



## BOARD OF DENTURISTS WEBINAR MEETING AGENDA

Friday, October 28, 2022  
12:00 p.m.

**This meeting is only available via webinar.  
To join the webinar, please see the link on the last page of this agenda.**

**BOARD MEMBERS:** JOSHUA BROOKS; CODY CARSON; VALLAN CHARRON, CHAIR; KEITH GRESSELL, DMD; GAYLE HORNER, PUBLIC MEMBER; SHIRLYNN WALTER, PUBLIC MEMBER; SZILARD ZOMBOR, VICE-CHAIR

**CONTACT:** VICKI BROWN, HEALTH SERVICES CONSULTANT 4  
(360) 236-4865; FAX (360) 236-2901  
[vicki.brown@doh.wa.gov](mailto:vicki.brown@doh.wa.gov)

In accordance with the Open Public Meetings Act, notices were mailed electronically to individuals who requested notification of meetings of the Board of Denturists.

**Times and Order:** The open session meeting will start at 12:00 p.m. on Friday, October 28, 2022 and continue until all agenda items are complete. This agenda schedule may change, and items may not be taken in order of the agenda. The board will adjourn as determined by the agenda and the members. This agenda is subject to change.

**Accessibility:** This meeting is accessible to person with disabilities. Special aids and services can be made available upon advanced request. Advance request for special aids and services must be made no later than one week before the meeting. If you need assistance with special needs and services, you may leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State, call 360-236-4052. TDD may also be accessed by calling the TDD relay service at 1-800-833-6388. If you need assistance due to a speech disability, Speech-to-Speech provides human voicers for people with difficulty being understood. The Washington Speech-to-Speech toll free access number is 1-877-833-6341. If you wish general information about this meeting, please call the program at 360-236-4865.

**Please Note:** Comments from the public in attendance may be solicited after each agenda item.

**Friday, October 28, 2022 – 12:00 p.m.**

### OPEN SESSION

#### 1. CALL TO ORDER

- 1.1 Introduction of board members and staff
- 1.2 Determination of reasonable safety of holding a public meeting

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- 1.3 Public Comment – The public will have an opportunity to provide comments. If you would like to comment during this time, please limit your comments to two minutes. Please identify yourself and who you represent, if applicable, when the Chair opens the floor for public comment.
- 1.4 Approval of agenda
- 1.5 Approval of August 18, 2022 webinar meeting minutes
- 2. SETTING 2023 MEETING DATES AND POSSIBLE LOCATIONS** – The board will set their meeting dates and possible locations for the 2023 calendar year.
- 3. DISCUSSION AND SETTING 2023 CLINICAL EXAM DATES AND LOCATION** – The board will have a discussion and will set their examination dates and location for the 2023 calendar year.
- 4. ELECTION OF OFFICERS FOR 2023** – The board will nominate and elect a chair and vice-chair for the 2023 calendar year.
- 5. 2023 LEGISLATIVE LIAISON AND MEET-ME-CALL PARTICIPANT(S)** – The board will decide who will be the legislative liaison and meet-me-call participant(s) for the 2023 legislative session.
- 6. WRITTEN EXAMINATION REQUESTS**
  - 6.1 The board will be given an update on the amount of additional time a candidate can request to take the written examination from Heather Carter, AAG.
  - 6.2 The board will review and may decide on the proposed changes to policy DN 01 American with Disabilities Act (ADA).
  - 6.3 The board will review and may decide on if a candidate may be allowed to take the written examination for a fourth time.
- 7. RULES**
  - 7.1 ESSB 5229 – Health equity continuing education – The board will consider authorizing a CR-101 to being rule writing.
  - 7.2 The committee members will give an update and the full board will review and may decide on the proposed rule language from the rule’s workshops.
- 8. CONSENT AGENDA – CORRESPONDENCE**

The following item(s) and any additional correspondence received or sent is for the board’s information. If separate discussion is desired on an item, a single motion by a board member will place the specific item(s) on the regular business agenda. If there is no motion, there will be no discussion.

