

**AGENDA  
CONNECTICUT STATE DENTAL COMMISSION**

**Wednesday, April 8, 2020 at 1:00 PM**

**Department of Public Health  
410 Capitol Avenue, Hartford Connecticut  
Third Floor Hearing Room**

**CALL TO ORDER**

**I. MINUTES**

January 8, 2020

**II. NEW BUSINESS**

A. Provisional License Applications

- Rawan Sarsour, DDS

*Presented by Judith Bailey, License and Applications Analyst, DPH*

B. American Academy of Dental Sleep Medicine Request for Declaratory Ruling  
*Treatment of Sleep Apnea with Oral Appliance Therapy*

C. Oral Argument – Proposed Amend Memorandum of Decision  
Ammar Idlibi, DMD – Petition No. 2016-640

D. Proposed Memorandum of Decision  
Ean James, DMD – Petition No. 2019-653

E. Update - Commission on Dental Competency Assessments  
*David Perkins, DMD*

**III. OLD BUSINESS**

Public Act 19-72

**ADJOURN**

**REVISED 04/07/2020**

This meeting will be held by telephone conference.  
The call in number for the meeting is 1-877-653-5974. The passcode is 10619990.

*The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.*

**CONNECTICUT STATE DENTAL COMMISSION  
MINUTES OF MEETING  
January 8, 2020**

The Connecticut State Dental Commission held a meeting on January 8, 2020, at the Department of Public Health Complex, 470 Capitol Avenue, Hartford, Connecticut, in the Room 470-A/B.

---

COMMISSION MEMBERS PRESENT: Peter Katz, DMD – Chairman  
Monica Cipes, DMD  
Deborah Dodenhoff, RN  
Mark Longobardi, DMD  
Anatoliy Ravin, DDS  
Steven Reiss, DDS  
Barbara Ulrich  
Robert Zager

COMMISSION MEMBERS ABSENT: None

---

Dr. Katz called the meeting to order at 1:07 p.m.

**I. MINUTES**

The minutes from the November 13, 2020 meeting were reviewed and unanimously approved on a motion by Dr. Reiss, seconded by Ms. Dodenhoff.

**II. NEW BUSINESS**

Public Act 19-72 – An Act Concerning Dental Practitioners

Assistant Attorney Kerry Colson was present to provide counsel to the Commission.

There was discussion regarding Public Act 19-72 which will eliminate patient-based restorative practical examinations effective July 1, 2021, or upon the Dental Commission's approval of a non-patient-based examination, whichever is earlier.

There will be further discussion at the April 8, 2020 meeting.

**III. OFFICE OF LEGAL COMPLIANCE**

A. Dante Gulino, Jr., DDS; Petition No. 2019-969

David Tilles, Staff Attorney, Department of Public Health presented a Consent Order in this matter. Respondent was not present or represented.

Dr. Reiss made a motion, seconded by Ms. Dodenhoff, to approve the Consent Order which imposes a reprimand. The motion passed unanimously. Dr. Katz signed the Order.

**IV. ADJOURN**

As there was no further business the meeting was adjourned at 1:45 p.m.

Respectfully submitted,  
Peter Katz, DMD  
Connecticut State Dental Commission

*The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.*

**CONNECTICUT STATE DENTAL COMMISSION  
MINUTES OF MEETING  
January 8, 2020**

The Connecticut State Dental Commission held a meeting on January 8, 2020, at the Department of Public Health Complex, 470 Capitol Avenue, Hartford, Connecticut, in the Room 470-A/B.

---

COMMISSION MEMBERS PRESENT: Peter Katz, DMD – Chairman  
Monica Cipes, DMD  
Deborah Dodenhoff, RN  
Mark Longobardi, DMD  
Anatoliy Ravin, DDS  
Steven Reiss, DDS  
Barbara Ulrich  
Robert Zager

COMMISSION MEMBERS ABSENT: None

---

Dr. Katz called the meeting to order at 1:07 p.m.

**I. MINUTES**

The minutes from the November 13, 2020 meeting were reviewed and unanimously approved on a motion by Dr. Reiss, seconded by Ms. Dodenhoff.

**II. NEW BUSINESS**

Public Act 19-72 – An Act Concerning Dental Practitioners

Assistant Attorney Kerry Colson was present to provide counsel to the Commission.

There was discussion regarding Public Act 19-72 which will eliminate patient-based restorative practical examinations effective July 1, 2021, or upon the Dental Commission's approval of a non-patient-based examination, whichever is earlier.

There will be further discussion at the April 8, 2020 meeting.

**III. OFFICE OF LEGAL COMPLIANCE**

A. Dante Gulino, Jr., DDS; Petition No. 2019-969

David Tilles, Staff Attorney, Department of Public Health presented a Consent Order in this matter. Respondent was not present or represented.

Dr. Reiss made a motion, seconded by Ms. Dodenhoff, to approve the Consent Order which imposes a reprimand. The motion passed unanimously. Dr. Katz signed the Order.

**IV. ADJOURN**

As there was no further business the meeting was adjourned at 1:45 p.m.

Respectfully submitted,  
Peter Katz, DMD  
Connecticut State Dental Commission

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

**CONNECTICUT STATE DENTAL COMMISSION  
MINUTES OF MEETING  
January 8, 2020**

The Connecticut State Dental Commission held a meeting on January 8, 2020, at the Department of Public Health Complex, 470 Capitol Avenue, Hartford, Connecticut, in the Room 470-A/B.

---

COMMISSION MEMBERS PRESENT: Peter Katz, DMD – Chairman  
Monica Cipes, DMD  
Deborah Dodenhoff, RN  
Mark Longobardi, DMD  
Anatoliy Ravin, DDS  
Steven Reiss, DDS  
Barbara Ulrich  
Robert Zager

COMMISSION MEMBERS ABSENT: None

---

Dr. Katz called the meeting to order at 1:07 p.m.

**I. MINUTES**

The minutes from the November 13, 2020 meeting were reviewed and unanimously approved on a motion by Dr. Reiss, seconded by Ms. Dodenhoff.

**II. NEW BUSINESS**

Public Act 19-72 – An Act Concerning Dental Practitioners

Assistant Attorney Kerry Colson was present to provide counsel to the Commission.

There was discussion regarding Public Act 19-72 which will eliminate patient-based restorative practical examinations effective July 1, 2021, or upon the Dental Commission's approval of a non-patient-based examination, whichever is earlier.

There will be further discussion at the April 8, 2020 meeting.

**III. OFFICE OF LEGAL COMPLIANCE**

A. Dante Gulino, Jr., DDS; Petition No. 2019-969

David Tilles, Staff Attorney, Department of Public Health presented a Consent Order in this matter. Respondent was not present or represented.

Dr. Reiss made a motion, seconded by Ms. Dodenhoff, to approve the Consent Order which imposes a reprimand. The motion passed unanimously. Dr. Katz signed the Order.

**IV. ADJOURN**

As there was no further business the meeting was adjourned at 1:45 p.m.

Respectfully submitted,  
Peter Katz, DMD, Chairman  
Connecticut State Dental Commission



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
APPLICATION FOR DENTAL PROVISIONAL LICENSURE**

First Name: Rawan Last Name: Sarsour MI: J Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ E-mail: sarsourrawan@yahoo.com

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Rawan Sarsour

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: ( 409 ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Female

**PROFESSIONAL EDUCATION:**

*INSTITUTION:* University of Connecticut

*ADDRESS:* 263 Farmington Ave Farmington CT 06030  
NO. & STREET CITY STATE ZIP CODE

*DATES ATTENDED FROM:* 06/30/2016 *TO:* 06/30/2018

*DEGREE/DIPLOMA RECEIVED:* Pediatric Dentistry *DATE RECEIVED:* 06/30/2018

Have you taken or do you plan to take the National Board Examination? Yes  No . If yes, indicate the date of the examination: 04/23/2014

Have you taken, or do you plan to take a Regional Board Examination? Yes  No . If yes, indicate the date and name of the examination: 04/28/2018

Please indicate specialty area of practice, if applicable Pediatric Dentistry

**List all states/territories/Canadian provinces in which you are now or have ever been licensed:**

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT
Virginia	0401416163	03/31/2021	Yes	

**PROFESSIONAL HISTORY:** Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: **YES NO**

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.

6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?

If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

**PHOTOGRAPH:**

**NOTARIZATION:**

On this 26 day of March 2020,  
Rawan Sarsour (applicant's name)  
personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to before me this 26 day of March 2020.

Natchalies Suquilanda  
SIGNATURE OF NOTARY PUBLIC

My commission expires \_\_\_\_\_

NATCHALIES SUQUILANDA  
NOTARY PUBLIC  
MY COMMISSION EXPIRES FEB. 26, 2022

**PLEASE RETURN THIS APPLICATION AND THE FEE** FOR \$565.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH • DENTAL LICENSURE • 410 CAPITOL AVE., MS# 12MQA • P.O. BOX 340308 • HARTFORD, CT 06134-0308 • [www.ct.gov/dph](http://www.ct.gov/dph)



THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

1304 CONCOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090
TEL: 301-563-3300 | FAX: 301-563-3307
cdcaexams.org

ARIZONA | ARKANSAS | CONNECTICUT | DISTRICT OF COLUMBIA | FLORIDA | HAWAII | ILLINOIS | INDIANA | KENTUCKY | MAINE | MARYLAND
MASSACHUSETTS | MICHIGAN | MINNESOTA | MISSISSIPPI | MISSOURI | NEVADA | NEW HAMPSHIRE | NEW JERSEY | NEW MEXICO | NEW YORK
OHIO | OREGON | PENNSYLVANIA | RHODE ISLAND | UTAH | VERMONT | WASHINGTON | WEST VIRGINIA | WISCONSIN | WYOMING
COMMONWEALTH OF JAMAICA

Cumulative Score Report

May 23, 2019

This is to certify that the following candidate participated in the Virginia Examination(s) listed below that were administered by the North East Regional Board of Dental Examiners, inc. (NERB). Please note, while we have adopted The Commission on Dental Competency Assessments (CDCA) as our trade name, NERB remains our official corporate name.

Candidate Name: Sarsour, Rawan Jehad Jamil

Candidate SS#:

Candidate Type: Dental

Table with columns: Date, DSE, PROS, ENDO, RESTOR, ANT RESTOR, POST RESTOR, PERIO\* SCALING. Rows show exam results for dates from 9/15/2017 to 4/28/2018.

Mary F. Johnston (Handwritten Signature)

Mary F. Johnston, RDH
Secretary

\* Beginning in 2013, the Periodontal/Scaling examination became an optional portion of the ADEX Examination. No score or a low score does not affect ADEX status. The Periodontal Scaling examination is only required in certain states. Each state determines whether this portion of the examination is required for licensure in their state.

Pass = 75 or greater Fail = Less than 75

DSE = Diagnostic Skills Examination

PERIO = Periodontal Scaling Examination

SIM PAT = Simulated Patient Clinical Examination (Manikin) - replaced by the Endodontic and Prosthodontic Examinations for the 2006 and later examination formats

ENDO = Endodontic Examination - 2006 and later examination formats

PROS = Prosthodontic Examination - 2006 and later examination formats

RESTOR = Restorative Examination - replaced by the Anterior and Posterior Restorative Examinations for the 2014 and later examination formats

ANT RESTOR = Anterior Restorative Examination - 2014 and later examination formats

POST RESTOR = Posterior Restorative Examination - 2014 and later examination formats

INC = Incomplete, Application and/or testing obligations not fulfilled

NS = No Show and is not a failure

NT = Not Taken (or available) - Candidate has registered for the indicated examination, but has not taken it yet or scores for that examination are not currently available for release.



**CERTIFIED TRANSCRIPT**

The Registrar General of The University of Jordan testifies that

Miss RAWAN JEHAD JAMIL SARSOOR

born in ZARQA in 1989 was awarded the

DOCTOR OF DENTAL SURGERY -DDS

by the faculty of DENTISTRY

with an average of ( 3.44 out of 4 ) rating : ( very good ) , in

the SECOND semester 2011 / 2012 , and during her study she obtained the following marks :

**Exempted Courses:**

Course No.	Course Title	Cr.Hrs.	Exempt Reason
1501101	ARABIC COMMUNICATION SKILLS I	3.0	PASSING THE QUALIFYING EXAM
1502101	ENGLISH COMMUNICATION SKILLS I	3.0	PASSING THE QUALIFYING EXAM
1900100	COMPUTER SKILLS - I	3.0	PASSING THE QUALIFYING EXAM

( FIRST semester 2007 / 2008 )

Course No.	Course Title	Cr.Hrs.	Mark	Points	Notes
0303101	GENERAL CHEMISTRY I	03.0	A	12.00	
0304101	GENERAL BIOLOGY I	03.0	B+	10.50	
0304111	PRACTICAL GENERAL BIOLOGY	01.0	B	03.00	
0333109	EXPERIMENTAL GENERAL CHEMISTRY	01.0	B+	03.50	
0401100	ISLAMIC CULTURE	03.0	A	12.00	
1500100	MILITARY SCIENCES	03.0			PASS
1501098	COMP. EXAM ARABIC LANG.	00.0			PASS
1502098	ENGLISH LANG. EXAM.	00.0			PASS
1700100	NATIONAL EDUCATION	03.0	B+	10.50	
1901098	COMPUTER SKILLS EXAM	00.0			PASS

semester average ( 3.68 )

( SECOND semester 2007 / 2008 )

Course No.	Course Title	Cr.Hrs.	Mark	Points	Notes
0302115	PRAC. PHYS.	01.0	A	04.00	
0303239	PRACTICAL ORGANIC CHEMISTRY I FOR NONCHEMISTRY MAJORS	01.0	A	04.00	
0333233	ORGANIC CHEMISTRY FOR NONCHEMISTRY MAJORS	03.0	A	12.00	
0342105	PHYSICS FOR MEDICINE AND DENTISTRY	03.0	A	12.00	
1302103	DESCRIPTIVE DENTAL ANATOMY ( THEORY)	01.0	A	04.00	
1302104	DESCRIPTIVE DENTAL ANATOMY ( PRACTICAL)	01.0	A	04.00	
1706271	PSYCHOLOGY FOR DENTISTRY	02.0	A	08.00	
1932102	COMPUTER SKILLS 2( HUMANITIES & CLINICAL)	03.0	A	12.00	

semester average ( 4.00 )

( SUMMER semester 2007 / 2008 )

Course No.	Course Title	Cr.Hrs.	Mark	Points	Notes
0402100	ISLAMIC SYSTEM	03.0	A	12.00	
1501102	ARABIC COMMUNICATION SKILLS II	03.0	A	12.00	
1502102	ENGLISH COMMUNICATION SKILLS II	03.0	A	12.00	





CERTIFIED TRANSCRIPT

Cont./ Student Name: RAWAN JEHAD JAMIL SARSOOR

( SUMMER semester 2007 / 2008 )

semester average ( 4.00 )

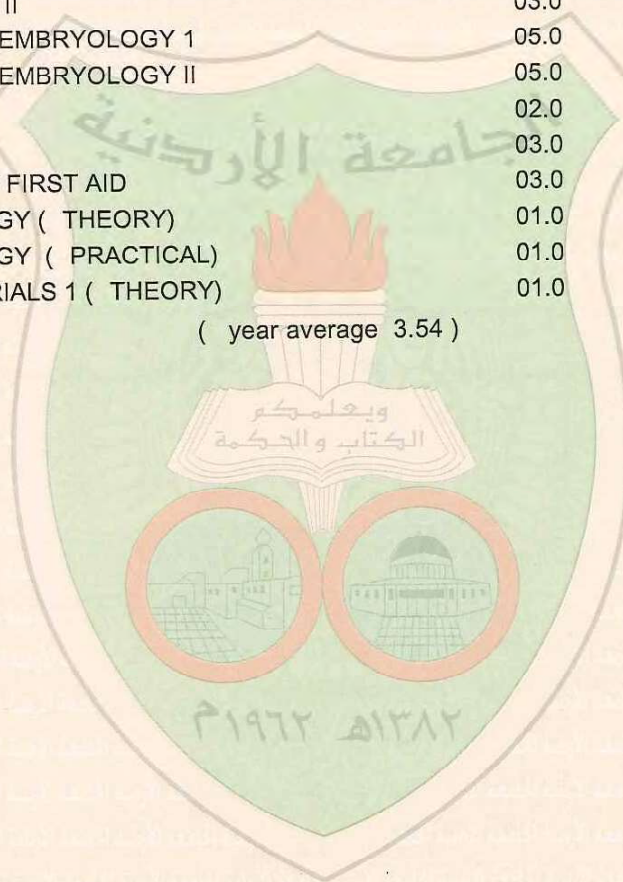
accum. point average for pre-annual period ( 3.88 )

Annual Period

( Second Year 2008 / 2009 )

