



The Florida Senate

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Committee on Health Regulation

REVIEW ELIGIBILITY OF DENTIST LICENSURE IN FLORIDA AND OTHER JURISDICTIONS

Issue Description

Nationally, the pool of dentists to serve a growing population of Americans is shrinking. State boards of dentistry, licensure statutes, and rules can affect the population of eligible dental providers available in a state and some states have amended licensure regulations to attract dentists. Examples of some of these common practices are: allowing foreign dental school graduates who complete U.S. dental residencies to meet eligibility requirements for licensure; conveying reciprocity or licensure by credentials; granting special licenses; or providing incentives (e.g., limiting liability) for dentists who work in public health/safety net clinics.

Florida is one of four states and the U.S. Virgin Islands that does not grant an unrestricted dental license by credentials (grant reciprocity). The dental licensure requirements in Florida impose additional educational requirements on certain foreign-trained dentists, notwithstanding an active license to practice dentistry in another state.

Senate professional staff reviewed the requirements for obtaining a license to practice dentistry in Florida, including licensure for foreign-trained dentists; compared those provisions to other states' licensing provisions; examined relevant literature; and interviewed agency staff and stakeholders to determine whether there is a need or a benefit to our residents to make it more accessible for foreign-trained dentists and dentists licensed in other states to practice in Florida.

Background

Florida Licensure Requirements

If a person desires to practice dentistry in Florida, he or she must obtain a license to practice dentistry issued under ch. 466, F.S., relating to Dentistry, Dental Hygiene, and Dental Laboratories (the Dental Act). The Dental Act requires each applicant to submit an application and fees, meet certain education requirements in order to take the dental licensure examination, and successfully complete the dental licensure examination requirements.

Education Requirements

In Florida, in order to apply to take the required dental licensure examinations, the applicant must be 18 years of age or older and must have graduated from, or is in his or her final year at, a dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA)¹ or any other dental accrediting entity² recognized by the U.S. Department of Education.³ By reciprocal agreement, programs that are accredited by the Commission on Dental Accreditation of Canada are recognized by the CODA.⁴

¹ The CODA, established in 1975, is nationally recognized by the U.S. Department of Education to accredit dental and dental-related education programs conducted at the post-secondary level. The CODA functions independently and autonomously in matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process. The American Dental Association, *Dental Education: Schools & Programs*, available at: <http://www.ada.org/117.aspx> (Last visited July 15, 2011).

² Accreditation is a non-governmental, voluntary peer review process by which educational institutions or programs may be granted public recognition for compliance with accepted standards of quality and performance. Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will

Under Florida law, if an applicant is a graduate of a dental college or school not accredited by CODA or of a dental college or school not approved by the board (e.g. foreign-trained dentist), the applicant is not entitled to take the examinations until he or she completes additional educational requirements. The applicant must complete a program of study at an accredited American dental school and must demonstrate receipt of a Doctor of Dental Surgery degree (D.D.S.) or Doctor of Dental Medicine degree (D.M.D.) from that school, or must complete a 2-year supplemental dental education program at an accredited dental school and receive a dental diploma, degree, or certificate as evidence of program completion.⁵

In the U.S., there are currently 56 accredited dental schools. At present, Florida has two accredited dental schools—one public and one private—that produced 182 graduates in 2003.⁶ The schools are the University of Florida College of Dentistry (UFCD) and Nova Southeastern University College of Dental Medicine (Nova).⁷ The Lake Erie College of Osteopathic Medicine plans on opening a School of Dental Medicine at the Bradenton campus in 2012. The program has received initial CODA accreditation.⁸ Recently, the University of Central Florida, Florida Atlantic University, and Florida A&M University have expressed an interest in establishing their own dental educational programs.⁹

Additionally, there are 3 accredited pediatric dental residency programs in Florida that produce 14 graduates each year—Nova (6 graduates), UFCD (5 graduates), and Miami Children's Hospital (3 graduates).¹⁰

Florida Educational Programs for Internationally Educated Dentists

Florida's two accredited dental schools have International Dentist Programs (IDPs), which are programs that offer qualified graduates of foreign dental programs the opportunity to earn a dental degree recognized in the U.S.¹¹

The UFCD offers two programs for dental graduates from foreign countries: 1) a 2-year Advanced Education in General Dentistry (AEGD) program which awards a certificate and 2) a 4-year D.M.D. program for internationally-educated dentists.

be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which the educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards. Commission on Dental Accreditation, *Accreditation Standards for Dental Education Programs*, available at:

<http://www.ada.org/sections/educationAndCareers/pdfs/predoc.pdf> (Last visited on July 15, 2011).

³ Section 466.006(2), F.S. See also ch. 2011-95, L.O.F.

⁴ American Dental Association, *International Licensure Frequently Asked Questions*, available at: <http://www.ada.org/1628.aspx> (Last visited on August 2, 2011).

⁵ Section 466.006(3), F.S. and rule 64B5-2.0146, F.A.C. Rule 64B5-2.0146(2)(a), F.A.C., requires the supplemental dental education program to be a full-time, matriculated, American Dental Association recognized dental specialty education program accredited by the CODA or a CODA accredited supplemental general dentistry program, which provides didactic and clinical education to the level of an accredited D.D.S. or D.M.D. program, either of which have a duration of at least two consecutive academic years at the sponsoring institution.

⁶ Florida Department of Health, *Health Practitioner Oral Healthcare Workforce Ad Hoc Committee Report* (February 2009), available at: <http://www.doh.state.fl.us/Family/dental/OralHealthcareWorkforce/index.html> (Last visited on July 18, 2011).

⁷ American Dental Association, *Dental Education Program Search*, available at: <http://www.ada.org/267.aspx> (Last visited on July 19, 2011).

⁸ Lake Erie College of Osteopathic Medicine, School of Dental Medicine, available at: <http://lecom.edu/school-dental-medicine.php> (Last visited on July 19, 2011).

⁹ Wilmath, Kim, St. Petersburg Times, *Florida universities float new dental schools, but are they needed?*, July 10, 2011, available at: <http://dentus-dental.com/dental-service/florida-universities-float-new-dental-schools-but-are-they-needed/> (Last visited on July 27, 2011).

¹⁰ *Supra* note 6.

