



# Certification Page Regular and Emergency Rules

Revised August 2023

**Emergency Rules** (Complete Sections 1-3 and 5-6)

**Regular Rules**

## 1. General Information

a. Agency/Board Name*		
b. Agency/Board Address	c. City	d. Zip Code
e. Name of Agency Liaison	f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address	h. Adoption Date	
i. Program		
Amended Program Name (if applicable):		

\*  By checking this box, the agency is indicating it is exempt from certain sections of the Administrative Procedure Act including public comment period requirements. Please contact the agency for details regarding these rules.

## 2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular (non-emergency) rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these non-emergency or regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

No.  Yes. If the rules are new, please provide the Legislative Chapter Number and Year Enacted: Chapter: \_\_\_\_\_ Year: \_\_\_\_\_

## 3. Rule Type and Information

For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.

a. Provide the Chapter Number, Title\* and Proposed Action for Each Chapter. Please use the "Additional Rule Information" form to identify additional rule chapters.

Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		



## Additional Rule Information

Revised June 2020

Include this page only if needed.

### 1. General Information

a. Agency/Board Name*		
b. Agency/Board Address	c. City	d. Zip Code
e. Name of Agency Liaison	f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address		
h. Program		
Amended Program Name (if applicable):		

### 2. Rule Type and Information, Cont.

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.

Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
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Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		

**4. Public Notice of Intended Rulemaking**

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice.  No.  Yes.  N/A

b. A public hearing was held on the proposed rules.  No.  Yes. **Please complete the boxes below.**

Date:	Time:	City:	Location:


**5. Checklist**

a.  For regular rules, the Statement of Principal Reasons is attached to this Certification and, in compliance with Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule

b.  For emergency rules, the Memorandum to the Governor documenting the emergency, which requires promulgation of these rules without providing notice or an opportunity for a public hearing, is attached to this Certification.

**6. Agency/Board Certification**

The undersigned certifies that the foregoing information is correct. By electronically submitting the emergency or regular rules into the Wyoming Administrative Rules System, the undersigned acknowledges that the Registrar of Rules will review the rules as to form and, if approved, the electronic filing system will electronically notify the Governor's Office, Attorney General's Office, and Legislative Service Office of the approval and electronically provide them with a copy of the complete rule packet on the date approved by the Registrar of Rules. The complete rules packet includes this signed certification page; the Statement of Principal Reasons or, if emergency rules, the Memorandum to the Governor documenting the emergency; and a strike and underscore copy and clean copy of each chapter of rules.

Signature of Authorized Individual	
Printed Name of Signatory	
Signatory Title	
Date of Signature	

**7. Governor's Certification**

I have reviewed these rules and determined that they:

- 1. Are within the scope of the statutory authority delegated to the adopting agency;
- 2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
- 3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

**STATEMENT OF PRINCIPAL REASONS**  
**FOR FORMAL ADOPTION OF REGULAR RULES**

The Wyoming Board of Dental Examiners (Board) is authorized to adopt rules and regulations to implement the Board's practice act. The Board regularly reviews its rules to correct inconsistencies, eliminate any repetition with its practice act, correct grammatical errors, and update the rules' requirements.

The Board endeavors to ensure that their rules address issues and concerns that applicants, licensees, Application Review Committee members, staff, or attorneys bring forward, when appropriate.

Following public comment, the Board made one change to the proposed rules. This was to correct the dental assistant late renewal fee in Chapter 10.

Chapter 1: General Provisions

- Section 3:
  - Removed definition of Disciplinary Committee and added definition of Investigative Committee to match the term used in Chapter 12. This change eliminates the perception that disciplinary action must be taken.
  - Defined non-patient based and patient based as these terms are used in Chapter 3 existing rules and Chapter 4 proposed rules.

Chapter 4: Dental Practice

- New Section 6:
  - Clarified appropriate use of botulinum toxin in dentistry and appropriate training. Specified that dermal fillers are not within the scope of practice.

Chapter 5: Anesthesia Administration and Sedation Permit Procedures

- Section 9:
  - Amended sedation renewal requirements to allow a new permit holder to use sedation education completed within the renewal period toward their initial renewal requirement.

Chapter 7: Dental Auxiliaries

- Section 6:
  - Expanded acceptable training requirements for a dental hygienist permitted in the expanded duty of soft tissue lasers.
  - Provided additional safety and documentation standards for use of soft tissue lasers to establish the appropriate standard of care.
- Section 8:
  - Added approved radiograph courses and examinations and detailed course requirements to allow applicants to seek other options. The Board will no longer approve courses upon request but require applicants to document that their courses meet the requirement in rule.
  - Clarified that after 5 years, an applicant must complete a new course that meets the new proposed requirements.

Chapter 9: Practice and Procedures for Disciplinary, Application, and Licensure Matters (to be renamed Grounds for Discipline)

- Section 2:
  - Removed statement of purpose as it has been deemed no longer necessary.
- Sections 4 – 12:
  - Removed as this content is being addressed in new Chapters 11 and 12.

#### Chapter 10: Fees

- Section 4:
  - Changed the word “functions” to “duties” to match language used in the Practice Act.
  - Changed the dental assistant late permit renewal from \$15 to \$35. The initial proposal neglected to add the renewal fee of \$20 to the \$15 late fee for a total of \$35.

#### NEW Chapter 11: Practice and Procedures for Applications

- The Board is adding this chapter governing recommendations and contested cases for license application matters. The changes are recommended by the Attorney General’s Office and bring the Board’s application procedures chapter in line with the procedures other professional licensing boards use.

#### NEW Chapter 12: Practice and Procedures for Discipline Matters

- The Board is adding this chapter governing investigations and contested cases for disciplinary matters. The changes are recommended by the Attorney General’s Office and bring the Board’s discipline chapter in line with the procedures other professional licensing boards use.



# WYOMING BOARD OF DENTAL EXAMINERS

## COMMENT SUMMARY AND CHANGES BASED UPON PUBLIC COMMENT

The Wyoming Board of Dental Examiners proposed changes to Chapters 1, 4, 5, 7, 9, 10, and proposed adding Chapters 11, and 12. The Board held a public comment period from January 3, 2024 through February 26, 2024, and received four (4) public comments, which includes a comment from Board Staff.

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**Comment #1:**        [Stacie Morrison DDS and Troy Knaub, DDS commented:](#)

Dear Wyoming Board of Dental Examiners,

This letter is in response to the upcoming proposed rule changes and invitation for public comment.

We write to you as practicing dentists in Laramie, Wyoming and as members of the American Academy of Facial Esthetics. Over the last decade, we have seen the field of dentistry grow exponentially in technology, new treatment options and educational opportunities. Students in dental schools and residencies are now learning botulinum toxin, dermal fillers, esthetic dentistry, dental sleep medicine, full mouth reconstruction, digital dentistry with scanning and 3D printing technology—those of us who were not taught these must rely on continuing education to keep up with the practice of modern dentistry.

Each limitation the Wyoming dental board enacts puts Wyoming dentists at a disadvantage to our colleagues in other states and limits the patient ability to choose the type of provider they believe best addresses their treatment needs. We fall behind our colleagues in other states in education and skill.

We are pleased that the board is recognizing the use of botulinum toxin in dental practice, though, we disagree with the specifications of use for pain and TMD, ignoring the esthetic uses. We also completely disagree with the proposal to prohibit dermal filler usage. Some of the best esthetic dentists use both of these modalities in smile design which is what many patients come to us for. Many of our colleagues understand the life-changing effect an esthetic smile has on patients. We constantly receive emails from the American Dental Association and American Academy of General Dentistry offering live training for esthetic and therapeutic Botox and dermal fillers. Why should our Wyoming Dental Board rules be in direct conflict with the continuing education offerings of our national dental associations?

We're tired of the assumption that Wyoming is a state "behind the times". We urge you to please reconsider prohibiting the use of dermal filler in the dental practice and the specifications of pain treatment for botulinum toxin in the wording of the proposed rule changes.

Thank you for your consideration.

Sincerely,

Stacie Morrison DDS and Troy Knaub, DDS

**Response:** *The Board thanks Dr. Morrison and Dr. Knaub for commenting. The proposed rules do allow for the cosmetic use of botulinum toxin. The Board will consider your suggestion regarding including dermal fillers for future rulemaking.*

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**Comment 2:** [Dr. Louis Malcmacher from the American Academy of Facial Esthetics commented:](#)

Dear Ms. Cronbaugh,

I hope this letter finds you well.

Please consider this as a public comment about the proposed section 6 rule regarding use of botulinum toxin and dermal fillers by Wyoming dentists. By way of brief introduction, I am President of The American Academy of Facial Esthetics (AAFE). The American Academy of Facial Esthetics is an educational organization which focuses on teaching non-surgical minimally invasive procedures for both dental esthetic and dental pain therapeutic treatment in the oral and maxillofacial region.

The use of Botox and dermal fillers by general dentists has been mainstream in dentistry for a decade and integrated into dental treatment plans for both dental esthetic and dental therapeutic uses. The American Academy of Facial Esthetics presents its live patient hands-on training at dental societies across the country including at the ADA Annual Meeting and at ADA Headquarters. Additionally, please see the enclosed document where you can see a list of over 50 dental universities and dental society continuing education programs that have included Botox and dermal fillers lectures and training in the last few years. The AAFE has already trained over 20,000 dental professionals from every state and 29 countries.

The AAFE presents over 400 courses a year in North America on the use of facial injectables such as Botox and dermal fillers for dental treatment as well as live patient and hands-on courses on frontline TMJ, headache, myofascial pain, dental implants, porcelain veneers, and other dental procedures. The American Academy of Facial Esthetics is a membership organization with thousands of members and we do have Wyoming dentist members.

Under section 33-15-114, a person deemed to be practicing dentistry is defined as:

*“Who diagnoses or professes to diagnose, prescribes for or professes to prescribe for, treats or professes to treat disease, pain, deformity, deficiency, injury or physical condition of human teeth or jaws, or adjacent structure;”*

The proposed rule is in direct conflict with the Wyoming dental practice act and the definition of dentistry. The proposed rule limits the use of Botox to therapeutic uses only. There is no limitation of cosmetic use only in the dental practice act for any treatment modality as long as it fits into the dental practice act. Otherwise Wyoming dentists would not be allowed to perform teeth bleaching or porcelain veneers.

The proposed rule also states “Dentists shall not use dermal fillers in their practice.” Dermal fillers is another treatment modality that fits into the dental practice act as it directly affects the lips, lip lines, smile lines and the entire mid and lower face. This is the peri-oral area and is covered under the term “jaws, or adjacent structures” Dentists can use any device or treatment as long as it fits in the scope of dental practice, there has never been any limitation of a specific treatment.

The proposed rule will limit dentist’s ability to offer the best treatment options to their patients and will harm patients by denying these treatments which would be replaced with more aggressive treatment options with higher complications. Wyoming dentists would not be able to treat their patients within the standard of care like their colleagues throughout the United States.

I would be happy to present to the Wyoming Board of Dental Examiners on the topic of injectables in dentistry so the Board can understand the many uses for Botox and fillers in every dental practice and how patients can achieve the best treatment outcomes.

Sincerely Yours,

Dr. Louis Malcmacher  
President, American Academy of Facial Esthetics  
drlouis@facialesthetics.org  
216 570-8770 cell

**Response:** *The Board thanks Dr. Malcmacher for commenting. The proposed rules do allow for the cosmetic use of botulinum toxin. The Board will consider your suggestion regarding including dermal fillers for future rulemaking.*

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**Comment 3:** Joseph C. Skinner, Jr., CRNA commented:

Emily,

I would like to show my support of the proposed change for dentists to be able to utilize Botox in their practice. Across the nation there are dentists who have been utilizing this as part of their practice for years. I feel like dentists are more than qualified to utilize their extensive knowledge, when used in conjunction with specific training on Botox and its side effects, to utilize this medication in their practice. They (dentists) have extensive knowledge of facial anatomy. With specialized training, they will be able to provide a service to Wyoming residents in their local communities. Thank you for your time and consideration on this matter.

Sincerely,

Joseph C. Skinner, Jr.  
Certified Registered Nurse Anesthetist



**Response:** *The Board thanks Mr. Skinner for commenting.*

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**Comment 4:** Board Staff noted:

In Chapter 10, Section 4, the dental assistant late renewal fee appears to not include the renewal fee in the late fee. All other late fees include the renewal fee and the late fee. However, in the current proposal, it is less expensive for a dental assistant to renew late than on time, so I believe the late & renewal fees were not added together. If added, the appropriate fee might be \$35.

**Response:** *The Board thanks Board Staff for commenting. The rules will be amended accordingly.*

## CHAPTER 1

### GENERAL PROVISIONS

**Section 1. Authority.** These Board Rules are adopted to implement the Board's authority under Wyoming Statute 33-15-108(g) and 16-3-103(j) as it relates to the licensure and discipline of dentists and dental hygienists and regulation of the practice of dentistry and dental hygiene in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish administrative procedures.

**Section 3. Definitions.**

- (a) "Act" means the Wyoming Dental Practice Act, W.S. 33-15-101 through -133.
- (b) "ADA" means American Dental Association.
- (c) "ADHA" means American Dental Hygienists' Association.
- (d) "Advertising" means a communication to the public about a dentist or services offered by a dentist.
- (e) "ARC" means Application Review Committee.
- (f) "BLS" means basic life support for healthcare providers.
- (g) "Board Rules" means the administrative rules and regulations promulgated by the Board.
- (h) "CE" means continuing education.
- (i) "CODA" means Commission on Dental Accreditation.
- (j) "DANB" means Dental Assisting National Board.
- (k) "Dentist-Patient Relationship" means a formal inferred relationship between the dentist and a patient of record, which is established once the dentist assumes or undertakes the dental care or treatment of a patient in the state where the patient resides. A dentist-patient relationship is assumed to have been created after there is a physical examination of a patient (e.g., when a patient is seen in a dentist's office), but is not assumed in others (e.g., when a dentist performs a physical examination as a health screening procedure at a health fair event).
- (l) "EKG" means Electrocardiogram.
- (m) "Hands on" means involving or offering active participation rather than theory.

- (n) “IC” means Investigative Committee.
- (o) “INBDE” means Integrated National Board Dental Examination.
- (p) “NBDHE” means National Board Dental Hygiene Examination.
- (q) “Non-patient based” means manikin or other simulation.
- (r) “Patient based” means a live human being.
- (s) “Supervision” of dental auxiliary means the act of overseeing or directing duties performed by a dental auxiliary. Types of supervision may include:
  - (i) “General Supervision” of a dental auxiliary means that a dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed;
  - (ii) “Direct Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, a dentist has authorized the procedure to be performed, and before dismissal of the patient, a dentist has approved the work performed by the auxiliary; or
  - (iii) “Indirect Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, and a dentist has authorized the procedure to be performed.
- (t) “Teledentistry” means the use of data transmitted through interactive audio/video or data communications either by synchronous or asynchronous technology for the purposes of examination, diagnosis, treatment planning, consultation or directing the delivery of treatment by dentists and dental auxiliary in settings permissible and consistent with the rules of supervision. Teledentistry service may include telephone, electronic mail message, or facsimile transmitting, or online tool.
  - (i) Synchronous technology: secure two-way audio/visual technology that allows a dentist and dental auxiliary to see and communicate in real time with a patient who is located in a different physical location.
  - (ii) Asynchronous technology: the transmission of recorded health information (radiographs, photographs, video and other digital media) through a secure electronic communications system to a dentist and dental auxiliary who uses the information to evaluate a patient’s condition or render a service outside of a real-time or live interaction.
- (u) “WAPA” means Wyoming Administrative Procedure Act, W.S. 16-3-101 through 115.

**Section 4. Board Office.** The Board Office shall be located at 2001 Capitol Avenue, Cheyenne, Wyoming.

**Section 5. Board Meetings.** The Board shall set its regular meetings by resolution.

**Section 6. Reference by Incorporation.**

(a) Each rule and code incorporated by reference is further identified as follows:

(i) Principles of Ethics and Code of Professional Conduct, excluding Principles 5.H. and 5.I., adopted by the ADA and revised November 2018, found at: <https://dental.wyo.gov/rules>.

(ii) Bylaws and Code of Ethics, adopted by the ADHA and effective on June 2020, found at: <https://dental.wyo.gov/rules>.

(iii) Dental Assisting National Board's Code of Professional Conduct, adopted by the DANB and revised February 2018, found at: <https://dental.wyo.gov/rules>.

(iv) Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, adopted by the Centers for Disease Control and Prevention and revised October 2016, found at: <https://dental.wyo.gov/rules>.

