

South Dakota State Board of Dentistry

Board Meeting Agenda

10:00 a.m. Central / Friday May 29, 2026

Red Rossa Conference Room – 808 West Sioux Avenue Pierre, SD

Public Agenda

- 1) Call to Order**
- 2) Open Forum:** 5 minutes for the public to address the Board
- 3) Approval of Minutes**
- 4) Adoption of Agenda**
- 5) Financial Report**
- 6) Office Update**
- 7) Program Updates**
 - a. SD Dental Hygienists' Association: *Katie Pudwill*
 - b. SD Dental Association, Dental Wellness Program, Oral Health Coalition: *Paul Knecht*
- 8) Executive Session - SDCL 1-25-2(3) and (4)**
- 9) Applications**
- 10) Compliance/Legal**
- 11) New Business**
 - a. Management Services Transition Update
 - b. Department of Corrections Advisory Opinion Request
 - c. Policies & Procedures Review
 - d. Continuing Education Guidelines Review
 - e. Course Review: Permit to Monitor, Host Permit, Moderate Sedation Permit, & Other
 - f. Anesthesia Credentials Committee Report
 - g. Appointment Opportunities:
 - i. ADEX – Council on Examinations (D and DH)
 - ii. CRDTS – Exam Review Committee (D and DH) and Steering Committee
 - h. Elections
 - i. Membership and Travel: American Association of Dental Boards (AADB) & American Association of Dental Administrators (AADA)
 - j. Meeting Dates
- 12) Announcements:** Future Meeting Dates – October 23, 2026 and February 5, 2027
- 13) Adjourn**

SD State Board of Dentistry
Board Meeting
Drifters Event Center- Ft. Pierre, SD
Friday February 6, 2026

President Van Dam called the meeting to order at 10:01 a.m. Central.

Board Members Present: Dr. Scott Van Dam, Dr. Brian Prouty, Dr. Donald Massa, Dr. Jon Schaack, and Amy Perry.

Board Members Present via Video/ Audio Conferencing: Dr. Harold Doerr and Ashley Flynn.

Board Staff Present: Brittany Novotny, Elizabeth Cave (General Counsel), Beverly Katz (General Counsel), Shelly Munson (Prosecutor), Dr. Dennis Mills (Investigator), Dr. Randy Sachau (Investigator), Dr. Orin Ellwein (Investigator), Lisa Harsma, and Dusti Palecek.

Others Present: Catherine Williamson, Carla Bachand, Dr. Lee Cordell, Dr. Jeffrey Loftus, Verne Goodsell, Dr. Patrick Tibbles, Dr. Patrick Anderson, and Amy Loftus.

Van Dam welcomed new Board member Dr. Donald Massa and interim general counsel Elizabeth Cave and Beverly Katz and asked them to introduce themselves.

Van Dam called for public testimony during the open forum. There was no public testimony.

Motion to approve the minutes of the October 10, 2025 and December 15, 2025 board meetings by Schaack. Second by Perry. Motion carried.

Motion to adopt the agenda by Perry. Second by Schaack. Motion carried.

Motion to approve the financial report by Perry. Second by Schaack. Motion carried.

Novotny provided an office update.

Motion to appoint Amy Perry to participate in the Commission on Dental Accreditation (CODA) site visit of the Lake Area Technical College Dental Hygiene program by Schaack. Second by Massa. Motion carried.

Kaitlin Sherer with the South Dakota Department of Health provided the Board with an update on the Request For Proposals (RFP) process and Board operations transition that will occur June 1, 2026.

The South Dakota Dental Association and the South Dakota Dental Hygienists' Association provided written updates to the Board.

The Board recessed the Board meeting and convened the Formal Hearing of Dr. Jeffrey Loftus, M866, before Administrative Law Judge Catherine Williamson, at 10:30 a.m.

The Board recessed the Formal Hearing at 12:00 p.m. and reconvened the Board meeting.

Motion to approve the South Dakota Dental Association and South Dakota Dental Hygienists' Association joint 2026 speaker honorarium application for \$9,100 for Dr. Lane Ochi to present "Application of Color Therapy & Shade Selection in Restorative Dentistry" by Massa. Second by Schaack. Motion carried.

Novotny provided the Board with an update on the teledentistry regulations project.

The Board announced the following meeting dates: March 25, 2026, May 29, 2026, October 23, 2026, and February 5, 2027.

The Board recessed the Board meeting and reconvened the Formal Hearing of Dr. Jeffrey Loftus before Administrative Law Judge Catherine Williamson at 12:40 p.m.

Motion to move into Executive Session pursuant to SDCL 1-25-2(3) consulting with legal counsel by Schaack. Second by Massa. Motion carried. The Board went into Executive Session at 5:21 p.m.

The Board reconvened in open session at 6:45 p.m. by unanimous consent.

Motion to require Dr. Jeffrey Loftus and his staff to complete recordkeeping training and DEA compliance training within 90 days; to issue a letter of reprimand to be placed on his license; to suspend his moderate sedation permit for 30 days; to require a future inspection at approximately 90 days by both the Department of Pharmacy and a member of the Dental Board Anesthesia Committee; and to require Dr. Loftus to bear all costs associated with the investigation and hearing by Doerr. Second by Perry. Motion carried.

The Board concluded the Formal Hearing of Dr. Jeffrey Loftus before Administrative Law Judge Catherine Williamson at 6:50 p.m.

The Board reconvened the Board meeting at 6:50 p.m.

Motion to approve the dentist credential verification applications of Abtin Etezadi-Tabrizi, Vincent James Perciaccante, Bradley Jonathan Smith and Andrew Quint Whitefield by Schaack. Second by Massa. Motion carried.

Motion to approve the dental hygienist credential verification application of Erik Jon Mutterer, Mary Berniece Peterson, Kristina Valeryevna Spangberg and Courtney Ann Kennedy by Perry. Second by Schaack. Motion carried.

Motion to approve the dentist regular applications of Edward Tucker Rudisill, Taurean Travas Smith, Lauren Renee Witte, and Dominique Starr Yellowhair by Schaack. Second by Massa. Motion carried.

Motion to approve the dental hygienist regular applications of Sumner Elizabeth Grubbs, Rebecca Carroll Smithmier and Nora Ann Sudbeck by Perry. Second by Prouty. Motion carried.

The Board recessed the Board meeting and convened the Formal Hearing of Robinson Larraga, DH1851, before Administrative Law Judge Catherine Williamson, at 6:55 p.m.

Formal Hearing of Robinson Larraga, DH1851, with ALJ Williamson presiding. Licensee served with notice. Licensee did not appear. Motion to suspend the License of Robinson Larraga by Perry. Second by Schaack. Motion carried.

The Board concluded the Formal Hearing of Robinson Larraga before Administrative Law Judge Catherine Williamson at 7:03 p.m.

The Board reconvened the Board meeting at 7:04 p.m.

Motion to adjourn the Board meeting by Perry. Second by Prouty. Motion carried. The meeting was adjourned at 7:04 p.m.

Dr. Scott Van Dam, President

SD State Board of Dentistry
Board Meeting
Teleconference
Wednesday March 25, 2026

President Van Dam called the meeting to order at 6:05 pm Central.

Board Members Present: Dr. Scott Van Dam, Dr. Brian Prouty, Dr. Jon Schaack, Dr. Harold Doerr, Dr. Donald Massa, Amy Perry, and Ashley Flynn.

Board Staff Present: Brittany Novotny, Lisa Harsma, Beverly Katz (General Counsel), Elizabeth Cave (General Counsel), Shelly Munson (Prosecutor), Dr. Dennis Mills (Investigator), Dr. Randy Sachau (Investigator) and Dr. Orin Ellwein (Investigator).

Others Present: Paul Knecht and Jimmie Hartman.

Van Dam called for public testimony during the open forum. Paul Knecht provided an update from the South Dakota Dental Association.

Motion to approve the agenda by Doerr. Second by Flynn. Motion carried.

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) and (4) by Perry. Second by Doerr. Motion carried. The Board went into Executive Session at 6:11 pm.

Motion to move out of Executive Session by Flynn. Second by Perry. Motion carried. The board moved out of Executive Session at 7:35 pm.

Motion to approve the agreed upon disposition, as presented, and direct the order be signed and entered for case 01.2526 by Doerr. Second by Flynn. Motion carried.

Motion to approve the agreed upon disposition, as presented, and direct the order be signed and entered for case 08.2526 by Perry. Second by Schaack. Motion carried.

Motion to approve the agreed upon disposition, as presented, and direct the order be signed and entered for case 07.2526 by Massa. Second by Perry. Motion carried.

Motion to approve the agreed upon disposition, as presented, and direct the order be signed and entered for case 13.2526 by Prouty. Second by Perry. Motion carried.

Motion to approve the agreed upon disposition, as presented, and direct the order be signed and entered for case 42.2425 by Perry. Second by Prouty. Motion carried.

Motion to approve the reinstatement of the dental license of Dr. Cale Slack upon receipt of verification of participation in the Health Professionals Assistance Program and verification of completion of the CRDTS CARE clinical assessment and remediation outlined in the Agreed Upon Disposition for Order of Reinstatement for case 42.2425 by Perry. Second by Doerr. Motion carried.

Motion to approve the CRDTS Remediation Report as satisfaction of the Agreed Upon Disposition for Letter of Reprimand and Probation for case 02.2425 by Flynn. Second by Massa. Motion carried.

Motion to approve the FY2027 contracts, as proposed, by Doerr. Second by Schaack. Motion carried.

The Board announced the following meeting dates: April 13, 2026 and May 29, 2026.

Motion to adjourn by Doerr. Second by Massa. Motion carried.

There being no further business, the meeting was adjourned at 7:45 pm.

Amy Perry, Secretary

SD State Board of Dentistry
Board Meeting
Teleconference
Monday April 13, 2026

President Van Dam called the meeting to order at 6:04 pm Central.

Board Members Present: Dr. Scott Van Dam, Dr. Brian Prouty, Dr. Jon Schaack, Dr. Harold Doerr, Dr. Donald Massa, and Amy Perry.

Board Staff Present: Brittany Novotny, Lisa Harsma, Beverly Katz (General Counsel), and Elizabeth Cave (General Counsel).

Others Present: Deni Martin (DM Management), Michael Linngren and Berk Ehrmantraut (James River Public Affairs), Carrie Sanderson and Malori Barnett (Good Stewarts Consulting), and Frederick Beil.

Van Dam called for public testimony during the open forum. There was no public testimony.

Motion to approve the agenda by Schaack. Second by Doerr. Motion carried.

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) and (4) by Doerr. Second by Prouty. Motion carried. The Board went into Executive Session at 6:06 pm.

Motion to move out of Executive Session by Perry. Second by Schaack. Motion carried. The board moved out of Executive Session at 8:41 pm.

Motion to adjourn by Prouty. Second by Massa. Motion carried.

There being no further business, the meeting was adjourned at 8:43 pm.

Amy Perry, Secretary

SD State Board of Dentistry
Board Meeting
Teleconference
Tuesday May 12, 2026

President Van Dam called the meeting to order at 6:33 pm Central.

Board Members Present: Dr. Scott Van Dam, Dr. Brian Prouty, Dr. Jon Schaack, Dr. Harold Doerr, Dr. Donald Massa, Ashley Flynn and Amy Perry.

Board Staff Present: Brittany Novotny, Lisa Harsma, Beverly Katz (General Counsel), Elizabeth Cave (General Counsel) and Dr. Dennis Mills (Board Investigator).

Others Present: Howard Pallotta (Department of Health General Counsel).