¹¹ American Dental Association, *Supplemental Programs for International Dentists*, July 2009, available at: http://www.ada.org/sections/professionalResources/pdfs/licensure_supplemental_prgms_intl.pdf (Last visited on July 20, 2011). At least 14 other states offer supplemental educational programs for foreign-trained dentists.

AEGD Program

A class of 12 students enrolls once yearly in May and selected applicants will be invited to a 2-day interview process. Minimum admission requirements are: proof of U.S. citizenship or a permanent resident visa; a 4-year dental degree from a foreign country, which must be translated and certified by Educational Credential Evaluators in a Course-by-Course evaluation report with a grade point average (GPA); Test of English as a Foreign Language (TOEFL) examination with a minimum score of 213 (computer-based), 80 (internet-based), or 550 (paper-based); two letters of recommendation; a 300-500 word personal statement including the applicant's clinical experience, personal activities and future professional goals; and successful completion of the National Board Dental Examinations Part I and Part II within 7 years of application to the AEGD program. Preference in admission is given to residents of Florida. Estimated tuition and fees per semester is \$18,004.¹²

D.M.D. Program

Applications to the 4-year D.M.D. program are available through the Centralized Application for Advanced Placement for International Dentists (CAAPID). Students in this program complete the entire D.M.D. program and are awarded a D.M.D. degree. Up to two international dentists may enroll in this program each fall and the application deadline is December 1 annually. Minimum admission requirements are a dental degree from a foreign country, which must be translated and certified by Educational Credential Evaluators in a Course-by-Course evaluation report with a GPA; TOEFL examination with a minimum score of 80 (internet-based); two letters of recommendation; a 300-500 word personal statement including the applicant's clinical experience, personal activities and future professional goals; and successful completion of the National Board Dental Examinations Part I. Preference in admission is given to residents of the state of Florida. Tuition and fees for this program are the same as the regular University of Florida, College of Dentistry tuition and fees, which is \$30,936 annually for Florida residents and \$57,416 annually for non-residents.¹³

The International Dental Graduate Program (IDG) at Nova is a 3-year program designed to enable qualified graduates from non-U.S. dental schools to earn a D.M.D. degree in the United States. Nova selects students based on academic records, letters of evaluation, a computer generated score of 80 in the TOEFL, a suggested minimum score of 85 on part 1 of the National Board Dental Examination, a translated GPA of the American equivalent of a 3.0, a clinical case presentation, and a psychomotor bench test.¹⁴ The admission process is highly selective, and the applicant must submit materials to Nova Southeastern University Enrollment Processing Services (EPS), no later than February 15th. In order to qualify, the applicant must have received prior to matriculation in this International Dental Graduate Program, a D.M.D., D.D.S. degree, or their documented equivalent from a non-U.S. dental school. Tuition for 2011–2012 is \$53,850 for both in-state and out-of-state students and additional fees are required of all students.¹⁵

Certification of Foreign Educational Institutions

Section 466.008, F.S., authorizes foreign educational institutions to apply for certification from the DOH as an institution that is reasonably comparable to that of similar accredited institutions in the United States and adequately prepares students for the practice of dentistry.¹⁶ Dentists who have been trained at, and graduated

¹² University of Florida, College of Dentistry, Admissions, *Advanced Education in General Dentistry*, available at: http://www.dental.ufl.edu/Offices/Admissions/Grad/programs_Advanced_Education_General_Dentistry_Hialeah.php (Last visited on July 25, 2011).

¹³ University of Florida, College of Dentistry, *Four-Year DMD Program*, available at: http://www.dental.ufl.edu/Offices/Admissions/IEDP/four_year_dmd_program.php (Last visited on July 25, 2011). *See also* University of Florida, College of Dentistry, Admissions, *Cost of Attendance*, available at: http://www.dental.ufl.edu/Offices/Admissions/DMD/cost_attendance.php (Last visited on July 25, 2011).

¹⁴ The applicant must pay a \$2,500 fee to take the psychomotor bench test. Nova Southeastern University, College of Dental Medicine, *International Program: Admission Requirements*, available at: <http://dental.nova.edu/international/index.html> (Last visited on July 25, 2011). The psychomotor bench test may consist of a wax carving examination, typodont tooth preparation and restoration in amalgam, and typodont tooth preparation for a full metal crown. Psychomotor tests assess hand-eye coordination, precision, and aiming skills.

¹⁵ Nova Southeastern University, College of Dental Medicine, *International Program: Tuition and Fees*, available at: <http://dental.nova.edu/international/tuition.html> (Last visited on July 25, 2011).

¹⁶ Section 466.008(4), F.S.

from, these certified institutions are not subject to the additional education requirements under s. 466.006, F.S. However, to date, no foreign educational institution has applied for or received such certification by the DOH.¹⁷

Florida Dental Exam

The Florida Board of Dentistry (Board) administers the Florida dental licensure exams. The Board sets the number, dates, and locations of exams. Licensure examinations are given at least twice a year depending on the projected candidate population.¹⁸ Applicants for examination or re-examination must have taken and successfully completed the National Board of Dental Examiner's dental examination (National Boards).¹⁹

Each applicant is required to complete the examinations as provided for in s. 466.006, F.S. The examinations for dentistry consist of:

- A written examination on the state's laws and rules regulating the practice of dentistry;²⁰
- A practical or clinical examination,²¹ consisting of four parts:
 - Part 1-requires a preparation procedure and a restoration procedure.
 - Part 2-requires demonstration of periodontal skills on a patient to include definitive debridement (root planing, deep scaling/removal of subgingival calculus, and removal of plaque, stain and supragingival calculus).
 - Part 3-requires demonstration of endodontic skills on specified teeth.
 - Part 4-requires demonstration of prosthetics skills to include the preparation for a 3-unit fixed partial denture on a specified model and the preparation of an anterior crown; and
- A diagnostic skills examination.^{22,23}

If an applicant fails to achieve a final grade of 75 percent or better on each of the four parts of the practical or clinical examination, the applicant is required to retake only that part that the applicant has failed.²⁴

The applicant for licensure must successfully complete all three exams within a 13-month period in order to qualify for licensure. If the candidate fails to successfully complete all three examinations within the allotted timeframe, then the candidate must retake all three of the examinations. Additionally, all examinations are required to be conducted in English.²⁵

There are two fees associated with the licensure examination—\$1,845 to the testing service North East Regional Board of Dental Examiners, Inc. (NERB) for the national exam fee and \$650 to the Department of Health for the application, exam, and licensure fees.²⁶ Additionally, the applicant must supply any live patients and assume all associated costs to ensure the patients are present at the exam. For applicants who have not taken the National Boards within the last 10 years (e.g. a licensed dentist from another state who may have been in practice for 10 years or more), he or she must also retake Part II of the National Boards.