(v) Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain - United States, 2016, adopted by the Centers for Disease Control and Prevention and effective March 18, 2016, found at: <http://dental.wyo.gov/rules>.

(vi) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on July 20, 2017, found at: <https://dental.wyo.gov/rules>.

(vii) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspection, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at <https://dental.wyo.gov/rules>.

(b) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board Office and are available for public inspection and copying at cost at the same location.

**Section 7. Public Records Inspection.** Public records inspections shall be conducted pursuant to the Department of Administration and Information's rules concerning public records.

**Section 8. Change of Name, Address, or Telephone Number.** Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.

**CHAPTER 4**  
**DENTAL PRACTICE**

**Section 1. Authority.** The Board is authorized under Wyoming Statutes 33-1-303(a)(iv), 33-15-108(h), and 33-15-130 to promulgate rules and regulations related to telemedicine and x-ray machine inspection procedures in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

**Section 3. Teledentistry.**

(a) The practice of dentistry occurs where the patient is located. Where an existing dentist-patient relationship is not present, a licensee must take appropriate steps to establish a dentist-patient relationship in utilizing teledentistry services that is consistent with the prevailing standard of care.

(b) Before rendering dental advice or care using teledentistry services, the licensee shall:

(i) Verify and authenticate the location and to the extent possible, confirm the identity and contact information of the requesting patient.

(ii) Disclose and validate the licensee's identity, credentials and contact information.

(iii) Obtain appropriate written treatment consent from the requesting patient.

(iv) Obtain patient's medical and dental health history.

(v) Detail security measures taken as well as potential risks to privacy and the loss of information due to technical failures.

(vi) Determine if the condition being diagnosed or treated is appropriate for teledentistry.

(vii) Determine appropriate treatment and follow up care if needed.

(c) **Dental Records.** Any dental record made through the use of teledentistry shall be consistent with the same record retention standards as a record made through a traditional, in person dental encounter.

(d) **Confidentiality.** The licensee shall ensure that any electronic and digital communication used in the practice of teledentistry is secure to maintain the confidentiality of

the patient's medical/dental information as required by the Health Insurance Portability and Accountability Act of 1996 including the retention and disposal of electronic and digital equipment and data.

(e) Violation of any provision above shall be considered "unprofessional conduct" within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

**Section 4. Satellite Offices.** Licensees using satellite offices shall ensure all offices maintain the appropriate standard of care.

**Section 5. Radiograph Use.** Inspections of x-ray machines are required as follows:

(a) Inspectors. Any individual who performs x-ray machine assembly, installation or service shall meet the following educational and experience requirements:

(i) Completion of a structured educational program that includes training in radiation machine safety, assembly, installation and service, including, but not limited to:

(A) A baccalaureate degree in electrical engineering with specialized training in radiation producing devices;

(B) A one-year associate degree in biomedical equipment repair;

(C) Equivalent manufacturer, military or other technical school training; and

(ii) At least six (6) months of supervised, documented training on inspection and calibration of the applicable x-ray machine.

(b) Inspections. Inspections of x-ray equipment shall be conducted in accordance with relevant national standards. All machines shall be inspected at the time of installation and thereafter every five (5) years for x-ray machines and every three (3) years for computed tomography machines.

(c) Waiver. Licensees may be granted a six (6) month waiver to the inspection requirement at the discretion of the Board.

(d) Compliance and Documentation. Failure to abide with the requirements of this section shall be considered "unprofessional conduct" within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

(i) Inspector should provide evidence for dentists to place on machines indicating the last inspection date and next inspection due date.

(ii) Evidence of compliance to the Board is not required unless specifically requested.

**Section 6. Use of Botulinum Toxin.**

(a) The use of botulinum toxin is within the scope of practice of dentistry, as defined in W.S. 33-15-114. Dentists are allowed to utilize botulinum toxin for the treatment of temporomandibular disorders, myofascial pain, or other conditions affecting the oral cavity and adjacent tissues and structures. Dentists who choose to use botulinum toxin as part of their practice shall have obtained appropriate patient based hands-on training and have acquired the necessary knowledge, skills, and expertise to provide this service in a safe and efficacious manner.

(b) Dentists who use botulinum toxin as part of their practice shall maintain documentation evidencing appropriate patient based hands-on training and shall provide documentation to the Board upon request. Non-patient based training is not acceptable.

(c) Dentists shall not use dermal fillers in their practice.



## CHAPTER 5

### ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-130 to promulgate rules and regulations related to the application and licensure procedures to administer sedation and provide for sedation inspection in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish a regulatory framework for issuance of a sedation permit pursuant to W.S. 33-15-130.

**Section 3. Definitions.** For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" is minimal sedation.
- (c) "Applicant" means a Wyoming licensed dentist applying for a sedation permit.
- (d) "ASA" means American Society of Anesthesiology classification.
- (e) "Combination inhalation" means using an inhalation agent and a sedative agent at the same time.
- (f) "Competent" means displaying special skill or knowledge derived from training and experience.
- (g) "Deep sedation" means a drug-induced depression of consciousness during which the patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (h) "Dental hygienist" means a Wyoming licensed dental hygienist holding an appropriate expanded duties permit including local anesthesia and/or nitrous oxide anxiolysis.
- (i) "Enteral" means a route of administration in which the agent is absorbed through the gastrointestinal tract or mucosa [i.e., oral, rectal, nasal, or sublingual].
- (j) "Facility Permit" means a permit issued to any location where sedation is being performed that has been inspected and approved by the Board.
- (k) "Facility Permit Holder" means a Wyoming licensed dentist designated as the

responsible dentist for a facility permit.

(l) “General anesthesia” means a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(m) “Inhalation” means a route of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(n) “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

(o) “Minimal sedation” (previously known as anxiolysis) means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory, and cardiovascular functions are unaffected. Minimal sedation includes administration of oral medication and/or nitrous oxide.

(p) “Moderate sedation” previously known as “conscious sedation and/or twilight sedation or parenteral sedation” means a drug-induced depression of consciousness during which the patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. The drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the sedation permit holder. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

(q) “MRD” means maximum recommended dose of a drug as printed on Food and Drug Administration approved labeling for unmonitored home use.

(r) “Nitrous oxide anxiolysis” means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(s) “PALS” means Pediatric Advanced Life Support.

(t) “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or

intraosseous].

(u) “Qualified anesthesia provider” means a licensed anesthesiologist, certified registered nurse anesthetist, or sedation permit holder with appropriate sedation level permit.

(v) “Responsible dentist” means a licensed dentist who assumes responsibility for a facility permit.

(w) “Sedation Inspector” means a Board-approved inspector of sedation facilities and sedation permit applicant’s surgical/anesthetic technique cases.

(x) “Sedation permit” means a permit issued by the Board for administration of moderate sedation or deep sedation and/or general anesthesia by a sedation permit holder.

(y) “Titration” means administration of multiple or incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response, and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

#### **Section 4. Standard of Care.**

(a) For all levels of sedation, a dentist or sedation permit holder shall have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(b) A dentist or sedation permit holder shall be responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, deep sedation, and/or general anesthesia and providing the equipment, drugs, and protocol for patient rescue.

(c) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, a dentist or sedation permit holder intending to produce a given level of sedation shall be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

(d) The concept of rescue is essential to safe sedation. A dentist or sedation permit holder shall have the skills to rescue the patient from a deeper level than that intended for the procedure. The ability to rescue means that a dentist or sedation permit holder shall be able to recognize the various levels of sedation and have the skills necessary to provide appropriate cardiopulmonary support if needed.

(i) If the intended level of sedation is “minimal,” a dentist or sedation permit holder shall be able to rescue from “moderate sedation.”

(ii) If the intended level of sedation is “moderate,” a sedation permit holder shall have the skills to rescue from “deep sedation.”

(iii) If the intended level of sedation is “deep sedation,” a sedation permit holder shall have the skills to rescue from a state of “general anesthesia.”

(e) If a patient enters a deeper level of sedation than the dentist or sedation permit holder is qualified to provide, the dentist or sedation permit holder shall stop the dental procedure until the patient returns to the intended level of sedation.

(f) Children (under the age of 12) may become moderately sedated despite the intended level of minimal sedation; if this occurs, the requirements for moderate sedation shall apply.

(g) Except in extraordinary situations, the dentist or sedation permit holder shall not use preoperative sedatives for children prior to arrival in the dental office due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

(h) All local anesthetic agents are cardiac depressants and may cause central nervous system excitation or depression. Particular attention shall be paid to dosage in children. To ensure that the patient will not receive an excessive dose, the maximum allowable safe dosage (i.e., mg/kg) shall be calculated before administration. There may be enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives or narcotics.

(i) Patients considered for minimal sedation, moderate sedation, and/or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

(j) Pre-operative preparation shall include:

(i) Consideration of dietary restrictions based on the sedative technique prescribed; and

(ii) Verbal and written instructions shall be given to the patient, parent, escort, guardian or care giver.

(k) An appropriate scavenging system shall be available if gases other than oxygen or air are used.

## **Section 5. Requirements for Administering Minimal Sedation.**

(a) A sedation permit shall not be required for a dentist to administer minimal

sedation.

(b) A dentist shall only administer minimal sedation by an enteral route.

(c) To administer minimal sedation, a dentist or dental hygienist shall:

(i) Have adequate equipment with fail-safe features and 25% minimum oxygen flow; and

(ii) Demonstrate competency and/or training in administering minimal sedation by:

(A) Completion of CODA recognized program; or

(B) Completion of a Board-approved course.

(d) Office Equipment Requirements. Any dentist who administers minimal sedation shall provide the following equipment, which shall be functional and available at all times:

(i) A continuous pulse oximeter;

(ii) A blood pressure cuff of appropriate size;

(iii) Stethoscope or equivalent blood pressure monitoring devices;

(iv) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up; and

(v) A manual or automatic external defibrillator.

(e) A dentist or sedation permit holder shall document every administration of minimal sedation. Documentation for administration of minimal sedation shall include, but is not limited to, the following:

(i) Pertinent medical history including, but not limited to:

(A) Previous medication(s);

(B) Allergies; and

(C) Sensitivities;

(ii) Weight (nitrous oxide excluded);

(iii) Vital Signs, including, but not limited to:

(A) Baseline heart rate; and

(B) Blood pressure.

(iv) Beginning and ending oxygen saturation levels; and

(v) Medication(s) administered and dosage(s).

(f) All dental personnel shall be certified in administering BLS. A dentist or sedation permit holder may delegate patient monitoring to qualified dental personnel. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

(g) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD dose of a drug that can be prescribed for unmonitored home use.

(h) Nitrous oxide administration may be used in combination with a single enteral drug in minimal sedation.

(i) Nitrous oxide administration when used in combination with a sedative agent(s) may produce moderate sedation, deep sedation, and/or general anesthesia which requires a sedation permit.

**Section 6. Requirements for Administering Moderate Sedation, Deep Sedation, and/or General Anesthesia.**

(a) A sedation permit shall be required for a sedation permit holder to administer moderate sedation, deep sedation, and/or general anesthesia.

(b) Office Equipment Requirements.

(i) Any sedation permit holder who administers moderate sedation, deep sedation, and/or general anesthesia shall have available the required equipment in Section 5(d) and the following additional equipment and faculties, which shall be functional and available at all times:

(A) Suitable operating suite;

(B) Recovery area;

(C) Gas storage facilities with back up tanks and mobile back-up oxygen, which generally meet accepted safety standards;

(D) Suction system;

- clinically indicated;
- (E) Back-up suction equipment;
  - (F) Back-up lighting equipment;
  - (G) Parenteral access or the ability to gain parenteral access, if clinically indicated;
  - (H) Capnograph (end tidal carbon dioxide monitor);
  - (I) EKG;
  - (J) Appropriate emergency medications;
  - (K) Endotracheal tubes suitable for patients being treated;
  - (L) Endotracheal tube forceps (i.e., magill);
  - (M) A laryngoscope with reserve batteries and bulbs;
  - (N) Oropharyngeal airways;
  - (O) Nasopharyngeal airways; and
  - (P) At least one (1) additional airway device.

(ii) Volatile Anesthesia Delivery Systems. Any sedation permit holder who administers volatile anesthesia shall provide the required equipment listed in Section 5(d) and Section 6(b)(i) and the following additional equipment and facilities, which shall be functional and available at all times:

- (A) Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
- (B) Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
- (C) Fail-safe mechanisms for inhalation of nitrous oxide anxiolysis;
- (D) The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
- (E) Gas storage facilities, which meet generally accepted safety standards.

(c) A sedation permit holder shall document every administration of moderate sedation, deep sedation, and/or general anesthesia. Documentation for administration of

moderate sedation, deep sedation, and/or general anesthesia shall include the required documents listed in Section 5(e) and the following additional documentation:

- (i) Current and comprehensive medical history, including:
  - (A) Medical conditions; and
  - (B) Age;
- (ii) Physical examination, including:
  - (A) Airway assessment;
  - (B) Respiratory rate; and
  - (C) Temperature;
- (iii) ASA Classification;
- (iv) Procedure(s);
- (v) Informed Consent;
- (vi) Anesthesia Record, which shall include:
  - (A) Vital signs before and after anesthesia is utilized;
  - (B) Parenteral access site and method, if utilized;
  - (C) Medication(s) administered;
  - (D) Time anesthesia commenced and ended;
  - (E) Monitor blood pressure, heart rate, and oxygen saturation at least every five (5) minutes;
  - (F) EKG;
  - (G) Capnograph (end tidal carbon dioxide monitor);
  - (H) Ventilation status (spontaneous, assisted, or controlled);
  - (I) Intravenous fluids, if utilized;
  - (J) Response to anesthesia, including any complications;



- (K) Starting time of recovery and time of discharge; and
- (L) Condition of patient at discharge and authorization of sedation

permit holder.

(d) All dental personnel shall be certified in administering BLS. A dentist or sedation permit holder may delegate patient monitoring to qualified dental personnel.

(i) Moderate Sedation. During a procedure where moderate sedation is administered, the sedation permit holder and at least one (1) other dental personnel shall be present.

(ii) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the sedation permit holder and at least two (2) other dental personnel shall be present and at least one (1) shall be experienced in patient monitoring and documentation.

(e) A dentist or sedation permit holder shall be subject to disciplinary action if:

(i) A dentist administers moderate sedation, deep sedation, and/or general anesthesia without a sedation permit; or

(iii) A permit holder administers deep sedation and/or general anesthesia with a sedation permit for moderate sedation.

### **Section 7. Application Process for Administering Moderate Sedation.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS; and

(ii) Demonstrating competency and/or training in administering moderate sedation within two (2) years immediately preceding the application as follows:

(A) Completion of a specialty residency recognized by CODA;

(B) Completion of a general practice residency recognized by CODA that meets the minimal training requirements identified in subsection (D);

(C) Submit proof that applicant has administered moderate sedation, deep sedation and/or general anesthesia in another jurisdiction within generally accepted standards of dental practice and provide documentation of at least 40 moderate sedation cases; or

(D) Completion of a training course to administer and manage moderate sedation within twelve (12) months prior to application. For moderate sedation, such

training shall include a minimum:

- (I) 60 hours of didactic instruction;
- (II) 20 solo intubations (patient-based and/or acceptable electronic simulated manikin);
- (III) 20 moderate sedation cases;
- (IV) Physical diagnosis rotation; and
- (V) Advance Airways and Emergency Management.

(b) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against the applicant.

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation inspector may require additional cases to observe at his/her discretion. If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standardized cases shall be reviewed.

(d) Simulated Emergencies. The applicant and his/her team shall be able to demonstrate their expertise in managing the following emergencies:

- (i) Laryngospasm;
- (ii) Bronchospasm;
- (iii) Emesis and aspirator of vomitus;
- (iv) Management of foreign bodies in the airway;
- (v) Angina Pectoris;
- (vi) Myocardial Infarction;
- (vii) Cardiopulmonary Resuscitation;
- (viii) Hypotension;
- (ix) Hypertensive crisis;
- (x) Acute allergic reaction;
- (xi) Convulsions; and

(xii) Hyperventilation syndrome.

(e) Discussion Period. The applicant may be required to answer additional questions by the sedation inspector.

**Section 8. Application Process for Administering Deep Sedation and/or General Anesthesia.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS;

(ii) Demonstrating competency and/or training in administering deep sedation and/or general anesthesia within two (2) years immediately preceding the application as follows:

(A) Completion of a residency program that includes training in sedation and/or general anesthesia that is approved by CODA, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or any successor organization to any of the foregoing; or

(B) Completion of a post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and/or general anesthesia that is approved by CODA or other program approved by the Board.

