



Certification Page Regular and Emergency Rules

Revised May 2014

Emergency Rules (After completing all of Sections 1 and 2, proceed to Section 5 below)

Regular Rules

1. General Information

a. Agency/Board Name Administration & Information		
b. Agency/Board Address 2001 Capitol Ave, Room 104	c. City Cheyenne	d. Zip Code 82002
e. Name of Contact Person Emily Cronbaugh	f. Contact Telephone Number (307) 777-6529	
g. Contact Email Address emily.cronbaugh@wyo.gov	h. Adoption Date February 27, 2015	
i. Program Board of Dental Examiners		

2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.

If "New," provide the Enrolled Act numbers and years enacted.

c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed
(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)

Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Repealed
1	General Provisions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Definitions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Requirements for Licensure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Dental Practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Code of Ethics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Disciplinary Action or Denial of License	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Rules of Practice Governing Contested Cases Before the Wyoming Board of Dental Examiners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Fees	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. The Statement of Reasons is attached to this certification.

e. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing.

3. State Government Notice of Intended Rulemaking

a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the Secretary of State: **January 5, 2015**
b. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Legislative Service Office: **January 5, 2015**
c. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Attorney General: **January 5, 2015**

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. Yes No N/A
b. A public hearing was held on the proposed rules. Yes No

If "Yes."	Date:	Time:	City:	Location:

5. Final Filing of Rules

a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: **March 5, 2015**
b. Date on which final rules were sent to the Legislative Service Office: **March 5, 2015**
c. Date on which a PDF of the final rules was electronically sent to the Secretary of State: **March 5, 2015**

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual (Blue ink as per Rules on Rules, Section 7) *Emily Cronbaugh*
Printed Name of Signatory **Emily Cronbaugh**
Signatory Title **Executive Director**
Date of Signature **03/05/2015**

7. Governor's Certification

I have reviewed these rules and determined that they:

- 1. Are within the scope of the statutory authority delegated to the adopting agency;
- 2. Appear to be within the scope of the legislative purpose of the statutory authority, and, if emergency rules,
- 3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature
Date of Signature

Attorney General: 1. Statement of Reasons; 2. Original Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; and 5. Memo to Governor documenting emergency (for emergency rules only).

LSO: 1. Statement of Reasons; 2. Copy of Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; 5. Electronic copy of rules (PDFs) emailed to Criss.Carlson@wyoleg.gov: clean and strike/underscore; and 6. Memo to Governor documenting emergency (for emergency rules only).

SQS: 1. PDF of clean copy of rules; and 2. Hard copy of Certification Page as delivered by the AG.

AMENDED STATEMENT OF PRINCIPAL REASONS
FOR FORMAL ADOPTION OF REGULAR RULES

Pursuant to the legislative mandates contained in Senate Enrolled Act 47 (administrative rules streamlining) and House Enrolled Act 40 (general procedures for licensing boards), the Wyoming Board of Dental Examiners has adopted amendments to Chapters 1 and 9. To comply with Senate Enrolled Act 47, the Board adopted the Office of Administrative Hearings' uniform rules for contested case hearings in their entirety and incorporated them by reference into Chapters 1 and 9. To comply with House Enrolled Act 40, the Board added a section to Chapter 1 to establish by rule a regular meeting of the Board and established an application review process and procedures.

Pursuant to the directive from the Governor's Office to reduce and streamline agency rules, the Board has also proposed amendments to Chapters 1, 3, 4, 6, 9, and 10 and repealed Chapters 2 and 8. Specifically, the Board's rules have been reduced by approximately 10% in number and 20% length. These changes are an attempt to reduce, reorganize, and clarify existing rules. In general, with respect to all chapters, the Board adopted the following changes:

- Utilized consistent language when referring to the Board's authority regarding rules,
- Removed unnecessary and duplicative language,
- Utilized organization abbreviations and acronyms,
- Condensed sections regarding similar subject matter, and
- Reformatted chapter content utilizing recommended outline format to maintain consistency across chapters.

In addition, the Board adopted the following proposed amendments related to each chapter:

Chapter 1: General Provisions

- Removed unnecessary sections related to Membership of the Board and Officers of the Board and added to policies.
- Moved definitions from Chapter 2. Updated and reduced language in existing definitions, and deleted unnecessary or obsolete definitions.
- Added a section to identify the location of the Board Office.
- Added section on Board Meeting and established a regular Board meeting.
- Added a section for References by Incorporation, including the uniform contested case rules from Chapter 9.
- Added a section for Public Records Inspection.
- Added a section for Change of Name.

Chapter 2: Definitions (Repealed)

- Repealed Chapter and moved definitions to Chapter 1.

Chapter 3: Requirements for Licensure

- Reorganized the Chapter to include all application and licensure matters into one chapter.
- Added section for Application Status and Application Review Committee.
- Reorganized, clarified, and condensed Jurisprudence Examination and Interview section

for Dental and Dental Hygiene Licensure by Examination and Endorsement.

- Added and clarified Annual Licensure Renewal section including the Continuing Education section from Chapter 4.
- Added and clarified Failure to Renew section.
- Added and clarified Lapsed License and Dental and Dental Hygiene Relicensure section.
- Added and clarified Reinstatement section for Discipline from Chapter 8.
- Added an application process for Non-Clinical Licensure and Temporary Educator's License.
- Reorganized, clarified, and condensed section on Volunteer's Certificate.

Chapter 4: Dental Practice

- Reorganized, clarified, and condensed Practice of Dentistry section including clarifying where the practice of dentistry occurs.
- Reorganized, clarified, and condensed Satellite Office section.
- Reorganized, clarified, and condensed Radiograph Use Permits section.
- Moved Continuing Education to Chapter 3.

Chapter 6: Code of Ethics

- Reorganized and clarified existing ethics language.

Chapter 8: Disciplinary Action or Denial of License (Repealed)

- Repealed Chapter and moved Dentists and Dental Hygienists to Grounds for Discipline in Chapter 9.
- Moved Reinstatement section to Chapter 3.

Chapter 9: Rules of Practice Governing Contested Cases Before the Wyoming Board of Dental Examiners

- Reorganized the Chapter to include all disciplinary, application, and licensure matters into one chapter.
- Removed Definitions section but added definition of "licensee" to Statement of Purpose section.
- Added and clarified Grounds for Discipline from Chapter 8.
- Added Application Review and Investigation Process.
- Consolidated and clarified several sections into Complaint Review and Disciplinary Investigation Process and Petition and Notice of Hearing sections.
- Added subsection for summary suspensions.
- Added Lawful Service section.
- Clarified the Default section.
- Consolidated and clarified several sections into Contested Case Hearing section and incorporated by reference the uniform contested case rules adopted by Office of Administrative Hearings.
- Consolidated and clarified several sections into Board Decision and Order and Appeals section.
- Added an Appeals section.

Chapter 10: Fees

- Consolidated and clarified the General Information section.
- Reformatted and grouped fees to mirror Chapter 3.
- Added fees associated with non-clinical licensure, relicensure, and reinstatement because these are newly created application procedures for those applicants seeking licensure that do not wish to actively practice, have failed to timely renew, or have previously been disciplined.
- Added fees associated with Sedation/Anesthesia Permits.
- Added fees for photo copy charges associated with public records inspections and general office administration.
- Added miscellaneous fee for non-sufficient funds.

CHAPTER 1

GENERAL PROVISIONS

Section 1. Authority. These Board Rules are adopted to implement the Board’s authority under the Act and the WAPA as it relates to the licensure and discipline of dentists and dental hygienist and regulation of the practice of dentistry and dental hygiene in Wyoming.

Section 2. Statement of Purpose. These Board Rules are adopted to implement the Board’s authority to establish administrative procedures.

Section 3. Definitions.

- (a) “**Act**” means the Wyoming Dental Practice Act, W.S. 33-15-101 through -133.
- (b) “**ADA**” means American Dental Association.
- (c) “**ADHA**” means American Dental Hygiene Association.
- (d) “**Advertising**” means a communication to the public about a dentist or services offered by a dentist.
- (e) “**ARC**” means Application Review Committee.
- (f) “**BLS**” means basic life support for healthcare providers.
- (g) “**Board Rules**” means the administrative rules and regulations promulgated by the Board.
- (h) “**CITA**” means Council of Interstate Testing Agencies.
- (j) “**CODA**” means Commission on Dental Accreditation.
- (k) “**CPR**” means Cardiopulmonary Resuscitation.
- (l) “**CRDTS**” means Central Regional Dental Testing Service.
- (m) “**DC**” means Disciplinary Committee.
- (n) “**Dentist-Patient Relationship**” means a formal inferred relationship between the dentist and a patient of record, which is established once the dentist assumes or undertakes the dental care or treatment of a patient in the state where the patient resides. A dentist-patient relationship is assumed to have been created after there is a physical examination of a patient (e.g., when a patient is seen in a dentist’s office), but is not assumed in others (e.g., when a dentist performs a physical examination as a health screening procedure at a health fair event).
- (o) “**EKG**” means Electrocardiogram.
- (p) “**Hands on**” means involving or offering active participation rather than theory.

- (q) “**NBDE**” means National Board Dental Examination.
- (r) “**NBDHE**” means National Board Dental Hygiene Examination.
- (s) “**NERB**” means North East Regional Board.
- (t) “**PBIS**” means Professional Background Information Service.
- (u) “**SRTA**” means Southern Regional Testing Agency.
- (v) “**Supervision**” of dental auxiliary means the act of overseeing or directing duties performed by a dental auxiliary. Types of supervision may include:
 - (i) “**General Supervision**” of a dental auxiliary means that a dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed;
 - (ii) “**Direct Supervision**” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, a dentist has authorized the procedure to be performed, and before dismissal of the patient, a dentist has approved the work performed by the auxiliary; or
 - (iii) “**Indirect Supervision**” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, and a dentist has authorized the procedure to be performed.
- (w) “**WAPA**” means Wyoming Administrative Procedure Act, W.S. 16-3-101 through -115.
- (x) “**WREB**” means Western Regional Examining Board.

Section 4. Board Office. The Board Office shall be located at 2001 Capitol Avenue, Cheyenne, Wyoming.

Section 5. Board Meetings.

- (a) The Board shall meet the first Friday in June at the Board Office at 8:00 a.m.
- (b) The Board shall meet as necessary at the time and place designated by the Board president or the Board.

Section 6. Reference by Incorporation.

- (a) For any rule or code incorporated by reference in these Board Rules:
 - (i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated rule is maintained at Board Office and is available for public inspection and copying at cost at the same location.

(b) Each rule and code incorporated by reference is further identified as follows:

(i) Principles of Ethics and Code of Professional Conduct, adopted by the ADA and revised April 2012, found at: http://www.ada.org/~media/ADA/About%20the%20ADA/Files/code_of_ethics_2012.ashx.

(ii) Code of Ethics for Dental Hygienists, adopted by ADHA and effective on June 23, 2014, found at: http://www.adha.org/resources-docs/7611_Bylaws_and_Code_of_Ethics.pdf.

(iii) Dental Assisting National Board's Code of Professional Conduct, adopted by Dental Assisting National Board and revised December 2012, found at: <http://www.danb.org/The-Dental-Community/Professional-Standards.aspx>.

(iv) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on October 17, 2014, found at: <http://soswy.state.wy.us/Rules/RULES/9644.pdf>.

Section 7. Public Records Inspection.

(a) If a member of public requests an electronic or hard copy of public records, then that individual shall pay a fee. Such fee shall include cost of administrative time and producing a copy of the public record.

