Maryland State Board of Dental Examiners

(MSBDE)

2012 Spring Newsletter **VOLUME 24 -- Issue #1**

This Newsletters' focus is on the Compliance Unit. Future newsletters will highlight the Licensing Unit and the Board's regulations and statues. I hope you enjoy this informative Newsletter and thanks to all who have contributed to its contents.

Ms. Sheffield-James, Executive Director

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PRESIDENT'S MESSAGE

Greetings!

In the Board's Winter Newsletter, I informed the dental community and the general public that while the Board faces many challenges, it would be very pro-active in fulfilling its mission.

During the past year, the Board elicited and received many recommendations and suggestions to improve its operations. One suggestion made by previous Board members, fellow dentists, hygienists, and legislators was to extend the term of office of the Board President and Secretary-Treasurer to a two-year term. The By-Laws Committee supported this suggestion and made a formal recommendation to the full Board. At its May 2011 meeting, the Board voted to approve a two-term office of the President and Secretary-Treasurer recommendation and current officers were selected to serve an additional year in their positions. I am very happy to continue working with such a powerful team of dedicated and committed professionals, Board members and staff.

Under the leadership of our Executive Director, Laurie Sheffield-James, the Administration, Licensing and Compliance Units continue to achieve many of the goals and recommendations made by the Board. The hiring of three new investigators and a new compliance secretary complete the staffing pattern in the Compliance unit. These capable individuals have proved to be quick learners and are discharging their duties and responsibilities with ease and efficiency.

The Licensing and Compliance Units are excited about upgrading our computer software system. Although licensees, certificate holders and the general public have commended these staff members for their assistance in implementing the many requests that have been made, an upgrade in our software system will significantly improve service delivery in those areas as we move forward.

The Board is fully committed to the dental profession and to the constituents it serves; the citizens of Maryland. This year, as was done last year, the Board will continue to fulfill its mission, will be proactive in responding to the myriad of issues that come before it, and will do so with transparency. The professions and the public warrant nothing less than our best.

I hope you enjoy this informative newsletter and would like to thank all who have contributed to its contents.

T. Earl Flanagan, Jr., DDS

Welcome ABOARD!

New Board Members

From left to right, back row, Ronald F. Moser, DDS, Ali Behnia, DMD,
Ms. Sonia Stockton, MBA, Ms. Jane Casper, RDH, MA, and Ms. Cheryl Bruce, RDH.

Ms. Sonia Stockton is a consumer member. Ms. Stockton is an advocate for dental care for everyone in Maryland. She always had a passion for serving her community. As a retiree, she had the opportunity to become involved in something that would make a difference to the elderly on fixed incomes, and children living in low income families. Her mother , now 90 years old and Ms. Stockton have been involved in researching available health services for her mom. She has discovered that there is limited access to many health care services, even though Medicare and supplemental health insurance exists for the purpose of taking care of the elderly and disabled. Dental care and hearing-impaired care are very limited to the elderly, even though the Medicare program exists. As a member of the Board, Ms. Stockton hopes that she will be able to make a difference in the quality of dental care that is provided to all citizens of Maryland and at the same time, insure that the quality of dental education is afforded to all dental professionals.

Ms. Jane Casper has been a dental hygienist since 1974, she has also worked in private practice and in public health. Ms. Casper currently works part-time as a Clinical Dental Public Health Specialist for DHMH, Office of Oral Health and occasionally for her husband, in his pediatric dental practice. She has three grown children, Andrew, Sarah and Alexis. As a previous member of the Board, she was honored to have been able to help protect the health of the citizens of Maryland and hopes to bring a perspective of fairness to decisions made by the Board. Ms. Casper looks forward to continuing to serve the public and the profession.

Ms. Cheryl Bruce was educated at Fones School of Dental Hygiene in Bridgeport, CT. Ms. Bruce has practiced in Massachusetts, Saudi Arabia, and Maryland. She is still actively practicing in Clarksville and for the Montgomery County Health Department. Ms. Bruce also served as an officer for the Maryland Dental Hygiene Association and the Massachusetts Dental Hygiene Association. She is bringing to the Board many years of experience with the public as a healthcare worker.

