located in the state shall annually certify to the board the bona fide members of the clinical faculty of the college who are not licensed and registered to practice dentistry or dental hygiene in the state. The board shall issue special teaching permits to applicants upon certification by the dean. The special teaching permits shall be invalid if the holder ceases to be a member of the clinical faculty of the dental college. The dean of any dental college shall promptly notify the board regarding changes in the faculty which affect the eligibility of a faculty member to possess a special teaching permit. The holder of a special teaching permit shall be subject to this chapter and may perform all clinical operations on his or her private patients which a person licensed to practice dentistry or dental hygiene in the state is entitled to perform. The clinical operations may only be performed within the faculty private practice facilities of the dental college or any other facility approved by the board. An annual fee established pursuant to this chapter shall be paid to the board when the special teaching permit is issued.

(Acts 1959, No. 100, p. 569, §12; Acts 1979, No. 79-427, p. 668, §1(a); Acts 1993, No. 93-159, p. 241, §3; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-9 Exercise of Independent Professional Judgment by Dentists; Prohibited Business Arrangements or Relationships; Penalties.

(a) No person other than a dentist licensed pursuant to this chapter or a 501(c)(3) entity registered under Section 34-9-7.2 may do any of the following:

(1) Employ a dentist or dental hygienist in the operation of a dental office.

(2) Place in the possession of a dentist, dental hygienist, or other agent such dental material or equipment as may be necessary for the management of a dental office on the basis of a lease or any other agreement for compensation for the use of such material, equipment, or offices.

(3) Retain the ownership or control of dental equipment, material, or office and make the same available in any manner for the use of a dentist, dental hygienist, or other agent.

(4) The term "person," as used in this section, shall not in any way pertain to state, county, municipal, or city institutions but shall be deemed to include any individual, firm, partnership, corporation, or other entity not licensed to practice dentistry in the State of Alabama.

(5) Nothing in this subsection shall apply to bona fide sales of dental equipment, material, or office secured by a chattel mortgage or retention title agreement, or to an agreement for the rental of the equipment or office by bona fide lease at a reasonable amount, and under which agreement the licensee under this chapter maintains complete care, custody, and control of the equipment and the practice. Further, nothing in this subsection shall prohibit or restrict persons, firms, or corporations from employing or retaining licensed dentists to furnish dental treatment for their employees or dependents of their employees.

(b) A prohibited business arrangement or relationship as defined in subsection (a) shall not be considered a violation of that subsection if a prohibited arrangement or relationship results from the death of a licensed dentist and is cured within 12 months of the date of the death.

(c) The purpose of this section is to prevent a non-dentist from influencing or otherwise interfering with the exercise of a dentist's independent professional judgment. In addition to the acts specified in subsection (a), no person, other than a dentist licensed in accordance with this chapter, shall enter into a relationship with a person licensed under this chapter pursuant to which the unlicensed person exercises control over the selection of a course of treatment for a patient, the procedures or materials to be used as a part of such course of treatment, or the manner in which such course of treatment is carried out by the licensee.
(d) No person other than a dentist licensed pursuant to this chapter or a 501(c)(3) entity registered under Section 34-9-7.2 shall exercise control over any of the following:
(1) The patient records of a dentist.
(2) Policies and decisions relating to pricing, credit, refunds, warranties, and advertising.
(3) Decisions relating to office personnel and hours of practice.
(e) Any licensed or permitted dentist or dental hygienist who enters into any of the arrangements or relationships in violation of subsection (a) or subsection (c) with an unlicensed person as defined above, may be subject to any of the penalties set forth in Section 34-9-18.
(Acts 1959, No. 100, p. 569, §13; Acts 1981, No. 81-372, p. 540, §2; Acts 1985, No. 85-697, p. 1120, §1; Act 2009-18, p. 43, §3; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-10 Application; Licensure by Credentials; Special Purpose License
(a)(1) Every individual who desires to practice dentistry within the State of Alabama shall file an application accompanied by the appropriate fee prescribed by the board.
(2) Notwithstanding any particular requirement or method of obtaining licensure set forth in this chapter, every applicant shall be at least 19 years of age, of good moral character, a citizen of the United States or, if not a citizen of the United States, an individual who is legally present in the United States with appropriate documentation from the federal government, and a graduate of a dental school or college accredited by the American Dental Association Commission on Dental Accreditation and approved by the board and shall satisfy any other requirement set forth in any rule adopted by the board.
(3) The board may issue a license to practice dentistry to any applicant who meets the licensure requirements set forth in this chapter and the applicable rules of the board, and may refrain from issuing a license to any applicant if the board determines that doing so would be inconsistent with the public interest and the promotion of public health and safety.
(b) Licensure by examination shall be applicable to the following categories:
(1) An applicant who has never been licensed or taken an examination and whose application to take an examination administered or approved by the board is received by the board within 18 months of graduation from dental school or completion of an accredited or approved post-doctoral residency program.
(2) An applicant who has successfully passed an examination approved but not administered by the board so long as an application for licensure is received by the board within five years of the date of notification of passing the examination.
(c) Any applicant who possesses a current license in any state, who has passed an examination approved by the board, and who has, since graduation from dental or dental hygiene school, practiced or participated in a clinical residency or practiced dentistry or dental hygiene in the Armed Forces or with the public health service shall be eligible for licensure if his or her application is received by the board within five years of the completion of the subject residency or Armed Forces or public health service commitment.

(d) Licensure by credentials may be utilized to evaluate the theoretical knowledge and clinical skill of a dentist or dental hygienist when an applicant for licensure by credentials holds a dental or dental hygiene license in another state. The board may adopt rules relating to licensure by credentials in addition to any requirements by law. The dentist or dental hygienist applicant for licensure by credentials shall satisfy all of the following:
(1) Has been engaged in the active practice of clinical dentistry or clinical dental hygiene or in full-time dental or dental hygiene education for the five years or 5,000 hours immediately preceding his or her application.
(2) Holds a current, valid, unrevoked, and unexpired license in a state having examination standards regarded by the board as an equivalent to the Alabama standards.
(3) Is licensed in good standing without any restrictions, as verified by the board of examiners in the state of current practice.
(4) Is not the subject of a pending disciplinary action in any state in which he or she has been licensed as verified by a query to the National Practitioner Data Bank, the Health Integrity Protection Data Bank, the American Association of Dental Boards Clearing House for Disciplinary Information, or any other pertinent bank currently existing or which may exist in the future.
(5) Provides a written statement agreeing to be interviewed at the request of the board.
(6) Passes a written jurisprudence examination.
(7) Is certified by the United States Drug Enforcement Administration and from the state board of any state in which he or she is or has been licensed that the DEA registration is not the subject of any pending disciplinary action or enforcement proceeding of any kind.
(8) a. Submits affidavits as a dentist applicant from two licensed dentists practicing in the same geographical area where he or she is then practicing or teaching attesting to his or her moral character, standing, and ability of the applicant.
b. Submits affidavits as a dental hygienist applicant from two licensed dentists or two licensed dental hygienists, or any combination of two thereof, practicing in the same geographical area where he or she is then practicing or teaching, attesting to his or her moral character, standing, and ability.
(9) Provides the board with an official transcript with school seal from the school of dentistry or school of dental hygiene that issued his or her professional degree, or executes a request and authorization allowing the board to obtain the transcript.
(10) Is a graduate of a dental or dental hygiene school, college, or educational program approved by the board.
(11) Is not the subject of any pending or final action from any hospital revoking, suspending, limiting, modifying, or interfering with any clinical or staff privileges.
(12) Has not been convicted of a felony or misdemeanor involving moral turpitude or of any law dealing with the administering or dispensing of legend drugs, including controlled substances.

(13) Any other criteria required by the board by rule, including, but not limited to, any of the following:
a. Questioning under oath.
b. Results of peer review reports from constituent dental societies or federal dental services.
c. Substance abuse testing or treatment.
d. Background checks for criminal or fraudulent activities.
e. Participation in continuing education.
f. A current certificate in cardiopulmonary resuscitation.
g. Recent case reports or oral defense of diagnosis and treatment plans.
h. Proof of no physical or psychological impairment that would adversely affect the ability to practice dentistry or dental hygiene with reasonable skill and safety.
i. An agreement to initiate practice within the State of Alabama within a period of one year.
j. Proof of professional liability coverage and that coverage has not been refused, declined, canceled, nonrenewed, or modified.
k. Whether the applicant has been subject to any final disciplinary action in any state in which he or she has been licensed which shall be verified by a query in the National Practitioner Data Bank, the Health Integrity Protection Data Bank, the American Association of Dental Boards Clearing House for Disciplinary Information, any state where the applicant has been licensed, or any other pertinent bank currently existing or which may exist in the future.
l. Whether the applicant's DEA registration or any state controlled substances permit has ever been revoked, suspended, modified, restricted, or limited in any way. Provided, however, that any discipline that results only from a failure to timely renew a registration or permit shall not prevent him or her from being eligible for this method of licensure.
(e) If all criteria and requirements are satisfied and the board determines, after notice and a hearing, that the applicant committed fraud or in any way falsified any information in the application process, the license may be revoked by the board.
(f) In addition to the requirements for applicants seeking licensure by credentials, an applicant desiring to practice a specialty only shall satisfy the following requirements:
(1) The specialty shall be one in a branch of dentistry approved by the board.
(2) The applicant shall satisfy the existing educational requirements and standards set forth by the board for that approved specialty.
(3) An applicant who chooses to announce or practice a specialty shall limit his or her practice exclusively to the announced special area or areas of dental practice.
(4) If an applicant who is initially licensed by credentials for a specialty practice decides to renounce his or her specialty and practice general dentistry and the license originally issued did not require a general dental license but rather a specialty license, or if the applicant originally passed only a specialty examination, the applicant may not practice general dentistry until he or she successfully passes the board's regular general dentistry examination. However, if the applicant passed a general dentistry examination or holds a general dentistry license and practices a specialty, then decides not to continue that specialty but to practice only general dentistry, the applicant is eligible for licensure by credentials as a general dentist.

(g)(1) Notwithstanding subsection (a), the board shall issue a special purpose license to practice dentistry across state lines to an applicant who has met the following requirements:
a. Holds a full and unrestricted license to practice dentistry in any state of the United States or in territories, other than the State of Alabama, in which the applicant is licensed.
b. Has not had any disciplinary action or other action taken against him or her by any state or licensing jurisdiction. If there has been previous disciplinary or other action taken against the applicant, the board may issue a certificate of qualification if it finds that the previous disciplinary or other action indicates that the dentist is not a potential threat to the public.
c. Submits an application and application fee for a certificate of qualification for a special purpose license to practice dentistry across state lines on a form provided by the board and pays a fee upon certification. All required fees shall be established by the board.
(2) A special purpose license issued by the board to practice dentistry across state lines limits the licensee solely to the practice of dentistry across state lines. The special purpose license shall be valid for a period of up to three years, shall expire on a renewal date determined by the board, and may be renewed upon receipt of a renewal fee as established by the board. Failure to renew a license according to the renewal schedule established by the board shall cause the special purpose license to be inactive. An applicant may reapply for a special purpose license to practice dentistry across state lines following placement of the license on inactive status. The applicant shall meet the qualifications of subdivision (1) in order to be eligible for renewal of the license.
(3) Notwithstanding the provisions of this section, the board shall only issue a special purpose license to practice dentistry across state lines to an applicant whose principal practice location and license to practice are located in a state or territory of the United States whose laws permit or allow for the issuance of a special purpose license to practice dentistry across state lines or similar license to a dentist whose principal practice location and license are located in another state. It is the stated intent of this section that dentists who hold a full and current license authorizing him or her to practice in the State of Alabama shall be afforded the opportunity to obtain a reciprocal license to practice dentistry across state lines in any other state or territory of the United States as a precondition to the issuance of a special purpose license as authorized by this section to a dentist licensed in the other state or territory. The board shall determine which states or territories have reciprocal licensure requirements meeting the qualifications of this section.
(h) Any applicant who does not qualify for licensure pursuant to any of the above subsections but who has passed an out-of-state examination approved by the board and possesses a license in good standing authorizing the applicant to practice in the state of issuance is eligible to apply for licensure upon payment of a fee established by the board. The board shall have discretion whether to require an examination for the applicant, including the time, place, type, and content of the examination.
(Acts 1959, No. 100, p. 569, §14; Acts 1979, No. 79-427, p. 668, §1(b); Act 99-402, p. 669, §1; Act 2002-512, p. 1318, §1; Act 2003-391, p. 1100, §1; Act 2009-18, p. 43, §3; Act 2010-262, p. 473, §1; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1; Act 2023-362, §1.)

Section 34-9-10.01 Special Volunteer License

(a) The board may issue a special volunteer license to practice dentistry or dental hygiene, or both, in this state pursuant to this section.

(b) The board may issue or deny issuance of a special volunteer license, and the denial, suspension, restriction, limitation, or revocation of a special volunteer license does not require a contested case proceeding under the Alabama Administrative Procedure Act.

(c) An applicant for a special volunteer license shall satisfy all of the following:

(1) Hold an active, full, and unrestricted license to practice dentistry or dental hygiene, as applicable, in another state or the District of Columbia and not be subject to any pending disciplinary action by any applicable licensing authority.

(2) Submit to the board a completed application and a fee prescribed by the board.

(d) The scope of practice authorized by a special volunteer license to practice dentistry or dental hygiene, or both, shall be the scope of practice for dentists and dental hygienists prescribed by this chapter. This chapter and the rules adopted by the board pursuant to this chapter are applicable to any holder of a special volunteer license, and a holder of a special volunteer license is deemed to have submitted to the disciplinary jurisdiction of the board for purposes of any disciplinary action arising out of his or her activities within this state.

