

MINUTES OF THE MEETING  
OF THE  
BOARD OF DENTISTRY

April 4, 2025

ROLL CALL

The meeting of the Board of Dentistry was called to order by Dean Cope, DDS, Chairperson, at 9:00 a.m. on April 4, 2025, in the Husker Room at the Hampton Inn & Suites, located at 7343 Husker Circle, Lincoln, Nebraska, 68504. The meeting was conducted In-Person and by WebEx. The following members answered the roll call:

Dean Cope, DDS – Chairperson  
Yoshiharu Ameku, DDS  
Gene Giles, DDS  
Terrence Lanphier, DDS – Vice-Chairperson  
Takanari Miyamoto, DDS  
Hannah Randell, RDH  
Brent Johnson, DDS  
Abby Rennau

Absent: Michael J. O'Hara, JD, PhD – Secretary  
Lynlee Medhi

A quorum was present, and the meeting convened.

Also present to participate in the meeting: Vonda Apking, Program Manager; Heather Ord, Health Licensing Coordinator; Teresa Hampton, Department Attorney; T.J. O'Neill, Assistant Attorney General; and Jeff Newman, Investigator with the Investigation Unit.

Cope announced that there is a copy of all the public documents being reviewed at this meeting available in the meeting room pursuant to the Open Meetings Act.

In accordance with Neb. Rev. Stat. § 84-1411 of the Nebraska Open Meetings Act, copies of the agenda were e-mailed to the Board members and other interested parties, posted on the DHHS web site at <https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx> and posted on the Bulletin Board at the entrance to the Nebraska State Office Building on December 31, 2024 with revisions posted on January 6, 2025 and January 7, 2025.

ADOPTION OF AGENDA

Giles moved, seconded by Ameku, to approve adoption of the agenda with the Chair having the authority to rearrange agenda items as needed. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara. Abstain: None. Motion carried.

These minutes have not been reviewed or approved by the Board of Dentistry.

### APPROVAL OF MINUTES -January 10, 2025

Lanphier moved, seconded by Miyamoto, to approve the January 10, 2025, minutes as presented. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

### PUBLIC COMMENTS

There were no public comments at this time.

### INVESTIGATIONAL REPORTS AND APPLICATION REVIEW – CLOSED SESSION

Giles moved, seconded by Randell, to go into closed session at 9:04 a.m. for the purpose of review and discussion of investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

Medhi arrived 9.12 a.m.

Board Break left: 10:47 a.m.

Board Break return: 10:53 a.m.

The Board returned to Open Session at 10:53 a.m.

### APPLICATION REVIEW – OPEN SESSION

#### Dental Reinstatement AFTER Discipline Application(s)

Gillham, LaMont, DDS – application for Reinstatement after discipline to request removing revocation from his license. Randell moved, seconded by Miyamoto to recommend the denial of reinstatement of LaMont Gillham's dentist license on the basis of insufficient evidence to support reinstatement. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

#### Dental Reinstatement Applications(s)

Gouldie, Judd, DDS – application for Reinstatement of his license. Lanphier moved, seconded by Giles to recommend the approval with limitations of reinstatement with no endodontic of Judd Gouldie's dentist license on the basis of gross negligence due to failure to meet standard care. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

#### Dental Application(s)

Kaul, Ankur, DDS – application for initial Dentist license. Ameku moved, seconded by Miyamoto to recommend the approval of the application for initial Dentist license. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

These minutes have not been reviewed or approved by the Board of Dentistry.

#### Moderate Sedation Reinstatement Application(S)

Feldner, Barry, DDS – application for Reinstatement of his license. Rennau moved, seconded by Johnson to table the discussion for the July 11, 2025 meeting when receiving additional information. The board has requested a corrected application for minimal sedation reinstatement not moderate sedation reinstatement, exact number of days he has practicing minimal sedation, and to provide continuing education. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

#### E-MAIL BALLOTS SINCE THE LAST MINUTES

No E-Mail Ballots at this time.