Van Dam called for public testimony during the open forum. There was no public testimony.

Motion to approve the agenda by Massa. Second by Schaack. Motion carried.

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) and (4) by Schaack. Second by Perry. Motion carried. The Board went into Executive Session at 6:35 pm.

Motion to move out of Executive Session by Massa. Second by Prouty. Motion carried. The Board moved out of Executive Session at 7:39 pm.

Motion to approve the course “DEA Compliance “R.I.S.K” in Dental Medicine” and the letter of reprimand, as presented, and direct the order be signed and entered for case 14.2526 by Schaack. Second by Flynn. Motion carried.

Motion to select DM Management, LLC for services pursuant to RFP 26-0920200-014 by Doerr. Second by Prouty. Motion carried.

Motion to adjourn by Schaack. Second by Flynn. Motion carried.

There being no further business, the meeting was adjourned at 7:42 pm.

Amy Perry, Secretary

Remaining Authority by Object/Subobject

Expenditures current through 05/02/2026 04:20:21 PM

HEALTH -- Summary

FY 2026 Version -- AS -- Budgeted and Informational

FY Remaining: 16.4 %

09202	Board of Dentistry - Info						PCT
Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
EMPLOYEE SALARIES							
5101030	Board & Comm Mbrs Fees	13,797	3,652	0	0	10,145	73.5
Subtotal		13,797	3,652	0	0	10,145	73.5
EMPLOYEE BENEFITS							
5102010	Oasi-employer's Share	1,252	282	0	0	970	77.5
Subtotal		1,252	282	0	0	970	77.5
51 Personal Services							
Subtotal		15,049	3,934	0	0	11,115	73.9
TRAVEL							
5203010	Auto-state Owned-in State	0	592	0	0	-592	0.0
5203030	Auto-priv (in-st.) H/rte	1,772	965	0	0	807	45.5
5203070	Air-charter-in State	22,000	2,185	0	0	19,815	90.1
5203100	Lodging/in-state	1,637	224	0	0	1,413	86.3
5203130	Non-employ. Travel-in St.	2,500	0	0	0	2,500	100.0
5203140	Meals/taxable/in-state	305	40	0	0	265	86.9
5203150	Non-taxable Meals/in-st	200	100	0	0	100	50.0
5203260	Air-comm-out-of-state	1,000	0	0	0	1,000	100.0
5203330	Non-employ Travel-out-st.	3,000	0	0	0	3,000	100.0
Subtotal		32,414	4,106	0	0	28,308	87.3
CONTRACTUAL SERVICES							
5204010	Subscriptions	300	0	0	0	300	100.0
5204020	Dues & Membership Fees	5,000	900	0	0	4,100	82.0
5204050	Computer Consultant	34,400	42,304	2,776	0	-10,680	0.0
5204060	Ed & Training Consultant	3,307	0	0	0	3,307	100.0
5204080	Legal Consultant	38,616	123,878	0	0	-85,262	0.0
5204090	Management Consultant	295,140	293,223	35,625	0	-33,708	0.0
5204100	Medical Consultant	40,000	39,939	185,061	0	-185,000	0.0
5204130	Other Consulting	7,000	1,990	61,940	0	-56,930	0.0
5204160	Workshop Registration Fee	2,000	0	0	0	2,000	100.0
5204181	Computer Services-state	316	215	0	0	101	32.0
5204190	Computer Services-private	500	0	0	0	500	100.0
5204200	Central Services	3,549	4,235	0	0	-686	0.0
5204203	Central Services	203	7	0	0	196	96.6
5204204	Central Services	1,211	1,683	0	0	-472	0.0
5204207	Central Services	1,016	485	0	0	531	52.3

Remaining Authority by Object/Subobject

Expenditures current through 05/02/2026 04:20:21 PM

HEALTH -- Summary

FY 2026 Version -- AS -- Budgeted and Informational

FY Remaining: 16.4 %

09202	Board of Dentistry - Info						PCT
Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
5204360	Advertising-newspaper	400	0	0	0	400	100.0
5204460	Equipment Rental	0	150	0	0	-150	0.0
5204480	Microfilm & Photography	500	0	0	0	500	100.0
5204510	Rents-other	725	700	0	0	25	3.4
5204530	Telecommunications Srvc	4,000	0	0	0	4,000	100.0
5204550	Garbage & Sewer	0	78	0	0	-78	0.0
5204590	Ins Premiums & Surety Bds	1,500	1,120	0	0	380	25.3
5204960	Other Contractual Service	12,000	300	0	0	11,700	97.5
Subtotal		451,683	511,207	285,402	0	-344,926	0.0
SUPPLIES & MATERIALS							
5205020	Office Supplies	1,100	459	0	0	641	58.3
5205310	Printing-state	1,000	28	0	0	972	97.2
5205350	Postage	4,500	2,843	0	0	1,657	36.8
5205390	Food Stuffs	500	0	0	0	500	100.0
Subtotal		7,100	3,330	0	0	3,770	53.1
OTHER							
5208010	Other	500	0	0	0	500	100.0
Subtotal		500	0	0	0	500	100.0
52 Operating							
Subtotal		491,697	518,643	285,402	0	-312,348	0.0
Total							
Total		506,746	522,577	285,402	0	-301,233	0.0

STATE OF SOUTH DAKOTA
 REVENUE SUMMARY BY BUDGET UNIT
 FOR PERIOD ENDING: 04/30/2026

AGENCY 09 HEALTH
 BUDGET UNIT 09202 BOARD OF DENTISTRY - INFO

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO		6503				
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS				
092020061807	6503	4293005	DENTIST CREDENTIAL	.00	9,600.00	
092020061807	6503	4293015	HYGIENIST CREDENTIAL	300.00	2,100.00	
092020061807	6503	4293105	DENTIST NEW LICENSE	200.00	2,800.00	
092020061807	6503	4293115	DENTIST JP EXAM	300.00	8,400.00	
092020061807	6503	4293125	DENTIST REINSTATE LICENSE	.00	600.00	
092020061807	6503	4293135	DENTIST NITROUS OXIDE	.00	700.00	
092020061807	6503	4293145	DENTIST MOD SEDAT RENEW	.00	200.00	
092020061807	6503	4293150	DENTIST GA/DEEP SEDATION	.00	50.00	
092020061807	6503	4293160	DENTIST HOST PERMIT LIC	150.00	450.00	
092020061807	6503	4293205	HYGIENIST NEW LICENSE	1,800.00	5,250.00	
092020061807	6503	4293215	HYGIENIST JP EXAM	1,620.00	5,535.00	
092020061807	6503	4293222	HYGIENIST ANESTHESIA	495.00	1,665.00	
092020061807	6503	4293235	HYGIENIST NITRIOUS OXIDE	450.00	1,485.00	
092020061807	6503	4293305	RADIOLOGY NEW	945.00	7,335.00	
092020061807	6503	4293307	RADIOLOGY RENEWAL	.00	405.00	
092020061807	6503	4293405	ADA EXPANDED FUNCTION NEW	315.00	4,320.00	
092020061807	6503	4293420	ADA EXPAND FUNC ADMIN NIT	180.00	3,420.00	
092020061807	6503	4293505	CORPORATE NEW LICENSE	100.00	500.00	
092020061807	6503	4293600	TEMP LICENSE	200.00	3,400.00	
092020061807	6503	4293850	COLLABORATIVE SUPERVISION	.00	80.00	
ACCT:	4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		7,055.00	58,295.00	*
092020061807	6503	4299000	OTHER LIC., PRMTS, & FEES	.00	37,111.14	
ACCT:	4299	OTHER LIC, PRMTS, & FEES (NON-GOVERNMENTAL)		.00	37,111.14	*
ACCT:	42	LICENSES, PERMITS & FEES		7,055.00	95,406.14	**

STATE OF SOUTH DAKOTA
 REVENUE SUMMARY BY BUDGET UNIT
 FOR PERIOD ENDING: 04/30/2026

AGENCY 09 HEALTH
 BUDGET UNIT 09202 BOARD OF DENTISTRY - INFO

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
092020061807	6503	4595000	VERIFICATION LETTERS	200.00	1,000.00	
092020061807	6503	4595800	LIST OF PRACTITIONERS	600.00	10,650.00	
ACCT:	4595			800.00	11,650.00	*
ACCT:	45	CHARGES FOR SALES & SERVICES		800.00	11,650.00	**
092020061807	6503	4920045	NONOPERATING REVENUES	.00	15,269.79	
ACCT:	4920	NONOPERATING REVENUE		.00	15,269.79	*
092020061807	6503	49500000000000000000	REFUND OF PRIOR YEARS EXP	.00	500.00	
ACCT:	4950	REFUND OF PRIOR YEARS EXPENDITURES		.00	500.00	*
ACCT:	49	OTHER REVENUE		.00	15,769.79	**
CNTR:	092020061807			7,855.00	122,825.93	***
CNTR:	092020061			7,855.00	122,825.93	****
CNTR:	0920200			7,855.00	122,825.93	*****
COMP:	6503			7,855.00	122,825.93	*****
B UNIT:	09202			7,855.00	122,825.93	*****

BA1409R1

STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 04/30/2026

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AGENCY: 09 HEALTH
BUDGET UNIT: 09202 BOARD OF DENTISTRY - INFO

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061807	1140000	90,146.94	DR	BOARD OF DENTISTRY
COMPANY/SOURCE TOTAL 6503 618			90,146.94	DR *	
COMP/BUDG UNIT TOTAL 6503 09202			90,146.94	DR **	
BUDGET UNIT TOTAL 09202			90,146.94	DR ***	

Contact:

ADA:

mediarelations@ada.org

ADEX:

communications@adextesting.org

American Dental Association and American Board of Dental Examiners Advance Dental Licensure Examinations Through New Agreement

ADEX to incorporate the Dental Licensure Objective Structured Clinical Examination (DLOSCE) into the ADEX Dental Examination no later than Aug. 1, 2026

CHICAGO, April 14, 2026 – The American Dental Association (ADA) and the American Board of Dental Examiners (ADEX) have finalized an agreement to license the ADA’s Dental Licensure Objective Structured Clinical Examination ([DLOSCE](#)) for incorporation into the [ADEX Dental Examination](#), marking a significant step forward in modernizing dental licensure and advancing patient safety.

The agreement benefits public health, dental licensure candidates, the dental profession, and licensing boards to help ensure dentists enter the profession with proven competence and uphold the highest standards for patient safety.

The integration of the ADA’s DLOSCE simplifies licensure pathways and supports licensure portability, benefiting candidates seeking to practice in 48 states and other jurisdictions—including Washington, D.C., Puerto Rico, Jamaica, and the U.S. Virgin Islands — that currently accept or require the ADEX Dental Examination.

“This agreement represents an important milestone for the dental profession,” said Dr. Richard Rosato, D.M.D., president of the ADA. “By aligning pathways to licensure and advancing candidate assessment, we are strengthening licensure portability, supporting a more mobile and responsive workforce, and ensuring that patient safety remains paramount. The ADA has long championed solutions that modernize licensure while protecting the public, and this collaboration reflects our commitment to shaping a strong, sustainable future for dentistry in service to public health.”

The ADEX Dental Examination with its DLOSCE component represents a modernized, evidence-based approach to evaluating clinical competence and readiness for practice. The ADEX Dental Examination will continue to assess candidates’ clinical hand skills alongside their treatment-planning and decision-making abilities. Through inclusion of the DLOSCE, the ADEX Dental Examination will benefit from the DLOSCE’s extensive use of images and 3D models that allow candidates to demonstrate their clinical judgment in scenarios that closely mirror real-world practice.