¹⁷ Information received during professional staff's interview with a DOH representative on July 20, 2011.

¹⁸ Florida Department of Health, Division of Medical Quality Assurance, Board of Dentistry, *Application Deadlines and Exam Dates*, available at: http://www.doh.state.fl.us/mqa/dentistry/dn_applications.html (Last visited on July 22, 2011).

¹⁹ Rule 64B5-2.013, F.A.C.

²⁰ A final grade of 75 or better is required to pass the written examination. *See* rule 64B5-2.013(2)(b), F.A.C.

²¹ The practical or clinical exam requires the applicant to provide a patient who is at least 18 years of age and whose medical history is consistent with that prescribed by the board in order for patients to qualify as a patient for the examination. *See* rule 64B5-2.013(3)(a), F.A.C. *But see* ch. 2011-95, L.O.F., effective October 1, 2011, which requires the practical or clinical examination to be the American Dental Licensing Examination (ADLEX).

²² The Diagnostic Skills Examination is an objective type of examination, where the applicant must demonstrate the ability to diagnose conditions within the human oral cavity and its adjacent tissues and structures from photographs, slides, radiographs, or models. *See* rule 64B5-2.013(4)(a), F.A.C.

²³ *But see* s. 9, ch. 2011-95, L.O.F., effective October 1, 2011, which provides that the required diagnostic skills examination is to be included within the ADLEX.

²⁴ Rule 64B5-2.013(3)(g), F.A.C. *But see* s. 466.009(2), F.S.

²⁵ Rule 64B5-2.013, F.A.C.

²⁶ Florida Department of Health, Division of Medical Quality Assurance, Board of Dentistry, *License Fees*, available at: http://www.doh.state.fl.us/mqa/dentistry/dn_fees.html (Last visited on July 22, 2011).

In the 2011 general legislative session, the Legislature enacted HB 1319 (ch. 2011-95, L.O.F.), which substantially reformed the practical and clinical dental examination requirements in Florida to make licensure in Florida more accessible for those who have taken the American Dental Licensing Examination (ADLEX) outside of Florida. The legislative intent behind this change was to improve access to dental care for underserved citizens of Florida and further the economic development goals of Florida. The new law is effective October 1, 2011, and authorizes an applicant for licensure to submit his or her passing scores on the ADLEX administered in a jurisdiction other than Florida in order to satisfy the practical or clinical examination and diagnostic skills requirements in Florida. The applicant must have completed the examination after October 1, 2011. If the applicant's ADLEX results were published more than 365 days prior to the application for licensure, then the applicant must satisfy numerous additional criteria in order for the DOH to recognize the examination results. In addition, a dentist that used an ADLEX score from another jurisdiction to obtain licensure in Florida must, to maintain such licensure, be engaged in the full-time practice of dentistry inside the geographic boundaries of Florida within 1 year of being licensed in Florida.²⁷

Reciprocity of Dental Licensure

Dental boards in 46 states plus the District of Columbia and Puerto Rico grant licenses to dentists, currently licensed and in active, continuous practice for a specified period of time (typically 5 years) in another jurisdiction, without further theoretical and clinical examination. The license recognition system, often referred to as licensure by credentials, may also be referred to as licensure by reciprocity, endorsement, or criteria.²⁸

In granting licensure by credentials, the board of dentistry makes a determination that the applicant is currently licensed in a state that has equivalent licensure standards. Technically, licensure by reciprocity refers to a situation in which a jurisdiction has statutory authority to grant licensure recognition only to licensees of states that grant similar recognition to licensees from the receiving jurisdiction. Jurisdictions that have reciprocity agreements between state dental boards are indicated by an asterisk (*). The dental boards in the following jurisdictions will grant license recognition to dentists:²⁹

- Alabama
- Alaska
- Arkansas
- Arizona
- California
- Colorado
- Connecticut
- District of Columbia*
- Georgia³¹
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland³⁰
- Massachusetts*
- Michigan
- Minnesota
- Mississippi*
- Missouri
- Montana
- Nebraska
- New Hampshire
- New Jersey*
- New Mexico
- New York
- North Carolina³²
- North Dakota
- Ohio
- Oregon,
- Oklahoma
- Pennsylvania*
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

²⁷ See ch. 2011-95, L.O.F., available at: http://laws.flrules.org/files/Ch_2011-095.pdf (Last visited on July 27, 2011).

²⁸ American Dental Association and American Student Dental Association, *Dental Boards and Licensure: Information for the New Graduate*, October 2007, available at: <http://www.modental.org/docs/professionals/students/adahandbooknewgrad.pdf> (Last visited on July 28, 2011).

²⁹ *Id.*

³⁰ Maryland requires applicants for licensure by credentials to successfully complete the Northeast Regional Examining Board's Dental Simulated Clinical Exercise (DSCE).

³¹ Georgia requires credentialed dentists to establish active practices within a certain time period.

³² North Carolina requires credentialed dentists to establish active practices within a certain time period.

