



The Maryland State Board of Dental Examiners

SUMMER 2010
Newsletter
Volume 21, Issue 1

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Greetings ...

This year has been filled with challenges! We were without an Executive Director for three months and the legislative agenda for the State was overflowing with bills that pertained to dental issues.

The oversight of the day-to-day operations of the Board fell to two of our staff members, our Dental Compliance Officer, Dr. Leslie Grant, and Murray Sherman, our Legal Assistant who with much enthusiasm and expertise took over as Co-Interim Executive Directors. I wish to thank both of them for their many hours of hard work.

I would like to introduce our new Executive Director, Ms. Laurie Sheffield-James. She brings with her 5 years of experience working as Executive Director of the Mortician's Board. After working with her for the past ten months, it is very apparent why the Morticians Board was so sad to see her leave. She is extremely qualified and has kept the Board abreast of all legislative issues that affect the practice of dentistry. She has proven to be responsive not only to the

needs of the staff and the board members but also to the public.

My fellow Board members and I would like to take the opportunity to invite each of you to attend our Open Session meetings. These meetings are held on the first Wednesday of every month. You will get to see what your Board does and have a chance to meet the Board members and the staff!

I am truly humbled to have had the trust and respect of my fellow board members and to have had the chance to work with such a wonderful group of dental professionals. I would also like to acknowledge the Board staff and thank them for working so tirelessly behind the scenes to ensure that the Board's work was carried out. Being President of the Maryland State Board of Dental Examiners for the past year has been an honor.

Jane S. Casper, R.D.H., MA
Immediate Past President

Thanks to the following individuals for their contribution to the Newsletter:

- Laurie Sheffield-James, Executive Director
- Murray Sherman, Legal Assistant
- Leslie E. Grant, D.D.S., Compliance Officer
- Gloria T. Byrd, Case Manager
- Jane Casper, Immediate Past President
- Robert Miller, D.D.S., Dentist Well Being Committee
- Robin Swope, R.D.H., LCSW, Dental Hygiene Well Being Committee
- Sharon Gregg-Jones, Fiscal Analyst
- Roger Matherly, Computer Network Specialist
- Donald M. Russell, D.D.S./Gloria T. Byrd/Murray L. Sherman, Editors

Executive Director Laurie Sheffield-James

It is with great pleasure that I introduce myself to you. Prior to serving as Executive Director for the Dental Board, I served for 5 years as the Executive Director of the Board of Morticians and Funeral Directors, and for 4 years as Deputy Executive Director of the Board of Podiatry.

I received a B.A. in Communications and a B.A. in Religion from Hamline College in St. Paul, Minnesota, and a Masters of Divinity Degree from Wesley Seminary in Washington, D.C. After pastoring for a number of years I changed careers, entering the field of administration.

Before working for the Boards, I served as Administrator to Sarah's House, a 110 bed homeless shelter in Anne Arundel County.

Since joining the Board in October, I have been impressed with the dedication of the Board members. Board members are strongly committed to the work of the Board and volunteer a great deal of their time to this body. I have also been impressed with the Board's staff. Their dedication and commitment have enabled the Board to function effectively despite a number of vacancies.

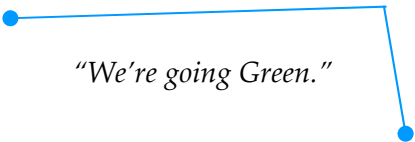
A special thanks to Dr. Leslie Grant and Murray Sherman who acted as Co-Interim Executive Directors during the absence of a permanent Executive Director. Everyone has been a tremendous help in easing me into my new role.

In closing, I ask that you please consider the successes that the dental profession has brought you. Most of you have prospered in your dental practices. With this recession more Marylanders than ever are in dire need of pro bono dental services. Please consider volunteering your time to those less fortunate. Just a few hours each month can have a profound effect on the quality of another person's life and provide you with a great sense of satisfaction. If you wish to volunteer and would like more information, please contact me at 410-402-8518 or Ms. Gloria T. Byrd, Case Manager, at 410-402-8528.