## 9. FUTURE AGENDA ITEMS AND PLANNING FOR FUTURE MEETINGS

- Budget report
- 2021 – 2023 Business Plan
- Licensing and disciplinary statistics
- Health Equity continuing education

## 10. ADJOURNMENT

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## BOARD OF DENTURISTS WEBINAR MEETING MINUTES

Thursday, August 18, 2022

Board Members Present: Joshua Brooks  
 Vallan Charron, Chair  
 Keith Gressell, DMD  
 Gayle Horner, Public Member  
 Shirlynn Walter, Public Member  
 Szilard Zombor, Vice-Chair  
 Melissa Loucks, Pro-Tem  
 Sandie McNaughton, Pro-Tem  
 Steve Peters, Pro-Tem

Board Members Absent: Cody Carson

Staff Present: Vicki Brown, Health Services Consultant 4  
 Bruce Bronoske, Jr., Health Services Consultant 4  
 Sandie Pearson, Health Services Consultant 1  
 Heather Carter, Assistant Attorney General (AAG)  
 Anthony Partridge, Policy Analyst

Others Present: Perry Balcom  
 Lauren Johnson

### OPEN SESSION

#### 1. CALL TO ORDER

The open session of the webinar was called to order at 3:04 p.m. by Szilard Zombor, Vice-Chair.

##### 1.1 Introduction of board members and staff

The board members and staff were introduced.

##### 1.2 Determination of reasonable safety of holding a public meeting

The board moved to make a determination that due to the declared state of emergency from the COVID-19 pandemic, the board cannot meet with public in attendance with reasonable safety at its October 28, 2022 meeting. The board will hold remote

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meeting only in October. The factors considered were the high levels of transmission on COVID in the community, inability to social distance in available facilities, and the lack of ability to enforce masking and vaccination for the public.

- 1.3 Public Comment – The public will have an opportunity to provide comments. If you would like to comment during this time, please limit your comments to two minutes. Please identify yourself and who you represent, if applicable, when the Chair opens the floor for public comment.

Perry Balcom addressed the board and stated that he agreed with their decision to hold the October meeting by webinar. It is a convenience for the public to attend as well as a safety issue.

- 1.4 Approval of agenda

A motion was made by Val Charron to approve the August 18, 2022 agenda as amended. The agenda was amended to include Item 2. Discussion on if it is a conflict of interest to be on the Board of Denturists and to be on another board that is not a part of DOH. Staff will renumber the rest of the agenda items. The motion was seconded, and the board unanimously approved the agenda as amended.

- 1.5 Approval of May 13, 2022 webinar meeting minutes

A motion was made by Val Charron to approve the May 13, 2022 webinar meeting minutes as presented. The motion was seconded, and the board unanimously approved the May 13, 2022 webinar meeting minutes as presented.

- 1.6 Approval of June 14, 2022 special webinar meeting minutes

A motion was made by Dr. Gressell to approve the June 14, 2022 special webinar meeting minutes as presented. The motion was seconded, and the board unanimously approved the June 4, 2022 special webinar meeting minutes as presented.

## **2. DISCUSSION ON IF IT IS A CONFLICT OF INTEREST TO BE ON THE BOARD OF DENTURISTS AND TO BE ON ANOTHER BOARD THAT IS NOT A PART OF THE DEPARTMENT OF HEALTH (DOH)**

Board members discussed whether it is a conflict of interest for a Board of Denturist member to serve on another board that is not a part of the Department of Health. Josh Brooks shared that he had been asked to serve on the board for the American Denturist College and was concerned it may pose a conflict of interest. Heather Carter, AAG stated that serving on the American Denturist College in most instances wouldn't be considered a conflict of interest, however, Mr. Brooks will be required to recuse himself from any WA State Board of Denturist business item that involves the American Denturist College.

### **3. WRITTEN EXAMINATION REQUEST FOR ADDITIONAL TIME**

- 3.1 The board had a further discussion on the amount of additional time a candidate can request to take the written examination.