(b) Public records inspection shall take place under the following conditions:

(i) An appointment shall be made to review the records between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding state holidays, at the Board Office,

(ii) Records inspection shall take place in the presence of Board staff, and

(iii) A member of the public may request copies upon payment of a fee.

Section 8. Change of Name, Address, or Telephone Number. Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.

CHAPTER 1

GENERAL PROVISIONS

~~**Section 1. Law Under Which Board Created and Operates.** The State Board of Dental Examiners, hereinafter referred to as the "Board," is created by and operates under and in accordance with Title 33, Chapter 15 (Sections 33-15-101 through 33-15-130) of the Wyoming Statutes, 1991, hereinafter called the "Act." In the event any rule of the board is inconsistent with any provision of the Act, the Act shall control.~~ **Authority.** These Board Rules are adopted to implement the Board's authority under the Act and the WAPA as it relates to the licensure and discipline of dentists and dental hygienist and regulation of the practice of dentistry and dental hygiene in Wyoming.

~~**Section 1.**~~ **Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish administrative procedures.

~~**Section 2. Jurisdiction.** This board has, and the Act grants it, jurisdiction of all applicants and applications for license to practice dentistry and dental hygiene in the state of Wyoming. This board is specifically charged with the administration of the Act, including the duty to revoke or suspend any license for any of the causes specified in the Act.~~

~~**Section 3. Membership of the Board.** As provided in the Act, this board consists of five resident electors of Wyoming duly licensed to practice dentistry in this state, and one resident elector of Wyoming duly licensed to practice dental hygiene, each of whom before entering upon the duties of a board member shall subscribe an oath to support the Constitution of the United States and of the state of Wyoming and that he will faithfully perform the duties of the office to the best of his ability.~~

~~**Section 4. Officers of the Board.** The board shall, at its regular yearly session in June of each year, choose from its members a President, Vice President and a Secretary-Treasurer. The majority of the board shall constitute a quorum.~~

Section 3. Definitions.

- (a) "Act" means the Wyoming Dental Practice Act, W.S. 33-15-101 through -133.
- (b) "ADA" means American Dental Association.
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(h) “CITA” means Council of Interstate Testing Agencies.

(j) “CODA” means Commission on Dental Accreditation.

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(l) “CRDTS” means Central Regional Dental Testing Service.

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(n) “Dentist-Patient Relationship” means a formal inferred relationship between the dentist and a patient of record, which is established once the dentist assumes or undertakes the dental care or treatment of a patient in the state where the patient resides. A dentist-patient relationship is assumed to have been created after there is a physical examination of a patient (e.g., when a patient is seen in a dentist’s office), but is not assumed in others (e.g., when a dentist performs a physical examination as a health screening procedure at a health fair event).

(o) “EKG” means Electrocardiogram.

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(s) “NERB” means North East Regional Board.

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(u) “SRTA” means Southern Regional Testing Agency.

(v) “Supervision” of dental auxiliary means the act of overseeing or directing duties performed by a dental auxiliary. Types of supervision may include:

(i) “General Supervision” of a dental auxiliary means that a dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed;

(ii) “Direct Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, a dentist has authorized the procedure to be performed, and before dismissal of the patient, a dentist has approved the work performed by the auxiliary; or

(iii) “Indirect Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, and a dentist has authorized the procedure to be performed.

(w) “WAPA” means Wyoming Administrative Procedure Act, W.S. 16-3-101 through -115.

(x) “WREB” means Western Regional Examining Board.

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Section 7. Public Records Inspection.

(a) If a member of public requests an electronic or hard copy of public records, then that individual shall pay a fee. Such fee shall include cost of administrative time and producing a copy of the public record.

(b) Public records inspection shall take place under the following conditions:

(i) An appointment shall be made to review the records between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding state holidays, at the Board Office,

(ii) Records inspection shall take place in the presence of Board staff, and

(iii) A member of the public may request copies upon payment of a fee.

~~**Section 5.**~~**Section 8. Change of Name, Address, or Telephone Number.** Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.~~**Purpose.** The board has been given the duty of controlling the quality of dentistry for the protection of the people of the state of Wyoming. To fulfill this purpose, the board sets forth the following Rules and Regulations to safeguard the health and welfare of the people of this state. W.S. 33-15-108(h).~~

CHAPTER 2

DEFINITIONS

REPEALED

CHAPTER 2

DEFINITIONS

REPEALED

Section 1. **Definitions.** For the purpose of these Rules and Regulations, the following definitions in the Act shall apply:

—— (a) —— "Advertising" means a communication to the public about a dentist or services offered by a dentist.

—— (b) —— "The Board" means the Board of Dental Examiners of the state of Wyoming.

(c) —— "Dental Assistant" means a person who is supervised by a dentist and renders assistance to a dentist, dental hygienist, dental technician, or another dental assistant.

—— (d) —— "Dental Auxiliary" means any person who works under the supervision of a dentist and who provides dental health care services to a patient.

—— (e) —— "Dental Hygienist" means a person who is supervised by a dentist and is licensed to provide educational, preventive, and therapeutic dental services, as well as any extraoral procedures required in the practice of a dental hygienist's duties.

—— (f) —— "Dental Laboratory" means an enterprise engaged in making, repairing, providing, or altering oral prosthetic appliances and other artificial devices which are inserted into the human mouth and its adjacent tissues and structures.

—— (g) —— "Dental Laboratory Technician" means a person who, at the direction of the dentist, makes, provides, repairs, or alters oral prosthetic appliances and other artificial devices which are inserted into the human mouth and its adjacent tissues and structures. A dental laboratory technician is a dental prosthetic auxiliary when working under the supervision of a dentist.

—— (h) —— "Direct Supervision" of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, a dentist has authorized the procedure to be performed, and before dismissal of the patient, a dentist has approved the work performed by the auxiliary. ——

—— (i) —— "Indirect Supervision" of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, and a dentist has authorized the procedure to be performed.

—— (j) —— "General Supervision" of a dental auxiliary means that a dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed.

~~————(k)———"Inefficiency" means incapable of producing the effect intended or desired; not competent, capable, or proficient.~~

~~————(l)———"Proficient" means one well advanced in any business, art, science, or branch of learning; an expert.~~

~~————(m)———"Supervision" of dental auxiliary means the act of overseeing or directing duties performed by a dental auxiliary.~~

~~————Section 2. **Terms Defined Herein.** As used in these Rules, the following terms shall have the following meanings unless the context or subject matter clearly requires a different interpretation.~~

~~(a)———"ADA" means American Dental Association.~~

~~(b)———"ADHA" means American Dental Hygiene Association.~~

~~(c)———"CITA" means Council of Interstate Testing Agencies.~~

~~(d)———"CODA" means Commission on Dental Accreditation.~~

~~(e)———"CRDTS" means Central Regional Dental Testing Service.~~

~~(f)———"CPR" means Cardiopulmonary Resuscitation.~~

~~(g)———"DDS" means Doctor of Dental Surgery.~~

~~(h)———"DMD" means Doctor Dental Medicine.~~

~~(i)———"EKG" means Electrocardiogram.~~

~~(j)———"NERB" means North East Regional Board.~~

~~(k)———"PBIS" means Professional Background Information Service.~~

~~(l)———"SRTA" means Southern Regional Testing Agency.~~

~~(m)———"WREB" means Western Regional Examining Board.~~

CHAPTER 3

REQUIREMENTS FOR LICENSURE AND RENEWAL

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to establish the requirements for licensure, annual license renewal, and volunteer certificates.

Section 2. Application Status.

(a) For those applicants seeking all types of licensure, competency shall be met during the timeframe identified immediately prior to submitting a completed application.

(b) Applications shall be deemed "complete" when all necessary documentation has been received by the Board office.

(c) Applications shall expire one year after submission. If an application expires, an applicant shall submit a new application, including payment of fee.

Section 3. ARC Review of Applications.

(a) An applicant for licensure or certification shall have committed no acts which are grounds for disciplinary action, or if the act was committed, the ARC has found after investigation that sufficient restitution has been made and the applicant no longer presents a threat to the public safety.

(b) If the ARC questions an applicant's competency, the ARC may request an applicant complete a regional clinical examination or other program.

Section 4. Jurisprudence Examination and Interview.

(a) The Board shall issue a dental or dental hygiene license to any applicant that meets the qualifications for licensure identified in Sections 5, 6, 7, 8, and 12 and successfully passes the jurisprudence examination.

(b) All dental licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received at least forty five (45) days prior to a Board meeting. The ARC shall recommend eligibility to sit for the jurisprudence examination. The Board staff shall administer the dental jurisprudence examination and the applicant shall be required to interview with the Board.

(c) All dental hygiene licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received by the Board prior to scheduling an appointment to be administered the jurisprudence examination. The ARC shall recommend eligibility to sit for the jurisprudence examination.

(d) To successfully pass the jurisprudence examination, the applicant shall score at least a 75% on the exam.

Section 5. Dental Licensure by Examination.

(a) Eligibility. An applicant may seek dental licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental School within twelve (12) months and has never been licensed to practice as a dentist in any state.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Successfully pass the NBDE;

(iii) Successfully pass a regional clinical examination that indicates competency in:

(A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturation of an anterior tooth;

(B) Fixed Prosthodontics including one of the following:

(I) A full crown procedure;

(II) An indirect cast class II inlay;

(III) An indirect cast class II onlay; or

(IV) Cast 3/4 crown.

(C) Periodontics, including scaling and root planning on a patient in a clinical setting; and

(D) Restorative Dentistry, including a class II amalgam or composite preparation and restoration and a class III composite preparation and restoration.

(I) Slot preps shall not be accepted.

(II) If an indirect inlay, onlay, or ¾ crown procedure is done on a patient, the applicant shall be required to perform one additional restorative procedure as listed above.

Section 6. Dental Licensure by Endorsement.

(a) Eligibility. An applicant may seek dental licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed application and payment of fee;
- (ii) Complete requirements identified in Section 5(b)(ii) and (iii);

(A) If applicant successfully passed a regional clinical examination as identified in Section 5(b)(iii) which did not include a fixed prosthodontics component, applicant shall submit evidence of active clinical practice of 5,000 hours in five (5) years;

(iii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

- (iv) Submit evidence that demonstrates competency including:

(A) Active clinical practice of 1,000 hours in one (1) year; or

(B) Successful completion of a regional clinical examination within twelve (12) months; or

(C) Completion of ten (10) hours of hands on clinical continuing education for each year not actively practicing.

Section 7. Dental Hygiene Licensure by Examination.

(a) Eligibility. An applicant may seek dental hygiene licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental Hygiene School or program within twelve (12) months and has never been licensed to practice as a dental hygiene in any state.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed application and fees;
- (ii) Successfully pass the NBDHE; and
- (iii) Successfully pass the CRDTS, WREB, NERB, CITA, or SRTA.

Section 8. Dental Hygiene Licensure by Endorsement.

(a) Eligibility. An applicant may seek dental hygiene licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed application and payment of fee;
- (ii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

- (iii) Submit evidence that demonstrates competency including:
 - (A) Active clinical practice of 800 hours in one (1) year; or
 - (B) Successful completion of a regional clinical examination within twelve (12) months; or
 - (C) Completion of ten (10) hours of continuing education for each year not actively practicing.

Section 9. Annual Licensure Renewal.

- (a) Expiration.
 - (i) All dental and dental hygiene licenses shall expire December 31 of each year.
 - (ii) Unless a licensee timely renews their license, the licensee **shall not practice after December 31.**
- (b) Renewal Application. A dental or dental hygiene licensee seeking renewal shall:
 - (i) Submit a completed renewal application and payment of fee; and
 - (ii) Verify current certification in CPR.
- (c) Competency Requirement. After five (5) years of inactive clinical practice, an applicant shall demonstrate competency by successful completion of regional clinical examination or apply for a non-clinical licensure.