Dr. Ronald Moser was appointed to the Board in October 2010. Dr. Moser is a general dentist whose been in private practice for the last 32 years in Bowie, Maryland. He received his undergraduate degree from American University and his dental degree from Howard University Dental School. As an active member of organized dentistry for more than 25 years, Dr. Moser served as the legislative chairman for the Maryland State Dental Association from 2001 to 2009. He also served on the Peer Review Committee, was the president of a component society, as well as a member of the Governor's Commission on HIPAA Regulation and Privacy Issues for the residents of Maryland.

Dr. Ali Behnia holds a Bachelor of Science degree in Biomedical Engineering from Boston University as well as a Master of Science degree in Oral Biology from the University of Maryland. He attained his specialty certificate in Endodontics, upon graduating from the University of Pennsylvania Dental School. For four years, Dr. Behnia was both a full-time faculty member and the Director of Undergraduate Endodontics at the University of Maryland Dental School. For the past nine years, he has been in private practice and maintains a part-time faculty position at the University of Maryland Dental School. With his academic background and endodontic training, Dr. Behnia will be an asset to the Board and the citizens of Maryland.

Who Are Our Dental Examiners?

The Entire Board of Dental Examiners

From left to right, back row: Alberto Alejandro, DMD; Sidney Seidman, MD; Ronald Moser, DDS; Ngoc Q. Chu, DDS; T. Earl Flanagan, Jr., DDS; Billy Brooks Woodward, DDS; Ali Behnia, DMD; Maurice S. Miles, DDS and Donald Russell, DDS.
From left to right , front row: Jane Casper, RDH; MA, Edna Street-Jones, DDS; Sonia Stockton, MBA; Barbara L. Merritt, RDH, BS; Yolanda Goode-Seay, RDH and Cheryl Bruce, RDH.

A Tribute to
Dr. J. Timothy Modic, DDS
and
Ms. Geraldine Seager, RDH, MED

Ms. Seager served on the Board for over eight years. While on the Board, Ms. Seager served on numerous committees including Chairperson of the Dental Hygiene Committee. Ms. Seager was a passionate representative of the Dental Hygiene community who someone once called, “a dynamo in a small package”. She strongly believed in the Board’s purpose of protecting the public.

Dr. Modic served for eight years on the Board and as Chair, he served from May 2008 to May 2009. For many members of the Board, Dr. Modic served as the “gold standard”. Hidden by his quiet demeanor was wisdom and practical thinking that made him a role model for all Board members.

Dental Electronic Health Record Adoption Incentives

Dentists became eligible for electronic health record (EHR) adoption incentives under Medicare and Medicaid beginning in 2011. Dentists who adopt and are meaningful users of certified EHR technology can receive up to $44,000 over five years from Medicare or up to $63,750 over six years under Medicaid. Meaningful use is the criteria that must be achieved in order for the dentist to demonstrate optimum use of an EHR. Meaningful use consists of three components: using a certified EHR in a meaningful manner, using certified EHR technology for the electronic exchange of health information to improve the quality of health care, and using certified EHR technology to submit clinical quality measures and other such measures selected by the Secretary of Health and Human Services.

Eligible dentists under Medicare can apply to Doctors of Oral Surgery or Dental Medicine, who must bill the Medicare Physician Fee Schedule for patient services. Eligible dentists under Medicaid are applicable to all dentists who have at least 30 percent of services furnished to Medicaid patients. Hospital-based dentists are not eligible for these incentives.

To qualify for CMS EHR incentives, the EHR product must be certified by a recognized Office of the National Coordinator for Health Information Technology (ONC) Authorized Testing and Certification Body (ATCB). To determine if your EHR qualifies, go to the Certified Health IT Product List at: http://onc-chpl.force.com/ehrcert/EHRProductSearch. Several dental EHR vendor products are currently ONC-ATCB certified.

An EHR is a longitudinal collection of electronic health information that can be created, managed, and consulted by authorized providers and staff across more than one health care organization. Information contained in an EHR may include: documentation, medication lists, allergies, medical history, treatments performed, and all patient-related communications that occur in the practices' office. The charts below indicate the maximum incentive amount an eligible dentist can receive under either the Medicare or Medicaid Incentive Program.

The columns indicate the first year the dentist qualifies to receive the first payment, the rows represent the maximum annual payment amount.