(e)(1) A special volunteer license authorizes the holder to provide dental or dental hygiene treatment, or both, as applicable, in connection with an organized charitable event at a specific location approved in advance by the board. Each organized charitable event shall have at least one Alabama licensed dentist who regularly practices dentistry in this state who shall be the responsible custodian of all record of treatment provided in connection with the event.

(2) All treatment provided by a holder of a special volunteer license shall be provided under the direct supervision of at least one Alabama licensed dentist who regularly practices dentistry in this state, and each record of treatment shall specifically identify the supervising licensed dentist.

(3) The holder of a special volunteer license shall not solicit, receive, or accept any compensation, remuneration, or gratuity of any kind in connection with the provision of dental or dental hygiene treatment in this state other than reimbursement for actual expenses incurred.

(4) A holder of a special volunteer license is not eligible to receive an Alabama controlled substance certificate or any permit to perform sedation or anesthesia.

(f) A special volunteer license shall be valid for up to 15 calendar days, at the discretion of the board, within the 30-day period following the date of issuance and shall expire automatically by operation of law on the 31st day following issuance. The board, upon application, may renew a special volunteer license for no more than 15 calendar days each.

(g) The board may adopt rules as necessary to implement this section.

(Act 2024-89, §1.)

Section 34-9-11 Examination of Applicants; Issuance of Licenses

When an application and accompanying proof as required under this chapter are found satisfactory, the board shall notify the applicant to appear for examination at a time and place to be fixed by the board, and each applicant shall be examined and graded by number in lieu of name. All examinations provided for in this chapter shall be approved by the board and shall be of the type and character as to test the qualifications of the applicant to practice dentistry. Provided, however, the board may recognize any written parts of an examination given by the Joint Commission on National Dental Examinations in lieu of or subject to the board examinations as the board may approve. Those found qualified by the board, consistent with Section 34-9-10(a), shall be granted a license and a license certificate which shall bear a serial number, the full name of the licensee, the date of issuance, and the seal of the board, and shall be signed by each member of the board.

(Acts 1959, No. 100, p. 569, §15; Acts 1985, No. 85-697, p. 1120, §1; Act 2009-18, p. 43, §3; Act 2023-362, §1.)

Section 34-9-12 Recording, Reporting Requirements

(a) Every person granted a license to practice dentistry or dental hygiene in this state by the board, as herein provided, shall cause his or her license certificate to be recorded in the office of the judge of probate of the county in which he or she desires to practice before beginning the practice of dentistry or dental hygiene in the county. Any person receiving a license from the board, whether or not intending to immediately engage in the practice of dentistry or dental hygiene in this state, shall cause his or her license certificate to be recorded in the office of the judge of probate in one of the counties of this state within 60 days of the issuance of the license certificate.

(b) Every person issued a special purpose license to practice dentistry across state lines shall be subject to the jurisdiction of the board, and all rules and regulations of the board, including all matters relating to discipline. It shall be the affirmative duty of every special purpose licensee to report to the board in writing within 15 days of the initiation of any disciplinary action against the licensee to practice dentistry by any state or territory in which the licensee is licensed. In addition, the licensee agrees, by acceptance of the license, to produce any patient records or materials as requested by the board or to appear before the board or any of its committees following receipt of a written notice issued by the board. The notice may be issued by the board. The failure of a special purpose licensee to report, produce records, or appear as set forth above shall subject the licensee to the disciplinary penalties as set forth in Section 34-9-5.

(c) Every person issued a special purpose license to practice dentistry across state lines shall comply with all laws, rules, and regulations governing the maintenance of patient records, including patient confidentially requirements, regardless of the state where the records of any patient within this state are maintained.

(Acts 1959, No. 100, p. 569, §16; Act 99-402, p. 669, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-13 License and Registration Certificates to Be Kept in Office of Practitioner
Every practitioner of dentistry and dental hygiene within the meaning of this chapter shall have in his or her possession and posted in a visible location a license certificate and an annual registration certificate in the office wherein he or she practices. A licensed practitioner who practices in more than one location may reproduce the annual registration certificate as needed; however, the practitioner may not reproduce the license certificate. Copies of the license certificate may be requested by the practitioner from the board as necessary.
(Acts 1959, No. 100, p. 569, §17; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-14 Change of Address Generally
Every licensed dentist and dental hygienist upon changing his or her place of practice, whether from one building, city, street address, or county to another, shall within 30 days thereafter furnish the secretary-treasurer of the board with the new address. The secretary-treasurer shall acknowledge receipt of change of address within 30 days.
(Acts 1959, No. 100, p. 569, §18; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-15 Annual Registration; Continuing Education
(a) No individual shall practice dentistry or dental hygiene in the State of Alabama unless licensed or permitted by the board and registered annually as required by this chapter.
(b)(1) The secretary-treasurer of the board shall issue to each licensee an initial registration form which shall contain space for the insertion of name, address, date, and number of license certificate, and other information as the board shall deem necessary. The licensee shall sign and verify the accuracy of the registration before a notary public after which he or she shall forward the registration to the secretary-treasurer of the board together with a fee. Each subsequent registration shall be made in electronic format or by United States mail upon a form to be determined by the board.
(2) On or before October 1 of each year, every dentist and dental hygienist licensed or permitted to practice dentistry or dental hygiene in the state shall transmit either online or by United States mail to the secretary-treasurer of the board the completed form prescribed by the board, together with a fee established by the board pursuant to this chapter, and receive thereafter the current annual registration certificate authorizing him or her to continue the practice of dentistry or dental hygiene in the state for a period of one year. Notwithstanding Section 34-9-16, the total amount of any administrative fines and costs assessed upon the licensee pursuant to Section 34-9-18 in a final and non-appealable order or agreement shall be added to and made a part of the fee.
(c)(1) Any license or permit previously granted under the authority of this chapter or any prior dental practice act shall automatically be suspended if the holder thereof fails to secure the annual registration certificate before January 1, each year. Any dentist or dental hygienist whose license or permit is automatically suspended by reason of failure, neglect, or refusal to secure the annual registration certificate shall be reinstated by the board upon payment of the penalty fee plus all accrued annual registration fees up to a maximum of five years, accompanied with the prescribed form for annual registration of the license or permit.

(2) Upon failure of any licensee or permittee to file application for the annual registration certificate and pay the annual registration fee on or before November 30, each year, the board shall notify the licensee or permittee by mail addressed to the last address of record that the application and fee have not been received and that, unless the application and fee are received on or before the first day of January, the license or permit shall be automatically suspended. The board shall notify the licensee or permittee by mail addressed to the last address of record of the effective date of the automatic suspension and the provisions for registration of the license or permit.
(d)(1) The board shall waive the annual payment of fees herein provided for and issue a current annual registration certificate to any licensee or permittee who has retired from the practice of dentistry or dental hygiene because of age or physical disability.
(2) The board by rule shall waive annual registration and the payment of fees while any licensee is on temporary active duty with any of the Armed Forces of the United States.
(3) The waivers of fees provided in this subsection shall be effective so long as the retirement because of age or physical disability or temporary active duty continues.
(e) The board shall adopt rules for the adoption of a program of continuing education for its licensees. The successful completion of continuing education program requirements shall be a requisite for renewal of licenses and permits issued pursuant to this chapter.
(Acts 1959, No. 100, p. 569, §18; Acts 1965, 3rd Ex. Sess., No. 25, p. 232, §1; Acts 1979, No. 79-427, p. 668, §1(c); Acts 1989, No. 89-407, p. 868, §3; Acts 1993, No. 93-159, p. 241, §3; Acts 1997, No. 97-701, p. 1418, §1; Act 2003-391, p. 1100, §1; Act 2009-18, p. 43, §3; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1; Act 2023-362, §1.)

Section 34-9-15.1 Release of Records
(a) Upon the request of a patient or authorized agent of a patient, a dentist shall promptly release to the patient or his or her authorized agent legible and accurate copies of all records of the patient regardless of how they are generated or maintained. The reasonable costs of reproducing copies shall not be more than the amounts authorized by statute and in the absence of any statutory authority no more than the actual cost of the reproduction.
(b) The release of records under this section shall not be made contingent upon the payment of any fee or charge owed by the patient.
(c) The provisions of the section shall survive the closing of a dental office or practice for any reason, including, but not limited to, sale of practice, any disciplinary action, retirement, disability, or death.
(Act 2009-18, p. 43, §4; Act 2011-571, p. 1165, §1.)

Section 34-9-16 Fee Schedule

The board shall establish and collect reasonable fees provided for in this chapter within the ranges set forth below and without having to engage in the rulemaking process:

Description	Not More Than
Dental Examination Application Fee	$750.00
Dental Examination Fee	$2,500.00
Dental Examination Materials Fee	$500.00
Dental Licensure by Credentials Application Fee	$4,000.00
Dental Licensure by Regional Exam Application Fee	$1,000.00
Special Purpose Licensure Fee	$750.00
Special Purpose Licensure Renewal Fee	$750.00
Dental Annual Registration Fee	$500.00
Dental License Reinstatement Penalty	$500.00
Dental Hygiene Program Application Fee	$500.00
Alabama Dental Hygiene Training Permit Fee	$450.00
Alabama Dental Hygiene Training Education Fee	$600.00
Alabama Dental Hygiene Program Instructor Certification Course Fee	$200.00
Alabama Dental Hygiene Program Instructional Materials Fee	$950.00
Dental Hygiene By Regional Exam Application Fee	$500.00
Dental Hygiene Examination Application Fee	$500.00
Dental Hygiene Examination Fee	$600.00
Dental Hygiene Examination Materials Fee	$400.00
Dental Hygiene Licensure by Credentials Fee	$2,000.00
Dental Hygiene Annual Registration Fee	$150.00
Dental Hygiene License Reinstatement Penalty	$200.00
Dental Hygiene Infiltration Anesthesia Permit Fee	$250.00
Dental Hygiene Infiltration Anesthesia Renewal Fee	$250.00
License Certificate Fee	$500.00
Duplicate or Replacement License Fee	$150.00
Dental Faculty Teaching Permit Fee	$350.00
Dental Faculty Special Teaching Permit Fee	$500.00
Alabama Controlled Substance Permit Fee	$400.00
Alabama Controlled Substance Permit Renewal Fee	$400.00
General Anesthesia Permit Fee	$1,500.00
General Anesthesia Permit Renewal Fee	$750.00
Parenteral Sedation Permit Fee	$1,500.00
Parenteral Sedation Permit Renewal Fee	$750.00
Oral Conscious Sedation Permit Fee	$250.00
Oral Conscious Sedation Permit Renewal Fee	$250.00
Mobile Dental Application/Inspection Fee	$1,500.00
Mobile Dental Renewal Fee	$1,500.00
Mobile Dental Facility/Portable Dental Operation Application for Certificate of Registration Fee	$750.00
Mobile Dental Facility/Portable Dental Operation Renewal of Certificate of Registration Fee	$500.00
Alabama Impaired Dental Professionals Committee Annual Monitoring Fee	$2,000.00
Special Volunteer License - Dentistry	$150.00
Special Volunteer License - Dental Hygiene	$150.00

(Acts 1959, No. 100, p. 569, §20; Acts 1965, 3rd Ex. Sess., No. 25, p. 232; Acts 1979, No. 79-427, p. 668, §1(d); Acts 1989, No. 89-407, p. 868, §3; Acts 1993, No. 93-159, p. 241, §3; Act 98-279, p. 457, §1; Act 99-402, p. 669, §1; Act 2009-18, p. 43, §5; Act 2010-262, p. 473, §1; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1; Act 2024-89, §2.)

Section 34-9-17 Use of Names

(a) Any person or persons may practice or offer to practice dentistry in connection with any dental office or offices by or under the use of a name other than their own provided their name or names as they appear on their license certificate granted to him or them as a dentist pursuant to this chapter appear in a reasonably dignified manner either following or beneath any name selected and further provided that such person or persons are personally present in their office or offices operating as a dentist or personally overseeing such operations as they are performed in their office or each of their offices. When an associate in practice is on temporary active duty with the armed forces, his or her name may continue to appear in connection with the practice of dentistry at any office or offices. Nothing herein shall allow or permit any person or persons to select a name that suggests or implies a nonprofit or charitable activity. The violation of any of the provisions of this subsection by any dentist may subject such dentist to any of the penalties outlined in Section 34-9-18.

(b) It shall be unlawful for a licensee to permit his or her name to appear in any manner on, within, or in connection with any office which he or she has sold to another licensee and from which he or she has severed active practice, provided the name of the dentist who sells his or her office to a licensed dentist, or in the event of the death of a licensee, the name of the deceased dentist, may remain in the office for a period not to exceed 12 months and it shall also be unlawful for the buyer to permit the former owner's name or the deceased's license to appear in any manner on, within, or in connection with the office, except as herein provided. The violation of any of the provisions of this subsection by any dentist may subject such dentist to the penalties outlined in subsection (b) of Section 34-9-18.

(c) Nothing in this section shall be so construed as to prevent two or more licensed dentists from associating together for the practice of dentistry.

(Acts 1959, No. 100, p. 569, §21; Acts 1985, No. 85-697, p. 1120, §1; Act 2009-18, p. 43, §5.)

Section 34-9-18 Grounds for Disciplinary Action

(a) The board may invoke disciplinary action as outlined in subsection (b) whenever it shall be established to the satisfaction of the board, after a hearing as hereinafter provided, that any dentist or dental hygienist has been guilty of the following:

(1) Fraud, deceit, or misrepresentation in obtaining any license, license certificate, annual registration certificate, money, or other thing of value.

(2) Gross immorality.

(3) Is a menace to the public health or to patients or others by reason of a disease.

(4) Is an habitual user of intoxicants or drugs rendering him or her unfit for the practice of dentistry or dental hygiene.

(5) Has been convicted for violation of federal or state narcotics or barbiturate laws.