Course No.	Course Title	Cr.Hrs.	Mark	Points	Notes
0541228	PHYSIOLOGY I	05.0	B+	17.50	
0541229	PHYSIOLOGY II	04.0	A	16.00	
0541230	BIOCHEMISTRY I	04.0	B+	14.00	
0541231	BIOCHEMISTRY II	03.0	B	09.00	
0542223	ANATOMY AND EMBRYOLOGY 1	05.0	A	20.00	
0542224	ANATOMY AND EMBRYOLOGY II	05.0	B+	17.50	
0542227	HISTOLOGY II	02.0	B+	07.00	
0552226	HISTOLOGY 1	03.0	B	09.00	
0701217	PRINCIPLES OF FIRST AID	03.0	B+	10.50	
1301203	ORAL HISTOLOGY ( THEORY)	01.0	B+	03.50	
1301204	ORAL HISTOLOGY ( PRACTICAL)	01.0	B+	03.50	
1302221	DENTAL MATERIALS 1 ( THEORY)	01.0	B+	03.50	

( year average 3.54 )





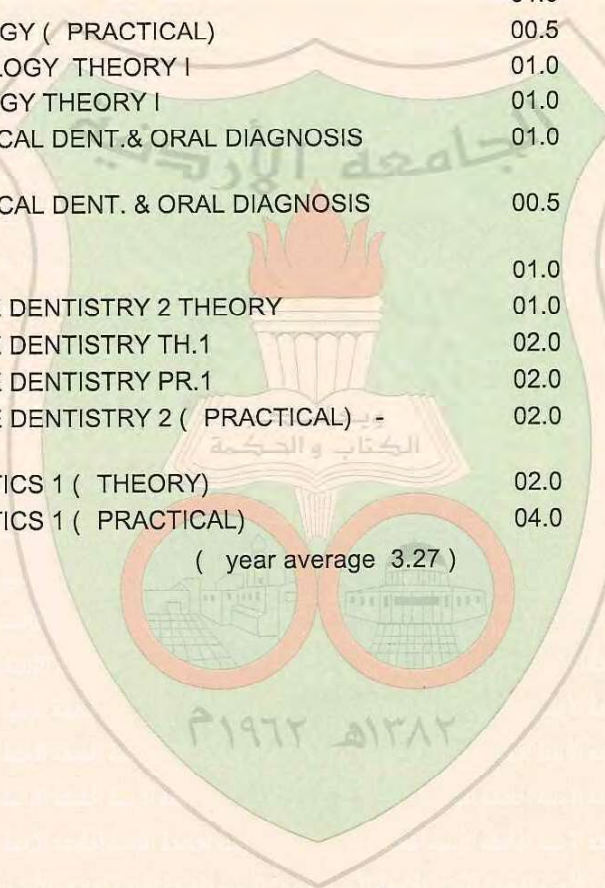
**CERTIFIED TRANSCRIPT**

Cont./ Student Name: RAWAN JEHAD JAMIL SARSOUR

( Third Year 2009 / 2010 )

Course No.	Course Title	Cr.Hrs.	Mark	Points	Notes
0535502	EPIDEMIC & BIostatISTICS & COMMUNITY MEDICINE	03.0	B	09.00	
0543201	PHARMACOLOGY I	03.0	B+	10.50	
0543202	PHARMACOLOGY II	02.0	B+	07.00	
0544311	PATHOLOGY I	04.0	B+	14.00	
0544312	PATHOLOGY II	03.0	B	09.00	
0544313	MICROBIOLOGY I	04.0	D+	06.00	
0544314	MICROBIOLOGY II	03.0	A	12.00	
0544315	GENETICS	01.0	B+	03.50	
1301352	ORAL PATHOLOGY ( PRACTICAL)	00.5	B+	01.75	
1301353	DENTAL RADIOLOGY THEORY I	01.0	A	04.00	
1301354	ORAL PATHOLOGY THEORY I	01.0	A	04.00	
1301355	INTRO.TO CLINICAL DENT.& ORAL DIAGNOSIS ( THEORY)	01.0	A	04.00	
1301356	INTRO.TO CLINICAL DENT. & ORAL DIAGNOSIS ( CLINICAL)	00.5	C+	01.25	
1302303	OCCLUSION	01.0	A	04.00	
1302317	CONSERVATIVE DENTISTRY 2 THEORY	01.0	B	03.00	
1392315	CONSERVATIVE DENTISTRY TH.1	02.0	B	06.00	
1392316	CONSERVATIVE DENTISTRY PR.1	02.0	B	06.00	
1392320	CONSERVATIVE DENTISTRY 2 ( PRACTICAL) - ENDODONTICS	02.0	A	08.00	
1394343	PROSTHODONTICS 1 ( THEORY)	02.0	B+	07.00	
1394344	PROSTHODONTICS 1 ( PRACTICAL)	04.0	B+	14.00	

( year average 3.27 )





CERTIFIED TRANSCRIPT

Cont./ Student Name: RAWAN JEHAD JAMIL SARSOUR

( Fourth Year 2010 / 2011 )

Course No.	Course Title	Cr.Hrs.	Mark	Points	Notes
0547411	GENERAL SURGERY	02.0	A	08.00	
0548410	INTERNAL MEDICINE	02.0	B+	07.00	
1301434	PERIODONTICS 1 CLINICAL	00.5	B+	01.75	
1301454	ORAL PATHOLOGY THEORY 2	01.0	B+	03.50	
1301457	DENTAL RADIOLOGY ( CLINICAL) 1	00.5	A	02.00	
1301463	ANESTHESIOLOGY	01.0	B+	03.50	
1302417	CONSERVATIVE DENTISTRY THEORY 4	01.0	B	03.00	
1302421	DENTAL MATERIALS 2 THEORY	01.0	B	03.00	
1303483	PREVENTIVE DENTISTRY 1 THEORY	01.0	A	04.00	
1303485	PEDIATRIC DENTISTRY 1 TREORY	01.0	C+	02.50	
1303488	PEDIATRIC DENTISTRY 1 ( PRACTICAL)	01.0	A	04.00	
1391433	PERIODONTICS 1 THEORY	02.0	B+	07.00	
1391455	ORAL MEDICINE TH.1	02.0	B	06.00	
1391456	SCREENING AND ORAL DIAGNOSIS ( PRACTICAL)	01.0	A	04.00	
1391465	ORAL& MAXILLOFACIAL SURGERY 1TH.	02.0	B+	07.00	
1391466	ORAL& MAXILLOFACIAL SURGERY PR.1	01.0	B	03.00	
1392415	CONSERVATIVE DENTISTRY TH.3	02.0	B+	07.00	
1392416	CONSERVATIVE DENTISTRY PR.3	06.0	C+	15.00	
1392420	CONSERVATIVE DENTISTRY PR. 4	02.0	B+	07.00	
1393473	ORTHODONTICS TH.1	02.0	B+	07.00	
1393474	ORTHODONTICS PR.1	01.0	B+	03.50	
1394445	PROSTHODONTICS 2 ( THEORY)	02.0	B+	07.00	
1394446	PROSTHODONTICS 2 ( PRACTICAL)	02.0	B	06.00	

( year average 3.29 )

١٩٦٢ ١٤٨٢



CERTIFIED TRANSCRIPT

Cont./ Student Name: RAWAN JEHAD JAMIL SARSOOR

( Fifth Year 2011 / 2012 )

Course No.	Course Title	Cr.Hrs.	Mark	Points	Notes
1301533	PERIODONTICS 2 THEORY	01.0	B+	03.50	
1301553	ORAL MEDICINE 2 THEORY	01.0	A	04.00	
1301555	DENTAL RADIOLOGY THEORY 2	01.0	B+	03.50	
1303573	ORTHODONTICS 2 THEORY	01.0	A-	03.75	
1303583	PREVENTIVE DENTISTRY 2	01.0	A-	03.75	
1303585	PEDIATRIC DENTISTRY 2 THEORY	01.0	B	03.00	
1303587	COMMUNITY DENTAL HEALTH	01.0	B	03.00	
1303591	LAW AND ETHICS IN DENTISTRY	01.0	B-	02.75	
1372513	CONSERVATIVE DENTISTRY 5 ( THEORY)	02.0	B+	07.00	
1382514	CONSERVATIVE DENTISTRY 5 ( PRACTICAL)	06.0	B	18.00	
1391534	PERIODONTICS 2 CLINICAL	01.0	B+	03.50	
1391556	ORAL MEDICINE 2 ( PRACTICAL)	01.0	A	04.00	
1391563	ORAL& MAXILLOFACIAL SURGERY 2 THEORY	02.0	B+	07.00	
1391564	ORAL& MAXILLOFACIAL SURGERY 2 CLINICAL	01.0	B	03.00	
1393574	ORTHODONTICS 2 CLINICAL	01.0	B+	03.50	
1393586	PEDIATRIC DENTISTRY 2 CLINICAL	02.0	A	08.00	
1394543	PROSTHODONTICS 3 ( THEORY)	02.0	B+	07.00	
1394544	PROSTHODONTICS 3 ( PRACTICAL)	04.0	B	12.00	

( year average 3.34 )

1300150 COMMUNITY SERVICE

COMPLETED

Amman in : 29-01-2020

NOTES : -

1. Any deletion or alteration affected to this certificate will render it invalid.
2. Repeated or canceled courses are not calculated in semester & cumulative averages.
3. ( \*\*\* ) course after repetition .
4. ( \*\*\*\* ) ( alternative / substitute ) course.

Student Number : ( 0076989 )

National Number :( 9892033077 )

Printed by : Ammar Mufleh

Registrar General



Report Date: 04/01/2020

DENTPIN : 41467434

### National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
Sarsour, Rawan Jehad Jamil	41467434	2012	Non-Accredited Dental School

### Current Status

Test Date	Exam Type	Score ‡	Status
04/23/2014	NBDE II		Pass
12/02/2013	NBDE I		Pass

### National Board Dental Examination Part II

Test Date	Exam Type	Score ‡	Status
04/23/2014	NBDE II		Pass

### National Board Dental Examination Part I

Test Date	Exam Type	Score ‡	Status
12/02/2013	NBDE I		Pass

† The number listed is the candidate's self reported year of graduation.

‡ Numerical score is reported only for candidates who tested prior to January 1, 2012.

Print this page

Close



Dean's Office  
UConn School of Dental Medicine  
Steven M. Lepowsky, DDS  
Interim Dean

March 26, 2020

Connecticut State Dental Commission  
c/o State of Connecticut  
Department of Public Health  
410 Capitol Avenue  
MS #12 MQA  
P.O. Box 340309  
Hartford, CT 06134-0308

Re: Dr. Rawan Sarsour  
Application for Provisional Licensure

Dear Colleagues,

Dr. Rawan Sarsour will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective May 8, 2020. Dr. Sarsour has been offered a non-tenure track position as a Clinical Assistant Professor in the Division of Pediatric Dentistry. Her appointment is contingent upon the granting of a provisional dental license by the Connecticut State Dental Commission.

Dr. Sarsour received her D.D.S. degree from the University of Jordan in Amman, Jordan in June 2012. She subsequently completed an internship in dental medicine with the Jordanian Ministry of Health from July 2012 through January 2013.

Dr. Sarsour entered the Advanced Education in General Dentistry residency program at the University of Connecticut School of Dental Medicine in July of 2015 and completed the accredited residency in June of 2016. Dr. Sarsour then began the Advanced Education program in Pediatric Dentistry at UConn in July of 2016. Although the traditional pathway for the Pediatric Dentistry residency program is a two year, 24 month program, Dr. Sarsour participated in a combined three-year Pediatric Dentistry residency-Master of Dental Science program. Dr. Sarsour completed the accredited Pediatric Dentistry program in June of 2018 and continued in the Pediatric Dentistry fellowship year, which she completed along with the Master of Dental Science degree in June of 2019.

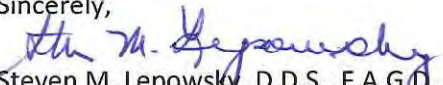
Dr. Sarsour's research and masters thesis focused on the management of patients with cleft lip and cleft palate and incidental findings in CBCT examinations of patients with clefts. She was very active in the Craniofacial Team at Connecticut Childrens Medical Center during her training and it is our expectation that she will continue to be active in this area in her new role.

Dr. Sarsour successfully completed Part I of the NBDE in December 2013 and Part II in April 2014. She completed the CDCA/ADEX clinical examination in April 2018. Dr. Sarsour possesses an unrestricted dental license in the State of Virginia.

We are exceptionally pleased and excited to have Dr. Sarsour join the faculty in Pediatric Dentistry. Dr. Sarsour trained with us for four years and were consistently impressed by her outstanding knowledge of biomedical and dental sciences, exceptional clinical skills, and superior interpersonal skills. As importantly, Dr. Sarsour has demonstrated a sincere and genuine commitment to serving the needs of underserved and at-risk populations.

It is the sincere opinion of the School of Dental Medicine that Dr. Rawan Sarsour possesses the requisite qualifications for provisional licensure in Connecticut and I am respectfully requesting that the Commission act favorably upon Dr. Sarsour's application. If I can offer any additional information or support for Dr. Sarsour's application, please do not hesitate to contact me by phone at 860-679-4885 or 860-679-2808 or by email at lepowsky@uchc.edu.

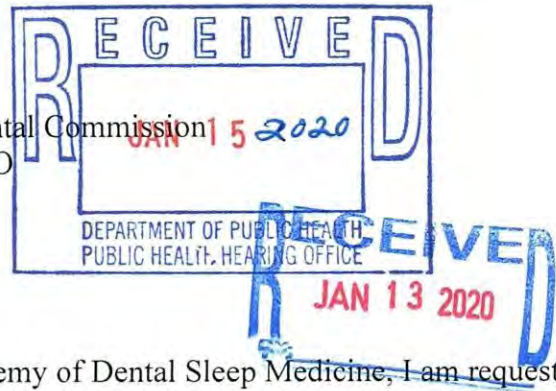
Sincerely,

  
Steven M. Lepowsky, D.D.S., F.A.G.D., F.A.C.D.  
Interim Dean



January 10, 2020

Peter Katz, DMD  
Chairman, Connecticut State Dental Commission  
410 Capitol Avenue, MS #13PHO  
P. O. Box 340308  
Hartford, CT 06134-0308



Dear Dr. Katz:

On behalf of the American Academy of Dental Sleep Medicine, I am requesting clarification on the scope of practice in Connecticut as it relates to the treatment of sleep apnea with oral appliance therapy.

As you may be aware, *The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders* published by the ADA encourages dentists to screen patients for sleep-related breathing disorders and refer those at risk to the appropriate physician for diagnosis. The ADA policy also indicates that dentists who provide oral appliance therapy may use unattended cardiorespiratory portable monitors, commonly referred to as home sleep apnea tests, HSAT or HST, to help determine the optimal position of the appliance.

As the largest professional organization exclusively representing dentists who are trained to screen, treat and manage patients with sleep apnea, we are asking you to verify whether licensed dentists in your state may do the following:

1. Is it within a dentist's scope of practice to dispense portable monitors when ordered by physicians for patients at risk for sleep apnea? The test results are provided to a physician for interpretation and diagnosis.
2. Is it within a dentist's scope of practice to order portable monitors for patients identified by the dentist as being at risk for sleep apnea? The test results are provided to a physician for interpretation and diagnosis.
3. Is it within a dentist's scope of practice to use a portable monitor to help determine the optimal effective position of a patient's oral appliance?
4. If a dentist does not use a portable monitor to determine the optimal effective position, is it within a dentist's scope of practice to order a portable monitor to verify the effectiveness of an oral appliance? The test results are provided to physicians for interpretation and therapeutic effectiveness is determined by physicians.

The information you provide will be included on the AADSM website as a resource to our members. Please send your responses, as well as any questions, to Coreen Vick, Director of Clinical Services of the American Academy of Dental Sleep Medicine, at [cvick@aadsm.org](mailto:cvick@aadsm.org) or 630-686-9875.

Sincerely,  
Nancy L. Addy, DDS  
President

**OFFICERS**

Nancy Addy, DDS  
President

David Schwartz, DDS  
President-Elect

Harold Smith, DDS  
Past President

Mitchell Levine, DMD  
Secretary-Treasurer

**DIRECTORS**

J. Michael Adame, DDS

Michelle Cantwell, DMD

James Hogg, DDS

Nelly Huynh, PhD

Kevin Postol, DDS

Thomas Schell, DMD

**EXECUTIVE DIRECTOR**

Becky Roberts

1001 Warrenville Road,  
Suite 175  
Lisle, IL 60532  
Phone: 630-686-9875  
Fax: 630-686-9876  
Web: [AADSM.org](http://AADSM.org)



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

January 24, 2020

Peter Katz, DMD, Chairperson  
Connecticut State Dental Commission  
Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134

SENT VIA ELECTRONIC MAIL (psk2thdoc@aol.com)

**Re: Declaratory Ruling Request  
American Academy of Dental Sleep Medicine**

Dear Dr. Katz:

On January 15, 2020, the Department of Public Health was notified of a petition for a declaratory ruling to the Connecticut State Dental Commission from Nancy L Addy, DDS., President, American Academy of Dental Sleep Medicine. Dr. Addy requests a determination on the following questions:

1. Is it within a dentist's scope of practice to dispense portable monitors when ordered by physicians for patients at risk for sleep apnea? The test results are provided to a physician for interpretation and diagnosis.
2. Is it within a dentist's scope of practice to order portable monitors for patients identified by the dentist as being at risk for sleep apnea? The test results are provided to a physician for interpretation and diagnosis.
3. Is it within a dentist's scope of practice to use a portable monitor to help determine the optimal effective position of a patient's oral appliance?
4. If a dentist does not use a portable monitor to determine the optimal effective position, is it within a dentist's scope of practice to order a portable monitor to verify the effectiveness of an oral appliance? The test results are provided to physicians for interpretation and therapeutic effectiveness is determined by physicians.

