STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	**:**	**REPORT TO THE LEGISLATURE**
PROCEEDINGS BEFORE THE	**:**	**CR 26-024**
DENTISTRY EXAMINING BOARD	**:**	

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

N/A

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA are attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

The objective of the proposed rule is to expand licensure pathways for dentists. For initial licensure, current code requires applicants to complete an examination from a board-approved testing service within one year immediately preceding their application. The proposed rule allows successful completion of a CODA accredited GPR or AEGD program to count as this requirement. The board considers the competencies, evaluation mechanisms, and practice components of these programs to be adequately comparable to the current testing service requirements in section DE 2.005, Wis. Admin. Code. For this option, the CODA accredited GPR or AEGD program may have been completed at any time.

For endorsement licensure of dentists under subsection DE 2.04 (1), Wis. Admin. Code, current code requires a DDS or DMD degree or equivalent from a CODA accredited dental school. The proposed rule allows holding a specialty certification in an American Dental Association specialty from a CODA accredited program as an additional option for receiving endorsement licensure.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Dentistry Examining Board held a public hearing on May 6, 2026. The following 3 public comments were received:

Name: Ankur Patel, DDS, FAGD
Organization: Self

“Thank you for considering my comments. I am writing as a private citizen and licensed dentist—not on behalf of the Department of Veterans Affairs where I conduct my practice—to express my strong support for the proposed changes to DE 1 and DE 2 licensure pathways.
These proposed regulations recognize accredited CODA accredited AEGD and GPR post-doctoral dental residency programs as an alternative mechanism to affirm clinical safety and competence. This is not only sensible, it aligns with commitments to public protection. Post-doctoral residencies impose higher clinical expectations, requirements, and outcomes than pre-doctoral dental curricula and are explicitly designed to develop the advanced skills that benefit patient care.

Wisconsin has a strong tradition of pursuing licensure innovations that broaden access to dental care—especially in underserved communities—while maintaining or raising standards. In recent years, the State has approved pathways that are less clinically demanding or less grounded in evidence than what is now proposed, yet those prior changes were deemed consistent with safety and probity. The current proposal is a clear step forward: it exceeds previous precedent in both rigor and alignment with CODA standards.

If approved and implemented, these changes would have multiple benefits for patients, providers, and the state.

- Expanded Access to Care
  - Recognizing residency-trained dentists helps bring highly skilled providers into communities in need—particularly rural areas—without compromising patient safety.
- Alignment with National Best Practices
  - Numerous states already accept CODA-accredited residencies in lieu of traditional licensing exams. This proposal aligns Wisconsin law with national standards adopted elsewhere.
- Efficiency for Qualified Practitioners
  - Dentists who have completed rigorous residency training demonstrate clinical competence through real-world practice, saving time and resources otherwise spent on duplicative testing.
- Enhancing Public Safety
  - The standards embedded in residency training exceed those used to evaluate clinical aptitude in other licensure pathways. This ensures that no hypothetical risk to the public exists; rather, public safety is enhanced.

Wisconsin’s policymakers have shown—through past actions—that pragmatic licensure reforms rooted in evidence are permissible. The current proposal is more demanding than those earlier pathways, reflecting a commitment not just to broaden access, but to uphold

public trust. By building on an existing pattern of thoughtful regulation, this proposal honors the state's mission of safe, responsible healthcare delivery.

I strongly urge the Board to adopt the proposed amendments to DE 1 and DE 2. As a dentist who cares deeply about professional standards and patient well-being, I believe these changes will benefit our dental community and the public at large. They are carefully designed to elevate care while respecting the state's important regulatory mission.
Thank you for your service and for considering this input.

Ankur D. Patel, DDS, FAGD, FICD
U.S. Department of Veterans Affairs"

> **Response:** The board appreciates the support for the rule and looks forward to working together in the future.

Name: Marinho Del Santo, DDS, MS, PhD
Organization: Self

"Regarding the proposed amendments to DE 1 and DE 2, I congratulate the DEB on this important step forward: the Specialty Licensure.

I also congratulate Secretary Hereth and Deputy Secretary Garrett for their important support, transparency, and deep commitment to the best dental health of all Wisconsinites.

Certainly, the State of Wisconsin is making significant progress in its very genuine interest: to protect and ensure the highest quality of dental care for its population.