#### REGULATIONS UPDATE

There are no updates at this time.

#### LEGISLATION UPDATE

#### REQUEST FOR COURSE APPROVAL

Moderate IV Sedation Course for Dentist – Vesper Institute - Lanphier moved, seconded by Ameku, to approve the Moderate IV Sedation Course for the Vesper Institute. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

Comprehensive Training in Parenteral Moderate Sedation – Vincent Colletti - Giles moved, seconded by Rennau, to approve the Comprehensive Training in Parenteral Moderate Sedation for Vincent Colletti. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

Dental IV Sedation Course – Colorado Surgical Institute (CSI) – The board wishes to table the discussion until we have received more information. The board has requested more information pertaining the course being a part of the Dental school curriculum, whether it has approved accreditation from the American Dental Association (ADA) or Academy of General Dentistry (AGD).

#### REQUEST FOR REMEDIATION COURSE APPROVAL

Posterior Endodontic Remediation 2025 – Gabriel Crocker- Lanphier moved, seconded by Miyamoto, to approve the Posterior Endodontic Remediation Course for Gabriel Crocker. Voting aye: Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: Ameku. Motion carried.

Class II Composite Restoration Remediation 2025 -Ryan Rawlings- Giles moved, seconded by Lanphier, to approve the Class II Composite Remediation Course for Ryan Rawlings. Voting aye: Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: Ameku. Motion carried.

These minutes have not been reviewed or approved by the Board of Dentistry.

Fixed Prosthodontic Crown Preparation Remediation 2025 – Stephen Mancuso- Giles moved, seconded by Ameku, to approve the Fixed Prosthodontic Crown Preparation Remediation Course for Stephen Mancuso. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Miyamoto, Randell and Johnson. Voting nay: None. Absent: Medhi, O'Hara Abstain: None. Motion carried.

#### DISCUSSION TELE-DENTISTRY

The board discussed to form a committee specifically to discuss tele-dentistry. The sub-committee shall include Rennau, Miyamoto, and Lanphier. Voting aye:

#### ADDITIONAL CLARIFYING ON THE SEDATION PERMIT AND REQUIRING PEDIATRIC ADVANCED LIFE SUPPORT (PALS) CERTIFICATION-BRUCE BAVITZ

*For what it is worth, here are my thoughts/suggestions and interpretations of the current rules and regs.*

- The definitions of levels of sedation as written in the Nebraska rules/regulations are fine. They are pretty much agreed upon by all dental specialties, all dental boards across the United States, as well as medical anesthesiologists and nurse anesthetists. No issues here.*

The board agrees with the above statement.

- PALS is needed for Nebraska dentists who apply for minimal sedation permits who intend to use oral agents (pills, elixirs) on patients under 13. They don't need to keep their PALS certificate current though. They do need current BLS.*

The board intends to change "PALS certificate current" so that maintaining current PALS certification is included for renewal. Minimal sedation on children above 13 and ages beyond, require only basic life support (BLS), which must be renewed by the expiration date, March 1<sup>st</sup> of the odd numbered years.

- PALS is NOT needed for Nebraska dentists with moderate or deep sedation permits even if they are sedating patients under 13. These dentists need ACLS though. ACLS and PALS do differ slightly but sedation-related complications in children are rarely cardiac.... they are related to respiratory system depression. Moderate or deep sedation permit holders DO need to keep their ACLS current.*

The board agrees with the above statement.

- Dentists with all levels of permits need a 6-hour CE course related to sedation and sedation related complications every 2 years...PALS or ACLS does **not** count, as again they focus on cardiac issues and failure, where sedation complications begin with the respiratory system. The moderate/deep sedation folks must have a hands-on component managing respiratory obstruction and arrest in their CE course*

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The board responded with "PALS certification and renewal does include significant training of respiratory distress and failure which would protect patient safety during minimal sedation."