The Board's Newsletter is Going On-Line

As a result of increasing financial constraints associated with the printing and mailing of its Newsletter, the Board has decided to make its Newsletter available on-line. Those of you with e-mail addresses on file with the Board will receive e-mails from the Board with the Newsletter attached. In addition, the Newsletters will be available on-line at www.dhmh.state.md.us/dental or www.dhmh.md.gov/dental.



"We're going Green."

Members of the Board

Alberto Alejandro, DMD
Reisterstown, General Dentist

Jane S. Casper, RDH, MA
Columbia, Dental Hygienist

Ngoc Quang Chu, DDS
Rockville, Prosthodontic

T. Earl Flanagan, Jr., DDS, President
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Laurel, Pediatric Dentist

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Annapolis, Dental Hygienist

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John Timothy Modic, DDS
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Silver Spring, Consumer

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Annapolis, Consumer

Edna Street-Jones, DDS
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Windsor Mill, General Dentist

Zeno W. St. Cyr, II, MPH
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2010 Board Elections

On July 7, 2010, Dr. T. Earl Flanagan, Jr., Board President and Election Judge, declared the May 28, 2010 election for new Board members invalid. The reasons for doing so were detailed to you in a letter from Dr. Flanagan that was included in the new election materials that was mailed to all licensed dentists and dental hygienists.

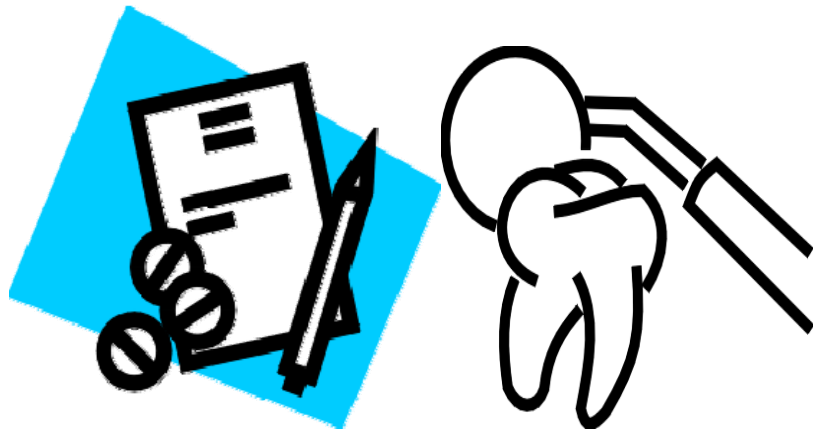
A new election was held in early August. The candidates for the three dentist board vacancies were: Ronald F. Moser, D.D.S., Kevin Schwartz, D.M.D., Edna Street-Jones, D.D.S., Billy Brooks Woodward, D.D.S. and Ju Hyon Yu, D.M.D.

The candidate for the vacant dental hygienist position was Cheryl Bruce, R.D.H.

THE BOARD IS SEEKING YOUR EXPERTISE

The Maryland State Board of Dental Examiners is accepting applications for Board Experts and Practice Reviewers. Board Experts assist the Board in ongoing investigations, and provide recommendations in complaint cases prior to completion of the disciplinary process. Practice reviewers are used in cases where a Board order provides that a licensee's treatment and or records undergo evaluation for a prescribed period. Board Experts and Practice Reviewers analyze dental records and radiographs to provide reports to the Board according to specified guidelines. General dentists, specialists, and dental hygienists may serve as practice reviewers. By becoming a Board Expert or Practice Reviewer, you will be serving the citizens of Maryland, your colleagues and the Board. Please contact Mrs. Sharon Gregg-Jones at 410-402-8506 or Dr. Leslie E. Grant at 410-402-8536 for further information.

Leslie E. Grant, D.D.S.
Dental Compliance Officer



BOARD OUTREACH PROGRAM TARGETS DENTAL PROFESSIONALS AND CONSUMERS

Leslie E. Grant, D.D.S., Dental Compliance Officer

“Knock, Knock: We are Here from the Dental Board” is an educational program offered by the Maryland State Board of Dental Examiners. The goal of the program is to engage members of the organized dentistry and dental hygiene communities as well as other interested parties in an interactive process to increase understanding of the Compliance operations of the Board.

