



**ELECTIVE FACIAL COSMETIC SURGERY PERMIT  
CREDENTIALING COMMITTEE  
MEETING AGENDA**

**Wednesday, April 20, 2016**

Dental Board of California  
Dental Board Conference Room  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

**Members of the Committee**

Robert Gramins, DDS, Chair  
Louis Gallia, DMD, MD  
Anil Punjabi, MD, DDS  
Peter Scheer, DDS  
Brian Wong, MD

**TELECONFERENCE MEETING LOCATIONS:**

**Dental Board of California Office:**

Louis Gallia, DMD, MD  
Dental Board Conference Room  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

**Other Teleconference Locations:**

Robert Gramins, DDS  
12630 Monte Vista Road, Suite 205  
Poway, CA 92064  
(858) 485-1290

Anil Punjabi, MD, DDS  
295 Terracina Boulevard  
Redlands, CA 92373  
(909) 798-9950

Peter Scheer, DDS  
39935 Vista Del Sol, Suite 100  
Rancho Mirage, CA 92270  
(760) 837-1515

Brian Wong, M.D.  
UC Irvine Medical Center - Pavilion II  
101 The City Drive  
Irvine, CA 92868  
(714) 456-7017

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items

may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's Web Site at [www.dbc.ca.gov](http://www.dbc.ca.gov). This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

### **3:00 PM            Open Session**

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of October 14, 2015 Meeting Minutes
3. Program Coordinator Staff Report
4. Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery Permit Application and Renewal Process
5. **Closed Session** - Consideration of Elective Facial Cosmetic Surgery Permit Application(s)  
The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on permit application(s).
6. **Return to Open Session** – Recommendation to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Application(s)
7. Public Comment of Items Not on the Agenda  
The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
8. Proposed Future Agenda Items  
Stakeholders are encouraged to propose items for possible consideration by the Board at a future meeting
9. Adjournment



**TELECONFERENCE MEETING OF  
THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT  
CREDENTIALING COMMITTEE  
MEETING MINUTES**

**Wednesday, October 14, 2015**

**For more information, please contact the Board (916) 263-2300**

**DRAFT**

**Members Present:**

Robert Gramins, DDS – Chair  
Louis Gallia, DMD, MD  
Anil Punjabi, MD, DDS  
Peter Scheer, DDS

**Members Absent:**

Dr. Brian Wong, MD

**Also Present:**

Nellie Forgét, Program Coordinator  
Sarah Wallace, Assistant Executive Officer  
Spencer Walker, DCA Legal Counsel  
Bruce Whitcher, DDS, Board Liaison to Committee

**Teleconference Locations with Public Access:**

**Dental Board of California Office and Teleconference Location:**

Dental Board Conference Room  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

Dr. Robert Gramins called the roll by teleconference and established a quorum at 3:05 p.m.

**Agenda Item 2 : Approval of July 8, 2015 Meeting Minutes**

M/S (Gallia/Gramins) to accept the minutes of the July 8, 2015.

**Approve:** Gramins, Punjabi, Gallia, Scheer **Oppose:** none **Abstain:** none  
**Approve:** 4 **Oppose:** 0 **Abstain:** 0

The motion passed.

**Agenda Item 3 – Staff Report**

Mrs. Nellie Forgét informed the Committee that staff drafted proposed regulatory language and a revised permit application for the Elective Facial Cosmetic Surgery (EFCS) Permit program to reflect the changes discussed at the last EFCS meeting.

Mrs. Forgét also informed the Committee that they will be discussing the potential fee increases.

Mrs. Forgét reported that there is one (1) application to review and that there were currently 28 EFCS permit holders.

#### **Agenda Item 4: Future Meeting Dates**

Mrs. Forgét went over the proposed future meeting dates with the Committee. The future meeting dates that were chosen are the following: January 20, 2016, April 20, 2016, July 13, 2016, and October 19, 2016.

