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

Board of Dentistry Members

J. Douglas Snowden, DMD
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Florence

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Columbia

Tanya S. Riffe, RDH
Ravenel

Genie M. Duncan
West Columbia

2008 License Renewal

Dental licensees may renew their license online at https://renewals.llronline.com. To complete the online renewal process, you need to have a valid user ID and password from the Board office and a valid VISA or Mastercard credit card. Online renewal is available from Oct. 15, 2007, to Dec. 31, 2007. After this date, late fees will be added and licensees will have to submit (by mail or hand-delivery) their original renewal applications to the Board office. Online renewal is quick, easy and convenient, and available seven days a week, 24 hours a day, at no charge. Pocket cards are mailed within 48 hours of online renewals being processed.

You cannot renew online if your have had a legal name change and have not previously notified the Board office of the change. You can send by fax (803) 896-4596 or mail a certified copy of the legal document (marriage certificate/divorce decree/court order) indicating name change to the Board office prior to renewing online. Once your records are updated, you will be able to renew online.

You cannot renew online if your license is not in an “active” status at the time of renewal. Individuals with any type of disciplinary action against their licenses must renew by mail. You can download a copy of the blank renewal form to complete. You will need to attach any written explanation as required, enclose the proper fee and mail to the Board office.

You can change your address during the renewal process. If your address changes after you renew your license, you can submit a change of address request online at https://verify.llronline.com.

Should you encounter any problems with online renewal, please contact the Board office by email at DENHELP@LLR.SC.GOV. Include a description of the problem and your name, license number and daytime telephone number where you can be reached.

Online Services

The following services are available online 24 hours a day, seven days per week at www.llr.state.sc.us/pol/Dentistry:

- Online Renewals
- Change of Address
- License Verification Request
- Check Status of Application
- Licensee Lookup
- Disciplinary Actions
NOTICE

The South Carolina State Board of Dentistry has entered into a consent agreement with the Federal Trade Commission. In connection with the Commission's order issued pursuant to that agreement, which became final on Sept. 6, 2007, the Board is publishing this notice concerning the delivery of preventive dental services in public health settings:

The 2003 amendments to the Dental Practice Act (Act No. 45 of 2003) provide that the Board may not, directly or indirectly, require that a dentist conduct an examination of a patient as a condition of a dental hygienist who is working in a public health setting pursuant to S.C. Code Ann. § 40-15-110(A)(10), which pertains to licensed dental hygienists employed within or contracted through the public health system, or any recodification thereof, performing oral prophylaxis or applying sealants or topical fluoride to that patient.

The Board is in full agreement with the legislative policy set forth in the 2003 amendments as recited above.

J. Douglas Snowden, D.M.D., President
South Carolina State Board of Dentistry

The Complaint and Order issued by the FTC follows:

UNITED STATES OF AMERICA
BEFORE FEDERAL TRADE COMMISSION
COMMISSIONERS: Timothy J. Muris, Chairman
Mozelle W. Thompson
Orson Swindle
Thomas B. Leary
Pamela Jones Harbour

In the Matter of
SOUTH CAROLINA STATE BOARD OF DENTISTRY.

Docket No. 9311

COMPLAINT

Pursuant to the provisions of the Federal Trade Commission Act, as amended, 15 U.S.C. § 41, et seq., and by virtue of the authority vested in it by said Act, the Federal Trade Commission, having reason to believe that the South Carolina State Board of Dentistry violated Section 5 of the Federal Trade Commission Act, 15 U.S.C. § 45, and it appearing to the Commission that a proceeding by it in respect thereof would be in the public interest, hereby issues this Complaint stating its charges in that respect as follows:

STATEMENT OF THE CASE

1. Respondent South Carolina State Board of Dentistry (“the Board”), which consists almost entirely of practicing dentists, restrained competition in the provision of preventive dental care services by unreasonably restricting the delivery of dental cleanings, sealants, and topical fluoride treatments in school settings by licensed dental hygienists. Although the South Carolina General Assembly passed legislation in 2000 eliminating a statutory requirement that a dentist examine each child before a hygienist may perform cleanings or apply sealants in school settings, the Board in 2001 re-imposed the very examination requirement that the legislature had eliminated, and extended it to the application of topical fluoride in school settings as well. The effect of the Board’s action was to deprive thousands of school children—particularly economically disadvantaged children—of the benefits of preventive oral health care services. The Board’s anticompetitive action, undertaken by selfinterested industry participants with economic interests at stake, was contrary to state policy and was not reasonably related to any countervailing efficiencies or other benefits sufficient to justify its harmful effects on competition and consumers.