Medicare Incentive Payments

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 and later
CY 2011	$18,000				
CY 2012	$12,000	$18,000			
CY 2103	$8,000	$12,000	$15,000		
CY 2014	$4,000	$8,000	$12,000	$12,000	
CY 2015	$2,000	$4,000	$8,000	$8,000	$0
CY 2016		$2,000	$4,000	$4,000	$0
Total	$44,000	$44,000	$39,000	$24,000	$0

Medicaid Incentive Payments

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	$21,250					
CY 2012	$8,500	$21,250				
CY 2013	$8,500	$8,500	$21,250			
CY 2014	$8,500	$8,500	$8,500	$21,250		
CY 2015	$8,500	$8,500	$8,500	$8,500	$21,250	
CY 2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
CY 2017		$8,500	$8,500	$8,500	$8,500	$8,500
CY 2018			$8,500	$8,500	$8,500	$8,500
CY 2019				$8,500	$8,500	$8,500
CY 2020					$8,500	$8,500
CY 2021						$8,500
Total	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

For more program specific information, please visit the Centers for Medicare and Medicaid Electronic Health Records Incentive Program website at: https://www.cms.gov/ehrincentiveprograms/

For more information regarding Maryland Health Information Technology initiatives, please contact Angela Plunkett, Division Chief, Maryland Health Care Commission at (410)764-3574.

Dental Electronic Health Record

Adoption Incentives

The following information on electronic health record incentives was provided to the Dental Board from the Maryland Health Care Commission (MHCC). Please direct all inquiries to Ms. Angela Plunkett, Division Chief, Maryland Health Care Commission.

BOARD OUTREACH PROGRAM

"Knock, Knock: We are Here from the Dental Board" is an educational program offered by the Maryland State Board of Dental Examiners ("the Board"). 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 provides 1.5 approved continuing education units.

This course was conceived as an opportunity to inform licensees, certificate holders and others about the structure of the Board, the complaint and investigative processes, adjudication and case management. The Dental Compliance Officer provides an overview and power point presentation highlighting the most frequent complaint categories, CDC violations, common problems encountered in recordkeeping, and recurrent practitioner mistakes in responding to the review process.

If your organization or society is interested in offering the presentation to your membership, you may contact Leslie E. Grant, DDS at (410)402-8536.

Experts and Practice Reviewers!

Board's Bulletin

Thank you Maryland dental practitioners for your excellent response to the Board's recent Bulletin requesting applicants for Experts and Practice Reviewers! We are continuing to seek orthodontic and endodontic experts to analyze records and provide reports for cases involving these specific specialties.

An active Maryland license is required. Please contact Ms. Sharon Gregg-Jones at (410)402-8506 for further information. The Board sincerely appreciates your willingness to serve the citizens of Maryland in this capacity.

Why Not Cultural Competency?

Cultural Competency may be defined as a set of skills that allow a healthcare professional to increase their understanding of the cultural differences between groups. Being culturally competent helps dentists successful interaction with patients of other ethnic and cultural groups.

A number of factors that make up cultural identity include:

- Family tradition
- Spiritual tradition
- Diet and nutrition
- Education
- Country of origin
- Language
- Traditional medical practice
- Attitudes about illness and death.

Dentists who understand a patient's cultural background will be more effective in treating diverse populations. Good communication between the patient and dentist can result in patient satisfaction, treatment adherence and positive health outcomes.

The Board believes that licensees who are culturally competent will be in a better position to serve others. Consequently, licensees may take up to four continuing education hours for Board-approved courses on cultural competency.

10 Tips for Delivering Culturally Competent Health CARE

1. Know where your patient was born and what the implications of birthplace have on patient care.
2. Know what language your patient speaks at home. If the patient has English as a second language, providers may want to ascertain the level of actual vs. assumed language comprehension early in the encounter.
3. Know whether your patient has specific dietary patterns based on his or her culture.
4. Know your patients religion and what treatments may be prohibited as a result of its teachings. Also, know the level of faith and spirituality the patient brings to the encounter since it may influence your approach to treatment.
5. Know the level of independence the patient had prior to the visit to your office. Know whether that independence is a problem for the patient or a welcome asset to the quality of the patient's life.
6. Know the support systems in the patient's life and what cultural issues exist in those support systems.
7. Have the patient describe how the illness is handled at home.
8. Understand the importance of individualizing each case, based on the myriad of cultural issues that can arise.
9. Assess the emotional state of the patient and try to determine the cultural dimensions that support it.
10. Allow the patient to assist you in learning words that describe his or her illness.

Who is the Compliance Unit?

Greetings from the Compliance Unit!