#### **Agenda Item 5: Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery Permit Application and Renewal Process**

Mrs. Forgét presented the newly drafted language which reflected the Committee's recommendations from the last meeting; every six years upon renewal 24 hours of continuing education from a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) specific to the procedures the licensee is permitted to perform.

The Committee discussed different means of obtaining this continuing education. Dr. Louis Gallia questioned whether oral surgeons can get continuing medical education (CME). Dr. Gramins explained that if you do not have a MD you cannot get CME. Dr. Peter Scheer suggested that CME that is facial cosmetic surgery is acknowledged as CE for the six year requirement as well. Dr. Gramins agreed that it is difficult to get continuing dental education (CDE) in facial cosmetic surgery, so the only way to obtain it is through CME. Therefore, CME specific to facial cosmetics should be added to the language. Mrs. Sarah Wallace confirmed with Spencer Walker, legal counsel, that because these CME providers are not approved providers, we can accept approved provider by the Medical Board. Mr. Walker confirmed this was acceptable.

Dr. Gramins directed a question to legal counsel and staff about hospital privileges, relevant to pathway A, not specifically state that hospital privileges must include cosmetic surgery privileges. Mrs. Forgét clarified that statute separates the hospital privilege requirement for pathway A and B. For pathway B, statute refers to paragraph A which indicates the specific procedures the licensee intends to perform, therefore pathway B privileges must be specific to the surgical cosmetic procedures. However, Pathway A does not require that the applicant show specific cosmetic surgical privileges because the requirement of the letter from the program director confirms the competency, training, and education in the cosmetic surgical areas the applicant is intending to perform.

Dr. Gramins reiterated from past discussion that via pathway B applicants cannot get privileges without the permit, but they cannot get the permit without the privileges. Dr. Gramins and Dr. Gallia suggested telling applicants who encounter the problem of obtaining privileges to consider presenting the paradox to the credentialing committee at hospitals and asked for conditional privileges. Dr. Gramins asked if there is any way to bring this up at a Board meeting and Dr. Bruce Witcher agreed that he could discuss this at a Board meeting. Dr. Witcher also suggested that an applicant's hospital staff could contact a committee or Board for an explanation of the permit and the applicant's situation.

Dr. Whitcher suggested a subcommittee be formed to work out the language with staff. Mrs. Sarah Wallace explained that the Committee could work on it further or if they feel comfortable they can recommend moving the proposal to the Board and the Board can form a subcommittee to further define those provisions. Mrs. Wallace queried legal counsel if there needed to be a motion and Mr. Walker clarified that Dr. Whitcher can just take this topic back to the Board for initiating and rulemaking.

Dr. Gramins mentioned that the hospital privileges requirement on the application for pathway A & B read the same and need to be corrected to reflect the language in statute. Dr. Whitcher also brought up a few application revision suggestions within the application instructions. Staff agreed to make these changes and bring the revised application to the next meeting for review and possible approval to forward to the Board to initiate the rule making process.

Dr. Gramins suggested that staff email the revised application prior to the next meeting for the Committee to review. Mr. Walker reminded the Committee to reply individually to a group email so as not to violate the Bagley-Keene Act.

#### **Agenda Item : Future Fee Increase Discussion**

Mrs. Wallace explained that the Board went through Sunset Review and the Board had the assembly bill 179 which included increases to the statutory fee maximums that the Board is able to assess for licensing and permits. The fee caps were increased based on the findings of a fee audit that the Board had a contractor conduct last year. The Board had appointed a subcommittee to work with staff to determine where fee increases will be made. The Board is facing fiscal insolvency in the next couple of fiscal years due to the fact that there has not been fee increases in the last sixteen years. Part of the fee audit was the contractor came in and audited the fees that the Board is assessing and provided recommendations on what fee amounts should be in order to cover the cost of doing business.