(b) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against the applicant.

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation inspector may require additional cases to observe at his/her discretion. If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standardized cases shall be reviewed.

(d) Simulated Emergencies. The applicant and his/her team shall be able to demonstrate their expertise in managing the following emergencies:

(i) Laryngospasm;

(ii) Bronchospasm;

(iii) Emesis and aspirator of vomitus;

(iv) Management of foreign bodies in the airway;

- (v) Angina Pectoris;
- (vi) Myocardial Infarction;
- (vii) Cardiopulmonary Resuscitation;
- (viii) Hypotension;
- (ix) Hypertensive crisis;
- (x) Acute allergic reaction;
- (xi) Convulsions; and
- (xii) Hyperventilation syndrome.

(e) Discussion Period. The applicant may be required to answer additional questions by the sedation inspector.

#### **Section 9. Sedation Permit Renewal and Expiration.**

(a) Sedation permits shall be renewed on or before December 31 every odd year. The renewal period shall be January 1 of even years through December 31 of odd years.

(b) A sedation permit holder shall submit a completed sedation permit renewal application, including fees, and provide evidence of:

- (i) Current certification in ACLS or PALS; and
- (ii) Sixteen (16) hours of sedation education within the renewal period, with requirements that the course contain medical emergencies and airway management skills training with a hands on component.

(iii) The Board may request more documentation if necessary.

#### **Section 10. Reinstatement of Expired and Revoked Sedation Permits.**

(a) A dentist may apply for reinstatement of their expired sedation permit by meeting the application requirements established in Section 7 and/or Section 8.

(b) A dentist may apply for reinstatement of their revoked sedation permit by meeting the application requirements established in Section 7 and/or Section 8 and submit evidence of:

- (i) Meeting requirements of previous Board order; and

- (ii) Demonstrating just cause for reinstatement.

**Section 11. Sedation Inspector Qualifications and Duties.**

- (a) Sedation Inspector Qualifications. The inspector shall:

- (i) Submit a completed application;
- (ii) Actively practice as a dental anesthesiologist, oral maxillofacial surgeon, anesthesiologist, or certified nurse anesthetist; and
- (iii) Hold a current and unencumbered Wyoming license in their field.

- (b) Sedation Inspector Duties. A Board-approved sedation inspector shall:

- (i) Be considered an agent for the Board;
- (ii) Comply with the Board Rules for inspecting sedation facilities within Wyoming;
- (iii) Not have a conflict of interest with an applicant. A sedation inspector's receipt of payment from the applicant for services as a sedation inspector is acceptable and does not constitute a conflict of interest; and
- (iv) Review a sedation permit applicant's surgical/anesthetic techniques required in Section 7(c) and Section 8(c).

**Section 12. Initial Facility Permit Application Process.**

- (a) Application Requirements. Applicant shall:

- (i) Submit a completed application and payment of fee; and
- (ii) Have two (2) approved sedation inspectors submit sedation facility inspection reports for each location where sedation is intended to be administered.
- (iii) Applicant shall be responsible for payment of sedation facility inspection fee to sedation inspectors.

- (b) Renewal Requirements.

- (i) Facility permits shall be renewed on or before December 31 every second year.

(ii) A facility permit holder shall submit a completed facility permit renewal application, including fees. The facility permit holder shall provide evidence of re-inspection every five (5) years.

**Section 13. Sedation Facility Inspection Process.**

(a) Initial Inspection Process.

(i) Each sedation inspector shall review the office equipment, documentation, and emergency medications as required in Section 6.

(ii) After a sedation inspector has completed the onsite sedation facility inspection, the sedation inspector shall submit his/her findings and necessary documentation.

(b) Re-Inspection Process.

(i) Permitted sedation facilities shall be re-inspected every five (5) years. Responsible dentist bears the burden of ensuring that their permitted sedation facilities are re-inspected no later than five (5) years from the previous inspection.

(ii) Each re-inspection of a permitted sedation facility may be inspected by one (1) Board approved sedation inspector.

(iii) The Board may require re-inspection of a permitted sedation facility.

## CHAPTER 7

### DENTAL AUXILIARIES

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-119, 33-15-129(a), 33-15-123, and the WAPA to promulgate rules and regulations related to the application and licensure procedures to practice of dental hygiene and dental auxiliaries in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dental hygiene and other dental auxiliaries.

**Section 3. Dental Auxiliary Personnel.** Except as otherwise provided, dental auxiliary personnel shall not perform irreversible procedures.

**Section 4. Practice of Dental Hygiene.**

(a) The dental hygienist shall:

(i) Work under the supervision of a Wyoming licensed dentist; and

(ii) Be responsible for maintaining a high degree of proficiency in the practice of dental hygiene that is consistent with current educational standards of the profession.

(b) Dental hygienists may work in the private office of a licensed dentist, in the Armed Forces of the United States, in federal or state institutions, in public health settings, and nursing or retirement facilities.

(c) Dental hygienists are encouraged to promote oral health. They may accomplish this through presentations to schools, institutions, groups, or individuals. In no event should these presentations be used for the purpose of advertising or soliciting patients for himself/herself or a dentist.

**Section 5. Supervision of Procedures Performed by the Dental Hygienist.**

(a) General Supervision. The following procedures require general supervision:

(i) Community dental health activities which includes public health services at federally funded health centers and clinics; nursing homes; extended care facilities; home health agencies; group homes for the elderly, disabled and youth; public health offices; Women, Infants, and Children; Head Start programs; child development programs; early intervention programs; migrant work facilities; free clinics; health fairs; public and private schools; state and county correctional institutions; community school-based prevention programs; and public health vans.

(A) Public health services solely consist of prophylaxis, topical fluoride applications, oral health education, and dental screenings. These services can be provided by the hygienist without prior authorization of the dentist. All patients seen shall be referred to a dentist annually.

(B) The hygienist shall maintain a Collaboration Agreement with a Wyoming licensed dentist. The hygienist must have a current Wyoming dental hygienist license with a minimum of two (2) years clinical experience.

- (ii) Duties authorized for dental assistants set forth in the Board Rules;
  - (iii) Root plane, scale and polish teeth;
  - (iv) Polish amalgams and composites;
  - (v) Screen the oral cavity for disease;
  - (vi) Place temporary fillings that require no removal of tooth structure;
  - (vii) Place, expose, and process radiographic images;
  - (viii) Place pit and fissure sealants and silver diamine fluoride; and
  - (ix) Apply subgingival topical anesthetic (i.e. Oraqix).
- (b) Direct Supervision. The following procedures require direct supervision:
- (i) Prepare, place, and remove periodontal packs;
  - (ii) Remove overhanging margins;
  - (iii) Treat diagnosed dry sockets;
  - (iv) Treat diagnosed pericoronitis;
  - (v) Perform whitening procedures; and
  - (vi) Perform expanded dental duties.

#### **Section 6. Expanded Duties Permits.**

(a) Permit. To obtain an expanded duties permit, a dental hygienist shall meet educational standards, or pass an examination approved by the Board, or both. Applicant shall submit a completed application for each duty.

(b) Training Course Approval.



(i) Training programs shall be approved in advance in writing by the Board. All expanded duty courses must contain an examination or competency assessment. Due to the varied programs, individual courses shall require individual approval after course content is reviewed by the Board.

(ii) Applicant shall provide evidence of satisfactory completion of each expanded duties course.

(iii) An applicant for soft tissue laser shall complete and provide proof of training that covers a minimum of twelve (12) hours of laser physics, safety, and appropriate use, to include a hands-on component, didactic testing component and laser (hands on) assessment component, prior to applying for a permit. The training shall meet the following requirements:

(A) The course shall be provided or recognized by any of the following organizations (or successor organization):

(I) CODA accredited institution:

(II) ADA Continuing Education Recognition Program (CERP);

(III) The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE); or

(IV) The Academy of Laser Dentistry.

(B) The course must have a hands-on component and may not be online only.

(C) The course must also require the applicant to have completed a live and interactive training that addressed operations of the specific laser(s) utilized in the practice.

(iv) An in-person evaluation for an expanded duties permit may be required by the Board to ascertain the applicant's knowledge of the expanded duties that the applicant wishes to be permitted to perform.

(c) Expanded Duties. The following may be performed by a dental hygienist with an appropriate expanded duties permit:

(i) Administer local anesthetics via injection;

(ii) Administer and monitor nitrous oxide/oxygen; or

(iii) Use soft tissue lasers to provide tissue therapy within the dental hygienists scope of practice.

- (A) All lasers must be used in accordance with accepted safety guidelines.
- (B) When utilizing a laser, the dental hygienist shall document the following, at a minimum:
  - (I) Type of Laser, including wavelength;
  - (II) Settings used (pulse or continuous wavelength, power setting); and
  - (III) Procedure performed with details including size and location (Herpetic lesions, Aphthous Ulcers, Perio debridement).

**Section 7. Dental Assistants.** The following applies to all dental assistants:

(a) **Dental Assistant.** A dentist holding a current Wyoming license may employ persons designated as “Dental Assistants.” They may be trained by their employer or by an accredited or Board approved program for dental assistants.

(b) **General Supervision.** The following procedures require general supervision:

- (i) Take vital statistics and health histories;
- (ii) Instruct patients in proper dental health care;
- (iii) Process radiographs;
- (iv) Fabricate and cement temporary crowns;
- (v) Replace ligature wires and/or place elastic ties;
- (vi) Remove ligature wire and/or elastic ties;
- (vii) Place and remove orthodontic separators;
- (viii) Remove broken bands, brackets, wires and appliances in emergency situations or as needed for operative or prophylactic purposes; and
- (ix) Place and expose x-ray image receptors (either film or digital) with a dentist’s order, either verbal or written.

(c) **Indirect Supervision.** The following procedures require indirect supervision:

- (i) Take impressions other than final or master impressions and/or digital scan impressions;

- (ii) Apply topical medications, excluding pit and fissure sealants and silver diamine fluoride;
- (iii) Mix dental materials to be used by the dentist; and
- (iv) Insert arch wires that have been adjusted by the dentist into the brackets or attachments and secured in place.

(d) Direct Supervision. The following procedures require direct supervision:

- (i) Remove sutures;
- (ii) Assist the dentist in all operative and surgical procedures;
- (iii) Place and remove rubber dams;
- (iv) Place and remove matrices;
- (v) Remove excess cement from the coronal surfaces of the teeth;
- (vi) Prepare and remove periodontal packs;
- (vii) Polish the coronal surfaces of the teeth, rubber cup only, but not for the purpose of prophylaxis.
- (viii) Perform whitening procedures;
- (ix) Place and remove orthodontic wires and/or appliances that have been activated by the dentist;
- (x) Take impressions for orthodontic procedures, i.e. retainers and removable appliances;
- (xi) Remove direct bond attachments and bands;
- (xii) Place pit and fissure sealants; and
- (xiii) Treat diagnosed dry socket.

(e) Prohibitions. The following procedures may not be performed by dental assistants:

- (i) Remove tooth structure;
- (ii) Diagnose for treatment;

- (iii) Take final impressions either digital or conventional or deliver a permanent prosthesis of any type;
- (iv) Any procedure billed as a dental prophylaxis;
- (v) Use high speed handpiece intraorally; or
- (vi) Use low speed handpiece intraorally, except for coronal polishing.

**Section 8. Exposure of Radiographic Images by Dental Assistants.**

(a) Eligibility. An applicant may seek a permit to expose dental radiographs under the general supervision of a dentist, if the applicant demonstrates competency.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed application and payment of fee; and
- (ii) Demonstrate competency by submitting evidence the applicant has:

(A) Completed a course or examination in dental radiography within one (1) year immediately prior to the date of application that meets one of the following:

- (I) A radiograph course from a CODA accredited program;
- (II) The DANB RHS Examination;
- (III) A radiograph training course administered by a state dental association; or

(IV) A curriculum of at least eight hours, which includes a competency assessment or examination and cover the following subjects:

- (1.) Dental nomenclature;
- (2.) Machine operation exposure factors;
- (3.) Operator and patient safety;
- (4.) Practical or clinical experience in:
  - a. Appropriate film handling, storage, and processing procedures when it applies.

b. Appropriate patient record documentation for radiographic images; or

(B) Been authorized to expose dental radiographs in another jurisdiction within the last five (5) years.

(c) Renewal. A permit to expose radiographs shall expire December 31 every second year, unless renewed.

(d) Late Renewal. A permit to expose radiographs that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new radiography course that meets the requirements in Section 8(a)(ii)(A) within one (1) year immediately prior to the date of application.

### **Section 9. Placement of Pit and Fissure Sealants by Dental Assistants.**

(a) Eligibility. An applicant may apply for a pit and fissure sealant permit if the applicant has successfully completed a Board approved course which may include:

(c); or (i) Board approved course meeting the requirements identified in subsection

(ii) CODA accredited dental hygiene program or a dental assisting program.

(b) Application Requirements. Applicant shall submit:

(i) Completed application and payment of fee; and

(ii) Completed checklist demonstrating competency and completion of course within one (1) year immediately prior to the date of application.

(c) Education. The education program shall include:

(i) Didactic Education including:

(A) Infection Control;

(B) Microbiology;

(C) Chemistry;

(D) Dental anatomy;

(E) Ethics related to pit and fissure sealant application;

(F) Jurisprudence related to pit and fissure sealant application; and

(ii) Clinical Instruction including supervised application of sealants.

(d) Renewal. A permit to place pit and fissure sealants shall expire December 31 every second year, unless renewed.

(e) Late Renewal. A permit to place pit and fissure sealants that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new pit and fissure training course within one (1) year immediately prior to the date of application.

**Section 10. Code of Ethics for Dental Hygienists and Dental Assistants.** Each dental hygienist and dental assistant practicing in the state of Wyoming shall:

(a) Provide oral health care utilizing highest professional knowledge, judgment, and ability;

(b) Serve all patients without discrimination;

(c) Hold professional patient relationships in confidence;

(d) Utilize every opportunity to increase public understanding of oral health practices;

(e) Generate public confidence in members of the dental health profession;

(f) Cooperate with all health professions in meeting the health needs of the public;

(g) Recognize and uphold the laws and regulations governing this profession;

(h) Maintain professional competence through continuing education;

(i) Exchange professional knowledge with other health professions;

(j) Represent dental hygiene and/or dental assisting with high standards of personal conduct; and

(k) Comply with the provisions of ADHA's Code of Ethics or Dental Assisting National Board's Code of Professional Conduct as referenced in Chapter 1.

## CHAPTER 9

### GROUND FOR DISCIPLINE

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-112, 33-15-121, and the WAPA to promulgate rules and regulations related to the discipline of licensees in Wyoming.

**Section 2. Grounds for Discipline.** The Board may take disciplinary action or refuse to issue or renew a license for the any one (1) or more of the following acts or conduct:

- (a) Violations of the Act or Board Rules;
- (b) Unprofessional conduct. Unprofessional conduct relates to the practice of dentistry or any dental auxiliary occupation that constitutes a departure from or failure to conform to the standards of acceptable and professional practices, including, but not limited to:
  - (i) Conduct that indicates the licensee or applicant is grossly ignorant of health care and dental related standards and protocols;
  - (ii) Conduct that indicates the licensee or applicant is inefficient by failing to provide timely care to a patient or by failing to refer the patient when circumstances indicate referral is appropriate;
  - (iii) Conduct or factors that indicate the licensee's or applicant's competency is compromised;
  - (iv) Impairment due to drug abuse, alcohol abuse, or a physical or mental condition, which may have compromised, or may compromise, patient safety;
  - (v) Employing directly or indirectly any unlicensed person to perform operations of any kind of treatment for human teeth or jaws, or to perform any task which constitutes the practice of dentistry;
  - (vi) Betraying patient confidences;
  - (vii) Failing to make and maintain complete patient records that conform to prevailing record-keeping standards within the licensee holder's profession;
  - (viii) Failing to provide a patient, or the Board, with a full and complete copy of all patient records, x-rays, molds, or any other item kept in the course of treatment or services rendered by the license holder, for any patient, if either the patient, the patient's legal guardian, or the Board requests said copies;

(ix) Providing false, deceptive, or misrepresented information to the Board, committees or staff:

(A) In procuring or attempting to procure a license to practice dentistry;

(B) In filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents;

(C) In signing any report or record as a dentist; or

(D) In submitting any information to the Board;

(x) Failure of a dentist to verify that all staff employed by the dentist or individuals contracted with the dentists, are licensed or certified by the Board to perform all tasks requiring licensure or certification before such tasks are performed at the direction of the dentist;

(xi) Directing or permitting any staff member to perform any procedure for which they are not licensed, certified, or competent;

(xii) Performing any act or gesture which, from the standpoint of the patient, exploits the patient's trust between the patient and the patient's dentist. Such acts may include intimate or sexual advances, intimate or sexual contact, or the use of any unnecessary sedative substance without explicit written consent by the patient;

(xiii) Performing any study or research without following standardized protocols for the research, including obtaining written and informed consent by the patient for any study;

(xiv) Failure to maintain current BLS certification;

(xv) Reprimand or other disciplinary action imposed by any academic institution or professional organization for cheating or plagiarizing;

(xvi) Financial insolvency which may jeopardize the efficacy of treatment or appropriate standard of care provided to patients;

(xvii) Violation of any order, term, restriction, or condition imposed by the Board; or

(xviii) Failure to conform with any provision of the ADA Principles of Ethics and Code of Professional Conduct, ADHA Bylaws and Code of Ethics, Dental Assisting National Board's Code of Professional Conduct, ~~or~~ the Centers for Disease Control's Summary of Infection Prevention Practices in Dental Settings, or the Centers for Disease Control's Guideline for Prescribing Opioids for Chronic Pain as referenced in Chapter 1.