The course was conceived as an opportunity to inform licensees, certificate holders and others about the structure of the Board, the complaint process, adjudication and case management. The Dental Compliance Officer and Board Investigator, Wayne Wilson are the co-presenters. A power point presentation is given highlighting the most frequent complaint categories, CDC violations, common problems encountered in recordkeeping, and recurrent practitioner mistakes in responding to the review process.

The program was launched at a meeting of the Maryland Dental Society in February, 2009, and has also been presented at the Maryland State Dental Association and to members of the Baltimore City Dental Society. Recently, the “Knock, Knock” course received approval for 1.5 credit hours of continuing education. If your organization is interested in offering the presentation to your membership, you may contact Dr. Leslie E. Grant at 410-402-8536 or Investigator Wayne Wilson at 410-402-8540.

The Dentist Well Being Committee

Robert Miller, DDS

Chairman, Dentist Well Being Committee

The purpose of the Committee is to assist dentists who may be experiencing personal problems and to ensure that their practices are not affected. The Committee has helped hundreds of dentists over the years with such problems as stress, alcoholism, drug dependence, psychiatric disorders, medical problems, HIV disease, neurological disorders and other illnesses that may cause impairment.

The identity of self-referrals remains completely confidential as long as they adhere to their treatment contract with the Committee. On the other hand, if a dentist is already a “board case” (they have been investigated and charged by the board) and are then referred to the Committee, their participation is not confidential. The Committee is obligated to make periodic reports to the Board, advising the Board of treatment progress and whether the dentist poses a threat to patient care.

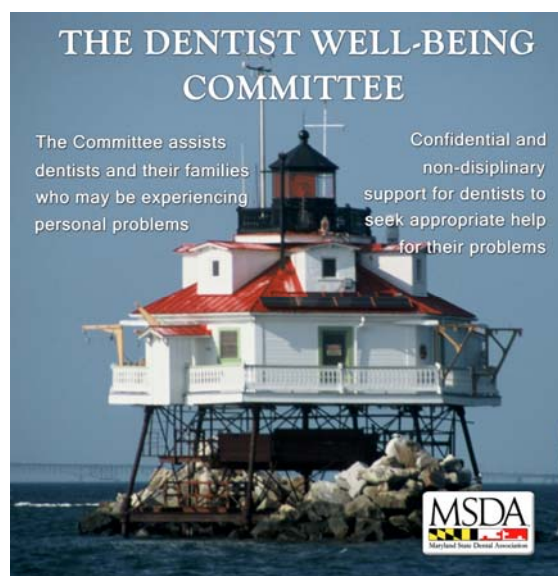
The Committee can accept all reports of concern from interested third parties whether the caller chooses to identify themselves or chooses to remain anonymous. However, the Committee will not act on information, unless it is verified from **an independent, reliable source**.

It is very rare when the Committee receives a call from someone who is not genuinely concerned about the well-being of a dentist. However, there have been cases (e.g. divorce or break up of a partnership) when the report was not made in the best interest of the dentist and did not accurately reflect the nature of the situation.

Confidentiality by the Committee is vitally important because it offers the dentist an avenue to seek help without going through the Board’s disciplinary process. This allows assistance to many dentists who would otherwise not be helped.

For more information call Robert White, LCPC Clinical Coordinator at 410-328-8549.

Website: www.dentistwellbeing.org



Rethinking Drinking: How Much is Too Much?

From your Maryland Dental Hygiene Well Being Committee

Robin Swope, R.D.H., Chair

Heather Healy, LCSW-C, Clinical Coordinator

The majority of adults (7 out of 10) either abstains from drinking or always drinks within low-risk limits. 3 out of 10 adults drink at levels that may be putting health and safety at risk. Where do you fall? To find out, take the below screening. If you'd like to discuss your results, or discuss how to change your drinking habits, the Maryland Dental Hygiene Well-Being Committee is a no cost resource available to confidentially assist you with a wide range of concerns, including alcohol and drug use, emotional concerns, family problems and other personal matters. Just call 1-800-974-0068.