Mrs. Wallace explained that, specific to the EFCS permit, the recommendation from the contractor was \$3600 for the initial application fee and \$800 for the renewal fee. In statute the initial application fee is \$500 and the renewal fee is \$200 which is a significant fee increase. One thought from the subcommittee is to increase fees in other categories to lower fees that seemed extremely high. The subcommittee proposed that the application fee be about \$1500 and the renewal should be \$500. Mrs. Wallace asked the Committee their thoughts on the application and renewal fees.

Dr. Whitcher added that there were a couple different recommendations; one was to take the application fee to \$1500 the other was to take it to \$850. He expressed that new graduates coming out of programs are reluctant to pay a tremendous fee because they have a lot of debt and a lot of expenses trying to get set up in practice. Dr. Gramins agreed that a four digit number would scare away new graduates. Licenses who are in practice who are recertifying after six years in practice can afford it a little more. Dr. Whitcher suggested that maybe increase the application fee so if licensees are not using the permit they will let it go. Dr. Gramins suggested making both initial and renewal fee \$850; the Committee agreed to have Dr. Whitcher carry this recommendation to the Board.

**CLOSED SESSION** – Consideration of Elective Facial Cosmetic Surgery Permit Applications

**RETURN TO OPEN SESSION - Recommendations to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Applications**

Dr. Gramins reported that the Credentialing Committee reviewed one (1) application.

Applicant Dr. M.M.: Dr M.M. applied for an unlimited category I & II permit. The Committee determined to recommend to the Board to issue the applicant an unlimited EFCS permit for Categories I and II. The applicant currently holds a permit for Category I limited to facial implants and Category II limited to submental liposuction, Botox and fillers, chemical peels, and upper and lower blephroplasties.

M/S (Gramins/Scheer) to grant Dr. M.M. an unlimited category I & II permit.

**Approve:** Gramins, Punjabi, Gallia, Scheer **Oppose:** none **Abstain:** none  
**Approve:** 4 **Oppose:** 0 **Abstain:** 0

The motion passed.

Open Session adjourned at 3:50 p.m.

MINUTE BOOK FOR THIS ITEM IS PREPARED BY NELLIE FORGÉT, EFCS PERMIT PROGRAM COORDINATOR.

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## MEMORANDUM

<b>DATE</b>	March 21, 2016
<b>TO</b>	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
<b>FROM</b>	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
<b>SUBJECT</b>	<b>Agenda Item 3: Staff Report</b>

We will be discussing the Elective Facial Cosmetic Surgery (EFCS) Permit application revisions and regulatory language.

There are two applications to review at the April 20, 2016 meeting.

Currently there are 28 permit holders. A list of these permit holders can be found on the Board's website.



## MEMORANDUM

<b>DATE</b>	March 21, 2016
<b>TO</b>	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
<b>FROM</b>	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator
<b>SUBJECT</b>	<b>Agenda Item 4:</b> Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery (EFCS) Permit Application and Renewal Process

**Background:**

Pursuant to Code Section 1638.1(a)(2), an EFCS permit that is issued by the Board is valid for a period of two years and is required to be renewed by the permit-holder at the time his or her dental license is renewed. Additionally, every six years, prior to the renewal of the permit-holder's license and permit, the permit-holder is required to submit evidence acceptable to the Committee that he or she has maintained continued competence to perform the procedures authorized by the permit. The Committee is authorized to limit a permit consistent with Code Section 1638.1(e)(1) if it is not satisfied that the permit-holder has established continued competence.

There are 11 EFCS permit-holders that are at or have exceeded the six year mark based on their permit issuance date and expiration date and are due for the Committee's review and determination of continued competence. Since Code Section 1638.1 does not expressly provide the requirements a permit-holder must meet to establish continuing competency, it has become necessary to promulgate a regulation to implement, interpret, and make specific the provisions of Code Section 1638.1 for the purpose of clarifying the necessary requirements that would establish continuing competency for the EFCS permit.

At its August 2014 meeting, the Dental Board of California (Board) deemed the EFCS Permit Regulations a priority for the 2015/2016 fiscal year to implement, interpret, and make specific the requirements of Code Section 1638.1.