RESPONDENT

2. The Board is organized, exists, and transacts business under and by virtue of the laws of South Carolina, with its principal office at Synergy Business Park, Kingstree Building, 110 Centerview Dr., Columbia, South Carolina 29210.

3. The Board was created by the South Carolina legislature to supervise the practice of dentistry and dental hygiene.

4. By virtue of the Board’s make-up, the licensed dentists of South Carolina regulate both themselves and dental hygienists.

5. The Board is composed of seven dentists, one dental hygienist, and one public member. The licensed dentists in South Carolina elect six of the dentist members for approval by the governor, and the dental-hygienist member is elected by licensed dental hygienists in
South Carolina for approval by the governor. The governor of South Carolina appoints one of the dentist members and the public member.

6. While serving their membership terms, dentist members of the Board may, and do, continue to engage in the business of providing dental services for a fee. Except to the extent that competition has been restrained as alleged below, and depending on their geographic location, licensed dentists in South Carolina compete with each other and with dentist members of the Board.

7. The Board is the sole licensing authority for dentists and dental hygienists in South Carolina. It is generally unlawful for an individual to practice or to offer to practice dentistry or dental hygiene in South Carolina unless he or she holds a current license to practice.

8. The Board is authorized by South Carolina law to take disciplinary action against any licensee who violates any rule or regulation promulgated by the Board. Disciplinary action by the Board may include the suspension or revocation of a license, or other limitations or restrictions on a licensee.

JURISDICTION

9. The Board is a state regulatory body and is a “person” within the meaning of Section 5 of the Federal Trade Commission Act, as amended, 15 U.S.C. § 45.

10. Substantial sums of money flow into South Carolina from the federal government and other out-of-state payers for the purchase of preventive dental care services. The acts and practices of the Board, including the acts and practices alleged herein, have been or are in or affecting “commerce” within the meaning of Section 4 of the Federal Trade Commission Act, as amended, 15 U.S.C. § 44.

PREVENTIVE DENTAL SERVICES IN SOUTH CAROLINA

11. Dental hygienists are licensed health care professionals who specialize in providing preventive oral health services. Such services include cleaning teeth, taking x-rays, providing nutrition and dietary counseling, providing fluoride treatments, and applying dental sealants. Dental hygienists are also trained to detect signs of oral disease and to educate patients on maintaining optimal oral health.

12. There are over 2,200 dental hygienists licensed to practice in South Carolina. Dental hygienists in South Carolina practice in collaboration with a supervising dentist or under the direction of the South Carolina Department of Health and Environmental Control’s public health dentist.

13. Firms owned by dental hygienists working in collaboration with a dentist (either supervised by a private dentist or working at the direction of South Carolina’s public health dentist) can compete with dentists for the provision of preventive dental care services.

14. Many children in South Carolina suffer from oral health problems because they do not receive preventive dental care, particularly children in low-income families. Over 400,000 children – more than 40 percent of children in South Carolina – are Medicaid-eligible. In the early 1990s, only 12 percent of Medicaid-eligible children received preventive dental care services.

15. In 1988, the South Carolina General Assembly enacted a law specifically authorizing dental hygienists to provide preventive services in schools. That law, however, required that hygienists could provide cleanings and apply dental sealants only if a dentist had examined the child’s teeth within the previous 45 days. The 1988 law did not significantly increase the delivery of dental hygienists’ services in school settings.

16. In 2000, South Carolina substantially increased Medicaid reimbursement for dental services. With federal matching funds, about $79 million became available annually for Medicaid-eligible dental services.