Dr. Gressell, DMD shared that he wanted to discuss the issue of requesting additional time to take the written exam. Ms. Brown shared that she has received requests for extra time for different reasons, including learning disabilities and English as a Second Language (ESL). Dr. Gressell noted that it appears most of the requests are submitted after failing the exam. Board members discussed whether a policy should be developed and available to candidates to submit prior to taking the exam. Ms. Carter agreed that developing a policy to standardize these type of requests would be helpful. Val Charron asked whether it would be best for a sub-committee or for staff to look into this. Ms. Carter suggested the board have staff work on and bring back to the full board for feedback. Board members directed staff to research and work on developing a policy to address the issue.

- 3.2 The board reviewed and discussed whether to make a decision on a recent request for additional time to take the written examination.

Board members reviewed, discussed, and asked whether ESL is the equivalent to a disability. Ms. Carter will need to do some research into this and report back to the board. Ms. Brown will contact the candidate and let them know the board is looking into this and will provide a decision in the future.

### **4. UPDATE FROM SPECIAL TOPICS COMMITTEE**

Committee members updated the full board on the progress of the rules workshops. Draft language has been emailed to the committee. The committee is working with stakeholders to get feedback. The committee will hold another meeting and rules workshop on Friday, August 26, 2022 to continue to work on this. The board will be updated at the next board meeting.

### **5. PROGRAM MANAGEMENT REPORT – Information provided to the board by the Executive Director and Program Manager.**

#### **5.1 Interim Operating Budget Report**

Ms. Brown shared that the budget is in good shape with revenue continuing to exceed expenditures. She also shared that travel costs will rise with any in-person meetings as well as other travel related expenditures.

## 5.2 Licensing and Disciplinary Statistics

Ms. Brown provided licensure and disciplinary statistics to the board. Statistics presented are as follows:

<b>CREDENTIAL STATUS</b>	<b>DENTURIST LICENSURE</b>	<b>DENTURIST ALTERNATE LOCATIONS</b>	<b>TOTAL</b>
Active	142	19	161
Revoked	1	---	1
Suspended	8	2	10
Active with Conditions	1	---	1
Inactive	2	---	2
Active on Probation	0	---	0
Retired Active	4	---	4
Voluntary Surrender	1	---	1

## 5.3 2021 – 2023 Business Plan

Ms. Brown provided the board a copy of the 2021 -2023 Business Plan. She shared that the format had been updated. This will be added to the next agenda.

## 5.4 Other

There was no other business presented to the board at this time.

## 6. CONSENT AGENDA – CORRESPONDENCE

The following item(s) and any additional correspondence received or sent is for the board's information. If separate discussion is desired on an item, a single motion by a board member will place the specific item(s) on the regular business agenda. If there is no motion, there will be no discussion.

No items were added to the Consent Agenda as this time.

## 7. FUTURE AGENDA ITEMS AND PLANNING FOR FUTURE MEETINGS

- 2021 – 2023 Business Plan
- Licensing and disciplinary statistics
- Health Equity continuing education
- Update from Special Topics Committee
- Update on policies for English as a Second Language (ESL) and accommodations for the Americans with Disability Act (ADA)

## 8. ADJOURNMENT

There being no further business before the board, the webinar meeting was adjourned at 4:03 p.m. on Thursday, August 18, 2022. The next meeting is scheduled for October 28, 2022 and will be held by webinar.

Respectfully Submitted By:

Approved By:

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Vicki Brown, Program Manager

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Vallan Charron, Chair  
Board of Denturists



**DEPARTMENT OF HEALTH  
OFFICE OF HEALTH PROFESSIONS  
BOARD OF DENTURISTS  
POLICY/PROCEDURE**

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<b>Title:</b>	Disability Accommodations for Examination	<b>Number:</b> DN 01
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<b>Reference:</b>	American with Disabilities Act (ADA)
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<b>Contact:</b>	Trina Crawford, Executive Director
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<b>Effective Date:</b>	April 2011
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<b>Re-Approval Date:</b>	April 26, 2018
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<b>Approved:</b>	Signature on file
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J. Eric Hansen, Chair, Board of Denturists

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**PURPOSE STATEMENT:**

The purpose of this policy is to provide guidelines for the evaluation and granting of requests for reasonable accommodations in the administration of the Washington State Denturist written and/or clinical examinations to qualified applicants.