The Committee has been working with staff and legal counsel to finalize regulatory language to present to the Board. At past 2015 meeting, proposed regulatory language was presented to the Committee for review. The Committee made recommendations at each meeting and directed staff to revise the regulatory language for EFCS Permit application and renewal process in compliance with Business and Professions Code (Code) Section 1638.1. A copy of the finalized regulatory language and application is included with this agenda item for review.

**Staff Recommendation:**

Staff requests that the Committee approve the regulatory language to forward the package to the Board to initiate the rulemaking process at a future meeting.



**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

**RELATING TO THE ELECTIVE FACIAL COSMETIC SURGERY INITIAL PERMIT  
AND RENEWAL REQUIREMENTS**

**Add California Code of Regulations, Title 16, Sections 1044.6, 1044.7, and 1044.8 as follows:**

**DRAFT**  
**Article 5.6**

**§1044.6 Operative Reports**

For the purposes of this article, an applicant for an Elective Facial Cosmetic Surgery permit shall submit with the application a maximum of 30 operative reports that are representative of procedures the applicant intends to perform.

**§1044.7 Application for Permit to perform elective facial cosmetic surgery pursuant to Business and Professions Code Section §1638.1.**

An applicant for a permit to perform Elective Facial Cosmetic Surgery pursuant to Section 1638.1 of the Code shall submit a completed "Elective Facial Cosmetic Surgery Permit Application" (New 06/15), which is incorporated herein by reference, and shall be accompanied by the fee specified in Section 1638.1 of the Code.

Note: Authority cited: Sections 1614, 1638.1 Business and Professions Code.  
Reference: Sections 1638.1, Business and Professions Code.

**§1044.8 Renewal of Permit to perform elective facial cosmetic surgery pursuant to Section 1638.1.**

For the purpose of maintaining continued competence to perform the procedures authorized by an Elective Facial Cosmetic Surgery permit, in addition to the continuing education required to renew a license to practice dentistry, every 6 years, prior to the renewal of a permit and the permitholder's dental license, the permitholder shall submit to the Board 24 hours of continuing education from a provider approved or recognized in accordance with the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE), or approved or recognized by the Medical Board of California. The required continuing education shall be specific to the procedures the permitholder is authorized to perform.

Note: Authority cited: Sections 1614, 1638.1(b) Business and Professions Code.  
Reference: Sections 1638.1, Business and Professions Code.



**Elective Facial Cosmetic Surgery (EFCS)  
 Application for Initial Permit or Permit to Add Allowable  
 Procedures**

Business and Professions Code, Section 1638.1-1638.7

<b>Office Use Only</b>
Receipt #: _____
ATS #: _____
Date Received: _____
Initial: _____

**PART 1 – APPLICATION INSTRUCTIONS**

1. An application must be complete and must be accompanied by all of the following:
  - An application fee of \$500, made payable to the Dental Board of California.
  - All the required documentation specified in the application.
2. Applicant must indicate if they are applying through Pathway A or Pathway B.
3. A permit holder seeking to add allowable procedures is required to submit the following documentation:
  - Application form, only completing:
    - a) Part 2 – Name, Contact, and Licensure Information
    - b) Part 3 – Requirements
      - i. Permit category being requested
      - ii. Operative Reports reflecting additional procedures
    - c) Part 4 – Acknowledgement/Certification

**NOTE: All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being deemed incomplete.**

**PART 2 – NAME, CONTACT, AND LICENSURE INFORMATION**

1. Applicant Name: \_\_\_\_\_  
 \_\_\_\_\_  
 First Middle Last
2. Social Security Number \_\_\_\_\_  
 \_\_\_\_\_  
 Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_  
 \_\_\_\_\_
3. Address of Record: \_\_\_\_\_  
 \_\_\_\_\_  
 Practice Address (if different): \_\_\_\_\_
4. Telephone Numbers: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. CA Dental License #(s): \_\_\_\_\_ Date Issued: \_\_\_\_\_
7. Other Dental License # (if applicable): \_\_\_\_\_ State(s) of Issuance: \_\_\_\_\_
8. Current EFCS permit # (if applicable): \_\_\_\_\_ Date Issued: \_\_\_\_\_