- *Dentists with minimal sedation permits use the oral route of drug administration...oral sedation falls under MINIMAL sedation. The imprudent dentist may prescribe such quantities of sedatives whereby the patient transitions to moderate sedation or beyond. This would be rare and frankly stupid and unsafe. Many states forbid dentists with minimal sedation permits from prescribing beyond the "maximal dose as recommended by the manufacturer," but Nebraska has no such caveat, and I think we are doing OK as is. Minimal sedation permit owners need to use continuous pulse oximetry on all patients.*

The board agrees with the above statement.

- *The in and out of vogue intra-nasal route of drug administration is pharmaco-kinetically similar to intramuscular, and as such any dentist using needs a moderate sedation permit.*

The board agrees with the above statement.

- *The board needs to reinforce and clarify that ANY dental office that has patients undergoing moderate, deep, or general anesthesia must be inspected. The dentist performing such sedation shall apply for the inspection even if he/she does may not own the practice. Obviously, the sedation provider must be a Nebraska licensed dentist qualified/credentialed to do sedation. These "travelling" anesthesia providers typically are well trained and equipped, but as I stated before, there have been issues with them in other states. This subplot I feel has never been addressed by the board, but I sense might become a problem. It is also an issue in some states in medical offices too.*

The board agrees that any dentist whose patient will undergo sedation must ensure all facility, monitoring, and documentation requirements are met for the intended level of sedation. Moreover, if the dentist has a formal agreement with another licensed provider to provide sedation for the dentist's patient, the dentist is responsible for verifying the sedation providers compliance with their specific license requirements.

*Once the board reaches a consensus on these issues, I feel that many Nebraska dentists could use a reminder of what is required. A written and or electronic communication to all dentists should be considered.*

*These issues are of interest to me, and I would like to help as needed. I appreciate your time and commitment to the Nebraska Dental Board and the citizens of the state.*

*Bruce Bavitz*

PRACTICE QUESTION: STANDARD OF CARE PRACTICE QUESTIONS REGARDING HOUSE CALLS – DR. LAUREN SEMERAD, DDS

*I am considering offering “house-call” dentistry to patients who are house-bound or in a nursing facility and have difficulty traveling to a dental office. I would love to be able to visit people in this situation and make them dentures/adjust their prostheses but am concerned that making a denture for a patient without a complete radiographic survey (like a panoramic X-ray) would fall below the standard of care. In the case of a patient with no teeth in my own office, I would take such an X-ray to make sure there are no pathologies or hidden root tips. If I am traveling to these patients, such an X-ray would not be possible.*

*While I do think all patients deserve one standard of care, in these cases, the alternative is simply no care. Are there exceptions to the standard of care when helping patients like this? As much as I want to help, if I am later liable for a bone cancer that would have shown in their x ray, for example, then this is just a risk I cannot take.*

*Thanks for your help!*

*Lauren Semerad, DDS*

The board does not have a response and recommends talking with their attorney, facility, and their insurance.

ABSTRACTS DISCUSSION – MICHAEL O'HARA, JD, PHD

The board discussed the abstracts that were sent to the board members via email pertaining to artificial intelligence (AI) cannot do dentistry, how payment rates influence amount of care, and revolutionizing e-Health: The Transformative Role of AI-Powered Hybrid Chatbots in Healthcare Solutions.

CRENTRAL REGIONAL DENTAL TESTING SERVICE (CRDTS) SEMI ANNUAL MEETING SUMMARY – DR. GENE GILES, DDS

**January 25, 2025 – Post Meeting Summary**

**TO:** Steering Committee Members

**CC:** Executive Committee

**FROM:** Richael Cobler, Executive Director

*Hello Steering Members. It was good to see you all at the Steering Committee meeting held in Kansas City last week. Whether you were able to attend in person or virtually, your participation and input are important to the continued growth and success of CRDTS, and we appreciate your attendance.*

*Below is a summary of the meeting including action items and particular points of interest for you to share with your boards.*