17. After Medicaid payment levels for dental care services increased, the number of South Carolina dentists participating in South Carolina’s Medicaid-Dental program increased about one-third. More than 900 of the over 1,500 licensed dentists licensed in South Carolina now participate in the state’s Medicaid-Dental program.

SOUTH CAROLINA GENERAL ASSEMBLY REMOVES A BARRIER TO THE PROVISION OF PREVENTIVE DENTAL CARE IN SCHOOLS

18. In 2000, the South Carolina General Assembly amended its statutes to make it easier for dental hygienists to deliver preventive dental care services in school settings. Prior to the 2000 amendments, South Carolina statutes provided that a dental hygienist could provide cleanings and sealants in a school setting only if:

1. a supervising dentist examined the patient no more than 45 days before the treatment;
2. a supervising dentist provided written authorization for the procedures;
3. the patient was not an active patient of another dentist; and
4. the patient’s parents provided written permission for the treatment.
The 2000 amendments removed these requirements, except the requirement for parental consent. The 2000 amendments provided instead that a dental hygienist could apply topical fluoride and perform the application of sealants and oral prophylaxis "under general supervision." S.C. Acts § 40-15-90(B) (2000). General supervision means that a licensed dentist or the South Carolina Department of Health and Environmental Control’s public health dentist has authorized the procedures to be performed but does not require that a dentist be present when the procedures are performed." S.C. Acts § 40-15-85 (2000). By virtue of the 2000 amendments, the Board could not require a dentist examination as a condition of a dental hygienist's providing preventive services in a school setting.

Upon signing the 2000 amendments, South Carolina’s governor announced: “This new law removes a regulation that hindered access to dental care.”

The 2000 amendments embodied a policy to remove artificial barriers to the provision of oral preventive health care by dental hygienists to school children.

Health Promotion Specialists ("HPS") is a firm owned by a dental hygienist that provides preventive dental services to South Carolina children. HPS employs dental hygienists to provide those services and contracts with dentists to supervise the hygienists.

In January 2001, HPS began providing cleanings, sealants, topical fluoride treatments, and other preventive dental services on-site to children in South Carolina schools. By July 2001, HPS had screened over 19,000 children, and provided preventive services (cleanings, sealants, and topical fluoride treatments) to over 4,000 children, including nearly 3,000 Medicaid-eligible children. Because HPS's services were provided in schools, they were more convenient for the families of the children served. Dentists in traditional office practices risked losing patients to HPS.

Because a tremendous unmet need for preventive dental care remained, HPS expected to treat more than twice as many students in the fall semester of 2001 as it had in the spring semester. Relying on this forecast, HPS more than doubled the number of hygienists it employed.

The Board has restrained competition in the provision of preventive dental care services by combining or conspiring with its members or others, or by acting as a combination of its members or others, to restrict unreasonably the ability of dental hygienists to deliver preventive services in school settings. In particular, on July 12, 2001, the Board adopted an emergency regulation governing dental hygienist practice in school settings that re-imposed the same examination requirement that the General Assembly removed in 2000: that a supervising dentist had to examine the patient no more than 45 days prior to treatment.

For the regulation to become effective, it required the approval only of the Board, a majority of which consists of practicing dentists elected by the licensed dentists of South Carolina. No financially disinterested state actor approved the regulation before or while it was in effect. Under state law, the regulation terminated after 180 days.

The emergency regulation conflicted directly with the policy articulated by the General Assembly, by re-imposing the precise barriers to dental hygienists’ providing preventive services to school children that the legislature had just removed.

The effect of the emergency regulation was to reduce substantially the number of children (particularly economically disadvantaged children) who received preventive dental care. During the latter half of 2001, the period when the emergency regulation was in effect, HPS screened fewer than 6,000 children, about 13,000 fewer than it had screened during the first half of 2001. The emergency regulation also limited HPS’s ability to provide preventive dental care; as a result, the regulation deprived thousands of South Carolina children of preventive dental care.