Four states and the U.S. Virgin Islands do not currently grant licensure by credentials: Delaware, Florida, Hawaii, and Nevada. However, in 2004 Hawaii enacted a community service license law which allows dentists with proper credentials to come to Hawaii to work in federally qualified health centers, native Hawaiian health centers, and post-secondary dental training programs only. Nevada passed a licensure by credential law in 2001 that sunset at the end of June 2006. Nevada will only issue a license after the applicant for dental or dental hygiene licensure passes the Nevada clinical board exam or has passed the Western Regional Examining Board (WREB) exam within the past 5 years.³³

The American Dental Association (ADA) House of Delegates strongly supports freedom of movement through licensure by credentials. A 2002 resolution amended the ADA Guidelines for Licensure to eliminate the requirement for a minimum of 5 years in practice in order to be eligible for licensure by credentials, simply stating that a dentist should be in active practice or dental education immediately prior to applying for licensure by credentials.³⁴

Other States Licensing Requirements for Foreign-Trained Dentists

State boards of dentistry, licensure statutes, and rules can affect the population of eligible dental providers available in a state and some states have amended licensure regulations to attract dentists. Examples of some of these common practices are: allowing foreign dental school graduates who complete U.S. dental residencies to meet eligibility requirements for licensure; conveying reciprocity or licensure by credentials; granting special licenses; or providing incentives (e.g., limiting liability) for dentists who work in public health/safety net clinics.³⁵

Minnesota, Connecticut, Arkansas, Mississippi, and California have developed programs to utilize foreign-trained dentists as dentists and dental hygienists in facilities that care for special needs patients and public health settings.³⁶

Below is a table of states and U.S. territories with their corresponding educational requirements for licensure of foreign-trained dentists.³⁷

Table 1

State	Requires 2 years of pre-doctoral education that results in a D.D.S. or D.M.D. degree	Requires 2 years of post-doctoral education	Accepts 12-month advanced education program (AEGD, GPR) in general dentistry	Accepts 2 years of pre-or post-doctoral education	Requires graduation from an accredited program with a D.D.S. or D.M.D. degree
<i>Alabama</i>	X				
<i>Alaska</i>					X
<i>Arizona</i>					X
<i>Arkansas</i>					X
<i>California</i>	X				
<i>Colorado</i>					X
<i>Connecticut</i>	X				
<i>Delaware</i>					X

³³ *Supra* note 28.

³⁴ *Id.*

³⁵ *Supra* note 6.

³⁶ *Id.*

³⁷ These state educational requirements are current as of July 2009. Many of these states have additional education requirements. A more detailed list of the state education requirements is available at: http://www.ada.org/sections/educationAndCareers/pdfs/licensure_state_requirements_intl.pdf (Last visited on July 26, 2011).

<i>District of Columbia</i>					X
<i>Florida</i>	X				
<i>Georgia</i>	X				
<i>Hawaii</i>					X
<i>Idaho</i>					X
<i>Illinois</i>	X			X	
<i>Indiana</i>					X
<i>Iowa</i>	X				
<i>Kansas</i>					X
<i>Kentucky</i>		X			
<i>Louisiana</i>		X			
<i>Maine</i>					X
<i>Massachusetts</i>					
<i>Maryland</i>		X (pediatric dentistry only)			X
<i>Michigan</i>	X			X	
<i>Minnesota</i>					
<i>Mississippi</i>		X			
<i>Missouri</i>	X				
<i>Montana</i>					X
<i>Nebraska</i>					X
<i>Nevada</i>					X
<i>New Hampshire</i>	X				
<i>New Jersey</i>	X				
<i>New Mexico</i>					X
<i>New York</i>	X				
<i>North Carolina</i>	X				
<i>North Dakota</i>					X
<i>Ohio</i>	X				
<i>Oklahoma</i>					X
<i>Oregon</i>	X			X	
<i>Pennsylvania</i>	X				
<i>Puerto Rico</i>	X				
<i>Rhode Island</i>					X
<i>South Carolina</i>					X
<i>South Dakota</i>	X				
<i>Tennessee</i>		X			
<i>Texas</i>					
<i>Utah</i>					X
<i>Vermont</i>	X				
<i>Virginia</i>	X		X	X	

<i>Virgin Islands</i>					X
<i>Washington</i>	X			X	
<i>West Virginia</i>					X
<i>Wisconsin</i>			X	X	
<i>Wyoming</i>					X

*This table has been adapted from information provided by the American Dental Association.

In 1997, California enacted a law (Assembly Bill 1116) that provided the California dental board with the authority to determine whether unaccredited international dental programs are equivalent to similar accredited institutions in the U.S. The law enabled the dental board to approve dental education programs outside the U.S.³⁸

Following enactment of California's law, the Universidad De La Salle Bajio in the city of Leon, Mexico, applied to California's board of dentistry for approval of its 5-year predoctoral dental education program. The California board of dentistry granted provisional approval to Universidad De La Salle in August 2002 after the first site visit. Following its second site visit, De La Salle's 5-year pre-doctoral dental education program received full certification in November 2004. The College of Dental Surgery in Manipal, India, was also evaluated for board approval. Students who are admitted to the De La Salle's California-approved track program are required to sign a disclaimer stating that they know this program is not CODA-approved. They are also informed that they will only qualify to get a license to practice in California once all licensure requirements for the state of California are met.³⁹

The Universidad De La Salle also applied for approval from California's board of dentistry for its 2-year international program in 2006. The 2-year program allows foreign-trained dentists to complete a 2-year program similar to those offered by most states requiring 2 years of additional education prior to licensure in their states. However, under this program, the students could only seek licensure in California. The cost of Universidad De La Salle's International Dental Studies Program is \$21,000 per semester, which totals \$84,000 in tuition for the 2-year program.⁴⁰

State Loan Forgiveness Programs

Several states offer loan forgiveness incentives in order to recruit dentists and entice dentists to serve underserved populations. Below is a table⁴¹ of states that have loan forgiveness programs at the state level (there are also several federal government loan forgiveness programs). These states often require a dentist to commit to serve a certain amount of time in a designated area or a percentage of a designated population in the state before a specified amount of the dentist's loan is paid.

Table 2

States Requiring Practice in Health Professional Shortage Areas or Other Designated Areas to Qualify for Student Loan Forgiveness Programs	Time Commitment	Amount of Loan Forgiveness
<i>Alabama</i>	2-year contract	Up to \$35,000 per year of service

³⁸ American Dental Association, *ADA News: International dental program in Mexico raises questions*, available at: <http://www.ada.org/news/1901.aspx> (Last visited on July 20, 2011).

³⁹ *Id.*

⁴⁰ American Dental Association, *ADA News: Costs of De La Salle vs. other IDPs in California*, available at: <http://www.ada.org/news/1899.aspx> (Last visited on July 22, 2011).

⁴¹ Information included in the table is adapted from information provided from the American Dental Association, *Dental Student Loan Repayment Programs & Resources*, March 2011, available at: http://www.ada.org/sections/educationAndCareers/pdfs/loan_repayment.pdf (Last visited on August 2, 2011).