“ADEX has long served state dental boards to support licensure processes that reflect both public protection and clinical competence,” said Dr. Mark Armstrong, Chair of ADEX. “This agreement

continues that work by strengthening alignment across assessment components while preserving the clinical hand-skills evaluation that remains central to licensure in most U.S. jurisdictions.”

The agreement follows extensive collaboration among the ADA, ADEX, the Joint Commission on National Dental Examinations (JCNDE), and the ADA Council on Dental Education and Licensure (CDEL) that began in 2025. In March 2026, the ADA Board of Trustees and ADEX Board of Directors voted to approve the general terms that led to this joint agreement.

Central to discussions was a shared commitment to ensuring that dental licensure assessments continue to evolve in step with advancements in clinical education, technology, and patient care. Both organizations emphasized the importance of strengthening public protection while also enhancing the portability of dental licensure for candidates navigating an increasingly mobile profession.

ADEX will sunset its DSE OSCE no later than Aug. 1, 2026. Upon sunset of the DSE OSCE, all ADEX Dental Examination administrations will include the DLOSCE.

The DLOSCE will no longer be offered or administered as a standalone examination to new DLOSCE candidates, except in conjunction with the ADEX Dental Examination, after August 1, 2026. All standalone administrations of the DLOSCE will cease after October 9, 2026.

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About the American Dental Association

The not-for-profit ADA is the nation's largest dental association, representing more 152,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance has long been a valuable and respected guide to consumer dental care products. [*The Journal of the American Dental Association \(JADA\)*](#), published monthly, is the ADA's flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit [ADA.org](#). For more information on oral health, including prevention, care and treatment of dental disease, visit the ADA's consumer website [MouthHealthy.org](#).

About the American Board of Dental Examiners

The American Board of Dental Examiners (ADEX) is a not-for-profit organization dedicated to supporting dental boards in their mission to protect the public through the licensure of qualified oral health professionals. Established in 1969, ADEX administers independent competency examinations developed and approved by representatives of state dental boards. ADEX examinations are accepted or required by law in 51 U.S. jurisdictions and serve as the initial licensure pathway for 98% of dental and 85% of dental hygiene candidates nationwide. Through ongoing collaboration with dental boards and educators, ADEX continues to advance innovative, evidence-based assessment methods that uphold the highest standards of fairness, clinical competence, and public protection. Learn more at [adextesting.org](#).

South Dakota Department of Corrections
3200 East Highway 34, c/o 500 east
Capitol Avenue Pierre, SD 57501

4/10/2026

South Dakota Board of Dentistry
1351 N Harrison Ave, Pierre, SD 57501

Dear Members of the South Dakota Board of Dentistry (BOD),

The South Dakota Department of Corrections (DOC) respectfully requests that the BOD review and reconsider its 2016 advisory opinion regarding the placement of Silver Modified Atraumatic Restorative Technique (SMART) restorations and sedative restorative materials by dental hygienists.

Given the evolution of dental hygiene education and clinical practice since 2016, the DOC respectfully requests that the BOD rescind the advisory board opinion to allow dental hygienists to place SMART restorations and sedative restorative materials within their scope of practice under general supervision. The DOC remains committed to ensuring that all dental services are delivered safely, ethically, and within the bounds of professional training and competency. When a patient gets sentenced, they receive an initial dental screening and become patients of record of the DOC dentists. Then they are housed in facilities across the state where dentists are not always available to provide direct supervision. Dental hygienists performing these procedures would do so only for patients of record and within the existing standards governing preventive and therapeutic dental hygiene services and general supervision requirements.

Dental hygienists employed by the DOC are highly trained clinicians whose education and clinical competencies have evolved significantly since the BOD's advisory opinion was issued nearly ten years ago. Contemporary dental hygiene curricula now routinely include clinical competency in the use of Silver Diamine Fluoride, atraumatic restorative techniques, SMART restorations, and other minimally invasive caries management approaches. These techniques are widely recognized in dental education and public health practice as minimally invasive preventive services designed to arrest caries, stabilize lesions, and preserve tooth structure until definitive treatment can be completed.

Most importantly, SMART and sedative restorations are both preventive and therapeutic in nature, consistent with the services dental hygienists are authorized to provide under general supervision for patients of record who have received an examination. The technique does not involve the mechanical removal of sound enamel or conventional operative dentistry procedures. Rather, it functions as a minimally invasive caries-arrest

and remineralization strategy frequently used as an interim or stabilizing treatment until definitive care can be provided. If we were to have a dentist in-office, we would not desire or have use for sedative restorations, by contrast we would be able to do restorative or surgical procedures.

In reviewing the 2016 advisory opinion, the DOC also noted that the language appears to interpret SMART restorations within the framework of expanded function procedures specific to registered dental assistants. South Dakota statute does not create an “expanded function” distinction for dental hygienists. Dental hygienists are licensed oral health professionals with a defined scope of practice that includes preventive and therapeutic services under general supervision. The DOC is concerned that the advisory opinion may unintentionally conflate the scope of dental hygienists with that of expanded function RDAs.

The DOC fully supports the BOD’s authority to regulate expanded function procedures for registered dental assistants. However, SMART restorations and the placement of sedative restorative materials are now a standard component of dental hygiene education and clinical competence, rather than a specialized expanded function. As such, these procedures align more appropriately with the preventive and therapeutic services already performed by licensed dental hygienists under general supervision.

If the BOD determines that the original advisory opinion was intended to address expanded function procedures for RDAs, the DOC respectfully requests that the language be clarified to reflect that distinction. Such clarification would help ensure that the advisory opinion does not inadvertently restrict dental hygienists from performing minimally invasive caries-management procedures that fall within their education, training, and scope of practice.

Allowing dental hygienists to perform these preventive and therapeutic procedures would enable the DOC to:

- Provide timely stabilization of active caries lesions
- Reduce pain and infection risk among incarcerated individuals
- Prevent disease progression while awaiting definitive treatment or upcoming parole
- Improve access to essential oral health services in correctional facilities facing significant workforce shortages

We appreciate the BOD’s consideration of this request and welcome the opportunity to provide additional information or participate in discussion at the BOD’s upcoming meeting on May 29. Thank you for your continued commitment to protecting

public health and supporting the safe delivery of oral health services across the State of South Dakota.

Sincerely,

Katie Pudwill, RDH, MSDH, PhD
Senior Lecturer, Department of Dental Hygiene, University of South Dakota
Registered Dental Hygienist, South Dakota Department of Corrections

Mike Lee, DDS
Chief Dentist
Jameson Annex and South Dakota State Penitentiary
South Dakota Department of Corrections

Justin Elkins
Director of Clinical and Correctional Services
South Dakota Department of Corrections

Supporting Literature

SMART restorations combine the application of silver diamine fluoride with a glass ionomer restorative material to arrest caries and preserve tooth structure without traditional restorative work. Research demonstrates that this technique can arrest caries and maintain restoration integrity over time, making it particularly valuable in underserved populations and settings where access to dentists is limited.

Clinical trials have demonstrated that SMART restorations maintain restoration integrity and reduce hypersensitivity while functioning effectively as an interim stabilization technique for carious lesions.¹ Long-term clinical evaluations have also demonstrated that SMART restorations provide sustained caries-preventive effects and improved protection against disease progression compared with silver diamine fluoride alone.² Additionally, randomized clinical trials have found that SMART restorations demonstrate clinical success comparable to conventional restorative techniques while preserving tooth structure through minimally invasive intervention.³ These findings support the role of SMART as a minimally invasive caries-management strategy particularly valuable in settings with limited access to dentists, such as public health and correctional health systems. These evidence-based guidelines recognize silver diamine fluoride and SMART as a disease-prevention strategy rather than a conventional operative restorative procedure, supporting its use in minimally invasive caries management models.

1. Saad AE, Alhosainy AY, Abdellatif AM. Evaluation of silver diamine fluoride modified atraumatic restorative treatment (SMART) on hypomineralized first permanent molars: a randomized controlled clinical study. *BMC Oral Health*. 2024;24:1312.

doi:10.1186/s12903-024-03861-2

2. Erbas Unverdi G, Ballikaya E, Cehreli ZC. Clinical comparison of silver diamine fluoride or silver modified atraumatic restorative treatment (SMART) on hypomineralised permanent molars: three-year randomized clinical trial results. *J Dent*. 2024;145:104911.

doi:10.1016/j.jdent.2024.104911

3. Bansal K, et al. Silver diamine fluoride modified atraumatic restorative technique compared with conventional restorative treatment for carious primary molars: a randomized controlled trial. *J Dent*. 2023;138:104679. doi:10.1016/j.jdent.2023.104679

Whether it is within the scope of a dental hygienist to prepare and place a protective restoration (such as an application of Fuji Triage, ZOE, or Miracle Mix sedative filling; and if so, under what level of supervision.

It is the opinion of the Board of Dentistry (“Board”) that the placement of the restorative compounds as listed above is a reversible procedure and is included within a dental hygienist’s expanded function if said hygienist has had the required professional proficiency and training SDCL § 36-6A-1(19). The performance of this expanded function must be performed under the direct supervision of a dentist as defined in SDCL § 36-6A-18 and 19.

This advisory opinion was rendered by the Board upon submission of a written request. Although advisory opinions are not judicially reviewable and do not have the force and effect of law, they do serve as a guideline for dental hygienists who wish to engage in safe dental hygiene practices. This advisory opinion was adopted at the meeting of the South Dakota Board of Dentistry on June 17, 2016.

Substantial Equivalence (SDCL 36-1D-1): It is the policy of the Board to accept the following:

Dentist - Education

- A Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS) degree through a program structured for internationally trained dentists from a United States Commission on Dental Accreditation (CODA) accredited dental school;
- A DMD or DDS degree from a CODA accredited dental school located outside of the United States; or
- A DMD or DDS degree from a Commission on Dental Accreditation of Canada (CDAC) accredited dental school that is subject to CODA's Reciprocal Agreement with the CDAC (Reciprocal Agreement). Under the Reciprocal Agreement between CODA and CDAC, CODA has verified that the dental educational programs accredited CDAC are equivalent to CODA accredited dental programs and no further education is required for eligibility for licensure.

Dental Hygienist - Education

- A dental hygiene degree through a program for internationally trained dental hygienists from a United States Commission on Dental Accreditation (CODA) accredited dental hygiene school;
- A dental hygiene degree from a CODA accredited dental hygiene school located outside of the United States; or
- A dental hygiene degree from a Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene school that is subject to CODA's Reciprocal Agreement with the CDAC (Reciprocal Agreement). Under the Reciprocal Agreement between CODA and CDAC, CODA has verified that the dental hygiene educational programs accredited CDAC are equivalent to CODA accredited dental hygiene programs and no further education is required for eligibility for licensure.

Educational Credential Evaluators (ECE) reports will not be accepted and cannot be used to verify substantial equivalence.

Application Review Policy: It is the policy of the Board to use the Application Review Policy as guidance when determining whether to issue a license, registration, or permit. “Complex” encompasses any application or document that includes the disclosure of or absence of information that warrants additional review.