Section 10. Failure to Timely Renew.

- (a) Unlicensed Practice. Failure to timely renew may subject the licensee to disciplinary action for unlicensed practice.
- (b) Administrative Grace Period.
 - (i) The administrative grace period shall be from January 1st to March 31st.
 - (ii) Licensees that failed to timely renew may apply for renewal during the administrative grace period. However, licensees shall not practice until the Board approves their license.
 - (iii) Licensees that failed to timely renew shall:
 - (A) Submit a completed renewal application and payment of fee; and
 - (B) Verify current certification in CPR.
 - (iv) **On April 1st, any license not renewed shall lapse.**

Section 11. Lapsed License.

- (a) If a dental license lapses, the dentist shall apply for relicensure.
- (b) If a dental hygiene license lapses, the dental hygienist may restore their lapsed license until December 31st of the year the license lapsed. After December 31st, the dental hygienist shall apply for relicensure.

Section 12. Dental and Dental Hygiene Relicensure

(a) Eligibility. An applicant may seek dental or dental hygiene relicensure if the applicant has been licensed in Wyoming and either failed to timely renew or is seeking to return to active clinical practice.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed relicensure application and payment of fee;
- (ii) Verify current certification in CPR; and
- (iii) Successfully pass the jurisprudence examination.

(c) Competency Requirement for Return to Practice. An applicant applying for relicensure that has not actively practiced in five (5) years shall also demonstrate competency by:

- (i) Successful completion of a regional clinical examination within twelve (12) months; and
- (ii) Submit evidence of completion of ten (10) hours of hands on clinical continuing education for each year not actively practicing.

Section 13. Reinstatement.

(a) Eligibility. An applicant may seek to have his dental or dental hygiene license reinstated if the applicant's Wyoming dental or dental hygiene license has been revoked, surrendered, suspended, conditioned, or restricted.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed application and payment of fee;
- (ii) Verify current certification in CPR;
- (iii) Submit evidence of complying with the requirements of a previous Board order;
- (iv) Submit evidence of applicant's ability to safely and competently practice; and
- (v) Submit evidence demonstrating just cause for reinstatement.

Section 14. Non-Clinical Licensure.

(a) Eligibility. An applicant may seek a non-clinical license if the applicant does not engage in active clinical practice. This limited license is intended for those applicants teaching, examining, consulting, reviewing, or engaging in administrative oversight.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee; and

(ii) Submit a personal statement describing applicant's intended non-clinical practice.

(c) Renewal Application. A non-clinical licensee seeking renewal shall submit a completed renewal application and payment of fee.

Section 15. Volunteer's Certificate. Any applicant that meets the qualifications under W.S. 33-15-131 shall submit a completed application.

Section 16. Temporary Educator's License. Any applicant that meets the qualifications under W.S. 33-15-133 shall submit a completed application.

CHAPTER 3

REQUIREMENTS FOR LICENSURE AND RENEWAL

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to establish the requirements for licensure, annual license renewal, and volunteer certificates.

Section 2. Application Status.

(a) For those applicants seeking all types of licensure, competency shall be met during the timeframe identified immediately prior to submitting a completed application.

(b) Applications shall be deemed "complete" when all necessary documentation has been received by the Board office.

(c) Applications shall expire one year after submission. If an application expires, an applicant shall submit a new application, including payment of fee.

Section 3. ARC Review of Applications.

(a) An applicant for licensure or certification shall have committed no acts which are grounds for disciplinary action, or if the act was committed, the ARC has found after investigation that sufficient restitution has been made and the applicant no longer presents a threat to the public safety.

(b) If the ARC questions an applicant's competency, the ARC may request an applicant complete a regional clinical examination or other program.

Section 4. Jurisprudence Examination and Interview.

(a) The Board shall issue a dental or dental hygiene license to any applicant that meets the qualifications for licensure identified in Sections 5, 6, 7, 8, and 12 and successfully passes the jurisprudence examination.

(b) All dental licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received at least forty five (45) days prior to a Board meeting. The ARC shall recommend eligibility to sit for the jurisprudence examination. The Board staff shall administer the dental jurisprudence examination and the applicant shall be required to interview with the Board.

(c) All dental hygiene licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received by the Board prior to scheduling an appointment to be administered the jurisprudence examination. The ARC shall recommend eligibility to sit for the jurisprudence examination.

(d) To successfully pass the jurisprudence examination, the applicant shall score at least a 75% on the exam.

~~**Section 1. — Initial Licensure Requirements for New Graduate Dentists.** A “new graduate dentist” is a dentist who has graduated from a CODA accredited U.S. or Canadian Dental School within the past twelve (12) months of application submission and has never been licensed to practice as a dentist in this or any other state. A new graduate may concurrently apply for licensure in other states during this twelve (12) month period. The Board may issue a Wyoming dentist license to a New Graduate Dentist who satisfies each of the following criteria:~~

~~(a) — Proof of dental degree (DDS or DMD) from a CODA accredited U.S. or Canadian Dental School within the past twelve (12) months of application submission;~~

~~(b) — Passing score from any regional or state clinical licensure examination that indicates competency in:~~

~~(i) — Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturation of an anterior tooth.~~

~~(ii) — Fixed Prosthodontics including one of the following:~~

~~(A) — A full crown procedure,~~

~~(B) — An indirect cast class II inlay,~~

~~(C) — An indirect cast class II onlay, or~~

~~(D) — Cast 3/4 crown.~~

~~(iii) — Periodontics, including scaling and root planning on a patient in a clinical setting.~~

~~(iv) — Restorative Dentistry, including a class II amalgam or composite preparation and restoration and a class III composite preparation and restoration. No slot preps will be accepted.~~

~~(A) — If an indirect inlay, onlay, or ¾ crown procedure is done on a patient the board will require one additional restorative procedure as listed above.~~

~~(c) — Subject to background investigation;~~

~~(d) — License will not be issued until investigation has been completed;~~

~~(e) — Successful passing of the jurisprudence examination;~~

~~(f) — Oral interview;~~

~~—~~

~~(g) — Applicable requirements as stated on application.~~

~~(h) Application for licensure must be submitted complete with the appropriate fee 45 days prior to the examination when the board convenes. The applicant will be required to appear before the Board of Dental Examiners at that time.~~

Section 5. Dental Licensure by Examination.

~~(a) Eligibility. An applicant may seek dental licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental School within twelve (12) months and has never been licensed to practice as a dentist in any state.~~

~~(b) Application Requirements. Applicant shall:~~

~~(i) Submit a completed application and payment of fee;~~

~~(ii) Successfully pass the NBDE;~~

~~(iii) Successfully pass a regional clinical examination that indicates competency in:~~

~~(A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturation of an anterior tooth;~~

~~(B) Fixed Prosthodontics including one of the following:~~

~~(I) A full crown procedure;~~

~~(II) An indirect cast class II inlay;~~

~~(III) An indirect cast class II onlay; or~~

~~(IV) Cast 3/4 crown.~~

~~(C) Periodontics, including scaling and root planning on a patient in a clinical setting; and~~

~~(D) Restorative Dentistry, including a class II amalgam or composite preparation and restoration and a class III composite preparation and restoration.~~

~~(I) Slot preps shall not be accepted.~~

~~(II) If an indirect inlay, onlay, or 3/4 crown procedure is done on a patient, the applicant shall be required to perform one additional restorative procedure as listed above.~~

~~**Section 2. Licensure by Credentials for Experienced, Licensed Dentists.** A dentist with experience and licensure in another jurisdiction, as set forth below, may obtain a Wyoming dental license if he successfully satisfies each of the following criteria:~~

~~(a) Proof of dental degree (DDS or DMD) from a CODA accredited U.S. or Canadian Dental School;~~

~~(b) — Proof directly from any state or regional testing agency that applicant has successfully passed initial clinical and licensure exam;~~

~~(c) — Proof of current Dental License in another state, territory, or district of the United States;~~

~~(d) — Proof of continued practice of 5,000 hours and 5 years practice experience prior to application; or proof of Specialty Degree (recognized by the ADA or equivalent);~~

~~(e) — Applicant may not be the subject of any pending or final disciplinary actions in any state, territory, District of the United States, or Dominion of Canada.~~

~~(f) — License will not be issued or denied until investigation has been completed;~~

~~(g) — Subject to background check;~~

~~(h) — Successful passing of the jurisprudence examination;~~

~~(i) — Oral interview;~~

~~(j) — Applicable requirements as stated on application (PBIS or other equivalent investigative service).~~

~~(k) — Application for licensure must be submitted complete with the appropriate fee 45 days prior to the examination when the board convenes. The applicant will be required to appear before the Board of Dental Examiners at that time.~~

Section 3. — Alternative Licensure Requirements. ~~A dentist who is not a “new graduate” as defined in Section 1 of these rules, and who does not meet the experience or licensure requirements set forth in Section 2 may qualify for licensure if the applicant can successfully demonstrate he possesses current satisfactory clinical skill and otherwise satisfies the following criteria:~~

~~(a) — Proof of dental degree (DDS or DMD) from a CODA accredited U.S. or Canadian Dental School;~~

~~(b) — Clinical Competency: All applicants seeking alternative licensure under this section must demonstrate they passed a clinical board examination and they have maintained current clinical competency.~~

~~(i) — Obtaining Clinical Competency. The applicant must present proof that he has received a passing score or scores from any regional or state clinical licensure examination as set forth in Section 1 of this chapter. If the applicant passed the clinical examination more than twelve (12) months prior to submission of the application, the applicant must demonstrate he has maintained competency as set forth in this section.~~

~~(ii) — Maintaining Clinical Competency. — If the applicant took the regional or state clinical examination more than twelve (12) months prior to submission of the application, the applicant shall demonstrate clinical competency by satisfying one of the following requirements:~~

~~(A) — Proof that the applicant has successfully received the equivalent of ten (10) hours of clinical (hands on) education for each calendar year following receipt of his initial passing score of the regional or state clinical examination established in subsection (b)(i) above. If five (5) or more years has lapsed since the regional or state clinical examination, the applicant may only qualify for licensure pursuant to subsections (B) or (C) below;~~

~~(B) — Proof that the applicant has successfully passed an approved regional or state clinical examination which meets the criteria set forth in subsection (b)(i) above and has done so within twelve (12) months of his submission for alternative licensure; or~~

~~(C) — Proof that the applicant is currently licensed as a dentist, in good standing, in another jurisdiction and has completed at least 1,000 hours of active clinical practice within twelve (12) months of his submission of his application for alternative licensure;~~

~~(c) — Applicable requirements as stated on application.~~

~~(d) — If the applicant currently holds a dentist license, or has ever been licensed as a dentist in another jurisdiction the applicant may not be the subject of any pending or final disciplinary actions in any state, territory, District of the United States, or Dominion of Canada. A Wyoming license shall not be issued or denied until all investigations in other states have been completed.~~

~~(e) — Subject to background check;~~

~~(f) — Successful passing of the jurisprudence examination;~~

~~(g) — Oral interview;~~

~~(h) — Applicable requirements as stated on application (PBIS or other equivalent investigative service).~~

~~(i) — Application for licensure must be submitted complete with the appropriate fee 45 days prior to the examination when the board convenes. The applicant shall be required to appear before the Board of Dental Examiners at that time.~~

Section 6. Dental Licensure by Endorsement.