Most sincerely,

Dr. Marinho Del Santo, DDS, MS, PhD
Board Certified Orthodontist"

> **Response:** The board appreciates the support for the rule and looks forward to working together in the future.

Name: Madhavi Bhogadi
Organization: Self

"Good morning, Chairperson and members of the Board.

My name is Madhavi Bhogadi. I am an internationally trained dentist, a volunteer with More Smiles Wisconsin, and a Wisconsin resident committed to improving access to oral health care in our state. I am here today to respectfully ask the Board to explore a competency-based licensure pathway that would allow qualified internationally trained dentists to practice as dental hygienists in Wisconsin.

Wisconsin families are facing significant wait times for dental hygiene services, while a pool of internationally trained dentists - many with doctoral-level education and substantial clinical experience - remains unable to help meet this need because of current licensure requirements.

Many of us have already demonstrated competency by passing the National Board Dental Hygiene Examination and CODA-standard clinical board examinations. However, the current requirement for a CODA-accredited dental hygiene degree does not fully recognize this demonstrated competency or our prior clinical training.

This proposal would not lower standards or compromise patient safety. Rather, it would allow the Board to evaluate qualified candidates through a structured, competency-based process that could include credential evaluation, national examinations, clinical board results, and any additional requirements the Board determines are appropriate.

Other states have already recognized this opportunity. Florida has long provided a pathway for internationally trained dentists to qualify for dental hygiene licensure. More recently, Indiana, Virginia, and Massachusetts have established similar pathways, with California and Washington also moving in this direction. Wisconsin has also recognized competency-based licensure in the medical field through its provisional pathway for internationally trained physicians.

Today, I am submitting a packet for the record, including an EGE evaluation and clinical certificates, to illustrate the level of education and clinical experience currently excluded under the existing framework.

I respectfully urge the Board to consider a similar competency-based model to help address Wisconsin's dental workforce shortage while maintaining strong public protection. I am eager to contribute my skills to Wisconsin's patients, and I appreciate your time and service to the public."

Response: The board appreciates the input and feedback on this rule but decided not to make any changes in response to this comment. For initial licensure of dental hygienists, the CODA accredited education standard is set by statute and the board does not have the authority to change this (s. 447.04 (2) (a) 3., Stats.). For endorsement licensure of dental hygienists under s. DE 2.04 (2), the board desires to maintain the CODA accredited education standard for this pathway as well. The board believes it is important for patient welfare to maintain this standard. The board also notes that under the dentist and dental hygienist compact, dental hygienists may obtain a compact privilege to practice in this state with an education accredited by CODA or by another accrediting agency recognized by the United States department of education (s. 447.50 (4) (a) 8., Stats.). Dental hygienist practice in this state is not limited to only CODA accredited education, but there is still an accreditation standard and the board believes it is important for patient welfare to maintain this standard.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

All Legislative Council comments except comments 2.b. and 5.b.(1) have been accepted and incorporated into the proposed rules.

Comment 2.b. Consider whether an initial applicability clause should be included, because the proposed rule modifies requirements in an application process. [s. 1.03 (3), Manual.]

Response: The board decided that an initial applicability clause is not needed for this rule, because this rule should not interfere with licensure applications that are in progress. The proposed rule does modify requirements in an application process, but it is only adding new options for compliance with various requirements. It is not changing the current options for compliance with current application requirements. The board rejects this comment.

Comment 5.b.(1) The subdivision has two components: the certification and the verification of an unrestricted license. Consider reorganizing the proposed language to communicate in a more grammatically straightforward manner that an applicant must meet both of the requirements.

Response: The board understands the comment but feels that the language in proposed DE 2.04 (1) (a) 3. is clear and straightforward. The introduction to the proposed new subdivision is "holds one of the following:", so it is correct that the first sentence of the subdivision would consist of only an object and is technically not a complete sentence. The board feels that the second sentence specifying the second requirement is clear, easily understandable, and grammatically correct. The board believes the proposed language is the most clear and concise way to phrase the requirements and therefore rejects this comment.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

N/A

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE DENTISTRY EXAMINING BOARD	:	PROPOSED ORDER OF THE DENTISTRY EXAMINING BOARD ADOPTING RULES (CLEARINGHOUSE RULE 26-024)

PROPOSED ORDER

A proposed order of the Dentistry Examining Board to ***renumber*** DE 2.005 (intro.), (1), and (2); to ***amend*** DE 2.01 (1) (g); and to ***create*** DE 2.005 (4) and 2.04 (1) (a) 3. relating to licensure requirements.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Sections 447.04 (1) (a) 4. and (b), Stats.