## CHAPTER 10

### FEES

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-106 and the WAPA to promulgate rules and regulations related to the establishment of fees for issuance of licenses and administration of examinations in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

**Section 3. General Information.**

(a) Fees shall be payable in the exact amount and shall be paid in advance of the services rendered.

(b) All fees collected by the Board are non-refundable.

(c) Fees related to public records requests shall be assessed pursuant to the Department of Administration and Information's rules concerning public records.

**Section 4. Fees.** Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule:

(a) Dentists:

(i)	Application for Licensure by Examination	\$300
(ii)	Application for Licensure by Endorsement	\$750
(iii)	Biennial License Renewal	\$350
(iv)	Late License Renewal (Jan 1 – Mar 31)	\$370
(v)	Relicensure	\$370
(vi)	Reinstatement	\$750

(b) Sedation Permit Holders:

(i)	Application for Moderate Sedation Permit	\$500
(ii)	Application for Deep Sedation/General Anesthesia Permit	\$500
(iii)	Application for Facility Permit	\$25

\$475	(iv)	Biennial Moderate or Deep Sedation/General Anesthesia Permit Renewal	
	(v)	Biennial Facility Permit Renewal	\$50
	(vi)	Sedation Permit Reinstatement	\$500
	(c)	Dental Hygienists:	
	(i)	Application for Licensure by Examination	\$150
	(ii)	Application for Licensure by Endorsement	\$200
	(iii)	Applications for Dental Hygiene Expanded Duties	\$30
	(iv)	Biennial License Renewal (including Expanded Duties)	\$170
	(v)	Late License Renewal (Jan 1 – Mar 31)	\$190
	(vi)	Relicensure	\$190
	(vii)	Reinstatement	\$200
	(d)	Dental Assistants:	
	(i)	Application for Radiograph Permit	\$30
	(ii)	Application for Pit and Fissure Permit	\$30
	(iii)	Biennial Radiograph Permit Renewal	\$20
	(iv)	Biennial Pit and Fissure Permit Renewal	\$20
	(v)	Late Permit Renewal	\$35
	(e)	Other Fees:	
	(i)	License or Permit Verification	\$25
	(ii)	Replacement Document	\$25
	(iii)	Non-Sufficient Fund Fee	\$30

## CHAPTER 11

### PRACTICE AND PROCEDURES FOR APPLICATIONS

**Section 1. Authority.** The Board promulgates these rules according to authority granted by Wyoming Statute 33-10-110 and 16-3-103(j)(i).

**Section 2. Application Review.**

(a) Assigning Application Review Committee (ARC).

(i) All applications shall be reviewed by the Application Review Committee or Board staff.

(ii) When Board staff determines that there may be grounds to deny a license or approve a license subject to discipline or restrictions, Board staff shall refer the application to an ARC.

(b) The ARC shall investigate the application, which may include requesting additional information, meeting with the applicant, or any other action the ARC deems appropriate.

(c) The ARC may recommend that the Board:

(i) Issue, renew, relicense, or reinstate a license;

(ii) Issue, renew, relicense, or reinstate a license subject to reprimand, conditions, restrictions, or other disciplinary action;

(iii) Approve a settlement agreement; or

(iv) Deny the application.

(d) Notice of Intent.

(i) If the ARC intends to recommend that the Board deny an application or issue a license subject to other disciplinary action, the ARC shall notify the applicant of its recommendation.

(ii) The Notice of Intent shall contain:

(A) A brief description of the facts or conduct that the ARC alleges warrant denying the license or issuing the license subject to disciplinary action;

(B) Citations to the applicable statutory provisions or Board rules that the ARC alleges the applicant violated; and

(C) Notice that an applicant may request a hearing before the Board in writing within thirty (30) days from the date of mailing.

(e) The applicant shall have thirty (30) days from the date the ARC mailed the Notice of Intent to respond. The applicant may:

- (i) Request that the Board hold a hearing on the ARC's recommendation;
- (ii) Request that the Board table consideration of the application; or
- (iii) Withdraw the application.

(f) If an applicant fails to timely respond to the Notice of Intent, the Board may accept the ARC's recommendation.

(g) There shall be a presumption of lawful service of any communication required by these rules if sent by U.S. mail to the address stated on the application or, if applicable, an updated address later provided by the applicant.

### **Section 3. Hearing Procedure.**

(a) Upon receiving a written request for a hearing from an applicant, the Board or a hearing officer appointed by the Board shall begin a contested case proceeding. Board staff or the hearing officer shall serve a Notice of Hearing on the applicant at least thirty (30) days before the hearing. The Notice of Hearing shall contain:

(i) A brief statement of the matters asserted, including:

(A) The ARC's recommendation;

(B) The facts upon which the recommendation is based; and

(C) The statutory provisions or Board rules the applicant is alleged to have violated or failed to meet to qualify for licensure.

(ii) The time, place, and nature of the hearing;

(iii) The legal authority and jurisdiction of the Board; and

(iv) Notice of the burden and standard of proof.

(b) Any hearing officer appointed by the Board shall preside over the contested case proceeding and shall conduct the proceeding according to the Wyoming Administrative Procedure Act and Chapter 2 of the Office of Administrative Hearings rules as incorporated by reference in Chapter 1.

(c) The applicant shall bear the burden to prove by a preponderance of the evidence that he or she meets the qualifications for licensure. The burden of production shall shift to the ARC to prove by clear and convincing evidence that the applicant should not be granted an unrestricted license or license subject to discipline. The burden of production then shifts to the applicant to demonstrate that the ARC's grounds for denial or issuance of a license subject to conditions or restrictions are insufficient and that the applicant is entitled to licensure.

(d) The Board may resolve an application matter by:

(i) Adopting the ARC's recommendation without a hearing if the applicant did not request a hearing;

(ii) Resolving a dispositive motion in either party's favor;

(iii) Conducting a contested case hearing. Following the hearing and the Board's deliberation, the Board may:

(A) Issue, renew, relicense, or reinstate a license;

(B) Issue, renew, relicense, or reinstate a license with conditions, restrictions, or other disciplinary action;

(C) Deny a license, renewal, reactivation, or reinstatement;

(e) The Board shall issue a written decision or order. The decision or order shall be sent by U.S. Mail to the applicant and the applicant's attorney or representative, if any.

(i) Board action is effective on the date that the Board approves the written decision or order and it is entered into the administrative record.

(ii) Written board decisions or orders are final agency action subject to judicial review according to the Wyoming Administrative Procedure Act and the Wyoming Rules of Appellate Procedure.

## CHAPTER 12

### PRACTICE AND PROCEDURES FOR DISCIPLINE MATTERS

**Section 1. Authority.** The Board promulgates these rules according to authority granted by Wyoming Statute 33-10-110 and 16-3-103(j)(i).

**Section 2.** The Board may take disciplinary action for the following:

- (a) Licensee violating the Board's practice act or rules; or
- (b) Licensee violating a Board order.

**Section 3. Complaint Review and Disciplinary Investigation.**

(a) Complaints that a licensee has violated the Board's practice act or the Board's rules shall be submitted to the Board's office. Board staff may initiate complaints.

(b) After receiving a complaint or initiating a complaint, Board staff shall assign the complaint to an Investigative Committee (IC) for investigation.

(c) After reviewing and investigating the complaint, the IC may recommend that the Board:

- (i) Dismiss the complaint;
- (ii) Summarily suspend a license;
- (iii) Approve a settlement agreement; or
- (iv) Discipline the licensee, including revocation, suspension, restriction, condition, or reprimand.

**Section 4. Summary Suspension.**

(a) An IC may recommend that the Board summarily suspend a license at any time when the IC or Board staff believes that the licensee's continued practice imperatively requires emergency action to protect the public health, safety, or welfare.

(b) The IC shall notify the licensee of its intent to recommend summary suspension. The Notice of Intent shall contain:

- (i) A copy of the complaint, if any;
- (ii) A description of the grounds for the summary suspension recommendation; and

(iii) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled.

(c) When the date and time of the summary suspension hearing is set, the Board staff shall notify the licensee of the date and time of the proceeding by mailing written notice and emailing electronic notice to the licensee's mailing and email addresses.

(d) The scope of the expedited summary suspension proceeding shall be limited to a presentation of the information the IC believes warrants summary suspension and any information the licensee may present on his or her behalf.

(e) Hearing Format.

(i) The IC shall describe the allegations that it believes warrant emergency action against the licensee.

(ii) The IC shall present information that demonstrates probable cause that the allegations are true.

(iii) The IC shall explain why the licensee's continued practice imperatively requires emergency action to protect the public health, safety, or welfare.

(iv) The licensee, if present, may present any information demonstrating that the allegations are not true or that, even if the allegations are true, the licensee's continued practice does not imperatively require emergency action to protect the public health, safety, or welfare.

(f) The Board may order summary suspension if it concludes that probable cause exists that the allegations are true and that the licensee's continued practice imperatively requires emergency action to protect the public health, safety, or welfare. The Board shall incorporate a finding to that effect in its order granting summary suspension.

(g) No summary suspension shall be effective until the Board has adopted a written order incorporating the reasons justifying its decision.

(h) The Board shall enter a written order granting or denying summary suspension at the summary suspension proceeding or within seven days after the proceeding. The Board shall send the order to the licensee by U.S. mail and by email.

(i) Post-Deprivation Hearing.

(i) A licensee may request a post-deprivation hearing within ten (10) days from the date the summary suspension order is entered.

(ii) If a licensee requests a post-deprivation hearing, the Board shall conduct it within thirty (30) days of the licensee's request and notify the licensee of the date, time, and location of the hearing.

(iii) Post-deprivation hearings shall be conducted in the same manner as summary suspension proceedings as articulated in Section 4(e) of this chapter. The sole issue before the Board at a post-deprivation hearing shall be whether the IC's allegations imperatively require emergency action to protect the public health, safety, and welfare. The Board shall affirm its decision to summarily suspend a license, and issue a written order to that effect, if it concludes that the IC has proven the allegations by a preponderance of the evidence and that the allegations imperatively require emergency action to protect the public health, safety, or welfare.

(j) Unless earlier terminated by the Board or a petition for discipline is filed under Section 6 of this chapter, summary suspensions shall lapse one hundred eighty (180) days after the written order granting summary suspension is entered under subsection (h) of this section.

### **Section 5. Surrender in Lieu of Discipline and Licenses Issued in Error.**

(a) A licensee may petition the Board, in writing, to voluntarily surrender a license in lieu of discipline.

(i) The IC shall recommend that the Board approve or deny the petition.

(ii) The Board may approve or deny the petition.

(b) If Board staff has reason to believe that a license has been issued despite an applicant not meeting licensure requirements and:

(i) If Board Staff has issued the license and the Board has not ratified its issuance, the license shall be rescinded and the matter shall be referred to an ARC.

(ii) If Board Staff has issued the license and the Board has ratified its issuance, the matter shall be referred to an IC.

(A) The IC may petition the Board to revoke the license or impose practice restrictions according to the procedures outlined in Section 6 of this chapter and may seek summary suspension.

(B) A revocation solely for the reasons specified this subsection shall not be considered license discipline. Nothing in this subsection prohibits discipline or application denial for a licensee's conduct.

(C) A licensee may surrender the license at issue under this provision in lieu of a hearing before the Board without Board approval.

### **Section 6. Hearing Procedure.**



(a) There shall be a presumption of lawful service of a Notice of Intent, Petition, Notice of Hearing, or any other communication required by these rules if sent by U.S. mail to the address the licensee most recently supplied to the Board.

(b) The IC shall notify the licensee of its intent to file a petition for disciplinary action. The Notice of Intent shall:

(i) Include a brief description of the facts or conduct that warrant the intended action;

(ii) Include a description of the nature of the discipline the IC intends to seek; and

(iii) Provide the Licensee no less than thirty (30) days to show that the licensee has complied with all lawful license requirements.

(c) The IC shall initiate proceedings for disciplinary action by filing a Petition with the Board office and serving a copy upon the licensee to the last known address of the licensee by regular U.S. mail.

(d) A licensee may respond to the Petition by filing an Answer admitting or denying the allegations in the Petition or by filing a dispositive motion.

(e) A licensee shall respond to a Petition within twenty (20) days from the date the Petition is filed with the Board office or, if the licensee files a dispositive motion, from the date the dispositive motion is decided by entry of a written order. Failure to respond to the Petition within this time may result in a default judgment.

(f) When a petition for disciplinary action is filed, the Board or a hearing officer appointed by the Board shall begin a contested case proceeding. Board staff or the hearing officer shall serve a Notice of Hearing, with the Petition attached, on the applicant at least thirty (30) days before the hearing. The notice of hearing shall contain:

(i) The legal authority for the Petition and statement of the Board's jurisdiction;

(ii) The facts justifying the disciplinary action sought;

(iii) The statutory provisions or Board rules the licensee is alleged to have violated;

(iv) The time, place, and nature of the hearing; and

(v) Notice of the burden and standard of proof.

(g) If a licensee fails to timely answer the allegations in a Petition or appear at a noticed hearing, and upon the IC's motion, the Board may enter default against the licensee. In entering default, the Board may:

(i) Order that the factual allegations in the Petition are to be taken as true for the purposes of the hearing;

(ii) Order that the licensee may not present evidence on some or all issues in the matter; or

(iii) Any other relief the Board determines is just.

(h) The Board may set aside an entry of default for good cause.

(i) Any hearing officer appointed by the Board shall preside over the contested case proceeding and shall conduct the proceeding according to the Wyoming Administrative Procedure Act and Chapter 2 of the Office of Administrative Hearings rules as incorporated by reference in Chapter 1.

(j) The IC shall bear the burden to prove by clear and convincing evidence that the licensee violated the Board's practice act or the Board's rules.

(k) The Board may resolve a discipline matter by:

(i) Resolving a dispositive motion in either party's favor;

(ii) Accepting a settlement agreed on by both parties;

(iii) Granting a licensee's petition for voluntary surrender in lieu of discipline under Section 5(a) of this Chapter;

(iv) Conducting a contested case hearing. Following the hearing and the Board's deliberation, the Board may, as applicable:

(A) Find no violation of the Board's practice act or rules and therefore impose no discipline on the licensee;

(B) Find that the licensee has violated the Board's practice act or rules and impose the following discipline: reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(l) The Board shall issue a written decision or order. The decision or order shall be sent by U.S. Mail to the licensee and the licensee's attorney or representative, if any.

(m) Board action is effective on the date that the Board approves the written decision or order and it is entered into the administrative record.

(n) Written board decisions or orders are final agency action subject to judicial review according to the Wyoming Administrative Procedure Act and the Wyoming Rules of Appellate Procedure.

**Section 7. Petition for Modifying Conditions or Restrictions.**

(a) A licensee may petition the Board to modify any conditions or restrictions on his or her license. The licensee shall submit a written petition for modification to the Board office. The petition for modification shall include evidence demonstrating:

- (i) Compliance with all previously entered Board orders;
- (ii) That the modification is consistent with any treatment plan or medical orders, if applicable; and
- (iii) That the modification will ensure the public is adequately protected.

(b) The IC assigned the matter shall review the petition and shall recommend that the Board either grant or deny the petition within thirty (30) days of the Board office receiving the petition.

(c) Board Consideration.

- (i) The Board shall consider the petition and the IC's recommendation at its earliest convenience.
- (ii) The Board may approve or deny the petition for modification.