Applications

- Dentist License Applications: Temporary - A completed application will be reviewed and may be approved by board office staff. License applications require a two staff review before approval of a temporary. A complex application will be reviewed and may be approved by a member of the Board.
- Dental Hygienist License Applications: Temporary - A completed application will be reviewed and may be approved by board office staff. License applications require a two staff review before approval of a temporary. A complex application will be reviewed and may be approved by a member of the Board.
- Dentist: License Applications – The Board may approve an application.
- Dental Hygienist: License Applications – The Board may approve an application.
- Radiographer Applications - A completed application will be reviewed and may be approved by the board office staff. A complex application will be reviewed and may be approved by a member of the Board.
- Registered Dental Assistant Applications - A completed application will be reviewed and may be approved by the board office staff. A complex application will be reviewed and may be approved by a member of the Board.
- Collaborative Supervision Applications and Agreements - A completed application or agreement will be reviewed and may be approved by board office staff. A complex application or agreement will be reviewed and may be approved by the Board.
- Corporation Applications - A completed application, or a change in the ownership or management of a registered corporation, will be reviewed and may be approved by the board office staff.
- General Anesthesia and Deep Sedation Permit, Moderate Sedation Permit, or Host Permit Applications and Inspections - A completed application or inspection will be reviewed and may be approved by board office staff. A complex application or inspection will be reviewed and may be approved by a member of the Board or the chair of the Anesthesia Credentials Committee.
- All other permit applications - A completed application will be reviewed and may be approved by the board office staff.

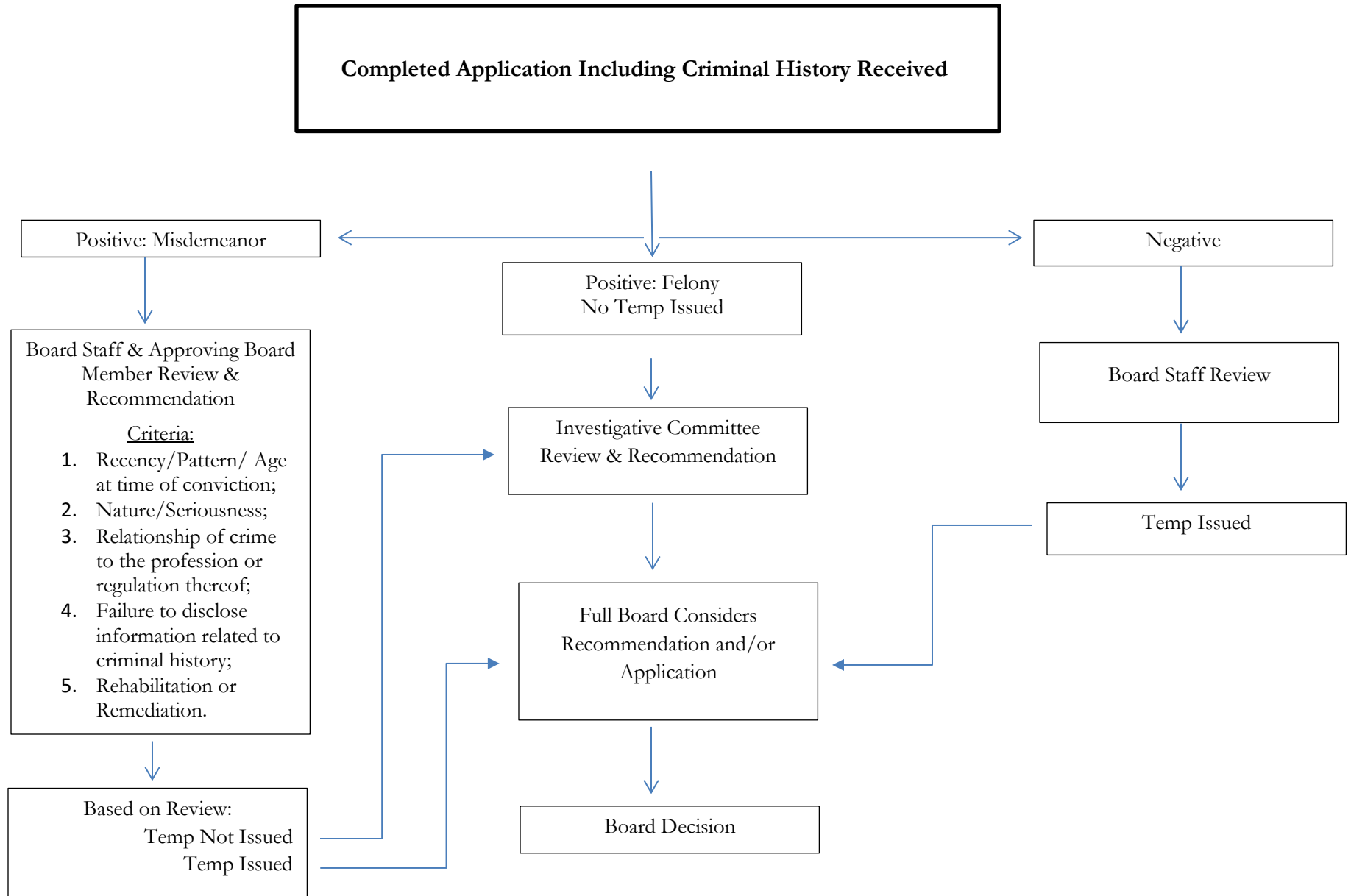
Volunteer Applications

- Dentist and Dental Hygienist: Volunteer Applications – A completed application will be reviewed and may be approved by board office staff. A complex application will be reviewed and may be approved by a member of the Board.
 - Dentist – Volunteer temporary nitrous oxide permit: To obtain a temporary permit, the applicant must verify that he or she holds a valid permit to provide this service or is otherwise allowed to provide this service under a regular dental license in his or her home state and that he or she has been regularly providing such service during the three years preceding application, or if the person has graduated less than three years

preceding application, that he or she has been regularly providing such service since graduation.

- Dental Hygienist – Volunteer temporary local anesthesia, or nitrous oxide permit: To obtain a temporary permit, the applicant must verify that he or she holds a valid permit to provide this service or is otherwise allowed to provide this service under a regular dental hygiene license in his or her home state and that he or she has been regularly providing such service during the three years preceding application, or if the person has graduated less than three years preceding application, that he or she has been regularly providing such service since graduation.

Criminal History Algorithm: It is the policy of the Board to use the Criminal History Algorithm as guidance when determining whether to issue a license, registration or permit.



Reinstatement Following Failure to Renew:

It is the policy of the Board that per SDCL 36-6A-25:

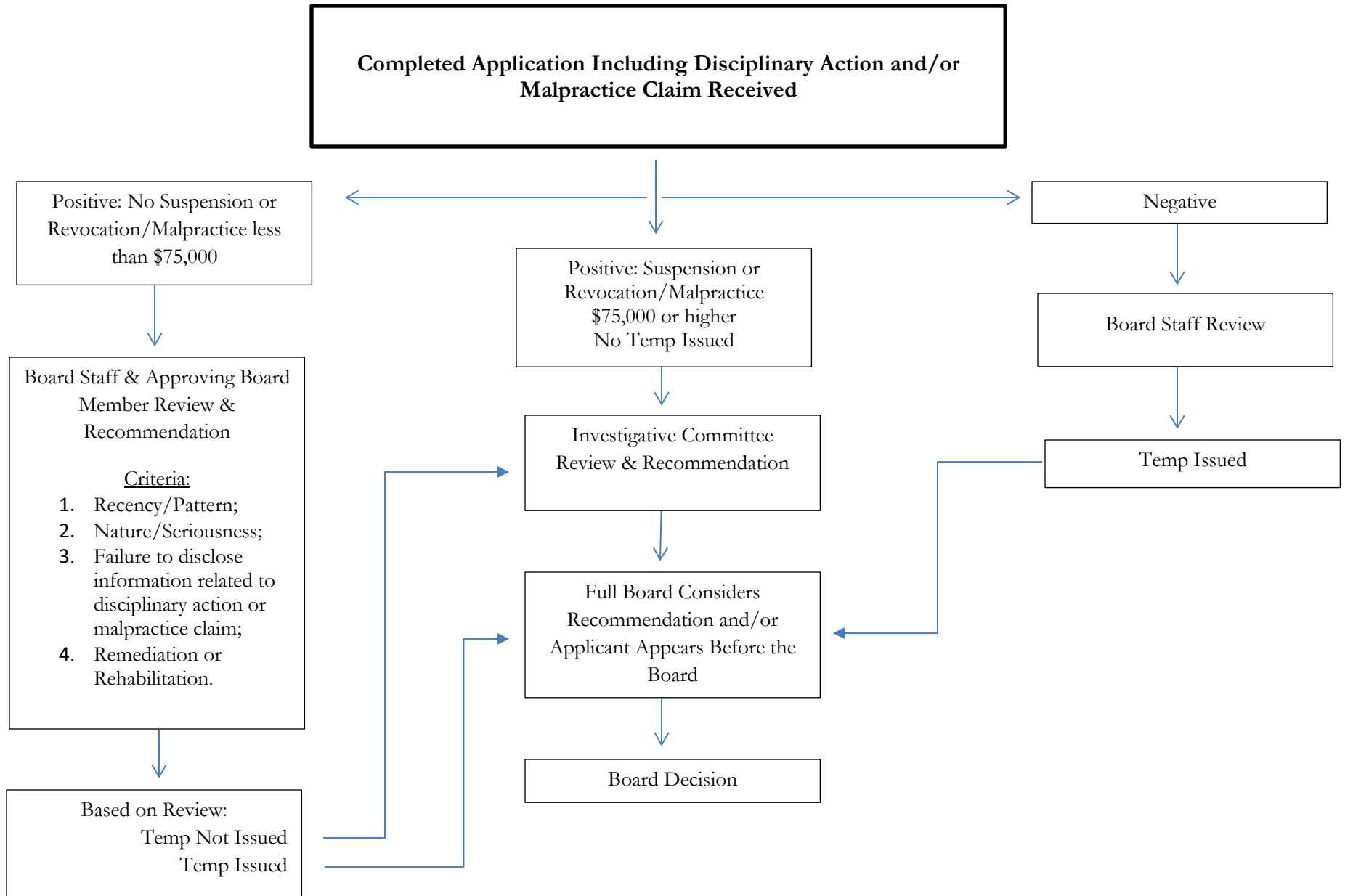
A licensee or registrant that fails to renew his or her license or registration will be granted a one-month reinstatement period. During the reinstatement period, the individual may reinstate his or her license, registration, and permits by fulfilling all renewal criteria and paying the applicable fees.

A licensee or registrant that is the subject of a complex investigation and fails to renew his or her license or registration will not be granted a reinstatement period, but the Board authorizes the immediate reinstatement of a limited license or registration when the investigative committee determines that the facts and circumstances warrant such. The limited license or registration will not include any clinical or non-clinical practice privileges but will continue jurisdiction for the purpose of resolving any pending investigation.