Statutory authority: Sections 15.08 (5) (b), 227.11 (2) (a), and 447.04 (1) (a) 6. and (b) 1., Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides that an examining board "[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 227.11 (2) (a), Stats., provides that "[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation."

Section 447.04 (1) (a), Stats.: "The examining board shall grant a license to practice dentistry to an individual who does all of the following: 6. Completes any other requirements established by the examining board by rule."

Section 447.04 (1) (b), Stats.: "Except as provided in par. (c), the examining board may grant a license to practice dentistry to an individual who is licensed in good standing to practice dentistry in another state or territory of the United States or in another country if the applicant complies with all of the following requirements: 1. Meets the requirements for licensure established by the examining board by rule."

Related statute or rule: None.

Plain language analysis:

The objective of the proposed rule is to expand licensure pathways for dentists. For initial licensure, current code requires applicants to complete an examination from a board-approved testing service within one year immediately preceding their application. The proposed rule allows successful completion of a CODA accredited GPR or AEGD program to count as this requirement. The board considers the competencies, evaluation mechanisms, and practice components of these programs to be adequately comparable to the current testing service requirements in section DE 2.005, Wis. Admin. Code. For this option, the CODA accredited GPR or AEGD program may have been completed at any time.

For endorsement licensure of dentists under subsection DE 2.04 (1), Wis. Admin. Code, current code requires a DDS or DMD degree or equivalent from a CODA accredited dental school. The proposed rule allows holding a specialty certification in an American Dental Association specialty from a CODA accredited program as an additional option for receiving endorsement licensure.

Summary of, and comparison with, existing or proposed federal regulation: None.

Summary of public comments received on statement of scope:

Name: Ankur Patel, DDS, FAGD
Organization: Self

"***I am submitting this attachment and narrative as a solely as private citizen who is a clinical dentist, and not as a representative of the Federal Government & Department of Veterans Affairs (where I conduct my work and practice).***
I want to propose common sense changes that improve the licensing process in Wisconsin, without compromising the public safety mission. If DSPS is serious in its commitment to review practices and credentialing requirements, I implore the Wisconsin Dental Examining Board to strongly consider the objectivity and common-sense solutions that I am sharing.
Pathway 1: Recognize CODA Accredited Postdoctoral General Dentistry Residency Programs (Advanced Education in General Dentistry – AEGD & General Practice Residency - GPR) as "dental testing services."
Recommendations:
1. Recognize the goals, objectives, competencies, evaluation mechanisms, and practical components of application that CODA accredited post-doctoral general dentistry programs require to matriculate the residency programs.
2. Recommend review to the Board's legal counsel to confirm that the academic milestones are enough to qualify CODA accredited post-doctoral general dentistry programs as "testing-centers." - (Remember, the State has already accepted that Marquette's undergraduate dental curriculum is sufficient - why not their soon to be own GPR or other CODA accredited AEGDs/GPRs?)

3. **In the pathway for licensure by endorsement, DE 2.04, recognize CODA accredited post-doctoral general dentistry residency programs substantially equivalent to an examination administered by a board-approved testing service.**
4. AND/OR Approve CODA Accredited Postdoctoral General Dentistry Residency Programs (AEGD, GPR) as a dental testing services under Wis. Stat. s. 447.04(1)(a)4 as they satisfy the requirements set forth in Wis. Admin. Code s. DE 2.005(1) and (2).”