**PART 3 - REQUIREMENTS**

Applicant is requesting a permit for category(ies):

- I - cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty
- II - cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation

or limited to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following general requirements are specific requirements for both pathways.**

1. Submit Documentation of successful completion of an Oral and Maxillofacial Surgery Residency Program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Accreditation (ADA):  
 Dates attended: \_\_\_\_\_
2. Submit documentation of at least **10 operative reports, but no more than 30**, from residency training or proctored procedures that are representative of **procedures that the licensee intends to perform** from the following categories:
  - (I) **Cosmetic contouring of the osteocartilaginous facial structure**, which may include, but is not limited to, rhinoplasty and otoplasty.
  - (II) **Cosmetic soft tissue contouring and rejuvenation**, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

Reports shall contain a detailed narrative of the procedures performed by the applicant, specifying the date and location of the surgery, names of primary surgeons and assistants, and procedures and findings. Reports should be clear and dark enough to reproduce. An Index of Operative Reports, which is included as page 5 of this application, shall be submitted with the reports. These cases should reflect elective cosmetic surgery as defined in B&P §1638.1(g)(1).

3. Submit documentation showing proof of active status on the staff of a general acute care hospital and that the applicant maintains the necessary privileges based on the bylaws of the hospital to maintain that status. This document should include signatures from approving parties to be considered. If applicant’s status is provisional, applicant must wait until active status is achieved before applying.

**Complete items 4-6 only if applicant is applying through Pathway A**

4. Submit Documentation that the applicant is certified, or a candidate for certification, by the American Board of Oral and Maxillofacial Surgery:  
 Date Certified: \_\_\_\_\_  
 Re-Certification Date: \_\_\_\_\_  
 Candidate for Certification: \_\_\_\_\_

5. Submits a letter from the program director of the accredited residency program, or the director of a postresidency fellowship program accredited by the CODA of the ADA stating that the licensee has the education, training, and competency necessary to perform the surgical procedures that the licensee has notified the Board he or she intends to perform.
6. Submit documentation showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

**Complete item 7 only if applicant is applying through Pathway B**

7. Submit documentation showing proof that the applicant has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures that the applicant intends has notified the board that he or she intends to perform.

**PART 4 – ACKNOWLEDGEMENT/CERTIFICATION**

In accordance with California Business and Professions Code Section 142(b), the abandonment date for an application that has been returned to the applicant as incomplete shall be 12 months from the date of returning the application.

**Certification** – *I certify under the penalty and perjury, under the laws of the State of California, that the information in this application and any attachments are true and correct.*

\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_

Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by The Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, (916)263-2300, in accordance with Business & Professions Code, 1600 et seq. Except for Social Security numbers, and individual taxpayer identification number, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your social security number or individual taxpayer identification number is mandatory and collection is authorized by 30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A 405 (c)(2)(C)). Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with requesting state. If you fail to disclose your social security number or individual taxpayer identification number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the name(s) and address(es) submitted may, under limited circumstances, be made public.

The following table outlines the requirements for each pathway

Pathway A	Pathway B
Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.	Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.
Submits to the board a letter from the program director of the accredited residency program, or from the director of a post-residency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures that the licensee has notified the board he or she intends to perform.	
Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories: <b>(I)</b> Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. <b>(II)</b> Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.	Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories: <b>(I)</b> Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. <b>(II)</b> Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.
Submits documentation showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.	Submits documentation showing proof that the applicant has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures that the applicant has notified the board that he or she intends to perform.
Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.	Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.
Is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.	

Name:

Index of Operative Reports

Operative Report	Surgery Type ( <i>Osteocartilaginous or Soft Tissue</i> )	Procedure(s)	Date	Position	Facility name and location
1					
2					
3					
4					
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