The Board’s requirement that a dentist examine each child before a dental hygienist provides a cleaning, sealant, or fluoride treatment in school settings was not reasonably related to any efficiencies or other benefits sufficient to justify its harmful effect on competition and consumers.

In August 2001, the Board published a proposed permanent regulation substantially identical to the emergency regulation, which by law would lapse in January 2002.

Pursuant to South Carolina law, an administrative law judge was required, after a public hearing, to determine whether the proposed permanent regulation was a reasonable exercise of the Board’s authority. The administrative law judge’s report, along with the proposed regulation, had to be forwarded to the General Assembly for review in order for the permanent regulation to become effective.

In February 2002, the presiding administrative law judge issued a report that concluded that the Board’s proposed permanent regulation was unreasonable and contravened state policy to the extent it reinstated the dentist pre-examination requirement that the legislature had eliminated in 2000.
33. The administrative law judge found that deletion of the statutory pre-examination requirement reflected a state policy adopted by the South Carolina legislature during its 2000 session to increase access to preventive oral health care for low-income children. The administrative law judge recommended that the Board delete the pre-examination requirement from its proposal before forwarding it to the legislature.

34. After issuance of the administrative law judge’s report, the Board did not submit its proposed permanent regulation to the General Assembly for review. As a result, the proposed regulation did not take effect.

THE CURRENT THREAT TO THE DELIVERY OF PREVENTIVE DENTAL SERVICES IN SOUTH CAROLINA

35. After the emergency regulation lapsed, at least three firms, including HPS, provided preventive dental care in schools pursuant to contracts with the Department of Health and Environmental Control. Under the contracts, these firms provided cleanings, fluoride treatments, and sealants, under standing orders, without a mandatory pre-examination by a dentist.

36. During the latter part of 2002, HPS provided preventive dental care treatments to nearly 10,700 school children, 6,000 more than during the same period in 2001, when the Board’s emergency regulation was in effect.

37. In May 2003, the South Carolina General Assembly enacted legislation that expressly provides that dentist examination requirements applicable in some settings do not apply to dental hygienists’ provision of preventive oral health care services, including cleanings, sealants and topical fluoride, when they are working in public health settings under the direction of the Department of Health and Environmental Control.

38. Nonetheless, when the Board in March 2003 considered the statutory revisions that the General Assembly later enacted, it maintained that in all settings where a dental hygienist provides treatment – whether public health or private practice – a licensed dentist has to see the patient and provide a treatment plan.

ANTICOMPETITIVE EFFECTS

39. The Board’s acts and practices have had the effect of restraining competition unreasonably and injuring consumers in the following ways, among others:

A. hindering competition in the delivery of cleaning, sealant, topical fluoride, and other preventive dental services to school-aged children in South Carolina; and

B. depriving thousands of school children—particularly economically disadvantaged school children—of the benefits of preventive oral health care.

VIOLATION

40. The combination, conspiracy, acts and practices described above constitute unfair methods of competition in violation of Section 5 of the Federal Trade Commission Act, 15 U.S.C. § 45. Such combination, conspiracy, acts, and practices, or the effects thereof, are continuing and will continue or recur in the absence of the relief herein requested.

NOTICE

Notice is hereby given to the Respondent that the fourteenth day of January, 2004, at 10:00 a.m., or such later date as determined by the Commission or by an Administrative Law Judge of the Commission, is hereby fixed as the time and Federal Trade Commission offices, 600 Pennsylvania Ave., N.W., Washington, D.C. 20580, as the place when and where a hearing will be had on the charges set forth in this Complaint, at which time and place you will have the right under the FTC Act to appear and show cause why an order should not be entered requiring you to cease and desist from the violations of law charged in the Complaint.

Pending further order of the Commission, the Commission will retain adjudicative responsibility for this matter. See § 3.42(a) of the Commission’s Rules of Practice for Adjudicative Proceedings. Pursuant to § 3.12 of those Rules, the Commission hereby allows you until 30 days from the date of service of this Complaint upon you to file either an answer or a dispositive motion. If you file a dispositive motion within that time, your time for filing an answer is extended until 10 days after service of the Commission’s order on such motion. If you do not file a dispositive motion within that time, you must file an answer.