(6) Is guilty of negligence or gross negligence.

a. For the purposes of this subdivision, negligence is defined as the failure to do what a reasonably prudent dentist or dental hygienist would have done under the same or similar circumstances or the doing of that which a reasonably prudent practitioner would not have done under the same or similar circumstances.

b. For the purposes of this subdivision, gross negligence is defined as willful or wanton conduct with reckless, malicious, or conscious disregard for the rights or safety of others, or conduct that is so deliberate, outrageous, and callous as to display total indifference to the health or safety of a patient, that could result in serious bodily injury or death.

(7) Is guilty of employing, allowing, or permitting any unlicensed person or persons to perform any work in his or her office which, under this chapter, can only be legally done by a person or persons holding a license to practice dentistry or dental hygiene.
(8) Willfully or negligently violates the rules of the State Department of Health or of the board regarding sanitation.
(9) Is guilty of division of fees, or agreeing to split or divide the fee received for dental service with any person for bringing or referring a patient without the knowledge of the patient or his or her legal representative, except the division of fees between dentists practicing in a partnership and sharing professional fees, or in case of one licensed dentist employing another.
(10) Is guilty of professional connection or association with or lending his or her name to anyone who is engaged in the illegal practice of dentistry or dental hygiene.
(11) Conviction in any court of competent jurisdiction of a felony or a misdemeanor involving moral turpitude.
(12)a. A dental hygienist using or attempting to use in any manner whatsoever any prophylactic list, call list, records, reprints, or copies of same, or information gathered therefrom, of the names of patients whom the dental hygienist served in the office of a prior employer, unless the names appear upon the bona fide call or prophylactic list of his or her present employer and were caused to appear through the legitimate practice of dentistry or dental hygiene as provided for in this chapter.
b. A licensed dentist who aids or abets or encourages a dental hygienist employed by him or her to make use of a prophylactic list or the calling by telephone or by the use of letters transmitted through the mails to solicit patronage from patients formerly served in the office of any dentist employing the hygienist.
(13) Pertaining to licensed dentists only, the prescribing, administering or dispensing of any controlled substances enumerated in Schedules I through V contained in the Alabama Uniform Controlled Substances Act, Chapter 2 of Title 20, or any amendment or successor thereto, or any drug not prescribed for any dentally or facially related condition, and/or for any necessary medication during the course of treatment rendered directly by the dentist, for any person not under his or her treatment in the regular practice of his or her profession.
(14) Irregularities in billing an insurance company or other third party payer for services rendered to a patient. For the purposes of this section irregularities in billing shall include: Reporting charges for the purpose of obtaining a total payment in excess of that usually received by the dentist for the services rendered; falsely reporting treatment dates for the purpose of obtaining payment; falsely reporting charges for services not rendered; falsely reporting services rendered for the purpose of obtaining payment; or failing to advise any third party payer that the copayment provisions of a contract have been abrogated by accepting the payment received from the third party payer as full payment.
(15) Pertaining to licensed dentists only, patient abandonment.
(16) Violating any rule adopted by the board.
(17) Has had his or her license or permit to practice dentistry or dental hygiene from another state suspended or revoked based upon acts similar to those described in this section. A certified copy of the record of suspension or revocation of the state making the suspension or revocation shall be conclusive evidence thereof.
(18) Violating any provision of this chapter.
(b) When the board finds any dentist or dental hygienist guilty of any of the grounds set forth in subsection (a), it may enter an order imposing one or more of the following penalties:
(1) Refuse to issue the dentist or dental hygienist any license or permit provided for in this chapter.

(2) With the exception of negligence as defined in paragraph (a)(6)a. revoke the license or permit of any dentist or dental hygienist.
(3) Suspend the license or permit of any dentist or dental hygienist.
(4) Enter a censure.
(5) Issue an order fixing a period and terms of probation best adapted to protect the public health and safety and to rehabilitate the dentist or dental hygienist.
(6) Impose an administrative fine not to exceed five thousand dollars ($5,000) for each count or separate offense.
(7) Impose restrictions on the scope of practice.
(8) Impose peer review or professional education requirements.
(9) Assess the costs of the disciplinary proceedings.
(c) Failure to comply with any order of the board, including, but not limited to, an order of censure or probation, is cause for suspension or revocation of a license.
(d)(1) No disciplinary action as outlined in subsection (b) or (c) shall be invoked or entered except after a hearing by the board as provided in this chapter, and such order is subject to judicial review as provided by this chapter.
(2) No order of suspension or revocation provided in this section shall be made or entered except after a hearing by the board as provided in this chapter, and the order shall be subject to judicial review as provided by this chapter.
(e)(1) The board may temporarily suspend a special purpose license to practice dentistry across state lines without a hearing on either of the following grounds:
a. The failure of the licensee to appear or produce records or materials as requested by the board.
b. The initiation of a disciplinary action against the licensee by any state or territorial licensing jurisdiction in which the licensee holds a license to practice dentistry.
(2) Notwithstanding any other provision of law, including the Alabama Administrative Procedure Act, the temporary suspension provided herein shall remain in effect until either the licensee has complied with the request of the board or the disciplinary action pending against the licensee has been terminated in favor of the licensee and the temporary suspension has been terminated by a written order of the board. A special purpose license to practice dentistry across state lines is subject to each of the grounds for disciplinary action provided in this section in accordance with the procedures of Section 34-9-24 and the Alabama Administrative Procedure Act.
(f) Members of the board, any agent, employee, consultant, or attorney for the board, and the members of any committee of dentists or dental hygienists impaneled by the board, shall be immune from suits for any conduct in the course of their official duties with respect to investigations or hearings; provided, that the persons act without malice and in good faith that such investigations or hearings are warranted by the facts, known to them after diligent effort to obtain the facts of the matter relative to the investigations or hearings.
(g) Nothing in this chapter shall be interpreted to limit or restrict the authority of the board to discipline any dentist licensed to practice in this state who violates this chapter while engaging in the practice of dentistry within this or any other state.
(h) The board shall have the authority to adopt rules imposing a non-disciplinary administrative penalty for designated violations of this chapter.
(Acts 1959, No. 100, p. 569, §22; Acts 1981, No. 81-372, p. 540, §3; Acts 1985, No. 85-697, p. 1120, §1; Acts 1986, No. 86-498, p. 950, §1; Act 99-402, p. 669, §1; Act 2005-73, p. 106, §3; Act 2009-18, p. 43, §5; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

<u>Section 34-9-19</u> Advertising - Dentist; Specialty Requirements; Practice Emphasis; Purpose of Section; Rules and Regulations

(a) For the purpose of this section, the following terms shall have the respective meanings:

(1) ADVERTISEMENT. An advertisement is information communicated in a manner designed to attract public attention to the practice of a dentist as heretofore defined.

(2) DENTIST. Any person licensed to practice dentistry in this state pursuant to this chapter or any entity authorized by law which is formed for the purpose of practicing dentistry.

(3) FALSE. A false statement or claim is one which:

a. Contains a material misrepresentation of fact or law.

b. Omits a material fact rendering the statement or claim when considered as a whole false.

(b) A dentist shall have ultimate responsibility for all advertisements which are approved by him or her or his or her agents or associates and the dentist shall be responsible for the following:

(1) Broadcast advertisements shall be recorded, approved by the dentist, and a recording of the actual transmission shall be retained by the dentist for one year following the final appearance or use of the advertisement. The dentist is responsible for making copies of the advertisement available to the board within 10 days following a request by the board.

(2) Written or printed advertisements shall be approved by the dentist and a copy of the publication in which the advertisement is displayed shall be retained by the dentist for one year following the final appearance or use of the advertisement. The dentist is responsible for making copies of the advertisement available to the board within 10 days following a request by the board.

(3) Other forms of advertisement shall be approved by the dentist and the contents and specifications, where applicable, shall be retained by the dentist for one year following the final appearance or use of the advertisement and the dentist is responsible for making copies of the advertisement available to the board within 10 days following a request by the board.

(c) A dentist may not hold himself or herself out as a specialist or advertise specialty status unless the specialty is approved by the board.

(d) Dentists who are not specialists in specialties approved by the board may nevertheless advertise that their practice is limited to a specific area of dentistry only if the dentist has obtained membership in or otherwise has been credentialed by an accrediting organization which is recognized by the board as a bona fide organization for such an area of practice.

(e) Notwithstanding any provision of this section to the contrary, a dentist licensed pursuant to this chapter may not hold himself or herself out as a specialist or advertise membership in a specialty recognized by an accrediting organization, unless the dentist has continuously held himself or herself out as a specialist since December 31, 1964, in a specialty recognized by the board or has completed a specialty education program approved by the board and the Commission on Dental Accreditation and meets either of the following qualifications:

(1) Is eligible for examination by a national specialty board recognized by the board.

(2) Is a diplomate of a national specialty board recognized by the board.

(f) A dentist licensed under this chapter may not represent to the public without appropriate disclosure that his or her practice is limited to a specific area of dentistry other than a specialty area of dentistry authorized under subsection (e) unless the dentist has attained membership in or has otherwise been credentialed by an accrediting organization which is recognized by the board as a bona fide organization for such an area of dental practice. In order to be recognized by the board as a bona fide accrediting organization for a specific area of dental practice other than a specialty area of dentistry authorized under subsection (c), the organization must condition membership or credentialing of its members upon all of the following:

(1) Successful completion of a formal, full-time advanced education program that is affiliated with or sponsored by a university-based dental school that is beyond the dental degree, is at the graduate or postgraduate level, and is of at least 12 months in duration.

(2) Prior didactic training and clinical experience in the specific area of dentistry which is greater than that of other dentists.

(3) Successful completion of oral and written examinations based on psychometric principles.

(g) Notwithstanding the requirements of subsections (e) and (f), a dentist who lacks membership in or certification, diplomate status, or other similar credentials from an accrediting organization approved as bona fide by the board may announce a practice emphasis in any other area of dental practice if the dentist incorporates in capital letters or some other manner clearly distinguishable from the rest of the announcement, solicitation, or advertisement the following statement: "_____ (NAME OF ANNOUNCED AREA OF DENTAL PRACTICE) IS NOT RECOGNIZED AS A SPECIALTY AREA BY THE BOARD OF DENTAL EXAMINERS OF ALABAMA." If such an area of dental practice is officially recognized by an organization which the dentist desires to acknowledge or otherwise reference in the dentist's announcement, solicitation, or advertisement, the same announcement, solicitation, or advertisement shall also state prominently: "_____ (NAME OF REFERENCED ORGANIZATION) IS NOT RECOGNIZED AS A BONA FIDE SPECIALTY ACCREDITING ORGANIZATION BY THE BOARD OF DENTAL EXAMINERS OF ALABAMA."

(h) The purpose of this section is to prevent a dentist from advertising without appropriate disclosure membership in an organization which may be perceived by the public as recognizing or accrediting specialization or other unique competencies in an area of dentistry that is not recognized or accredited by the board in accordance with this section. The purpose of this section is also to prohibit a dentist from advertising a specialty or other area of dental practice without appropriate disclosure unless the special competencies held by the dentist satisfy the requirements of subsections (d) and (f). The Legislature finds that dental consumers can reasonably rely on these requirements as satisfactory evidence of a dentist's attainment of meaningful competencies in the specialty or other bona fide area of dental practice advertised. The Legislature also finds that this process for the recognition of dental specialties and other bona fide areas of dental practice is the least restrictive means available to ensure that consumers are not mislead about a dentist's unique credentials.

(i) A dentist who lacks membership in or certification, diplomate status, or similar credentials from an accrediting organization approved as bona fide by the board may announce a practice emphasis in any other area of dental practice if the dentist incorporates the disclaimer set forth in subsection (g).

(j) The board shall promulgate rules and regulations delineating examples of advertising which would be considered false, fraudulent, misleading, or deceptive.

(Acts 1959, No. 100, p. 569, §23; Acts 1981, No. 81-372, p. 540, §4; Acts 1985, No. 85-697, p. 1120, §1; Acts 1988, 1st Ex. Sess., No. 88-854, p. 327, §1; Acts 1997, No. 97-701, p. 1418, §1; Act 2003-391, p. 1100, §1; Act 2004-484, p. 901, §2; Act 2009-18, p. 43, §5; Act 2018-274, §1.)

<u>Section 34-9-19.1</u> Advertising - Dental Referral Service; Requirements; Prohibitions; Penalties

(a) For purposes of this section, the following words shall have the following meanings:

(1) ADVERTISEMENT. Information communicated in a manner designed to attract public attention to a referral service, participating dentist, or a practice of dentistry.

(2) DENTAL REFERRAL SERVICE. A person, firm, partnership, association, corporation, agent, or employee of any of the foregoing that engages in any business or service for profit that in whole or in part includes the referral or recommendation of persons to a dentist for any form of dental care or treatment.

(3) DENTIST. Any person licensed to practice dentistry or any entity authorized by law which is formed for the purpose of practicing dentistry.

(4) FALSE, FRAUDULENT, MISLEADING, OR DECEPTIVE STATEMENT. A statement or claim having one or more of the following characteristics:

a. One that contains a misrepresentation of fact.

b. One that is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

c. One that is intended or is likely to create a false or unjustified expectation of favorable results.

d. One that implies unusual superior dental ability.

e. One that contains other representations or implications that in reasonable probability will cause an ordinary and prudent person to misunderstand or be deceived.

(5) PARTICIPATING DENTIST. A dentist who has paid a fee to the dental referral service in order to be included on its referral service.

(b) A dental referral service shall not participate in the advertising of or operate a dental referral service unless all of the following conditions are met:

(1) The patient referrals by the dental referral service result from patient-initiated responses to the service's advertising.

(2) The dental referral service discloses to any prospective patient who makes contact with the service that the participating dentists have paid a fee for participation in the service.