<i>Alaska</i>	2 years	Up to \$35,000 per year of service
<i>Arizona</i>	Minimum of 2 years	Award varies based upon the type of provider and priority ranking of the service site
<i>Arkansas</i>	Minimum of 2 years	\$60,000 for a two-year contract
<i>California</i>	Minimum of 2 years and maximum of 4 years	Maximum award is \$120,000 for 4 years of service
<i>Colorado</i>	2 years	Up to \$70,000 for 2 years of service (One-half of the award must come from the community in which the provider practices)
<i>Connecticut</i>	Minimum of 2 years	Up to \$45,000 for 2 years of service
<i>District of Columbia</i>	Minimum of 2 years with an option to serve 2 additional years	Maximum award is \$120,000 for 4 years of service
<i>Delaware</i>	Minimum of 2 years and maximum of 3 years (contractual agreement)	Up to \$70,000 for a 2-year commitment or up to \$105,000 for a 3-year commitment
<i>Illinois</i>	Maximum of 4 years (Two 2-year grants allowed)	Up to \$25,000 per year of service
<i>Indiana</i>	2 years	\$40,000 for 2 years of service
<i>Iowa</i>	2 years	Up to \$30,000 per year.
<i>Kansas</i>	Minimum of 2 years	Up to \$30,000 per year
<i>Kentucky</i>	2 years	Up to \$35,000 per year
<i>Louisiana</i>	Minimum of 2 years and maximum of 3 years	Up to \$13,333 per year for a 2-year commitment or up to \$20,000 per year for a 3-year commitment
<i>Michigan</i>	2-year contract	Up to \$25,000 per year
<i>Maine</i>	2-year contract or more depending on adequate funding and continued area designation	\$25,000
<i>Maryland</i>	Minimum of 2 years and maximum of 4 years	Up to \$99,000 over a 3-year period
<i>Massachusetts</i>	2-year contract	Up to \$25,000 per year with a maximum award of \$50,000 for a 2-year contract
<i>Minnesota</i>	Minimum of 3 years and maximum of 4 years	Up to \$25,000 per year, not to exceed \$100,000 over a 4-year period
<i>Nebraska</i>	One year for each year of student loans	Up to \$40,000 per year
<i>Nevada</i>	2 years	Each application is evaluated individually and awards are made based upon the funding available during the program's funding cycle
<i>New Hampshire</i>	3-year contract (full-time service) or 2-year contract (part-time service)	\$75,000 for a minimum service obligation of 36 months with an opportunity of an extension for an additional 24 months at \$40,000
<i>New Jersey</i>	Minimum of 2 years and maximum of 4 years	Up to \$21,600 for first full year, up to \$31,200 for second full year, up to \$33,600 for third full year, and up to \$33,600 for the fourth full year of service
<i>North Carolina</i>	4 years	Up to \$70,000 for a 4-year commitment

North Dakota	4 years	Up to \$80,000 for a 4-year commitment
Ohio	2-year contract	Up to \$25,000 per year
Oklahoma	Minimum of 2 years and maximum of 5 years	Up to \$25,000 per year
Pennsylvania	Minimum of 3 years and maximum of 4 years	Up to \$64,000 for 3 or 4 years of service.
Rhode Island	2 years	Up to \$35,000 per year of service
South Dakota	Minimum of 2 years	
Texas	12 consecutive months. A match program is available for 24 month commitments.	Up to \$10,000 for 12 consecutive months of service
Vermont	Minimum 1 year service commitment	Up to \$20,000 per year
Virginia	1-year contract	The loan repayment award is equivalent to 1 year of in-state tuition and mandatory fees at Virginia Commonwealth University School of Dentistry for the year that the loan was acquired.
Washington	Minimum of 3 years	Up to \$25,000 per year of service
West Virginia	Minimum of 2 years and maximum of 4 years	\$40,000 for a 2-year commitment and up to \$25 per each additional year
Wisconsin	3 years	Up to \$50,000 over a 3 year period
Wyoming	Minimum of 3 years	Up to \$30,000 per year

*This table has been adapted from information provided by the American Dental Association.

Florida, Georgia, Hawaii, New York, Oregon, South Carolina, Tennessee, and Utah participate in the National Health Service Corps (NHSC) Loan Repayment Program.⁴² The NHSC Loan Repayment Program offers fully trained primary care physicians, family nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, and certain mental health clinicians \$60,000 to repay student loans in exchange for 2 years serving in a community-based site in a high-need Health Professional Shortage Area⁴³ (HPSA) that has applied to and been approved by the NHSC as a service site. After completing their 2 years of service, loan repayors may apply for additional years of support. The loan repayment program recruits both clinicians just completing training and seasoned professionals to meet the immediate need for care throughout the U.S.⁴⁴

New Mexico not only participates in the NHSC Loan Repayment Program, but it also offers a \$5,000 tax credit to dentists licensed in New Mexico and practicing in rural or underserved areas.⁴⁵

Section 381.0302, F.S., establishing the Florida Health Services Corps (FHSC), authorizes dental scholarships for students who agree to accept an assignment in a public health care program or work specifically in a medically underserved area. If assigned to an underserved area, the dentist must treat Medicaid patients and other patients with low incomes. The FHSC program authorizes loan repayment assistance for certain allopathic and osteopathic

⁴² American Dental Association, *Dental Student Loan Repayment Programs & Resources*, March 2011, available at: http://www.ada.org/sections/educationAndCareers/pdfs/loan_repayment.pdf (Last visited on August 2, 2011).

⁴³ Health Professional Shortage Areas (HPSAs) are designated by the federal Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). U.S. Department of Health & Human Services, Health Resources and Services Administration, *Find Shortage Areas: HPSA by State & County*, available at: <http://hpsafind.hrsa.gov/> (Last visited on August 2, 2011).

⁴⁴ U.S. Department of Health & Human Services, National Health Service Corps, *About the NHSC: Loan Repayment*, available at: <http://nhsc.bhpr.hrsa.gov/about/> (Last visited on August 2, 2011).

