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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

**F I N A L M I N U T E S**

MEETING OF:

**STATE BOARD OF DENTISTRY**

TIME: 11:23 A.M.

Held at

**PENNSYLVANIA DEPARTMENT OF STATE**

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

**VIA MICROSOFT TEAMS**

March 13, 2026



State Board of Dentistry  
March 13, 2026

ALSO PRESENT:

Joan Burke, CDA, EFDA, President, Pennsylvania Dental Assistants Association  
Steve Neidlinger, Executive Director, Pennsylvania Academy of General Dentistry  
Nicole Payonk, Policy & Advocacy Coordinator, Pennsylvania Coalition for Oral Health  
Marisa Swarney, Director of Government Relations, Pennsylvania Dental Association  
Maria Lomnychuk, EFDA, CDA, York Technical Institute  
Radwan Azim, Legislative Analyst, Cozen O'Connor Public Strategies  
Deborah Polk, AB, PhD, Associate Professor of Dental Public Health, School of Dental Medicine, University of Pittsburgh  
Michelle Shirey, Project Manager, School of Dental Medicine, University of Pittsburgh  
David Palmer, JD, Regulatory Counsel, DOCS Education  
Helen Hawkey, Executive Director, Pennsylvania Coalition for Oral Health  
Mehran Hossaini, DMD, Senior Oral Surgeon, Associate Dean for Hospital Affairs, Kornberg School of Dentistry, Temple University  
Mark Wolff, DDS, PhD, Dean, School of Dental Medicine, University of Pennsylvania  
Marnie Oakley, DMD, Dean, School of Dental Medicine, University of Pittsburgh  
Amanda Newhouse, EFDA, Cornerstone Dental Assistant Academy  
Dawson Sullens, MPH, State Advocacy and Policy Manager, American Academy of Dental Sleep Medicine  
Becky Fox, DMD, FAGD, D-ABDSM, Pennsylvania Dental Sleep Medicine  
Theresa Groody, DHSc, EFDA, CDA, Assistant Vice President of Academic Initiatives and Continuing Studies, Harcum College, Former Board Member  
Becky Roberts, Executive Director, American Academy of Dental Sleep Medicine  
Ravi Balasubramaniam, DMD, Respondent  
Leah Seeker, Respondent  
Fazia Bouakiz, DDS  
Linda Himmelberger, DMD  
Sana Hope  
Call-In # 1-717-580-7262  
Allison Walker, Sargent's Court Reporting Service, Inc.

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2 State Board of Dentistry

3 March 13, 2026

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5 [Pursuant to Section 708(a)(5) of the Sunshine Act,  
6 at 9:00 a.m. the Board entered into Executive Session  
7 with Laura Neal, Esquire, Board Counsel, to have  
8 attorney-client consultations and for the purpose of  
9 conducting quasi-judicial deliberations. The Board  
10 returned to open session at 11:23 a.m.]

11 \*\*\*

12 The regularly scheduled meeting of the State  
13 Board of Dentistry was held on Friday, March 13,  
14 2026. Godfrey Joel Funari, DMD, Chairperson, called  
15 the meeting to order at 11:23 a.m.

16 \*\*\*

17 Roll Call of Board Members/Introduction of Attendees  
18 [Godfrey Joel Funari, DMD, Chairperson, requested a  
19 roll call of Board members and introduction of  
20 attendees. A quorum of Board Members was present.]

21 \*\*\*

22 [Laura Neal, Esquire, Board Counsel, informed  
23 everyone that the meeting of the State Board of  
24 Dentistry was being held in a hybrid format, both in  
25 person and by livestream teleconference, pursuant to

1 Act 100 of 2021, which requires boards to use a  
2 virtual platform to conduct business when a public  
3 meeting is held.

4 Ms. Neal noted the meeting was being recorded and  
5 voluntary participation constituted consent to be  
6 recorded.

7 Ms. Neal also noted the Board entered into  
8 Executive Session with Board Counsel to have  
9 attorney-client consultations and for the purpose of  
10 conducting quasi-judicial deliberations.]

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12 Appointment - Prosecution Annual Report

13 [Shana M. Walter, Esquire, Deputy Chief Counsel,  
14 Prosecution Division, explained the Bureau of  
15 Professional and Occupational Affairs (BPOA) provides  
16 administrative and legal support to the 29  
17 professional and occupational licensing boards and  
18 commissions within the department. The Office of  
19 Chief Counsel Prosecution Division works with its  
20 investigative, Bureau of Enforcement and  
21 Investigations (BEI), and compliance arms, Policy  
22 Compliance Office (PCO), who receive complaints,  
23 investigate allegations, and enforce compliance with  
24 the acts and regulations that govern the boards and  
25 commissions. She stated the Prosecution Division

1 consists of about 40 attorneys, including five senior  
2 prosecuting attorneys.