Pathway 2: Licensure by Residency
Recommendation:
1. Create a Waiver of Clinical Examination//Licensure by Residency Clause with the following requirements – Mirror Minnesota Statute
(a) Subd. 3.Waiver of examination. (a) All or any part of the examination for dentists, dental therapists, dental hygienists, or dental assistants, except that pertaining to the law of Minnesota relating to dentistry and the rules of the board, may, at the discretion of the board, be waived for an applicant who presents a certificate of having passed all components of the National Board Dental Examinations or evidence of having maintained an adequate scholastic standing as determined by the board. (b) The board shall waive the clinical examination required for licensure for any dentist applicant who is a graduate of a dental school accredited by the Commission on Dental Accreditation, who has passed all components of the National Board Dental Examinations, and who has satisfactorily completed a postdoctoral general dentistry residency program (GPR) or an advanced education in general dentistry (AEGD) program after January 1, 2004. The postdoctoral program must be accredited by the Commission on Dental Accreditation, be of at least one year's duration, and include an outcome assessment evaluation assessing the resident's competence to practice dentistry. The
board may require the applicant to submit any information deemed necessary by the board to determine whether the waiver is applicable.
Pathway 3: Licensure by Credential
Recommendation:
The current statute as written requires a clinical exam. It is essentially no different than an examination candidate. This is antiquated statute as many safe and quality dentists obtain licenses in a number of ways, which should not discount the safe provision of care over a period of time in another state as a licensed dentist. Consider a third pathway for licensure, alongside examination and endorsement candidates. Create a Licensure by Credential.
(a) Mirror Licensure by Credential, Minnesota – Subd 4.
(b) Mirror Licensure by Credential, Iowa - e. Evidence that the applicant has met at least one of the following: (1) Has less than three consecutive years of practice immediately prior to the filing of the application and evidence of successful passage of a board-approved clinical examination pursuant to subrule 11.2 (2) within the previous five-year period; ***or (****2) Has for three consecutive years immediately prior to the filing of the application been in the lawful practice of dentistry in such other state, territory or district of the United States.*
(c) Mirror Licensure by Credential, Ohio - **Out-of-State** - (See **License Verification** above for instructions) Possess a license in good standing from another state and have actively engaged in the legal and reputable practice of dentistry in another state or in the armed forces of the United States, the United States public health service, or the United States department of veterans' affairs for five years immediately preceding application.

Pathway 4: Licensure by Reciprocity/Modification to DE 2.035
Recommendation:
• Modify "Service Member" nomenclature to include members of the Federal Dental Services of the US Public Health Service and the United States Department of Veterans' Affairs in Statute 440.09 (b) - Reciprocal credentials for service members, former service members, and their spouses.
• Modify DE 2.035 to rightfully include the other Federal Dental Services for this pathway to licensure in the State of Wisconsin."

Comparison with rules in adjacent states:

Illinois: For dentists, Illinois allows 2 different pathways to initial licensure. For graduates from a dental college or school in the United States or Canada, the applicant needs 60 semester hours or equivalent of college pre-dental education, and graduation from a dental program in the United States or Canada meeting certain requirements. CODA accreditation is not required for the program.

For graduates from a dental college or school outside of the United States or Canada, the applicant also needs one of the following options to verify clinical training: 1) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of general dental clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college; or 2) Completion of an accredited advanced dental education program approved by the Division of no less than 2 academic years. The accredited advanced dental education program must have sufficient clinical and didactic training. (The term "accredited" is not specific to CODA accreditation and is presumed to mean accredited by any accrediting body.) An advanced dental education clinical program in prosthodontics, pediatric dentistry, periodontics, endodontics, orthodontics, and oral and maxillofacial surgery is acceptable. [Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Part 1220, Subpart A]

For initial licensure of dental hygienists, Illinois requires a dental hygiene program accredited by CODA of at least 2 academic years [Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Part 1220, Subpart B].

Iowa: Iowa's education requirements for initial licensure for dentists are basically the same as Wisconsin's: graduation with a D.D.S. or D.M.D. or equivalent from a CODA-accredited dental school or college. However, for foreign-trained applicants, they also allow the option of completion of a postgraduate general practice residency program of at least one academic year from a CODA-accredited dental school or college [650 Iowa Administrative Code 11.2 to 11.4].

For initial licensure of dental hygienists, Iowa requires a dental hygiene program accredited by CODA [650 Iowa Administrative Code 11.5 to 11.6].

Michigan: For initial licensure of dentists, Michigan requires a D.D.S. or D.M.D. degree from a CODA-accredited dental school or college or from a school that meets the CODA accreditation

standards. For foreign trained applicants, they also allow the option of a minimum 2-year master's degree or certificate program in dentistry from a CODA-accredited school or from a school that meets the CODA accreditation standards in a specialty branch of dentistry [Michigan Administrative Rules R 338.11201 to 11202].