An answer in which the allegations of fact set forth in the Complaint are contested shall contain a concise statement of the facts constituting each ground of defense; and specific admission, denial, or explanation of each fact alleged in the Complaint or, if you are without knowledge thereof, a statement to that effect. Allegations of the Complaint not thus answered shall be deemed to have been admitted.

If you elect not to contest the allegations of fact set forth in the Complaint, the answer shall consist of a statement that you admit all of the material facts to be true. Such an answer shall constitute a waiver of hearings as to the facts alleged in the Complaint and, together with the Complaint, will provide a record basis on which the Administrative Law Judge shall file an initial decision containing appropriate findings and conclusions and an appropriate order disposing of the proceeding. In such answer, you may, however, reserve
the right to submit proposed findings and conclusions under § 3.46 of the Commission's Rules of Practice for Adjudicative Proceedings and the right to appeal the initial decision to the Commission under §3.52 of said Rules.

Failure to answer within the time above provided shall be deemed to constitute a waiver of your right to appear and contest the allegations of the Complaint and shall authorize the Administrative Law Judge, without further notice to you, to find the facts to be as alleged in the Complaint and to enter an initial decision containing such findings, appropriate conclusions, and order.

The Commission or the Administrative Law Judge will schedule an initial prehearing scheduling conference to be held not later than 14 days after an answer is filed by Respondent. Unless otherwise directed by the Commission or the Administrative Law Judge, the scheduling conference and further proceedings will take place at the Federal Trade Commission, 600 Pennsylvania Avenue, N.W., Room 532, Washington, D.C. 20580. Rule 3.21(a) requires a meeting of the parties' counsel as early as practicable before the prehearing scheduling conference, and Rule 3.31(b) obligates counsel for each party, within 5 days of receiving a respondent's answer, to make certain initial disclosures without awaiting a formal discovery request.

NOTICE OF CONTEMPLATED RELIEF

Should the Commission conclude from the record developed in an adjudicative proceeding in this matter that the Board is in violation of Section 5 of the Federal Trade Commission Act, as alleged in the Complaint, the Commission may order such relief as is supported by the record and is necessary and appropriate, including, but not limited to, an order that requires the following:

1. The Board shall cease and desist from, either directly or indirectly, requiring that a dentist conduct an examination of a patient as a condition of a dental hygienist who is working in a public health setting pursuant to S.C. Code Ann. § 40-15-110(A)(10), or any recodification thereof, performing oral prophylaxis or applying sealants or topical fluoride to that patient, unless the examination requirement is adopted by the South Carolina General Assembly after the date that the order becomes final.

2. The Board shall mail a copy of the Complaint, order, and an explanatory notice to each Board member; each officer, director, representative, agent, and employee of the Board; each person licensed to practice dentistry or dental hygiene in South Carolina; and the superintendent of each school district in South Carolina.

3. The Board shall take such other measures that are appropriate to correct or remedy, or prevent the recurrence of, the anticompetitive practices in which it engaged.

WHEREFORE, THE PREMISES CONSIDERED, the Federal Trade Commission on this twelfth day of September, 2003, issues its Complaint against Respondent South Carolina State Board of Dentistry.

By the Commission.
Donald S. Clark, Secretary
the law has been violated as alleged in such Complaint, or that the facts as alleged in such Complaint, other than jurisdictional facts, are true, and waivers and other provisions as required by the Commission’s Rules; and

The Commission having thereafter withdrawn this matter from adjudication in accordance with Section 3.25(f) of the Commission’s Rules, 16 C.F.R. § 3.25(f), and the Commission having accepted the executed Consent Agreement and placed such Consent Agreement on the public record for a period of thirty (30) days for the receipt and consideration of public comments, and having duly considered the comments filed thereafter by interested persons pursuant to Section 3.25 of its Rules, now in further conformity with the procedure described in Section 3.25(f) of its Rules, the Commission hereby makes the following jurisdictional findings and issues the following Decision and Order (“Order”):

1. Respondent is organized, exists, and transacts business under and by virtue of the laws of South Carolina, with its principal office at Synergy Business Park, Kingstree Building, 110 Centerview Dr., Columbia, South Carolina 29210.