Pursuant to Conn. Gen. Stat. § 19a-14(f)(2) this letter serves to notify the Connecticut State Dental Commission that the decision rendered by the Commission in this matter shall be a proposed decision and the Commissioner of the Department of Public Health, or his designee shall render the final determination of the matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Renée D. Coleman-Mitchell".

Renée D. Coleman-Mitchell, MPH  
Commissioner  
Connecticut Department of Public Health



Phone: (860) 509-7101 • Fax: (860) 509-7111  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

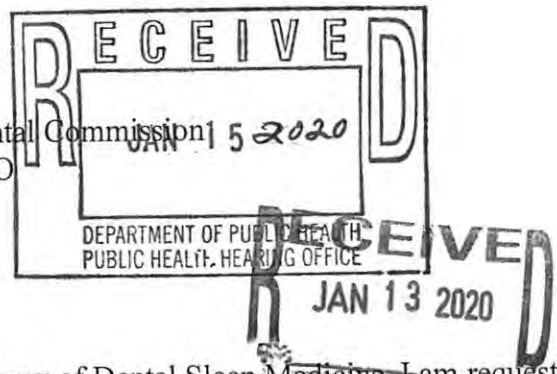
*Affirmative Action/Equal Opportunity Employer*





January 10, 2020

Peter Katz, DMD  
Chairman, Connecticut State Dental Commission  
410 Capitol Avenue, MS #13PHO  
P. O. Box 340308  
Hartford, CT 06134-0308



Dear Dr. Katz:

On behalf of the American Academy of Dental Sleep Medicine, I am requesting clarification on the scope of practice in Connecticut as it relates to the treatment of sleep apnea with oral appliance therapy.

As you may be aware, *The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders* published by the ADA encourages dentists to screen patients for sleep-related breathing disorders and refer those at risk to the appropriate physician for diagnosis. The ADA policy also indicates that dentists who provide oral appliance therapy may use unattended cardiorespiratory portable monitors, commonly referred to as home sleep apnea tests, HSAT or HST, to help determine the optimal position of the appliance.

As the largest professional organization exclusively representing dentists who are trained to screen, treat and manage patients with sleep apnea, we are asking you to verify whether licensed dentists in your state may do the following:

1. Is it within a dentist's scope of practice to dispense portable monitors when ordered by physicians for patients at risk for sleep apnea? The test results are provided to a physician for interpretation and diagnosis.
2. Is it within a dentist's scope of practice to order portable monitors for patients identified by the dentist as being at risk for sleep apnea? The test results are provided to a physician for interpretation and diagnosis.
3. Is it within a dentist's scope of practice to use a portable monitor to help determine the optimal effective position of a patient's oral appliance?
4. If a dentist does not use a portable monitor to determine the optimal effective position, is it within a dentist's scope of practice to order a portable monitor to verify the effectiveness of an oral appliance? The test results are provided to physicians for interpretation and therapeutic effectiveness is determined by physicians.

The information you provide will be included on the AADSM website as a resource to our members. Please send your responses, as well as any questions, to Coreen Vick, Director of Clinical Services of the American Academy of Dental Sleep Medicine, at [cvick@aadsm.org](mailto:cvick@aadsm.org) or 630-686-9875.

Sincerely,  
Nancy L. Addy, DDS  
President

**OFFICERS**

Nancy Addy, DDS  
President

David Schwartz, DDS  
President-Elect

Harold Smith, DDS  
Past President

Mitchell Levine, DMD  
Secretary-Treasurer

**DIRECTORS**

J. Michael Adame, DDS

Michelle Cantwell, DMD

James Hogg, DDS

Nelly Huynh, PhD

Kevin Postol, DDS

Thomas Schell, DMD

**EXECUTIVE DIRECTOR**

Becky Roberts

1001 Warrenville Road,  
Suite 175  
Lisle, IL 60532  
Phone: 630-686-9875  
Fax: 630-686-9876  
Web: [AADSM.org](http://AADSM.org)

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**CONNECTICUT STATE DENTAL COMMISSION**

February 7, 2020

Ammar Idlibi, DMD  
33 Maggie Court  
Terryville, Connecticut 06786

**CERTIFIED MAIL RRR 91-7199-9991-7038-3995-5694  
and VIA EMAIL (aidlibi@yahoo.com)**

Matthew Antonetti, Principal Attorney  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
PO Box 340308  
Hartford, CT 06134-0308

**VIA EMAIL ONLY**

**RE: Ammar Idlibi, DMD - Petition No. 2016-640**

**PROPOSED AMENDED MEMORANDUM OF DECISION**


Attached is a proposed Amended Memorandum of Decision in the above referenced matter. Pursuant to § 4-179 of the Connecticut General Statutes, both parties will be afforded the opportunity to file exceptions and present oral argument before the Connecticut State Dental Commission. The Commission will consider this proposed Amended Memorandum of Decision at its meeting scheduled for **April 8, 2020, at 1:00 p.m.**, at the Department of Public Health, 410 Capitol Avenue, Hartford, Connecticut, in the third floor Hearing Room.

Although briefs are not required, if you wish to exercise this opportunity, simultaneous briefs which are no more than 15 pages in length are due on February 28, 2020.

The time allowed for oral argument is not to exceed ten (10) minutes for each party. There will not be a court stenographer present for these proceedings.

**FOR: CONNECTICUT STATE DENTAL COMMISSION**

BY:

  
Jeffrey A. Kardys, Administrative Hearings Specialist  
Department of Public Health  
410 Capitol Avenue, MS #13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
Tel. (860) 509-7648 FAX (860) 707-1904

c: Daniel Shapiro, Assistant Attorney General  
Olinda Morales, Hearing Officer  
David Tilles, Staff Attorney, Office of Legal Compliance



Phone: (860) 509-7566 • Fax: (860) 707-1904  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



**STATE OF CONNECTICUT  
CONNECTICUT STATE DENTAL COMMISSION**

Ammar Idlibi, D.D.S.  
License No: 007893

Petition No. 2016-640

**AMENDED MEMORANDUM OF DECISION**

***Procedural Background***

The Department of Public Health (“Department”) presented the Connecticut State Dental Commission (“Commission”) with a Statement of Charges (“Charges”) against dental license number 007893 held by Ammar Idlibi, D.D.S. (“Respondent”), dated September 7, 2017. Commission (“Comm.”) Ex. 1. The Charges allege that Respondent’s license is subject to disciplinary action pursuant to § 20-114(a) of the Connecticut General Statutes (“the Statutes”). Comm. Ex. 1.

A Statement of Charges and a Notice of Hearing was sent to the Respondent by certified mail, return receipt requested, and via email on October 13, 2017. Comm. Ex. 1. The Department scheduled a hearing for December 14, 2017, and if necessary January 11, 2018. Comm. Ex. 1. On October 13, 2017, the parties were notified that the hearings would be held before a duly authorized panel of Commissioners comprised of Steven G. Reiss, D.D.S., Deborah Dodenhoff, RN, and Anatoliy Ravin, D.D.S. (“panel”). Comm. Ex. 1.

On October 16, 2017, the Department filed a Motion for Continuance, which was granted, and the December 14, 2017, hearing was rescheduled for January 11, 2018. Comm. Ex. 4. On October 18, 2017, Respondent filed an Answer. Comm. Ex. 3. On November 16, 2017, the parties were provided a revised hearing schedule with hearings scheduled for January 11, 2018 and January 16, 2018. Comm. Ex. 5.

On January 8, 2018, the Department filed a Motion for its witness to make testimony by telephone or other electronic means, which was granted. Comm. Ex. 6. On January 11, 2018 and January 16, 2018, the panel held an administrative hearing to

adjudicate Respondent's case. Respondent appeared and represented himself. Transcript ("Tr.") 1-11-2018, p. 3. Attorney David Tilles represented the Department. *Id.*

The panel conducted the hearing in accordance with the Statutes § 4-166 *et seq.*, and the Regulations of Connecticut State Agencies ("Regulations") § 19a-9a-1 *et seq.* Both the Department and Respondent presented evidence, conducted cross-examination, and provided argument on all issues.

All panel members involved in this decision attest that they have either heard the case or read the record in its entirety. The Commission reviewed the panel's proposed final decision in accordance with the provisions of § 4-179 of the Statutes. This decision is based entirely on the record and the specialized professional knowledge of the Commission in evaluating the evidence. The Commission relied on the training and experience of its members in making its findings of fact and conclusions of law. *Pet v. Department of Health Services*, 228 Conn. 651, 670 (1994).

### *Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Ammar Idlibi, D.D.S., of Bristol, Connecticut, is and has been at all times referenced in the Charges, the holder of Connecticut dentist license number 007893.
2. In paragraph 2 of the Charges, the Department alleges that Respondent provided care to three-year old Patient 1 on or about April 26, 2016. At that time, Respondent took x-rays and placed stainless steel crowns on eight teeth, all done under general anesthesia. Respondent's care for Patient 1 failed to meet the standard of care in one or more of the following ways:
  - a. He failed to obtain adequate informed consent for eight crowns;
  - b. He placed one or more crowns without adequate justification, or without adequately documented justification;
  - c. He failed to make adequate attempts at treatment without general anesthesia, or failed to adequately document such attempts;
  - d. He failed to adequately chart findings of cervical de-calcification;<sup>1</sup>
  - e. He failed to attempt treatment of cervical de-calcification other than placement of crowns; and/or
  - f. He failed to adequately chart caries or other dental disease for one or more of the teeth that he crowned.

---

<sup>1</sup> The Charges originally had a typographical error, instead of stating the word "de-calcification," it erroneously stated "calcification." The Department orally requested a correction of the word, to which Respondent did not object. Tr. 1-11-2018, p. 29.

3. In paragraph 3 of the Charges, the Department alleges that the above facts constitute grounds for disciplinary action pursuant to § 20-114(a)(2) of the Statutes.

***Findings of Fact***

1. Respondent of Bristol, Connecticut, is and has been at all times referenced in this Charges, the holder of Connecticut dentist license number 007893.
2. On or about January 11, 2016, Joseph Guzzardi, D.D.S. performed an oral examination on Patient 1, a three-year-old female. Dr. Guzzardi informed Patient 1's mother that Patient 1 needed a stainless steel crown on tooth S. Tr. 1-11-2018, p. 118. He also indicated that teeth K and T appeared to have small cavities and that, absent the presence of interproximal cavities upon a more intense examination, those two teeth would only require treatment with fillings. *Id.*
3. On or about January 11, 2016, Dr. Guzzardi was unable to take x-rays and perform a full examination that could lead to an adequate diagnosis and treatment without using general anesthesia on Patient 1 because she would not cooperate. Tr. 1-11-2018, p. 118.
4. On or about January 11, 2016, Dr. Guzzardi prepared a proposed treatment plan. Tr. 1-11-2018, p. 119.
5. On January 16, 2016, Dr. Guzzardi's noted that Patient 1 only brushed with fluoride paste once per day independently, Patient 1 was timid and would not cooperate with the dental examination, and that she probably required stainless steel crowns. Tr. 1-11-2018, p. 127. Consequently, Dr. Guzzardi identified Patient 1 as a high risk patient. *Id.*
6. On or about January 21, 2016, Dr. Guzzardi held a telephonic consultation with Patient 1's mother, and informed her that tooth S required a stainless steel crown under general anesthesia because it had multi-surface cavities. He also informed her that Patient 1 had a high sugar diet, and that she should obtain second and third consultations before agreeing to the proposed treatment plan. Patient 1's mom informed Dr. Guzzardi that she did not wish to place a stainless steel crown on Patient 1. Tr. 1-11-2018, pp. 119-120.
7. On or about January 21, 2016, Dr. Guzzardi informed Patient 1's mother that Patient 1 may need multiple stainless steel crowns depending on what a more comprehensive examination and x-rays performed under general anesthesia revealed. Tr. 1-11-2018, p. 121.

8. In January 2016, Dr. Guzzardi determined that Patient 1 required dental treatment under general anesthesia because her tooth S exhibited symptoms of reversible pulpitis with multiple surface cavities<sup>2</sup>, and Patient 1 was uncooperative. Thus, Dr. Guzzardi was unable to use a temporary filling and take radiographs without placing the patient under general anesthesia. Tr. 1-11-2018, pp. 128-129.
9. Proposed treatment plans often change for patients after taking radiographs under general anesthesia. Tr. 1-11-2018, p. 129.
10. On or around March 28, 2016, Patient 1's mother gave her consent for Dr. Guzzardi or Respondent to treat the patient, depending on which doctor was available at the scheduled date. Rec. Ex. 1, p. 2. Dr. Guzzardi and Respondent worked in the same practice at the time. Tr. 1-11-2018, p. 25.
11. Dr. Guzzardi provided dental care to Patient 1 until April 8, 2016. On April 8, 2016, Dr. Guzzardi attempted to treat Patient 1 under general anesthesia in his office, but was unsuccessful. Tr. 1-11-2018, p. 122.
12. At all relevant times in the course of Dr. Guzzardi's treatment of Patient 1, Patient 1's mother only agreed to a stainless steel crown on tooth S, but she understood that more may be needed. Tr. 1-11-2018, pp. 122-123.
13. Patient 1's mother requested and Dr. Guzzardi agreed that he would consult with her after he had performed a full set of x-rays and clinical diagnosis under general anesthesia, and before he placed the stainless steel crowns on the patient. Tr. 1-11-2018, p. 123.
14. At all relevant times, Dr. Guzzardi did not have any discussion with Respondent regarding the scope of his discussions with Patient 1's mother. Tr. 1-11-2018, pp. 123-124.
15. Patient 1 was scheduled to be treated by Respondent on April 26, 2016, because Dr. Guzzardi was not available to be in the operating room on that date. Rec. Ex. 1, p. 2.
16. Respondent provided care to Patient 1 on or about April 26, 2016. At that time, Respondent took x-rays and placed stainless steel crowns on eight teeth, all done under general anesthesia. Dept. Ex. 2. Tr. 1-11-2018, pp. 64-65.

---

<sup>2</sup> Decay or cavities in teeth is a bacterial infection of the tooth. Tr. 1-11-2018, p. 200. It can be diagnosed with an x-ray or by clinical examination, such as poking the tooth with a pointed instrument. *Id.* If the cavity is deep enough that touches the root, the dentist will need to perform a root canal (go into the root of the tooth), or a pulpotomy (removal of the pulp or heart of the tooth). *Id.* at p. 201.

17. Respondent's care for Patient 1 failed to meet the standard of care in that he failed to obtain adequate informed consent for eight stainless steel crowns. Dept. Ex. 7. Tr. 1-11-2018 pp. 66,136-137, 210-211, 216. Tr. 1-16-2018 pp. 53, 85-86, 91, 102, 107, 116-117, 140, 160, 161, 192-193.
18. Respondent placed one or more crowns without adequate justification, or without adequately documented justification. Dept. Ex. 9, Tr. 1-11-2018, pp. 193-195, 199-200, 205, Tr. 1-16-2018 pp. 56-57, 58, 107.
19. The evidence is insufficient to establish that Respondent failed to make adequate attempts at treatment without general anesthesia, or failed to adequately document such attempts. Resp. Ex. 1 pp. 1-2, 492,381. Tr. 1-16-2018, p. 33 -34, 128.
20. Respondent failed to adequately chart findings of cervical decalcification. Resp. Ex. 1 p. 10. Dept. Ex. 9.
21. Respondent failed to attempt treatment of cervical de-calcification other than by placement of crowns. Resp. Ex. 1 p. 10, 376.
22. Respondent failed to adequately chart caries or other dental disease for one or more of the teeth that he crowned. Resp. Ex. 1 p. 10.
23. Patient 1 is classified as a high risk patient because of the amount of caries found in her teeth, the plaque score, and her high sugar intake. Tr. 1-16-2018, pp. 32-33. A high risk three-year-old patient is one who drinks mostly juice, eats a lot of candy, and does not have good oral hygiene. Tr. 1-11-2018, pp. 220-221.
24. Children's primary teeth have very thin enamel coatings. Thus, cavities will easily affect the inner surfaces of the teeth. Tr. 1-16-2018, p. 46.
25. Cavities found during clinical examination are usually deeper and more extensive than the same cavities diagnosed on x-rays. Tr. 1-16-2018, p. 46.
26. In accordance with the American Academy of Pediatric Dentistry ("AAPD") Guidelines, stainless steel crowns are an appropriate treatment for interproximal multi-surface caries in primary teeth. Tr. 1-16-2018, pp. 47-48. The AAPD published a Guideline on Pediatric Restorative Dentistry ("Guideline"). Record, Volume III, pp. 68-76. The Guideline provides "recommendations" when caring for children. Id. at 68 (last sentence). The Guideline expressly stated that there would be "exceptions to the recommendations based upon individual clinical findings". Id. The AAPD Guideline also recommends glass ionomers for children. Id at 70. "Glass ionomers have several properties that make them favorable to use in children:" Id. With respect to stainless steel crowns, the Guidelines indicate that they can be useful if certain conditions are met. Id. at 72. In this case; however, the conditions have not been met; therefore, the



use of stainless steel crowns was not justified, and respondent practiced below the standard of care in using eight stainless steel crowns. His conduct constitutes incompetence and/or negligence toward this particular patient. The AAPD Guideline does not establish the standard of care. It makes recommendations if certain circumstances are present based upon clinical presentation. *Id.* at 68. The Guideline can be used to help determine whether a practitioner practiced within the standard of care based on the clinical presentation of the patient. In this case, based upon the Commission's review of all of the evidence, including the x-rays, and including the testimony of Dr. Federman, the Commission concludes that these conditions that would be necessary for the placement of eight stainless steel crowns were not present. The Commission finds the testimony of Dr. Federman with respect to the issue of excessive placement of stainless steel crowns to be reliable and credible. She testified that teeth K and T did not require stainless steel crowns because the x-ray did not show decay, and the enamel is completely healthy. Tr. 1-11-2018, p.182. The Commission also agrees with Dr. Federman's testimony that plaintiff practiced below the standard of care in placing stainless steel crowns on teeth K, L, I and J. Transcript 1-11-2018, pp. 193-195. In addition, the Commission agrees with Dr. Federman's testimony that the x-rays failed to show cervical decalcification on teeth K, L, T, A, B, I and J that might require stainless steel crowns.