(a) Eligibility. An applicant may seek dental licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Complete requirements identified in Section 5(b)(ii) and (iii);

(A) If applicant successfully passed a regional clinical examination as identified in Section 5(b)(iii) which did not include a fixed prosthodontics component, applicant shall submit evidence of active clinical practice of 5,000 hours in five (5) years;

(iii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

(iv) Submit evidence that demonstrates competency including:

(A) Active clinical practice of 1,000 hours in one (1) year; or

(B) Successful completion of a regional clinical examination within twelve (12) months; or

(C) Completion of ten (10) hours of hands on clinical continuing education for each year not actively practicing.

~~**Section 4. — Initial Licensure Requirements for New Graduate Dental Hygienists.** A new graduate dental hygienist is a dental hygienist who has graduated from a CODA accredited U.S. or Canadian Dental Hygiene School within the past twelve (12) months of application submission and has never been licensed to practice as a dental hygienist in this or any other state. The Board may issue a Wyoming dental hygienist license to a New Graduate Dental Hygienist who satisfies each of the following criteria:~~

~~(a) — Proof of dental hygiene degree from a CODA accredited U.S. or Canadian Dental Hygiene School;~~

~~(b) — Passing score from WREB, CRDTS, NERB, CITA or SRTA testing agencies with results submitted directly from the testing agency;~~

~~(c) — Subject to background investigation;~~

~~(d) — License will not be issued until investigation has been completed;~~

~~(e) — Successful passing of the jurisprudence examination;~~

~~(f) — Applicable requirements as stated on application.~~

Section 7. Dental Hygiene Licensure by Examination.

(a) Eligibility. An applicant may seek dental hygiene licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental Hygiene School or program within twelve (12) months and has never been licensed to practice as a dental hygiene in any state.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed application and fees;
- (ii) Successfully pass the NBDHE; and
- (iii) Successfully pass the CRDTS, WREB, NERB, CITA, or SRTA.

~~**Section 5. Licensure by Credentials for Experienced, Licensed Dental Hygienists.** A dental hygienist with experience and licensure in another jurisdiction, as set forth below, may obtain a Wyoming dental hygienist license if he successfully satisfies each of the following criteria~~

~~(a) Proof of dental hygiene degree from a CODA accredited U.S. or Canadian Dental Hygiene School;~~

~~(b) Proof directly from a state or regional testing agency that applicant has successfully passed initial clinical licensure exam;~~

~~(c) Proof of current dental hygiene license in another state, territory or district of the United States;~~

~~(d) Proof of continued practice in another jurisdiction of 800 hours in the twelve (12) months immediately prior to application.~~

~~(e) Applicant may not be the subject of any pending or final disciplinary or malpractice action in any state, territory, or District of the United States or the Dominion of Canada. A dental hygiene license will not be issued or denied until pending investigations and/or disciplinary actions are complete.~~

~~(f) Subject to background check;~~

~~(g) Successful passing of the jurisprudence examination;~~

~~(h) Applicable requirements as stated on application (PBIS or other equivalent investigative service).~~

~~**Section 6. Alternative Licensure Requirements.** A dental hygienist who is not a new graduate as defined in Section 4 of these rules, and who does not meet the experience or licensure requirements set forth in Section 5 may qualify for licensure if the applicant can successfully demonstrate he possesses current satisfactory clinical skill and otherwise satisfies the following criteria:~~

~~(a) Proof of dental hygiene degree from a CODA accredited U.S. or Canadian Dental Hygiene School;~~

~~(b) Clinical Competency: All applicants seeking alternative licensure under this section must demonstrate they passed a clinical board examination and they have maintained current clinical competency.~~

~~(i) Obtaining Clinical Competency. The applicant must present proof that he has received a passing score from any regional or state clinical licensure examination as set forth in Section 4 of this chapter. If the applicant passed the clinical examination more than twelve (12) months prior to submission of the application, the applicant must demonstrate he has maintained competency as set forth in this section.~~

~~(ii) Maintaining Clinical Competency. If the applicant took the regional or state clinical examination more than twelve (12) months prior to submission of the application, the applicant shall demonstrate clinical competency by satisfying one of the following requirements:~~

~~(A) Proof that the applicant has successfully received ten (10) hours of clinical (hands on) education in the twelve (12) months immediately prior to application~~

~~(B) Proof that the applicant has successfully re-taken and passed an approved regional or state clinical examination which meets the criteria set forth in subsection (b)(i) above in the twelve (12) months immediately prior to application~~

~~(c) Applicable requirements as stated on application.~~

~~(d) If the applicant currently holds, or has ever been licensed as a dental hygienist in another jurisdiction the applicant may not be the subject of any pending or final disciplinary actions in any state, territory, District of the United States, or Dominion of Canada. A Wyoming dental hygiene license shall not be issued or denied until all investigations in other states have been completed.~~

~~(e) Subject to background check;~~

~~(f) Successful passing of the jurisprudence examination;~~

Section 8. Dental Hygiene Licensure by Endorsement.

(a) Eligibility. An applicant may seek dental hygiene licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

(iii) Submit evidence that demonstrates competency including:

(A) Active clinical practice of 800 hours in one (1) year; or

(B) Successful completion of a regional clinical examination within twelve (12) months; or

(C) Completion of ten (10) hours of continuing education for each year not actively practicing.

Section 9. Annual Licensure Renewal.

(a) Expiration.

(i) All dental and dental hygiene licenses shall expire December 31 of each year.

(ii) Unless a licensee timely renews their license, the licensee **shall not practice after December 31.**

(b) Renewal Application. A dental or dental hygiene licensee seeking renewal shall:

(i) Submit a completed renewal application and payment of fee; and

(ii) Verify current certification in CPR.

(c) Competency Requirement. After five (5) years of inactive clinical practice, an applicant shall demonstrate competency by successful completion of regional clinical examination or apply for a non-clinical licensure.

Section 10. Failure to Timely Renew.

(a) Unlicensed Practice. Failure to timely renew may subject the licensee to disciplinary action for unlicensed practice.

(b) Administrative Grace Period.

(i) The administrative grace period shall be from January 1st to March 31st.

(ii) Licensees that failed to timely renew may apply for renewal during the administrative grace period. However, licensees shall not practice until the Board approves their license.

(iii) Licensees that failed to timely renew shall:

(A) Submit a completed renewal application and payment of fee; and

(B) Verify current certification in CPR.

(iv) **On April 1st, any license not renewed shall lapse.**

Section 11. Lapsed License.

(a) If a dental license lapses, the dentist shall apply for relicensure.

(b) If a dental hygiene license lapses, the dental hygienist may restore their lapsed license until December 31st of the year the license lapsed. After December 31st, the dental hygienist shall apply for relicensure.

Section 12. Dental and Dental Hygiene Relicensure

(a) Eligibility. An applicant may seek dental or dental hygiene relicensure if the applicant has been licensed in Wyoming and either failed to timely renew or is seeking to return to active clinical practice.

(b) Application Requirements. Applicant shall:

(i) Submit a completed relicensure application and payment of fee;

(ii) Verify current certification in CPR; and

(iii) Successfully pass the jurisprudence examination.

(c) Competency Requirement for Return to Practice. An applicant applying for relicensure that has not actively practiced in five (5) years shall also demonstrate competency by:

(i) Successful completion of a regional clinical examination within twelve (12) months; and

(ii) Submit evidence of completion of ten (10) hours of hands on clinical continuing education for each year not actively practicing.

Section 13. Reinstatement.

(a) Eligibility. An applicant may seek to have his dental or dental hygiene license reinstated if the applicant's Wyoming dental or dental hygiene license has been revoked, surrendered, suspended, conditioned, or restricted.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Verify current certification in CPR;

(iii) Submit evidence of complying with the requirements of a previous Board order;

(iv) Submit evidence of applicant's ability to safely and competently practice; and

(v) Submit evidence demonstrating just cause for reinstatement.

Section 14. Non-Clinical Licensure.

(a) Eligibility. An applicant may seek a non-clinical license if the applicant does not engage in active clinical practice. This limited license is intended for those applicants teaching, examining, consulting, reviewing, or engaging in administrative oversight.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee; and

(ii) Submit a personal statement describing applicant's intended non-clinical practice.

(c) Renewal Application. A non-clinical licensee seeking renewal shall submit a completed renewal application and payment of fee.

Section 7. Volunteer's Certificate.

~~(a) **Scope.** A Volunteer's Certificate issued to a retired dentist or dental hygienist shall be used only for volunteer services and not for compensation.~~

~~(b) **Qualifications.** To qualify for a Volunteer's Certificate, a dentist or dental hygienist shall:~~

~~(i) For at least ten (10) years immediately prior to retirement, either have maintained full licensure in good standing in any jurisdiction in the United States that licenses persons to practice as a dentist or dental hygienist or have practiced in good standing as a dentist or dental hygienist in one (1) or more branches of the United States armed services.~~

~~(ii) Otherwise qualify for an active general license except that a clinical board examination requirement is waived by the Board.~~

~~(iii) Provide proof of current certification in CPR and completion of any other required continuing education.~~

~~(c) **Application for a Volunteer's Certificate.** To apply for a Volunteer's Certificate to practice dentistry or dental hygiene, a dentist or dental hygienist shall:~~

~~(i) Submit a completed application on a form provided by the Board including:~~

~~(A) A copy of the applicant's dental or dental hygiene degree from an accredited dental or dental hygiene school.~~

~~(B) One of the following, as applicable:~~

~~(I) A copy of the applicant's most recent license authorizing the practice of dentistry or dental hygiene; or~~

~~(II) A copy of the applicant's most recent license or equivalent to a license to practice dentistry or dental hygiene in one (1) or more branches of the United States armed services issued by the United States government.~~

~~(C) — Evidence of one (1) of the following, as applicable:~~

~~(I) — That the applicant has maintained, for at least ten (10) years immediately prior to retirement, full licensure in good standing in any jurisdiction in the United States that licenses persons to practice as a dentist or dental hygienist; or~~

~~(II) — That the applicant has practiced for at least ten (10) years immediately prior to retirement in good standing as a dentist or dental hygienist in one (1) or more of the branches of the United States armed services; and~~

~~(D) — A notarized statement from the applicant, on a form prescribed by the Board, that the applicant;~~

~~(I) — Will not accept any form of remuneration for any dental or dental hygiene services rendered while in possession of a Volunteer's Certificate;~~

~~(II) — Will devote his/her practice exclusively and totally to providing dental and dental hygiene services to low income, uninsured persons at a nonprofit health care facility in this state; and~~

~~(III) Will provide any other documentation that the Board may reasonably require.~~

~~(d) — **Expiration Date of Certificate.** A Volunteer's Certificate to practice dentistry or dental hygiene shall expire on December 31 following the effective date of the Certificate.~~

~~(e) — **Renewal of Certificate.** A Volunteer's Certificate to practice dentistry or dental hygiene may be renewed for an additional year if:~~

~~(i) — A completed renewal form provided by the Board is submitted;~~

~~(ii) — Continuing education requirements for an active general license to practice dentistry or dental hygiene in the state have been completed;~~

~~(iii) — The applicant has conformed to the standards set forth in Chapter 4, Section 1 (a), (b), (c), (d), (e), and (f) as they apply to dentists and Chapter 7, Section 1, 2, and 3 as they apply to dental hygienists.~~

~~**Violations.** Violations of this chapter pertaining to a Volunteer's Certificate shall constitute unprofessional conduct and may result in a suspension or revocation of the certificate as set forth in Chapter 8 of these rules.~~

Section 15. Volunteer's Certificate. Any applicant that meets the qualifications under W.S. 33-15-131 shall submit a completed application.

Section 16. Temporary Educator's License. Any applicant that meets the qualifications under W.S. 33-15-133 shall submit a completed application.

CHAPTER 4

DENTAL PRACTICE

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

Section 2. Practice of Dentistry.