1. How often do you have a drink containing alcohol?

Points

Never (0)

Monthly or less (1)

Two to four times a month (2)

Two to three times per week (3)

Four or more times a week (4)

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 (0)

3 or 4 (1)

5 or 6 (2)

7 to 9 (3)

10 or more (4)

3. How often do you have six or more drinks on one occasion?

Never (0)

Less than Monthly (1)

Monthly (2)

Two to three times per week (3)

Four or more times a week (4)

Add the number for each question to get your total _____

TOTAL SCORE

The maximum score is 12. Men who score 4 or higher and women who score 3 or higher are considered positive for hazardous drinking. Generally, the higher the score, the more likely it is that one's drinking is affecting his or her health and safety. Limits for women are different from the limits for men as research shows that women start to have alcohol-related problems at lower drinking levels than men. One reason is that, on average, women weigh less than men. In addition, alcohol disperses in body water, and pound for pound, women have less water in their bodies than men do. So, after a man and woman of the same weight drink the same amount of alcohol, the woman's blood alcohol concentration will tend to be higher, putting her at greater risk for harm.

Bulletin

Maryland State Board of Dental Examiners

Requirements for Dental Hygienists to Administer Local Anesthesia by Infiltration and Perform Manual Curettage in Conjunction with Scaling and Root Planing

(Authority: Annotated Code of Maryland, Health Occupations Article, §§ 4-101, 4-205, 4-206, and 4-206.1; SB 602 and HB 576, Chapters 565 and 566, Laws of Maryland 2009)

Please be advised that effective May 31, 2010 dental hygienists licensed in Maryland may, under prescribed circumstances, administer local anesthesia by infiltration to anesthetize soft tissue to facilitate the performance of dental hygiene procedures. To do so, the dental hygienist must first meet certain requirements and apply for and receive Board recognition before administering the local anesthesia by infiltration. Generally, the Board's regulations on dental hygienists performing these functions will be found at COMAR 10.44.22.¹ In addition, dental hygienists may under certain prescribed circumstances, perform manual curettage in conjunction with scaling and root planing. Although certain requirements must be met before a dental hygienist performs manual curettage in conjunction with scaling and root planing, it is not necessary for a dental hygienist to apply to the Board for recognition to perform manual curettage in conjunction with scaling and root planing.

Please note that a dental hygiene license alone does not permit a dental hygienist to administer local anesthesia by infiltration or perform manual curettage in conjunction with scaling and root planing.

I. LOCAL ANESTHESIA BY INFILTRATION

The local anesthesia may only be administered by infiltration for the purpose of anesthetizing soft tissue to facilitate the performance of dental hygiene procedures. It must be administered under the supervision of a dentist who has prescribed the administration of local anesthesia by the hygienist. The dentist must be physically on the premises during the administration. However the dentist need not be in the operator.

A. Dental hygienists who are not recognized to administer local anesthesia in another state.

In order to apply to be recognized by the Board to administer local anesthesia by infiltration, the hygienist must have successfully completed at least a 28 hour Board-approved course of instruction for local anesthesia by infiltration. Of the 28 hours required, 20 must be devoted to didactic training and 8 to clinical training. The hygienist may complete the course as an undergraduate student at a school of dental hygiene. If the hygienist has not completed the course as an undergraduate, the hygienist must still complete the course at a school of dental hygiene. The requirement that the course be completed at a school of dental hygiene has been required by the Maryland General Assembly.

The course must administer an examination with a written and clinical portion. The candidate must receive a passing grade of at least 75% in both the written examination portion and the clinical examination portion. The candidate must also pass or have passed the North East Regional Board (NERB) Local Anesthesia Examination for Dental Hygienists. A one time fee must be paid to the Board along with the application. Dental hygienists who meet the Board's requirements will be recognized as qualified to administer local anesthesia by infiltration. There is no renewal requirement.