3 Ms. Walter stated the prosecution process always  
4 begins with a complaint either from the public or by  
5 Board referral. She reported in both 2024 and 2025  
6 the department received approximately 22,800 total  
7 complaints for all boards. Ms. Walter provided an  
8 overview of the investigative process in which the  
9 complaint moves through several levels of review. She  
10 noted the primary role of prosecution at Board  
11 meetings is to present Consent Agreements to the  
12 Board.

13 Ms. Walter explained, after the investigative  
14 process, the evidence is reviewed by the prosecuting  
15 attorney to determine if they believe there have been  
16 any violations of the act or regulations, how  
17 sufficient the evidence is and determine if  
18 additional files need to be opened. She stated, if a  
19 violation is suspected the available options include  
20 immediate temporary suspension, filing an order to  
21 show cause, automatic suspension, an order for a  
22 mental or physical examination, and a petition for  
23 appropriate relief if the case violates a previous  
24 Board order. Avenues for discipline types are  
25 revocation, suspension, probation, public reprimand,

1 civil penalty, remedial education, and cost of  
2 investigation. She added all investigations are  
3 confidential and are not subject to right-to-know  
4 requests.

5 Ms. Walters shared, in 2025, there were 17,354  
6 cases opened and 19,131 cases closed, up  
7 significantly from 2024. Specifically for the  
8 Dentistry Board, she reported 626 cases were opened  
9 with 613 cases closed. The penalties included 17  
10 monetary, 31 license restrictions, and 63 warning  
11 letters. At the time of the report being generated  
12 in January 2026, the Board had 36,528 licensees with  
13 692 open cases.

14 Chair Funari asked if it was usual to have almost  
15 700 open cases. He noted another set of statistics  
16 showed Prosecution was opening and closing cases at  
17 almost equal rates. He also asked where the open  
18 cases were in the process.

19 Ms. Walter explained she would have to do a  
20 specific analysis of the status of each case. She  
21 noted each step in the process does take time  
22 especially with technical professions which may need  
23 to have experts look at files. She added a similar  
24 open and close rate is a good thing as it means new  
25 cases are being taken in while at the same time

1 moving older cases where there may not be sufficient  
2 evidence.

3       Mr. Jarabeck noted the Dentistry Board had seen a  
4 strong increase of yearly complaints over the past  
5 five years. He explained Prosecution regularly works  
6 with experts. He added processing cases quickly is  
7 not easy for Prosecution to accomplish with the  
8 technical issues.

9       Chair Funari asked if the Board just has document  
10 authority.

11       Mr. Jarabeck stated anesthesia related,  
12 unrestricted or restricted, is the only bases for  
13 inspections by the Board. He explained, in the case  
14 of infection control cases, there is nothing that is  
15 written up in terms of an inspection. In addition,  
16 he stated there is no basis by which the Board would  
17 be able to say they wanted to ensure someone had X,  
18 Y, or Z.

19       Chair Funari commented inspections would be  
20 something that the state legislature level  
21 authorizes.

22       Mr. Jarabeck noted even if authorized by  
23 legislature, there is not enough manpower or money to  
24 do an inspection beyond the scope of what would be  
25 written in the law.

1 Dr. Sullivan asked if the approximately 22,000  
2 complaints were specific for the Dental Board or if  
3 it was all boards combined. When informed the number  
4 reflected all boards, she asked how many were  
5 specifically for the Dental Board.

6 Ms. Walter explained the number of cases opened  
7 would reflect the number of complaints as the cases  
8 are only opened when the Board has jurisdiction.  
9 Once a case is open, a determination is made as to  
10 what the next steps would be.

11 Deborah Polk, AB, PhD, Associate Professor of  
12 Dental Public Health, School of Dental Medicine,  
13 University of Pittsburgh, thanked Ms. Walter for the  
14 informative presentation. She asked who is allowed  
15 to file a complaint and if another department within  
16 the state would be able to file a complaint.

17 Ms. Walter responded complaints can be received  
18 by other agencies by way of direct email or by the  
19 public PALS website.

20 Chair Funari asked if Ms. Walter could provide a  
21 mid-year update on Prosecution numbers. She agreed  
22 she could present during one of the summer meetings.]