(a) The dentist shall

(i) Be responsible for the quality of dentistry performed in his office, regardless of whether it is performed by him personally or by auxiliaries working under his supervision;

(ii) Be responsible for maintaining a high level of proficiency in the practice of dentistry and for keeping up with current educational standards of the profession;

(iii) Report gross and/or recurring improprieties to the proper board or agency; and

(iv) Notify the Board of any disease or condition that adversely affects his practice.

(b) The practice of dentistry occurs where the patient is located or receives services.

Section 3. Satellite Offices. A dentist shall designate his main office. All other offices shall be deemed satellite offices and shall abide by the same rules and regulations as the main office.

Section 4. Radiograph Use Permits.

(a) Radiograph Use Permit. Any dentist utilizing dental x-ray machines shall obtain for a radiograph use permit from the Board.

(b) Application Requirements. Applicant shall submit a completed application and fee.

(c) Inspection Process.

(i) Inspector shall submit a completed application.

(ii) All dental x-ray machines shall be inspected by a Board approved inspector every five (5) years. The dentist shall be responsible to contract directly with an approved inspector.

(iii) The inspector shall submit to the Board the pass/fail results of all equipment inspected. The Board shall issue a dated sticker for units have passed the safety inspection. The dentist shall provide the Board a copy of the work order showing satisfactory repair completed on any equipment failing inspection.

CHAPTER 4

DENTAL PRACTICE

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

Section 2. Practice of Dentistry.

~~Section 1.~~(a) The following rules and regulations apply to the Practice of Dentistry: The dentist shall

~~(a) (i)~~ The dentist has the responsibility Be responsible for the quality of dentistry performed in his office, regardless of whether it is performed by him personally or by auxiliaries working under his supervision;:-

~~(b) (ii)~~ Each dentist is Be responsible for maintaining a high level of proficiency in the practice of dentistry and for keeping up with current educational standards of the profession;:-

~~(c)~~ A dentist shall not advertise in any way that is false or misleading in any material respect.

~~(d) (iii)~~ A dentist should be willing to aid any of his colleagues, but should have uppermost in his mind the protection of the general public and should Rreport gross and/or recurring improprieties to the proper board or agency; and.

~~(iv)~~ Any dentist who is suffering from a Notify the Board of any disease or condition that adversely affects the quality of his work shall notify the board through its secretary. his practice.

(b) The practice of dentistry occurs where the patient is located or receives services.

~~(e)~~ Section 3. Satellite Offices. A dentist shall designate his main office. All other offices shall be deemed satellite offices and shall abide by the same rules and regulations as the main office.

~~(f)~~ Dentists will practice in accordance with the most recently adopted Code of Ethics and Principles of Practice of the Wyoming Board of Dental Examiners.

~~(g)~~ Satellite offices: When a dentist is the proprietor of more than one (1) office, he shall designate one (1) as his main office; all others shall be termed satellite offices. Satellite offices shall abide by the same rules and regulations as the main office.

~~(h)~~ Radiograph use permits: After July 1, 1991, all dental x-ray machines must be inspected by a board approved Medical/Health Physicist qualified to inspect such machines. These units shall be inspected every five (5) years. No fee is charged by the board. Dentists are responsible to contract directly with an approved inspector who in turn will submit to the

~~secretary of the dental board the pass/fail results of all equipment inspected. Upon notification that units have passed the safety inspection, a dated sticker will be issued from the board secretary. Machines failing inspection must have a copy of the work order showing satisfactory repair completed sent to the secretary's office.~~

Section 4. Radiograph Use Permits.

(a) Radiograph Use Permit. Any dentist utilizing dental x-ray machines shall obtain for a radiograph use permit from the Board.

(b) Application Requirements. Applicant shall submit a completed application and fee.

(c) Inspection Process.

(i) Inspector shall submit a completed application.

(ii) All dental x-ray machines shall be inspected by a Board approved inspector every five (5) years. The dentist shall be responsible to contract directly with an approved inspector.

~~Section 2.(iii) The inspector shall submit to the Board the pass/fail results of all equipment inspected. The Board shall issue a dated sticker for units have passed the safety inspection. The dentist shall provide the Board a copy of the work order showing satisfactory repair completed on any equipment failing inspection. Continuing Education. For annual relicensure, each dentist and hygienist shall have completed the continuing education required to renew basic life support, which includes written testing and successful mannequin evaluation for adult, child and infant.~~

CHAPTER 6

CODE OF ETHICS FOR DENTISTS

Section 1. Patient Autonomy. This principle expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving the patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

(a) Patient Involvement. The dentist shall inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

(b) Patient Records. Dentists shall safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information, including X-rays that will be beneficial for the future treatment of that patient.

Section 2. Nonmaleficence. This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include keeping knowledge and skills current, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

(a) Education. The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, shall keep their knowledge and skill current through continuing education.

(b) Consultation and Referral. Dentists shall seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

(i) The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care; and

(ii) The specialists shall be obliged when there is no referring dentist and upon completion of their treatment to inform patients when there is a need for further dental care.

(c) Use of Auxiliary Personnel. Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

(d) Patient Abandonment. Once a dentist has undertaken a course of treatment, the dentist shall not discontinue that treatment without giving adequate notice and the opportunity to obtain the services of other dentists. Care shall be taken that the patient's oral health is not jeopardized in the process.

(e) Personal Relationships. Dentists, because of their position of power and authority over both patients and staff, shall exercise extreme discretion in their conduct and avoid any form of sexual coercion and/or harassment.

(f) Personal Impairment. It is unethical for a dentist to practice while abusing controlled substances, alcohol, or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.

(g) Duty to inform. When, during the course of dental treatment, an unexpected or undesirable outcome is obtained, the dentist has the duty to inform the patient of such outcome and to make arrangements for any follow up or additional treatment deemed necessary.

Section 3. Beneficence. This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires, and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provisions of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

(a) Community Service. Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists involved in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

(b) Government of a Profession. Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

(c) Research and Development. Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

(d) Patents and Copyrights. Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

(e) Abuse and Neglect. Dentists shall become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

Section 4. Justice. This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental professional shall actively seek allies throughout society on specific activities that will help improve access to care for all.

(a) Patient Selection. While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex or national origin.

(b) Patients with Bloodborne Pathogens. It is unethical to decline treatment to any individual based on the fact that they are infected with a bloodborne pathogen such as, Human Immunodeficiency Virus, Hepatitis B virus, Hepatitis C virus or any others.

(c) Emergency Service. Dentists shall make reasonable arrangements for the emergency care of their patients of record. Specifically, dentists shall make it possible for their patients of record to contact them after business hours. Additionally, dentists shall make reasonable arrangements with a colleague to provide emergency care whenever they are unavailable for such service.

(d) Justifiable Criticism. Dentists shall report to the appropriate reviewing agency as determined by the local component society instances of gross or continual faulty treatment by other dentists. Patients shall be informed of their present oral health status without disparaging comment about prior services.

(e) Expert Testimony. Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

(f) Rebate and Split Fees. Dentists shall not accept or tender "rebates" or "split fees."

Section 5. Veracity. This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

(a) Representation of Care. Dentists shall not represent the care being rendered to their patients in a false or misleading manner. A dentist who represents that treatment or diagnostic techniques recommended or performed by the dentist has the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research is acting unethically.

(b) Dental Amalgam. Based on current scientific data the Board has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the

recommendation or suggestion of the dentist is improper and unethical. The same principle of veracity applies to the dentist's recommendation concerning the removal of any dental restorative material.

(c) Representation of Fees. Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

(d) Waiver of Copayment. A dentist who accepts a third party payment under a copayment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party that the charge to the patient for services rendered is higher than it actually is.

(e) Overbilling. A dentist shall not increase a fee to a patient solely because the patient is covered under a dental benefits plan.

(f) Treatment Dates. A dentist who submits a claim form to a third party reporting incorrect treatment date for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaging in making an unethical, false or misleading representation to such third party.

(g) Dental Procedures. A dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.

(h) Unnecessary Services. A dentist shall not recommend and perform unnecessary dental services or procedures.

(i) Devices and Therapeutic Methods. Except for formal investigative studies, dentists shall prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall not hold out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

(j) Marketing or Sale of Products or Procedures. Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures to their patients shall take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists shall not induce patients to purchase products or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure. Dentist shall disclose to their patients all relevant information the patient needs to make an informed purchase decision.

(k) Professional Announcement. In order to properly serve the public, dentists shall represent themselves in a manner that contributes to the esteem of the profession. Dentists shall not misrepresent their training and competence in any way that would be false or misleading in any material respect.

(l) Advertising. Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

(m) Referral Services. There are two basic types of referral services for dental care: not-for-profit and the commercial. The not-for-profit is commonly organized by dental societies or community services. It is open to all qualified practitioners in the area served. A fee is sometimes charged the practitioner to be listed with the service. A fee for such referral services is for the purpose of covering the expense of the service and has no relation to the number of patients referred. In contrast, some commercial referral services restrict access to the referral service to a limited number of dentists in a particular geographic area. Contractual arrangements whereby the dentist is paying the referral service for patients referred on a per patient basis shall be strictly prohibited. A dentist is allowed to pay for any advertising permitted by the Code, but is generally not permitted to make payments to another person or entity for the referral of a patient for professional services.

(n) Name of Practice. Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.

(o) Dentist Leaving Practice. Dentists leaving a practice who authorize continued use of their names shall receive competent advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentists has retired from the practice.

(p) Announcement of Specialization and Limitation of Practice. The special areas of dental practice approved by the ADA and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization shall use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the ADA. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on the specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists. A general dentist practicing within a specialty practice shall provide a written disclosure that indicates that services are being provided by a general dentist to be signed by the patient.

(q) Superior Designation. A dentist shall not hold himself out as an expert or imply superiority.

(r) General Practitioner Announcement of Services. General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communication that express or imply specialization. General dentist shall also state that the specialty services are being provided by general dentists. That disclaimer shall appear in same font and size as the advertized specialty service. A dentist shall not announce available services in any way that would be false or misleading in any material respect.

(s) Dental Practice Ownership Disclosure. If the name or ownership of the dental practice differs from the dentist(s) providing the services, the dentist providing services shall provide a written disclosure that indicates any and all individuals with a financial interest in the dental practice to be signed by the patient.

Section 6. Compliance with Code of Ethics. Dentists shall comply with the provisions of the ADA's Principles of Ethics and Code of Professional Conduct and the ADHA Code of Ethics for Dental Hygienists.

CHAPTER 6

CODE OF ETHICS FOR DENTISTS

Section 1. Patient Autonomy. This principle expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving the patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

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(b) Consultation and Referral. Dentists shall ~~be obliged to~~ seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

(i) The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care-; **and**

(ii) The specialists shall be obliged when there is no referring dentist and upon ~~a~~ completion of their treatment to inform patients when there is a need for further dental care.

(c) Use of Auxiliary Personnel. Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

(d) Patient Abandonment. Once a dentist has undertaken a course of treatment, the dentist ~~should~~shall not discontinue that treatment without giving adequate notice and the opportunity to obtain the services of other dentists. Care ~~should~~shall be taken that the patient's oral health is not jeopardized in the process.

(e) Personal Relationships. Dentists, because of their position of power and authority over both patients and staff, ~~must~~shall exercise extreme discretion in their conduct and avoid any form of sexual coercion and/or harassment.

(f) Personal Impairment. It is unethical for a dentist to practice while abusing controlled substances, alcohol, or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.

~~(g)~~ Duty to inform. When, during the course of dental treatment, an unexpected or undesirable outcome is obtained, the dentist has the duty to inform the patient of such outcome and to make arrangements for any follow up or additional treatment deemed necessary.