Greetings from the Compliance Unit! Our commitment is to offer the highest standard of service throughout all of our interactions with the public, providers and other government agencies. Our Unit oversees the complaint, investigative, resolution and case management processes of all cases. We offer an outreach program, "Knock, Knock: We are Here From the Dental Board" to the dental community. The Compliance Unit's Fiscal Year 2011 Annual Report may be obtained by going to the Board's website located at **www.dhmh.md.gov/dental**.

From left to right, back row: Shawan Pearson, Danielle Gonnelli, Sharon Oliver. **From left to right middle row:** Rebecca Oliver, Eli Fagan. **From left to right, front row:** Leslie Grant, Colin Eversley.

Meet the Compliance Unit:

Investigator Colin Eversley began his career as an investigator with the Maryland Board of Pharmacy in 2005, where he was the Lead Investigator. He is thrilled to have brought his knowledge and experience to the Maryland State Board of Dental Examiners.

Investigator Eli Fagan was a detective for 25 years. He began working for the Board in February, 2011.

Investigator Danielle Gonnelli served as an administrative specialist/assistant investigator for the Maryland Board of Chiropractic and Massage Therapy Examiners for almost 3 years.

Case Manager, Sharon Oliver joined the Board's staff in 2010 as the Dental Compliance Secretary, and was promoted to the position of Case Manager in June of 2011. She enjoys assisting our licensees as well as working with our external customers.

Dental Compliance Officer, Leslie E. Grant, DDS received a Bachelor of Science Degree from Boston University, a Master of Speech Pathology and Audiology Degree from the University of Washington and a Doctor of Dental Science from the University of Maryland Dental School. After twenty years in private practice, and eight years with the Baltimore City Health Department Division of Oral Health, she began her position with the Dental Board in May of 2008.

Reporting of Incidents of Morbidity and Mortality

The Board has learned that there may be some confusion regarding the requirement to report incidents of morbidity and mortality to the Board. The Code of Maryland Regulations, (COMAR) 10.44.12, titled Anesthesia and Sedation, requires in part that "A dentist shall report to the Board, in writing, any death caused by or resulting from the dentist's administration of anxiolysis, moderate sedation, deep sedation, or general anesthesia within 7 days of its occurrence." In addition, the regulations provide that "A dentist shall report to the Board, in writing, any substantially disabling incident caused by or resulting from the dentist's administration of anxiolysis, moderate sedation, deep sedation, or general anesthesia within 15 days after its occurrence."

The duty to report to the Board applies to every dentist, whether he or she holds a Board issued permit or not. A dentist need not have a permit to administer an anxiolytic. "Anxiolysis" is defined as "A drug induced state, with or without nitrous oxide/oxygen to decrease anxiety, in which patients respond normally to tactile stimulation and verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are maintained and require no assistance." A dentist must however have a Board issued permit before he or she induces a state beyond anxiolysis.

Dentists who wish to learn more are encouraged to read the entire Anesthesia and Sedation chapter which may be found on the Board's website at www.dhmh.maryland.gov/dental. From the home page choose the link "Final Copy of Anesthesia and Sedation Regulations." For more information dentists may also contact Ms. Bonita McFadden, Anesthesia and Sedation Program Coordinator at (410)402-8503.

Please note the regulation on morbidity and mortality reporting below:

.34 Morbidity and Mortality Reports.

A. A dentist shall report to the Board, in writing, any death caused by or resulting from the dentist's administration of anxiolysis, moderate sedation, deep sedation, or general anesthesia within 7 days after its occurrence.
B. A dentist shall report to the Board, in writing, any substantially disabling incident caused by or resulting from the dentist's administration of anxiolysis, moderate sedation, deep sedation, or general anesthesia within 15 days after its occurrence.
C. The written report to the Board required in §§A and B of this regulation shall include:

(1) The date of the incident;
(2) The name, age, and address of the patient;
(3) The patient's original complete dental records;
(4) The name and license number of the licensee and the name and address of all other persons present during the incident;
(5) The address where the incident took place;
(6) The preoperative physical condition of the patient;
(7) The type of anesthesia and dosages of drugs administered to the patient;
(8) The techniques used in administering the drugs;
(9) Any adverse occurrence including:
    (a) The patient's signs and symptoms;
    (b) The treatment instituted in response to adverse occurrences;
    (c) The patient's response to the treatment; and
    (d) The patient's condition on termination of any procedures undertaken; and
(10) A narrative description of the incident including approximate times and evolution of symptoms.