**POLICY STATEMENT:**

The Washington State Board of Denturists (board) will grant reasonable and appropriate testing accommodations to individuals with qualifying disabilities that register for the Denturist written and/or clinical examinations. All requests for accommodations will be considered on a case-by-case basis.

**APPLICANT'S RESPONSIBILITIES:**

The applicant has the responsibility of submitting current information in a timely manner before the scheduled examination date. The required documentation shall include a diagnosis of the specific disability by a professional qualified to assess and diagnose the asserted disability. The documentation must include:

- A current, valid, professionally recognized diagnosis of the candidate's disability (e.g. pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.
- Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
- Specific information about the significance of the impact the disability has on the candidate in the testing environment.
- A history of any accommodations previously granted in any educational program or examination.
- Specific recommendations for accommodations.
- An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the written and/or clinical examination.

The Board reserves the right to request additional information at any time from the candidate requesting accommodations on its examinations.

#### **PROCEDURE TO REQUEST AN ACCOMMODATION:**

1. The applicant must submit the required documentation with the licensure application prior to the approval of the applicant to sit for the denturist written and/or clinical examination. The required documentation includes a completed Applicant Special Accommodations Request Form, Professional Documentation of Disability Form, Professional Documentation of Disability Form and School ADA Accommodation History Form. These forms will be provided by the Board to an applicant upon request. The applicant is not precluded from providing any additional documentation. The cost of providing the required documentation is the applicant's responsibility.
2. Receipt of the licensure application and required documentation will be acknowledged by the Board. If the applicant's documentation is incomplete or insufficient, notice will be given to the applicant by the Board.

The Board will review the request only after receiving all of the required documentation. Processing and decision-making on a completed application is expected to take three (3) weeks. Each request will be considered on its own merit relative to the documentation received regarding the disability.

If the applicant has more than one disability for which he/she is seeking accommodation, separate documentation is required for each disability.

## **QUALIFIED APPLICANTS:**

The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. “Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Disability under the Washington Law Against Discrimination (WLAD) means the presence of a sensory, mental, or physical impairment that is medically cognizable or diagnosable; exists as a record or history; or is perceived to exist. A disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated, or whether or not it limits the ability to work generally or work at a particular job or whether or not it limits any other activity within the scope of WLAD.

A “qualified” individual with a disability is one who meets the statutory and regulatory requirements to sit for the examination and with or without reasonable accommodation, can perform the essential functions of a dentist.

**Reasonable Accommodation** means a modification in the examination administration that does not fundamentally alter the requirements for licensure or the measurement of the knowledge, skills and abilities, the examination is designed to test or that does not impose an undue hardship.

### **Confidentiality of Required Documentation**

The Board shall maintain confidentiality of health care information obtained through the accommodation process to the extent the law allows and conditioned upon the Public Records Act, RCW 42.56. Further dissemination may be made to Board staff or an independent expert hired by the Board to assist in evaluating the application as needed to ensure effective management of the reasonable accommodation process. Retention and destruction of the documents will be made pursuant to the Department of Health’s Record Retention Policy.

## **BOARD DECISION MAKING PROCESS:**

Applications will be reviewed to determine whether the applicant is a Qualified Applicant and, if so, whether the modification is a Reasonable Accommodation. The Board recognizes that it must provide thorough yet expeditious review and decisions upon receipt of completed requests for examination accommodations. For purposes of such reviews, one Board member will coordinate with the program manager to ensure that any request or appeal is complete and to communicate with the applicant in a timely manner regarding any incomplete request or appeal and what the applicant must do to complete the request or appeal.

Completed requests, will be presented to a Board panel for consideration.