27. Decalcification of teeth is part of the cavities process and the initial lesion of teeth decay or infection of the tooth. It is a clinical sign of tooth decay. Tr. 1-16-2018, p. 56.
28. Glass ionomer filling is a recalcant (recalcifying agent) that contains fluoride and glass beads used to treat teeth with cavities. It sticks to decay and helps form secondary dentine, making the affected tooth stronger and healthier. Tr. 1-11-2018, pp. 177, 178. Glass ionomer treatment for children under three years of age, with primary teeth cavities can be used instead of using stainless steel crowns because it is efficient and less traumatic. *Id.* at pp. 178-179.
29. MI paste is a recalcant paste used for children in order to treat very small cavities and to re-calcify white lines on teeth (hypo-calcification and a precursor to decay). Tr. 1-11-2018, pp. 186-187.

### ***Discussion and Conclusions of Law***

Section 20-114 of the Statutes provides, in pertinent part, that:

(a) The Dental Commission may take any of the actions set forth in section 19a-17 for any of the following causes . . . (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients; . . . .

The Department is alleging that on or about April 26, 2016, Respondent provided care to three-year old Patient 1 that failed to meet the standard of care. Specifically, the Department alleges that the Respondent: failed to obtain adequate informed consent for eight crowns; placed one or more crowns without adequate justification, or without adequately documented justification; failed to make adequate attempts at treatment without general anesthesia, or failed to adequately document such attempts; failed to adequately chart findings of cervical decalcification; failed to attempt treatment of cervical decalcification other than by placement of crowns; and lastly failed to adequately chart caries or other dental disease for one or more of the teeth that he crowned. The Department bears the burden of proof by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 227 (2013).

Respondent admitted to the allegation contained in paragraphs 1 of the Charges, which states that the Respondent, of Bristol, Connecticut, is and has been at all times referenced in this Charges, the holder of Connecticut dentist license number 007893. Findings of Fact (“F.F.”) 1; Comm. Ex. 3. Therefore, these allegations are not in dispute. *See, Jones Destruction, Inc. v. Upjohn*, 161 Conn. 191, 199 (1971); *Commissioner of Public Works v. Middletown*, 53 Conn. App. 438, 444 (1999) *cert. denied*, 250 Conn. 923 (1999).

With regard to the allegations in paragraph 2a of the Charges, that Respondent’s care for Patient 1 failed to meet the standard of care when he failed to obtain adequate informed consent for eight crowns, the Department sustained its burden of proof.

Informed consent in pediatric dentistry is defined as the process of providing the parent of a minor child with relevant information regarding diagnosis and treatment needs so that the parent can make an educated decision regarding treatment. Dept. Ex. 7. The AAPD also provides that “dentists are required to provide information to patients/parents about the dental health problems that the dentist observes, the nature of any proposed treatment, the potential benefits and risks associated with that treatment, any alternatives to the treatment proposed, and the potential risks and benefits of alternative treatments, including no treatment.” *Id.*

To ensure compliance with the requirement of informed consent, informed consent is seen not from the practitioner’s point of view but rather the patient’s point of view. Tr.

1-16-2018 p. 102. The AAPD also provides that consent for sedation or general anesthesia should be obtained separately from consent for other procedures. Dept. Ex. 7. The AAPD further provides that consent may need to be updated or changed accordingly as changes to the treatment plan occur. *Id.*

The standard of care places the authority to make decisions about the patient's treatment needs squarely in the hands of the patient or their representatives. *Id.* Accordingly, the standard of care requires that a dentist, who is treating a child, must allow the child's parent to make a decision about the type of preventive care the child will receive. It is the parent's choice to decide whether the child will get treated by a composite, glass ionomer, or a stainless steel crown. Tr. 1-11-2018, pp. 187, 212.

In this case, Patient 1's mother testimony was reliable and credible. She testified that when she signed consent for treatment and the administration of anesthesia, she told Respondent to come out and talk to her about the treatment plan once Respondent had finished taking x-rays, performed his clinical evaluation, and determined a treatment plan. Dept. Ex. 1 pp. 18, 20. Tr. 1-11-2018 p. 66.

Patient 1's mother's testimony is corroborated by Dr. Guzzardi's testimony. Dr. Guzzardi's testimony was reliable and credible. He testified that in the April 8<sup>th</sup> visit he agreed to come out and tell the patient's mother what he found on the x-rays because the patient's mother told him that she would feel more comfortable if he discussed with her a definitive treatment plan prior to actually doing it, especially if the treatment plan required the placement of stainless steel crowns. Tr. 1-11-2018 pp. 123,137. Based on the testimony of Patient 1's mother and Dr. Guzzardi, it is evident that the April 8<sup>th</sup> consent had within it a condition that Dr. Guzzardi would come out and let the patient's mother know what he found on the x-ray before doing anything else. According to Patient 1's mother, this was the same request she made of the Respondent when she signed the consent forms for her daughter's treatment on April 26, 2016. Dept. Ex. 1 pp. 18, 20; Tr. 1-11-2018, p. 66.

Respondent in his testimony asserts that he obtained adequate informed consent to treat the patient because he specifically told the patient's mother that her daughter was likely to get eight crowns and that the mother consented that she was okay with that. Tr. 1-16-2018 p. 160. Respondent also testified that there was no condition that he come out and

talk to the patient's mother because he spent 15 to 20 minutes talking about the procedure and crowns and that the patient's mother did not ask him a single question or interact with him to the point that he was wondering if she was getting what he was saying or whether there was some kind of a barrier where she's not understanding. Tr. 1-16-2018 pp. 159-160. In his support, Respondent showed a standardized form signed by Patient 1's mother that indicates that "[s]he acknowledge[s] and consent[s] to the use of stainless steel crowns. . . ." Resp . Ex. 1, p. 9.

The Board finds that the standardized consent form is insufficient consent in the present case (*Pet*, 228 Conn. at 670), and finds that Respondent's testimony is not credible in light of Patient 1's mother's corroborated testimony to the contrary. Tr. 1-11-2018 p. 66, 123, 127. Moreover, the Board agrees with pediatric dentist and Department's expert witness Dr. Jenny T. Federman's testimony. She testified that Respondent should still have come out of the operating room for ten to fifteen minutes and explain to Patient 1's mother his finding and obtain her authorization to place the eight crowns, as requested. Tr. 1-11-2018, pp. 213-214; *see Pet*, 228 Conn. at 670.

When Respondent realized that he would be placing eight crowns, as opposed to the one that had been agreed upon, the treatment plan changed significantly. Tr. 1-16-2018 p. 107. Thus, Respondent should have come out and talked to the patient's mother, or called the mother from the operatory room. *See Pet*, 228 Conn. at 670. The testimony by Patient 1's mother that the Respondent failed to come and talk to her about the change in treatment plan demonstrates that the Respondent violated the standard of care. Thus, the Department sustained its burden of proof with regard to the allegations contained in paragraph 2a of the Charges.

With regard to the allegations contained in paragraph 2b of the Charges that Respondent placed one or more crowns without adequate justification, or without adequately documented justification, the Department sustained its burden of proof.

The Board agrees with Dr. Federman, who testified that in a case where a three year old child's mother is providing access to dental care, the case requires treatment with glass ionomer or other less invasive treatment such a composite instead of stainless steel crowns. Tr. 1-11-2018, pp. 181-182, 183; *see Pet*, 228 Conn. at 670. Dr. Federman also testified that in Patient 1's case, the mother was proactive, conscientious, and was

knowledgeable about dental care because she worked at a dental office. Tr. 1-11-2018, pp. 180-181. She also testified that teeth K and T did not require stainless steel crowns because the x-ray did not show decay, and the enamel is completely healthy. Tr. 1-11-2018, p.182. Dr. Federman testified that even if under clinical inspection, the tooth showed decay (the cavity was small because it did not show up in the x-ray), the dentist should had just removed the decay with a bur and place a composite to treat it. *Id.*

Dr. Federman testified that the only decay in the x-ray for tooth S was a small occlusal cavity, and there were no interproximal cavities. Tr. 1-11-2018, pp. 199-200. Therefore, she would not have placed a stainless steel crown on it. Tr. 1-11-2018, p. 188.

Respondent placed stainless steel crowns on teeth K, L, I, and J. Tr. 1-11-2018, pp. 192-193. Dr. Federman testified that looking at the x-ray for teeth K, L, I, and J, the standard of care did not permit placing stainless steel crowns on the molars. Tr. 1-11-2018, pp. 193-195. The x-rays showed that tooth K had a small occlusal cavity but no interproximal cavity and the enamel was intact. *Id.* Teeth I and J had a little shadow, but it was not enough to treat, except recommending dental hygiene. In Dr. Federman's opinion, if a patient presented to her as Patient 1 did to the Respondent, she would not have treated the teeth at issue because Patient 1 did not have extensive decay, even in tooth S. Tr. 1-11-2018, pp. 194-195, 257.

Dr. Federman also testified that teeth A, B, and T did not require a crown because they did not show decay in the x-ray. Tr. 1-11-2018, p. 199. Dr. Federman also opined that Patient 1 was not a high risk patient because she brushed once per day at home. Tr. 1-11-2018, p. 221.

Dr. Federman testified that white shadows due to decalcification can form in a four month expanse of time, but not from April 8 to April 26, or in two weeks. Tr. 1-11-2018, p. 225. Thus, the fact that there was no mention in Dr. Guzzardi's notes that he saw cervical decalcification in his April 8<sup>th</sup> examination casts doubt on whether there was cervical decalcification found in the April 26 examination. Additionally, Dr. Kohn, the Respondent's expert witness, testified that cervical decalcification is part of the cavities process and can sometimes be just scrapped away. Tr. 1-16-2018 pp. 56-57. Dr. Donald W. Kohn, a pediatric dentist and Respondent's expert witness, also testified that in isolation a decalcified lesion is not something that should be treated aggressively, but rather a dentist

should consider the entire clinical presentation of the patient. *Id.* Lastly, Dr. Kohn testified that advanced caries lesion, which would justify crowning a tooth S, is a deep cavitated soft lesion that's progressing. Tr. 1-16-2018 p. 58

Based on the testimony by Dr. Federman and Dr. Kohn, both pediatric dentists, the Board finds that Respondent placed one or more crowns without adequate justification. *See Pet*, 228 Conn. at 670. The Board reasoned Patient 1 had low risk of more caries because the patient's mother was proactive, conscientious, and was knowledgeable about dental care due to her work at a dental office and the fact that no advanced caries were found on any tooth other than tooth S, means that a less aggressive treatment plan such as a glass ionomer filling or MI paste was the appropriate method of treatment. Based on the testimony and documents provided, the Department sustained its burden of proof that Respondent placed one or more crowns without adequate justification, or without adequately documented justification and therefore violated the standard of care.

With regard to the allegations in paragraph 2c of the Charges, that Respondent's care for Patient 1 failed to meet the standard of care in that he failed to make adequate attempts at treatment without general anesthesia, or failed to document such attempts adequately, the Department failed to sustain its burden of proof.

The AAPD recognizes that there exists a pediatric population for whom routine behavior management is not a viable option, where deep sedation and general anesthesia is necessary to provide optimum care. *Resp. Ex. 1 p. 381.* The AAPD Guidelines further provide that patients who cannot cooperate due to a lack of psychological or emotional maturity, for whom local anesthesia is ineffective, may be treated under general anesthesia. *Resp. Ex 1 p. 492.* Dr. Federman's testimony that she does not place children under general anesthesia because she wants them to have a good experience and learn how to be good dental patients, while noble, does not establish the standard of care. Tr. 1-11-2018, pp. 148-149. Accordingly, Respondent's actions in not following Dr. Federman's approach do not constitute a violation of the standard of care.

The standard of care, established by the AAPD provides that in situations where a patient is uncooperative, general anesthesia may be administered in order to provide optimum treatment. *Resp. Ex. 1 pp. 381, 492.* Dr. Kohn testified that Respondent followed the AAPD Guidelines on the indication for the use of general anesthesia. Tr. 1-

16-2018, p. 33. Dr. Kohn also opined that Respondent was justified to treat Patient 1 under general anesthesia. *Id.* Specifically, because Patient 1 had several visits with multiple dentists, showed signs of frank (soft cavities) cavities that had not yet been fully diagnosed and treated, and the fact that Patient 1 could not sit for radiographs made the use of general anesthesia justified. *Id.* at p. 34. Furthermore, Patient 1's mother authorized the general anesthesia. *Id.* The Department failed to sustain its burden of proof because it failed to provide credible evidence that the use of general anesthesia on Patient 1 was a deviation from the standard of care.

With regard to the allegations contained in paragraph 2d of the Charges, the Department sustained its burden of proof that Respondent failed to adequately chart findings of cervical decalcification.

Dr. Guzzardi testified that based on his examination of the patient, he reasoned that tooth S would need a stainless steel crown and that tooth K and T appeared to have small cavities or interproximal cavities between the teeth but could not see any cavities on the other teeth or make a determinations on whether they needed any treatment because of the patient's behavior. Resp. Ex. 1 p. 1. Tr. 1-11-2018, p. 118. Dr. Guzzardi also testified that based on the patient's behavior, he was unable to give a definitive treatment plan for the patient because he was unable to get radiographs. Tr. 1-11-2018, p. 118. According to Dr. Guzzardi, without radiographs his treatment plan was just guessing. Tr. 1-11-2018, p. 121. Based on Dr. Guzzardi's testimony, it is evident that there was no definitive treatment plan for the patient at the time the patient presented to the Respondent on April 26. *Id.*

In Respondent's operative report, Respondent reports that tooth S had advanced caries and was restored with a stainless steel crown cemented with a glass ionomer. Resp. Ex. 1 p. 10. Respondent's operative note also reports that teeth K, L, and T had multi-surface interproximal caries and cervical decalcification, and was restored with a stainless steel crown cemented with a glass ionomer cement. *Id.* Lastly, Respondent's operative notes report that teeth A, B, I and J had interproximal caries and general cervical decalcifications and were restored with a stainless steel crown cemented with a glass ionomer cement. *Id.* These notes fail to adequately chart findings of cervical decalcification. F.F. 6. Reviewing the Respondent's x-rays, submitted into evidence as

Dept. Ex. 9, and the Respondent's operative notes, the Board finds that there is insufficient evidence for the Respondent's findings of cervical decalcification.

Dr. Kohn testified that cervical decalcification of teeth is part of the cavities process and the initial lesion of tooth decay or infection of the tooth. F.F. 13. It has a chalky white appearance and is the first sign of clinical tooth decay. Tr. 1-16-2018, p. 56. Dr. Kohn also testified that, when an operative note makes a notation for multi-surface caries, it could mean decalcification, part of a continuum of tooth decay. It can include decalcified lesions that are really soft and chalky, which can be just scraped away. It can also include a decalcification that is not soft, and which amounts to an actual cavity. *Id.* Lastly, Dr. Kohn testified that based on the quality of the x-ray images he could not discern any interproximal decay on the teeth except, possibly, on the distal side of tooth L and the distal side of tooth S. Tr. 1-16-2018, pp. 76-79. Dr. Federman testified that she did not see any decay on the x-rays provided that warranted a crown. Tr. 1-11-2018, p. 199.