For initial licensure of dental hygienists, Michigan requires a dental hygiene program accredited by CODA or from a school that meets the CODA accreditation standards [Michigan Administrative Rules R 338.11221].

Minnesota: Minnesota issues licenses as either a general dentist or a specialty dentist. General dentists must graduate from a CODA-accredited school of dentistry. It is not specified that they need a D.D.S. or D.M.D. or equivalent [Minnesota Administrative Rules 3100.1100]. Specialty dentists must graduate from a school of dentistry and a postdoctoral specialty program accredited by CODA [Minnesota Administrative Rules 3100.1120].

For initial licensure of dental hygienists, Minnesota requires a dental hygiene program accredited by CODA [Minnesota Administrative Rules 3100.1200].

Summary of factual data and analytical methodologies:
The Board reviewed Wisconsin Administrative Code chapter DE 2 to determine where changes were needed to update regulations on licensure requirements.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rules were posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. The following EIA comment was received:

Name: Ankur Patel, DDS, FAGD
Organization: Self

“I am writing to voice my full support behind the changes proposed to DE 1 and 2 rules as written. Thank you for pushing forward productive and common-sense changes that will strengthen the dental community and increase access to care in our state.

Also sharing that a resolution passed for PGY-1 to be considered for licensure at the ADA House of Delegates. In other words, this approach has been supported by the ADA.

The DE licensure changes allowing for AEGD or GPR in lieu of clinical exam should be implemented without question

Resolution 410 — Feasibility Study of a Postgraduate Year One (PGY-1) Licensure Pathway”

Fiscal Estimate and Economic Impact Analysis:
The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. DE 2.005 (intro.) is renumbered to DE 2.005 (3).

SECTION 2. DE 2.005 (1) is renumbered to DE 2.005 (3) (a).

SECTION 3. DE 2.005 (2) is renumbered to DE 2.005 (3) (b).

SECTION 4. DE 2.005 (4) is created to read:

DE 2.005 (4) Successful completion of an accredited postdoctoral general practice residency in dentistry or an accredited postdoctoral advanced education in general dentistry program is considered successful completion of an examination from a board-approved testing service. Notwithstanding the time limit in s. DE 2.01 (1) (g), either of these programs may have been completed at any time preceding the licensure application.

SECTION 5. DE 2.01 (1) (g) is amended to read:

DE 2.01 (1) (g) Verification from a board-approved testing service of successful completion of an examination taken within one year immediately preceding application or verification of successful completion of a program under s. DE 2.005 (4). A program under s. DE 2.005 (4) may have been completed at any time preceding the licensure application.

SECTION 6. DE 2.04 (1) (a) 3. is created to read:

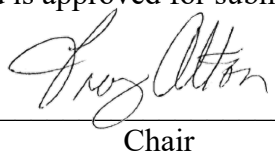
DE 2.04 (1) (a) 3. A specialty certification in an American Dental Association specialty from an accredited program. This option is only available to an applicant who also submits verification of an unrestricted license to practice as a dentist in any other jurisdiction of the United States or Canada.

SECTION 7. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

This Proposed Order of the Dentistry Examining Board is approved for submission to the Governor and Legislature.

Dated 07/14/2026



Chair
Dentistry Examining Board

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Date
February 18, 2026

3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)
DE 1 to 2

4. Subject
Licensure Requirements

5. Fund Sources Affected
☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S

6. Chapter 20, Stats. Appropriations Affected

7. Fiscal Effect of Implementing the Rule
☐ No Fiscal Effect ☐ Increase Existing Revenues ☒ Increase Costs ☐ Decrease Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget

8. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy
☐ Local Government Units
☐ Specific Businesses/Sectors
☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).
$0

10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be $10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?
☐ Yes ☒ No

11. Policy Problem Addressed by the Rule
The objective of the proposed rule is to expand licensure pathways for dentists. For initial licensure, current code requires applicants to complete an examination from a board-approved testing service within one year immediately preceding their application. The proposed rule allows successful completion of a CODA accredited GPR or AEGD program to count as this requirement. The board considers the competencies, evaluation mechanisms, and practice components of these programs to be adequately comparable to the current testing service requirements in section DE 2.005, Wis. Admin. Code. For this option, the CODA accredited GPR or AEGD program may have been completed at any time.