2. The Federal Trade Commission has jurisdiction of the subject matter of this proceeding and of the Respondent, and the proceeding is in the public interest.

ORDER

I.

IT IS ORDERED that, as used in this Order, the following definitions shall apply:

A. “South Carolina State Board of Dentistry” or “the Board” means South Carolina State Board of Dentistry, its members, officers, directors, committees, representatives, agents, employees, and successors, including, but not limited to, its executive director and investigators; and


II.

IT IS FURTHER ORDERED that Respondent shall provide written notice to the Commission at least (30) thirty days prior to the promulgation of any proposed or final rule, regulation, policy, issuance of a formal complaint in a disciplinary action, or other action of the Board, relating to the provision by dental hygienists of preventive dental services in a public health setting pursuant to S.C. Code Ann. § 40-15-110(A)(10), or any recodification thereof, including, but not limited to, an action concerning a dentist who authorizes, supervises, or bills for, the provision by dental hygienists of preventive dental services in a public health setting.

PROVIDED, HOWEVER, that if protection of the public health prevents Respondent from notifying the Commission thirty days in advance of an action, then Respondent shall provide the notice required by this Paragraph as soon as is reasonably practicable.

III.

IT IS FURTHER ORDERED that Respondent shall:

A. Within thirty (30) days after the date on which this Order becomes final, distribute by first-class mail or electronic mail a notice in the form set forth in Appendix A of this Order, with a copy of the Order and Complaint attached, to:

   1. each Board member;
   2. each officer, director, representative, agent, and employee of the Board; and
   3. each person licensed to practice dentistry or dental hygiene in South Carolina.

B. Within thirty (30) days after the date on which this Order becomes final, distribute by first-class mail a notice in the form set forth in Appendix A of this Order, with a copy of the Order and Complaint attached, to the superintendent of each school district listed in Appendix B.

C. Within thirty (30) days after the date on which this Order becomes final, publish a notice in the form set forth in Appendix A of this Order, along with a link to a copy of the Order and Complaint, on the South Carolina State Board of Dentistry website, and maintain these materials on the website for three (3) years from the date this Order becomes final.

D. Publish a notice in the form set forth in Appendix A of this Order in the first South Carolina State Board of Dentistry newsletter to be published after the date this Order becomes final, and annually thereafter for three (3) years.

E. For a period of three (3) years after the date this Order becomes final, distribute by first-class mail or electronic mail a notice in the form set forth in Appendix A of this Order, and attaching a copy of the Order and Complaint, to:

   1. any person who becomes a member of the Board, within thirty (30) days of the time his or her membership begins;
2. any person who becomes an officer, director, representative, agent, or employee of the Board, within thirty (30) days of the time that he or she assumes such responsibility with the Board; and
3. any person who becomes licensed to practice dentistry or dental hygiene in South Carolina, within thirty (30) days of the time he or she becomes licensed.

IV.

IT IS FURTHER ORDERED that within thirty (30) days after the date this Order becomes final, annually thereafter for three (3) years on the anniversary of the date this Order becomes final, and at such other times as the Commission may by written notice require, the Board shall submit to the Commission a verified written report detailing the manner and form in which the Board has complied and is complying with this Order.

V.

IT IS FURTHER ORDERED that, for purposes of determining or securing compliance with this Order, and upon written request with reasonable notice, Respondent shall permit any duly authorized representative of the Commission:

A. Access, during office hours of Respondent and in the presence of counsel, to all facilities to inspect and copy all books, ledgers, accounts, correspondence, memoranda and all other records and documents in the possession or under the control of Respondent related to compliance with this Order; and

B. Upon five (5) days’ notice to Respondent and without restraint or interference from Respondent, to interview officers, directors, or employees of Respondent, who may have counsel present, regarding such matters.

VI.