The Board agrees with Dr. Federman's testimony that the x-rays fail to show cervical decalcifications on K, L, T, A, B, I and J that require crowns. The Board also finds that the Respondent's operative note fails to adequately describe the cervical decalcifications that the Respondent found in his examination. The Respondent's operative note does not describe whether the cervical decalcification was at the initial chalky white stage that could be scraped away or whether it amounted to a cavity and therefore warranted more aggressive treatment. *See Pet, 228 Conn. at 670.*

Respondent concedes that if you show his x-rays to any general dentist, the dentist will tell you that he was not justified in placing the eight crowns and it does not make sense to do so. Tr. 1-11-2018, p. 169. Knowing that his x-rays do not provide justification for placement of eight crowns, Respondent should have provided greater detail about his clinical findings in his operative notes to justify his aggressive treatment. Respondent's operative note fails to provide such justification. Resp. Ex. 1 p. 10. The operative note fails to specify, which sides of the teeth have cervical decalcification, the depth of the decalcification, and the type of disease that may result if left untreated. Resp. Ex. 1 p. 10. Based on its own training and experience, the Board also fails to see a justification for 8 crowns. *See Pet, 228 Conn. at 670.* Thus, the Board finds that the Department has



sufficiently established by a preponderance of evidence that the Respondent failed to adequately chart findings of cervical decalcification in violation of the standard of care.

With regard to the allegations contained in paragraph 2e of the Charges, that Respondent failed to attempt treatment of cervical de-calcification other than by placement of crowns, the Department sustained its burden of proof.

Based on its own training and experience, the Board finds that small cavities can be treated by glass ionomer filling because it sticks to decay and helps form secondary dentine, making the affected tooth stronger and healthier. Tr. 1-11-2018, pp. 177, 178; *See Pet*, 228 Conn. at 670. Another option for treating children under three years of age, with hypo-calcification, is the use of MI paste because it is efficient and less traumatic. *Id.* at pp. 186-187. As discussed above, Patient 1 had very small cavities, if any, because the x-rays only showed small occlusal cavities on tooth S. Accordingly, the Board finds that the Respondent could have treated the teeth that showed cavities or decalcification on clinical examination by using glass ionomers and/or MI paste. *See Pet*, 228 Conn. at 670. The record shows that the Respondent did not attempt to use any of the alternative treatment methods available to treat the patient. Resp. Ex. 1 p. 10. Thus, the Board finds that the Department sustained its burden of proof that Respondent failed to attempt treatment of cervical decalcification other than by placement of crowns. Such failure is below the standard of care.

With regard to the allegations contained in paragraph 2f of the Charges that Respondent failed to adequately chart caries or other dental disease for one or more of the teeth that he crowned, the Department sustained its burden of proof. The preponderance of the evidence establishes that Patient 1's x-rays only showed two small cavities on the occlusal side of tooth S, but no cavities on the remaining teeth. Respondent contends that he placed stainless steel crowns on all the molars, including tooth S because he found that all of those teeth had multiple surface cavities. However, as discussed above, the chart is devoid of any such clinical finding. Therefore, the Department sustained its burden of proof with regard to the allegations contained in paragraph 2f of the Charges.

### ***Conclusion***

After considering the facts as proven by the Department as well as Respondent's defenses and testimony, the Commission finds that Respondent practice of dentistry fell below the standard of care and merits disciplinary action for the conduct alleged and proven in the Charges.

### ***Order***

Based upon the record in this case, the above findings of fact and the conclusions of law, and pursuant to the authority vested in it by §§ 19a-17 and 20-114 of the Statutes, the Commission orders the following in the case of Connecticut dental license number 007893 held by Ammar Idlibi, D.D.S., Petition No. 2016-640, for the conduct alleged and proven in the Charges, which warrants the disciplinary action imposed by this Order:

1. Respondent shall pay a civil penalty of ten thousand dollars (\$10,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number of the face of the check, and shall be payable within thirty days of the effective date of this Memorandum of Decision ("Decision").
2. Respondent's license number 007893 to practice as a dentist in the State of Connecticut is hereby reprimanded.
3. Based on the allegations proven in the Charges, Respondent's license number 007893 to practice as a dentist in the State of Connecticut is hereby placed on probation for three (3) years, effective on the date of this Decision.
4. The terms and conditions of the probation are as follows:
  - a. Within six (6) months of the effective date of this Decision, Respondent shall successfully complete courses, pre-approved by the Department, in ethics, medical record documentation, and informed consent. Respondent shall provide the Department with proof of course completion, in a form satisfactory to the Department, within thirty (30) days of completing the course.

- b. Respondent shall obtain, at his own expense, the services of a dentist, preapproved by the Department (“supervisor”) to conduct quarterly random review of twenty percent (20%) or twenty (20) of Respondent’s patient records, created or updated during the term of this Decision, whichever is the larger. In the event Respondent has twenty (20) or fewer patients, the supervisor shall review all of Respondent’s patients’ records.
- (1) Respondent shall provide a copy of this Decision to his supervisor.
  - (2) Respondent’s supervisor shall furnish written confirmation to the Department of his or her engagement in that capacity and acknowledge receipt of a copy of this Decision within fifteen (15) days of the effective date of this Decision.
  - (3) Respondent’s supervisor shall conduct such review and meet with him not less than once each quarter during the probationary period.
  - (4) The supervisor shall have the right to monitor Respondent’s practice by any other reasonable means which she or he deems appropriate. Respondent shall fully cooperate with the supervisor.
  - (5) Respondent’s patients’ records shall include digital imaging of teeth.
  - (6) Respondent shall be responsible for providing written quarterly monitoring reports directly to the Department for the entire probationary period. Such monitor reports shall include documentation of the date and duration of meetings with Respondent, number and a general description of the patients’ records, additional monitoring techniques utilized, and statement regarding whether Respondent is practicing with reasonable skill and safety.

5. All correspondence related to this Decision and Order must be delivered to:

Lavita Sookram, Nurse Consultant  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

6. All reports required by the terms of this Decision shall be due according to a schedule to be established by the Department.

7. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
8. Respondent shall pay all costs necessary to comply with this Decision.
9. In the event Respondent is not employed as a dentist for periods of thirty (30) consecutive days or longer, or is employed as a dentist for less than twenty (20) hours per week, or is employed outside of the State of Connecticut, Respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Decision.
10. Legal notice shall be sufficient if sent to Respondent's last known address of record reported to the Office of Practitioner Licensing and Investigations of the Department.
11. This Decision has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
12. This Decision is effective on the date it is signed by the Commission.

Dated at Hartford, Connecticut this \_\_\_\_\_ day of April, 2020.

Connecticut State Dental Commission

---

By: Peter S. Katz, D.M.D., Chairperson

**RESPONDENT’S BRIEF IN OPPOSITION TO THE PROPOSED MEMORANDUM OF  
DECISION**

In re: Ammar Idlibi, D.D.S.

Petition No. 2016-640

**February 21, 2020**

- The Respondent, Ammar Idlibi, DMD, contests the proposed revision of finding #26 in the Memorandum of Decision.
- The Respondent contests the “Findings of Facts” section.
- The Respondent contests the Discussion and Conclusion of Law section.
- The Respondent objects to the Conclusion.

**FACTS**

On January 7, 2020, the court (*Cohn, J.*) entered the following Remand Order:

“The board must elaborate on Finding #26, by issuing a revised final decision. It must address in such revision, based on the record, to what extent the AAPD was utilized by the board in developing a standard of care. In addition, it must address in the revision whether it concluded factually and/or legally, based on the record, that there was an exception to the use of crowns in the AAPD, thereby modifying Finding #26. The revised final decision will thereby answer whether the plaintiff’s treatment justified a finding of a violation of the AAPD standards.”

The court clearly and **specifically** ordered the commission to **limit** its analysis in Finding #26 according to the **AAPD** guidelines. The court entered the following order in response to Respondent’s Motion for Clarification:

“The Court’s remand to the Board is limited, as stated, only to the issue of the excessive use of crowns. After the Board revises its decision, the revised decision will be distributed by the Board to all parties and to the Court. A scheduling order will then issue on the opportunity for further briefs and setting a date for further argument.”

In response to the court’s remand order, the Commission proposes the following revision to Finding #26.

“In accordance with the American Academy of Pediatric Dentistry (“AAPD”) Guidelines, stainless steel crowns are an appropriate treatment for interproximal multisurface caries in primary teeth. Tr. 1-16-2018, pp. 47-48. The AAPD published a Guideline on Pediatric Restorative Dentistry (“Guideline”). Record, Volume III, pp. 68-76. The Guideline provides “recommendations” when caring for children. Id. at 68 (last sentence). The Guideline expressly stated that there would be “exceptions to the recommendations based upon individual clinical findings”. Id. The AAPD Guideline also recommends glass ionomers for children. Id at 70. “Glass ionomers have several properties that make them favorable to use in children:” Id. With respect to stainless steel crowns, the Guidelines indicate that they can be useful if certain conditions are met. Id. at 72. In this case; however, the conditions have not been met; therefore, the use of stainless steel crowns was not justified, and respondent practiced below the standard of care in using eight stainless steel crowns. His conduct constitutes incompetence and/or negligence toward this particular patient. The AAPD Guideline does not establish the standard of care. It makes recommendations if certain circumstances are present based upon clinical presentation. Id. at 68. The Guideline can be used to help determine whether a practitioner practiced within the standard of care based on the clinical presentation of the patient. In this case, based upon the Commission's review of all of the evidence, including the x-rays, and including the testimony of Dr. Federman, the Commission concludes that these conditions that would be necessary for the placement of eight stainless steel crowns were not present. The Commission finds the testimony of Dr. Federman with respect to the issue of excessive placement of stainless steel crowns to be reliable and credible. She testified that teeth K and T did not require stainless steel crowns because the x-ray did not show decay, and the enamel is completely healthy. Tr. 1-11-2018, p.182. The Commission also agrees with Dr. Federman's testimony that plaintiff practiced below the standard of care in placing stainless steel crowns on teeth K, L, I and J. Transcript 1-11-2018, pp. 193- 195. In addition, the Commission agrees with Dr. Federman's testimony that the x-rays failed to show cervical decalcification on teeth K, L, T, A, B, I and J that might require stainless steel crowns.”

## **ARGUMENT**

The above revision of Finding #26 contains several misrepresentations. If those misrepresentations are based on the legal advice of the Commission’s lawyer, then that lawyer would be subject to disciplinary action by the Statewide Bar Counsel/Statewide Grievance Committee for violating the Rules of Professional Conduct for Lawyers, specifically Rule 4.1, Rule 3.3 (a) (1) (2) (3), Rule 3.5 and Rule 8.4 (4), should such misrepresentations get submitted to the tribunal.

Under Rule 4.1. Truthfulness in Statements to Others:

“COMMENTARY: Misrepresentation... A misrepresentation can occur if the lawyer incorporates or affirms a statement of another person that the lawyer knows is false. Misrepresentations can also occur by partially true but misleading statements or omissions that are the equivalent of affirmative false statements...”

The Guidelines do NOT “expressly” state that there would be "exceptions to the recommendations based upon individual clinical findings."

Even if the above revision is not a misrepresentation, it clearly fails both factually and legally on every level, according to evidence on record and according to Dr. Federman’s testimony.

The “certain conditions” for using the stainless steel crowns according to the AAPD guidelines are clearly met:

- 1- The Patient is high risk according to Dr. Federman’s testimony, according to Dr. Guazzardi’s testimony, according to Dr. Kohn testimony and more importantly according to Commission’s Finding #23.
- 2- The patient has interproximal caries according the testimony of both Dr. Federman and Dr. Kohn. *Id.* and according to the Commissioner, Dr. Peter Katz who dissented and indicated that he observed the interproximal caries when he downloaded the x-rays on his computer (Dr. Katz’s statements were ordered by the court to be added to the record as evidence.)
- 3- The patient is being treated under general anesthesia, which the Commission found justified.
- 4- The patient’s teeth have cervical decalcifications.
- 5- The patient has multi-surface caries according to the Respondent’s clinical documentation.

Any of the above conditions justifies using the stainless steel crowns according to the AAPD guidelines. Volume IV Page 72 of 103. **This patient has five justifications according to the AAPD standards.** The Commission knows that very well.



The proposed revision abuses the court's remand order to improperly introduce a finding of 'incompetence/negligence' without citing any evidence that supports such finding. The Commission knows that very well.

Dr. Federman's testimony is not admissible pursuant to C.G.S. § 52-184 (c) and Connecticut Code of Evidence § 7-2. However, this Brief argues as if Dr. Federman's expert testimony is admissible, considering that the Commission found Dr. Federman's testimony "credible."

Cervical decalcifications do not show on x-rays; every dentist knows that. The dentists commissioners know that very well. Dr. Kohn testified to that in Volume VI Page 132 of 213. The proposed revision misrepresents Dr. Federman's testimony regarding the decalcifications showing on x-rays, see Volume V Pages 250-251 of 281. More importantly, the Commission knows well from evidence on record, that the Respondent did not place the crowns because of the decalcifications. Placing the crowns is justified even if the decalcifications did not exist at all. Just the fact that this is a high risk patient with caries on the molars (no matter how small) being treated under general anesthesia is more than enough to justify placing the crowns, whether the decalcifications existed or not. This is clearly stated in the guidelines of the AAPD, which is in evidence in Volume IV Page 72 of 103, there is no "exception" to that.

Dr. Federman testified that she would consider the molar surfaces that has incipient lesions/decalcifications 'at-risk' surfaces (which are the surfaces of all the eight molars that the Respondent crowned) Volume V Pages 252-253 of 281:

Q Okay and those two surfaces that had incipient lesions and decalcifications, do you consider them at risk surfaces?

A Yes.

Dr. Federman testified it is justified to cover high risk surfaces with crowns.

And on Volume V Page 230 of 281:

Q Does the American Academy of Pediatric Dentistry guidelines say that it's okay to cover high risk surfaces with crowns?

A Yes.

Most importantly Dr. Federman credibly testified that the AAPD is now reaching exactly what the Respondent is doing. This what the courts want an answer to. The Commission found Dr. Federman credible.

“A If I get my hands on them, I teach them. Unfortunately, I don't know what the other schools are teaching, because this is my gripe with the AAPD. **They are teaching now exactly what he's doing**.” Volume V Page 209 of 281.

Further, on cross-examination, Dr. Federman credibly testified that the conditions to use the stainless steel crowns on this patient's molars are met according to the AAPD guidelines:

Q Now the recommendations are children at high risk, exhibiting anterior caries and/or molar caries, may be treated with stainless steel crowns to protect their remaining at-risk tooth surfaces.

A If the mother allows it.

Q Does it say that on the guidelines?

A No.

Q Okay, so, that's only your opinion. The guidelines do not say if the mother allows it, is that correct?

A Correct. Volume V Page 256 of 28.

The enamel on teeth K and T is not “completely healthy” as the proposed revision misrepresents, because both teeth K and T had caries that could not be seen on the x-rays:

“A Tooth A and B don't have -- on this x-ray it's very hard to see if there's any decay on the tooth that would have to be drilled. It's very hard to see. I don't think there is, because the first doctor, Guzzardi, he said it was only on T and K when he did the clinical exam.

Q Okay.

A So those teeth don't have any decay that warrant a crown.

Q Can you, on this x-ray, is there -- can you see the small caries on T?

A No.

Q And is that because it's the occlusal surface?

A It's probably just so small you can't see it. See, this is decay that's gone further, so you can see this, but, on that tooth, it was probably 1 just clinical at that

point, so it's too small to show up on an x-ray." Dr. Federman on direct-examination by Attorney Tillles at Volume V Page 199-200 of 281.

According to the above testimony, Dr. Federman testified that the enamel on teeth K and T (as documented and as verified by Dr. Guzzardi) is neither intact nor healthy. Again, she opined that those cavities on teeth K and T do not warrant crowns because that is her own approach that the AAPD does not condone. Dr. Federman acknowledged that she does not follow the AAPD guidelines. *Id.* Teeth K and T have caries as Dr. Federman testified, as Dr. Guzzardi testified and documented and as the Respondent documented.

Teeth K and T have caries, have decalcifications, are on a high risk patient who is being treated under general anesthesia, thus they meet **four** justifications for placing the crowns according to the AAPD guidelines. Only **one** justification is enough to place the crowns, let alone all four.

Dr. Federman clearly testified that her opinion regarding the excessive use of the crowns is according to her own approach, **NOT** according to the AAPD guidelines and is **NOT** according to the patient's clinical presentation (because she never examined the patient clinically.) The Commission knows that very well. The Commission found that "Respondent's actions in not following Dr. Federman's approach do not constitute a violation of the standard of care." *Id.* on page 11 of the MOD.

The Commission can **NOT** rely on its own knowledge and expertise in evaluating the evidence on record. Not a single Commissioner on the Board has any form of training, knowledge or expertise in the specialty of pediatric dentistry. The Commissioners never heard of the guidelines of the AAPD before. The Commission knows that very well.

The Commission does not question the credibility of Dr. Kohen. Dr. Kohn testified:

"treatment that was performed is consistent with the standard of care in pediatric dentistry and what is taught in pediatric dentistry, especially in a hospital setting." *Id.* at Volume VI Page 116 of 213.