23 \*\*\*

24 Appointment - Presentations Regarding Current Trends  
25 in Nitrous Oxide Administration Training

1 [Godfrey Joel Funari, DMD, Chairperson, explained the  
2 Board had run into a situation where it had to  
3 approve restricted II anesthesia licenses for both  
4 people in Pennsylvania and people coming into the  
5 state from outside programs. He stated the Board  
6 knows the standards as written into the regulation,  
7 14 hours of didactic and sufficient clinical to  
8 certify a person is competent in administering  
9 nitrous in a safe manner. He stated the Board could  
10 not glean from the programs in the state where the  
11 hours break out in the curriculum, how many nitrous  
12 anesthetics are performed by student doctors, and who  
13 is supervising. He asked the schools attending to  
14 provide a breakdown of their academic and clinical  
15 program to certify, and if they felt the students,  
16 based on their dental school graduation, should be  
17 licensed for at least a restrictive II license.

18 Mark Wolff, DDS, PhD, Dean, School of Dental  
19 Medicine, University of Pennsylvania, explained all  
20 students complete multiple basics science courses as  
21 well as coursework and simulation in medical  
22 emergency identification and management. Students  
23 also receive a comprehensive course on the collection  
24 of a comprehensive health history and a review of  
25 physiologic systems as well as training to develop a

1 medical management plan for individuals with medical  
2 risk.

3       Dr. Wolff reviewed lectures specific for nitrous  
4 oxide training. The total of 15 hours of didactic  
5 training consists of 90 minute lectures in the  
6 following topics: Nitrous oxide oral sedation  
7 specific to the effects of nitrous oxide, pre-  
8 anesthetic evaluation and risk assessment, monitoring  
9 patient physiology during anesthesia, pediatric  
10 anesthetic considerations, geriatric anesthetic  
11 considerations, anxiolytic sedations and hypnotic  
12 drugs, dental anesthesiology, respiratory physiology  
13 associated with inhaled anesthetic, heart and lung  
14 examinations, and management of patients with  
15 pulmonary disease. Students also receive a 60-minute  
16 small group session on the setup of anesthesia with  
17 the monitoring and preparation titration as a hands-  
18 on experience and training. He noted there were  
19 generally six students per instructor.

20       Dr. Wolff explained students are mandated in the  
21 oral and maxillofacial surgery (OMS) clinic under  
22 oral and maxillofacial surgeons to do a minimum of 12  
23 cases where they act as the person administering the  
24 nitrous oxide. Students are required to set up,  
25 evaluate, administer, and get appropriate consents.

1 He noted, in the past four years, students have  
2 averaged 15.2 per student. Related to pediatrics,  
3 students must either complete one nitrous oxide case  
4 where they serve as the operator or two cases where  
5 they serve as the observer recorder of the  
6 administration. Dr. Wolff summarized students do a  
7 total of 15.5 hours of didactic coursework, one hour  
8 of simulation and 13 total cases.

9 Ms. Murray asked if there was a special section  
10 regarding working with individuals with disabilities  
11 or if the topic was incorporated into the heart  
12 problems section.

13 Dr. Wolff shared Penn Dental Medicine has a  
14 personalized care suite where each student spends 200  
15 hours treating patients with disabilities or medical  
16 complexities. The operatories are equipped with  
17 nitrous oxide and students have the opportunity to  
18 evaluate the patient as well as administer. He noted  
19 cases there go into the average case count for  
20 students.

21 Marnie Oakley, DMD, Dean, School of Dental  
22 Medicine, University of Pittsburgh, reported Pitt's  
23 program was similar to Penn's program on the  
24 curricular side with similar content and exposure.  
25 Regarding anesthesia specifically, there is a 14-hour

1 didactic course with content including nitrous oxide  
2 anesthesia permitting and regulations, non-  
3 pharmacologic behavior management, patient  
4 monitoring, and record keeping for minimal and  
5 moderate sedation. Pitt also has a lab with hands-on  
6 learning, partner setup, and delivery  
7 troubleshooting. She noted the clinical experiences  
8 are probably where Pitt differs the most from Penn.  
9 Pitt's program expects five formative patient-based  
10 clinical experiences with one additional as a  
11 competency exam designed to be a summative  
12 experience. She added the clinical experiences are  
13 generally in the OMS clinic but can also be performed  
14 in their center for patients with special needs.  
15 When asked, she stated Pitt had no specific mandate  
16 for pediatric cases.