IT IS FURTHER ORDERED that Respondent shall notify the Commission at least thirty (30) days prior to any change in the Board’s authority to regulate the practice of dentistry and dental hygiene in South Carolina that may affect compliance obligations arising out of this Order, such as the complete or partial assumption of that authority by another governmental entity, or the dissolution of the Board.

VII.

IT IS FURTHER ORDERED that this Order shall terminate on September 6, 2017.

By the Commission.
Donald S. Clark Secretary

ISSUED: September 6, 2007

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**Board News**

The Board must say farewell to the following members whose service and leadership have been outstanding and greatly appreciated:

- **Dr. Michelle Bedell** completed her six-year term on Dec. 31, 2006.
- **Mrs. Genie Duncan** completed her six-year term on Dec. 31, 2006, however, continues to serve at this time untilGov. Sanford appoints her successor.
- **Dr. William Cranford** and **Tanya Riffe, R.D.H.**, will complete their six-year terms on Dec. 31, 2007.

The Board welcomes its newest members:

- **Dr. David W. Jones**, of Spartanburg, began his six-year term on Jan. 1, 2007, representing the Fourth Congressional District.
- **Dr. Felicia L. Goins**, of Columbia, began her six-year term in 2007, representing the state-at-large.
- **Dr. Charles Wade**, of Rock Hill, has been elected to assume Dr. Cranford’s seat from the Fifth Congressional District, and will begin his service on the Board Jan. 1, 2008, after appointment by Gov. Sanford.
- **Sherie Williams, R.D.H.**, has been elected to assume Tanya Riffe’s seat as the dental hygiene member from the state-at-large, and will begin her service on the Board Jan. 1, 2008 after appointment by Gov. Sanford.

The Board also welcomes **Ken Buxton**, who accepted the position of administrator of the Dental Board on May 17, 2007, after serving as assistant administrator for a year. The Board thanks **Rion Alvey** for his great insight, dedication and service as Board administrator for more than 19 years. Alvey now serves as Assistant Deputy Director of LLR’s Office of Investigations and Enforcement (OIE), Legal Division.
Board Officers

Effective July 1, 2007, through June 30, 2008, officers of the Board are as follows:

PRESIDENT - J. Douglas Snowden, DMD
VICE PRESIDENT - C. Timothy Assey, DMD
SECRETARY - Charles E. Millwood, Jr., DMD

2008 State Board Examinations

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2008 C.E. Audit

Each renewal period, licensees are required to certify that the information reported on their license renewal forms is complete and true to the best of their knowledge. Falsey certifying on a license renewal form that the requirements have been met, when in fact they have not, is a violation of the Dental Practice Act and could result in disciplinary action.

The Board conducted its last C.E. audit in May 2005. As a result, two licensees were issued Cease and Desist Orders for non-compliance. Plans are to conduct a random audit in May 2008 of 5% of licensees for the time period Jan. 1, 2005 – Dec. 31, 2006. If you receive an audit notice from the Board, please respond promptly and provide all required documentation requested by the Board. Reminder: For auditing purposes, verification of C.E. must be in the form of an official certificate or a letter of attendance from the course sponsor. Study clubs and associations that provide C.E. courses for their members should develop form certificates or documentation. Visit the Board’s Web site at www.llr.state.sc.us/pol/dentistry, click on “laws/policies,” and review the CE Regulations at 39-5.F.

Employment Notice Requirements

South Carolina employers are required to post the employment notices listed below in a place(s) where employees can easily see them. You may download the individual posters from the Web sites listed below or you may call one of the three *agencies listed below to request an all-in-one poster.