D. The duties outlined in §§A—C of this regulation apply to every dentist whether or not the dentist holds a permit.

Board Events

Invitation Luncheon

On November 2, 2011, the Maryland State Board of Dental Examiners held their first luncheon to enhance the understanding of the role and duties of the Board.

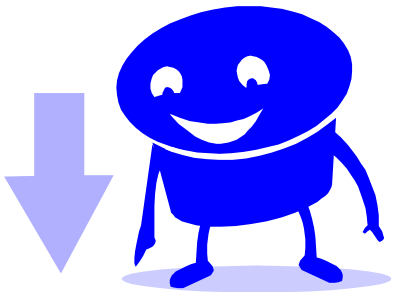
Invitations were sent out to all members and staff of the Senate Education, Health and Environmental Affairs Committee, and the House Health Government Operations Committee. The Board also sent invitations to all areas of the dental community.

On the day of the event, there were representatives from both committees from the Maryland General Assembly, many Maryland State Dental Association (MSDA) component societies, the Maryland Dental Society, Robert T. Freeman Dental Society, Maryland Academy of General Dentistry, Maryland Dental Hygiene Association (MDHA) and other organizations.

The program began with a welcome from the Board president, T. Earl Flanagan, Jr., DDS followed by a brief description of the Board's mission and purpose by Ms. Sheffield-James, Executive Director.

This was followed by a brief narrative from each committee chairperson. The program ended with some brief comments from Leslie E. Grant, DDS/ Dental Compliance Officer, Murray Sherman, Legal Assistant, and Grant Gerber, Board Counsel.

The luncheon was a great success with opportunity for members to talk with guests and exchange information and ideas. Much thanks to the Board staff for making the arrangements for the lunch.



NDA Conference

The Maryland State Board of Dental Examiners was privileged to be a part of the National Dental Associations 98th Annual Convention which celebrated the 100th anniversary of the Maryland Dental Society. The convention commenced on July 22, 2011 and ended July 26, 2011.

The Board was allocated an exhibit booth for the exhibit dates of July 23-24. We were graciously welcomed by many of the leaders of this historic event.

Dentists, dental hygienists and radiation technologists stopped by our booth. Some dental professionals wanted information on applying for licensure in Maryland. Consequently, the Board gave numerous Board application packets to the many who requested information.

Some attendees wanted information about Maryland's law; which luckily, the Board had in its arsenal of handouts that answered many of the questions that were posed.

Many licensees from Maryland stopped by to say "hello" to Debbie Welch, the Board's Licensing Coordinator who was on hand. Licensees said, "it was great to finally put a name to a face".

Most importantly, Drs. Flanagan and Miles helped work the booth. They seemed to know just about everyone who happened to past us by at the conference.

We kept track of those that walked by the booth. By the end of the event, we had talked with over 100 participants.

We had a great time. If you didn't see us this year, be sure to look for us next year. We'll be back!

Sincerely,
Laurie Sheffield-James, Executive Director

DENTAL HYGIENE WELL-BEING COMMITTEE
TELL ME MORE!

This is a committee of the Maryland Dental Hygienists' Association (MDHA) and its purpose is to provide confidential well-being assistance to individuals who have difficulty dealing with a physical, emotional, mental or substance abuse.

This could include being in a stressful relationship, balancing work and home life as a caregiver, struggling with mood swings or misusing drugs and/or alcohol. The Maryland Dental Hygienists Well-Being Committee exists to meet the needs of Maryland dental hygienists, dental radiation technologists and dental assistants. Individuals may be self-referred, referred by family, colleagues or employers, or referred by the Maryland Board of Dental Examiners ("the Board").

The Committee can help by providing a free confidential initial problem assessment by our Clinical Coordinator, a licensed social worker and substance abuse professional. Appropriate referrals for community resources and professionals will be offered to you so you can get your life back on track.

The Board may also make referrals to the Committee as a part of its functions to protect the public from an impaired professional while also providing that professional opportunity for rehabilitation. Board referred cases require the Committee to provide updates to the Board about the individuals compliance and the progression of treatment. Self referrals are never disclosed to the Board unless their actions pose a threat to public safety.

The Dental Hygiene Well-Being Committee can refer you to many resources and will provide ongoing peer support for you. Please contact us at 1-800-974-0068, we are ready to help you achieve a state of well-being in your life.