Section 3. Beneficence. This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires, and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provisions of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

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(a) Patient Selection. While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex or national origin.

(b) Patients with Bloodborne Pathogens. ~~A dentist has the general obligation to provide care to those in need. A decision not to provide~~It is unethical to decline treatment to ~~an~~any individual ~~because~~based on the ~~individual is~~fact that they are infected with a bloodborne pathogen such as, Human Immunodeficiency Virus, Hepatitis B virus, Hepatitis C virus or ~~another blood borne pathogen, based solely on the fact, is unethical.~~any others.

(c) Emergency Service. Dentists shall ~~be obliged to~~ make reasonable arrangements for the emergency care of their patients of record. Specifically, dentists shall ~~be obliged when consulted in an emergency by~~make it possible for their patients ~~not~~ of record to contact them after business hours. Additionally, dentists shall make reasonable arrangements ~~for~~with a colleague to provide emergency care ~~whenever they are unavailable for such service.~~

(d) Justifiable Criticism. Dentists shall ~~be obliged to~~ report to the appropriate reviewing agency as determined by the local component society instances of gross or continual faulty treatment by other dentists. Patients ~~should~~shall be informed of their present oral health status without disparaging comment about prior services.

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(b) Dental Amalgam. Based on current scientific data the Board ~~of Dental Examiners~~ has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist, is improper and unethical. The same principle of veracity applies to the dentist's recommendation concerning the removal of any dental restorative material.

(c) Representation of Fees. Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

(d) Waiver of Copayment. A dentist who accepts a third party payment under a copayment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party that the charge to the patient for services rendered is higher than it actually is.

(e) Overbilling. ~~It is unethical for~~ A dentist ~~to~~ **shall not** increase a fee to a patient solely because the patient is covered under a dental benefits plan.

(f) Treatment Dates. A dentist who submits a claim form to a third party reporting incorrect treatment date for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaging in making an unethical, false or misleading representation to such third party.

(g) Dental Procedures. A dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.

(h) Unnecessary Services. A dentist ~~who recommends~~ **shall not recommend** and ~~performs~~ **perform** unnecessary dental services or procedures ~~is engaged in unethical conduct.~~

(i) Devices and Therapeutic Methods. Except for formal investigative studies, dentists shall ~~be obliged to~~ prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall ~~have the further obligation of~~ not **holding hold** out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

(j) Marketing or Sale of Products or Procedures. Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of ~~product~~ **products** or procedures to their patients ~~must~~ **shall** take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists ~~should~~ **shall** not induce patients to purchase ~~product~~ **products** or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure. Dentist ~~should~~ **shall** disclose to their patients all relevant information the patient ~~need~~ **needs** to make an informed purchase decision.

(k) Professional Announcement. In order to properly serve the public, dentists ~~should~~**shall** represent themselves in a manner that contributes to the esteem of the profession. Dentists ~~should~~**shall** not misrepresent their training and competence in any way that would be false or misleading in any material respect.

(l) Advertising. Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

(m) Referral Services. There are two basic types of referral services for dental care: not-for-profit and the commercial. The not-for-profit is commonly organized by dental societies or community services. It is open to all qualified practitioners in the area served. A fee is sometimes charged the practitioner to be listed with the service. A fee for such referral services is for the purpose of covering the expense of the service and has no relation to the number of patients referred. In contrast, some commercial referral services restrict access to the referral service to a limited number of dentists in a particular geographic area. ~~Perspective patients calling the service may be referred to a single subscribing dentist in the geographic area and the respective dentist billed for each patient referred. Commercial referral services often advertise to the public stressing that there is no charge for use of the service and the patient may not be informed of the referral fee paid by the dentist. There is connotation to such advertisements that the referral that is being made is in the nature of public service. Contractual arrangements whereby the dentist is paying the referral service for patients referred on a per patient basis shall be strictly prohibited.~~ A dentist is allowed to pay for any advertising permitted by the Code, but is generally not permitted to make payments to another person or entity for the referral of a patient for professional services.

(n) Name of Practice. Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.

(o) Dentist Leaving Practice. Dentists leaving a practice who authorize continued use of their names ~~should~~**shall** receive competent advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentists has retired from the practice.

(p) Announcement of Specialization and Limitation of Practice. The special areas of dental practice approved by the ~~American Dental Association~~**ADA** and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization ~~should~~**shall** use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each

approved specialty for which they announce the existing educational requirements and standards set forth by the ~~American Dental Association~~ ADA. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on the specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists. A general dentist practicing within a specialty practice shall provide a written disclosure that indicates that services are being provided by a general dentist to be signed by the patient.

(q) Superior Designation. A dentist shall not hold himself out as an expert or imply superiority.

~~(e)-(r)~~ General Practitioner Announcement of Services. General dentists who wish to announce ~~eh~~the services available in their practices are permitted to announce the availability of those services so long as they avoid any communication that express or imply specialization. General dentist shall also state that the specialty services are being provided by general dentists. ~~No~~ That disclaimer shall appear in same font and size as the advertized specialty service. A dentist shall not announce available services in any way that would be false ~~ore~~or misleading in any material respect.

(s) The Board reserves Dental Practice Ownership Disclosure. If the right to hold any licensee under its jurisdiction to the entire contents name or ownership of the ADA dental practice differs from the dentist(s) providing the services, the dentist providing services shall provide a written disclosure that indicates any and all individuals with a financial interest in the dental practice to be signed by the patient.

Section 6. Compliance with Code of Ethics. Dentists shall comply with the provisions of the ADA's Principles of Ethics and Code of Professional Conduct ~~or~~and the ADHA Code of Ethics for Dental Hygienists.

CHAPTER 8

DISCIPLINARY ACTION OR DENIAL OF LICENSE

REPEALED

CHAPTER 8

DISCIPLINARY ACTION OR DENIAL OF LICENSE

REPEALED

Section 1. ~~Dentists and Dental Hygienists.~~

~~(a) The Board may refuse to issue or renew a license, may suspend or revoke a license, may reprimand, restrict or impose conditions on the practice of a dentist or hygienist for any one (1) or more of the following causes pursuant to WYO. STAT. § 33-15-112 and WYO. STAT §33-15-121:~~

~~(i) Any criminal conviction, entry of plea or nolo contendere, or entry of a deferred prosecution agreement for a felony or misdemeanor which adversely relates to the practice of dentistry or dental hygiene or the ability to practice dentistry or dental hygiene.~~

~~(ii) Renting or loaning to another person the license or diploma to be used as a license or diploma for the other person.~~

~~(iii) Unprofessional conduct. Unprofessional conduct includes:~~

~~(A) Conduct related to the practice of dentistry or any dental auxiliary occupation which constitutes a departure from or failure to conform to the standards of acceptable and professional practices, including:~~

~~(I) Conduct which indicates the licensee or applicant is grossly ignorant of health care and dental related standards and protocols;~~

~~(II) Conduct which indicates the licensee or applicant is inefficient by failing to provide timely care to a patient or by failing to refer the patient when circumstances indicate referral is appropriate;~~

~~(III) Conduct or factors which indicate the licensee's or applicant's competency is compromised;~~

~~(IV) Impairment due to drug abuse, alcohol abuse, or a physical or mental condition, which may have compromised, or may compromise, patient safety.~~

~~(V) Employing directly or indirectly any unlicensed person to perform operations of any kind of treatment for human teeth or jaws, or to perform any task which constitutes the practice of dentistry;~~

~~(VI) Betraying patient confidences;~~

~~(VII) Failing to make and maintain complete patient records which conform to prevailing record-keeping standards within the licensee holder's profession;~~

~~(VIII)——Failing to provide a patient, or the Board, with a full and complete copy of all patient records, x rays, molds, or any other item kept in the course of treatment or services rendered by the license holder, for any patient, if either the patient, the patient’s legal guardian, or the Board requests said copies.~~

~~(IX)Falsifying, deceiving, or defrauding the Board, its review committees or staff in procuring or attempting to procure a license to practice dentistry; in filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents; in signing any report or record as a dentist; or in submitting any information to the board;~~

~~(X) Failure of a dentist to verify that all staff employed by the dentist or individuals contracted with the dentists, are licensed or certified by the Board to perform all tasks requiring licensure or certification before such tasks are performed at the direction of the dentist.~~

~~(XI)Directing, or permitting, any staff member to perform any procedure for which they are not licensed or certified.~~

~~(XII)——Performing any act or gesture which, from the standpoint of the patient, exploits the patient’s trust between the patient and the patient’s dentist. Such acts may include intimate or sexual advances, intimate or sexual contact, or the use of any unnecessary sedative substance without explicit written consent by the patient.~~

~~(XIII)——Performing any study or research without following standardized protocols for the research, including obtaining written and informed consent by the patient for any study.~~

~~(XIV)——Failure to maintain current CPR certification.~~

~~(XV)——Reprimand or other disciplinary action imposed by any academic institution or professional organization for cheating or plagiarizing.~~

~~(XVI)——Financial insolvency which may jeopardize the efficacy of treatment or appropriate standard of care provided to patients.~~

~~(XVII)——Violation of any Order, Term, Restriction or Condition imposed by the Board.~~

~~(XVIII)——Failure to conform with any statutory or regulatory provision of the Board, as well as the Board’s Code of Ethics and the American Dental Association Principles of Ethics and Code of Professional Conduct revised to January 2005 (See Appendix A).~~

~~(iv)——Advertising or soliciting patients, in any form of communication, in a manner that is false or misleading in any material respect;~~

~~(v)——Being unfit or incompetent to practice dentistry for any reason, including but not limited to:~~

~~(A) — Inability to practice dentistry with reasonable skill and safety because of physical or mental disability or the use of alcohol, prescription drugs, nonprescription drugs or other psychoactive substance;~~

~~(B) — Performance of unsafe dental practice or failure to conform to the standards of acceptable professional dental practice, whether or not actual injury results;~~

~~(vi) — Professional discipline by a professional licensing board in any jurisdiction;~~

~~(vii) — Fraud, deceit or misrepresentation in providing any information or record to the board; or~~

~~(viii) — Willful violation of any provision of the Board's Practice Act or its Rules and Regulations;~~

Section 2. **Reinstatement of License.** ~~The following applies to any dentist or dental hygienist whose license has been revoked by the board:~~

~~(a) — A person whose license has been revoked after a hearing or who has consented to revocation may not apply for reinstatement until the expiration of at least five (5) years from the effective date of the revocation.~~

~~(b) — A person whose license has been suspended for a specific period may not move for reinstatement until the expiration of the period specified in the order of suspension.~~

~~(c) — Motions for reinstatement by persons whose licenses have been revoked for violation of the Act and these Rules and Regulations shall be served upon the board at least two (2) months prior to the return date thereof. Upon receipt of the motion for reinstatement, the board shall cause the matter to be investigated. The board shall promptly schedule a hearing at which respondent dentist or hygienist shall have the burden of demonstrating by clear and convincing evidence that he/she has the moral qualifications, competency, and learning in dentistry or dental hygiene required for admission to practice dentistry or dental hygiene in this state and that his/her resumption of the practice of dentistry or dental hygiene will not be detrimental to the integrity and standing of the practice of dentistry in the state of Wyoming, nor the health and welfare of the public.~~

~~At the conclusion of the hearing, the board shall promptly file a report, and issue an order concerning said reinstatement within sixty (60) days following the motion.~~

CHAPTER 9

PRACTICE AND PROCEDURES

FOR DISCIPLINARY, APPLICATION, AND LICENSURE MATTERS

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to:

- (a) Conduct investigations, hearings, and proceedings concerning:
 - (i) Alleged violations of the Act or the Board Rules; or
 - (ii) Actions relating to an application for a licensure including granting or denying.
- (b) Determine and administer appropriate disciplinary action against licensee.
- (c) For the purposes of this chapter, "licensee" means a dentist or dental hygienist.