⁴⁵ *Supra* note 42.

physicians. During the 2007 Legislative Session, bills passed to add dentists to the loan repayment program and appropriate \$700,000 for the dental student loan repayment program, with proviso language to implement marketing strategies at both dental schools. However, the Governor vetoed the bill including these provisions and the appropriations.⁴⁶

Florida Recruitment Initiatives

Since 2008, the Florida Legislature has made efforts to recruit dentists from other states. In 2008, the Legislature established the health access license in order to attract out-of-state dentists to practice in underserved health access settings⁴⁷ in Florida.⁴⁸ With this license, a dentist actively licensed in good standing in another state, the District of Columbia, or a U.S. territory, is authorized to practice dentistry in Florida in a health access setting if the dentist:

- Files a Board-approved application and pays the applicable fees,
- Has not been convicted or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession,
- Submits proof of graduation from a dental school accredited by the CODA,
- Submits documentation that the dentist has completed, or will obtain prior to licensure, a continuing education equivalent to Florida's requirement for dentists for the last full reporting biennium before applying for a health access license,
- Submits proof of her or his successful completion of parts I and II of the National Boards and a state or regional clinical dental license examination that the Board has determined effectively measures the applicant's ability to practice safely,
- Has never had a license revoked from another state, the District of Columbia, or a U.S. territory,
- Has never failed an exam under s. 466.006, F.S., unless the applicant was reexamined and received a license to practice in Florida,
- Has not been reported to the National Practitioner Data Bank,⁴⁹ unless the applicant successfully appealed to have his or her name removed from the data bank, and
- Submits proof that he or she has been engaged in the active, clinical practice of dentistry providing direct patient care for 5 years immediately preceding the date of application, or proof of continuous clinical practice providing direct patient care since graduation if the applicant graduated less than 5 years from his or her application.

According to staff at the DOH, 7 dental health access licenses were granted in FY 2008-09, while 10 were granted in FY 2009-10, and 15 were granted in FY 2010-11.

⁴⁶ See CS/SB 1116 (2007), available at:

http://archive.flsenate.gov/session/index.cfm?Mode=Bills&SubMenu=1&BI_Mode=ViewBillInfo&BillNum=1116 (Last visited on August 3, 2011). See also SB 2800 (2007) codified as ch. 2007-72, L.O.F., pg. 122, available at:

http://laws.flrules.org/files/Ch_2007-072.pdf (Last visited on August 3, 2011).

⁴⁷ A "health access setting" is defined under s. 466.003(14), F.S., as programs and institutions of the Department of Children and Family Services, the Department of Health, the Department of Juvenile Justice, nonprofit community health centers, Head Start centers, federally qualified health centers (FQHCs), FQHC look-alikes as defined by federal law, and clinics operated by accredited colleges of dentistry in this state if such community service programs and institutions immediately report to the Board of Dentistry certain violations or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such settings.

⁴⁸ See ch. 2008-64, L.O.F., codified in s. 466.0067, F.S.

⁴⁹ The National Practitioner Data Bank (NPDB) was established by Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended (Title IV). Final regulations governing the NPDB are codified at 45 CFR Part 60. In 1987 Congress passed Public Law 100-93, Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987 (Section 1921 of the Social Security Act), authorizing the Government to collect information concerning sanctions taken by State licensing authorities against all health care practitioners and entities. Congress later amended Section 1921 with the Omnibus Budget Reconciliation Act of 1990, Public Law 101-508, to add "any negative action or finding by such authority, organization, or entity regarding the practitioner or entity." Responsibility for NPDB implementation resides with the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services. U.S. Department of Health and Human Services, Health Resources and Services Administration, *the Data Bank, About Us*, available at: <http://www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp> (Last visited on August 8, 2011).

Additionally, in the 2011 general legislative session, the Legislature enacted ch. 2011-95, L.O.F., to make licensure in Florida more accessible for those who have taken the ADLEX outside of Florida. The legislative intent behind this change was to improve access to dental care for underserved citizens of Florida and further the economic development goals of Florida. The new law is effective October 1, 2011.⁵⁰

Findings and/or Conclusions

The Dental Workforce

Nationally, the pool of dentists to serve a growing population of Americans is shrinking. The ADA found that 6,000 dentists retire each year in the U.S., while there are only 4,000 dental school graduates each year to replace them. The projected shortage of dentists is even greater in rural America. Of the approximately 150,000 general dentists in practice in the U.S., only 14 percent practice in rural areas, 7.7 percent in large rural areas, 3.7 percent in small rural areas, and 2.2 percent in isolated rural areas. In 2003, there were 2,235 federally designated dental supply shortage areas, 74 percent of which were located in non-metropolitan areas. In contrast, dental hygiene is predicted to be one of the top ten fastest growing health care professions over the next decade, growing by a projected 43 percent between 2006 and 2020.⁵¹

Conversely, in Florida, the workforce projections for dentists through 2050 indicate that new dentists entering the profession more than offset attrition associated with retirement, assuming current entry levels into the field are sustained.⁵² In fact, only an estimated 926 dentists, roughly 10 percent of Florida's currently practicing dental workforce, plan to retire within the next 5 years. In addition, 97 percent of dentists in general practice and those having specializations are currently accepting new patients, indicating that supply is meeting the demand for services. However, similar to the national trend, most dentists in Florida are concentrated in the more populous areas of the state, while rural areas, especially the central Panhandle counties and interior counties of south Florida, have a noticeable dearth of dentists. Though, it should be noted that 85 percent of Florida's residents live in counties with the best resident-to-dentist ratios.⁵³

Not only is there a shortage of dentists in rural areas, but only a small portion of dentists in Florida practice in dental public health (1.4 percent), where most Medicaid patients are treated. Most dentists, 74.1 percent, practice in general dentistry.⁵⁴ Additionally, there is a lack of available dental specialists⁵⁵ in many central Panhandle counties of Florida, thereby requiring those who require the services of a specialist to sometimes travel considerable distances.

Consequently, the Florida residents who are underserved are those in a rural setting or those who are limited to seeking dental care from dentists that provide public health services.

⁵⁰ *Surpa* note 27.

⁵¹ National Rural Health Association, *Issue Paper: Recruitment and Retention of a Quality Health Workforce in Rural Areas*, November 2006. A copy of this report is on file with the Senate Health Regulation Committee.