(3) The dental referral service does not impose a fee on the participating dentists dependent on the number of referrals or amount of professional fees paid by the patient to the dentist.

(4) Participating dentists charge no more than their usual and customary fees to any patient referred.

(5) The dental referral service registers with the Board of Dental Examiners of Alabama providing all the following information:

a. Name.

b. Street address.

c. Mailing address.

d. Telephone number.

e. Name of registered agent or person responsible for the operation of the dental referral service.

f. Listing of other states where the dental referral service is registered.

g. A copy of the standard form contract that regulates its relationship with participating dentists.

(c) Participating dentists shall not enter into a contract or other form or agreement to accept for dental care or treatment a person referred or recommended for the care or treatment by a dental referral service unless the dental referral service meets all the requirements of this section.

(d) A dental referral service that advertises shall include in each advertisement in legible or audible language, or both, a disclaimer containing all the following statements or information that:
(1) The participating dentist of the dental referral service is a dentist who has paid a fee to participate in the service.
(2) The advertisement is paid for by participating dentists.
(3) No representation is made about the quality of the dental services to be performed or the expertise of the participating dentists.
(4) Participating dentists are not more or less qualified than dentists who are not participating in the service.
(e) Dental referral service advertisements shall not do any of the following:
(1) Advertise or solicit patients in a manner that contains a false, fraudulent, misleading, or deceptive statement in any material respect.
(2) Publish or circulate, directly or indirectly, any false, fraudulent, misleading, or deceptive statement as to the skill or methods of practice of any participating dentist.
(3) Contain a statement or make a recommendation that the dental referral service provides referrals to the most qualified dentists or dental practices.
(4) Contain a review process or a screening.
(5) Contain qualifications or information verification that misleads the public into thinking a participating dentist has obtained special recognition or joined a selective group of licensed dentists by being a participating dentist in the dental referral service.
(f) A violation of Sections 34-9-15, 34-9-19, 34-9-28, or this section, including, but not limited to, advertising in any manner which is false, fraudulent, misleading, or deceptive, shall subject a participating dentist to possible administrative disciplinary actions outlined in Section 34-9-18, after notice and hearing by the Board of Dental Examiners of Alabama and the opportunity for judicial review as provided in this article.
(Acts 1997, No. 97-701, p. 1418, §2; Act 2003-391, p. 1100, §1.)

Section 34-9-20 Unauthorized Advertising, Selling, or Offering of Dental Services and Appliances; Injunctions
Any person, which word when used in this section shall include all legal entities not licensed to practice dentistry in this state, who shall advertise in any manner to the general public that he or she can or will sell, supply, furnish, construct, reproduce, or repair prostheses (fixed or removable), or other appliances to be used or worn as substitutes for natural teeth, or for the regulation thereof, shall be guilty of a misdemeanor, and the circuit courts shall have jurisdiction to enjoin such person from so doing.
(Acts 1959, No. 100, p. 569, §24; Acts 1981, No. 81-372, p. 540, §5; Act 2011-571, p. 1165, §1.)

Section 34-9-21 Employing Services of Commercial Dental Laboratory or Private Technician

(a) Every duly licensed and registered dentist who employs the services of a commercial dental laboratory or private technician for the purpose of constructing, altering, repairing, or duplicating any prostheses (fixed or removable), splint, or orthodontic appliance shall be required to furnish the commercial dental laboratory or private technician an impression or cast made by the dentist when necessary, together with a prescription setting forth the following:

(1) The name and address of the commercial dental laboratory or private dental technician.

(2) The patient's name or identification number, and if a number is used the patient's name shall be written upon the duplicate copy of the prescription retained by the dentist.

(3) The date on which the prescription was written.

(4) A description of the work to be done, with diagram if necessary.

(5) A specification of the type and quality of materials to be used.

(6) The signature of the dentist and his or her license number.

(b) Such prescription shall be made in duplicate form. The duplicate copy shall be retained in a permanent file for a period of two years by the dentist, and the original copy shall be retained on a permanent file for a period of two years by the commercial dental laboratory or private technician. Such permanent file of prescriptions to be kept by such dentists, commercial dental laboratory, or private technician shall be open to inspection at any reasonable time by the board or its duly constituted agent. Failure of the dentist, commercial dental laboratory, or private technician to keep such permanent records of prescriptions which are identifiable with each prostheses (fixed or removable), splint, or orthodontic appliance shall be prima facie evidence of a violation of this chapter and shall constitute and be punishable as a misdemeanor.

(Acts 1959, No. 100, p. 569, §25; Act 2011-571, p. 1165, §1.)

Section 34-9-22 Sale, Offer to Sell, Procurement, or Alteration of Diploma or Certificate; Fraud or Cheating

Whoever sells or offers to sell a diploma conferring a dental or dental hygiene degree, or a license certificate or annual registration certificate granted pursuant to this chapter or prior dental act, or procures such diploma or license certificate or annual registration certificate with intent that it shall be used as evidence of the right to practice dentistry or dental hygiene as defined by law, by a person other than the one upon whom it was conferred or to whom such license certificate or annual registration certificate was granted, or with fraudulent intent alters such diploma or license certificate or annual registration certificate, or uses or attempts to use it when it is so altered shall be deemed guilty of a misdemeanor. The board may impose any of the penalties outlined in Section 34-9-18 against any person found guilty of making a false statement or cheating, or of fraud or deception either in applying for a license, a license certificate, or annual registration or in taking any of the examinations provided for herein.

(Acts 1959, No. 100, p. 569, §26; Acts 1985, No. 85-697, p. 1120, §1; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-23 Title and Letters Signifying Degree

Any licensed dentist of this state being a graduate of a reputable dental school or college recognized by the board shall have the right to use the title "doctor" or abbreviation thereof before his or her name, or appended to his or her name the letters "D.D.S.," "D.M.D.," or equivalent letters signifying the dental degree conferred upon him or her.

(Acts 1959, No. 100, p. 569, §27.)

Section 34-9-24 Statement of Charges and Notice of Hearing Before Revocation or Suspension of License.

No action to revoke or suspend a license or permit shall be taken until the licensee or permittee has been furnished a statement in writing of the charges against him or her, together with a notice of the time and place of the hearing. The statement of charges and notice shall be served upon the licensee or permittee at least 20 days before the date fixed for hearing, either personally or by registered or certified mail sent to his or her last known physical home or office address or post office address, or any combination of them.

(Acts 1959, No. 100, p. 569, §29; Acts 1965, 3rd Ex. Sess., No. 25, p. 232, §1; Act 2011-571, p. 1165, §1.)

Section 34-9-25 Judicial Review of Orders of Board

From any order of the board imposing any of the penalties found in Section 34-9-18, any party affected thereby may bring an action in the circuit courts to set aside the order on the ground that same is unlawful or arbitrary.

(Acts 1959, No. 100, p. 569, §30; Acts 1985, No. 85-697, p. 1120, §1.)

Section 34-9-26 Examination, Qualifications, Licensing, Etc., of Dental Hygienists

(a) No individual shall practice as a dental hygienist in this state until he or she is duly licensed and currently registered as a dental hygienist pursuant to this chapter.

(b) The board may issue licenses and license certificates to practice as dental hygienists to applicants who have passed the examination and have been found qualified by the board. Alternatively, the board may deny licenses or license certificates in instances where it determines that doing so would be inconsistent with the public interest and the promotion of public health and safety.

(c) The license certificate and annual registration certificate shall be displayed in the office in which the dental hygienist is employed.

(d) No applicant shall be entitled to a license and license certificate unless he or she is 19 years of age and of good moral character.

(e) Each applicant for examination and license as a dental hygienist shall meet either of the following requirements:

(1) Has graduated from a school of dental hygiene that has been approved by the board.

(2) Has served as a dental assistant for a period of time established by board rule and has served at least one year as a dental hygienist trainee under a training permit issued by the board to a qualified dentist practicing in this state in accordance with the dental hygienist training program established by the board.

(f) Any person practicing in violation of this section shall be guilty of a misdemeanor, and the board may impose the penalties outlined in Section 34-9-18 for such violation.

(Acts 1959, No. 100, p. 569, §35; Acts 1979, No. 79-427, p. 668, §1(e); Acts 1985, No. 85-697, p. 1120, §1; Acts 2001-269, p. 328, §3; Act 2009-18, p. 43, §5; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1; Act 2023-362, §1.)

Section 34-9-27 Employment, Supervision, and Practice of Dental Hygienists.

(a) A dental hygienist shall work only under the direct supervision of a licensed dentist practicing in this state. A dental hygienist may perform any duties allowed by rule of the board and assist a licensed or permitted dentist in his or her practice.

(b) Any dental hygienist licensed by the board under this chapter who has completed the curriculum for dental hygienists at a dental school approved by the board shall have the right to use the title Registered Dental Hygienist or the abbreviation thereof, "R.D.H." appended to his or her name signifying the license conferred.

(c) The board may impose any of the penalties outlined in Section 34-9-18 against any dentist who permits any dental hygienist working under his or her supervision to perform any operation other than those permitted under this section, and may impose the penalties outlined in Section 34-9-18 against any dental hygienist who performs any operation other than those permitted under this section.

(Acts 1959, No. 100, p. 569, §36; Acts 1985, No. 85-697, p. 1120, §1; Acts 1993, No. 93-159, p. 241, §3; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1; Act 2023-362, §1.)

Section 34-9-28 Notification of Change of Address or Employer; Annual Registration Requirements

It shall be the duty of all licensed dental hygienists to notify the board, in writing, of any change of address or employer and have issued to them an annual registration certificate by the board. Any dental hygienist whose license shall be automatically suspended by reason of failure, neglect, or refusal to secure the annual registration certificate may be reinstated by the board upon payment of the penalty fee plus the current year's registration fee. The form and method provided for in Section 34-9-15 shall apply to the annual registration of dental hygienists.

(Acts 1959, No. 100, p. 569, §37; Acts 1965, 3rd Ex. Sess., No. 25, p. 232, §1; Acts 1997, No. 97-701, p. 1418, §1; Act 2009-18, p. 43, §5; Act 2011-571, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-29 Injunctions Against Violations of Chapter.

When it appears to the board that any person is violating any of the provisions of this chapter, the board may in its own name bring an action in the circuit court for an injunction, and said court of this state may enjoin any person from violating this chapter regardless of whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted. For purposes of this section, person shall be deemed to include any individual, firm, partnership, corporation, professional association, professional corporation or other entity.

(Acts 1959, No. 100, p. 569, §31; Acts 1985, No. 85-697, p. 1120, §1.)

<u>Section 34-9-40</u> Creation; Composition

(a) In order to accomplish the purposes and to provide for the enforcement of this chapter, there is hereby created the board. The board is hereby vested with the authority to carry out the purposes and enforce the provisions of this chapter. On June 24, 1959, the members of the present board now in existence shall hold office for the remainder of their respective terms for which they have been elected and thereafter until their successors are elected and qualified and shall constitute the board under this chapter. The board shall consist of six dentists who shall be selected in the method set forth herein all of whom having been actively engaged in the practice of dentistry in the State of Alabama for at least five years next preceding the date of their election and one dental hygienist elected at-large as provided in subsection (b). Each member of the board shall be a citizen of this state. No member of the board shall be a member of the faculty of any dental school, dental college, dental hygiene school, or dental hygiene college or receive any financial benefits for teaching in any dental school, dental college, dental hygiene school, or dental hygiene college or have a financial interest in a commercial dental laboratory or a dental supply business. One member, who is qualified as provided herein, shall be selected by the Alabama Dental Society every five years. As for all elections of members, any group of 10 or more licensed dentists, residing and practicing dentistry in the state, may nominate a candidate for the position of board member by submitting a petition bearing their signatures to the secretary of the board to be postmarked no later than the first day of July in the year of the election. The board shall cause the election ballots to be mailed or published digitally not later than September 1 in the year of the election to all the licensed dentists residing and practicing in the state and currently registered as prescribed by law. The ballot shall be postmarked, or otherwise submitted electronically, no later than October 1 to the secretary of the board. Three members of the board shall be present at the time the ballots, digital or physical, are tallied. Any candidate receiving a majority of the votes shall be declared elected to the board and will take the oath of office on or before October 15 in the year of his or her election. In the event no candidate receives a majority of the votes cast, the board shall conduct a run-off election between the two candidates receiving the largest number of votes. The board shall cause the ballots pertaining to the run-off election to be mailed or digitally published on or before October 31 of the election year to all the licensed dentists who have renewed their licenses for the succeeding year as of October 1 of the current year, are residing and practicing in the state, and currently are registered as prescribed by law, and the ballots pertaining to the run-off election shall be postmarked or digitally published no later than the fourteenth day of November in the year of the run-off election and received, if mailed, by the secretary of the board no later than the first board workday following the fourteenth day of November. All mailed ballots received after this date shall be nullified. In the event of a run-off election, the candidate receiving the largest number of votes in the run-off election shall be declared elected to the board and shall take the oath of office and begin his or her term of office no later than the next scheduled board meeting. Every member elected shall hold office for a period of five years, which terms shall begin immediately upon taking an oath to properly and faithfully discharge the duties of his or her office and until his or her successor is elected and qualified, and the member so elected or appointed shall not at the expiration of the term be eligible to succeed himself or herself. The membership of the board shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state. Except for the board member position selected by the Alabama Dental Society, vacancies on the board shall be filled by the board by the appointment of the immediate past member of the board, and if for any reason the immediate past member of the board is unable to accept the appointment, then the board shall fill the vacancy by appointment of the most recent past board member who is willing to accept the appointment. If no past board member accepts the appointment, then the board may, by majority vote, appoint any licensed dentist qualified under the provisions of

this chapter. In the event of a vacancy in the position selected by the Alabama Dental Society, the Alabama Dental Society shall select a dentist who is qualified as provided herein to fill the vacancy. Members of the board shall be removed by a two-thirds vote of the registered dentists in the state for neglect of duty or any just cause, by petition to the secretary of the board by 10 percent of the licensed dentists in the state. On or before July 1, 1962, the board shall send a copy of this section to all licensed dentists in the state.