Section 2. Grounds for Discipline. The Board may take disciplinary action or refuse to issue or renew a license for the any one (1) or more of the following acts or conduct:

- (a) Violations of the Act or Board Rules;
- (b) Unprofessional conduct. Unprofessional conduct relates to the practice of dentistry or any dental auxiliary occupation which constitutes a departure from or failure to conform to the standards of acceptable and professional practices, including, but not limited to:
 - (i) Conduct which indicates the licensee or applicant is grossly ignorant of health care and dental related standards and protocols;
 - (ii) Conduct which indicates the licensee or applicant is inefficient by failing to provide timely care to a patient or by failing to refer the patient when circumstances indicate referral is appropriate;
 - (iii) Conduct or factors which indicate the licensee's or applicant's competency is compromised;
 - (iv) Impairment due to drug abuse, alcohol abuse, or a physical or mental condition, which may have compromised, or may compromise, patient safety;
 - (v) Employing directly or indirectly any unlicensed person to perform operations of any kind of treatment for human teeth or jaws, or to perform any task which constitutes the practice of dentistry;
 - (vi) Betraying patient confidences;
 - (vii) Failing to make and maintain complete patient records which conform to prevailing record-keeping standards within the licensee holder's profession;

(viii) Failing to provide a patient, or the Board, with a full and complete copy of all patient records, x-rays, molds, or any other item kept in the course of treatment or services rendered by the license holder, for any patient, if either the patient, the patient's legal guardian, or the Board requests said copies;

(ix) Providing false, deceptive, or misrepresented information to the Board, committees or staff:

(A) In procuring or attempting to procure a license to practice dentistry;

(B) In filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents;

(C) In signing any report or record as a dentist; or

(D) In submitting any information to the Board;

(x) Failure of a dentist to verify that all staff employed by the dentist or individuals contracted with the dentists, are licensed or certified by the Board to perform all tasks requiring licensure or certification before such tasks are performed at the direction of the dentist;

(xi) Directing or permitting any staff member to perform any procedure for which they are not licensed, certified, or competent;

(xii) Performing any act or gesture which, from the standpoint of the patient, exploits the patient's trust between the patient and the patient's dentist. Such acts may include intimate or sexual advances, intimate or sexual contact, or the use of any unnecessary sedative substance without explicit written consent by the patient;

(xiii) Performing any study or research without following standardized protocols for the research, including obtaining written and informed consent by the patient for any study;

(xiv) Failure to maintain current CPR certification;

(xv) Reprimand or other disciplinary action imposed by any academic institution or professional organization for cheating or plagiarizing;

(xvi) Financial insolvency which may jeopardize the efficacy of treatment or appropriate standard of care provided to patients;

(xvii) Violation of any order, term, restriction, or condition imposed by the Board; or

(xviii) Failure to conform with any provision of the Principles of Ethics and Code of Professional Conduct, Code of Ethics for Dental Hygienists, or the Dental Assisting National Board's Code of Professional Conduct.

Section 3. Application Review and Investigation Process.

(a) Application Review.

(i) Every application for a license or permit issued by the Board shall be subject to investigation to determine whether the requirements set forth in the Dental Practice Act and Board Rules are satisfied.

(ii) If any application, including renewals, reveals any information which merits further investigation, the matter shall be assigned to the ARC.

(b) Application Review Committee Action. The ARC may:

(i) Recommend a license, certificate, or permit be issued or renewed;

(ii) Recommend a settlement agreement which may include the issuance of a license or renewal with the imposition of restrictions, conditions, reprimand or a combination thereof; or

(iii) Recommend denial of the application.

(c) Notice of Intent to Recommend Denial. The ARC shall notify the applicant of its intent to recommend denial. Such notification shall contain:

(i) A brief description of the facts or conduct which warrant the denial of licensure;

(ii) A statement of the nature of the actions which warrant the denial or other authorized action, the facts upon which the denial or other action is based, the specific statutory provisions or the specific Board Rules involved; and

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the letter of the denial.

(d) Applicant's Request for Hearing. If the ARC recommends denial of an application, the applicant may request a contested case hearing in writing within thirty (30) days of the mailing of the notification.

Section 4. Complaint Review and Disciplinary Investigation Process.

(a) Complaint Review. Every complaint submitted to the Board or initiated on behalf of the Board shall be investigated by a DC.

(b) Disciplinary Committee Action. The DC may:

(i) Recommend dismissal of a complaint;

(ii) Recommend issuance of an advisory letter;

(iii) Recommend a settlement agreement which may include voluntary surrender, suspension, imposition of restrictions or conditions, reprimand or other discipline;

(iv) Recommend disciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline; or

(v) Recommend summary suspension.

(c) Summary Suspension. The Board may conduct an expedited hearing if the DC believes that the licensee's continued practice presents a danger to the public health, safety or welfare and recommends summary suspension.

Section 5. Petition and Notice of Hearing.

(a) Petition. Formal proceedings for disciplinary action against a licensee shall be commenced by serving a notice of hearing and petition and complaint by certified or regular mail at least twenty (20) days prior to the date set for hearing.

(b) Notice of Hearing. The Notice of Hearing shall contain:

(i) The name and last address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions and the specific Board Rules that the licensee is alleged to have violated;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating that failure to respond to the petition within twenty (20) days of its receipt may result in a default judgment.

Section 6. Lawful Service. There shall be a presumption of lawful service of a Petition, Notice of Hearing, or any other communication required by these Board Rules if sent to the last known address of the licensee or applicant by certified or regular mail.

Section 7. Default. The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee or the licensee's representative has not responded nor appeared at a scheduled noticed hearing.

Section 8. Contested Case. The hearing officer shall preside over the formal contested case hearing which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings.

Section 9. Board Decision and Order.

(a) Board Action. The Board may resolve a complaint by:

(i) Approving the recommendations of the DC or ARC; or

(ii) Conduct a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Dismiss the complaint due to lack of clear and convincing evidence;

(B) Issue an advisory letter; or

(C) Impose discipline by revocation, suspension, reprimand, restriction, condition, non-renewal, or a combination thereof, for a violation of any provision of the Dental Practice Act or the Board Rules.

(b) Board Order. The Board shall make and enter a written decision and order. The decision and order shall be sent to the applicant, licensee, or their attorneys by certified or regular mail.

Section 10. Appeals.

(a) Appeals from decisions of the Board are governed by the WAPA and the Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

CHAPTER 9

PRACTICE AND PROCEDURES

FOR DISCIPLINARY, APPLICATION, AND LICENSURE MATTERS

RULES OF PRACTICE GOVERNING CONTESTED CASES

BEFORE THE WYOMING BOARD OF DENTAL EXAMINERS

Section 1. ~~Authority.~~ These Rules of Practice are promulgated by authority of W.S. 33-15-101 through 33-15-130 and pursuant to the Wyoming Administrative Procedure Act, W.S. 16-3-101 through 16-3-115.

Section 2. ~~Definitions.~~ All of the definitions set forth in W.S. 33-15-128 and W.S. 16-3-101 are incorporated herein by reference and for the purposes of contested hearing, the following definitions of parties shall prevail:

(a) ~~————~~ "Board" means the State Board of Dental Examiners for the state of Wyoming.

(b) ~~————~~ "Contestee" means the person, persons, firm, or corporation licensed by law under the jurisdiction of the board and against whom the board is proceeding for alleged violation of any of the provisions of W.S. 33-15-101 through W.S. 33-15-130 or any of the Rules and Regulations of the board.

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to:

(a) Conduct investigations, hearings, and proceedings concerning:

(i) Alleged violations of the Act or the Board Rules; or

(ii) Actions relating to an application for a licensure including granting or denying.

(b) Determine and administer appropriate disciplinary action against licensee.

(c) For the purposes of this chapter, "licensee" means a dentist or dental hygienist.

Section 2. Grounds for Discipline. The Board may take disciplinary action or refuse to issue or renew a license for the any one (1) or more of the following acts or conduct:

(a) Violations of the Act or Board Rules;

(b) Unprofessional conduct. Unprofessional conduct relates to the practice of dentistry or any dental auxiliary occupation which constitutes a departure from or failure to conform to the standards of acceptable and professional practices, including, but not limited to:

(i) Conduct which indicates the licensee or applicant is grossly ignorant of health care and dental related standards and protocols;

(ii) Conduct which indicates the licensee or applicant is inefficient by failing to provide timely care to a patient or by failing to refer the patient when circumstances indicate referral is appropriate;

(iii) Conduct or factors which indicate the licensee's or applicant's competency is compromised;

(iv) Impairment due to drug abuse, alcohol abuse, or a physical or mental condition, which may have compromised, or may compromise, patient safety;

(v) Employing directly or indirectly any unlicensed person to perform operations of any kind of treatment for human teeth or jaws, or to perform any task which constitutes the practice of dentistry;

(vi) Betraying patient confidences;

(vii) Failing to make and maintain complete patient records which conform to prevailing record-keeping standards within the licensee holder's profession;

(viii) Failing to provide a patient, or the Board, with a full and complete copy of all patient records, x-rays, molds, or any other item kept in the course of treatment or services rendered by the license holder, for any patient, if either the patient, the patient's legal guardian, or the Board requests said copies;

(ix) Providing false, deceptive, or misrepresented information to the Board, committees or staff:

(A) In procuring or attempting to procure a license to practice dentistry;

(B) In filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents;

(C) In signing any report or record as a dentist; or

(D) In submitting any information to the Board;

(x) Failure of a dentist to verify that all staff employed by the dentist or individuals contracted with the dentists, are licensed or certified by the Board to perform all tasks requiring licensure or certification before such tasks are performed at the direction of the dentist;

(xi) Directing or permitting any staff member to perform any procedure for which they are not licensed, certified, or competent;

(xii) Performing any act or gesture which, from the standpoint of the patient, exploits the patient's trust between the patient and the patient's dentist. Such acts may include intimate or sexual advances, intimate or sexual contact, or the use of any unnecessary sedative substance without explicit written consent by the patient;

(xiii) Performing any study or research without following standardized protocols for the research, including obtaining written and informed consent by the patient for any study;

(xiv) Failure to maintain current CPR certification;

(xv) Reprimand or other disciplinary action imposed by any academic institution or professional organization for cheating or plagiarizing;

(xvi) Financial insolvency which may jeopardize the efficacy of treatment or appropriate standard of care provided to patients;

(xvii) Violation of any order, term, restriction, or condition imposed by the Board; or

(xviii) Failure to conform with any provision of the Principles of Ethics and Code of Professional Conduct, Code of Ethics for Dental Hygienists, or the Dental Assisting National Board's Code of Professional Conduct.

Section 3. Application Review and Investigation Process.

(a) Application Review.

(i) Every application for a license or permit issued by the Board shall be subject to investigation to determine whether the requirements set forth in the Dental Practice Act and Board Rules are satisfied.

(ii) If any application, including renewals, reveals any information which merits further investigation, the matter shall be assigned to the ARC.

(b) Application Review Committee Action. The ARC may:

(i) Recommend a license, certificate, or permit be issued or renewed;

(ii) Recommend a settlement agreement which may include the issuance of a license or renewal with the imposition of restrictions, conditions, reprimand or a combination thereof; or

(iii) Recommend denial of the application.