## CHAPTER 1

### GENERAL PROVISIONS

**Section 1. Authority.** These Board Rules are adopted to implement the Board's authority under Wyoming Statute 33-15-108(g) and 16-3-103(j) as it relates to the licensure and discipline of dentists and dental hygienists and regulation of the practice of dentistry and dental hygiene in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish administrative procedures.

**Section 3. Definitions.**

- (a) "Act" means the Wyoming Dental Practice Act, W.S. 33-15-101 through -133.
- (b) "ADA" means American Dental Association.
- (c) "ADHA" means American Dental Hygienists' Association.
- (d) "Advertising" means a communication to the public about a dentist or services offered by a dentist.
- (e) "ARC" means Application Review Committee.
- (f) "BLS" means basic life support for healthcare providers.
- (g) "Board Rules" means the administrative rules and regulations promulgated by the Board.
- (h) "CE" means continuing education.
- (i) "CODA" means Commission on Dental Accreditation.
- (j) "DANB" means Dental Assisting National Board.
- ~~(k) "DC" means Disciplinary Committee.~~

~~(k)(4)~~ "Dentist-Patient Relationship" means a formal inferred relationship between the dentist and a patient of record, which is established once the dentist assumes or undertakes the dental care or treatment of a patient in the state where the patient resides. A dentist-patient relationship is assumed to have been created after there is a physical examination of a patient (e.g., when a patient is seen in a dentist's office), but is not assumed in others (e.g., when a dentist performs a physical examination as a health screening procedure at a health fair event).

~~(l)(m)~~ "EKG" means Electrocardiogram.

~~(m)~~(n) “Hands on” means involving or offering active participation rather than theory.

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(n) “IC” means Investigative Committee.

(o) “INBDE” means Integrated National Board Dental Examination.

(p) “NBDHE” means National Board Dental Hygiene Examination.

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(q) “Non-patient based” means manikin or other simulation.

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(r) “Patient based” means a live human being.

~~(s)~~(t) “Supervision” of dental auxiliary means the act of overseeing or directing duties performed by a dental auxiliary. Types of supervision may include:

(i) “General Supervision” of a dental auxiliary means that a dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed;

(ii) “Direct Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, a dentist has authorized the procedure to be performed, and before dismissal of the patient, a dentist has approved the work performed by the auxiliary; or

(iii) “Indirect Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, and a dentist has authorized the procedure to be performed.

~~(t)~~(u) “Teledentistry” means the use of data transmitted through interactive audio/video or data communications either by synchronous or asynchronous technology for the purposes of examination, diagnosis, treatment planning, consultation or directing the delivery of treatment by dentists and dental auxiliary in settings permissible and consistent with the rules of supervision. Teledentistry service may include telephone, electronic mail message, or facsimile transmitting, or online tool.

(i) Synchronous technology: secure two-way audio/visual technology that allows a dentist and dental auxiliary to see and communicate in real time with a patient who is located in a different physical location.

(ii) Asynchronous technology: the transmission of recorded health information (radiographs, photographs, video and other digital media) through a secure electronic communications system to a dentist and dental auxiliary who uses the information to evaluate a patient’s condition or render a service outside of a real-time or live interaction.

~~(u)~~(s) “WAPA” means Wyoming Administrative Procedure Act, W.S. 16-3-101 through 115.

**Section 4. Board Office.** The Board Office shall be located at 2001 Capitol Avenue, Cheyenne, Wyoming.

**Section 5. Board Meetings.** The Board shall set its regular meetings by resolution.

**Section 6. Reference by Incorporation.**

(a) Each rule and code incorporated by reference is further identified as follows:

(i) Principles of Ethics and Code of Professional Conduct, excluding Principles 5.H. and 5.I., adopted by the ADA and revised November 2018, found at: <https://dental.wyo.gov/rules>.

(ii) Bylaws and Code of Ethics, adopted by the ADHA and effective on June 2020, found at: <https://dental.wyo.gov/rules>.

(iii) Dental Assisting National Board's Code of Professional Conduct, adopted by the DANB and revised February 2018, found at: <https://dental.wyo.gov/rules>.

(iv) Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, adopted by the Centers for Disease Control and Prevention and revised October 2016, found at: <https://dental.wyo.gov/rules>.

(v) Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain - United States, 2016, adopted by the Centers for Disease Control and Prevention and effective March 18, 2016, found at: <http://dental.wyo.gov/rules>.

(vi) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on July 20, 2017, found at: <https://dental.wyo.gov/rules>.

(vii) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspection, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at <https://dental.wyo.gov/rules>.

(b) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board Office and are available for public inspection and copying at cost at the same location.

**Section 7. Public Records Inspection.** Public records inspections shall be conducted pursuant to the Department of Administration and Information's rules concerning public records.

**Section 8. Change of Name, Address, or Telephone Number.** Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.

**CHAPTER 4**  
**DENTAL PRACTICE**

**Section 1. Authority.** The Board is authorized under Wyoming Statutes 33-1-303(a)(iv), 33-15-108(h), and 33-15-130 to promulgate rules and regulations related to telemedicine and x-ray machine inspection procedures in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

**Section 3. Teledentistry.**

(a) The practice of dentistry occurs where the patient is located. Where an existing dentist-patient relationship is not present, a licensee must take appropriate steps to establish a dentist-patient relationship in utilizing teledentistry services that is consistent with the prevailing standard of care.

(b) Before rendering dental advice or care using teledentistry services, the licensee shall:

(i) Verify and authenticate the location and to the extent possible, confirm the identity and contact information of the requesting patient.

(ii) Disclose and validate the licensee's identity, credentials and contact information.

(iii) Obtain appropriate written treatment consent from the requesting patient.

(iv) Obtain patient's medical and dental health history.

(v) Detail security measures taken as well as potential risks to privacy and the loss of information due to technical failures.

(vi) Determine if the condition being diagnosed or treated is appropriate for teledentistry.

(vii) Determine appropriate treatment and follow up care if needed.

(c) **Dental Records.** Any dental record made through the use of teledentistry shall be consistent with the same record retention standards as a record made through a traditional, in person dental encounter.

(d) **Confidentiality.** The licensee shall ensure that any electronic and digital communication used in the practice of teledentistry is secure to maintain the confidentiality of



the patient's medical/dental information as required by the Health Insurance Portability and Accountability Act of 1996 including the retention and disposal of electronic and digital equipment and data.

(e) Violation of any provision above shall be considered "unprofessional conduct" within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

**Section 4. Satellite Offices.** Licensees using satellite offices shall ensure all offices maintain the appropriate standard of care.

**Section 5. Radiograph Use.** Inspections of x-ray machines are required as follows:

(a) Inspectors. Any individual who performs x-ray machine assembly, installation or service shall meet the following educational and experience requirements:

(i) Completion of a structured educational program that includes training in radiation machine safety, assembly, installation and service, including, but not limited to:

(A) A baccalaureate degree in electrical engineering with specialized training in radiation producing devices;

(B) A one-year associate degree in biomedical equipment repair;

(C) Equivalent manufacturer, military or other technical school training; and

(ii) At least six (6) months of supervised, documented training on inspection and calibration of the applicable x-ray machine.

(b) Inspections. Inspections of x-ray equipment shall be conducted in accordance with relevant national standards. All machines shall be inspected at the time of installation and thereafter every five (5) years for x-ray machines and every three (3) years for computed tomography machines.

(c) Waiver. Licensees may be granted a six (6) month waiver to the inspection requirement at the discretion of the Board.

(d) Compliance and Documentation. Failure to abide with the requirements of this section shall be considered "unprofessional conduct" within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

(i) Inspector should provide evidence for dentists to place on machines indicating the last inspection date and next inspection due date.

(ii) Evidence of compliance to the Board is not required unless specifically requested.

**Section 6. Use of Botulinum Toxin.**

(a) The use of botulinum toxin is within the scope of practice of dentistry, as defined in W.S. 33-15-114. Dentists are allowed to utilize botulinum toxin for the treatment of temporomandibular disorders, myofascial pain, or other conditions affecting the oral cavity and adjacent tissues and structures. Dentists who choose to use botulinum toxin as part of their practice shall have obtained appropriate patient based hands-on training and have acquired the necessary knowledge, skills, and expertise to provide this service in a safe and efficacious manner.

(b) Dentists who use botulinum toxin as part of their practice shall maintain documentation evidencing appropriate patient based hands-on training and shall provide documentation to the Board upon request. Non-patient based training is not acceptable.

(c) Dentists shall not use dermal fillers in their practice.

## CHAPTER 5

### ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-130 to promulgate rules and regulations related to the application and licensure procedures to administer sedation and provide for sedation inspection in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish a regulatory framework for issuance of a sedation permit pursuant to W.S. 33-15-130.

**Section 3. Definitions.** For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" is minimal sedation.
- (c) "Applicant" means a Wyoming licensed dentist applying for a sedation permit.
- (d) "ASA" means American Society of Anesthesiology classification.
- (e) "Combination inhalation" means using an inhalation agent and a sedative agent at the same time.
- (f) "Competent" means displaying special skill or knowledge derived from training and experience.
- (g) "Deep sedation" means a drug-induced depression of consciousness during which the patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (h) "Dental hygienist" means a Wyoming licensed dental hygienist holding an appropriate expanded duties permit including local anesthesia and/or nitrous oxide anxiolysis.
- (i) "Enteral" means a route of administration in which the agent is absorbed through the gastrointestinal tract or mucosa [i.e., oral, rectal, nasal, or sublingual].
- (j) "Facility Permit" means a permit issued to any location where sedation is being performed that has been inspected and approved by the Board.
- (k) "Facility Permit Holder" means a Wyoming licensed dentist designated as the

responsible dentist for a facility permit.

(l) “General anesthesia” means a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(m) “Inhalation” means a route of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(n) “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

(o) “Minimal sedation” (previously known as anxiolysis) means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory, and cardiovascular functions are unaffected. Minimal sedation includes administration of oral medication and/or nitrous oxide.

(p) “Moderate sedation” previously known as “conscious sedation and/or twilight sedation or parenteral sedation” means a drug-induced depression of consciousness during which the patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. The drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the sedation permit holder. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

(q) “MRD” means maximum recommended dose of a drug as printed on Food and Drug Administration approved labeling for unmonitored home use.

(r) “Nitrous oxide anxiolysis” means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(s) “PALS” means Pediatric Advanced Life Support.

(t) “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or

intraosseous].

(u) “Qualified anesthesia provider” means a licensed anesthesiologist, certified registered nurse anesthetist, or sedation permit holder with appropriate sedation level permit.

(v) “Responsible dentist” means a licensed dentist who assumes responsibility for a facility permit.

(w) “Sedation Inspector” means a Board-approved inspector of sedation facilities and sedation permit applicant’s surgical/anesthetic technique cases.

(x) “Sedation permit” means a permit issued by the Board for administration of moderate sedation or deep sedation and/or general anesthesia by a sedation permit holder.

(y) “Titration” means administration of multiple or incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response, and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

#### **Section 4. Standard of Care.**

(a) For all levels of sedation, a dentist or sedation permit holder shall have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(b) A dentist or sedation permit holder shall be responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, deep sedation, and/or general anesthesia and providing the equipment, drugs, and protocol for patient rescue.

(c) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, a dentist or sedation permit holder intending to produce a given level of sedation shall be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

(d) The concept of rescue is essential to safe sedation. A dentist or sedation permit holder shall have the skills to rescue the patient from a deeper level than that intended for the procedure. The ability to rescue means that a dentist or sedation permit holder shall be able to recognize the various levels of sedation and have the skills necessary to provide appropriate cardiopulmonary support if needed.

(i) If the intended level of sedation is “minimal,” a dentist or sedation permit holder shall be able to rescue from “moderate sedation.”

(ii) If the intended level of sedation is “moderate,” a sedation permit holder shall have the skills to rescue from “deep sedation.”

(iii) If the intended level of sedation is “deep sedation,” a sedation permit holder shall have the skills to rescue from a state of “general anesthesia.”

(e) If a patient enters a deeper level of sedation than the dentist or sedation permit holder is qualified to provide, the dentist or sedation permit holder shall stop the dental procedure until the patient returns to the intended level of sedation.

(f) Children (under the age of 12) may become moderately sedated despite the intended level of minimal sedation; if this occurs, the requirements for moderate sedation shall apply.

(g) Except in extraordinary situations, the dentist or sedation permit holder shall not use preoperative sedatives for children prior to arrival in the dental office due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

(h) All local anesthetic agents are cardiac depressants and may cause central nervous system excitation or depression. Particular attention shall be paid to dosage in children. To ensure that the patient will not receive an excessive dose, the maximum allowable safe dosage (i.e., mg/kg) shall be calculated before administration. There may be enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives or narcotics.

(i) Patients considered for minimal sedation, moderate sedation, and/or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

(j) Pre-operative preparation shall include:

(i) Consideration of dietary restrictions based on the sedative technique prescribed; and

(ii) Verbal and written instructions shall be given to the patient, parent, escort, guardian or care giver.

(k) An appropriate scavenging system shall be available if gases other than oxygen or air are used.

## **Section 5. Requirements for Administering Minimal Sedation.**

(a) A sedation permit shall not be required for a dentist to administer minimal

sedation.

- (b) A dentist shall only administer minimal sedation by an enteral route.
- (c) To administer minimal sedation, a dentist or dental hygienist shall:
  - (i) Have adequate equipment with fail-safe features and 25% minimum oxygen flow; and
  - (ii) Demonstrate competency and/or training in administering minimal sedation by:
    - (A) Completion of CODA recognized program; or
    - (B) Completion of a Board-approved course.
- (d) Office Equipment Requirements. Any dentist who administers minimal sedation shall provide the following equipment, which shall be functional and available at all times:
  - (i) A continuous pulse oximeter;
  - (ii) A blood pressure cuff of appropriate size;
  - (iii) Stethoscope or equivalent blood pressure monitoring devices;
  - (iv) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up; and
  - (v) A manual or automatic external defibrillator.
- (e) A dentist or sedation permit holder shall document every administration of minimal sedation. Documentation for administration of minimal sedation shall include, but is not limited to, the following:
  - (i) Pertinent medical history including, but not limited to:
    - (A) Previous medication(s);
    - (B) Allergies; and
    - (C) Sensitivities;
  - (ii) Weight (nitrous oxide excluded);
  - (iii) Vital Signs, including, but not limited to:

(A) Baseline heart rate; and

(B) Blood pressure.

(iv) Beginning and ending oxygen saturation levels; and

(v) Medication(s) administered and dosage(s).

(f) All dental personnel shall be certified in administering BLS. A dentist or sedation permit holder may delegate patient monitoring to qualified dental personnel. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

(g) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD dose of a drug that can be prescribed for unmonitored home use.

(h) Nitrous oxide administration may be used in combination with a single enteral drug in minimal sedation.

(i) Nitrous oxide administration when used in combination with a sedative agent(s) may produce moderate sedation, deep sedation, and/or general anesthesia which requires a sedation permit.

**Section 6. Requirements for Administering Moderate Sedation, Deep Sedation, and/or General Anesthesia.**

(a) A sedation permit shall be required for a sedation permit holder to administer moderate sedation, deep sedation, and/or general anesthesia.

(b) Office Equipment Requirements.

(i) Any sedation permit holder who administers moderate sedation, deep sedation, and/or general anesthesia shall have available the required equipment in Section 5(d) and the following additional equipment and faculties, which shall be functional and available at all times:

(A) Suitable operating suite;

(B) Recovery area;

(C) Gas storage facilities with back up tanks and mobile back-up oxygen, which generally meet accepted safety standards;

(D) Suction system;



- clinically indicated;
- (E) Back-up suction equipment;
  - (F) Back-up lighting equipment;
  - (G) Parenteral access or the ability to gain parenteral access, if clinically indicated;
  - (H) Capnograph (end tidal carbon dioxide monitor);
  - (I) EKG;
  - (J) Appropriate emergency medications;
  - (K) Endotracheal tubes suitable for patients being treated;
  - (L) Endotracheal tube forceps (i.e., magill);
  - (M) A laryngoscope with reserve batteries and bulbs;
  - (N) Oropharyngeal airways;
  - (O) Nasopharyngeal airways; and
  - (P) At least one (1) additional airway device.

(ii) Volatile Anesthesia Delivery Systems. Any sedation permit holder who administers volatile anesthesia shall provide the required equipment listed in Section 5(d) and Section 6(b)(i) and the following additional equipment and facilities, which shall be functional and available at all times:

- (A) Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
- (B) Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
- (C) Fail-safe mechanisms for inhalation of nitrous oxide anxiolysis;
- (D) The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
- (E) Gas storage facilities, which meet generally accepted safety standards.