B. Dental hygienists who are recognized to administer local anesthesia in another state

A hygienist licensed in Maryland who holds a current certification or other recognition to administer local anesthesia in another state, may receive recognition to administer local anesthesia by infiltration in Maryland without the requirement of passing the 28 hour course of instruction. The hygienist recognized to administer local anesthesia in another state will be required to pass or have passed the NERB Local Anesthesia Examination for Dental Hygienists. In addition, the hygienist must submit a notarized

¹ The regulations will be enacted on May 31, 2010. For a copy of the regulations go to the Board's website at www.dhnh.state.md.us/dental/ and choose the link titled "Local Anesthesia and Manual Curettage Please keep in mind that the Board's laws and regulations change over time. It is your responsibility to remain apprised of all changes.

affidavit to the Board indicating that he or she has successfully administered local anesthesia by infiltration at least 25 times in the 2 year period immediately preceding the date of application. A one time fee must be paid to the Board along with the application. Dental hygienists who meet the Board's requirements will be recognized as qualified to administer local anesthesia by infiltration. There is no renewal requirement.

II. MANUAL CURETTAGE IN CONJUNCTION WITH SCALING AND ROOT PLANING

A. Dental hygienists who are not recognized to perform manual curettage in conjunction with scaling and root planing in another state.

A dental hygienist licensed in Maryland who is not certified or otherwise recognized to perform manual curettage in conjunction with scaling and root planing in another state and who wishes to perform this function must complete at least a 2 hour Board-approved course of didactic instruction either as an undergraduate student in a school of dental hygiene or after graduation. If not completed as an undergraduate the course may be presented by a school of dental hygiene, by any Board-approved sponsor, or it may be taken on-line from a Board approved sponsor. The candidate must pass a written examination administered by the Board-approved course with a grade of at least 75 percent. There is no application or Board-approval process. Once the course is successfully completed the dental hygienist may perform manual curettage in conjunction with scaling and root planing. However the dental hygienist must maintain proof of successful completion of the course and provide documentation of successful completion of the course to the Board upon the Board's request.

B. Dental hygienists who are recognized to perform manual curettage in conjunction with scaling and root planing in another state

A dental hygienist licensed in Maryland who is certified or otherwise recognized to perform manual curettage in conjunction with scaling and root planing in another state may perform manual curettage in conjunction with scaling and root planing in Maryland without taking and passing the Board-approved course. There is no application or Board approval process.

III. CONTINUING EDUCATION

There are no continuing education requirements for administering local anesthesia by infiltration or performing manual curettage in conjunction with scaling and root planing. However a dental hygienist who successfully completes the Board-approved courses after graduating from dental hygiene school may receive continuing education credit toward renewal of their dental hygiene license if the courses are completed within the prescribed continuing education timeframes.

IV. CONCLUSION

The Board intends for this Bulletin to inform its licensees of the most significant provisions of the regulations. This Bulletin provides a general summary of the regulations but is not intended to be exhaustive. Each Maryland dental hygienist and dentist is responsible for following the provisions of the actual regulations. Failure to do so may result in disciplinary action against both the dental hygienist and dentist. Therefore the Board strongly urges each dental hygienist and dentist to carefully read the regulations and become familiar with their provisions. The Board appreciates your understanding and cooperation as this new program is implemented. If you have any questions please contact Ms. Sandra Sage, Dental Hygienist Coordinator, at 410-402-8510, or Ms. Debbie Welch, Licensing Coordinator at 410-402-8511.

Changes in the Maryland Healthcare System

Jane S. Casper, R.D.H., Immediate Past President

In June 2007, a few months after the tragic death of 12 year old Deamonte Driver, which resulted from a brain infection caused by an abscessed tooth, the Maryland Dental Action Committee was convened by Mr. John Colmers, Secretary of the Maryland Department of Health and Mental Hygiene, to address access to care issues in the State. The Committee developed several recommendations in the hopes that never again would a child in Maryland die from dental disease. These recommendations addressed the areas of both Medicaid and Public Health and included:

1. Instituting a **single** payer dental Medicaid system (to replace the seven different MCO's): **The single payer system, Maryland Healthy Smiles, began in July 2009 and has provided much needed simplicity for both providers and patients.**
2. Increasing Medicaid dental reimbursement rates to a more equitable amount for dentists participating in the program:
There has been one round of increased reimbursements and two more have been promised.
3. Increasing public health safety net dental clinics serving the underserved in all counties in Maryland:
To date, every county in Maryland has a safety net dental clinic.
4. Establishing a "public health dental hygienist" that would be able to work in county, or state run dental clinics without a dentist having to first perform an examination:
The law allowing dental hygienists who meet the requirements to work in public health settings went into effect on October 1, 2008.
5. Developing a unified oral health message to educate the public on the importance of good oral health:
The University of Maryland's School of Public Health has been awarded a grant to develop ways to disseminate this information.
6. Investigating the incorporation of dental screenings into vision and hearing screening requirements in public schools:
A pilot program has been developed to study the feasibility of this when funding is available.
7. Providing oral health training to pediatricians, family physicians, and nurse practitioners, and training general dentists to be more comfortable treating very young children:
The University of Maryland Dental School provided a mini-residency for 250 general dentists in the treatment of young children, and the DHMH Office of Oral Health in partnership with the UM Dental School provided oral health training for over 400 pediatricians, family physicians, and nurse practitioners.

Maryland has become the model for other states for its increased access to oral health care. I applaud our Maryland dentists who participate in the Maryland Healthy Smiles Program for their willingness to help the underserved children in Maryland and encourage others to join in.

1st Maryland Mission of Mercy Dental Clinic to Reach the Underserved

The Western Maryland Tri-State area is one in which the oral health need is immense. Allegany County leads the state of Maryland in natural tooth loss. More than 20% of the population is considered to be in poverty. More than 15% of people have not been to a dentist in 5+ years. Conditions in nearby West Virginia are worse. In response to the poor oral health of thousands in the area, community partners in Western Maryland are organizing a Mission of Mercy dental clinic or M.O.M.

What is a M.O.M.? A M.O.M. or Mission of Mercy is a gathering of local dental professionals and volunteers for a free day clinic that provides dental services to persons who could not otherwise afford dentistry. From the first event in Virginia back in the 1990s to the most recent, state MOM events have continued to pop up across the country to address and meet the needs of the underserved including uninsured and underinsured populations. The clinic in Western Maryland will be the first to be held in Maryland under the auspices of Mission of Mercy and will hopefully lead to other such initiatives in the state.

The **2010 Western Maryland Mission of Mercy (M.O.M) Project** will be held at the Allegany County Fairgrounds in **Cumberland, MD on October 29th and 30th**. The event is being spearheaded by the Allegany-Garrett County Dental Society and by Allegany Health Right. The event is also tied into several local community partners including the County United Way and Western Maryland Health System. The goal of the 2010 Western Maryland Mission of Mercy Dental Clinic is to provide dental care to over 1,000 low-income, uninsured, and underserved adults over a two day period including cleanings, x-rays, oral surgery/extractions, and fillings.

Volunteers are needed! Upwards of 400 Volunteers are needed over the two days including Professional Dental Volunteers, Licensed Medical Volunteers, and Community Volunteers. Volunteers can register online at www.westernmdmom.com, but can also reach out to the organizers via email at volunteer@westernmdmom.com or call 301-777-7749 ext. 4 if any questions.

Fundraising is well underway to secure \$50,000 to cover expenses for the clinic which will provide over \$500,000 worth of free dental services. They are seeking support through grants, donations, and in-kind services. Collected funds will be used to offset expenses for the project including dental and medical supplies, transportation and equipment, publicity for the event, and pharmacy vouchers. Over \$20,000 has been raised as of 8/1/2010 including donations from DentaQuest, AES Warrior Run, CVS, and ATK. To donate, please go to www.westernmdmom.com/donate.html which also explains available sponsorship levels. All checks should be made out to County United Way, Inc. which is a 501-(c) 3 organization serving as the fiscal agent for all funds donated to the Western Maryland Mission of Mercy Project. Please note "MOM Project" on the memo line. Mail checks to: County United Way, PO Box 307, Cumberland, MD 21501.