<table>
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<tr>
<th>Agency</th>
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<tr>
<td>S.C. Dept. LLR</td>
<td>(1) OSHA (Occupational Safety and Health);</td>
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<td><a href="http://www.llr.state.sc.us">www.llr.state.sc.us</a></td>
<td>(2) Labor Law Abstract (Payment of Wages, Child Labor, Right-to-Work);</td>
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<td>*S.C. Employment Security Comm.</td>
<td>(3) “Workers Pay No Part of the Cost for Job Insurance” (UCI 104);</td>
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<tr>
<td><a href="http://www.sces.org">www.sces.org</a>; (803) 737-2474</td>
<td>(4) “If You Become Unemployed” (UCI 105);</td>
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<tr>
<td>*S.C. Workers’ Compensation Comm.</td>
<td>(5) “Workers Comp Works for You;”</td>
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<tr>
<td><a href="http://www.wcc.sc.gov">www.wcc.sc.gov</a>; (803) 737-5700</td>
<td>(6) “Equal Opportunity is the Law.”</td>
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<td>*S.C. Human Affairs Comm.</td>
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<td><a href="http://www.state.sc.us/schac">www.state.sc.us/schac</a>; (803) 737-7800; 1-800-521-0725</td>
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2007 Legislative Update

Effective June 1, 2007, Section 40-15-172 of the 1976 Code, as added by Act 378 of 2006, relating to mobile dental facilities, was amended so as to provide that a registrant must keep records at a central office location or at the portable dental operation, and to provide that in the instance of a fee for service patient, the registrant must provide the patient with a description of the fees associated with the treatment.

Mobile Dentist Facilities. Section 40-15-172 of the 1976 Code, as added by Act 378 of 2006, is amended to read:

"Section 40-15-172.
(A)(1) An organization or dental practice utilizing a licensed dentist to operate one or more mobile dental facilities or portable dental operations shall register with the board by submitting an application in the form and manner required by the board and shall pay a registration fee, as established by the board in regulation. These fees must be adjusted in accordance with Chapter 1 of Title 40.

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

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

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

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

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

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

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

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

(a) the street address of the service location;

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

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

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

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

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

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

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

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

(b) the name of the dentist and other dental staff who provided services and their license numbers, if applicable;
(c) a description of the treatment rendered, including billed service codes and, in the instance of fee for service patients, fees associated with treatment and tooth numbers when appropriate;

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

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

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

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

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

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

**Procedures Authorized under General Supervision**

The Board office continues to receive questions regarding the authorization of dental hygienists to perform certain procedures under general supervision. It is important to understand the law in order to protect yourself and your patients.

*General Supervision* means that a licensed dentist or the S.C. Department of Health and Environmental Control’s (DHEC) public health dentist has authorized the procedures to be performed but does not require that a dentist be present when the procedures are performed.

*Authorized* means the supervising dentist in a private office setting has personally approved the procedures to be performed and is responsible for the care provided to the patient.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Private Office Setting * with General Supervision Restrictions</th>
<th>School or Nursing Home Setting (unless dentist or hygienist is working in a public health setting with DHEC) * with General Supervision Restrictions</th>
<th>Public Health Setting working with DHEC -- examination of patient by dentist is not required</th>
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</thead>
<tbody>
<tr>
<td>Oral Prophylaxis and assessment</td>
<td>√</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Fluoride treatment</td>
<td>√</td>
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<tr>
<td>Exposure and process of radiographs as directed by standard office protocol</td>
<td>√</td>
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<tr>
<td>Application of dental sealants</td>
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<td>√</td>
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<tr>
<td>Oral screenings using DHEC approved screening system</td>
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</table>

* General Supervision Restrictions

- A new patient of record must be clinically examined by the authorizing dentist during the initial visit.
- An appointed patient must be examined by the authorizing dentist at a minimum of 12-month intervals.
- An appointed patient must be notified in advance of the appointment that he/she will be treated by the dental hygienist under general supervision without the authorizing dentist being present or being examined by the authorizing dentist.

For purposes of clarification, an “assessment” by a dental hygienist in a private office setting is not the same as a “clinical dental examination” performed by a dentist and may not be billed as such. An “assessment” by a hygienist consists of performing intra-oral and extra-oral screenings and charting of the oral cavity and surrounding structures, including existing restorations, clinically missing teeth, and appliances within the oral cavity, etc. In accordance with Section 40-15-82(1), “dental examinations, dental diagnoses, and dental treatment planning” are functions that must not be delegated to dental hygienists.