(c) A sedation permit holder shall document every administration of moderate sedation, deep sedation, and/or general anesthesia. Documentation for administration of

moderate sedation, deep sedation, and/or general anesthesia shall include the required documents listed in Section 5(e) and the following additional documentation:

- (i) Current and comprehensive medical history, including:
  - (A) Medical conditions; and
  - (B) Age;
- (ii) Physical examination, including:
  - (A) Airway assessment;
  - (B) Respiratory rate; and
  - (C) Temperature;
- (iii) ASA Classification;
- (iv) Procedure(s);
- (v) Informed Consent;
- (vi) Anesthesia Record, which shall include:
  - (A) Vital signs before and after anesthesia is utilized;
  - (B) Parenteral access site and method, if utilized;
  - (C) Medication(s) administered;
  - (D) Time anesthesia commenced and ended;
  - (E) Monitor blood pressure, heart rate, and oxygen saturation at least every five (5) minutes;
  - (F) EKG;
  - (G) Capnograph (end tidal carbon dioxide monitor);
  - (H) Ventilation status (spontaneous, assisted, or controlled);
  - (I) Intravenous fluids, if utilized;
  - (J) Response to anesthesia, including any complications;

- (K) Starting time of recovery and time of discharge; and
- (L) Condition of patient at discharge and authorization of sedation

permit holder.

(d) All dental personnel shall be certified in administering BLS. A dentist or sedation permit holder may delegate patient monitoring to qualified dental personnel.

(i) Moderate Sedation. During a procedure where moderate sedation is administered, the sedation permit holder and at least one (1) other dental personnel shall be present.

(ii) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the sedation permit holder and at least two (2) other dental personnel shall be present and at least one (1) shall be experienced in patient monitoring and documentation.

(e) A dentist or sedation permit holder shall be subject to disciplinary action if:

(i) A dentist administers moderate sedation, deep sedation, and/or general anesthesia without a sedation permit; or

(iii) A permit holder administers deep sedation and/or general anesthesia with a sedation permit for moderate sedation.

### **Section 7. Application Process for Administering Moderate Sedation.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS; and

(ii) Demonstrating competency and/or training in administering moderate sedation within two (2) years immediately preceding the application as follows:

(A) Completion of a specialty residency recognized by CODA;

(B) Completion of a general practice residency recognized by CODA that meets the minimal training requirements identified in subsection (D);

(C) Submit proof that applicant has administered moderate sedation, deep sedation and/or general anesthesia in another jurisdiction within generally accepted standards of dental practice and provide documentation of at least 40 moderate sedation cases; or

(D) Completion of a training course to administer and manage moderate sedation within twelve (12) months prior to application. For moderate sedation, such

training shall include a minimum:

- (I) 60 hours of didactic instruction;
- (II) 20 solo intubations (patient-based and/or acceptable electronic simulated manikin);
- (III) 20 moderate sedation cases;
- (IV) Physical diagnosis rotation; and
- (V) Advance Airways and Emergency Management.

(b) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against the applicant.

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation inspector may require additional cases to observe at his/her discretion. If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standardized cases shall be reviewed.

(d) Simulated Emergencies. The applicant and his/her team shall be able to demonstrate their expertise in managing the following emergencies:

- (i) Laryngospasm;
- (ii) Bronchospasm;
- (iii) Emesis and aspirator of vomitus;
- (iv) Management of foreign bodies in the airway;
- (v) Angina Pectoris;
- (vi) Myocardial Infarction;
- (vii) Cardiopulmonary Resuscitation;
- (viii) Hypotension;
- (ix) Hypertensive crisis;
- (x) Acute allergic reaction;
- (xi) Convulsions; and

(xii) Hyperventilation syndrome.

(e) Discussion Period. The applicant may be required to answer additional questions by the sedation inspector.

**Section 8. Application Process for Administering Deep Sedation and/or General Anesthesia.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS;

(ii) Demonstrating competency and/or training in administering deep sedation and/or general anesthesia within two (2) years immediately preceding the application as follows:

(A) Completion of a residency program that includes training in sedation and/or general anesthesia that is approved by CODA, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or any successor organization to any of the foregoing; or

(B) Completion of a post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and/or general anesthesia that is approved by CODA or other program approved by the Board.

(b) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against the applicant.

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation inspector may require additional cases to observe at his/her discretion. If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standardized cases shall be reviewed.

(d) Simulated Emergencies. The applicant and his/her team shall be able to demonstrate their expertise in managing the following emergencies:

(i) Laryngospasm;

(ii) Bronchospasm;

(iii) Emesis and aspirator of vomitus;

(iv) Management of foreign bodies in the airway;

- (v) Angina Pectoris;
- (vi) Myocardial Infarction;
- (vii) Cardiopulmonary Resuscitation;
- (viii) Hypotension;
- (ix) Hypertensive crisis;
- (x) Acute allergic reaction;
- (xi) Convulsions; and
- (xii) Hyperventilation syndrome.

(e) Discussion Period. The applicant may be required to answer additional questions by the sedation inspector.

**Section 9. Sedation Permit Renewal and Expiration.**

(a) Sedation permits shall be renewed on or before December 31 every ~~second~~ odd year. The renewal period shall be January 1 of even years through December 31 of odd years.

(b) A sedation permit holder shall submit a completed sedation permit renewal application, including fees, and provide evidence of:

- (i) Current certification in ACLS or PALS; and
- (ii) Sixteen (16) hours of sedation ~~continued~~ education ~~renewal course~~ every ~~two (2) years~~ within the renewal period, with requirements that the course contain medical emergencies and airway management skills training with a hands on component.
- (iii) The Board may request more documentation if necessary.

**Section 10. Reinstatement of Expired and Revoked Sedation Permits.**

(a) A dentist may apply for reinstatement of their expired sedation permit by meeting the application requirements established in Section 7 and/or Section 8.

(b) A dentist may apply for reinstatement of their revoked sedation permit by meeting the application requirements established in Section 7 and/or Section 8 and submit evidence of:

- (i) Meeting requirements of previous Board order; and

- (ii) Demonstrating just cause for reinstatement.

**Section 11. Sedation Inspector Qualifications and Duties.**

- (a) Sedation Inspector Qualifications. The inspector shall:
  - (i) Submit a completed application;
  - (ii) Actively practice as a dental anesthesiologist, oral maxillofacial surgeon, anesthesiologist, or certified nurse anesthetist; and
  - (iii) Hold a current and unencumbered Wyoming license in their field.
- (b) Sedation Inspector Duties. A Board-approved sedation inspector shall:
  - (i) Be considered an agent for the Board;
  - (ii) Comply with the Board Rules for inspecting sedation facilities within Wyoming;
  - (iii) Not have a conflict of interest with an applicant. A sedation inspector's receipt of payment from the applicant for services as a sedation inspector is acceptable and does not constitute a conflict of interest; and
  - (iv) Review a sedation permit applicant's surgical/anesthetic techniques required in Section 7(c) and Section 8(c).

**Section 12. Initial Facility Permit Application Process.**

- (a) Application Requirements. Applicant shall:
  - (i) Submit a completed application and payment of fee; and
  - (ii) Have two (2) approved sedation inspectors submit sedation facility inspection reports for each location where sedation is intended to be administered.
  - (iii) Applicant shall be responsible for payment of sedation facility inspection fee to sedation inspectors.
- (b) Renewal Requirements.
  - (i) Facility permits shall be renewed on or before December 31 every second year.

(ii) A facility permit holder shall submit a completed facility permit renewal application, including fees. The facility permit holder shall provide evidence of re-inspection every five (5) years.

**Section 13. Sedation Facility Inspection Process.**

(a) Initial Inspection Process.

(i) Each sedation inspector shall review the office equipment, documentation, and emergency medications as required in Section 6.

(ii) After a sedation inspector has completed the onsite sedation facility inspection, the sedation inspector shall submit his/her findings and necessary documentation.

(b) Re-Inspection Process.

(i) Permitted sedation facilities shall be re-inspected every five (5) years. Responsible dentist bears the burden of ensuring that their permitted sedation facilities are re-inspected no later than five (5) years from the previous inspection.

(ii) Each re-inspection of a permitted sedation facility may be inspected by one (1) Board approved sedation inspector.

(iii) The Board may require re-inspection of a permitted sedation facility.



## CHAPTER 7

### DENTAL AUXILIARIES

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-119, 33-15-129(a), 33-15-123, and the WAPA to promulgate rules and regulations related to the application and licensure procedures to practice of dental hygiene and dental auxiliaries in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dental hygiene and other dental auxiliaries.

**Section 3. Dental Auxiliary Personnel.** Except as otherwise provided, dental auxiliary personnel shall not perform irreversible procedures.

**Section 4. Practice of Dental Hygiene.**

(a) The dental hygienist shall:

(i) Work under the supervision of a Wyoming licensed dentist; and

(ii) Be responsible for maintaining a high degree of proficiency in the practice of dental hygiene that is consistent with current educational standards of the profession.

(b) Dental hygienists may work in the private office of a licensed dentist, in the Armed Forces of the United States, in federal or state institutions, in public health settings, and nursing or retirement facilities.

(c) Dental hygienists are encouraged to promote oral health. They may accomplish this through presentations to schools, institutions, groups, or individuals. In no event should these presentations be used for the purpose of advertising or soliciting patients for himself/herself or a dentist.

**Section 5. Supervision of Procedures Performed by the Dental Hygienist.**

(a) General Supervision. The following procedures require general supervision:

(i) Community dental health activities which includes public health services at federally funded health centers and clinics; nursing homes; extended care facilities; home health agencies; group homes for the elderly, disabled and youth; public health offices; Women, Infants, and Children; Head Start programs; child development programs; early intervention programs; migrant work facilities; free clinics; health fairs; public and private schools; state and county correctional institutions; community school-based prevention programs; and public health vans.

(A) Public health services solely consist of prophylaxis, topical fluoride applications, oral health education, and dental screenings. These services can be provided by the hygienist without prior authorization of the dentist. All patients seen shall be referred to a dentist annually.

(B) The hygienist shall maintain a Collaboration Agreement with a Wyoming licensed dentist. The hygienist must have a current Wyoming dental hygienist license with a minimum of two (2) years clinical experience.

- (ii) Duties authorized for dental assistants set forth in the Board Rules;
  - (iii) Root plane, scale and polish teeth;
  - (iv) Polish amalgams and composites;
  - (v) Screen the oral cavity for disease;
  - (vi) Place temporary fillings that require no removal of tooth structure;
  - (vii) Place, expose, and process radiographic images;
  - (viii) Place pit and fissure sealants and silver diamine fluoride; and
  - (ix) Apply subgingival topical anesthetic (i.e. Oraqix).
- (b) Direct Supervision. The following procedures require direct supervision:
- (i) Prepare, place, and remove periodontal packs;
  - (ii) Remove overhanging margins;
  - (iii) Treat diagnosed dry sockets;
  - (iv) Treat diagnosed pericoronitis;
  - (v) Perform whitening procedures; and
  - (vi) Perform expanded dental duties.

#### **Section 6. Expanded Duties Permits.**

(a) Permit. To obtain an expanded duties permit, a dental hygienist shall meet educational standards, or pass an examination approved by the Board, or both. Applicant shall submit a completed application for each duty.

(b) Training Course Approval.

(i) Training programs shall be approved in advance in writing by the Board. All expanded duty courses must contain an examination or competency assessment. Due to the varied programs, individual courses shall require individual approval after course content is reviewed by the Board.

(ii) Applicant shall provide evidence of satisfactory completion of each expanded duties course.

(iii) An applicant for soft tissue laser shall complete and provide proof of training that covers a minimum of twelve (12) hours of laser physics, safety, and appropriate use, to include a hands-on component, didactic testing component and laser (hands on) assessment component, prior to applying for a permit.~~In the case of use of lasers, the applicant shall provide proof of~~ The training shall meet the following requirements: certification from the Academy of Laser Dentistry or completion of a laser course through a CODA accredited dental hygiene program.

(A) The course shall be provided or recognized by any of the following organizations (or successor organization):

(I) CODA accredited institution:

(II) ADA Continuing Education Recognition Program (CERP):

(III) The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE); or

(IV) The Academy of Laser Dentistry.

(B) The course must have a hands-on component and may not be online only.

(C) The course must also require the applicant to have completed a live and interactive training that addressed operations of the specific laser(s) utilized in the practice.

(iv) An in-person evaluation for an expanded duties permit may be required by the Board to ascertain the applicant's knowledge of the expanded duties that the applicant wishes to be permitted to perform.

(c) Expanded Duties. The following may be performed by a dental hygienist with an appropriate expanded duties permit:

(i) Administer local anesthetics via injection;

(ii) Administer and monitor nitrous oxide/oxygen; or

(iii) Use soft tissue lasers to provide ~~soft~~ tissue therapy within the dental hygienists scope of practice. ~~Dental hygienists shall NOT use lasers at settings intended to cut/remove hard tissue or tooth structure.~~

(A) All lasers must be used in accordance with accepted safety guidelines.

(B) When utilizing a laser, the dental hygienist shall document the following, at a minimum:

(I) Type of Laser, including wavelength;

(II) Settings used (pulse or continuous wavelength, power setting); and

(III) Procedure performed with details including size and location (Herpetic lesions, Aphthous Ulcers, Perio debridement).

**Section 7. Dental Assistants.** The following applies to all dental assistants:

(a) Dental Assistant. A dentist holding a current Wyoming license may employ persons designated as “Dental Assistants.” They may be trained by their employer or by an accredited or Board approved program for dental assistants.

(b) General Supervision. The following procedures require general supervision:

(i) Take vital statistics and health histories;

(ii) Instruct patients in proper dental health care;

(iii) Process radiographs;

(iv) Fabricate and cement temporary crowns;

(v) Replace ligature wires and/or place elastic ties;

(vi) Remove ligature wire and/or elastic ties;

(vii) Place and remove orthodontic separators;

(viii) Remove broken bands, brackets, wires and appliances in emergency situations or as needed for operative or prophylactic purposes; and

(ix) Place and expose x-ray image receptors (either film or digital) with a dentist’s order, either verbal or written.

- (c) Indirect Supervision. The following procedures require indirect supervision:
  - (i) Take impressions other than final or master impressions and/or digital scan impressions;
  - (ii) Apply topical medications, excluding pit and fissure sealants and silver diamine fluoride;
  - (iii) Mix dental materials to be used by the dentist; and
  - (iv) Insert arch wires that have been adjusted by the dentist into the brackets or attachments and secured in place.
  
- (d) Direct Supervision. The following procedures require direct supervision:
  - (i) Remove sutures;
  - (ii) Assist the dentist in all operative and surgical procedures;
  - (iii) Place and remove rubber dams;
  - (iv) Place and remove matrices;
  - (v) Remove excess cement from the coronal surfaces of the teeth;
  - (vi) Prepare and remove periodontal packs;
  - (vii) Polish the coronal surfaces of the teeth, rubber cup only, but not for the purpose of prophylaxis.
  - (viii) Perform whitening procedures;
  - (ix) Place and remove orthodontic wires and/or appliances that have been activated by the dentist;
  - (x) Take impressions for orthodontic procedures, i.e. retainers and removable appliances;
  - (xi) Remove direct bond attachments and bands;
  - (xii) Place pit and fissure sealants; and
  - (xiii) Treat diagnosed dry socket.
  
- (e) Prohibitions. The following procedures may not be performed by dental assistants:

- (i) Remove tooth structure;
- (ii) Diagnose for treatment;
- (iii) Take final impressions either digital or conventional or deliver a permanent prosthesis of any type;
- (iv) Any procedure billed as a dental prophylaxis;
- (v) Use high speed handpiece intraorally; or
- (vi) Use low speed handpiece intraorally, except for coronal polishing.

**Section 8. Exposure of Radiographic Images by Dental Assistants.**

(a) Eligibility. An applicant may seek a permit to expose dental radiographs under the general supervision of a dentist, if the applicant demonstrates competency.

(b) Application Requirements. Applicant shall:

- (i) Submit a completed application and payment of fee; and
- (ii) Demonstrate competency by submitting evidence the applicant has:

(A) Completed a course or examination in dental radiography within one (1) year immediately prior to the date of application that meets one of the following: approved by the Board within one (1) year immediately prior to the date of application. This course must contain an examination or competency assessment; or

(I) A radiograph course from a CODA accredited program;

(II) The DANB RHS Examination;

(III) A radiograph training course administered by a state dental association;

(IV) A curriculum of at least eight hours, which includes a competency assessment or examination and cover the following subjects:

(1.) Dental nomenclature;

(2.) Machine operation exposure factors;

(3.) Operator and patient safety;

(4.) Practical or clinical experience in:

a. Appropriate film handling, storage, and processing procedures when it applies.

b. Appropriate patient record documentation for radiographic images; or

(B) Been authorized to expose dental radiographs in another jurisdiction within the last five (5) years.