***The first notable discussion was regarding the finalization of the CRDTS/SRTA Merger.***

*The finalization of the merger was announced January 6, 2025. For more information go to the [crdts.org](https://crdts.org) website and view the [Press Release](#). It was great to have Dr. Holt, former president of SRTA, in attendance at the meeting to address the Steering*

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*Committee and answer questions. We also heard from CRDTS President Dr. Dohm who noted we are looking forward to being better together as CRDTS+SRTA.*

**Concern continues regarding the two compacts** currently being lobbied to legislators across the nation:

**The American Association of Dental Boards (AADB Compact) in conjunction with CDCA/WREB/CITA(ADEX).**

The AADB Compact can be viewed on the website: <https://aadbcompact.org/>

- *The biggest issue remains to be that the AADB compact, now being referred to as the Interstate Dental and Dental Hygiene Licensure Compact (IDDLIC), **Eliminates CRDTS**, effectively working toward a monopoly for CWC/ADEX.*
- **CRDTS issued a letter** to the president and board of the AADB requesting that that make a couple **very simple changes to the IDDLIC**. These changes would be easy to add to already proposed language.

#### **Section 2. DEFINITIONS**

*Remove (f) "ADEX examination"*

*This examination is administered by the CDCA/WREB/CITA group only and is therefore covered in (y) "Regional Board Examination" definition (y) in this Section 2.*

#### **Section 2. DEFINITIONS**

**(p) "Dental hygienist" ...** (line 94-96): Remove stricken language and add language in red.

*2. Has successfully passed a Regional Board Examination **that includes a psychomotor hand skills component**, or equivalent state administered psychomotor licensure examination;*

#### **Section 2. DEFINITIONS**

**(r) "Dentist" ...** (lines 115-117): Remove stricken language and add language in red.

*2. Has successfully passed a Regional Board Examination **that includes a psychomotor hand skills component**, or equivalent state-administered psychomotor licensure examination;*

*The reply received from the AADB was that they could not undergo substantive changes because the IDDLIC had already been submitted in several Legislative jurisdictions. Legislation is revised at nearly every step.*

*This is not a legitimate argument for leaving the language as is. This is an **arbitrary and capricious decision** made by the AADB and **every state board member and legislator should question the decision** to intentionally leave out CRDTS as an acceptable exam in the compact.*

These minutes have not been reviewed or approved by the Board of Dentistry.

- *The AADB states that the ADEX exam was chosen for the compact **not because of the quality of the exam** as compared to other nationally accepted regional exams but simply because of the number of states it is accepted in.*
- *In fact, **when asked if the exams were reviewed side-by-side for quality, the answer was NO.***
- *If 39 of the 48 states that accept licensure examinations as a pathway toward licensure accept CRDTS exams, **limiting the compact privilege** to those taking the ADEX exam **will hinder not help with portability***
- ***CWC is the only agency allowed to administer the ADEX exam***
- *The AADB Interim Director is a paid CWC employee and was credited with the writing of the IDDL at the Annual Meeting – **Is there a conflict of interest with the AADB aligning itself with, accepting money from, and sharing employees with the only testing agency that is allowed to give the ADEX exam and requiring that exam in the compact***
- *Only a handful of state dental board representatives, many of whom were administrative personnel and not dental professionals, were allowed to participate in the meetings leading up to the introduction of the IDDL.*
- *Just like the CSG Compact, States cannot get out of the compact without further legislative action which is contrary to what they are telling boards and legislators.*

**The Council on State Governments (CSG Compact) in conjunction with the ADA and ADHA.** The CSG has posted information about the CSG Compact on its website:

<https://ddhcompact.org/>

- *The CSG compact **presents patient safety issues** as it **allows for clinical licensure assessments without a hand skills component**. Clinical Examination is defined in the CSG compact means “examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.” This means the DLOSCE (written assessment) which is only accepted in a handful of states due to the lack of psychomotor hand skills assessment will be an acceptable pathway for licensure in participating states.*
  - *For example, if a state requires a hand skills or psychomotor component as part of the acceptable licensure exams but is part of the CSG compact with a state that does not require a hands skills or psychomotor component, they must grant a licensee Compact Privilege if they have been licensed by passing the DLOSCE, OR even after graduating from a school or program that a compact state has deemed an appropriate process for licensure, e.g. Wisconsin has deemed graduates of Marquette University eligible for licensure based on their diploma alone.*



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*State Dental boards will no longer have the discretion to deem whether a licensee's credentials satisfy their own state's requirements.*

***Again, we urge you to get involved. Talk with your colleagues, write an opinion letter, consider testifying at a hearing for the compact bills.*** We understand that boards cannot lobby typically, however, as dental professionals you have a voice, and these compacts will affect your ability to do your job as state dental board members.

***Officers, Committee Chairs and Professional Staff presented their reports.*** No action items arose from those reports.

*Highlights of those reports include:*

- ***The CRDTS Dental Exam program is healthy*** again going from one exam site in 2021 to eight exam sites in 2025 (not including the Topeka exams) and there is interest from several other schools to host a CRDTS dental exam that we are not currently hosting in. If you have contacts with a dental school that is interested in hearing more about our exams, please put them in touch with Dr. Edwards or me.
- ***Dental Hygiene has experienced growth*** again this year and anticipates more next year. Again, if you know of a dental hygiene program that may be interested in learning more about CRDTS exams, please put them in touch with us. They can contact Kelly Mandella or Trelawny Saldana, or anyone at central office.
- Dental and Dental Hygiene have both undergone an ***updated Occupational Analysis*** which is the basis of the development and enhancements to the licensure exams. ***State boards should be asking each testing agency for their Occupational Analysis and how it supports the content of the exams they administer.***
- The ***CARE Remediation and Reeducation*** continues to grow rapidly and many of the state board representatives attested to the quality of the program within their State of the States reports. ***If your state dental board has not received a presentation on CARE or needs an update, please contact [catrice@crdts.org](mailto:catrice@crdts.org) or [sheli@crdts.org](mailto:sheli@crdts.org) to schedule.***
- The ***CRDTS Annual Meeting will be August 21-23, 2025, in Omaha, NE.*** State board members and an administrative representative from each board are invited to attend.
- CRDTS will be announcing a call for ***nominations for President-Elect and for Dental ERC Chair Elect*** in the coming weeks.

## CRENTRAL REGIONAL DENTAL TESTING SERVICE (CRDTS) COMPACTS PRESS RELEASE

### **IMPORTANT UPDATES ON DENTAL AND DENTAL HYGIENE COMPACTS:**

***IF your state is looking to enact a compact, the DDH Compact (as opposed to the AADB monopoly compact) is by far the better option for portability, protection from a monopoly, and assurance that the language in the compact is legal and legitimate. More information, answers to your questions, and status updates can be found on the [ddhcompact.org](https://ddhcompact.org) website.***

- *The DDH Compact written by the CSG was passed by 10 states and enacted in 2024; It is being heard in 16 more states this legislative session*
- *The Compact Commission comprised of one delegate from each participating state held its first meeting in August 2024*
- *The Commission's Rules Committee has **already voted to disallow licensure upon graduation as a pathway** under the DDH Compact!*
- *The **Commission is currently discussing passing a rule to require a hand skills component** as part of the definition of "Clinical Assessment". This will alleviate the concern the majority of us had about the lack of hand skills requirement.*
- *You may have heard rumblings about a lawsuit filed by two practicing VA dentists against the VA Board challenging the state's implementation of the DDH Compact. This lawsuit was dismissed: [VA Court Dismisses DDH Compact Lawsuit – Dentist and Dental Hygienist Compact](#)*

***The competing AADB Compact was written by a small group of people who were unable to influence the language in the DDH Compact to their liking. We encourage you to educate yourselves, your colleagues and your legislators regarding the risks of enacting this compact.***