Patient registration is done on-site the days of the clinic. Because Maryland state health programs cover children up to age 19, the clinic will be open to adults ages 19 and older. The free care will not be restricted to Marylanders. Services will be available on a first-come, first-served basis to residents in the entire region, including nearby West Virginia and Pennsylvania.



About Section 1921

The Department of Health and Human Services issued the final rule for Section 1921 of the Social Security Act, as published in the [Federal Register](#), January 28, 2010. Section 1921 expands the information collected and disseminated through the National Practitioner Data Banks. The intent of Section 1921 is to protect beneficiaries participating in the Social Security Act's healthcare programs from unfit healthcare practitioners and improve the anti-fraud provisions of these programs.

The Data Banks opened Section 1921 for reporting and querying on March 1, 2010.

Under Section 1921, the reporting requirements expand to include all licensure actions taken against all healthcare practitioners, not just physicians and dentists, as well as healthcare entities. Previously, only actions based on competence or conduct taken against physicians and dentists were included in the NPDB. Also, peer review organizations and private accreditation organizations must report any negative actions or findings taken against healthcare practitioners and organizations.

Queriers will now have access to State licensure actions taken against all healthcare practitioners including chiropractors, podiatrists, pharmacists, physician assistants, optometrists, professional and paraprofessional nurses, physical therapists, respiratory therapists, social workers, and other healthcare practitioners. Section 1921 also provides limited querying by Quality Improvement Organizations, Federal and State Health Care Programs, State Medicaid Fraud Control Units and other law enforcement agencies.

- The implementation of Section 1921 expands the current National Practitioner Data Bank (NPDB) adverse licensure action reporting requirements for State licensing boards in two ways. First, State licensing authorities must report adverse actions taken against all healthcare practitioners, not just physicians and dentists, as well as those actions taken against healthcare entities. Second, State licensing authorities must report all adverse licensure actions (not just those based on professional competence and conduct).

State licensing agencies are the only group of current Data Banks customers that must report under Section 1921. These agencies can meet historical Section 1921 reporting obligations by permitting the Data Banks to place previously reported actions under Section 1921 authority, as necessary.

Section 1921 information is especially valuable to private-sector hospitals and healthcare organizations, which previously did not have access to licensure actions taken against all healthcare practitioners through the NPDB. In addition, Section 1921 information serves as an important resource to State licensing agencies when making licensure determinations about healthcare practitioners and entities.

Submitted by: Gloria T. Byrd, Case Manager
Reprinted from the National Practitioner Data Bank/
Healthcare and Protection Data Bank
www.npdb-hipdb.hrsa.gov

Maryland State Board of Dental Examiners
Disciplinary Actions Taken
May 2009 – July 2010