⁵² However, the continued growth of Florida's population and a potential increase in the need for dental services is not factored into the analysis of supply and demand. The ratio of Florida residents to dentists is about 2,016 to one, including dentists that practice less than full-time.

⁵³ Florida Department of Health, *Report on the 2009-2010 Workforce Survey of Dentists*, March 2011, available at: http://www.doh.state.fl.us/Family/dental/OralHealthcareWorkforce/2009_2010_Workforce_Survey_Dentists_Report.pdf (Last visited on July 25, 2011). Note: In 2009, the DOH developed this workforce survey for dentists. The survey was administered on a voluntary basis in conjunction with biennial renewal of dental licenses and 89 percent of dentists with an active Florida license responded to the survey.

⁵⁴ *Id.*

⁵⁵ Types of specialists include: Orthodontics and dentofacial orthopedics, oral and maxillofacial surgery, periodontics, endodontics, pediatric dentistry, and prosthodontics.

Barriers to Dental Treatment

The demographics and geographic distribution of the dental workforce are not the only influences on the treatment of Florida residents. Many different barriers may block access to oral healthcare, including lack of knowledge or motivation, phobias, poverty, language or cultural differences, or disabilities.

Poverty

According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS) Data Report, annual household income has a strong relationship to the percent of adults who visited a dentist in the past year. Among those adults living in households with annual incomes below \$25,000, about half saw a dentist in the past year. In contrast, nearly 80 percent of adults with household incomes above \$50,000 visited a dentist.⁵⁶ In Florida, roughly a third of the population falls within 200 percent of the Federal Poverty Level, which equates to over six million people.⁵⁷

Among the nearly 9,400 active dentists in Florida, only about 1,500 (16 percent) are enrolled as Medicaid providers and several hundred of these enrolled providers are not actively treating Medicaid patients. According to the results of the DOH's 2009-2010 dental workforce survey, more than 1,200 respondents (15.3 percent) reported having a Medicaid provider number. Among 7,359 respondents, who practice in private office settings, only 957 (13 percent) had a Medicaid provider number. In contrast, approximately 66 percent of respondents who practice in "safety net" settings⁵⁸ reported having a Medicaid provider number. Although safety net respondents represent less than 5 percent of all respondents practicing in Florida, they account for more than 18 percent of all respondents with a Medicaid provider number. During fiscal year 2009-10, a total of 2.1 million children were eligible for Medicaid services in Florida, but less than 21 percent received a dental service paid by Medicaid. More than half of the dentists that responded to the DOH dental workforce survey (56 percent) cited low compensation rates⁵⁹ for Medicaid services as the reason for not accepting Medicaid.⁶⁰

Disabilities

Persons with special needs, including physical disabilities, developmental disabilities, or mental impairments, may find it difficult to find the appropriate place for dental services as they may need special accommodations. Accommodations potentially include physical modifications of service sites, alternate services hours, use of specific equipment or procedures, and specialized training for dentists. Although there is no data to suggest whether the special needs population is underserved, it is apparent that more special needs patients are treated in public health or "safety net settings" than in private practice settings. Among the respondents to the DOH's 2009-2010 dental workforce survey who treated at least one special needs patient within the past year, safety net dentists treated an average of 40 special needs patients whereas private office dentists treated an average of 21.⁶¹

Language or Cultural Differences

The population of Florida comprises a number of ethnic and nationality minorities, the largest of which is Hispanic. Hispanics in Florida total more than four million, slightly less than 22 percent of the state's population. Nearly 70 percent of Florida's Hispanics live in five counties: Miami-Dade (38.7 percent), Broward (10.6 percent), Orange (7.4 percent), Hillsborough (7.0 percent), and Palm Beach (5.7 percent). These counties contain large Hispanic communities where Spanish is the language of daily communication. The availability of a Spanish-speaking dentist in these areas may facilitate access to care. Currently, only Orange and Hillsborough

⁵⁶ See Behavioral Risk Factor Surveillance System (BRFSS), *Oral Health*, June 2009 Report, available at: http://www.doh.state.fl.us/disease_ctrl/epi/brfss/Oral_health.pdf (Last visited on July 25, 2011).

⁵⁷ *Supra* note 52.

⁵⁸ Safety net settings include programs and institutions of the Department of Children and Family Services, the DOH, the Department of Juvenile Justice, nonprofit community health centers, Head Start centers, federally qualified health centers (FQHCs), FQHC look-alikes as defined by federal law, and clinics operated by accredited colleges of dentistry. Florida Public Health Institute, *Florida Oral Health-Informing Policy*, available at: <http://www.floridaoralhealth.com/workforce> (Last visited on August 1, 2011).

⁵⁹ Other reasons for not accepting Medicaid include excessive paperwork and burdensome billing requirements.

⁶⁰ *Supra* note 52.

⁶¹ *Id.*

counties have a higher ratio of Hispanic-residents-per-Hispanic-dentist compared to the statewide median of dentists-to-residents ratio, meaning less availability of care from a Spanish speaking dentist in these two counties.⁶²

Reciprocity of Dental Licensure

Because Florida is one out of four states that does not offer some form of reciprocity for dental licensure, Florida may be at a disadvantage when recruiting licensed dentists from other states or jurisdictions. Florida did improve its recruitment strategy by enacting HB 1319 (ch. 2011-95, L.O.F.), which substantially reformed the practical and clinical dental examination requirements in Florida to make licensure in Florida more accessible for those who have taken the American Dental Licensing Examination (ADLEX) outside of Florida. However, this new law is still a far cry from the reciprocity or recognition of licensure granted in other states.

Loan Forgiveness Programs

Florida is one out of eight states that does not have an operational state-funded loan forgiveness program. Because other states currently have loan assistance or loan forgiveness programs, those states may have an advantage in recruiting dentists to serve low-income populations or in rural locations. It may be advantageous for Florida to either fund its current loan repayment assistance program under s. 381.0302, F.S., or develop and implement a new loan forgiveness program for dentists in order to be competitive with other states' recruiting practices.