(c) Notice of Intent to Recommend Denial. The ARC shall notify the applicant of its intent to recommend denial. Such notification shall contain:

(i) A brief description of the facts or conduct which warrant the denial of licensure;

(ii) A statement of the nature of the actions which warrant the denial or other authorized action, the facts upon which the denial or other action is based, the specific statutory provisions or the specific Board Rules involved; and

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the letter of the denial.

(d) Applicant's Request for Hearing. If the ARC recommends denial of an application, the applicant may request a contested case hearing in writing within thirty (30) days of the mailing of the notification.

~~**Section 3. — Notice.** Contested cases shall be commenced by a notice filed with the board. The notice shall include a statement setting forth:~~

~~(a) — The name and address of each contestee.~~

~~(b) — A statement in ordinary and concise language of the facts upon which the contest is based, including, whenever applicable, particular reference to the statutes, rules, and/or orders allegedly violated.~~

~~(c) — A statement of the time, place, and nature of the hearing.~~

~~(d) — A statement of the legal authority and jurisdiction under which the hearing is to be held.~~

~~**Section 4. — Service.**~~

~~(a) — Notice shall be served upon each contestee at least twenty (20) days prior to the date set for hearing.~~

~~(b) — Service of the notice or of any other document or pleading required to be served may be made either personally or by mailing to the last known address of the contestee. If personal service is made, the return of service shall be made by certification of the person who made such service. Such return of service must be filed with the board prior to the commencement of the hearing.~~

~~**Section 5. — Answer or Appearance.** Each contestee shall be allowed twenty (20) days from the date of service, in which time to file with the board his/her answer or other appearance. The board may, for good cause shown, grant an extension of time in which to answer and reschedule the hearing accordingly.~~

~~**Section 6. — Prehearing Conference.** At any time prior to the date set for hearing, the board may direct the representative for the parties to appear before the board to consider:~~

~~(a) — The simplification of the issues.~~

~~(b) — The necessity or desirability of amending the pleadings.~~

~~(c) — The possibility of obtaining admissions of fact and documents which will avoid unnecessary proof.~~

~~(d) — Such other matters as may aid in the disposition of the case. Such conference~~

~~shall be conducted informally. A memorandum will be prepared which recites the action taken at the conference.~~

Section 4. Complaint Review and Disciplinary Investigation Process.

(a) Complaint Review. Every complaint submitted to the Board or initiated on behalf of the Board shall be investigated by a DC.

(b) Disciplinary Committee Action. The DC may:

(i) Recommend dismissal of a complaint;

(ii) Recommend issuance of an advisory letter;

(iii) Recommend a settlement agreement which may include voluntary surrender, suspension, imposition of restrictions or conditions, reprimand or other discipline;

(iv) Recommend disciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline; or

(v) Recommend summary suspension.

(c) Summary Suspension. The Board may conduct an expedited hearing if the DC believes that the licensee's continued practice presents a danger to the public health, safety or welfare and recommends summary suspension.

Section 5. Petition and Notice of Hearing.

(a) Petition. Formal proceedings for disciplinary action against a licensee shall be commenced by serving a notice of hearing and petition and complaint by certified or regular mail at least twenty (20) days prior to the date set for hearing.

(b) Notice of Hearing. The Notice of Hearing shall contain:

(i) The name and last address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions and the specific Board Rules that the licensee is alleged to have violated;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating that failure to respond to the petition within twenty (20) days of its receipt may result in a default judgment.

Section 6. Lawful Service. There shall be a presumption of lawful service of a Petition, Notice of Hearing, or any other communication required by these Board Rules if sent to the last known address of the licensee or applicant by certified or regular mail.

Section 7. Default in Answering or Appearing. The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee or the licensee's representative has not responded nor appeared at a scheduled noticed hearing. In the event of failure of any contestee to answer or otherwise appear within the time allowed, and provided that the foregoing rules as to service have been complied with, each contestee so failing to answer or otherwise plead or to appear, shall be deemed to be in default, and the allegations of the petition or the formal notice, as the case may be, may be taken as true and the Order of the board entered accordingly.

Section 8. Subpoenas. Upon application of any party, the board or its designated presiding officer shall issue subpoenas requiring the appearance of witnesses for the purpose of taking evidence or requiring the production of any relevant books, papers, or other documents.

Section 9. Motions. Upon reasonable notice of all parties, the board or its designated presiding officer may hear orally, or otherwise, any motion filed in contested cases.

Section 10. Hearing. At the date, time and place of hearing set down by the board, and in accordance with the Notice given, the board shall hear all matters presented. All matters enumerated in the Notice shall be presented by an officer, agent, or representative acting on behalf of the board. Any contestee may be represented personally or by counsel, provided that such counsel be duly authorized to practice law in the state of Wyoming or otherwise associated at the hearing with a representative authorized to practice law in this state.

Section 11. Order of Procedure at Hearing. As nearly as may be, hearings shall be conducted in accordance with the following order of procedure:

- (a) Each party may make an opening statement.
- (b) The board's evidence will be presented. The board's exhibits will be marked with letters of the alphabet beginning with "A".
- (c) The contestee's evidence will be presented. The contestee's exhibits will be marked with numbers beginning with "1".
- (d) Any party may offer rebuttal evidence.
- (e) After all proceedings have been concluded, the presiding officer shall declare the hearing closed.

Members of the board and the designated presiding officer may examine witnesses.

The presiding officer may allow evidence to be offered out of order herein prescribed.

Section 8. Reopening Hearing. ~~A hearing may be reopened for good cause shown by order of the board upon motion of any party to the proceeding, or the board itself.~~ **Contested Case.** The hearing officer shall preside over the formal contested case hearing which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings.

Section 9. Board Decision and Order.

(a) Board Action. The Board may resolve a complaint by:

(i) Approving the recommendations of the DC or ARC; or

(ii) Conduct a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Dismiss the complaint due to lack of clear and convincing evidence;

(B) Issue an advisory letter; or

(C) Impose discipline by revocation, suspension, reprimand, restriction, condition, non-renewal, or a combination thereof, for a violation of any provision of the Dental Practice Act or the Board Rules.

(b) Board Order. The Board shall make and enter a written decision and order. The decision and order shall be sent to the applicant, licensee, or their attorneys by certified or regular mail.

Section 10. Appeals.

(a) Appeals from decisions of the Board are governed by the WAPA and the Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

CHAPTER 10

FEES

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

Section 2. General Information.

(a) Fees shall be payable in the exact amount by credit card, money order, cashier's check, or certified check. Renewal fees may be paid by personal check.

(b) All fees collected by the Board are non-refundable.

Section 3. Fees. Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule:

(a)	<u>Dental Licensure</u>	
(i)	Examination	\$300
(ii)	Endorsement	\$750
(iii)	Non-Clinical	\$250
(b)	<u>Dental Hygiene Licensure</u>	
(i)	Examination	\$150
(ii)	Endorsement	\$200
(iii)	Non-Clinical	\$125
(c)	<u>Dental Licensure Renewal</u>	
(i)	Annual Renewal	\$185
(ii)	Late Renewal (Jan 1 – Mar 31)	\$370
(d)	<u>Dental Hygiene Licensure Renewal</u>	
(i)	Annual Renewal	\$95
(ii)	Late Renewal (Jan 1 – Dec 31 following expiration)	\$190
(e)	<u>Relicensure</u>	
(i)	Dental License	\$370

(ii)	Dental Hygiene License	\$190
(f)	<u>Reinstatement</u>	
(i)	Dental License	\$750
(ii)	Dental Hygienist License	\$200
(g)	<u>Sedation/Anesthesia Permit</u>	
(i)	Application	
(A)	Permit Holder	\$500
(B)	Operating Dentist Permit	\$250
(C)	Facility Permit	\$25
(ii)	Inspector Fee (paid directly to each inspector)	\$250
(iii)	Annual Renewal	
(A)	Permit Holder	\$250
(B)	Operating Dentist Permit	\$125
(C)	Facility Permit	\$25
(iv)	Reinstatement	\$500
(h)	<u>Radiology Permit - Dental Assistants</u>	
(i)	Application	\$30
(ii)	Annual Renewal	\$15
(j)	<u>Other Fees</u>	
(i)	License Verification	\$25
(ii)	Replacement Document	\$25
(iii)	Roster	\$25
(iv)	Non-Sufficient Fund Fee	\$30
(v)	Photo Copy	20¢/page

CHAPTER 10

FEES

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

~~Section 1.~~ **Section 2. General Information.**

(a) ~~Fees shall be payable in the exact amount, by money order, cashier's check, or certified check for all services and shall be paid in advance of the services rendered. Renewal fees may, in addition to money order, cashier's check, or certified check be paid by personal check.~~ Fees shall be payable in the exact amount by credit card, money order, cashier's check, or certified check. Renewal fees may be paid by personal check.

(b) All fees collected by the Board are non-refundable.

~~Section 2.~~ **Section 3. Fees.** Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule: _____

- ~~(a) _____ Dental Examination Fee: \$300~~
- ~~(b) _____ Dental Licensure by Credentials: \$750 plus the cost of PBIS fee at a Level II~~
- ~~(c) _____ Annual Dental License Renewal Fee: \$185~~
- ~~(d) _____ Anesthesia Permit Fee: \$250~~
- ~~(e) _____ Anesthesia Office Audit Fee: \$500 per site plus travel expenses of the inspectors~~
- ~~(f) _____ X ray Machine Inspection Fee: Fee paid directly to inspector~~
- ~~(g) _____ Hygiene Examination Fee: \$150~~
- ~~(h) _____ Hygiene Licensure by Credentials: \$200 plus the cost of PBIS fee at a Level II~~
- ~~(i) _____ Annual Hygiene License Renewal Fee: \$95~~
- ~~(j) _____ Renewal Late Fee: Double the renewal fee and paid within three (3) months after December 31 each year.~~
- ~~(k) _____ Initial Dental Assistant Radiology Permit: \$30~~
- ~~(l) _____ Annual Dental Assistant Radiology Renewal Fee: \$15~~
- ~~(m) _____ License Verification: \$25~~
- ~~(n) _____ Replacement Document Fee: \$25~~

(a) ~~Roster dental or hygiene: \$25 for professional requests~~ Dental Licensure

(i) Examination	\$300
(ii) Endorsement	\$750
(iii) Non-Clinical	\$250

(b) Dental Hygiene Licensure

(i) Examination	\$150
(ii) Endorsement	\$200
(iii) Non-Clinical	\$125

(c) Dental Licensure Renewal

(i) Annual Renewal	\$185
(ii) Late Renewal (Jan 1 – Mar 31)	\$370

(d) Dental Hygiene Licensure Renewal

(i) Annual Renewal	\$95
(ii) Late Renewal (Jan 1 – Dec 31 following expiration)	\$190

(e) Relicensure

(i) Dental License	\$370
(ii) Dental Hygiene License	\$190

(f) Reinstatement

(i) Dental License	\$750
(ii) Dental Hygienist License	\$200

(g) Sedation/Anesthesia Permit

(i) Application	
(A) Permit Holder	\$500
(B) Operating Dentist Permit	\$250
(C) Facility Permit	\$25

(ii)	Inspector Fee (paid directly to each inspector)	\$250
(iii)	Annual Renewal	
(A)	Permit Holder	\$250
(B)	Operating Dentist Permit	\$125
(C)	Facility Permit	\$25
(iv)	Reinstatement	\$500
(h)	Radiology Permit - Dental Assistants	
(i)	Application	\$30
(ii)	Annual Renewal	\$15
(j)	Other Fees	
(i)	License Verification	\$25
(ii)	Replacement Document	\$25
(iii)	Roster	\$25
(iv)	Non-Sufficient Fund Fee	\$30
(v)	Photo Copy	20¢/page

(e)