(b)(1) One member of the board shall be a licensed dental hygienist. The dental hygienist member shall be of good moral and ethical character and shall have been actively engaged in the practice of dental hygiene in the State of Alabama for at least five years preceding the date of election. No dental hygienist member shall be a member of the faculty of any dental school, dental college, dental hygiene school, or dental hygiene college or receive any financial benefits for teaching in any dental school, dental college, dental hygiene school, or dental hygiene college or have a financial interest in a commercial dental laboratory or dental supply business while serving on the board.

(2) The dental hygienist member shall be elected as follows:

a. Any group of 10 or more licensed dental hygienists, residing and practicing dental hygiene in the State of Alabama, may nominate a candidate for the dental hygienist position by submitting a petition bearing their signatures to the secretary of the board no later than the first day of July in the year of an election. The board shall cause election ballots to be mailed or published digitally no later than September 1 in the year of an election to all the licensed dental hygienists residing and practicing in the state and currently registered as prescribed by law. The ballot shall be postmarked or otherwise submitted electronically no later than October 1 to the secretary of the board.

b. Three members of the board shall be present at the time the ballots, digital or physical, are tallied. Any candidate receiving a majority of the votes shall be declared elected to the board and shall take the oath of office on or before October 15 in the year of his or her election. In the event no candidate receives a majority of the votes cast, the board shall conduct a run-off election between the two candidates receiving the largest number of votes. The board shall cause the ballots pertaining to any run-off election to be mailed or digitally published on or before October 31 of the election year to all licensed dental hygienists who have renewed their licenses for the succeeding year as of October 1 of the current year, are residing and practicing in the state, and are currently registered as prescribed by law, and the ballots pertaining to the run-off election shall be postmarked or digitally submitted no later than the fourteenth day of November in the year of the run-off election and received, if mailed, by the secretary of the board no later than the first board workday following November 14. All mailed ballots received after November 14 shall be nullified. In the event of a run-off election, the dental hygienist candidate receiving the largest number of votes in the run-off election shall be declared elected to the board and shall take the oath of office and begin his or her term of office no later than the next scheduled board meeting.

c. All elections as described above shall be conducted by the board.

(3) The dental hygienist member shall be removed by a two-thirds vote of the registered dental hygienists in the state for neglect of duty or any just cause by petition to the secretary of the board by 10 percent of the licensed dental hygienists in the state.

(4) The dental hygienist member shall hold that position for a period of five years,
which term shall begin immediately upon taking an oath to properly and faithfully discharge the duties of his or her office and continue until his or her successor is elected and qualified, and the member so elected or appointed shall not at the expiration of the term be eligible to succeed himself or herself. If a vacancy occurs in the position of dental hygienist, the unexpired term shall be filled by the board by the appointment of the immediate past dental hygienist member. If for any reason the immediate past dental hygienist member is unable to accept the appointment, then the board shall fill the vacancy by a majority vote of the other board members by the appointment of some other past dental hygienist member. If a vacancy occurs and there is not an immediate past dental hygienist member or other past dental hygienist member, the vacancy shall be filled by a unanimous vote of the board by the appointment of some otherwise qualified dental hygienist.
(5) The dental hygienist member shall advise the board on matters relating to dental hygiene and shall only be permitted to vote on matters relating to dental hygiene. The board shall provide the dental hygienist member with timely notice of all board meetings and the dental hygienist member shall be allowed to attend all meetings unless prohibited by law from attendance at any disciplinary hearings. The board shall not adopt any rule relating to the practice of dental hygiene unless the proposed rule has been submitted to the dental hygienist member for review and comment at least 30 days prior to its adoption. The dental hygienist member shall be entitled to the same compensation and expenses paid to dentist members of the board pursuant to Section 34-9-41.
(c) Any dentist or dental hygienist who has been found guilty of violating this chapter or any provision of a dental practice act of any other state and as a result his or her license was revoked, suspended, or placed on probation or who has been convicted of a felony, shall not be eligible for election or membership on the board for a period of five years from the termination of any such revocation, suspension, or probation.
(Acts 1959, No. 100, p. 569, §2; Acts 1961, Ex. Sess., No. 58, p. 1923, §1; Acts 1993, No. 93-159, p. 241, §3; Acts 1997, No. 97-155, p. 202, §3; Act 99-402, p. 669, §1; Act 2009-18, p. 43, §5; Act 2011-571, p. 1165, §1; Act 2013-252, p. 626, §1; Act 2018-274, §1.)

Section 34-9-41 Officers of Board; Seal; Meetings; Compensation; Disposition of Funds
The board shall annually elect from its membership a president, vice-president, and secretary-treasurer and may employ staff members who are not members of the board. The board shall have a common seal. The board shall hold an annual meeting for the purpose of transacting its business and examinations, and additional meetings at such times and places as the board may designate. A majority of the board shall constitute a quorum for the transaction of business at any meeting except that in conducting hearings involving any of the penalties outlined in Section 34-9-18, no less than five members of the board shall be present. In conducting hearings involving any of the penalties outlined in Section 34-9-18, a majority of the board may appoint any former member of the board who for such purposes shall have all the powers and privileges of such office as a regular board member possesses. In conducting or participating in exams, a majority of the board may appoint any former member of the board or such other licensed practicing dentists from a jurisdiction recognized by the board who for such purposes shall have all the powers and privileges of such office as a regular board member possesses. Out of the funds of the board the members thereof shall receive as compensation a sum to be fixed by the board for each day actively engaged in the duties of their office, and in addition board members shall receive the same per diem and travel allowance as is paid by law to state employees for each day actively engaged in the duties of their office. The secretary-treasurer shall receive such compensation as may be fixed by the board, which shall be in addition to his or her per diem and expenses, provided no per diem or expenses shall be

allowed unless his or her duties require his or her absence from his or her office. The secretary shall receive such compensation as may be fixed by the board. The secretary-treasurer shall be custodian of all property, money, records and the official seal of the board. All money received by the board under this chapter shall be paid to and received by the secretary-treasurer of the board. The secretary-treasurer shall deposit to the credit of the board all funds paid to the board in a bank selected by its members. The board is authorized to expend such funds as shall be necessary to enforce the provisions of this chapter; to pay salaries, expenses and other costs herein provided; to promote the arts and science of dentistry; and for such other purposes as the board shall consider to be in the best interest of dentistry in this state. All the costs herein provided for shall be paid by checks drawn by the secretary-treasurer and countersigned by the president of the board; except the board may authorize the administrative secretary or the executive director to sign checks for costs that do not exceed a monetary limit to be set by the board in its rules. Should the property be other than money, the secretary-treasurer shall provide for the safekeeping thereof for the use of the board. All money, including license fees, annual renewal license certificate fees, examination fees and any and all other fees and receipts under the provisions of this chapter, are hereby appropriated to the board to be used as herein provided.

(Acts 1959, No. 100, p. 569, §3; Acts 1961, Ex. Sess., No. 58, p. 1923, §1; Acts 1979, No. 79-427, p. 668, §1 (f); Acts 1985, No. 85-697, p. 1120, §1; Acts 1989, No. 89-407, p. 868, §3; Act 2009-18, p. 43, §5; Act 2010-262, p. 473, §1; Act 2011-571, p. 1165, §1; Act 2018-274, §1.)

Section 34-9-42 Bond of Secretary-Treasurer of Board; Annual Report and Audit; National Affiliation

The secretary-treasurer of the board shall give bond in such sum as may be prescribed by the board, conditioned to faithfully and honestly discharge the duties of the office according to law, which bond shall be made payable to the Board of Dental Examiners of Alabama and held in the custody of the president of the board. The secretary-treasurer of the board shall compile an annual report which shall contain an itemized statement of all money received and disbursed and a summary of the official acts of the board during the preceding year, and the report shall have attached thereto a certified report and audit made by a certified public accountant of the State of Alabama. A copy of the report and audit shall be filed of record in the office of the Department of Finance of the State of Alabama, and a copy shall be retained by the secretary-treasurer to be rendered upon request, to the dentists at large in the State of Alabama. The board may affiliate with the American Association of Dental Boards, may pay dues to the association and may send all members of the board to the meetings of the association. Such delegates may receive the per diem herein provided for attending such meetings and reimbursement for necessary expenses audited and allowed by the board.

(Acts 1959, No. 100, p. 569, §4; Acts 1961, Ex. Sess., No. 58, p. 1923, §1; Acts 1981, No. 81-372, p. 540, §6; Act 2010-262, p. 473, §1.)

Section 34-9-43 Powers and Duties Generally

(a) The board shall exercise, subject to this chapter, the following powers and duties:

(1) Adopt rules for its government as deemed necessary and proper.

(2) Adopt rules for qualification and licensing of dentists and dental hygienists.

(3) Conduct or participate in examinations to ascertain the qualification and fitness of applicants for licenses as dentists and dental hygienists.

(4) Adopt rules regarding sanitation.

(5) Adopt rules by which dental schools and colleges are approved, and adopt rules by which training, educational, technical, vocational, or any other institution that provides instruction for dental assistants, dental laboratory technicians, or any other paradental personnel are approved.

(6) Grant or deny licenses, license certificates, teaching permits, and annual registration certificates in conformity with this chapter.
(7) Conduct hearings or proceedings to impose the penalties specified in Section 34-9-18.
(8)a. Employ necessary individuals to assist in performing its duties in the administration and enforcement of this chapter, and to provide offices, furniture, fixtures, supplies, printing, or secretarial service and expend necessary funds.
b. Employ an attorney or attorneys, subject to the approval of the Attorney General, to advise and assist in the carrying out and enforcing this chapter. Provided, however, that if the board contracts with an outside attorney to be general counsel to the board, that attorney or any member of a law firm with which he or she is associated shall not function as the board's prosecutor at disciplinary hearings.
(9)a. Investigate alleged violations of this chapter and institute or have instituted before the board or the proper court appropriate proceedings regarding the violation.
b. Authorize and employ investigators who comply with the Alabama Peace Officers' Standards and Training Act to exercise the powers of a peace officer in investigating alleged violations of the drug or controlled substances laws by individuals licensed pursuant to this chapter, including the powers of arrest and inspection of documents.
(10) Adopt rules to implement this chapter.
(11) Publish, on a quarterly basis, all minutes, except minutes of executive sessions, financial reports, schedules of meetings, including anticipated executive sessions, and other pertinent information on the board's website no later than 90 days following the date of occurrence. In addition, publish or post annually the rules by the board, a copy of the Dental Practice Act, and a list of all individuals licensed to practice under this chapter.
(12) Attend meetings, seminars, workshops, or events that may improve the function and efficiency of the board or improve the ability of the board to enforce and administer this chapter.
(b) The board, in exercising its powers and duties, shall adhere to guidelines and proceedings of the State Ethics Commission as provided in Chapter 25 of Title 36. The board may adopt rules for the purpose of establishing additional ethical guidelines.
(Acts 1959, No. 100, p. 569, §5; Acts 1981, No. 81-372, p. 540, §7; Acts 1985, No. 85-697, p. 1120, §1; Acts 1987, No. 87-578, p. 923, §1; Acts 1993, No. 93-159, p. 241, §3; Act 2009-18, p. 43, §5; Act 2011-571, p. 1165, §1; Act 2023-362, §1.)

Section 34-9-43.1 Administration and Enforcement of Duties; Consultants
(a) The board may employ investigators, attorneys, agents, and any other employees and assistants to aid in the administration and enforcement of the duties of the board. The board may request assistance from the Attorney General, district attorneys, or other prosecuting attorneys of this state in the various circuits and counties. All prosecuting attorneys throughout the state shall assist the board, upon request of either, in any action for injunction or any prosecution without charge or additional compensation.
(b) The board may employ consultants to render professional services such as, but not limited to, reviewing records and providing expert testimony in contested cases to aid the board in carrying out its lawful responsibilities. Consultants shall be compensated for professional services at rates established by the board by rule. In addition, consultants shall be reimbursed for actual reasonable expenses for travel, lodging, meals, long distance telephone expense, and other expenses reasonably incurred in the performance of the consultant's professional services.
(Act 2005-298, 1st Sp. Sess., p. 563, §11.)

Section 34-9-43.2 Legislative Findings; Rulemaking Authority; Liability; Scope.

(a) The Legislature finds and declares all of the following:

(1) The power to make rules regulating the practice of dentistry and dental hygiene includes the power to prohibit unlicensed persons from practicing dentistry and dental hygiene and the power to regulate how licensed persons practice the same.

(2) A primary goal of the provision of health care is to prioritize patient health, safety, and welfare.

(3) The board is in the best position to determine the dental practices that affect and prioritize the health, safety, and welfare of the public.

(4) It is the intent of the Legislature in enacting this section to immunize the board, its members, employees, and agents from liability under state and federal anti-trust laws for the adoption of a rule that prioritizes patient health, safety, and welfare but appears to have elements that appear anti-competitive or have an anti-competitive effect when the effect on public health, safety, and welfare is clearly demonstrated and documented by the board.

(b) Subject to subsection (c), rules adopted under this section or Sections 34-9-18 and 34-9-43 may define and regulate the practice of dentistry and dental hygiene in a manner that prioritizes patient health, safety, and welfare, even if the rule has elements that appear anti-competitive or have an anti-competitive effect when the effect on public health, safety, and welfare is clearly demonstrated and documented by the board.

(c) A rule adopted under this section or Sections 34-9-18 and 34-9-43 may supplement or clarify any statutory definition but shall not conflict with any statute which defines the practice of dentistry and dental hygiene.