LICENSEE NAME	LICENSE #	SUMMARY OF ACTION TAKEN
Pourang Gaznavi, D.D.S.	12082	Effective 5/20/09 - Order of Termination of Reprimand.
Heidi M. Groshans	No Certificate	Effective 7/1/09 - Denied Radiation Technology Certification.
Noel Tait, D.D.S,	6845	Effective 7/15/09 - Order of Termination of Probation.
Brenda Copeland, D.R.T.	Cert # 9308	Effective 7/15/09 – Order of Termination of Reprimand.
Steven Edwin Taylor, D.D.S.	10699	Effective 7/15/09 - Order of Termination of Reprimand.
Navid Asgari, D.M.D.	12143	Effective 8/5/09 - Final Order with Reprimand and two years probation subject to conditions.
Thomas Blaik, D.D.S.	9095	Effective 8/5/09 - Entered into a Pre-Charge Consent Order with reprimand and one-year of probation subject to conditions.
Danilo Banados, D.R.T.	Cert. # 13257	Effective 8/5/09 - Dental Radiation Technology Certificate summarily suspended.
Nalin Patel, D.D.S.	13072	Effective 9/16/09 - Surrendered license to practice dentistry in the State of Maryland in lieu of charges for practicing dentistry on an expired license.
David Fruderich, D.D.S.	14683	Effective 10/7/09 - Consent Order granting a license to practice dentistry in the State of Maryland and placed on probation for a period of five years subject to conditions.
Dezrie Smith, D.D.S.	10897	Effective 10/21/09 - Order of Termination of Probation.
Javette Mullen, D.R.T.	12780	Effective 11/4/09 – Final Order of Suspension of Dental Radiation Technology Certification.
Glen L. Bowers, D.D.S.	6385	Effective 12/16/09 - Order of Termination of Probation.
Eftekhar A. Hassani, D.D.S.	12040	Effective 1/20/10 - Order of Termination of Reprimand.
Keith A. Seicke, D.D.S.	12889	Effective 1/20/10 - Final Order of Revocation.
Behnam Manesh, D.D.S.	11469	Effective 4/21/10 – Order of Termination of Probation.
Donald G. Parker, D.D.S.	4871	Effective 4/21/10 – Consent Order with 18 months probation subject to conditions.
Danilo C. Banados, D.R.T.	13257	Effective 4/21/10 – Final Decision and Order of Revocation of Dental Radiation Technology Certification.
Beverly F. Crockett, D.D.S.	No license	Effective 5/19/10 – Final Order to Deny Application For a License to Practice Dentistry in the State of Maryland.
Katherine E. Christian	No license	Effective 5/19/10 – Final Order of Denial of Application for Dental Radiation Technologist Certification.
Larry J. Peterson, D.D.S.	5355	Effective 6/16/10 – Final Order with ten (10) years probation commencing 6/25/08.
Matthew M. Michie, D.D.S.	5897	Effective 6/16/10 – Order of Termination of Pre-Charge Consent Order.
Jacqueline Thomas Furqan, D.D.S.	7665	Effective 7/7/10 – Consent Order with 30-day suspension, upon reinstatement - 3 years probation subject to conditions.
Kenneth Brian Riley, D.D.S.	10295	Effective 7/22/10 – Order for Summary Suspension.

Maryland Board of Dental
Examiners
55 Wade Avenue/Tulip Drive
Catonsville, Maryland 21228

Telephone Numbers:

410-402-8500 – Telephone Tree

410-402-8501 – Board Secretary

Fax Numbers:

Licensing Unit/410-402-8505

Compliance Unit/410-402-8523

<http://dhmh.maryland.gov/dental/>



7/7/10 - Presentation of the Governor's citation for completion of their 2 terms as Board members.

Left to right: T. Earl Flanagan, Jr. D.D.S., President; James P. Goldsmith, D.M.D., Jane Casper, R.D.H., MA, Immediate Past President; Zeno St. Cyr, II, MPH, Consumer; and Laurie Sheffield-James, Executive Director.

In the Beginning

Over 100 years ago, March 31, 1884, Robert M. McLane, Esquire, governor of Maryland, affixed his signature to the state's first legislation to regulate the practice of dentistry, and in so doing, created the Maryland State Board of Dental Examiners. The history of the Board, unbroken to the present day, attests to its usefulness for the protection of the public and the advancement of the profession.

The Board Established

The 1884 law established the Board of Dental Examiners with essentially the same functions and duties it has today; i.e., limit the practice of dentistry to those who are competent to engage in it, maintain a registry of certified practitioners, provide reasonable opportunity to qualified persons who wish to practice in Maryland, support an acceptable standard of dental practice, and protect the public interest. In accordance with its provisions, Governor McLane appointed five reputable practicing dentists, resident in Maryland, non-pecuniarily connected with any school of dentistry, for terms of two and four years.

The Board Today

Currently, the Board consists of sixteen members: nine dentists, four dental hygienists, and three consumer members, all appointed by the Governor. Each member serves a four year term and may be reappointed for a second term. The Board meets on the first Wednesday of every month for its open session, at which the public is invited to attend. Following the open session the Board conducts an Executive (closed) Session during which the Board members and staff discuss non-public issues, such as proprietary operations and disciplinary actions. The third Wednesday of each month is reserved for the Discipline Review Committee meeting, a closed session full board committee that reviews complaints against those licensed by the Board or making application for licensure in Maryland.