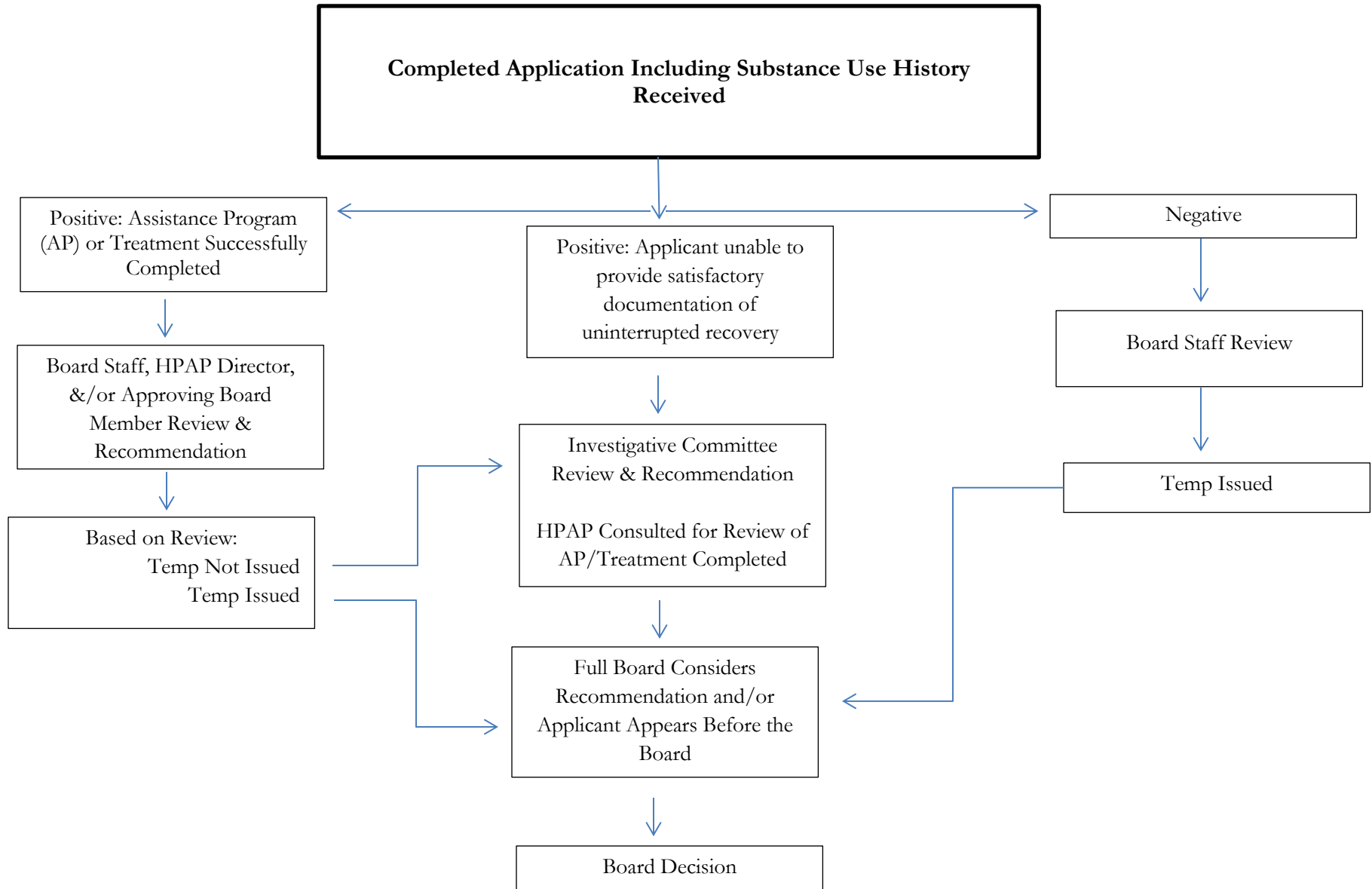
A complex investigation is one in which the evidence obtained during the investigation supports a significant violation of a statute or administrative rule enforced by the Board.

Facts and circumstances surrounding a failure to renew may be considered on a case-by-case basis.

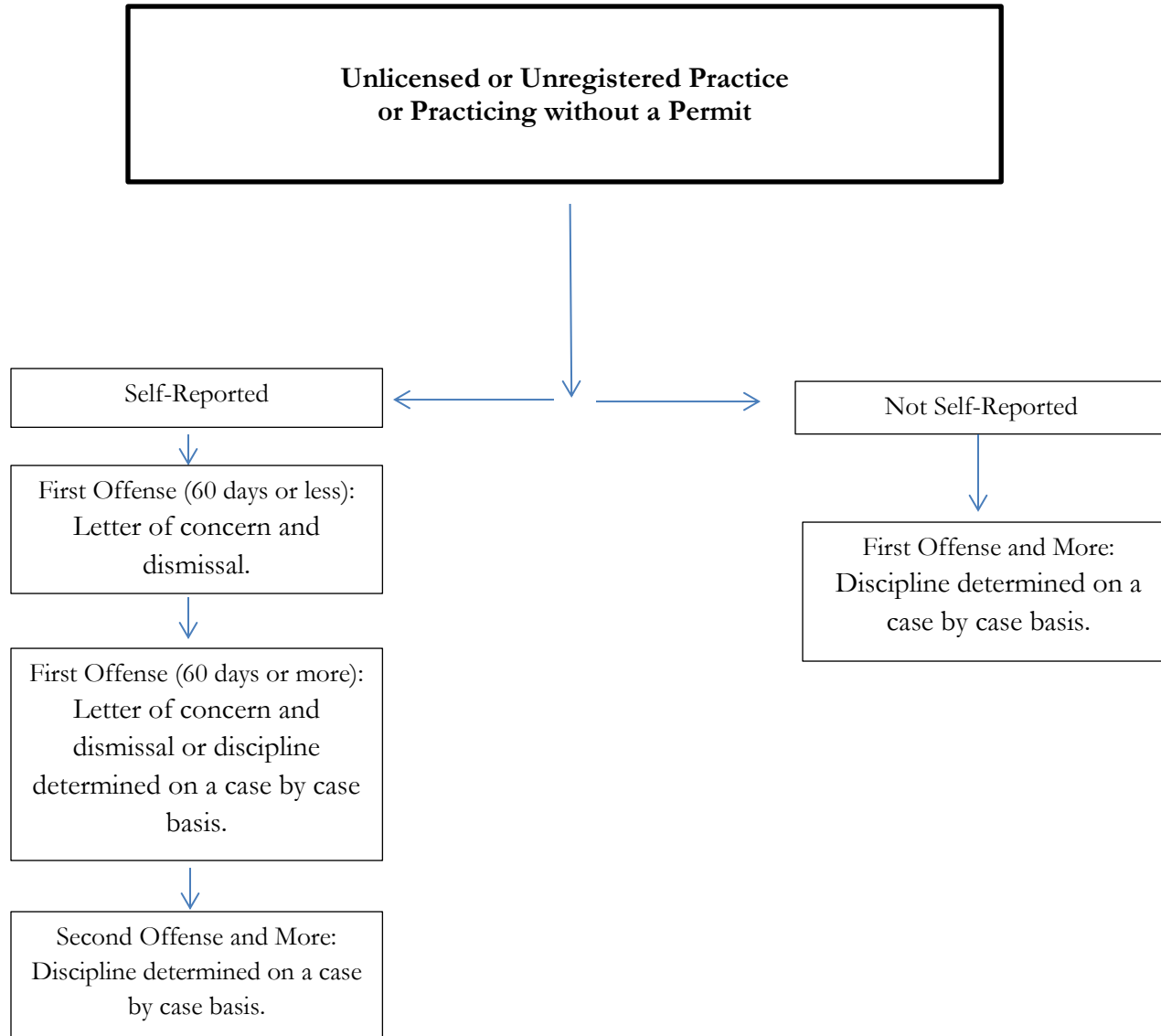
Disciplinary Action & Malpractice Claim Algorithm: It is the policy of the Board to use the Disciplinary Action & Malpractice Claims Algorithm as guidance when determining whether to issue a license, registration or permit.



Substance Use History Algorithm: It is the policy of the Board to use the Substance Use Algorithm as guidance when determining whether to issue a license, registration or permit.



Unlicensed, Unregistered or Practicing without a Permit Policy: It is the policy of the Board to use the Unlicensed, Unregistered or Practicing without a Permit Policy as guidance when reviewing complaints or other matters pertaining to individuals that qualify for a license, registration or permit.



Continuing Education Audit Policy: It is the policy of the Board that a continuing education audit will be conducted annually and that it will utilize the Continuing Education Audit Policy as guidance when completing this audit.

It is important that licensees and registrants maintain a file of all the continuing education courses attended during the applicable continuing education cycle. The Board will randomly audit continuing education records and licensees and registrants selected for an audit will be required to provide verification of attendance for all continuing education courses claimed during the applicable continuing education cycle. Verification should include proof of attendance or a certificate of completion. A proof of attendance or a certificate of completion should include the continuing education activity, name of the course, name of the presenter, sponsor of the program, city the course was held in and the number of hours awarded. A certificate of completion must also indicate that the licensee or registrant passed a post-test with a satisfactory score or successfully completed the course.

AUDIT PROCEDURE

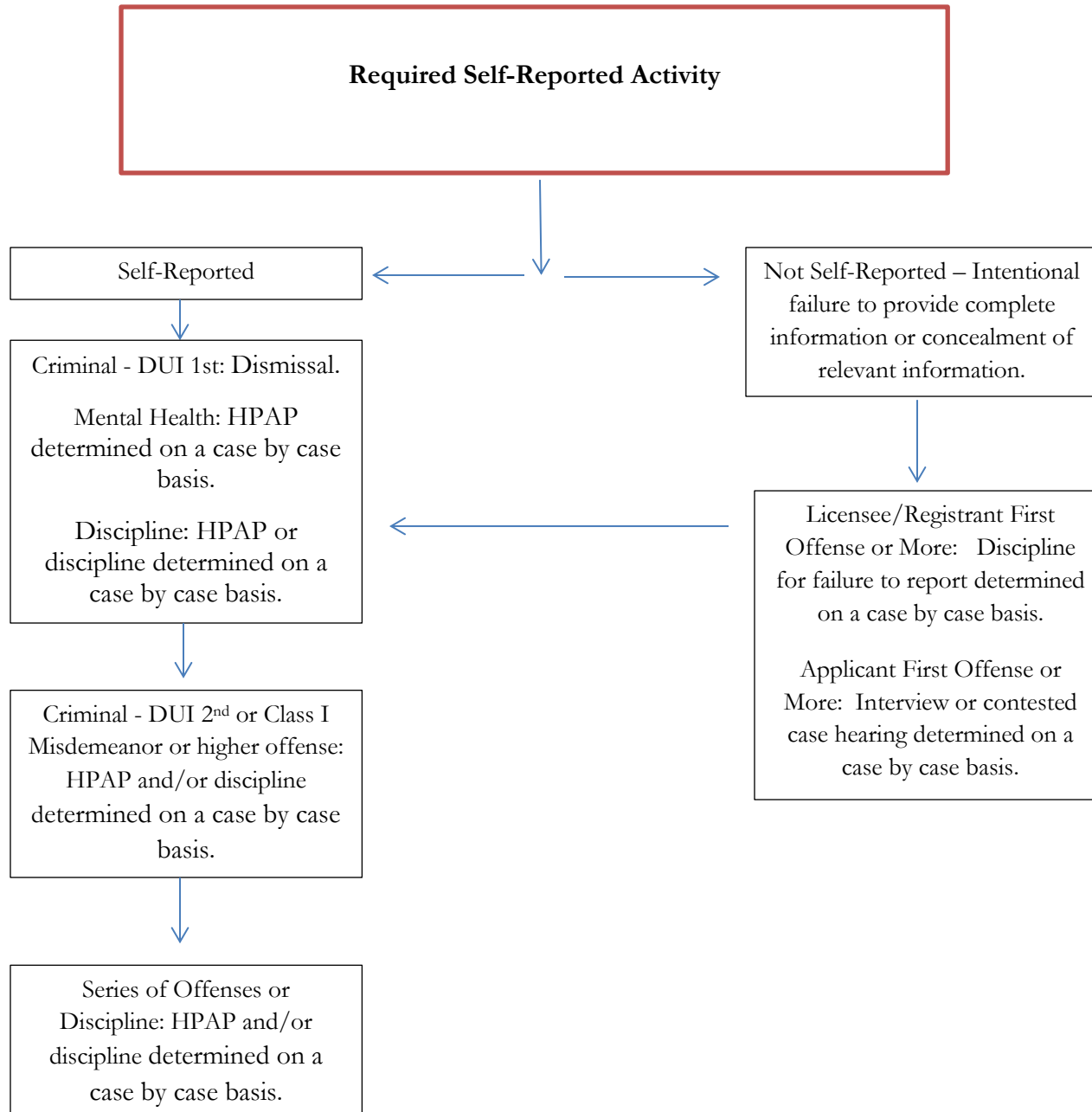
1. A percentage of licensees and registrants required to maintain continuing education hours will be selected for audit. The percentage and other selection criteria will be determined by the Board.
2. Licensees and registrants selected will be notified by the Board. They will be provided a timeframe within which to provide verification of attendance for each continuing education course claimed on his or her continuing education report.
3. If satisfactory verification of attendance cannot be produced, the continuing education course will not be approved and the licensee or registrant will not be given credit for that continuing education course.
4. If a licensee or registrant has no continuing education courses entered or a minimal number of continuing education courses entered in his or her continuing education record and is selected for an audit, that individual will be audited the following year.
5. The Board will consider each audit individually and take action as it deems necessary.

