

## Article VIII: REQUIREMENTS FOR LICENSURE OF DENTISTS AND DENTAL HYGIENISTS

---

- A. A dentist who desires to practice his/her profession in the State of Arkansas under Arkansas Code Annotated §17-82-304 may apply to the Arkansas State Board of Dental Examiners for a license to practice pursuant to the following requirements:
1. Completion of a Board application with photograph taken within the last six months, signed on the last page.
  2. Be a graduate of a school for the education and training of dentists approved by the Board and accredited by the American Dental Association, Commission on Dental Accreditation.
  3. Final transcript of grades from the school of dentistry sent directly from the school to the Board office. Transcript must bear the school seal and reflect the awarding of a degree.
  4. Successful completion of the National Board Examination for Dentistry, administered by the Joint Commission on National Dental Examinations. A copy of the results must be sent directly from the Joint Commission to the Board office. Copies of the card will not be accepted. Successful completion shall mean a minimum of 75% on each segment of the examination.
  5. Satisfactory completion of a clinical examination, which will be administered by the Arkansas State Board of Dental Examiners or any regional testing agency whose examination is accepted by the Arkansas State Board of Dental Examiners for the initial licensure of a dentist. Satisfactory completion shall mean a minimum score of 75% on each segment of the examination.
  6. Completion of other forms as requested by the Board.
  7. A copy of a certificate showing current ~~Healthcare Provider Level Basic Life Support~~ cardiopulmonary resuscitation (CPR) certification.
- B. A dental hygienist who desires to practice his/her profession in the State of Arkansas under Arkansas Code Annotated § 17-82-306 may apply to the Arkansas State Board of Dental Examiners for a license to practice pursuant to the following requirements:
1. Completion of a Board application with photograph taken within the last six months, signed on the last page.
  2. Be a graduate of a school for the education and training of dental hygienists approved by the Board and accredited by the American Dental Association, Commission on Dental Accreditation.
  3. Final transcript of grades from the school of dental hygiene sent directly from the school to the Board office. Transcript must bear the school seal and reflect the awarding of a degree.
  4. Successful completion of the National Board examination for Dental Hygiene, administered by the Joint Commission on National Dental Examinations. A copy of the results must be sent directly from the Joint Commission to the Board office. Copies of the card will not be accepted. Successful completion shall mean a minimum of 75% on each segment of the examination.
  5. Satisfactory completion of a clinical examination, which will be administered by the Arkansas State Board of Dental Examiners or any regional testing agency whose examination is accepted by the ASBDE for the initial licensure of dental hygienists. Satisfactory completion shall mean a minimum score of 75% on each segment of the examination.
  6. Completion of other forms as requested by the Board.

7. A copy of a certificate showing current ~~Healthcare Provider Level~~ Basic Life Support cardiopulmonary resuscitation (CPR) certification.

Amended 1/15/2016

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Arkansas State Board of Dental Examiners  
DIVISION \_\_\_\_\_  
DIVISION DIRECTOR Donna Cobb, Executive Director  
CONTACT PERSON Kevin M. O'Dwyer, Attorney  
ADDRESS 211 S. Spring Street, Little Rock, AR 72201  
PHONE NO. 501-372-4144 FAX NO. 501-372-7480 E-MAIL kodwyer@htolaw.com  
NAME OF PRESENTER AT COMMITTEE MEETING Kevin M. O'Dwyer  
PRESENTER E-MAIL \_\_\_\_\_

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question **completely** using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

**Donna K. Davis  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

\*\*\*\*\*

1. What is the short title of this rule? Amendment to Article VIII governing Requirements for  
Licensure of Dentists and Dental Hygienists and CPR
2. What is the subject of the proposed rule? To update terminology regarding CPR and training
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes  No   
If yes, please provide the federal rule, regulation, and/or statute citation. \_\_\_\_\_
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes  No   
If yes, what is the effective date of the emergency rule? N/A

When does the emergency rule expire? N/A

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes  No

5. Is this a new rule? Yes  No   
If yes, please provide a brief summary explaining the regulation. \_\_\_\_\_

Does this repeal an existing rule? Yes  No   
If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. \_\_\_\_\_

Is this an amendment to an existing rule? Yes  No   
If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. ACA §17-82-208

7. What is the purpose of this proposed rule? Why is it necessary? The proposed amendment is necessary to conform with nationally recognized terminology regarding CPR, and to update the need for "hands on" CPR skills training.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.dentalboard.arkansas.gov

9. Will a public hearing be held on this proposed rule? Yes  No

If yes, please complete the following:

Date: September 16, 2016

Time: 8:30 a.m.

Offices of the Arkansas State Board of  
Dental Examiners, 101 East Capitol

Place: Ave., Suite 111, Little Rock AR 72201

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

September 16, 2016

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

November 1, 2016

12. Do you expect this rule to be controversial? Yes  No

If yes, please explain. \_\_\_\_\_

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas State Dental Association



Total \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue N/A

General Revenue N/A

Federal Funds \_\_\_\_\_

Federal Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Special Revenue \_\_\_\_\_

Special Revenue \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

**Next Fiscal Year**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

N/A

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

**Next Fiscal Year**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

N/A

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes  No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

**ARKANSAS STATE BOARD OF DENTAL EXAMINERS**

**Amendment to Article VIII: Requirements for Licensure of Dentists and Dental Hygienists**

**SUMMARY**

Changes are necessary to conform with nationally recognized terminology regarding CPR, and to update the need for “hands on” CPR skills training.