Florida's Licensure Requirements for Foreign-Trained Dentists

Foreign-trained dentists are not precluded from seeking licensure in Florida. However, they must receive additional education under s. 466.006(3), F.S. Despite this additional education requirement, foreign-trained dentists have obtained licensure in Florida. According to the results of the DOH's 2009-2010 dental workforce survey, 12.2 percent of the survey respondents graduated from a foreign dental school or program. The top five countries of training, in descending frequency, included: Colombia, Cuba, India, Canada, and Mexico.⁶³

As demonstrated in Table 1, Florida's licensure requirements for foreign-trained dentists are comparable with licensure requirements in many other states.

Although Florida law allows foreign educational institutions to seek certification under s. 466.008, F.S., in order for the graduates of these institutions to avoid additional educational requirements to receive a dental license in Florida, no foreign educational institution has sought such certification. According to a staff person at the DOH, the lack of interest in the certification program is probably due to the expense associated with contracting with consultants to survey and evaluate foreign dental schools. In addition, applicants seeking certification must pay a registration fee not to exceed \$1,000 and additional costs up to \$40,000 that the DOH expects to incur for conducting the certification survey.⁶⁴

Options and/or Recommendations

There is not a state-wide shortage of dentists in Florida and therefore there is no general need to recruit foreign-trained dentists or dentists from other states or jurisdictions. However, despite efforts by the Legislature to incentivize dentists to practice in rural areas and serve low-income individuals, a shortage in these areas is projected to continue. If the Legislature is interested in pursuing additional measures to increase the dental workforce in Florida, particularly to practice in rural areas or in public health settings and provide services to underserved populations, Senate professional staff recommends the following options:

⁶² *Id.*

⁶³ *Id.*

⁶⁴ *Supra* note 17. *See also* s. 466.008(6), F.S.

Dentists Licensed in Other States or Jurisdictions:

- **Authorize Licensure by Credentials or Reciprocity**

Florida may become more competitive in its recruitment of dentists if the Board was authorized to determine which states have substantially similar licensing standards, including education and examination requirements, and the Board sought reciprocity agreements for licensure with these state dental boards. Licensure by credentials or reciprocity could also require the dentist to have been engaged in active practice for a period of time immediately prior to applying for licensure in Florida.

- **Expand the Health Access Dental Licensing Program**

Authorize a dentist to obtain licensure through the health access dental licensing program if the dentist agrees to serve a certain percentage of Medicaid recipients or participate in the provider network of managed care entities participating in the Medicaid program.

- **Offer Loan Forgiveness or Other Loan Incentives**

- Additionally, Florida may become more competitive in its recruitment of dentists in rural areas and may enhance Florida's dental care for underserved populations if it offers a loan forgiveness program. The program could require dentists seeking loan assistance to serve in a rural area (the Panhandle or central, south Florida) and require dentists to serve a certain percentage of Medicaid recipients or participate in the provider network of managed care entities participating in the Medicaid program for a particular period of time. Considering the current lack of state resources, it may be beneficial to limit the number of dentists that may apply to the loan forgiveness program and target resources to areas with the most need for general dentists or specialists.
- Furthermore, Florida could offer state-guaranteed low-interest loans, subject to available state funding, to dentists wishing to establish their own practice. Because dentists often have large student loans and, therefore, are not in a financial position to open their own practice, it may encourage more dentists to set up their practice in an underserved area, if the state would offer state-guaranteed low-interest loans for either a 10 or 15-year period for the purchase of a dental office and dental equipment. The dentists could be required to practice in the underserved area and serve a certain percentage of Medicaid recipients or participate in the provider network of managed care entities participating in the Medicaid program for the life of the loan. After completion of the loan payment, the dentist would become the owner of the facility and equipment without further obligation.

Foreign-Trained Dentists:

If the Legislature chooses to make licensure in Florida more accessible for foreign-trained dentists, it may be beneficial to couple the relaxation of the additional educational requirements with mandatory rural and public health practice, Medicaid participation, or practice in predominately Hispanic or other ethnic communities. Incentives could be provided in the following manner:

- **Incentivize Rural and Public Health Practice or Medicaid Participation**

- Authorize foreign-trained dentists to complete a 2-year internship under the supervision of a Florida-licensed dentist in a public health setting, in a rural area, serve a certain percentage of Medicaid recipients, or participate in the provider network of managed care entities participating in the Medicaid program for a particular period of time in lieu of the education requirement. The dentist would remain subject to all other Florida licensure requirements. At the completion of the 2-year internship, the dentist would be eligible for full dental licensure. This would help expand dental services in underserved areas and ensure the dentist receives Florida-specific training while avoiding the delay and expense of a 2-year educational program.
- Authorize foreign-trained dentists who have been licensed in good standing in another jurisdiction within the United States and actively practicing in that jurisdiction for a certain length of time to obtain a limited license for 2 years. The dentist would be required to complete all Florida licensure requirements except the additional educational requirement and would be required to practice in a rural area, serve a certain percentage of Medicaid recipients, or participate in the provider network of managed care entities participating in the Medicaid program. After the 2 years, if there are no complaints or disciplinary actions against the dentist, then he or she would be eligible for full dental licensure.

- Provide tuition-assistance to those foreign-trained dentists subject to the additional educational requirements if they agree to practice in a rural area, serve an underserved population, serve a certain percentage of Medicaid recipients, or participate in the provider network of managed care entities participating in the Medicaid program for a specified amount of time after licensure.

- **Encourage and Incentivize Hispanic Dentists to Practice in Florida**

Because Florida has over 4 million Hispanics, it may be beneficial to specifically encourage and incentivize foreign-trained Hispanic dentists to practice in Florida in Hispanic-centered communities. This may be accomplished by:

- Authorizing foreign-trained, Hispanic dentists or Spanish-speaking dentists who are licensed in good standing in the United States and actively practicing in that jurisdiction to complete a 2-year internship in an Hispanic-centered community in lieu of the additional education requirements under Florida law. However, the dentist would still be subject to all other Florida licensure requirements.
- Certifying select Hispanic dental colleges that offer an educational program reasonably comparable to that of similar accredited institutions in the United States and that adequately prepares its students to practice dentistry in order for those students to be exempt from the additional educational requirements under Florida law. Part of the certification agreement could be for the curriculum to encourage students post-graduation to serve in a Hispanic-centered community for a certain length of time. To reduce the costs of the certification procedure, the state could utilize as much technology as possible to survey certain aspects of the educational program, such as the curriculum and facilities, or rely on certifications performed by other states.