## **THE COMMISSION'S CONDUCT IS UNLAWFUL**

The Commissioners' persistence on maliciously and recklessly prosecuting the Respondent with callous disregard of the rights and interests of the Respondent, and without just cause, the Commissioners' persistence on misrepresenting/disregarding evidence and testimony, and going as far as submitting false statements and misrepresentations to the court, constitutes willful and wanton conduct by the Commissioners against Respondent. Connecticut courts have long held that government officials and employees (such as the dental commissioners) are personally liable for damages for willful and wanton conduct with reckless disregard of the rights or safety of others or of the consequences of the action, and are not protected by the State's Sovereign Immunity. Such conduct by the Dental Commission constitutes unlawful discrimination against the Respondent. Prior to the initiation of the proceedings, the Respondent had disclosed to the Commission in his Curriculum Vitae that he is a Syrian immigrant. Volume IV Page 35 of 103.

## **CONCLUSION**

The proposed revision of finding #26 is a clear misrepresentations on several levels as argued above. The proposed revision is neither factually nor legally supported. The revision fails to address the court's remand order.

This Brief serves as a reminder to alert the Commission of evidence on record and to alert the Commissioners to their unlawful conduct. Persisting on passing this proposed Memorandum of Decision would only further demonstrate the Commissioners' discriminatory, willful, wanton and reckless conduct against Respondent. The Respondent will pursue every lawful avenue at his disposal to ensure the prompt administration of justice.

Respectfully submitted,

/Ammar Idlibi, DMD/

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**CONNECTICUT STATE DENTAL COMMISSION**

April 2, 2020

Ean James, DMD.  
259 Farmington Avenue, Suite 1  
Bristol, CT 06010

**First Class Mail**  
and **VIA EMAIL** ([dmdmd2001@hotmail.com](mailto:dmdmd2001@hotmail.com))

David Tilles, Staff Attorney  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
PO Box 340308  
Hartford, CT 06134-0308

**VIA EMAIL ONLY**

**RE: Ean James, DMD - Petition No. 2019-653**

**PROPOSED MEMORANDUM OF DECISION**

Attached is the proposed Memorandum of Decision in the above referenced matter. Pursuant to § 4-179 of the Connecticut General Statutes, both parties will be afforded the opportunity to present oral argument before the Connecticut State Dental Commission. The Commission will consider this proposed Memorandum of Decision at its meeting scheduled for **April 8, 2020 at 1:00 p.m.**

If you wish to exercise this opportunity to present oral argument, please notify this office no later than **April 6, 2020**. The time allowed for argument is not to exceed ten (10) minutes for each party. There will not be a court stenographer present for these proceedings.

**FOR: CONNECTICUT STATE DENTAL COMMISSION**

BY: 

Jeffrey A. Kardys, Administrative Hearings Specialist  
Department of Public Health  
410 Capitol Avenue, MS #13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
Tel. (860) 509-7648                      FAX (860) 707-1904

c: Olinda Morales, Hearing Officer  
Christian Andresen, Section Chief, Practitioner Licensing and Investigations, DPH



Phone: (860) 509-7566 • Fax: (860) 707-1904  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



**STATE OF CONNECTICUT  
CONNECTICUT STATE DENTAL COMMISSION**

Ean James, D.M.D.  
License No: 010729

Petition No. 2019-653

**MEMORANDUM OF DECISION**

***Procedural Background***

The Department of Public Health (“Department”) presented the Connecticut State Dental Commission (“Commission”) with a Statement of Charges (“Charges”) against dental license number 010729 held by Ean James, D.M.D. (“Respondent”), dated June 6, 2019. Commission (“Comm.”) Ex. 1. The Charges allege that Respondent’s license is subject to disciplinary action pursuant to § 20-114(a)(2) of the Connecticut General Statutes (“the Statutes”). Comm. Ex. 1.

A Statement of Charges and a Notice of Hearing were sent to the Respondent by certified mail, return receipt requested, and via email on June 13, 2019. Comm. Ex. 2. The Department scheduled a hearing for June 24, 2019. Comm. Ex. 2. On June 13, 2019, the parties were notified that the hearing would be held before a duly authorized panel of Commissioners comprised of Peter Katz, D.M.D., Deborah Dodenhoff, RN, and Anatoliy Ravin, D.D.S. (“panel”). Comm. Ex. 2.

On June 24, 2019, the panel held a hearing. Respondent appeared *pro se*. Transcript (“Tr.”), p. 1. Attorney David Tilles represented the Department. *Id.* The panel conducted the hearing in accordance with the Statutes § 4-166 *et seq.*, and the Regulations of Connecticut State Agencies (“Regulations”) § 19a-9a-1 *et seq.* The Department and Respondent presented evidence, conducted cross-examination, and provided argument on all issues.

All panel members involved in this decision attest that they have either heard the case or read the record in its entirety. The Commission reviewed the panel’s proposed final decision in accordance with the provisions of § 4-179 of the Statutes. This decision is based entirely on the record and the specialized professional knowledge of the Commission in evaluating the evidence. The Commission relied on the training and experience of its members in making its findings of fact and conclusions of law. *Pet v. Department of Health Services*, 228 Conn. 651, 670 (1994).

### *Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Ean James, D.M.D., of Bristol, Connecticut, is and has been at all times referenced in the Charges, the holder of Connecticut dentist license number 010729.
2. In paragraph 2 of the Charges, the Department alleges that on January 30, 2019, the Commission issued a Memorandum Decision in Petition Number 2016-1125 (the "Order") that placed Respondent's dentist license on probation for a period of two years. Such disciplinary action was based upon proof of Respondent's provision of dental care below the standard of care.
3. In paragraph 3 of the Charges, the Department alleges that Paragraph 2 of said Order specifically provided that Respondent shall obtain the services of a maxillofacial surgeon, pre-approved by the Department, to conduct a quarterly review of certain specified charts, and to furnish a quarterly monitoring report to the Department from said practice supervisor. The Department alleges that as of the date of the Statement of Charges, Respondent has not obtained a maxillofacial surgeon, pre-approved by the Department, to serve as a practice supervisor.
4. In paragraph 4 of the Charges, the Department alleges that Respondent's conduct as described above constitutes violations of the terms of probation as set forth in the Order, and subjects Respondent's license to revocation or other disciplinary action authorized by Conn Gen. Stat. §§ 19a-17 and 20-114(a)(2).

### *Findings of Fact*

1. Respondent, of Bristol, Connecticut, is and has been at all times referenced in the Charges, the holder of Connecticut dentist license number 010729. Tr. p. 4.
2. On January 30, 2019, the Commission issued the Order that placed Respondent's dentist license on probation for a period of two years. Such disciplinary action was based upon proof of Respondent's provision of dental care below the standard of care. Dept. Ex. 2, Attachment B.
3. Said Order specifically provided that Respondent shall obtain the services of a maxillofacial surgeon, pre-approved by the Department, to conduct a quarterly review of certain specified charts, and to furnish a quarterly monitoring report to the Department from said practice supervisor. As of the date the Charges were issued on June 6, 2019, Respondent has not obtained a maxillofacial surgeon, pre-approved by the Department, to serve as a practice supervisor. Dept. Ex. 2, Attachment B. The Order did not specify a time within which Respondent must obtain the practice supervisor.

4. On February 6 and 25, March 5, and March 19, 2019, the Department made several attempts, via letters and telephone conversations, to inform Respondent of the Order's requirement that he obtain a practice supervisor. Dept. Ex. 2, Attachment A; Tr. pp. 16-18.
5. In the Department's letter dated March 5, 2019, the Department set March 19, 2019 as the deadline for Respondent to comply with the Order. Tr. p. 17.
6. On March 19 and 22, 2019, Respondent proposed Dr. Ronald Herriott as his practice supervisor. Tr. p. 18. But on March 25, 2019, the Department notified Respondent that it was not approving Dr. Herriott as Respondent's practice supervisor because Dr. Herriott had not placed zygomatic implants since approximately 2013. Dept. Ex. 2, Attachments A and C. The decision by the Department to reject the practice supervisor was incorrect. The Commission finds that the Department erroneously rejected Dr. Herriott as Respondent's practice supervisor on March 19, 2019 because Dr. Herriot was a maxillofacial surgeon with the required training and experience even though he had stopped performing zygomatic implants since 2013. *Pet v. Department of Health Services*, 228 Conn. 651, 670 (1994).
7. Respondent, therefore, was in compliance with the Order as of March 19, 2019, the date the Department gave him to be in compliance.
8. On June 11, 2016, the Department received Respondent's nomination of Dr. Ian Tingey to be his practice supervisor; however, Respondent did not submit Dr. Tingey's resume to the Department until June 21, 2019. Dept. Ex. 1; Tr. p. 20. The Department approved Dr. Tingey as Respondent's practice supervisor on June 21, 2019. Dept. Ex. 1, p. 1; Tr. pp. 24-25

### ***Discussion and Conclusions of Law***

Section 19a-17 of the Statutes provides, in pertinent part, that the Commission may take any of the actions listed in § 19a-17(a), singly or in combination upon finding of good cause.

Section 20-114 of the Statutes provides, in pertinent part, that:

(a) The Dental Commission may take any of the actions set forth in section 19a-17 for any of the following causes . . . (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients; . . . .

In the instant case, the Department is alleging that Respondent violated the Order, when he failed to obtain a maxillofacial surgeon, pre-approved by the Department, to serve as a practice supervisor. The Department has the burden of proof by preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 227 (2013).

The Department did not sustain its burden of proof with regard to the allegations contained in paragraphs 1 through 3 of the Charges. However, there is no question that Dr.



James should have submitted a practice monitor long before he actually did. His failure however, without a specific time frame in the Order and because the Department in writing gave him until March 19, 2019 to submit a practice supervisor, does not constitute grounds for disciplinary action.

The preponderance of the evidence establishes that on January 30, 2019, the Commission issued the Order that placed Respondent's dentist license on probation for a period of two years, based upon proof of Respondent's provision of dental care below the standard of care. Findings of Fact ("F.F. 2").

The preponderance of the evidence further establishes that said Order specifically provided that Respondent shall obtain the services of a maxillofacial surgeon, pre-approved by the Department, to conduct a quarterly review of certain specified charts, and to furnish a quarterly monitoring report to the Department from said practice supervisor. F.F. 3.

The record establishes that from January 30 until March 19, 2019, Respondent failed to produce the name of a maxillofacial surgeon to act as his practice supervisor, despite several requests to do so made by the Department. F.F. 4-8. Specifically, on February 6, 2019, Lavita D. Sookram, RN, BSN, a Nurse Consultant with the Department's Practitioner Licensing and Investigation Section, who is assigned to monitor Respondent's compliance with the Order issued a letter to Respondent explaining Respondent's responsibilities under the Order, and on February 25, 2019, she called him to request his compliance with the Order. Tr. p. 12; Dept. Ex. 2, Attachments A and C. On March 5, 2019, Ms. Sookram sent a Notice of Non-Compliance to Respondent, and granted a two-week extension for compliance with a deadline of March 19, 2019. Dept. Ex. 2, Attachment C. Respondent should have provided a name to Ms. Sookram long before March, 2019, however, as discussed above, such conduct does not constitute grounds for disciplinary action.

On March 19 and 22, 2019, Respondent proposed that Dr. Herriott be his practice supervisor. But on March 25, 2019, the Department notified Respondent that it was not approving Dr. Herriott as Respondent's practice supervisor. Dept. Ex. 2, Attachments A and C.

On April 3, 2019, Ms. Sookram emailed Respondent advising that he needed to immediately address the requirement of the practice supervisor (Dept. Ex. 2, Attachment C), and on April 9, 2019, she issued another Notice of Non-Compliance, which indicated that the supervisor's first quarterly report was due on April 30, 2019. *Id.*

Subsequently, on April 17 and April 22, 2019, Respondent sought clarification as to why the Department was not approving Dr. Herriot as a practice supervisor, and indicated that he was having a very difficult time finding a maxillofacial surgeon who was willing and able to take said role. Dept. Ex. 2, Attachment C. On April 17, 2019, the Department indicated that the reason it was not approving Dr. Herriot as the practice supervisor was that Dr. Herriot had not had any clinical involvement with zygomatic implant procedures since 2013, and the Department would only approve a supervisor with current clinical experience with such implants. *Id.* The Department suggested that Respondent contact Affiliated Monitors, Inc., and the Center for Personalized Education for Physicians for practice monitor services. *Id.*

As discussed above, the Commission finds that the Department erroneously rejected Dr. Herriott as Respondent's practice supervisor on March 19, 2019 because Dr. Herriot was a maxillofacial surgeon with the required training and experience even though he had stopped performing zygomatic implants since 2013. *Pet v. Department of Health Services*, 228 Conn. 651, 670 (1994). Respondent, therefore, was in compliance with the Order as of March 19, 2019, the date the Department gave him to be in compliance.

On June 11 and 19, 2019, Respondent proposed Dr. Ian Tingey, D.D.S., and provided Dr. Tingey's contact information to the Department. Dept. Ex. 1, p. 1. On June 12, 17, and 21, 2019, the Department asked Respondent for Dr. Tingey's curriculum vitae. *Id.* On June 21, 2019, the Department approved Dr. Tingey as Respondent's practice monitor. *Id.*

Respondent testified that the reason he did not provide Dr. Herriott's name in February or early March to the Department was that Dr. Herriott was out of town during those times, and was unavailable to become his practice supervisor. Tr. p. 40.

As discussed, the Commission finds that the Department erroneously rejected Dr. Herriott as Respondent's practice monitor on March 19, 2019 because Dr. Herriot was a maxillofacial surgeon with the required training and experience, even though he had stopped performing zygomatic implants since 2013. F.F. 10.

***Conclusion***

Based on the totality of the evidence, the Commission finds that the Department failed to sustain its burden of proof that Respondent “has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients; . . . .” See § 20-114(a)(2). However, the Order required Respondent to be monitored for two years. This has not occurred. Therefore, the Commission re-affirms its initial Order and requires the period of monitoring to continue for two years from the date that Respondent actually began to be monitored. The monitor was approved on June 21, 2019, and therefore the probation and the monitoring must continue for a period of two years, to June 21, 2021.

***Order***

Based upon the record in this case, the above findings of fact and the conclusions of law, and pursuant to the authority vested in it by Conn. Gen. Stat. § 19a-17, the Commission finds, with respect to license number 010729 held by Ean James, D.D.S., that the period of probation and monitoring shall continue until June 1, 2021 in accordance with the terms of original Order.

This Decision is effective on the date it is signed by the Commission.

Dated at Hartford, Connecticut this \_\_\_\_\_ day of April, 2020.

Connecticut State Dental Commission

\_\_\_\_\_  
By: \_\_\_\_\_, D.M.D. Chairperson



THE COMMISSION ON  
**DENTAL COMPETENCY**  
ASSESSMENTS

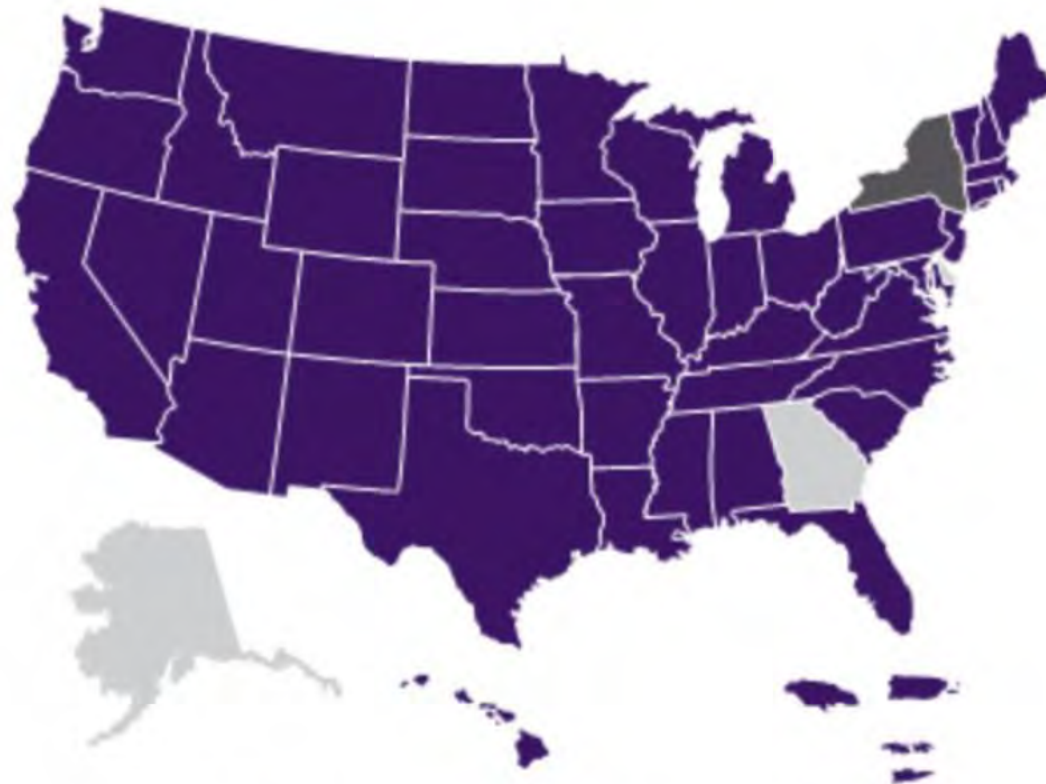
## **ADEX Up-Date**

**A Non-Patient Alternative:  
*The Competent Tooth***

Presented to the Connecticut State Dental Commission  
April 8, 2020  
Dr. David Perkins, Sr. Advisor, CDCA

# Where is the ADEX Dental exam accepted?

---



ADEX Accepting Jurisdictions Map ▶

---

For the most accurate information on examination acceptance please check with individual licensing jurisdictions.