(d) Nothing in this section shall be construed to constrict or expand the current rights and privileges of any individual governed by the board beyond that which existed prior to the ruling in the United States Supreme Court decision N.C. State Bd. of Dental Examiners v. FTC, 135 S.Ct. 1101 (2015).

(e) Nothing in this section shall be construed to constrict or expand the current duties or responsibilities of the members of the board in any context outside of federal or state anti-trust immunity beyond that which existed prior to the ruling in the United States Supreme Court decision N.C. State Bd. of Dental Examiners v. FTC, 135 S.Ct. 1101 (2015).

(Act 2016-302, p. 765, §§1-3; Act 2018-274, §1.)

Section 34-9-44 Records to Be Kept by Secretary-Treasurer; Copies and Certificates as Evidence

The secretary-treasurer of the board shall keep a registry in which shall be entered the names of all persons to whom license certificates have been granted under this chapter, the numbers of such license certificates, the dates of granting the same and other matters of records, and he or she shall keep a true and correct copy of the minutes of all board meetings, and the book so provided and kept shall be the official book of records. A copy of the records or a copy of the records certified by the secretary-treasurer and under the seal of the board shall be admitted in any of the courts of this state as prima facie evidence of the facts contained in the records and in lieu of the original thereof. A certificate under the hand of the secretary-treasurer and the seal of the board that there is not entered in such record books the name and number of and date of granting such license certificate to a person charged with a violation of any of the provisions of this chapter shall be prima facie evidence of the facts contained therein. Such certificates shall be admitted in any of the courts of this state in lieu of the records of the board. The original books, records, and papers of the board shall be kept at the office of the secretary-treasurer of the board, which office shall be at such place as may be designated by the board.

(Acts 1959, No. 100, p. 569, §6; Acts 1965, 3rd Ex. Sess., No. 25, p. 232, §1; Act 2011-571, p. 1165, §1.)

Section 34-9-45 Board to Assist Prosecuting Officers.
The board and its members and officers shall assist prosecuting officers in the enforcement of this chapter, and it shall be the duty of the board, its members and officers to furnish the proper prosecuting officers with such evidence as it or they may ascertain to assist them in the prosecution of any violation of this chapter, and the board is authorized for such purposes to make such reasonable expenditures from the funds of the board as it may deem necessary to ascertain and furnish such evidence.
(Acts 1959, No. 100, p. 569, §28.)

Section 34-9-46 Subpoenas and Testimony
In all matters pending before it, the board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, and records, documentary evidence and materials or other evidence. Any person failing or refusing to appear or testify regarding any matter about which he or she may be lawfully questioned or to produce any papers, books, records, documentary evidence, or materials or other evidence in the matter to be heard, after having been required by order of the board or by a subpoena of the board to do so, may, upon application by the board to any circuit judge of the State of Alabama, be ordered to comply therewith; and, upon failure to comply with the order of the circuit judge, the court may compel obedience by attachment as for contempt as in case of disobedience of a similar order or subpoena issued by the court. The president, in a writing filed with the board, may designate and authorize any member of the board to issue subpoenas, and any board member shall have authority to administer oaths to witnesses, or to take their affirmation. A subpoena or other process of paper may be served upon any person named therein, anywhere within the State of Alabama with the same fees and mileage by any officer authorized to serve subpoenas or such other process or paper in civil actions, in the same manner as is prescribed by law for subpoenas issued out of the circuit courts of this state, the fees and mileage and other costs to be paid as the board directs.
(Acts 1959, No. 100, p. 569, §32; Act 2013-252, p. 626, §1.)

Section 34-9-47 Taking of Depositions
Depositions may be taken within or without the State of Alabama in the manner provided for by the laws of Alabama and the Alabama Rules of Civil Procedure for the taking of depositions in matters pending in the circuit courts of this state. The depositions shall be returnable to the board office, and the depositions may be opened or used by the parties to the proceedings the same as is provided for in matters pending before the circuit courts.
(Acts 1959, No. 100, p. 569, §33; Act 2013-252, p. 626, §1.)

Section 34-9-60 Use of Local Anesthesia; Permit to Use General Anesthesia
Any individual licensed or permitted to practice dentistry in the State of Alabama shall be authorized to use anesthesia in accordance with all of the following:
(1) All dentists are authorized to use local anesthesia.
(2) Twelve months after May 29, 1985, no dentist shall use general anesthesia on an outpatient basis for dental patients, unless the dentist possesses a permit of authorization issued by the board.
a. In order to receive the permit, the dentist must apply on a prescribed application form to the board, submit an application fee, and produce evidence showing that he or she meets all of the following requirements:
1. Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects, or its equivalent, beyond the undergraduate dental school level in a training program as described in Part II of the guidelines for teaching the comprehensive control of pain and anxiety in dentistry; or

2. Is a diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery, or is a member of the American Association of Oral and Maxillofacial Surgeons; or
3. Employs or works in conjunction with a licensed physician who is a member of the anesthesiology staff in an accredited hospital, provided the anesthesiologist must remain on the premises of the dental facility until any patient given a general anesthetic regains consciousness and is discharged; and
4. Has a properly equipped facility for the administration of general anesthesia staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team shall be determined by the board as outlined in paragraph b.
5. Has successfully competed training in Advanced Cardiovascular Life Support (ACLS), and his or her auxiliary personnel have successfully completed training in Basic Life Support (BLS).
b. Prior to the issuance of the permit, the board, at its discretion, may require an on-site inspection of the facility, equipment, and personnel to determine if the requirements in paragraph a. have been met. This evaluation shall be carried out in a manner prescribed by the board. The evaluation shall be conducted by a team of three examiners appointed by the board. The team of examiners shall consist of at least one licensed dentist who holds a general anesthesia permit and at least two other persons as prescribed by the board pursuant to its rules. If the results of the initial evaluation are deemed unsatisfactory, the applicant may reapply for a permit subject to the correction of the deficiencies outlined in the original evaluation.
(3) Each dentist who is licensed to practice dentistry in the state on May 29, 1985, who desires to continue to use general anesthesia shall make application on the prescribed form to the board within 12 months of May 29, 1985. If he or she meets the requirements of this section, he or she shall be issued such a permit. If the applicant does not meet the requirements of paragraph (2)a., he or she may be entitled to a "general anesthesia permit" provided the applicant passes to the satisfaction of the board an on-site inspection as provided for in paragraph (2)b.
(Acts 1985, No. 85-697, p. 1120, §2; Acts 1988, 1st Ex. Sess., No. 88-854, p. 327, §1; Act 2009-18, p. 43, §5; Act 2011-571, p. 1165, §1; Act 2023-362, §1.)

Section 34-9-60.1 Administration of Infiltration Anesthesia by Dental Hygienists; Permit Requirements
(a) The board may permit licensed dental hygienists to administer infiltration anesthesia under the direct supervision of a licensed dentist. The board may promulgate rules further limiting the administration of infiltration anesthesia by dental hygienists. In order to administer infiltration anesthesia, a dental hygienist shall possess a dental hygiene infiltration anesthesia permit issued by the board. To receive a dental hygiene infiltration anesthesia permit from the board, a dental hygienist shall apply on an application form approved by the board, submit the appropriate application fee, and have been engaged in the active practice of dental hygiene for the 12 months immediately preceding initial application. A dental hygienist applying for a dental hygiene infiltration anesthesia permit shall submit proof to the board that he or she has fulfilled at least one of the following qualifications:
(1) Has completed a minimum of 32 hours training in the administration of infiltration anesthesia in a course approved by the board.
(2) Has certification of training in the administration of infiltration anesthesia by any entity or organization approved by the board.
(b) A dental hygiene infiltration anesthesia permit shall be renewed annually upon payment of a renewal fee and proof of completion of any continuing education requirements established by rule of the board.
(Act 2018-274, §2.)

Section 34-9-61 Review and Renewal of Permit; Reevaluation of Credentials and Facility

(a) Any dentist holding a permit of authorization issued by the Board of Dental Examiners shall be subject to review and such permit must be renewed annually.

(b) The board shall, upon payment of a renewal fee, renew the general anesthesia permit annually unless the holder is informed in writing that a reevaluation of his or her credentials and facility is to be required. In determining whether such reevaluation is necessary, the board shall consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences. Such reevaluation shall be carried out in the manner described in paragraph b. of subdivision (2) of Section 34-9-60.

(Acts 1985, No. 85-697, p. 1120, §3; Acts 1988, 1st Ex. Sess., No. 88-854, p. 327, §1; Act 2009-18, p. 43, §5.)

Section 34-9-62 Certification in Cardiopulmonary Resuscitation

Any dentist using general anesthesia, and his or her auxiliary personnel shall be currently certified in cardiopulmonary resuscitation.

(Acts 1985, No. 85-697, p. 1120, §4.)

Section 34-9-63 Permit to Use Parenteral Sedation

(a) The issuance of a permit for general anesthesia shall include the privilege of administering parenteral sedation in accordance with this section. The issuance of a permit for parenteral sedation shall include the privilege of administering intravenous sedation. All current intravenous sedation permit holders are entitled to a parenteral sedation permit subject to the renewal requirements and rules adopted by the board pursuant to this chapter. The term "parenteral sedation" shall not include the use or regulation of nitrous oxide.

(b)(1) No dentist shall use parenteral sedation on an outpatient basis for dental patients unless the dentist possesses a permit of authorization issued by the board. The dentist applying for or holding the permit shall be subject to on-site inspections as provided in paragraph (2)b. of Section 34-9-60.

(2) In order to receive the permit, the dentist shall meet all of the following requirements:

a. Apply on a prescribed application form to the board.

b. Submit a fee.

c. Produce evidence showing that he or she has satisfied each of the following requirements:

1. Received formal training in the use of parenteral sedation from a board approved training program, is competent to handle all emergencies relating to parenteral sedation, and is currently certified in cardiopulmonary resuscitation. The certification of the formal training shall specify the total number of hours, the number of didactic hours, and the number of patient contact hours. The required number of didactic hours and patient contact hours shall be determined by the board.

2. Equipped a proper facility for the administration of parenteral sedation, staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems, and emergencies incident to the sedation procedure.

(3) Adequacy of the facility and the competency of the sedation team shall be determined by the board.

(4) Prior to the issuance of a permit, the board may require an on-site inspection of the facility, equipment, and personnel to determine if the requirements of this section have been met. This evaluation shall be performed as provided in subsection (c).

(c)(1) Each dentist who is licensed to practice dentistry in the state and who desires to continue to use parenteral sedation shall make application to the board on the prescribed form. If he or she meets the requirements of this section, or currently holds a valid intravenous sedation permit, he or she shall be issued such a permit subject to all renewal and regulatory requirements of Section 34-9-64. If the applicant does not meet the requirements of subdivision(b)(2), or does not currently hold a valid intravenous sedation permit, he or she may be entitled to a parenteral sedation permit if the applicant passes an on-site inspection to the board's satisfaction. The inspection shall ascertain whether the dentist has a properly equipped facility for the administration of parenteral sedation, staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with incidental procedures, problems, and emergencies.
(2) In conducting the on-site inspection and evaluations required in this subsection, the board shall appoint a team of examiners. The team of examiners shall consist of at least one licensed dentist who holds a parenteral sedation permit and at least two other individuals as prescribed by the board pursuant to its rules.
(d) A dentist using parenteral sedation shall have successfully completed training in Advanced Cardiovascular Life Support (ACLS), and his or her auxiliary personnel shall have successfully completed training in Basic Life Support (BLS).
(e) Each dentist who has not been using parenteral sedation, pending complete processing of an application and a thorough on-site evaluation, may be granted one temporary provisional permit by the board at a time, if the applicant produces evidence that he or she has complied with this section.
(Acts 1985, No. 85-697, p. 1120, §5; Acts 1988, 1st Ex. Sess., No. 88-854, p. 327, §1; Acts 1989, No. 89-407, p. 868, §3; Acts 1993, No. 93-159, p. 241, §3; Act 2009-18, p. 43, §5; Act 2011-571, p. 1165, §1; Act 2023-362, §1.)

Section 34-9-64 Annual Renewal of Parenteral Sedation Permit; Reevaluation of Credentials and Facility

The board shall renew the parenteral sedation permit annually, upon payment of a renewal fee, unless the holder is informed in writing that a reevaluation of his or her credentials and facility is necessary. In determining whether the reevaluation is necessary, the board shall consider any factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences. The reevaluation shall be performed as provided in paragraph b. of subdivision (2) of Section 34-9-60.
(Acts 1985, No. 85-697, p. 1120, §6; Acts 1988, 1st Ex. Sess., No. 88-854, p. 327, §1; Acts 1989, No. 89-407, p. 868, §3; Acts 1993, No. 93-159, p. 241, §3; Act 2009-18, p. 43, §5.)

Section 34-9-65 Reports of Mortalities and Other Incidents Resulting from General Anesthesia or Sedation

(a) All licensees engaged in the practice of dentistry in the state must submit a complete report within a period of 30 days to the Board of Dental Examiners of any mortality or other incident occurring in the outpatient facilities of such dentist which results in permanent physical or mental injury of the patient as a direct result of general anesthesia or sedation techniques.
(b) The Board of Dental Examiners shall have authority to adopt rules and regulations implementing and enforcing the provisions of this section.
(c) Violation of any provision of this section shall subject the dentist to the penalties outlined in Section 34-9-18 and no order imposing those penalties shall be made or entered except after notice and hearing by the board as provided in Chapter 9, Title 34. Such order shall be subject to judicial review as provided by such chapter.
(Acts 1985, No. 85-697, p. 1120, §7.)

Section 34-9-80 Definitions

As used in this article, the following terms shall have the following meanings:

(1) ANALGESIA. The diminution or elimination of pain in the conscious patient.