Honorarium Request Policy: It is the policy of the Board to allocate resources, when available, to fund continuing education courses that further the mission of the Board. The Board will utilize the Honorarium Request Procedure as guidance:

HONORARIUM REQUEST PROCEDURE

- The Board will determine the following:
 - Fund allocation amount;
 - Information required for submission;
 - Eligibility criteria, which shall include all applicable state contractor requirements;
 - Deadline for submission of applications; and
 - Timeframe for review of applications.
- The Board will release an application at least 30 days prior to the deadline for submission.
- Any application received after the deadline for submission will not be considered unless extenuating circumstances warrant review.

Self-Reported Activity: It is the policy of the Board to use the Self-Reported Activity as guidance when reviewing information required to be reported to the Board.



Code of Conduct and Conflict of Interest Policy for Use By State Authority, Board, Commission, and Committee Members

Purpose

The purpose of this code of conduct and conflict of interest policy (“Code”) is to establish a set of ethical principles and guidelines for members of state authorities, boards, commissions, or committees when acting within their official public service capacity. This Code applies to all appointed and elected members of state authorities, boards, commissions, and committees (hereinafter “Boards” and “Board member(s)”).

Conflict of Interest for Board Members

Board members may be subject to statutory restrictions specific to their Boards found in state and federal laws, rules and regulations. Those restrictions are beyond the scope of this Code. Board members should contact their appointing authority or the attorney for the Board for information regarding restrictions specific to their Board.

General Restrictions on Participation in Board Actions

A conflict of interest exists when a Board member has an interest in a matter that is different from the interest of members of the general public. Examples of circumstances which may create a conflict of interest include a personal or pecuniary interest in the matter or an existing or potential employment relationship with a party involved in the proceeding.

Whether or not a conflict of interest requires a Board member to abstain from participation in an official action of the Board depends upon the type of action involved. A Board’s official actions are either quasi-judicial or quasi-legislative. A quasi-judicial official action is particular and immediate in effect, such as a review of an application for a license or permit. In order to participate in a quasi-judicial official action of the Board, a Board member must be disinterested and free from actual bias or an unacceptable risk of actual bias. A Board member must abstain from participation in the discussion and vote on a quasi-judicial official action of the Board if a reasonably-minded person could conclude that there is an unacceptable risk that the Board member has prejudged the matter or that the Board member’s interest or relationship creates a potential to influence the member’s impartiality.

A quasi-legislative official action, also referred to as a regulatory action, is general and future in effect. An example is rule-making. If the official action involved is quasi-legislative in nature, the Board member is not required to abstain from participation in the discussion and vote on the action

unless it is clear that the member has an unalterably closed mind on matters critical to the disposition of the action.

“Official action” means a decision, recommendation, approval, disapproval or other action which involves discretionary authority. A Board member who violates any of these restrictions may be subject to removal from the Board to which the member is appointed.

Contract Restrictions

There are federal and state laws, rules and regulations that address conflict of interest for elected and appointed Board members in the area of contracts. As an initial matter, a Board member may not solicit or accept any gift, favor, reward, or promise of reward, including any promise of future employment, in exchange for recommending, influencing or attempting to influence the award of or the terms of a state contract. This prohibition is absolute and cannot be waived.

Members of certain Boards are required to comply with additional conflict of interest provisions found in SDCL Chapter 3-23 and are required to make an annual disclosure of any contract in which they have or may have an interest or from which they derive a direct benefit. The restrictions apply for one year following the end of the Board member’s term. The Boards impacted by these laws are enumerated within SDCL 3-23-10. For more information on these provisions, see the State Authorities/Boards/Commissions page in the Legal Resources section of the Attorney General’s website at: <http://atg.sd.gov/legal/opengovernment/authorityboardcommission.aspx>.

Absent a waiver, certain Board members are further prohibited from deriving a direct benefit from a contract with an outside entity if the Board member had substantial involvement in recommending, awarding, or administering the contract or if the Board member supervised another state officer or employee who approved, awarded or administered the contract. With the exception of employment contracts, the foregoing prohibition applies for one year following the end of the Board member’s term. However, the foregoing prohibition does not apply to Board members who serve without compensation or who are only paid a per diem. See SDCL 5-18A-17 to 5-18A-17.6. For more information on these restrictions see the Conflict of Interest Waiver Instructions and Form on the South Dakota Bureau of Human Resources website at: <http://bhr.sd.gov/forms/>.

Other federal and state laws, rules and regulations may apply to specific Boards. For general questions regarding the applicability of SDCL Chapter 3-23 or other laws, a Board member may contact the attorney for the Board. However, because the attorney for the Board does not represent the Board member in his or her individual capacity, a Board member should contact a private attorney if the member has questions as to how the conflict of interest laws apply to the Board member’s own interests and contracts.

Consequences of Violations of Conflict of Interest Laws

A contract entered into in violation of conflict of interest laws is voidable and any benefit received by the Board member is subject to disgorgement. In addition, a Board member who violates conflict of interest laws may be removed from the Board and may be subject to criminal prosecution. For example, a Board member may be prosecuted for theft if the member knowingly

uses funds or property entrusted to the member in violation of public trust and the use resulted in a direct financial benefit to the member. See SDCL 3-16-7, 5-18A-17.4, and 22-30-46.

Retaliation for Reporting

A Board cannot dismiss, suspend, demote, decrease the compensation of, or take any other retaliatory action against an employee because the employee reports, in good faith, a violation or suspected violation of a law or rule, an abuse of funds or abuse of authority, a substantial and specific danger to public health or safety, or a direct criminal conflict of interest, unless the report is specifically prohibited by law. SDCL 3-16-9 & 3-16-10.

Board members will not engage in retaliatory treatment of an individual because the individual reports harassment, opposes discrimination, participates in the complaint process, or provides information related to a complaint. See SDCL 20-13-26.

Anti-Harassment/Discrimination Policy

While acting within their official capacity, Board members will not engage in harassment or discriminatory or offensive behavior based on race, color, creed, religion, national origin, sex, pregnancy, age, ancestry, genetic information, disability or any other legally protected status or characteristic.

Harassment includes conduct that creates a hostile work environment for an employee or another Board member. This prohibition against harassment and discrimination also encompasses sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexually harassing nature, when: (1) submission to or rejection of the harassment is made either explicitly or implicitly the basis of or a condition of employment, appointment, or a favorable or unfavorable action by the Board member; or (2) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment or discriminatory or offensive behavior may take different forms and may be verbal, nonverbal, or physical in nature. To aid Board members in identifying inappropriate conduct, the following examples of harassment or discriminatory or offensive behavior are provided:

- Unwelcome physical contact such as kissing, fondling, hugging, or touching;
- Demands for sexual favors; sexual innuendoes, suggestive comments, jokes of a sexual nature, sexist put-downs, or sexual remarks about a person's body; sexual propositions, or persistent unwanted courting;
- Swearing, offensive gestures, or graphic language made because of a person's race, color, religion, national origin, sex, age or disability;
- Slurs, jokes, or derogatory remarks, email, or other communications relating to race, color, religion, national origin, sex, age, or disability; or
- Calendars, posters, pictures, drawings, displays, cartoons, images, lists, e-mails, or computer activity that reflects disparagingly upon race, color, religion, national origin, sex, age or disability.

The above cited examples are not intended to be all-inclusive.

A Board member who is in violation of this policy may be subject to removal from the Board.

Confidential Information

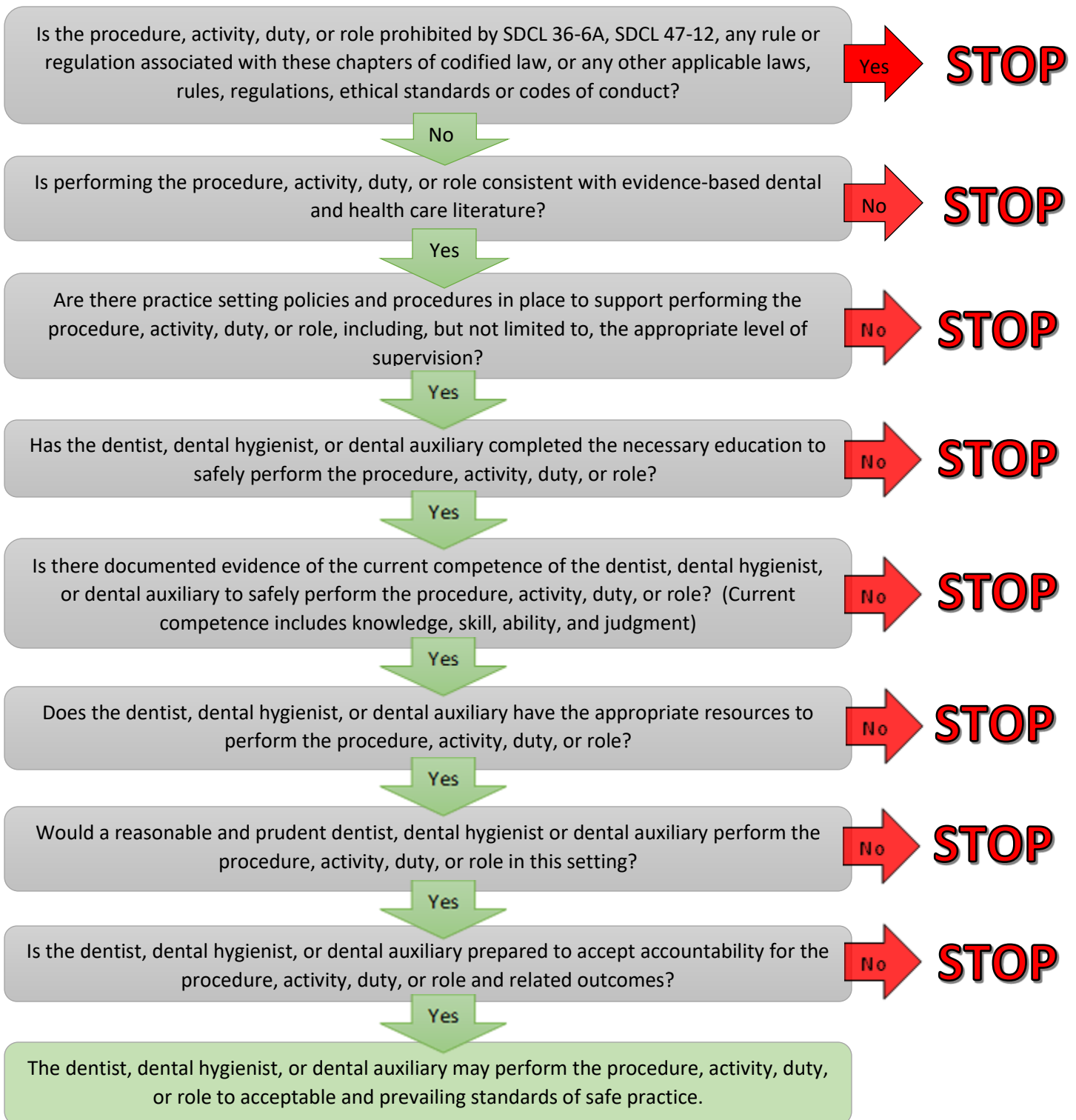
Except as otherwise required by law, Board members shall not disclose confidential information acquired during the course of their official duties. In addition, members are prohibited from the use of confidential information for personal gain.