(c) Renewal. A permit to expose radiographs shall expire December 31 every second year, unless renewed.

(d) Late Renewal. A permit to expose radiographs that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new radiography course that meets the requirements in Section 8(a)(ii)(A) within one (1) year immediately prior to the date of application.

**Section 9. Placement of Pit and Fissure Sealants by Dental Assistants.**

(a) Eligibility. An applicant may apply for a pit and fissure sealant permit if the applicant has successfully completed a Board approved course which may include:

(c); or  
(i) Board approved course meeting the requirements identified in subsection

(ii) CODA accredited dental hygiene program or a dental assisting program.

(b) Application Requirements. Applicant shall submit:

(i) Completed application and payment of fee; and

(ii) Completed checklist demonstrating competency and completion of course within one (1) year immediately prior to the date of application.

(c) Education. The education program shall include:

(i) Didactic Education including:

(A) Infection Control;

(B) Microbiology;

(C) Chemistry;

- (D) Dental anatomy;
- (E) Ethics related to pit and fissure sealant application;
- (F) Jurisprudence related to pit and fissure sealant application; and
- (ii) Clinical Instruction including supervised application of sealants.

(d) **Renewal.** A permit to place pit and fissure sealants shall expire December 31 every second year, unless renewed.

(e) **Late Renewal.** A permit to place pit and fissure sealants that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new pit and fissure training course within one (1) year immediately prior to the date of application.

**Section 10. Code of Ethics for Dental Hygienists and Dental Assistants.** Each dental hygienist and dental assistant practicing in the state of Wyoming shall:

- (a) Provide oral health care utilizing highest professional knowledge, judgment, and ability;
- (b) Serve all patients without discrimination;
- (c) Hold professional patient relationships in confidence;
- (d) Utilize every opportunity to increase public understanding of oral health practices;
- (e) Generate public confidence in members of the dental health profession;
- (f) Cooperate with all health professions in meeting the health needs of the public;
- (g) Recognize and uphold the laws and regulations governing this profession;
- (h) Maintain professional competence through continuing education;
- (i) Exchange professional knowledge with other health professions;
- (j) Represent dental hygiene and/or dental assisting with high standards of personal conduct; and
- (k) Comply with the provisions of ADHA's Code of Ethics or Dental Assisting National Board's Code of Professional Conduct as referenced in Chapter 1.



## CHAPTER 9

### ~~GROUND FOR DISCIPLINE PRACTICE AND PROCEDURES FOR DISCIPLINARY, APPLICATION, AND LICENSURE MATTERS~~

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-112, 33-15-121, and the WAPA to promulgate rules and regulations related to the discipline of ~~licensees dentists and dental hygienists~~ in Wyoming.

~~Section 2. Statement of Purpose.~~ These Board Rules are adopted to implement the Board's authority to:

~~(a) Conduct investigations, hearings, and proceedings concerning:~~

~~(i) Alleged violations of the Act or the Board Rules; or~~

~~(ii) Actions relating to an application for a licensure including granting or denying.~~

~~(b) Determine and administer appropriate disciplinary action against licensee.~~

~~(c) For the purposes of this chapter, "licensee" means a dentist or dental hygienist.~~

**Section 2Section 3. Grounds for Discipline.** The Board may take disciplinary action or refuse to issue or renew a license for the any one (1) or more of the following acts or conduct:

(a) Violations of the Act or Board Rules;

(b) Unprofessional conduct. Unprofessional conduct relates to the practice of dentistry or any dental auxiliary occupation that constitutes a departure from or failure to conform to the standards of acceptable and professional practices, including, but not limited to:

(i) Conduct that indicates the licensee or applicant is grossly ignorant of health care and dental related standards and protocols;

(ii) Conduct that indicates the licensee or applicant is inefficient by failing to provide timely care to a patient or by failing to refer the patient when circumstances indicate referral is appropriate;

(iii) Conduct or factors that indicate the licensee's or applicant's competency is compromised;

(iv) Impairment due to drug abuse, alcohol abuse, or a physical or mental condition, which may have compromised, or may compromise, patient safety;

(v) Employing directly or indirectly any unlicensed person to perform operations of any kind of treatment for human teeth or jaws, or to perform any task which constitutes the practice of dentistry;

(vi) Betraying patient confidences;

(vii) Failing to make and maintain complete patient records that conform to prevailing record-keeping standards within the licensee holder's profession;

(viii) Failing to provide a patient, or the Board, with a full and complete copy of all patient records, x-rays, molds, or any other item kept in the course of treatment or services rendered by the license holder, for any patient, if either the patient, the patient's legal guardian, or the Board requests said copies;

(ix) Providing false, deceptive, or misrepresented information to the Board, committees or staff:

(A) In procuring or attempting to procure a license to practice dentistry;

(B) In filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents;

(C) In signing any report or record as a dentist; or

(D) In submitting any information to the Board;

(x) Failure of a dentist to verify that all staff employed by the dentist or individuals contracted with the dentists, are licensed or certified by the Board to perform all tasks requiring licensure or certification before such tasks are performed at the direction of the dentist;

(xi) Directing or permitting any staff member to perform any procedure for which they are not licensed, certified, or competent;

(xii) Performing any act or gesture which, from the standpoint of the patient, exploits the patient's trust between the patient and the patient's dentist. Such acts may include intimate or sexual advances, intimate or sexual contact, or the use of any unnecessary sedative substance without explicit written consent by the patient;

(xiii) Performing any study or research without following standardized protocols for the research, including obtaining written and informed consent by the patient for any study;

(xiv) Failure to maintain current BLS certification;

(xv) Reprimand or other disciplinary action imposed by any academic institution or professional organization for cheating or plagiarizing;

(xvi) Financial insolvency which may jeopardize the efficacy of treatment or appropriate standard of care provided to patients;

(xvii) Violation of any order, term, restriction, or condition imposed by the Board; or

(xviii) Failure to conform with any provision of the ADA Principles of Ethics and Code of Professional Conduct, ADHA Bylaws and Code of Ethics, Dental Assisting National Board's Code of Professional Conduct, or the Centers for Disease Control's Summary of Infection Prevention Practices in Dental Settings, or the Centers for Disease Control's Guideline for Prescribing Opioids for Chronic Pain as referenced in Chapter 1.

~~Section 4. Application Review and Investigation Process.~~

~~(a) Application Review.~~

~~(i) Every application for a license or permit issued by the Board shall be subject to investigation to determine whether the requirements set forth in the Act and Board Rules are satisfied.~~

~~(ii) If any application, including renewals, reveals any information that merits further investigation, the matter shall be assigned to the ARC.~~

~~(b) ARC Action. The ARC may recommend:~~

~~(i) A license or permit be issued, renewed, relicensed, or reinstated;~~

~~(ii) A license be issued, renewed, relicensed, or reinstated subject to conditions, restrictions, or other disciplinary action;~~

~~(iii) Approval of a settlement agreement, which may include the issuance of a license or renewal with the imposition of restrictions, conditions, reprimand, or a combination thereof; or~~

~~(iv) Denial of the application.~~

~~(c) Notice of Intent. The ARC shall notify the applicant of its intent to recommend:~~

~~(i) Issuance of a license subject to conditions, restrictions, other disciplinary action; or~~

~~(ii) Denial of a license.~~

~~\_\_\_\_\_ (d) The Notice of Intent shall contain:~~

~~\_\_\_\_\_ (i) A brief description of the facts or conduct that warrant denial or issuance of a license subject to conditions, restrictions, other disciplinary action;~~

~~\_\_\_\_\_ (ii) A statement of the nature of the actions which warrant denial or issuance of a license subject to conditions, restrictions, other disciplinary action and a citation to the applicable statutory provisions or Board Rules involved;~~

~~\_\_\_\_\_ (iii) An opportunity to show compliance with all lawful requirements for retention of the license or respond within fifteen (15) days from the date of mailing; and~~

~~\_\_\_\_\_ (iv) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the notice of intent.~~

~~\_\_\_\_\_ (e) Applicant's Response to Notice of Intent. Within thirty (30) days of the date of the Notice of Intent, the applicant shall submit a written request to the Board office to:~~

~~\_\_\_\_\_ (i) Hold a hearing on the ARC's recommendation;~~

~~\_\_\_\_\_ (ii) Table consideration of the application; or~~

~~\_\_\_\_\_ (iii) Withdraw the application.~~

~~\_\_\_\_\_ (f) Applicant's Failure to Respond to Notice of Intent. If the applicant fails to timely respond to the Notice of Intent, the Board shall dismiss the application.~~

~~\_\_\_\_\_ **Section 5. Petition for Modification of Conditions or Restrictions.**~~

~~\_\_\_\_\_ (a) Petition for Modification of Conditions or Restrictions.~~

~~\_\_\_\_\_ (i) A licensee may petition the Board for modification of the conditions or restrictions imposed upon their license.~~

~~\_\_\_\_\_ (ii) A licensee shall submit a written petition for modification to the Board office. The petition for modification shall include documentation demonstrating:~~

~~\_\_\_\_\_ (A) Compliance with a previously entered Board order;~~

~~\_\_\_\_\_ (B) That the modification is consistent with their treatment place, if applicable; and~~

~~\_\_\_\_\_ (C) That the modification is sufficient to ensure the public is adequately protected.~~

~~\_\_\_\_\_ (b) Investigative Committee Action. A petition for modification shall be reviewed by the IC.~~

~~\_\_\_\_\_ (i) If the IC agrees with the requested modification, the parties may file a stipulated motion with the Board.~~

~~\_\_\_\_\_ (ii) If the IC does not agree with the requested modification, the IC shall notify the licensee of its intent to recommend denial of the petition.~~

~~\_\_\_\_\_ (c) Board Consideration.~~

~~\_\_\_\_\_ (i) The Board shall consider the petition, the IC's recommendation, and/or a stipulated motion at its earliest convenience.~~

~~\_\_\_\_\_ (ii) The Board may approve or deny the petition for modification.~~

~~\_\_\_\_\_ **Section 6. Complaint Review and Disciplinary Investigation Process.**~~

~~\_\_\_\_\_ (a) Complaint Review. Every complaint submitted to the Board or initiated on behalf of the Board shall be investigated by an IC.~~

~~\_\_\_\_\_ (b) Investigative Committee Action. The IC may recommend:~~

~~\_\_\_\_\_ (i) Dismissal of a complaint;~~

~~\_\_\_\_\_ (ii) Issuance of an advisory letter;~~

~~\_\_\_\_\_ (iii) Approval of a settlement agreement, which may include voluntary surrender, suspension, imposition of restrictions or conditions, reprimand, or other discipline;~~

~~\_\_\_\_\_ (iv) Disciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline;~~

~~\_\_\_\_\_ (v) Summary suspension; or~~

~~\_\_\_\_\_ (vi) Approval of a voluntary surrender.~~

~~\_\_\_\_\_ **Section 7. Summary Suspension.**~~

~~\_\_\_\_\_ (a) Recommendation. If the IC recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice imperatively requires emergency action to protect the public health, safety or welfare.~~

~~\_\_\_\_\_ (b) Notice of Intent to Recommend Summary Suspension.~~

~~\_\_\_\_\_ (i) The IC shall notify the licensee of its intent to recommend summary suspension;~~

~~\_\_\_\_\_ (ii) The Notice of Intent shall contain:~~

~~\_\_\_\_\_ (A) Copy of the complaint; and~~

~~\_\_\_\_\_ (B) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled;~~

~~\_\_\_\_\_ (c) Notice of Expedited Proceeding. Upon confirmation of the date and time of the expedited proceeding, the IC shall notify the licensee in writing of the date and time of the proceeding.~~

~~\_\_\_\_\_ (d) Scope of Expedited Proceeding. The scope of the expedited summary suspension proceeding shall be limited to a presentation of the evidence the IC believes warrants summary suspension and any information the licensee may present on his or her behalf. The board shall order summary suspension if it concludes probable cause exists that the allegations, if proven, would imperatively require emergency action to protect the public health, safety, or welfare. The board shall incorporate a finding to that effect in its order granting summary suspension.~~

~~\_\_\_\_\_ **Section 8. Voluntary Surrender.**~~

~~\_\_\_\_\_ (a) A licensee may petition the Board, in writing, to voluntarily surrender their license in lieu of discipline.~~

~~\_\_\_\_\_ (b) The Board shall consider the petition at its earliest convenience.~~

~~\_\_\_\_\_ (c) The Board may consider whether the licensee is under investigation and may approve or deny the petition.~~

~~\_\_\_\_\_ **Section 9. Formal Proceedings for Disciplinary Action.**~~

~~\_\_\_\_\_ (a) Notice of Intent to Recommend Disciplinary Action.~~

~~\_\_\_\_\_ (i) The IC shall notify the licensee of its intent to recommend disciplinary action.~~

~~\_\_\_\_\_ (ii) The Notice of Intent shall:~~

~~\_\_\_\_\_ (A) Include a brief description of the facts or conduct that warrants the intended action; and~~

~~\_\_\_\_\_ (B) Provide the licensee an opportunity to show compliance or respond to the allegations for disciplinary action within fifteen (15) days of the date of mailing.~~

~~Section 10. Petition.~~

~~(a) The IC shall initiate formal proceedings for disciplinary action by filing a Petition with the Board office and serving a copy upon the licensee to the last known address of the licensee by regular U.S. mail.~~

~~(b) Failure to respond to the Petition within twenty (20) days of the filing with the Board office may result in a default judgment.~~

~~Section 11. Notice of Hearing.~~

~~(a) Timing of Hearing. Upon receipt of a written request for hearing from an applicant or filing of a Petition, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the applicant or licensee at least thirty (30) days prior to the hearing.~~

~~(b) Notice of Hearing. The notice of hearing shall contain:~~

~~(i) The name and last known address of the applicant or licensee;~~

~~(ii) A brief statement of the matters asserted:~~

~~(A) In application matters, the recommendation, the facts upon which the recommendation is based, and the statutory provisions or Board Rules the applicant is alleged to have violated; or~~

~~(B) In disciplinary matters, the nature of the Petition, the facts upon which the Petition is based, and the statutory provisions or Board Rules the licensee is alleged to have violated.~~

~~(iii) The time, place, and nature of the hearing;~~

~~(iv) The legal authority and jurisdiction; and~~

~~(v) A statement indicating that:~~

~~(A) The applicant's failure to appear at a noticed hearing or pursue proceedings may result in a dismissal; or~~

~~(B) The licensee's failure to answer the allegations contained in the Petition within twenty (20) days of the date of mailing and failure to appear at a noticed hearing may result in a default judgment.~~

~~Section 12. Lawful Service. There shall be a presumption of lawful service of a petition, notice of hearing, or any other communication required by these Board Rules if sent to the last known address.~~

~~Section 13. Dismissal or Default.~~

~~(a) The Board may dismiss an application where the applicant or the applicant's representative has not requested a hearing or appeared at a noticed hearing.~~

~~(b) The Board may enter an order of default judgment based on the allegations contained in the Petition in any case where the licensee or the licensee's representative has not answered the Petition and has not appeared at a noticed hearing.~~

~~Section 14. Contested Case. The hearing officer shall preside over the formal contested case hearing which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings' rules concerning contested case proceedings as referenced in Chapter 1.~~

~~Section 15. Burden and Standard of Proof.~~

~~(a) Application Matters. The applicant shall bear the burden to prove by a preponderance of the evidence, that he or she meets the qualifications for licensure. The burden shall shift to the ARC to prove by clear and convincing evidence, that the applicant should be denied a license. The burden shall shift back to the applicant to persuade the Board that the ARC's grounds for denial or issuance of a license subject to conditions or restrictions are insufficient.~~

~~(b) Disciplinary Matters. The IC shall bear the burden to prove by clear and convincing evidence that the licensee violated the Act, Board Rules, or both.~~

~~(c) Petition for Modification Matters. The Board shall grant petitions for modification of conditions in its own discretion.~~

~~Section 16. Board Decision and Order.~~

~~(a) Board Action. The Board may resolve an application matter, complaint, or Petition by:~~

~~(i) Approving the recommendations of the IC or ARC;~~

~~(ii) Dismissing a complaint;~~

~~(iii) Issuing an advisory letter;~~

~~(iv) Ruling in favor of a party on a dispositive motion;~~

~~(v) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:~~

~~(A) Issue, renew, relicense, or reinstate a license;~~



~~\_\_\_\_\_ (B) Issue, renew, relicense, or reinstate a license with conditions, restrictions, or other disciplinary action;~~

~~\_\_\_\_\_ (C) Deny a license, renewal, relicense, or reinstatement;~~

~~\_\_\_\_\_ (D) Dismiss the complaint or Petition;~~

~~\_\_\_\_\_ (E) Dismiss the complaint or Petition with an advisory letter; or~~

~~\_\_\_\_\_ (F) Impose a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.~~

~~\_\_\_\_\_ (b) Board Order. The Board shall issue a written decision and order. The decision and order shall be sent to the applicant, licensee, or their representatives by regular mail.~~

~~\_\_\_\_\_ **Section 12. Appeals.**~~

~~\_\_\_\_\_ (a) Appeals from decisions of the Board are governed by the WAPA and the Wyoming Rules of Appellate Procedure.~~

~~\_\_\_\_\_ (b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.~~

## CHAPTER 10

### FEES

**Section 1. Authority.** The Board is authorized under Wyoming Statute 33-15-106 and the WAPA to promulgate rules and regulations related to the establishment of fees for issuance of licenses and administration of examinations in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

**Section 3. General Information.**

(a) Fees shall be payable in the exact amount and shall be paid in advance of the services rendered.