Once the applicant is determined to meet the definition of a Qualified Applicant, then the requested accommodation will be considered in terms of whether the accommodation:

- Will fundamentally alter the knowledge, skills and abilities the examination is designed to measure,
- Is appropriate to the identified need, and
- Is within the parameters of the both the ADA and WLAD's requirements

In addition, \*an accommodation may not be reasonable if it causes the Board undue hardship. Undue hardship means an action requiring significant difficulty or expense. When determining reasonableness, the Board will consider the following:

- The nature and cost of the accommodation,
- The impact of the accommodation on operations of the testing center,
- The overall financial resources of the Board, and
- The availability of alternative accommodations that would not impose such hardship.

Examples of accommodations that could be provided include:

- One and half times the standard time given
- Double the standard time given
- Zoom Text (software that enlarges print on the computer screen)
- Screen magnifier
- Separate room
- Reader
- Scribe

If a candidate requests a reasonable accommodation that is not included in the standard list, the Board may work with the Department of Health to accommodate the individual. Some examples of other accommodations that may be provided are: Colored overlays, magnifiers for paper exams, and ear plugs.

The Board's decision on a request or an appeal will be communicated in writing to the applicant at the address used by the applicant on the applicable form or document. The Board's written decision will identify any relevant facts, its conclusions, and its decision. If independent expert opinion is used, the decision will reflect the source of such independent expert opinion. Any decision on a request that does not grant a specific accommodation as requested by the applicant will identify for the applicant his or her rights to appeal and the appeal process as described herein. If the modification granted is not listed among those provided on the Applicant Special Accommodations Request Form, the decision to grant the accommodations will be subject to final approval by the board. The applicant will be informed of this final condition.

### **APPEAL PROCESS**

An applicant whose request for accommodation is denied in whole or in part may request an adjudicative proceeding consistent with WAC 246-11. The request must include:

- (a) Applicant's name and address;
- (b) Date of request;

- (c) The response to the denial;
- (d) The grounds for the appeal and,
- (e) The applicant's signature.

The request may be accompanied by any further documentation and/or explanation not previously provided which the applicant wishes the board to consider in making a decision on the applicant's appeal. The appeal must be postmarked no later than twenty (20) days after the applicant is served with the denial. The written decision of denial will describe how an appeal may be requested and will be accompanied by a request form. The Board will issue a written decision on any timely appeal within thirty (30) days of receipt. The Board's decision will be mailed to the applicant to the address listed in the appeal.

## Applicant Special Accommodations Request Form

Name: \_\_\_\_\_  
Last First Middle

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one): Male Female

### Information About Your Disability and Requested Accommodations

**Describe the nature of your disability? *Please indicate the specific diagnosis.***

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**How does your disability affect your daily life?**

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**How does your disability affect your ability to take the examination?**

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**What accommodation are you requesting during the examination?**

_____ <b>Additional Time - Time and a half</b>	_____ <b>Reader</b>
_____ <b>Additional Time - Double Time</b>	_____ <b>Scribe</b>
_____ <b>Paper and Pencil Exam</b>	_____ <b>Separate Room</b>
_____ <b>LARGE PRINT Paper and Pencil Exam Reader</b>	_____ <b>Other</b>

**What accommodations have you received in the past for the following exams?**

Denturist School Exams \_\_\_\_\_

Undergraduate College Exams \_\_\_\_\_

Standardized Exams (e.g. SAT, GRE, etc.) \_\_\_\_\_

**Documentation Requirements**

Please provide a comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
- A diagnosis of the disability pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations.
- Rationale for requesting specific accommodations.

**Candidate Affirmation**

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## Professional Documentation of Disability Form

### Applicant Information

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Exam Type (circle one): Denturist Written Exam      Denturist Clinical Exam

### About the Exam

*The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at the Department of Health and a clinical examination.*

*Minimum computer skills are required.*

Exam	Number of Questions	Time Allowed	Unscheduled Breaks
Written	240	4 hours	Restroom breaks can be taken at any time; however, the exam timer will continue to elapse
Clinical		9 hours	Breaks can be taken at any time; however, the exam timer will continue to elapse

### Professional Contact and Background Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your Curriculum Vitae (Resume) to show this information.