Reporting of Violations

Any violation of this Code should be reported to the appointing authority for the Board member who is alleged to have violated the Code.

Scope of Practice Decision-making Framework

Identify, describe, or clarify the procedure, activity, or role under consideration.



These decision-making framework guidelines are for educational purposes only. The guidelines do not purport to establish a standard of competence or advise a course of action for patient care in any particular situation.

Framework adopted by the South Dakota State Board of Dentistry on January 11, 2019.



South Dakota State Board of Dentistry Continuing Education Requirements

Dentists

Dentists must earn 100 hours of continuing education in every 5-year CE cycle. Fifty (50) of those hours must be academic. Dentists must maintain a current cardiopulmonary resuscitation (CPR) card. A dentist must complete a CPR course that is intended for a Healthcare Provider, meets the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and includes a hands-on skills assessment. A Dentist holding a general anesthesia and deep sedation, moderate sedation, or host permit must have a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) card from the American Heart Association. *See the CPR requirements in the CE guidelines below.* A Dentist holding a general anesthesia and deep sedation or moderate sedation permit must complete an additional 25 hours of continuing education in anesthesia related topics for each five-year licensure cycle.

Dental Hygienists

Dental Hygienists must earn 75 hours of continuing education in every 5-year CE cycle. A Dental Hygienist must have documented at least five hours of continuing education in dental radiography in a five-year period. Dental Hygienists must maintain a current cardiopulmonary resuscitation (CPR) card. A Dental Hygienist must complete a CPR course that is intended for a Healthcare Provider, meets the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and includes a hands-on skills assessment. *See the CPR requirements in the CE guidelines below.*

Registered Dental Assistants (Expanded Functions)

Registered Dental Assistants must earn 60 hours of continuing education in every 5-year CE cycle. A person who is certified in dental radiography must have documented at least five hours of continuing education in dental radiography in a five-year period. Registered Dental Assistants must maintain a current cardiopulmonary resuscitation (CPR) card. A Registered Dental Assistant must complete a CPR course that is intended for a Healthcare Provider, meets the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and includes a hands-on skills assessment. *See the CPR requirements in the CE guidelines below.*

Dental Radiographers

Dental Radiographers are required to earn 5 hours of continuing education in dental radiography in every 5-year CE cycle.

Continuing Education Categories

Academic: Dentists must complete a minimum of 50 hours in a 5-year CE cycle

Dentists are the only practitioners required to obtain academic hours. Dental hygienists and registered dental assistants who attend academic continuing education should submit those courses in the clinical category.

Academic hours must directly relate to the provision of clinical dental services and meet one of the following criteria: The course must be taken physically at a dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA), the course presenter must be affiliated with a dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA), the provider organization must be approved by the American Dental Association Continuing Education Recognition Program (CERP), or the provider organization must be approved by the Academy of General Dentistry Program Approval For Continuing Education (PACE).

Home Study: Limited to 30 hours maximum in a 5-year CE cycle

Online continuing education courses or webinars that include an interactive component are not considered home study and should be categorized based on course content.

Home study continuing education may include online courses or courses presented via CD that do not have an interactive component. Home study courses require that you demonstrate your participation in the course or lecture through a certificate of completion from the continuing education provider. You cannot receive credit for the same home study course more than one time during your 5-year CE cycle.

CPR: Limited to 15 hours maximum in a 5-year CE cycle

Being certified in cardiopulmonary resuscitation (CPR) is a requirement for all dentists, dental hygienists, and registered dental assistants. All such licensees/registrants must maintain a current CPR card. You must complete a CPR course that is intended for a Healthcare Provider, meets the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and includes a hands-on skills assessment. You do not have to take a refresher course every year; just keep your certification current. Credit for CPR courses is hour for hour. Dentists holding a general anesthesia and deep sedation, moderate sedation, or host permit may submit an Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) card from the American Heart Association to satisfy the CPR requirement. The Board of Dentistry will

recognize hours taken for a certified paramedic, certified emergency medical technician and advanced certified life support in the CPR category with the applied 15 hour limit.

Practice Management: Limited to 10 hours maximum in a 5-year CE cycle

Practice management courses or lectures are taken to benefit oneself for personal or professional gain or enhancing the business aspects of dentistry. Courses and lectures include, but are not limited to, practice management, dental ethics, risk management, stress management, communication skills, office ergonomics, HIPAA, domestic violence, etc. Completion of a college business or college computer-business class will be accepted for 10 hours of practice management if the class included at least 10 hours of lecture or class time.

Nutrition: Limited to 15 hours maximum in a 5-year CE cycle

Nutrition courses or lectures include topics of dental nutrition. These topics included, but are not limited to, diet, exercise, dental nutrition, and health issues affecting dental health (ex. Anorexia nervosa, bulimia, etc.)

Clinical: Unlimited

Clinical courses or lectures are presented by an instructor who is not affiliated with a CODA accredited university or do not meet the criteria for Academic continuing education. These courses or lectures emphasize practitioner to patient contact. Examples include, but are not limited to latest techniques in dentistry, clinical courses, specialties, OSHA/infection control, etc. Courses presented by colleagues or other presenters providing an in-office presentation should obtain prior course approval from the Board.

Radiography: Dental Hygienist and Radiographers must have a minimum of 5 hours of radiography courses in a 5-year CE cycle. Limited to 20 hours maximum in a 5-year CE cycle.

Radiography topics can include radiation safety, equipment operation, film processing, emergency procedures, anatomy and positioning of relevant procedures, radiographic quality assurance, correcting and identifying technique and processing errors, and recognition and identification of radiographic information, such as procedures for enhancing interpretation of radiographic information including disease. Home study radiography courses are allowed. However, if you take the same home study course more than one time during your 5-year CE cycle, you will only receive credit for one course. You cannot receive credit for the same home study course more than one time during your 5-year CE cycle.

Anesthesia/Sedation: Dentists holding a general anesthesia and deep sedation, moderate sedation or host permit must complete an additional 25 hours of continuing education in anesthesia related topics for each five-year licensure cycle.

A Board approved anesthesia inspector is eligible for two hours of anesthesia related continuing education for each anesthesia inspection completed with a maximum of ten hours per continuing education cycle.

Dentists holding a general anesthesia and deep sedation, moderate sedation or host permit may claim 4 hours of anesthesia related continuing education for each ACLS or PALS certification completed and may claim a maximum of 8 hours per continuing education cycle (i.e. 2 ACLS certification courses).

Other Continuing Education Guidelines

Clinical – Exhibits (State, Regional or National Meetings/Conventions):

Hour for hour up to five (5) hours of Clinical-Exhibits CE may be earned for attendance at the exhibits and meetings at a state, regional or national meeting/convention up to twenty-five (25) hours per 5 year CE cycle.

Clinical – Course (table clinics of a state, regional or national meetings/conventions)

One (1) hour Clinical-Course CE may be earned for each attendance at the table clinics of a state, regional or national meeting/convention.

Examiners:

CRDTS and other Regional Board Examiners are allowed five (5) hours Academic CE per year in the area of the exam for which he/she calibrates. If a CRDTS examiner calibrates in all three different areas (restorative, periodontal, and clinic floor) of the exam, he/she may earn the five (5) hours for each area and therefore up to fifteen (15) hours per year.

Clinical - Volunteer Services:

Up to thirty (30) hours of Clinical-Volunteer CE may be earned per 5 year CE cycle for volunteer service with:

- Delta Dental Mobile Program
- Donated Dental Services (DDS) programs
- Sanford Children’s Hospital: Cleft Lip & Palate Clinic
- Examinations for troops before deployment
- St. Francis Mission Dental Clinic
- Sioux Empire Smiles

- Chaku Waste Dental

Clinical-Volunteer CE may be earned for other volunteer activities that involve direct patient care with approval from the Board.

The Board will not approve oral health or oral health career presentations given to elementary and secondary students for continuing education credit. These types of presentations are considered community service.

Class Instruction/Attendance:

Dentists, dental hygienists and registered dental assistants teaching seminar classes may have their seminar teaching hours allowed as Clinical CE after completing the CE Course Approval Form and providing a course outline and biography for Board approval. Hour for hour credit will be allowed for instruction of the course as a one-time credit per course during the 5-year cycle. An in-office presentation to dental hygienists and registered dental assistants by another dental professional may be allowed as Clinical CE. You must submit the CE Course Approval Form and provide a course outline and biography of the presenter for Board approval.

Class instruction and/or class attendance at a CODA accredited dental school may be allowed as Academic CE. You must provide an outline of teaching content and obtain Board approval. Hour for hour credit may be given for class instruction and /or class attendance up to one half of the required hours during the 5-year cycle. For example, a maximum of 50 hours for dentists, 38 hours for hygienists, and 30 hours for registered dental assistants is allowed.

Upon request, if a licensed practitioner attends an accredited dental or dental hygiene school full time or is completing a specialty or general practice residency while licensed with the Board, the required continuing education credits may be waived for the time period that the licensee is attending the accredited dental or dental hygiene school or completing a specialty or general practice residency.

In Office Instruction:

In office classes presented to staff by the in office Dentist are allowed. The Board requires prior approval by submitting the CE Course Approval Form.

Digital Software Courses: In office instruction and training of hygienists and registered dental assistants in digital x-rays by digital software professional trainers may be allowed partly as Radiography CE and partly as Practice Management CE. You must complete the CE Course Approval Form and provide a course outline and the Board will determine the number of hours to be applied in each category.

Practice Management Software Courses: In office instruction and training of dental hygienists and registered dental assistants in practice management software by the professional trainers may be allowed as Practice Management CE. You must complete the CE Course Approval Form and

provide a course outline and the Board will determine the number of hours to be applied in each category.

Specialty Dental Practice/Laboratory: Instruction of a dental hygienist or registered dental assistant at another specialty dental practice or dental laboratory in order to perform new procedures and tasks, not previously performed, may be allowed as Clinical CE. You must complete the CE Course Approval Form and provide a course outline and the Board will determine the number of hours to be applied in each category. The Board recommends the specialty dental practice submit the CE Course Approval Form and course outline for prior approval.

Investigators:

The Board will approve up to 50 hours of clinical continuing education per five year CE cycle for investigative services provided by Board investigators.

Miscellaneous:

The Board will not approve continuing education classes on the subject of animal dentistry, as the Board issues licenses to dentists performing dental services on humans per SDCL 36-6A-32.

The Board generally recognizes continuing education providers certified through the American Dental Association Continuing Education Recognition Program (ADA CERP), the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) and the American Academy of Dental Hygiene as valid continuing education providers.