For endorsement licensure of dentists under subsection DE 2.04 (1), Wis. Admin. Code, current code requires a DDS or DMD degree or equivalent from a CODA accredited dental school. The proposed rule allows holding a specialty certification in an American Dental Association specialty from a CODA accredited program as an additional option for receiving endorsement licensure.

12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.
The rule was posted to the public for Economic Impact Analysis comments as required, and will be subject to an official public hearing, along with other steps of the rule process.

13. Identify the Local Governmental Units that Participated in the Development of this EIA.
None.

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
DSPS estimates a total of $16,900 in one-time and $18,500 in ongoing staffing costs to implement the rule. The estimated need for 0.3 limited term employee (LTE) is for training, updating provisions, updating workflows, updating documentation, IT updates, internal review and meetings, legal consultation, and promulgation of rules. The estimated

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annual staffing need for a 0.2 full time employee (FTE) is for handling increased customer volume, processing applications, intaking complaints, screening and prosecution of cases, processing of record requests, order monitoring, and paralegal duties. The one-time and annual estimated costs cannot be absorbed in the currently appropriated agency budget.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit of the rule is to expand licensure pathways for dentists, which will allow more individuals to become licensed.

If the rule is not pursued, opportunities to expand licensure pathways could be missed.

16. Long Range Implications of Implementing the Rule

The long range implication of implementing the rule is to promote licensure and promote the growth of the industry in the state, which will benefit patients and the public.

17. Compare With Approaches Being Used by Federal Government

None.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: For dentists, Illinois allows 2 different pathways to initial licensure. For graduates from a dental college or school in the United States or Canada, the applicant needs 60 semester hours or equivalent of college pre-dental education, and graduation from a dental program in the United States or Canada meeting certain requirements. CODA accreditation is not required for the program.

For graduates from a dental college or school outside of the United States or Canada, the applicant also needs one of the following options to verify clinical training: 1) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of general dental clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college; or 2) Completion of an accredited advanced dental education program approved by the Division of no less than 2 academic years. The accredited advanced dental education program must have sufficient clinical and didactic training. (The term “accredited” is not specific to CODA accreditation and is presumed to mean accredited by any accrediting body.) An advanced dental education clinical program in prosthodontics, pediatric dentistry, periodontics, endodontics, orthodontics, and oral and maxillofacial surgery is acceptable. [Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Part 1220, Subpart A]

For initial licensure of dental hygienists, Illinois requires a dental hygiene program accredited by CODA of at least 2 academic years [Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Part 1220, Subpart B].

Iowa: Iowa’s education requirements for initial licensure for dentists are basically the same as Wisconsin’s: graduation with a D.D.S. or D.M.D. or equivalent from a CODA-accredited dental school or college. However, for foreign-trained applicants, they also allow the option of completion of a postgraduate general practice residency program of at least one academic year from a CODA-accredited dental school or college [650 Iowa Administrative Code 11.2 to 11.4].

For initial licensure of dental hygienists, Iowa requires a dental hygiene program accredited by CODA [650 Iowa Administrative Code 11.5 to 11.6].

Michigan: For initial licensure of dentists, Michigan requires a D.D.S. or D.M.D. degree from a CODA-accredited dental school or college or from a school that meets the CODA accreditation standards. For foreign trained applicants, they also allow the option of a minimum 2-year master's degree or certificate program in dentistry from a CODA-accredited school or from a school that meets the CODA accreditation standards in a specialty branch of dentistry [Michigan Administrative Rules R 338.11201 to 11202].

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

For initial licensure of dental hygienists, Michigan requires a dental hygiene program accredited by CODA or from a school that meets the CODA accreditation standards [Michigan Administrative Rules R 338.11221].

Minnesota: Minnesota issues licenses as either a general dentist or a specialty dentist. General dentists must graduate from a CODA-accredited school of dentistry. It is not specified that they need a D.D.S. or D.M.D. or equivalent [Minnesota Administrative Rules 3100.1100]. Specialty dentists must graduate from a school of dentistry and a postdoctoral specialty program accredited by CODA [Minnesota Administrative Rules 3100.1120].

For initial licensure of dental hygienists, Minnesota requires a dental hygiene program accredited by CODA [Minnesota Administrative Rules 3100.1200].

19. Contact Name	20. Contact Phone Number
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This document can be made available in alternate formats to individuals with disabilities upon request.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
☐ Yes ☐ No