### **Disability and Requested Accommodations**

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnosis tests.

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2. Date of your last consultation with the candidate \_\_\_\_\_

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate's major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

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4. What effect does the disability have on the candidate's ability to perform on the test as described above?

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5. What are your specific recommendations for accommodations for this candidate? **Please include an explanation of why these accommodations are required.**

\_\_\_\_\_ Additional Time – Time and a half

\_\_\_\_\_ Reader

\_\_\_\_\_ Additional Time – Double Time

\_\_\_\_\_ Scribe

\_\_\_\_\_ Paper and Pencil Exam

\_\_\_\_\_ Separate Room

\_\_\_\_\_ LARGE PRINT Paper and Pencil Exam

\_\_\_\_\_ Other

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I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgment. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (Printed)

## School ADA Accommodation History Form

### Applicant Information

Name:

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Address:

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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

*The following sections are to be completed by the person responsible for disability services.*

### School Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School Name and Address:

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Disability and Accommodations History

1. Specify the type of disability for which the candidate received accommodations (e.g., visual, learning/cognitive, psychological, etc.)

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2. What accommodations were provided to this candidate while he or she was a student at your institution (check all that apply)?

\_\_\_\_\_ Additional Time – Time and a half

\_\_\_\_\_ Reader

\_\_\_\_\_ Additional Time – Double Time

\_\_\_\_\_ Scribe

\_\_\_\_\_ Paper and Pencil Exam

\_\_\_\_\_ Separate Room

\_\_\_\_\_ LARGE PRINT Paper and Pencil Exam

\_\_\_\_\_ Other

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I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

**From:**  
**To:** [Brown, Vicki L \(DOH\)](#)  
**Subject:** Re: Letter  
**Date:** Thursday, October 6, 2022 8:18:37 AM

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External Email

Despite the fact that this is one of the toughest exams I have to take, I have faith that I can succeed. Even if the only way to do this is to enroll in a class, I'm willing to put in the necessary effort. With the help of the board, I sincerely request that they provide me with assistance in obtaining a license as a denturist.

Thank you Vicki.

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**From:**  
**Sent:** Thursday, October 6, 2022 7:54:15 AM  
**To:** Brown, Vicki L (DOH) <Vicki.Brown@DOH.WA.GOV>  
**Subject:** Letter

Good morning, Vicki.

I'd like to take a moment to thank anyone who is reading this for taking the time out of their day to listen to what I have to say, or in this case, read about it., First and foremost, I'd like to state that English is neither my first nor second language, making my journey into education a little more difficult than usual, as evidenced by my three consecutive failures on the exam. despite having studied to my full capacity, and I'll admit that I'm not the best at learning through a screen, but rather a hands-on type of person since I was a child and, while I understand the material I'm being taught, it's difficult for me to demonstrate that through words. I currently have a job in \*\*\*\*\* that I'm very proud of because it demonstrates that I'm capable of achieving my dream. I live in \*\*\*\*\* and work the entire week for 8 hours a day, which is difficult, but doing what I love and making people's lives just a little bit better makes it all worthwhile. I recently enrolled back in school so that I can further my education and help even more people. My education and career choice are something that encourages me in my daily life, so I never want to give up or lose hope in it, no matter what obstacles life throws at me, so considering all of this, I would like to kindly request that you give me another chance to overcome this hurdle and reimburse myself.

Sincerely

### PROPOSED NEW RULE LANGUAGE

A licensed denturist, prior to placing an abutment on an implant for the purpose of fabricating, repairing, relining, or rebasing a denture, must have documented proof that a licensed dentist has examined the patient clinically. The licensed dentist, at the time of the exam, would diagnose and report that the implant is sufficiently osseointegrated, the surrounding soft tissues are stable and healthy, and provide a documented diagnosis that the implant ready to restore. The abutment seat shall be verified by radiographic assessment by a licensed dentist prior to delivery of the denture.