---

# ADEX Up-Date

---

- ▲ As of January 1, 2021 Georgia will accept the ADEX Dental Licensure.
- ▲ After Jan. 1, 2021 only 3 states will not accept the ADEX Dental Licensure examination for initial licensure:
  - ▲ Alaska
  - ▲ Delaware - administers Delaware only examination as well as pgy-1 requirement.
  - ▲ New York\* –pgy-1 (actually requires completion of a residency program)
- ▲ The facts about New York:
  - ▲ Virtually every 4<sup>th</sup> year student at New York dental schools (NYU, Columbia, Stony Brook, Buffalo and Touro) challenge a clinical licensure exam before graduation.
  - ▲ This is despite the fact that passing a patient-based licensure examination will not grant them a license in New York.
  - ▲ Students understand that portability is major issue for them



# ADEX/CDCA - What's the difference?

---

- ▲ Any State that accepts the ADEX exam, their Dental Board is a member of ADEX and is entitled to send a representative to attend the ADEX Annual Meeting. This person also serves on the ADEX Dental Examination Committee
- ▲ .
- ▲ Your State Board **owns** the ADEX examination. You have direct input in the exam development including **content, scoring and criteria**.
- ▲ ADEX only develops the examination. The CDCA and CITA are licensed by ADEX to administer the ADEX examination.
- ▲ The testing agencies schedule the examinations with the dental schools, provide the examiners, develop the manuals, calibrate examiners, provide all examination materials and report the scores to the ADEX portal for State Dental Boards to access the candidate's scores for issuing licenses.



# History of the CDCA and ADEX written/computer-based exams

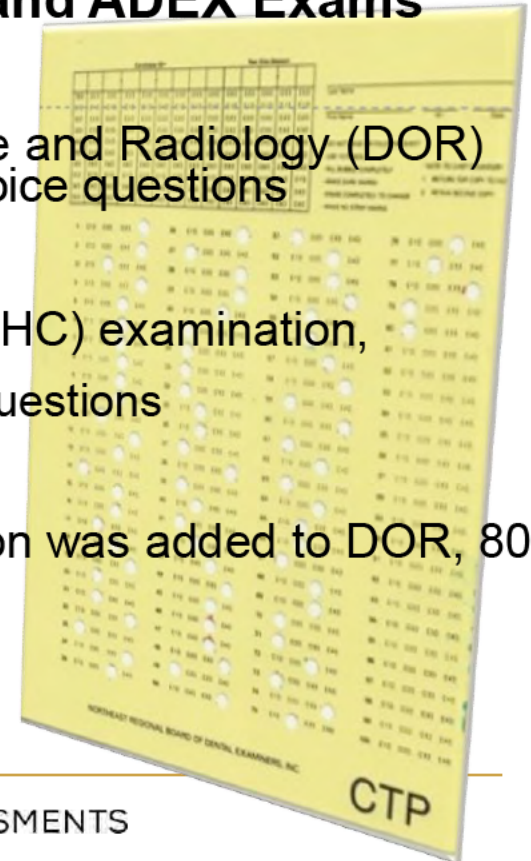


## What does OSCE mean?

Objective **S**tructured **C**linical **E**xamination

## An OSCE has always been part of both the CDCA and ADEX Exams

- ▲ 1969, First NERB examination: Diagnostic, Oral Medicine and Radiology (DOR) paper examination with projected slides, 100 multiple choice questions
- ▲ 1971, The first NERB Dental Hygiene Comprehensive (DHC) examination, paper examination with projected slides, 50 multiple choice questions
- ▲ 1972, A Comprehensive Treatment Planning (CTP) portion was added to DOR, 80 additional questions
- ▲ The NERB?ADEX has had an OSCE for over 50 years!





# The DSE OSCE



- ▲ 2000/2001 the ADA funded the Knapp Study designed to prove that the DSE was the same as the National Board exam, making it an unnecessary requirement for licensure.

*Conclusion: “The NBDE Part II (National Board) is devoted mainly to assessing whether the candidates graduating from dental school have mastered the basic biomedical and dental sciences knowledge needed to perform clinical tasks competently.” “Further... it is clear that all the NERB assessments are practice-related, as they should be, since this examination is the final test in the credentialing sequence in 15 states. For this reason, it can be concluded that the two examinations are different...” (1)*

- ▲ Recently ADA reinforced this distinction with the promotion for of their new DLOSCE which they say is fundamentally different from their Integrated National Dental Board Exam
- ▲ A Response to the American Dental Association’s ...OSCE:  
*“As measures of clinical judgements, examinations like the DSE, developed and utilized by ADEX is (sic) effectively a computerized OSCE with respect to the clinical judgements that are made on job-related scenarios.”(2)*

# Psychomotor Performance

“The independent dental practitioner must comprehend the import of the variable biological conditions involved and also must possess the skill to perform the requisite intra-oral hand-work.” (Introduction, p.11)

“...but even if he knew all about dentistry and yet were unable to do effectually it's essential tasks, the award to him of a license, the board's certificate of professional proficiency and acceptability as a practitioner, would be indefensible.” (Enforcement of the dental practice acts, p. 67)

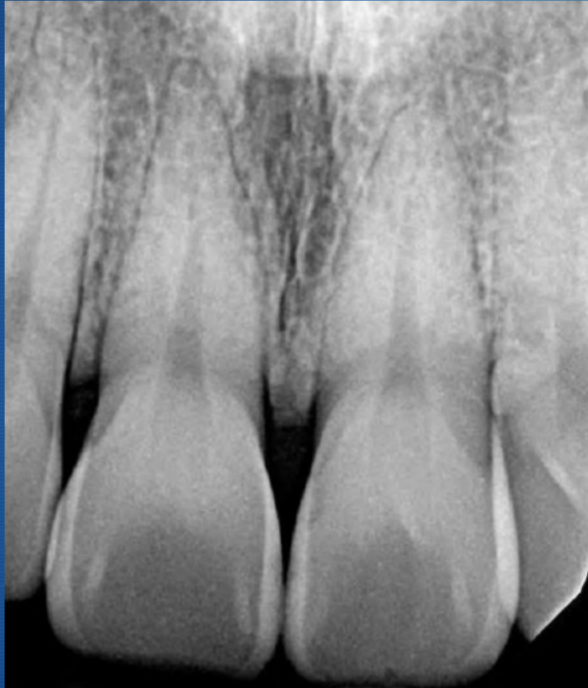
## The Gies Report

DENTISTRY PROPERLY A FORM OF HEALTH SERVICE 11

dentistry desires such a conversion or would be content with it. If the dental schools were discontinued and dentistry taught only to medical students, the growing general demand for dental practitioners could not be met by the best medical schools unless they doubled the size of their student bodies and completely reorganized their work. Owing to the need for exceptional digital facility in the manifold intra-oral procedures of dental practice, and for esthetic felicity in their execution, the extensive technical training and the clinical instruction and practice peculiar to dentistry cannot be superimposed upon a conventional medical curriculum, leading to the degree of M.D., without making the period of dental training prohibitive in length for most prospective general practitioners. Besides, the medical curriculum is altogether too rigid, and the views of medical state boards and of medical teachers too unyielding, to permit substitution of training in the essential mechanical and esthetic aspects of dentistry for anything now contained in the required parts of the undergraduate medical curriculum, although the inclusion of oral subjects among the prospective elective courses to be open to candidates for the M.D. degree would facilitate special instruction in dentistry under the auspices of medicine. Unlike the practice of some specialties of medicine, such as that relating to disorders of the eye by diagnostic and directive medical specialists in ophthalmology (oculists), supplemented by modern optometrists as specialists in refraction and by opticians, the direct practice of health service applied to the teeth could not be divided properly among analogous stomatologists (dentists) and dental technicians. Such a distribution is unattainable because dentistry, in all of its terminal manifestations, must be practised in the mouth of the patient. The independent dental practitioner must comprehend the import of the variable biological conditions involved and also must possess the skill to perform the requisite intra-oral hand-work.

In support of these deductions it may be said that the details in an ophthalmologist's or an optometrist's prescription for a pair of glasses can be obtained and transmitted with exceptional precision. On such a prescription, glasses can be made by machinery, by an optician, with relatively perfect accuracy, under standard and stable conditions, and the glasses can be fitted by an optometrist (or optician) by very simple superficial adjustments that may have considerable range of mechanical

# Patient Issues



Unethical behavior by candidates in patient-based examinations

PC-CIF format minimizes the issues

A more significant issue in a traditional examination

Candidates can game the system with a minimal lesion

Requiring larger lesions introduces subjectivity and variability into the exam to the point there may be different exams

Potential harm to patients by candidates

# Caries Simulation



- ▲ The goal is an equivalent *or superior* clinical simulation
  - ▲ e.g. ACLS
  
- ▲ Current manufactured teeth have significant deficiencies and are not a alternative to patient care
  
- ▲ **Deficiencies:**
  - ▲ Caries that are discreet with an abrupt obvious interface with the simulated dentin
  - ▲ Lack of tug-back
  - ▲ No variability
  - ▲ Is “manufactured” and thus does not model caries pathways and penetration in natural teeth
  - ▲ Does not demonstrate infected, affected and sclerotic dentin
  - ▲ The enamel is softer than real enamel
  - ▲ Restorations cannot be finished as if it were a real tooth with the same instrumentation

# Answering Deficiencies in Current Simulations



	Existing Simulations	The CDCA Tooth
Discrete caries, obvious dentin interface		
Tug back		
Variability		
Models natural pathways		
Demonstrates infected, sclerotic dentin		
Life-like enamel		
Restorable		
Meets all exam standards		

# The CDCA/Acadental Competent Tooth



Patent Pending



# Initial Penetration

---



Patent Pending

# Caries



Patent Pending





# Caries Extension



# Enamel Thickness

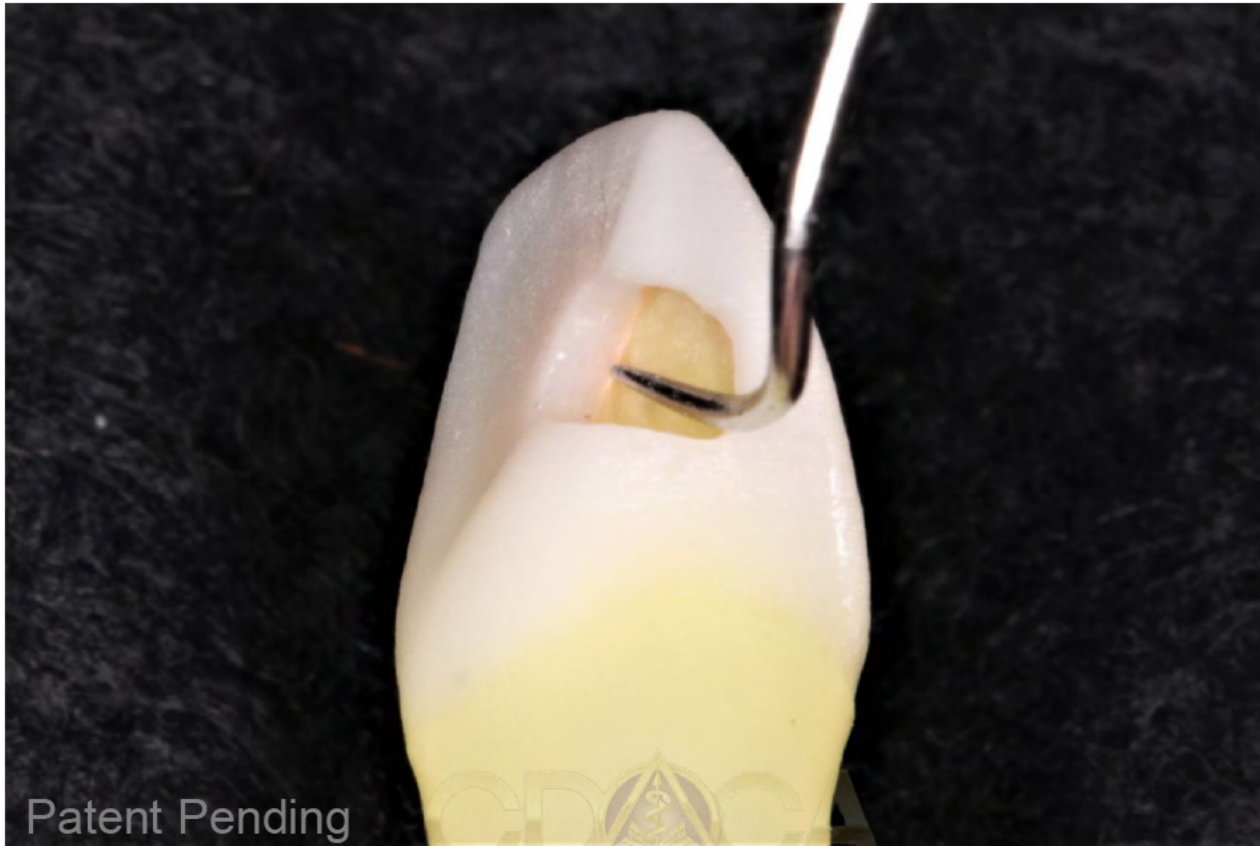


# Remaining Caries

---



# Sclerotic Dentin



# Sclerotic Dentin



Patent Pending



# Finished Prep



Patent Pending



# Finished Preps



Patent Pending



# Restorations



Patent Pending





# CDCA Tooth Evaluation



- ▲ Evaluate the tooth by comparing the candidate performance compared to a patient in a high-stakes examination
  
- ▲ Utilize the Class III restoration
  - ▲ The lesion with the highest ADEX failure rate
  - ▲ The most difficult patients to find
  
- ▲ Report findings to the ADEX and CDCA member dental boards

# CDCA Tooth Evaluation

---

## Pilot Test

Fall, 2019  
6 schools

Class III

- Rarity
- Failure Rate

## Analyze

Psychometric  
evaluation

Compare to  
live patient  
result

## Report

2020 Annual  
Meetings

ADEX

---

# CDCA Competent Pilot Examination

---



- ▲ The University of Mississippi School of Dental Medicine
- ▲ Midwestern Dental School (Arizona)
- ▲ Midwestern Dental School (Illinois)
- ▲ Detroit Mercy Dental School
- ▲ Indiana University School of Dental Medicine
- ▲ University of Buffalo School of Dental Medicine

# CDCA Compedent Pilot

---

- ▲ Approximately 600 candidates. All candidates challenged #8 ML CI III
- ▲ The Examination was conducted as a normal patient-based examination:
  - ▲ The Compedent tooth was in manikin and prepared as if the candidate was treating a patient
  - ▲ The caries in the tooth required most candidates to request “modifications”
  - ▲ The ADEX modification procedure was followed
  - ▲ The manikin was submitted for preparation evaluation and was graded by 3 independent examiners using ADEX criteria.
  - ▲ After restoration of the Compedent tooth, the manikin was returned to the evaluation station for grading using ADEX criteria
- ▲ The Examination was either a “Mock” Board or Competency for the school



# Preliminary Findings

---

- ▲ For the current CI III patient-based examination approximately 20% of the preparations are sent for modifications. Therefore, 80% of the candidate's preparations do not require modifications.
- ▲ Almost all Compedent teeth required modification requests. Conclusion is that the Compedent tooth presents a more challenging exercise for the candidate.
- ▲ The failure rate for the patient class III is about 5-10%, between 20-25% for the Compedent.
  - ▲ The most common failure was caries remaining after having a granted request for modification. The caries that was missed was usually at the incisal/axial or gingival/axial line angles. The caries was penetrable and had "tug-back", it may not have been obviously stained.
  - ▲ There were failures for unrecognized pulp exposures and caries not accessed i.e. the preparations too shallow or not located where the caries was in the tooth.

# CDCA Next Steps

---

- ▲ The CDCA will present the Compedent Pilot results at the ADEX Annual Meeting in August.
- ▲ The intent is that ADEX will adopt/sanction the Compedent examination as a non-patient based examination that meets ADEX criteria for State Dental Boards that will accept or require a non-patient based examination for licensure.
- ▲ Currently, Connecticut has passed legislation that will only grant initial licensure by either pgy-1 or a non-patient examination after July 1, 2021.
- ▲ If ADEX does **not** adopt/sanction a non-patient based examination, the ADA OSCE will be the pathway by default.



# New Hampshire Board Request

---

- ▲ The CDCA would request that the Connecticut Commission support the adoption of an ADEX sanctioned non-patient based alternative pathway for licensure for states that will accept/require a non-patient based examination. (CT as of July 1, 2021)
- ▲ In the future, more states will require/accept a non-patient based examination. If ADEX does not offer this as an alternative, whatever non-patient based alternative **will be** the only option available for these states.
- ▲ The CDCA or ADEX is **not** asking New Hampshire to change their statutes to accept a non-patient examination. Nothing will change for New Hampshire's licensure requirements.