(2) ANXIOLYSIS. A pharmacological induced state, oral or inhalation, where a patient experiences a diminution of anxiety.

(3) BOARD. The Alabama Board of Dental Examiners.

(4) ENTERAL. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sub lingual).

(5) INHALATION. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and the primary effect is due to absorption through the pulmonary bed.

(6) LOCALIZED ANESTHESIA. The elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

(7) ORAL CONSCIOUS SEDATION. A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and to respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or nonpharmacological method or a combination thereof. Oral conscious sedation does not include the administration of a medication given only for the purpose of diminution of anxiety. An oral conscious sedation permit is not required for the use of inhalation nitrous oxide following the administration of a medication given only for the purpose of diminution of anxiety.

(Act 2005-298, 1st Sp. Sess., p. 563, §1.)

Section 34-9-81 Permits Required

In order to administer oral conscious sedation, a dentist must possess a general anesthesia permit, a parenteral sedation permit, or an oral conscious sedation permit from the board. In order to receive an oral conscious sedation permit, the dentist must apply on a prescribed application form to the board and submit an application fee. The dentist applying for the permit must show evidence that he or she has done at least one of the following:

(1) Has completed an American Dental Association accredited postgraduate general dentistry or specialty residency program which included specific training in oral conscious sedation.

(2) Has completed a minimum of 16 hours' training in oral conscious sedation in a course approved by the board.

(3) Has certification of training in oral conscious sedation by any entity or organization approved by the board.

(Act 2005-298, 1st Sp. Sess., p. 563, §2; Act 2009-18, p. 43, §5.)

Section 34-9-82 Requirements for Treatment

(a) A dentist using oral conscious sedation must comply with all of the following requirements:

(1) Patients to be treated under oral conscious sedation must be suitably evaluated prior to the start of any sedation procedure. Using the American Society of Anesthesiologists Patient Physical Status classifications the dentist should determine that the patient is an appropriate candidate for oral conscious sedation.

(2) The patient or guardian must be advised regarding the procedure associated with the delivery of any sedative agents and the appropriate written informed consent should be obtained.

(3) Inhalation equipment used in conjunction with oral conscious sedation must be evaluated prior to use on each patient. Determination of adequate oxygen supply must be completed prior to use with each patient.

(4) Appropriate verbal or written preoperative and postoperative instructions must be given to the patient or guardian.
(5) Baseline vital signs should be obtained unless the patient's behavior prohibits such determination.
(6) Pretreatment physical evaluation should be performed as deemed appropriate.
(7) All medications and dosages used during an oral conscious sedation procedure must be recorded in the patient's record of treatment.
(8) An emergency cart or kit must be readily accessible and must be available for immediate use during any sedation procedure.
(9) The only classification of drugs for sedation to be administered enterally by a responsible adult procedurally outside the treatment facility is minor tranquilizers. Minor tranquilizers (i.e., hydroxyzine or diazepam) do not include chloral hydrate or narcotics.
(10) Direct clinical observation and monitoring of the patient by a staff member must be continuous during the recovery period. The dentist shall assess the patient's responsiveness and must determine that the patient has met discharge criteria prior to leaving the office and the patient must be discharged into the care of a responsible person.
(b) It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored. A sedated patient must be continuously kept under direct clinical observation by a trained individual. The sedated patient's oxygen saturation must be monitored by pulse oximetry. Chest excursions must be observed and the color of mucosa and skin continually evaluated. Back-up emergency services should be identified and a protocol outlining necessary procedures for their immediate employment should be developed and operational for each facility.
(c) Any dentist utilizing oral conscious sedation procedures must have a properly equipped facility staffed with a supervised team of allied dental personnel who will be appropriately trained and capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto. When inhalation equipment is used, in combination with orally administered sedatives, it must have a failsafe system that is appropriately checked and calibrated. The inhalation equipment must have the capacity for delivering 100 percent oxygen, and never less than 25 percent oxygen. A system for delivering oxygen must be available and must have adequate full-face mask and appropriate connectors, and be capable of delivering oxygen under positive pressure to the patient. Inhalation equipment must have a scavenging system. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. A stethoscope and a sphygmomanometer with cuffs of appropriate size shall be immediately available.
(Act 2005-298, 1st Sp. Sess., p. 563, §3; Act 2011-571, p. 1165, §1.)

Section 34-9-83 Requirements for Assistants
Allied dental personnel who assist dentists during oral conscious sedation procedures must be currently certified in cardiopulmonary resuscitation. During a sedation procedure, at least one additional person must be present in addition to the dentist. This may be a chair side dental assistant.
(Act 2005-298, 1st Sp. Sess., p. 563, §4.)

Section 34-9-84 Report of Adverse Consequences
Any adverse consequence occurring with oral conscious sedation shall be reported to the board as required with general anesthesia and parenteral sedation.
(Act 2005-298, 1st Sp. Sess., p. 563, §5.)

Section 34-9-85 Limits on Advertisements
The availability of oral conscious sedation, if advertised, shall be done without reference to sleep, snooze, or any other expression indicating a total or partial loss of consciousness.
(Act 2005-298, 1st Sp. Sess., p. 563, §6.)

Section 34-9-86 On-Site Inspection
Prior to issuance of a permit for oral conscious sedation, the board may require an on-site inspection of the personnel, the facility, and the equipment to determine if the requirements of this article have been met. The on-site inspection shall be conducted by an investigator employed by the board pursuant to Section 34-9-43 or by such other individuals as prescribed by the board pursuant to its rules.
(Act 2005-298, 1st Sp. Sess., p. 563, §7; Act 2023-362, §1.)

Section 34-9-87 Permit Limitations
A dentist who holds only an oral conscious sedation permit may not use or administer general anesthesia or parenteral sedation, or both, as those terms are used in this chapter.
(Act 2005-298, 1st Sp. Sess., p. 563, §8.)

Section 34-9-88 Renewal of Permit
An oral conscious sedation permit must be renewed annually upon payment of a renewal fee and proof of completion of any continuing education requirements established by rule of the board.
(Act 2005-298, 1st Sp. Sess., p. 563, §9; Act 2009-18, p. 43, §5; Act 2018-274, §1.)

Section 34-9-89 Treatment of Patients Under 12 Years of Age
When oral conscious sedation is used on any patient under 12 years of age, the following provisions shall apply:
(1) The drugs, dosages, and techniques used should carry a margin of safety which is unlikely to render the patient noninteractive and nonarousable.
(2) Appropriately sized emergency equipment must be available.
(Act 2005-298, 1st Sp. Sess., p. 563, §10; Act 2011-571, p. 1165, §1.)

Appendix II: Board Members

Board of Dental Examiners of Alabama
2229 Rocky Ridge Road, Birmingham, AL 35216
205.985.7267
www.dentalboard.org

May 11, 2026

To the State Sunset Auditor:

The following are the current Board members in response to question #2:

Dr. Mark R. McIlwain; term expires October 2027; Tuscumbia, AL

Dr. J. Holt Gray; term expires October 2028; Birmingham, AL

Dr. Sonya F. White; term expires October 2029; Mobile, AL

Dr. John W. York, II; term expires October 2029; Arab, AL

Dr. Roberto V. Pischek; term expires October 2026; Silverhill, AL

Dr. Rene' A. Talbot; term expires October 2030; Huntsville, AL

Kelley R. Perry, RDH; term expires October 2030; Piedmont, AL

Sincerely,

Sharon Thomas

Sharon Thomas
Interim Executive Director

Board of Dental Examiners of Alabama
2229 Rocky Ridge Road, Birmingham, AL 35216
205.985.7267
www.dentalboard.org

October 7, 2026

Dixie Thomas
Director of Operational Audits
Examiners of Public Accounts
401 Adams Avenue, Suite 280
Montgomery, AL 36104-4338

RE: Response to Sunset Report

Dear Ms. Thomas:

Thank you for the opportunity to provide a response to the Board's Sunset Report regarding significant issues/prior significant issues and matters of concern identified during our recent audit. We appreciate your support, guidance, and patience with this effort and realize the time-intensity of the project.

To appropriately address the report, the individual findings are listed below with the Board's response following. The Board will continue to focus on improving processes and increasing staff training and development to ensure positive outcomes for the public and our licensees.

SIGNIFICANT ISSUES

Significant Issue 2026-001: The Board did not report its January 1, 2019, acquisition of real property to the Department of Conservation and Natural Resources, State Lands Division as required. The Board was previously informed of the requirement on July 11, 2024. Once brought to the attention of the Board's staff again, this error was corrected on February 2, 2026.

Reporting the acquisition of the Board building by submitting it to the Department of Conservation and National Resources, State Lands Division, has been corrected and the Board does not foresee the purchase of any real estate in the Board's near future. If the Board does make an acquisition, the Board will report it appropriately.

Code of Alabama 1975, Sections 9-15-8 and 9-2-121(c) require state departments and institutions that hold or acquire legal title to land to file all deeds and related instruments in the county where the land is located. These laws also require departments to submit a list of all such properties to the State Lands Division, with parcels properly numbered and legally described.

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Significant Issue 2026-002: The Board failed to reinstate the previous fee amounts charged for the Mobile Dental Facility/Portable Dental Operation Certificate of Registrations resulting in applicants being improperly charged those amounts instead of the temporary fee set by the Board. During the August 16, 2024, Board meeting, the Board discussed amending ***Administrative Rule*** 270-X-4-.09 to allow the waiver of the $750 initial fee and $500 renewal fee for the Mobile Dental Facility/Portable Dental Operation Certificate of Registration for Board-approved charitable events. While the amended rule proceeded through the formal rulemaking process, the Board voted to temporarily reduce both fees to $1.00. The Executive Director indicated that this temporary fee structure would remain in place until the amended rule was formally approved and became effective.

During the November 8, 2024, Board meeting, a public hearing was held regarding the amendments to ***Administrative Rule*** 270-X-4-.09, and the Board voted to approve the proposed amendments. Once certified, the rule was scheduled to take effect on January 11, 2025. However, the Board did not take action to reinstate the $750 initial fee and $500 renewal fee for the Mobile Dental Facility/Portable Dental Operation Certificate of Registration. Therefore, the Board should have continued to assess the temporary $1.00 fee until the Board formally voted to restore the original fee amounts. However, the Board charged two applicants $750 for initial Mobile Dental Facility/Portable Dental Operation Certificate of Registration and charged six applicants $500 for the Certificate of Registration renewals.

The Board recognizes the inconsistency of the fees charged for Mobile Facility and Portable units. The Board voted on October 2, 2026, to create a consistent, static fee for each applicant requesting a Mobile Facility or Portable permit, respectively. This fee constitutes a set fee for each unit per year per applicant.

The ***Code of Alabama 1975***, Section 34-9-16 requires that the Board not charge more than $750 application fee and no more than $500 renewal fee for the Mobile Dental Facility/Portable Dental Operation Certificate of Registration.

Significant Issue 2026-003: The Board did not have contracts in place for professional services of four expert witnesses and one professional service for security. These services were utilized without formal agreements as required.

The Board recognizes the finding, and the Board is committed to procuring a contractual agreement for any professional services needed by the agency. Furthermore, a policy has been implemented informing all employees of the agency the process to be used to contract for professional services.

The Board is responsible for ensuring payments are made only for goods and services received and accepted pursuant to contractual terms and conditions. Additionally, the Board is responsible for ensuring contracts are in effect before any payments are made. Further, **Executive Order 726,** Section 3(a)(i), effective January 17, 2023, states "A state

executive-branch agency may contract for any services necessary to accomplish its statutory purpose pursuant to applicable state procurement law, provided that the following agreements shall be subject to the Governor's approval; Contracts for professional or personal services, including legal services and administrative services, whether or not subject to review by the Contract Review Permanent Legislative Oversight Committee."

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

Prior Significant Issue 2024-001: The minutes of seventy-one Board meetings were reviewed, and the following errors were noted:

- The location of the meeting was not recorded in the minutes fourteen times.
- The minutes of three meetings reflect participation and voting by a Board member, not listed as present at the meeting.
- The minutes did not reflect the Board's approval of the promotion of an investigator to the Board's Interim Executive Director

The ***Code of Alabama 1975***, Section 36-25A-4 states, "A governmental body shall maintain accurate records of its meetings, excluding executive sessions, setting forth the date, time, *place, members present or absent, and action taken* at each meeting. Except as otherwise provided by law, the records of each meeting shall become a public record and be made available to the public as soon as practicable after approval."

The ***Code of Alabama 1975***, Section 36-25A-7(b) states, "A governmental body desiring to convene an executive session, other than to conduct a quasi-judicial or contested case hearing, shall utilize the following procedure:

> (1) A quorum of the governmental body must first convene a meeting as defined in Section 36-25A-2(6) a.1 and 2.
> (2) A majority of the members of the governmental body present must adopt, by recorded vote, a motion calling for the executive session and setting out the purpose of the executive session, as provided in subsection (a). If subsection (a) requires an oral or written declaration before the executive session can begin, such oral or written declaration shall be made, prior to the vote.
> (3) The vote of each member shall be recorded in the minutes.
> (4) Prior to calling the executive session to order, the presiding officer shall state whether the governmental body will reconvene after the executive session and, if so, the approximate time the body expects to reconvene.

Current Status: Unresolved. The Board did not comply with all requirements of the Open Meetings Act. The minutes of thirty-nine Board meetings were reviewed, and the following errors were noted:

- The Board entered into executive sessions during four different meetings. In each instance, the Board did not state the purpose of the executive session; and during one meeting the Board did not state whether the governmental body would

reconvene after the executive session, nor the expected duration of the executive session.

- The minutes did not reflect the approval or adoption by the Board of minutes of meetings held on July 11, 2024, and October 11, 2024.