(b) All fees collected by the Board are non-refundable.

(c) Fees related to public records requests shall be assessed pursuant to the Department of Administration and Information's rules concerning public records.

**Section 4. Fees.** Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule:

(a) Dentists:

(i)	Application for Licensure by Examination	\$300
(ii)	Application for Licensure by Endorsement	\$750
(iii)	Biennial License Renewal	\$350
(iv)	Late License Renewal (Jan 1 – Mar 31)	\$370
(v)	Relicensure	\$370
(vi)	Reinstatement	\$750

(b) Sedation Permit Holders:

(i)	Application for Moderate Sedation Permit	\$500
(ii)	Application for Deep Sedation/General Anesthesia Permit	\$500
(iii)	Application for Facility Permit	\$25

\$475	(iv)	Biennial Moderate or Deep Sedation/General Anesthesia Permit Renewal	
	(v)	Biennial Facility Permit Renewal	\$50
	(vi)	Sedation Permit Reinstatement	\$500
	(c)	Dental Hygienists:	
	(i)	Application for Licensure by Examination	\$150
	(ii)	Application for Licensure by Endorsement	\$200
	(iii)	Applications for Dental Hygiene Expanded <del>Functions</del> <u>Duties</u>	\$30
	(iv)	Biennial License Renewal (including <del>functions</del> <u>Expanded Duties</u> )	\$170
	(v)	Late License Renewal (Jan 1 – Mar 31)	\$190
	(vi)	Relicensure	\$190
	(vii)	Reinstatement	\$200
	(d)	Dental Assistants:	
	(i)	Application for Radiograph Permit	\$30
	(ii)	Application for Pit and Fissure Permit	\$30
	(iii)	Biennial Radiograph Permit Renewal	\$20
	(iv)	Biennial Pit and Fissure Permit Renewal	\$20
	(v)	Late Permit Renewal	<u>\$1535</u>
	(e)	Other Fees:	
	(i)	License or Permit Verification	\$25
	(ii)	Replacement Document	\$25
	(iii)	Non-Sufficient Fund Fee	\$30

## CHAPTER 11

### PRACTICE AND PROCEDURES FOR APPLICATIONS

**Section 1. Authority.** The Board promulgates these rules according to authority granted by Wyoming Statute 33-10-110 and 16-3-103(j)(i).

#### **Section 2. Application Review.**

**(a) Assigning Application Review Committee (ARC).**

**(i) All applications shall be reviewed by the Application Review Committee or Board staff.**

**(ii) When Board staff determines that there may be grounds to deny a license or approve a license subject to discipline or restrictions, Board staff shall refer the application to an ARC.**

**(b) The ARC shall investigate the application, which may include requesting additional information, meeting with the applicant, or any other action the ARC deems appropriate.**

**(c) The ARC may recommend that the Board:**

**(i) Issue, renew, relicense, or reinstate a license;**

**(ii) Issue, renew, relicense, or reinstate a license subject to reprimand, conditions, restrictions, or other disciplinary action;**

**(iii) Approve a settlement agreement; or**

**(iv) Deny the application.**

**(d) Notice of Intent.**

**(i) If the ARC intends to recommend that the Board deny an application or issue a license subject to other disciplinary action, the ARC shall notify the applicant of its recommendation.**

**(ii) The Notice of Intent shall contain:**

**(A) A brief description of the facts or conduct that the ARC alleges warrant denying the license or issuing the license subject to disciplinary action;**

**(B) Citations to the applicable statutory provisions or Board rules that the ARC alleges the applicant violated; and**

(C) Notice that an applicant may request a hearing before the Board in writing within thirty (30) days from the date of mailing.

(e) The applicant shall have thirty (30) days from the date the ARC mailed the Notice of Intent to respond. The applicant may:

(i) Request that the Board hold a hearing on the ARC's recommendation;

(ii) Request that the Board table consideration of the application; or

(iii) Withdraw the application.

(f) If an applicant fails to timely respond to the Notice of Intent, the Board may accept the ARC's recommendation.

(g) There shall be a presumption of lawful service of any communication required by these rules if sent by U.S. mail to the address stated on the application or, if applicable, an updated address later provided by the applicant.

### **Section 3. Hearing Procedure.**

(a) Upon receiving a written request for a hearing from an applicant, the Board or a hearing officer appointed by the Board shall begin a contested case proceeding. Board staff or the hearing officer shall serve a Notice of Hearing on the applicant at least thirty (30) days before the hearing. The Notice of Hearing shall contain:

(i) A brief statement of the matters asserted, including:

(A) The ARC's recommendation;

(B) The facts upon which the recommendation is based; and

(C) The statutory provisions or Board rules the applicant is alleged to have violated or failed to meet to qualify for licensure.

(ii) The time, place, and nature of the hearing;

(iii) The legal authority and jurisdiction of the Board; and

(iv) Notice of the burden and standard of proof.

(b) Any hearing officer appointed by the Board shall preside over the contested case proceeding and shall conduct the proceeding according to the Wyoming Administrative Procedure Act and Chapter 2 of the Office of Administrative Hearings rules as incorporated by reference in Chapter 1.

(c) The applicant shall bear the burden to prove by a preponderance of the evidence that he or she meets the qualifications for licensure. The burden of production shall shift to the ARC to prove by clear and convincing evidence that the applicant should not be granted an unrestricted license or license subject to discipline. The burden of production then shifts to the applicant to demonstrate that the ARC's grounds for denial or issuance of a license subject to conditions or restrictions are insufficient and that the applicant is entitled to licensure.

(d) The Board may resolve an application matter by:

(i) Adopting the ARC's recommendation without a hearing if the applicant did not request a hearing;

(ii) Resolving a dispositive motion in either party's favor;

(iii) Conducting a contested case hearing. Following the hearing and the Board's deliberation, the Board may:

(A) Issue, renew, relicense, or reinstate a license;

(B) Issue, renew, relicense, or reinstate a license with conditions, restrictions, or other disciplinary action;

(C) Deny a license, renewal, reactivation, or reinstatement;

(e) The Board shall issue a written decision or order. The decision or order shall be sent by U.S. Mail to the applicant and the applicant's attorney or representative, if any.

(i) Board action is effective on the date that the Board approves the written decision or order and it is entered into the administrative record.

(ii) Written board decisions or orders are final agency action subject to judicial review according to the Wyoming Administrative Procedure Act and the Wyoming Rules of Appellate Procedure.

## CHAPTER 12

### PRACTICE AND PROCEDURES FOR DISCIPLINE MATTERS

**Section 1. Authority.** The Board promulgates these rules according to authority granted by Wyoming Statute 33-10-110 and 16-3-103(j)(i).

**Section 2.** The Board may take disciplinary action for the following:

(a) Licensee violating the Board's practice act or rules; or

(b) Licensee violating a Board order.

**Section 3. Complaint Review and Disciplinary Investigation.**

(a) Complaints that a licensee has violated the Board's practice act or the Board's rules shall be submitted to the Board's office. Board staff may initiate complaints.

(b) After receiving a complaint or initiating a complaint, Board staff shall assign the complaint to an Investigative Committee (IC) for investigation.

(c) After reviewing and investigating the complaint, the IC may recommend that the Board:

(i) Dismiss the complaint;

(ii) Summarily suspend a license;

(iii) Approve a settlement agreement; or

(iv) Discipline the licensee, including revocation, suspension, restriction, condition, or reprimand.

**Section 4. Summary Suspension.**

(a) An IC may recommend that the Board summarily suspend a license at any time when the IC or Board staff believes that the licensee's continued practice imperatively requires emergency action to protect the public health, safety, or welfare.

(b) The IC shall notify the licensee of its intent to recommend summary suspension. The Notice of Intent shall contain:

(i) A copy of the complaint, if any;

(ii) A description of the grounds for the summary suspension recommendation; and

(iii) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled.

(c) When the date and time of the summary suspension hearing is set, the Board staff shall notify the licensee of the date and time of the proceeding by mailing written notice and emailing electronic notice to the licensee's mailing and email addresses.

(d) The scope of the expedited summary suspension proceeding shall be limited to a presentation of the information the IC believes warrants summary suspension and any information the licensee may present on his or her behalf.

(e) Hearing Format.

(i) The IC shall describe the allegations that it believes warrant emergency action against the licensee.

(ii) The IC shall present information that demonstrates probable cause that the allegations are true.

(iii) The IC shall explain why the licensee's continued practice imperatively requires emergency action to protect the public health, safety, or welfare.

(iv) The licensee, if present, may present any information demonstrating that the allegations are not true or that, even if the allegations are true, the licensee's continued practice does not imperatively require emergency action to protect the public health, safety, or welfare.

(f) The Board may order summary suspension if it concludes that probable cause exists that the allegations are true and that the licensee's continued practice imperatively requires emergency action to protect the public health, safety, or welfare. The Board shall incorporate a finding to that effect in its order granting summary suspension.

(g) No summary suspension shall be effective until the Board has adopted a written order incorporating the reasons justifying its decision.

(h) The Board shall enter a written order granting or denying summary suspension at the summary suspension proceeding or within seven days after the proceeding. The Board shall send the order to the licensee by U.S. mail and by email.

(i) Post-Deprivation Hearing.

(i) A licensee may request a post-deprivation hearing within ten (10) days from the date the summary suspension order is entered.



(ii) If a licensee requests a post-deprivation hearing, the Board shall conduct it within thirty (30) days of the licensee's request and notify the licensee of the date, time, and location of the hearing.

(iii) Post-deprivation hearings shall be conducted in the same manner as summary suspension proceedings as articulated in Section 4(e) of this chapter. The sole issue before the Board at a post-deprivation hearing shall be whether the IC's allegations imperatively require emergency action to protect the public health, safety, and welfare. The Board shall affirm its decision to summarily suspend a license, and issue a written order to that effect, if it concludes that the IC has proven the allegations by a preponderance of the evidence and that the allegations imperatively require emergency action to protect the public health, safety, or welfare.

(j) Unless earlier terminated by the Board or a petition for discipline is filed under Section 6 of this chapter, summary suspensions shall lapse one hundred eighty (180) days after the written order granting summary suspension is entered under subsection (h) of this section.

### **Section 5. Surrender in Lieu of Discipline and Licenses Issued in Error.**

(a) A licensee may petition the Board, in writing, to voluntarily surrender a license in lieu of discipline.

(i) The IC shall recommend that the Board approve or deny the petition.

(ii) The Board may approve or deny the petition.

(b) If Board staff has reason to believe that a license has been issued despite an applicant not meeting licensure requirements and:

(i) If Board Staff has issued the license and the Board has not ratified its issuance, the license shall be rescinded and the matter shall be referred to an ARC.

(ii) If Board Staff has issued the license and the Board has ratified its issuance, the matter shall be referred to an IC.

(A) The IC may petition the Board to revoke the license or impose practice restrictions according to the procedures outlined in Section 6 of this chapter and may seek summary suspension.

(B) A revocation solely for the reasons specified this subsection shall not be considered license discipline. Nothing in this subsection prohibits discipline or application denial for a licensee's conduct.

(C) A licensee may surrender the license at issue under this provision in lieu of a hearing before the Board without Board approval.

### **Section 6. Hearing Procedure.**

(a) There shall be a presumption of lawful service of a Notice of Intent, Petition, Notice of Hearing, or any other communication required by these rules if sent by U.S. mail to the address the licensee most recently supplied to the Board.

(b) The IC shall notify the licensee of its intent to file a petition for disciplinary action. The Notice of Intent shall:

(i) Include a brief description of the facts or conduct that warrant the intended action;

(ii) Include a description of the nature of the discipline the IC intends to seek;  
and

(iii) Provide the Licensee no less than thirty (30) days to show that the licensee has complied with all lawful license requirements.

(c) The IC shall initiate proceedings for disciplinary action by filing a Petition with the Board office and serving a copy upon the licensee to the last known address of the licensee by regular U.S. mail.

(d) A licensee may respond to the Petition by filing an Answer admitting or denying the allegations in the Petition or by filing a dispositive motion.

(e) A licensee shall respond to a Petition within twenty (20) days from the date the Petition is filed with the Board office or, if the licensee files a dispositive motion, from the date the dispositive motion is decided by entry of a written order. Failure to respond to the Petition within this time may result in a default judgment.

(f) When a petition for disciplinary action is filed, the Board or a hearing officer appointed by the Board shall begin a contested case proceeding. Board staff or the hearing officer shall serve a Notice of Hearing, with the Petition attached, on the applicant at least thirty (30) days before the hearing. The notice of hearing shall contain:

(i) The legal authority for the Petition and statement of the Board's jurisdiction;

(ii) The facts justifying the disciplinary action sought;

(iii) The statutory provisions or Board rules the licensee is alleged to have violated;

(iv) The time, place, and nature of the hearing; and

(v) Notice of the burden and standard of proof.

(g) If a licensee fails to timely answer the allegations in a Petition or appear at a noticed hearing, and upon the IC's motion, the Board may enter default against the licensee. In entering default, the Board may:

(i) Order that the factual allegations in the Petition are to be taken as true for the purposes of the hearing;

(ii) Order that the licensee may not present evidence on some or all issues in the matter; or

(iii) Any other relief the Board determines is just.

(h) The Board may set aside an entry of default for good cause.

(i) Any hearing officer appointed by the Board shall preside over the contested case proceeding and shall conduct the proceeding according to the Wyoming Administrative Procedure Act and Chapter 2 of the Office of Administrative Hearings rules as incorporated by reference in Chapter 1.

(j) The IC shall bear the burden to prove by clear and convincing evidence that the licensee violated the Board's practice act or the Board's rules.

(k) The Board may resolve a discipline matter by:

(i) Resolving a dispositive motion in either party's favor;

(ii) Accepting a settlement agreed on by both parties;

(iii) Granting a licensee's petition for voluntary surrender in lieu of discipline under Section 5(a) of this Chapter;

(iv) Conducting a contested case hearing. Following the hearing and the Board's deliberation, the Board may, as applicable:

(A) Find no violation of the Board's practice act or rules and therefore impose no discipline on the licensee;

(B) Find that the licensee has violated the Board's practice act or rules and impose the following discipline: reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(l) The Board shall issue a written decision or order. The decision or order shall be sent by U.S. Mail to the licensee and the licensee's attorney or representative, if any.

(m) Board action is effective on the date that the Board approves the written decision or order and it is entered into the administrative record.

(n) Written board decisions or orders are final agency action subject to judicial review according to the Wyoming Administrative Procedure Act and the Wyoming Rules of Appellate Procedure.

**Section 7. Petition for Modifying Conditions or Restrictions.**

(a) A licensee may petition the Board to modify any conditions or restrictions on his or her license. The licensee shall submit a written petition for modification to the Board office. The petition for modification shall include evidence demonstrating:

(i) Compliance with all previously entered Board orders;

(ii) That the modification is consistent with any treatment plan or medical orders, if applicable; and

(iii) That the modification will ensure the public is adequately protected.

(b) The IC assigned the matter shall review the petition and shall recommend that the Board either grant or deny the petition within thirty (30) days of the Board office receiving the petition.

(c) Board Consideration.

(i) The Board shall consider the petition and the IC's recommendation at its earliest convenience.

(ii) The Board may approve or deny the petition for modification.