THE DENTIST WELL-BEING COMMITTEE

Robert Miller, D.D.S.
Chairman, MSDA 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 Committee is a continuing committee of the Maryland State Dental Association. We accept referrals from all sources, whether it is the dentist with the problem, a concerned spouse or family member, staff member, colleague, or other concerned party. We accept referrals from the Board of Dental Examiners for dentists with well-being issues.

The identity of a self-referred dentist (i.e., a referral source other than the Board) remains completely confidential as long as they adhere to their treatment contract with the Committee. However, 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 required to make reports to the Board, advising the Board of the treatment progress of these dentists.

The Committee can accept reports of concern from interested third parties whether the callers choose to identify themselves or choose 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 (for example; a divorce or break-up of a partnership) when the report was not made with the best interest of the dentist and did not accurately reflect the nature of the situation.

Confidentiality by the Committee for self-referrals is vitally important because it offers a dentist an avenue to seek help for a problem before it progresses to involvement by the Board and possible disciplinary action. The majority of cases (80-90%) in which the Well-Being Committee has provided assistance to dentists have been self-referred in which the Board has not been involved. For more information, please call Robert White, LCPC, Clinical Coordinator at (410)328-8549 or 1-888-233-9044, www.dentistwellbeing.com.

Maryland State Board of Dental Examiners
Disciplinary Actions Taken
April 2011 – April 2012

LICENSEE NAME	LIC. #	SUMMARY OF ACTION TAKEN
Frank J. Bianca, D.D.S.	4137	Effective 04/18/11 – Consent Order with two (2) years probation subject to conditions.
Ophir I. Alalouf, D.D.S.	12149	Effective 05/18/11 – Order of Termination of Probation-License restored without restrictions or conditions.
Laurie Ann Soller, D.D.S.	10358	Effective 06/10/11 – Consent Order with one (1) year probation subject to conditions.
Walter D. Solomon, D.D.S.	7983	Effective 06/10/11 – Consent Order with – License suspended for one month and one (1) year probation subject to conditions.
Cheryl Adams-Williams, D.D.S.	9773	Effective 02/23/12 - Consent Order with two (2) years probation subject to conditions.
James Manwaring, D.M.D.	6645	Effective 04/02/12 – Final Decision and Order – License Suspended for 6 months and License placed on immediate probation until at least until March 23, 2016 subject to conditions.
Walter Allen Gillin, D.D.S.	7389	Effective 04/06/12 – Consent Order – License Suspended for five (5) years with but one (1) year of said suspension stayed subject to conditions and five (5) years probation.
Diana Jean Colella, R.D.H.	6480	Effective 04/18/12 – Consent Order with two (2) years probation subject to conditions.

Maryland State Board of Dental Examiners
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Members of the Board:

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Jane Casper, RDH, MA
Yolanda Goode- Seay, RDH
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Ronald Moser, DDS
Donald M. Russell, DDS
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Brooks Woodard, DDS

Members of Our Staff:

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Alexis McCamey, Administrative Assistant

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Sharon Oliver, Case Manager
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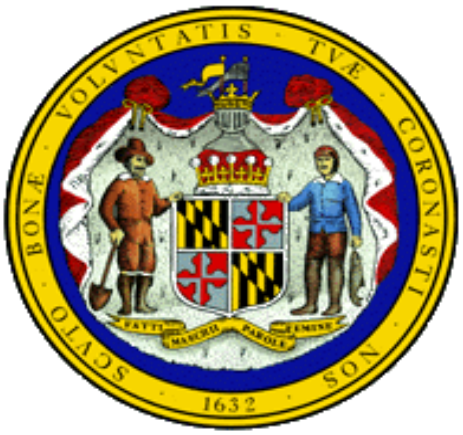
Eli Fagan, Investigator
Danielle Gonnelli, Investigator

Deborah Welch, Licensing Coordinator
Rona Melton, Verifications Coordinator
Sandra Sage, Hygienist Coordinator
Patsy Sherwood, Dental Asst. Coordinator



Special Thanks to the following individuals for their contributions:

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Murray Sherman, **Co-Editor**
Grant Gerber, Esq., Board Counsel
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Featured articles by Staff:
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Leslie E. Grant, DDS

Featured articles continued:
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MDHA Dental Hygiene Well Being Committee