The Board recognizes the findings for Executive Sessions and the adoption of minutes. A review of the regulations regarding Executive Sessions was made and a checklist of what must be followed for an Executive Session has been created by the Board Attorney for use in the meeting. Further, the Board President will use it to guide the taking of the minutes to be more concise and informative. The Board Attorney will also monitor the process.

Additionally, the Board has created a review committee for all Board minutes before they are approved in the subsequent Board meeting. This committee is comprised of the Executive Director, the Board Attorney, the General Counsel, and the Board President. The Board feels this extensive review is necessary to make sure the Board is in total compliance.

For the two dates of board meetings listed as not having minutes approved, the Board found that although both days for each meeting were not listed specifically in the minutes they were contained in the review packet for the Board members to approve and were listed on the website correctly. This was clearly a scrivener error that was missed in review of the specific minutes.

<u>Prior Significant Issue 2024-002:</u> Based on the review of minutes of the Board's meetings, it was noted the Board waived the following fees without statutory authority.

- On December 2, 2021, the Board waived the mobile clinic permit fee for three individuals.
- On December 8, 2023, the Board waived the application fee for a mobile dental facility and the monitoring fee for the final year of the Wellness Committee's deferral program for one hygienist.
- On February 9, 2024, the Board waived the application fee for a mobile dental facility.

Neither the Board's statutes nor their administrative rules allow the Board to grant waivers for these fees. As a result, the licensees obtained those licenses without paying the respective fees.

According to the ***Code of Alabama 1975***, Section 34-9-16, the Board ***shall establish and collect*** reasonable fees provided for in this chapter within the ranges set forth and without having to engage in the rulemaking process. The Board can charge no more than $1,500.00 for the Mobile Dental Application/Inspection Fee, $750.00 for a Mobile Dental Facility/Portable Dental Operation Application for Certificate of Registration Fee, and $2,000.00 for the Alabama Impaired Dental Professionals

Committee Annual Monitoring Fee."

The Board's ***Administrative Rule*** 270-X-4-.09(3) related to Mobile/Portable Dental Facilities states, "No Certificate of Registration or renewal thereof shall be issued until the required fee is paid."

The Board has established the Mobile Dental Facilities/Portable Dental Operation Application for Certificate Registration Fee at $750.00, the Mobile Dental Application/Inspection Fee at $1,500.00, and the Dental Professionals Wellness Committee Monitoring Fee was $775.00 annually but increased to $1,000.00 annually in June 2022.

Current Status: Unresolved. The Board approved an amendment to *Administrative Rule* 270-X-4-.09 to add Section 7, which authorizes the waiver of mobile and portable fees for charitable events, despite no statutory authority to do so. A review of the Board's meeting minutes indicated that the Board continued to waive certain fees without statutory authority. The following instances were noted:

- On May 2, 2025, the Board voted to not charge the wellness monitoring fees only for non-public deferrals.
- On March 6, 2025, the Board waived two $500 mobile/portable fees for mobile dental facilities.
- On August 8, 2025, the Board waived a $500 mobile/portable fee for a mobile dental facility.

The Board's statutes do not authorize fee waivers for these fee types. As a result, the affected licensees obtained licensure without paying the required fees.

The Board's ***Administrative Rule*** 270-X-4-.09(3) related to Mobile/Portable Dental Facilities states, "No Certificate of Registration or renewal thereof shall be issued until the required fee is paid."

Additionally, the Board has an *Administrative Rule* that conflicts with its statutes. ***Administrative Rule*** 270-X-4-.09(7), states "Notwithstanding anything herein to the contrary, the Board may waive any fees that would otherwise be assessed for mobile dental facilities and/or portable dental operations in connection with a specific charitable event organized for the specific purpose of providing free or reduced cost dental care and/or education to Alabama residents who would otherwise experience substantial lack of access to dental care, if:

- The Board finds that there is a public purpose in waiving the fees;
- No Board member, Board employee, nor any family member of the foregoing will receive any personal gain; and
- The Board votes in a properly noticed public meeting to waive the fees.

The Board is statutorily empowered to contract or use the Alabama Impaired

Professionals' Committee for licensees that are facing impairment issues. The Board voted on May 2, 2025, that all wellness deferrals (licensees who self-reported impairment issues) work with the AIPC. Licensees that self-report for treatment are not reported to the Board as long as they follow the rules of monitoring through the AIPC.

Also, the Board acknowledges the finding regarding the waiving of fees and has begun the process of repealing the affected portion of Rule 270-X-4-.09.

Prior Significant Issue 2024-005: The Board did not post vacancy notices forty-five days prior to the expiration of seven Board members' terms. Vacancy notices were not posted for two Board members terms whose terms expired October 2019, two members terms expired October 2020, one member whose term expired October 2021, one member whose term expired October 2022 and one member whose term expired October 2023. Further, **a vacancy notice was not posted within fifteen days of one member's resignation.** As a result, potential candidates did not receive notice of vacancies and caused the Board not to receive input from all interested candidates to fill the vacancies.

The ***Code of Alabama 1975***, Section 36-14-17(c) states, "The chair of an existing board shall notify the Secretary of State by electronic means of a vacancy as follows:

- For a vacancy scheduled to occur on the board as a result of the expiration of a term, at least 45 days before the vacancy occurs.
- For a vacancy occurring for any reason other than the expiration of a term, as soon as possible, and in any case within 15 days after the occurrence of the vacancy.

Current Status: Unresolved. The Board did not post a vacancy notice within fifteen days of one member's resignation. As a result, potential candidates did not receive notice of vacancies and caused the Board not to receive input from all interested candidates to fill the vacancy.

The Board acknowledges and posts the entire term of service from election to final meeting. As there are guidelines in the Dental Practice Act for the completion of a term when an existing Board member resigns and due to the short time frame given for replacement, election stipulations were not needed in this circumstance. Due to the unforeseen resignation, the Board relied on its own statute to fill the vacancy, but the Board acknowledges its duty to adhere to Section 36-14-17(c).

Prior Significant Issue 2024-008: The Board did not compute and record compensatory time correctly for three employees. Compensatory time, in some cases, was computed for hours worked in excess of eight hours per day instead of a 40-hour workweek; employees were given straight time when the employee had earned compensatory time at time and half; the hours earned and/or taken according to the employee's timesheet did not get entered into the Board's Leave Accrual and Usage spreadsheet.

- One employee's compensatory leave was understated by 160:30 hours.
- One employee's compensatory leave was understated by 2:07 hours.
- One employee's compensatory leave was understated by 3:50 hours.
- One employee used 18:00 hours of compensatory time the employee did not have.

According to the ***Fair Labor Standards Act***, non-exempt employees receive overtime pay ***for hours worked over 40 in a workweek*** at a rate of not less than time and one-half their regular rate of pay.

Additionally, the Board of Dental Examiners *Policies and Procedures Manual* states "Employees should make every effort to notify the Executive Director and receive approval prior to working more than 40 hours within a work week. Non-exempt employees that work more than 40 hours within a work week are entitled to receive overtime or compensation pay at a rate of 1.5 times the hourly rate."

Once brought to the attention of the Board's staff, these errors were corrected, and the employees' leave balances were corrected.

Current Status: **Unresolved. The Board did not compute and record compensatory time correctly for three employees.** Compensatory time, in some cases, was computed for hours worked in excess of eight hours per day instead of a 40-hour workweek; employees were given straight time when the employee had earned compensatory time at time and a half; the hours earned and/or taken according to the employee's timesheet did not get entered into the Board's Leave Accrual and Usage spreadsheet. Once brought to the attention of the Board's staff, these errors were corrected, and the employees' compensatory leave balances were corrected.

The following errors were found when reviewing the Board's records for compensatory time:

- One employee's compensatory leave was understated by 17:47 hours.
- One employee's compensatory leave was overstated stated by 1:45 hours.
- One employee's compensatory leave was understated by 3:45 hours.

The Board acknowledges the findings and has adopted the Examiners' spreadsheet for compensatory time, appreciating the training and sharing of such during the audit. As a result, calculations were completely recalculated for the audit period early in the Examiners' audit.

Prior Significant Issue 2023-011: The Board purchased seven meals totaling $1,541.87 for Board members, staff members, and guests attending Board meetings. These expenditures were reviewed, and the following issues were noted:

- Meals were provided for Board members, staff and guests who were not entitled to a meal allowance.
- One Board member received both a meal and claimed per diem on their travel claim.
- On seven separate occasions, costs per eligible attendee exceeded the $12.75 meal allowance by $5.86 to $36.88. This expenditure for meals exceeded the statutorily allowed amount by $1,019.13.

The ***Code of Alabama 1975***, Section 36-7-20(b) states, "No travel allowance shall be paid for a trip of less than six hours' duration. For travel which does not require an overnight stay, ***the traveler shall be paid a meal allowance of 15 percent of the regular per diem rate for a trip of from six to 12 hours' duration***, and for travel in excess of 12 hours' duration, the traveler shall be paid one meal allowance and one-fourth of the per diem allowance."

Opinion to Honorable Robert Childree, State Comptroller, dated April 26, 2001, Attorney General Opinion 2001-168 states, "The State may, however, provide refreshments and meals during a meeting that lasts through a mealtime as long as the total costs of the meals and the refreshments provided throughout the day do not exceed the amount allowable to an individual employee for in-state travel."

Opinion to Honorable N. Genelle Lee, Executive Officer, dated May 6, 2003, Attorney General Opinion 2003-137 states, "Meals and refreshments may be provided when a meeting lasts all day, and participants work through lunch or when an examination lasts all day and participants are not allowed to leave the area."

Current Status: Unresolved. The Board purchased two meals totaling $296.96 for Board members, staff members, and guests attending Board meetings. Meals were provided to people present at the meeting who were not entitled to a meal allowance.

The Board acknowledges the issue and has elected not to provide any lunches in the future.

Prior Significant Issue 2023-016: The Board's asset listing did not reflect the purchase of five laptops, two sofas, and a conference table totaling $11,572.96.

The ***Code of Alabama 1975***, Section 36-16-8(1) states, "Except for books, the property manager shall make a full and complete inventory of all nonconsumable personal property and certain other items of personal property deemed important or sensitive enough by the Property Inventory Control Division to be included in the inventory of state property of the value of five hundred dollars ($500) or more owned by the state and used or acquired by the department or agency."

According to the State Auditor's Office Property Manual, "(B)(1) Within 30 days of receiving an item of furniture or equipment having a value of $500 or more; any item deemed sensitive by Chief, Property Division, State Auditor's Office; and all weapons;

by purchase, transfer from another agency, or donation, the Property Manager shall take the following actions:

(c) Report receipt of the item to the State Auditor's Office using an automated system."

Current Status: Unresolved. The Board did not report the purchase of a credenza and television totaling $4,416.15 to the State Auditor's Office, Property Inventory Control Division.

The Board acknowledges that two items were purchased but the listing and uploading to the Property program resolved this issue on the first day of the Examiners' visit. A policy has been implemented to resolve any future issues.

MATTERS OF CONCERN FROM QUESTIONNAIRES

Matter of Concern 2026-001: All Board members who responded to our survey expressed that the most significant issue facing the Board is the need to update the Dental Practice Act. Additionally, two of seven specifically mentioned needed changes to the Board's election process for Board members.

To date, the Board has pioneered an initiative to address many Dental Practice Act and Board Rule concerns/amendments to include addressing the election process.

Matter of Concern 2026-002: Five of seven Board members (72%) responding to our survey stated that the Board has experienced significant changes to its operations. Additionally, two of these five board members expressed concerns regarding the loss of key Board personnel.

The Board has endured a loss of long-term/experienced employees and endeavors to replace them to continue the Board's mission of protecting the public with smooth operation.

STATUS OF PRIOR MATTERS OF CONCERN FROM QUESTIONNAIRES

Prior Matter of Concern 2024-021: Five of the eighteen (28%) dentists responding to our survey consider the Board as the most significant issue facing their profession. The comments provided by respondents indicated a negative perception of some of the Board's practices. Additionally, eight of eighteen (44%) dentists responding to our survey consider insurance to be the most significant issue facing their profession. Some of the issues cited were insurance write-offs, reimbursements, and interference with treatment.

Current Status: Unresolved. Twelve of nineteen (63%) dentists responding to our survey consider insurance to be the most significant issue facing their profession.

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The Board respects the opinions expressed in these surveys; however, this is not a matter within the Board's jurisdiction.

Prior Matter of Concern 2024-022: Eight of eighteen (44%) dentists and four of the ten (40%) dental hygienists responding to our survey think some of the Board's laws, rules, or policies are an unnecessary restriction on the practice of their professions.

Current Status: Unresolved. Ten of nineteen (53%) dentists responding to our survey think some of the Board's laws, rules, or policies are an unnecessary restriction on the practice of their professions.

The Board respects the dentists' opinions. The Board, over the last two years, has held Town Halls, invited all dentists and hygienists to board meetings, has live streamed all board meetings for the last ten months, and sent out even more emails this year than last year to inform and involve dentists and ensure transparency.

Prior Matter of Concern 2024-024: Four of ten (40%) dental hygienists responding to our survey consider low wages as the most significant issue facing their profession.

Current Status: Unresolved. Four of eight (50%) dental hygienists responding to our survey stated that the most significant issue facing their profession is the low wages.

The Board respects the opinions expressed in these surveys; however, this is not a matter within the Board's jurisdiction.

Prior Matter of Concern 2024-026: Twenty-two of thirty (73%) complainants responding to our survey do not think the Board did everything it could to resolve their complaint.

Current Status: Unresolved. Seventeen of twenty-seven (63%) complainants responding to our survey do not think the Board did everything it could to resolve their complaint.

The Board respects the opinions listed in the surveys. The Board treats every complaint the same through its investigative process.

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Again, thank you for the opportunity to provide this response to the Board's Sunset Report. Should you have any questions, please contact me.

Sincerely,

Sharon Thomas
Interim Executive Director