- *You may have been misled to believe that the AADB Compact includes CRDTS and other exams. **This is not true after January of 2024.** The language in the AADB Compact specifically states:  
***"Dental hygienist" means any person who: 1. Has successfully graduated from a CODA-approved dental hygiene school; 2. Has successfully passed the ADEX dental hygiene licensure examination; or has been in practice 5 years or more and has successfully passed a Regional Board Examination or equivalent state-administered psychomotor licensure examination prior to January 1, 2024;****
- *By its own admission the AADB did not compare exams or assess the quality or validity of the ADEX exam based on psychometric data derived from a current Occupational Analysis before naming it as the only acceptable pathway toward licensure for participation in the compact.*

These minutes have not been reviewed or approved by the Board of Dentistry.

- The ADEX exam is exclusively given by the CDCA/WREB/CITA (CWC) organization. The AADB now shares employees with the CWC. Thus, these three agencies together **stand to corner the market in clinical licensure examination administration and gain a substantial financial windfall while** controlling the quality, costs, and availability of exams if this compact is successful.

**On the following page is the status as of 3/21/25 of the legislative activity for the AADB Compact. Please take time to learn as much as possible and do your part to ensure this compact is not successful. I am always available for questions. Please reach out [at richael@crdts.org](mailto:atrichael@crdts.org) or by cell, 785.806.0137.**

#### **STATUS OF AADB COMPACT MOVEMENT IN 2025 LEGISLATIVE SESSION**

##### **MASSACHUSETTES –**

- Introduced under SD 2010; HD 3469 / Amended to S.257; H.455
- Feb 27, 2025 - Sent to Joint Committee on Consumer Protection and Professional Licensure –
- Sessions run for 2 years in MA, but bill is expected to be voted on prior to end of this year
- Letters of opposition have been sent on behalf of CRDTS

##### **MARYLAND–**

- Introduced under SB 538; HB 534
- Sent to Senate Finance Committee 2/27/2025
- No additional activity as of 3/20/25
- Per Bill Sponsor's office – this bill is dead
- Letters of opposition have been sent on behalf of CRDTS

##### **MISSISSIPPI**

- Introduced under HB 674; SB 2692
- A conference will be scheduled for three house and three senate representatives to hash out the bill as amendments were proposed that did not reach agreement from each
- Letters of opposition have been sent on behalf of CRDTS

##### **OKLAHOMA**

- Introduced under SB 765; HB 1366
- OK accepted CRDTS until July of 2023. At that time the statutes in OK were changed to accept only ADEX exams.
- Letters of opposition have been sent on behalf of CRDTS

##### **MISSOURI**

- Introduced under HB 1290; SB 109
- SB 109 was heard March 11, 2025, and should be voted on sometime the week of March 24-28
- Letters of opposition have been sent on behalf of CRDTS

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- *Cobler testified at hearing March 11, 2025, on behalf of CRDTS, along with numerous national association and CSG representatives*

#### **KENTUCKY**

- *Introduced under HB 762*
- *Moved to Licensing, Occupations, & Administrative Regulations 2/27/25*
- *Per Legislature Bill Status office – Bill is dead, did not make it out of committee*

#### **TEXAS**

- *Introduced under HB 1799*
- *Referred to Public Health Committee*
- *Not currently on agenda for hearing*

***Please consider sending a letter in opposition to this compact to prevent a monopoly and protect the current standards of licensure by examination in dentistry. If you would like to but need guidance, please contact Sheli Cobler at 785.273.0380 or [richael@crdts.org](mailto:richael@crdts.org).***

#### **MEETING SCHEDULE**

The next regular meeting is scheduled for July 11, 2025.

To see the list of meeting dates, agendas and minutes go to:  
<https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx>

#### **ADJOURNMENT**

The Board adjourned the meeting at 12:20 p.m.

Respectfully submitted by,

(signature on file with the Department)

Michael O'Hara, JD, PhD, Secretary  
Board of Dentistry