# Summary

---

- ▲ The Competent tooth is a viable alternative to the replace the patient for the skills based clinical examination. A posterior tooth could also be manufactured so both restorative procedures could be on a manikin.
- ▲ The present endo/pros. manikin exam as well as the DSE/OSCE could also be required by State Boards to give the Board a better assessment of the clinical skills of a candidate compared to the ADA's computer-based OSCE. The ADA's exam will **not** include any hands-on clinical skills assessment.
- ▲ ADEX member State Boards will need to vote to validate this non-patient based examination at the August Annual Meeting for this to be offered to any State Board as an alternative pathway
- ▲ Connecticut's support will be critical for this to happen



# COVID19 & Licensure

---

- ▲ The entire country has sacrificed due to the Covid19 pandemic.
- ▲ Dental education has been essentially stopped for the last 2-3 months. Virtually every dental school in the country has stopped treating patients in their clinics for 2-3 months. This current 4<sup>th</sup> year graduating class has lost 2-3 months of clinical experience at a most critical time.
- ▲ Dental schools have decided to graduate these students with the least amount of clinical experience of any 4<sup>th</sup> year class.
- ▲ Many clinical board exams have been cancelled.
- ▲ Now ASDA has petitioned state dental boards to modify their licensure requirements to accommodate their need for licensure.



# COVID19 & Licensure

---

## ▲ The CDCA Facts:

- ▲ The CDCA administers the most dental licensure examinations in the U.S.
- ▲ Most schools in the North East have the CDCA ADEX examination administered at their school.
- ▲ To date, 88% of the students at CDCA administered schools have meet their licensure requirements.
- ▲ Most of the 12% are students where the exam had been cancelled due to the Covid19 pandemic. Some of those 12% were students who had **failed** a part of the examination.
- ▲ All exams will be rescheduled and completed in May/June, most in May

## ▲ Conclusion:

- ▲ There is no need to make licensure concessions to accommodate the class of 2020.
- ▲ Licensure is to ***protect the public***, not for the convenience of the applicant.

---

# ▲ Questions?



**Substitute House Bill No. 7303**

**Public Act No. 19-72**

**AN ACT CONCERNING DENTAL PRACTITIONERS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 20-107 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) Each application for a license to practice dentistry shall be [in writing and signed by] submitted by the applicant and no license shall be issued to any person unless he or she presents (1) a diploma or other certificate of graduation conferring a dental degree from [some reputable] a dental college or from a department of dentistry of a medical college [conferring a dental degree, or unless he or she is practicing as a legally qualified dentist in another state having requirements for admission determined by the department to be similar to or higher than the requirements of this state] accredited by the American Dental Association's Commission on Dental Accreditation or its successor organization; (2) evidence of satisfactory completion of a written examination or examinations given by the Joint Commission on National Dental Examinations, subject to such conditions as the State Dental Commission as described in section 20-103a, with the consent of the Commissioner of Public Health, may prescribe; and (3) evidence of satisfactory completion of at least one year of a clinically based postdoctoral general practice or specialty

**Substitute House Bill No. 7303**

dental residency program accredited by the Commission on Dental Accreditation, or its successor organization.

[(b) The Dental Commission may, with the consent of the Commissioner of Public Health, determine the colleges which shall be considered reputable dental or medical colleges for the purposes of this chapter. The commission shall consult when possible with nationally recognized accrediting agencies when making such determinations.]

[(c)] (b) Notwithstanding the provisions of [subsections] subsection (a) [and (b)] of this section, the department may issue a license to practice dentistry to any applicant holding a diploma from a foreign dental school, provided the applicant: (1) [is] Is a graduate of a dental school located outside the United States and has received the degree of doctor of dental medicine or surgery, or its equivalent; (2) [has] passed the written and practical examination or examinations required in subsection (a) of this section or section 20-108, as amended by this act; (3) [has] successfully completed not less than two years of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation; and (4) [has] successfully completed, at a level greater than the second postgraduate year, not less than three years of a residency or fellowship training program accredited by the Commission on Dental Accreditation in a school of dentistry in this state, or has served as a full-time faculty member of a school of dentistry in this state pursuant to the provisions of section 20-120 for not less than three years.

Sec. 2. Section 20-108 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

[(a) Except as provided in section 20-110 and subsection (b) of this section, each applicant for a license to practice dental medicine or dental surgery shall be examined by the Department of Public Health,

**Substitute House Bill No. 7303**

under the supervision of the Dental Commission as to his or her professional knowledge and skill before such license is granted. Such examination shall be conducted in the English language.] The State Dental Commission may, with the consent of the Commissioner of Public Health, accept and approve [in lieu of the written examination required by this section, the results of an examination given by the Joint Commission on National Dental Examinations, subject to such conditions as the commission may prescribe, and the Dental Commission with the consent of the Commissioner of Public Health, may accept and approve, in lieu of the written and practical examination required by this section,] the results of [regional testing agencies as to written and] **clinical or** practical examinations, subject to such conditions as [the] said commission, with the consent of the Commissioner of Public Health, may prescribe **in lieu of the clinically based postdoctoral general practice or specialty dental residency program required pursuant to subsection (a) of section 20-107, as amended by this act. On and after July 1, 2021, or upon the State Dental Commission's approval of examinations that do not require the participation of patients, whichever is earlier, such clinical or practical examinations shall not require the participation of patients.** Passing scores shall be established by the department with the consent of the commission.

**[(b) In lieu of the practical examination required by subsection (a) of this section, an applicant for licensure may submit evidence of having successfully completed not less than one year of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation, provided the director of the dental residency program at the facility in which the applicant completed the residency training provides documentation satisfactory to the Department of Public Health attesting to the resident dentist's competency in all areas tested on the practical examination required by subsection (a) of this section. Not later than December 1, 2005, the**

**Substitute House Bill No. 7303**

Dental Commission, in consultation with the Department of Public Health, shall develop a form upon which such documentation shall be provided.]

Sec. 3. Section 20-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

The Department of Public Health may, upon receipt of an application and a fee of five hundred sixty-five dollars, issue a license without examination to a practicing dentist in another state or territory who (1) holds a current valid license in good professional standing issued after examination by another state or territory that maintains licensing standards which, except for the practical examination, are commensurate with the state's standards, and (2) has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for a period of not less than [five years] one year immediately preceding the application for licensure without examination. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the Dental Commission annually of the number of applications it receives for licensure under this section.

Sec. 4. Subsection (a) of section 20-126o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) The Department of Public Health may take any of the actions set forth in section 19a-17 for any of the following causes: (1) The presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not accredited or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) illegal conduct; (3) negligent, incompetent or wrongful conduct in

**Substitute House Bill No. 7303**

professional activities; (4) conviction of the violation of any of the provisions of sections 20-126h to 20-126w, inclusive, or section 14 of public act 19-56 by any court of criminal jurisdiction; (5) the violation of any of the provisions of said sections or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dental hygiene of a person not licensed to practice dental hygiene in this state; (7) engaging in fraud or material deception in the course of professional activities; (8) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. A violation of any of the provisions of sections 20-126h to 20-126w, inclusive, or section 14 of public act 19-56 by any unlicensed employee in the practice of dental hygiene, with the knowledge of his or her employer, shall be deemed a violation thereof by his or her employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17.

Sec. 5. Section 20-126t of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

Any person who violates any provision of sections 20-126h to 20-126w, inclusive, or section 14 of public act 19-56 shall be guilty of a class D felony. Any person who continues to practice dental hygiene or engage as a dental hygienist, after his license or authority to so do has been suspended or revoked and while such disability continues, shall



**Substitute House Bill No. 7303**

be guilty of a class D felony. For the purposes of this section, each instance of patient contact or consultation which is in violation of any provision of this section shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section.

Sec. 6. Subsections (a) and (b) of section 20-126c of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) As used in this section:

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Contact hour" means a minimum of fifty minutes of continuing education activity;

(3) "Department" means the Department of Public Health;

(4) "Licensee" means any person who receives a license from the department pursuant to this chapter; [and]

(5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 is current and valid; [.] and

(6) "Temporary dental clinic" means a dental clinic that provides dental care services at no cost to uninsured or underinsured persons and operates for not more than seventy-two consecutive hours.

(b) Except as otherwise provided in this section, a licensee applying for license renewal shall earn a minimum of twenty-five contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include not

**Substitute House Bill No. 7303**

less than one contact hour of training or education in (A) any three of the ten mandatory topics for continuing education activities prescribed by the commissioner pursuant to this subdivision, (B) for registration periods beginning on and after October 1, 2016, infection control in a dental setting, and (C) prescribing controlled substances and pain management. For registration periods beginning on and after October 1, 2011, the Commissioner of Public Health, in consultation with the Dental Commission, shall on or before October 1, 2010, and biennially thereafter, issue a list that includes ten mandatory topics for continuing education activities that will be required for the following two-year registration period. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Dental Association or state, district or local dental associations and societies affiliated with the American Dental Association; national, state, district or local dental specialty organizations or the American Academy of General Dentistry; a hospital or other health care institution; dental schools and other schools of higher education accredited or recognized by the Council on Dental Accreditation or a regional accrediting organization; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation; local, state or national medical associations; a state or local health department; or the Accreditation Council for Graduate Medical Education. Eight hours of volunteer dental practice at a public health facility, as defined in section 20-126l, as amended by this act, or a temporary dental clinic may be substituted for one contact hour of continuing education, up to a maximum of ten contact hours in one twenty-four-month period.

Sec. 7. Subsection (a) of section 20-126l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) As used in this section:

**Substitute House Bill No. 7303**

(1) "General supervision of a licensed dentist" means supervision that authorizes dental hygiene procedures to be performed with the knowledge of said licensed dentist, whether or not the dentist is on the premises when such procedures are being performed;

(2) "Public health facility" means an institution, as defined in section 19a-490, a community health center, a group home, a school, a preschool operated by a local or regional board of education, a head start program or a program offered or sponsored by the federal Special Supplemental Food Program for Women, Infants and Children, a senior center or a managed residential community, as defined in section 19a-693, [or] a licensed child care center, as described in section 19a-77, or a temporary dental clinic, as defined in section 20-126c, as amended by this act;

(3) The "practice of dental hygiene" means the performance of educational, preventive and therapeutic services including: Complete prophylaxis; the removal of [calcerous] calcareous deposits, accretions and stains from the supragingival and subgingival surfaces of the teeth by scaling, root planing and polishing; the application of pit and fissure sealants and topical solutions to exposed portions of the teeth; dental hygiene examinations and the charting of oral conditions; dental hygiene assessment, treatment planning and evaluation; the administration of local anesthesia in accordance with the provisions of subsection (d) of this section; taking alginate impressions of teeth, under the indirect supervision of a dentist, for use in study models, orthodontic appliances, whitening trays, mouth guards and fabrication of temporary crowns; and collaboration in the implementation of the oral health care regimen; and

(4) "Contact hour" means a minimum of fifty minutes of continuing education activity.

Sec. 8. Subsection (g) of section 20-126l of the general statutes is

**Substitute House Bill No. 7303**

repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(g) Each licensed dental hygienist applying for license renewal shall earn a minimum of sixteen contact hours of continuing education within the preceding twenty-four-month period, including, for registration periods beginning on and after October 1, 2016, at least one contact hour of training or education in infection control in a dental setting and, for registration periods beginning on and after October 1, 2017, at least one contact hour of training or education in cultural competency. The subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public. Continuing education activities shall provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, that are offered or approved by dental schools and other institutions of higher education that are accredited or recognized by the Council on Dental Accreditation, a regional accrediting organization, the American Dental Association, a state, district or local dental association or society affiliated with the American Dental Association, the National Dental Association, the American Dental Hygienists Association or a state, district or local dental hygiene association or society affiliated with the American Dental Hygienists Association, the Academy of General Dentistry, the Academy of Dental Hygiene, the American Red Cross or the American Heart Association when sponsoring programs in cardiopulmonary resuscitation or cardiac life support, the United States Department of Veterans Affairs and armed forces of the United States when conducting programs at United States governmental facilities, a hospital or other health care institution, agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation, local, state or national medical associations, or a state or

**Substitute House Bill No. 7303**

local health department. Eight hours of volunteer dental practice at a public health facility, as defined in subsection (a) of this section, may be substituted for one contact hour of continuing education, up to a maximum of five contact hours in one two-year period. Activities that do not qualify toward meeting these requirements include professional organizational business meetings, speeches delivered at luncheons or banquets, and the reading of books, articles, or professional journals. [Not more than four contact hours of continuing education may be earned through an on-line or other distance learning program.]

Sec. 9. Section 20-126*l* of the general statutes is amended by adding subsection (l) as follows (*Effective January 1, 2020*):

(NEW) (l) No provision of chapter 379a shall be construed to prohibit a student of dental hygiene enrolled in a dental hygiene program, as described in section 20-126i, from performing dental hygiene work as a required component of his or her course of study in such program, provided the student (1) performs such work under the direct supervision of a dentist licensed pursuant to chapter 379 or a dental hygienist licensed pursuant to chapter 379a, (2) shall not hold himself or herself out as a licensed dental hygienist, and (3) shall not receive compensation for such work.

Sec. 10. (*Effective July 1, 2019*) The chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall convene a working group to advise said joint standing committee regarding the licensure of dental therapists by the Department of Public Health. The working group shall be comprised of (1) the chairpersons of such joint standing committee, or the chairpersons' designees, (2) the Commissioner of Public Health, or the commissioner's designee, (3) representatives of the Connecticut State Dental Association, including, at least one dentist and one dental hygienist, (4) a dental therapist certified in another state, (5) the president of the Board of Regents for Higher Education, or the

**Substitute House Bill No. 7303**

president's designee, and (6) a representative of (A) the American Dental Association's Commission on Dental Accreditation, (B) the Joint Commission on National Dental Examinations, (C) the Community Health Center Association of Connecticut, (D) the Connecticut Oral Health Initiative, (E) the Connecticut Association of School Based Health Centers, (F) the Connecticut Public Health Association, (G) the Connecticut Dental Health Partnership, and (H) the Community Health Center, Inc. The working group may also include members of such joint standing committee. The chairpersons of such joint standing committee may convene the working group without the participation of any individual or representative required pursuant to this section. The working group shall evaluate and make recommendations regarding the scope of practice of a dental therapist and the educational requirements and training requirements that a person shall meet to become licensed as a dental therapist by the Department of Public Health. On or before January 1, 2020, the working group shall report, in accordance with the provisions of section 11-4a of the general statutes, to such joint standing committee regarding its findings and recommendations.

Sec. 11. (NEW) (*Effective July 1, 2019*) (a) As used in this section:

(1) "Point-of-service test" means diagnostic testing performed at the site where patients will receive care or treatment; and

(2) "HbA1c percentage" means the proportion of hemoglobin to which glucose is attached and measures the average circulating blood glucose level over the previous two to three-month period.

(b) A dentist licensed under chapter 379 of the general statutes may, during an office visit or prior to a procedure and with a patient's consent, administer an in-office point-of-service test to the patient to measure the patient's HbA1c percentage utilizing a finger-stick measurement tool if such patient is at an increased risk of diabetes and

***Substitute House Bill No. 7303***

does not have a previous diagnosis of diabetes. A dentist who does not administer such test pursuant to this section shall not be deemed to have violated the standard of care for a dentist. The Commissioner of Public Health may adopt regulations in accordance with the provisions of chapter 54 of the general statutes to carry out the provisions of this section.

Approved July 8, 2019



## Connecticut State Dental Association

835 West Queen Street  
Southington, CT 06489

860.378.1800/phone  
860.378.1807/fax

CSDA.com

April 8, 2020

Dr. Peter S. Katz, Chair  
Connecticut State Dental Commission  
410 Capitol Avenue, MS #13PHO  
P. O. Box 340308  
Hartford, CT 06134-0308

### **Re: Public Act 19-72**

Dear Dr. Katz,

As you are aware, Public Act 19-72 makes various changes in laws for dental practitioners. Among other things, the act establishes a one-year clinical residency as a standard requirement for initial dentist licensure. For dentists electing the alternative licensure route of completing an examination instead of a residency, the act eliminates single encounter, procedure-based patient examinations by July 1, 2021, or at such time that the State Dental Commission approves examinations that do not require patient participation.

As we begin to envision a time when dental students will no longer have the option of a live patient exam, the Connecticut State Dental Association strongly urges the Dental Commission to investigate all of the feasible alternatives to single encounter patient based examinations for initial dental licensure, before making a determination on the best alternative(s) to assessing clinical competency. As such, we would especially encourage you to seriously consider the DLOSCE (Dental Licensure Objective Structured Clinical Examination) and the compendium of clinical competency as valid and reliable tools to determine a new dentist's readiness to practice.

As Connecticut's authority for ensuring clinical competency for our profession's newest members, it is essential that the Dental Commission takes the time necessary to perform its due diligence on this important issue. Both the Dental Commission and the CSDA share the mutual goal of ensuring patient safety and access to quality oral health care, and in that spirit the Connecticut State Dental Association stands ready to provide resources and assist the Dental Commission in any way possible.



Sincerely,

*Albert Natilli*  
(Electronic Signature)

Albert Natelli, D.D.S.  
CSDA President