Courses that have been approved are listed on the Approved CE Calendar, which you can access in your account by logging in to your account through the Board of Dentistry web site.

The Board determines whether a continuing education course will be approved and the category each course will fall under. If you are uncertain about approval and/or what category a continuing education course will fall under, please contact the South Dakota State Board of Dentistry office.



South Dakota State Board of Dentistry

P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph: 605-224-1282

Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com

www.sdboardofdentistry.org

BOARD APPROVED COURSES POLICY:

It is the policy of the Board to use the Board Approved Courses Policy as guidance when determining whether to issue a license, registration or permit.

DENTISTS

Administer Nitrous Oxide: 20:43:09:05

1. Nitrous Oxide Courses taken through American Dental Association Commission on Dental Accreditation (ADA CODA) accredited dental, dental hygiene or dental assisting schools.

General Anesthesia and Deep Sedation Permit: 20:43:09:03

1. General Anesthesia and Deep Sedation Program: 20:43:09:03 – Programs are set forth in rule. These are not Board approved.
2. ACLS: 20:43:09:03(3)
 - a. American Heart Association Advanced Cardiac Life Support (ACLS)
 - b. American Heart Association Pediatric Advanced Life Support (PALS)

Moderate Sedation Permit: 20:43:09:04

1. Moderate Sedation Courses
 - i. IV Sedation
 - Location: Gilbert, AZ
 - Sponsor: Stay in the Box Sedation
 - Hours: At least 60. Patients: At least 20.
 - ii. Moderate Parenteral Anesthesia
 - Location: Radcliff, KY
 - Sponsor: IV Sedation Training for Dentists, LLC
 - Hours: At Least 60. Patients: At least 20.
 - iii. IV Sedation Training Course
 - Location: Cincinnati, OH
 - Sponsor: Vesper Institute
 - Hours: At least 60. Patients: At least 20.
 - iv. Moderate Sedation in Dental Practice
 - Location: Dayton, OH.
 - Sponsor: Miami Valley Hospital
 - Hours: At least 60. Patients: At least 20
 - v. Parenteral Moderate Sedation
 - Location: Portland, OR.
 - Sponsor: Oregon Academy of General Dentistry
 - Hours: At least 60. Patients: At least 20
 - vi. IV Sedation Training for Dentists
 - Location: Various Locations in the United States.
 - Sponsor: Conscious Sedation Consulting
 - Hours: At least 60. Patients: At least 20
 - vii. IV Sedation Certification at Idaho State University and Meharry Medical College
 - Location: Idaho State University and Dental School Satellite Campus

- Sponsor: Idaho State University and DOCS Education
- Hours: At least 60. Patients: At least 20
- viii. Moderate Sedation Certification Course
 - Location: Varies
 - Sponsor: Dentinomics
 - Hours: At least 60. Patients: At least 20
- ix. Puerto Rico AAID MaxiCourse Program and Clinical Residency in Implant Dentistry
 - Location: Puerto Rico
 - Sponsor: Advanced Dental Implant Institute
 - Hours: At least 60. Patients: At least 20
- x. **ADMA Moderate Parenteral Sedation Training**
 - Location: Various
 - Sponsor: Academy of Dental and Medical Anesthesia
 - Hours: At least 60. Patients: At least 20
- xi. ADA CODA accredited General Practice, Periodontal or Pediatric Residency that meets the regulatory requirements
 - Location: Various.
 - Hours: At least 60. Patients: At least 20.
- xii. Intravenous Conscious Sedation Course
 - Location: Augusta, GA
 - Sponsor: Augusta University Dental College of Georgia
 - Hours: At least 60. Patients: At least 20
 - **No longer offered as a stand alone course.**

2. ACLS: 20:43:09:04(3)

- i. American Heart Association Advanced Cardiac Life Support (ACLS)
- ii. American Heart Association Pediatric Advanced Life Support (PALS)

Host Permit: 20:43:09:04.04

1. Host Permit Courses

i. [Safe Sedation Training \(SST\)/ Safe Sedation Training for Dental Specialties](#)

- Sponsor: American Society of Anesthesiologists (ASA)
- Nine modules must be completed
 - Course Introduction
 - Continuum of Sedation
 - Pre-Procedure Patient Evaluation and Preparation
 - Rescue
 - Respiratory Complications
 - Patient Safety Monitoring
 - Airway Assessment and Management
 - Sedation Pharmacology
 - Recovery.

ii. [On Demand Assistant Course](#)

- Sponsor: American Dental Society of Anesthesiology (ADSA)
The ADSA records new versions of the courses each year. They typically have very similar content but slightly different names and course lengths. For this reason they do not supply course information or attest to the information covered in the course.
- 2026 courses
 - [Pre-Operative Checklists and Physical Evaluation](#) (1 hour)
 - [Approaching the Airway](#) (1 hour)
 - [Simulation Scenarios and Interventions](#) (1.5 hours)
 - [Recognizing and Managing Medical Emergencies](#) (1 hour)

- [Sedation Equipment and Monitors](#) (1 hour)
- [ECG Interpretation](#) (1.5 hours)

iii. **Procedural Sedation for Adults**

- Sponsor: American Red Cross
- Six modules must be completed
 - Foundations of Sedation Management
 - Principles of Sedation Pharmacology
 - Pre-Procedure Preparation: Patient Education and Evaluation
 - Day of Procedure: Preparation and Monitoring
 - Rescue
 - Post-Procedure Recovery and Discharge Management

2. **ACLS: 20:43:09:04.04(4)**

- American Heart Association Advanced Cardiac Life Support (ACLS)
- American Heart Association Pediatric Advanced Life Support (PALS)

Cardiopulmonary Resuscitation (CPR)

CPR courses must be intended for a Healthcare Provider, meet the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and include a hands-on skills assessment.

DENTAL HYGIENISTS (DH):

DH Administer Nitrous Oxide: 20:43:09:06

1. Nitrous Oxide Courses taken through ADA CODA accredited dental, dental hygiene or dental assisting schools.

DH Administer Local Anesthesia: 20:43:09:06.01

1. Local Anesthesia Courses taken through ADA CODA accredited dental or dental hygiene schools.

Cardiopulmonary Resuscitation (CPR)

CPR courses must be intended for a Healthcare Provider, meet the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and include a hands-on skills assessment.

REGISTERED DENTAL ASSISTANTS (RDA)

RDA: 20:43:08:03

1. ADA CODA accredited dental assisting programs.
2. DANB Certified Dental Assistant (CDA) Certification (three components: Radiation Health and Safety, Infection Control and General Chairside Assisting)
3. Lake Area Technical Institute (LATI) expanded functions dental assistant continuing education course.

RDA Administer Nitrous Oxide: 20:43:09:06

1. Nitrous Oxide courses taken through ADA CODA accredited dental, dental hygiene and dental assisting schools.

Cardiopulmonary Resuscitation (CPR)

CPR courses must be intended for a Healthcare Provider, meet the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and include a hands-on skills assessment.

RADIOGRAPHERS

Radiographer: 20:43:07:07

1. 16 hour Radiography courses taken through ADA CODA accredited dental, dental hygiene or dental assisting programs.
 2. Radiography component of Dental Assisting National Board (DANB).
 3. 16 hour Radiography course taken through DA Prep after October 18, 2024.
 4. 16 hour Radiography course taken through Leslie Graeger after October 10, 2025.
-

PERMIT TO MONITOR PATIENTS UNDER ANESTHESIA – DH, RDA & DA

DH, RDA and DA Monitoring Moderate and Deep/General: 20:43:09:10

1. Dental Anesthesia Assistant National Certification Examination (DAANCE)
 - Sponsor: American Association of Oral and Maxillofacial Surgeons (AAOMS)
 - Hours: 36
2. Anesthesia Assistants Review Course (AARC)
 - Sponsor: American Association of Oral and Maxillofacial Surgeons (AAOMS)
 - Hours: 12
3. Assistant Sedation/Anesthesia Course
 - Sponsor: American Dental Society of Anesthesiology (ADSA)
 - Hours: 12
4. Assistant Sedation/Anesthesia Course – On Demand CE Course (Online)
 - Sponsor: American Dental Society of Anesthesiology (ADSA)
 - Hours: 12. Twelve individual one hour assistant courses must be completed. All twelve certificates must be submitted with the application. If ADSA offers more than 12 courses, you can choose the 12 you would like to complete.
5. Conscious Sedation Consulting Online Sedation Course.
 - Sponsor: Conscious Sedation Consulting
 - Hours: 8. Eight individual one hour courses must be completed: A Culture of Safety; Patient Assessment; Sedation; Pain; Patient Monitoring; Adverse Events – Airway & Respiratory; Adverse Events – Cardiac & Neurological; and Recovery and Discharge. All eight certificates must be submitted with the application.
6. Sedation and Anesthesia in the Dental Practice
 - Sponsor: South Dakota Dental Association
 - Hours: 8
7. Assisting on the Sedated Patient – A Certification Course for Assistants
 - Sponsor: Dentinomics
 - Hours: 8
8. Monitoring of Sedation/General Anesthesia Patients for Dental Procedures and intravenous insertion
 - Sponsor: Saint Louis University Center for Advanced Dental Education
 - Hours: 24

9. Intravenous Conscious Sedation Course, GRU, College of Dental Medicine

- Sponsor: Augusta University Dental College of Georgia
- Hours: 40
- No longer offered as a stand alone course.

Cardiopulmonary Resuscitation (CPR)

CPR courses must be intended for a Healthcare Provider, meet the required knowledge and objectives outlined in the American Heart Association guidelines for BLS or American Heart Association Guidelines for CPR and ECC, and include a hands-on skills assessment.



South Dakota: Member Jurisdiction since 2021

Dear Executive Director:

On September 1st, CDCA-WREB-CITA and ADEX merged to become the American Board of Dental Examiners. This combination was designed to further enhance and simplify our nonprofit, public protection efforts supporting your licensing board's needs.

As part of these changes, the American Board of Dental Examiners (ADEX) is pleased to announce added opportunities aimed at enhancing comprehensive participation by each of our member licensing boards.

All board members are automatically eligible to become examiners for ADEX examinations. In addition, as one of ADEX's 52 member jurisdictions, South Dakota is entitled to appoint one dentist and one dental hygienist to serve as part of ADEX's new Council on Examinations. With the sunset of the previous district structure, every licensing board has an ongoing voice in determining national exam standards and further exam development. Most notably, this change also increases dental hygienist representation threefold.

Based on this, we are asking for South Dakota's appointment(s) to the American Board of Dental Examiners Council on Examinations. (Name & Email will be blank if no appointee has been named.)

South Dakota- has not made any appointments to the Council to date.

Dental seat vacant (please appoint) (none); (none); Term Ends 2028

DH seat vacant (please appoint) (none); (none); Term Ends 2028

We ask that newly appointed representatives be:

- current, active members of your Board
- or have previously served in this role within the past 5 years.

*Current appointees who do not meet these criteria can remain.

****Appointees serve a term of three years, but can be replaced earlier at your discretion.**

Thank you in advance for considering this and future appointments.

South Dakota's voice and representative efforts have helped ADEX examinations become the National Exam Standard for clinical, psychomotor performance examinations. ADEX Dental and Dental Hygiene examinations are currently accepted for initial licensure in 53 jurisdictions.

Please respond with your state's appointments and contact information for appointees. If you have any questions, please contact our offices by emailing Stephanie Beeler, Director of Communications, Board Affairs & Events at sbeeler@adextesting.org.

Sincerely,

Conrad McVea III, DDS and Renee McCoy-Collins, DDS

Chair and Vice Chair, Council on Examinations