17 Mehran Hossaini, DMD, Senior Oral Surgeon,  
18 Associate Dean for Hospital Affairs, Kornberg School  
19 of Dentistry, Temple University, presented a handout  
20 summarizing Temple University's program. He noted  
21 Temple's curriculum is structured around guidelines  
22 from the Board, American Dental Association, and  
23 American Association of Pediatric Dentistry. He  
24 added Temple has two specific courses focused on  
25 nitrous oxide and sedation, which includes discussion

1 in various components of anesthesia. He further  
2 added supplemental courses are also available, such  
3 as basic life support for healthcare provider and  
4 lectures on nervous system pain management.

5       Regarding clinical experiences, Dr. Hossaini  
6 shared students have eight hours of medical emergency  
7 simulation training where various patients are  
8 evaluated. During their third and fourth years,  
9 students are expected to provide comprehensive care  
10 for pediatric and adult patients. He noted most  
11 experience is in the adult clinic where they mainly  
12 treat emergency patients. Patients with medical  
13 compromises and developmental disabilities are  
14 treated to some extent in the clinic. Students are  
15 expected to treat a minimum of 15 patients during  
16 their third year and are expected to provide 50  
17 surgical procedures. They are also required to  
18 provided 16 nitrous oxide administrations under the  
19 direct supervision of the faculty. A competency  
20 examination demonstrates the student can thoroughly  
21 assess a patient from a medical perspective and  
22 independent administration of nitrous oxide. He  
23 reiterated the curriculum is structured so students  
24 can qualify for unrestricted II permits in  
25 Pennsylvania and a similar permit in New Jersey.

1 Dr. Arndt thanked all of the deans for their  
2 presentations. He asked, in relation to  
3 Pennsylvania's requirements for the nitrous oxide  
4 restricted II license, if each dean felt their school  
5 was providing full fulfillment of the requirements.  
6 He also asked if the schools felt the Board should be  
7 comfortable in granting licenses for the students  
8 when they become dentists.

9 Dr. Wolff stated Penn was very comfortable with  
10 their students being licensed and noted students are  
11 given a comprehensive exam which they must pass prior  
12 to graduation.

13 Dr. Oakley stated Pitt felt their students were  
14 licensable in Pennsylvania.

15 Dr. Hossaini noted, as clinical faculty, he  
16 observes students on a daily basis. Based on their  
17 assessments and performance, he would feel  
18 comfortable with them administering anesthesia in a  
19 practice. He shared his biggest concern is that the  
20 language for education needs for any of the sedation  
21 permits is somewhat vague. He added the language  
22 leaves it up to the educator to honor the system and  
23 ensure trainees are receiving an adequate education.

24 Chair Funari stated the Board felt comfortable  
25 with the quality of students that the dental schools

1 in Pennsylvania are producing. He noted the  
2 Commission on Dental Accreditation (CODA) requires a  
3 minimum of 14 hours of education covering both  
4 theoretical and clinical components. The problem the  
5 Board has is, when they request breakdowns on hours  
6 from dental schools outside of Pennsylvania, they do  
7 not receive quality information which causes the  
8 Board to question the qualifications of doctors  
9 coming into the state. He asked if the deans felt  
10 other CODA-approved programs across the county  
11 provide the same quality for nitrous and if patients  
12 in Pennsylvania can have a reasonable expectation  
13 they will get the same quality of care as they would  
14 from a Pennsylvania dental graduate.

15 Dr. Wolff explained, as a former associate dean  
16 at two New York schools, the schools in New York  
17 exceeded the minimum requirements of Pennsylvania.  
18 He felt there was some confidence in the training at  
19 out-of-state schools. He noted there was a separate  
20 question about continuing education experience and  
21 how long ago the doctor came out of school, which is  
22 harder for the Board to address. He was confident  
23 every dental school in the United States complies  
24 with CODA requirements.

25 Chair Funari noted, as a CODA site visitor

1 himself, the specific reports are not a part of  
2 public domain. He added the Board struggles a bit  
3 when it comes to reporting requirements of  
4 deficiencies of programs as the reports are not  
5 general public knowledge.

6 Dr. Wolff noted reported deficiencies are  
7 required to be rectified. He acknowledged boards  
8 have a difficult time knowing what the experiences  
9 and qualifications of practitioners are as they come  
10 to the Commonwealth for licensure and special  
11 tasking.

12 Dr. Hossaini stated the biggest issue he sees is  
13 that all standards, including CODA's, are based on  
14 ADA requirements, which does not necessarily stratify  
15 what time of experiences can be expected. He prefers  
16 New Jersey's standards a bit more than Pennsylvania  
17 as they define didactic and clinical components. He  
18 felt that sometimes provided a better guideline or  
19 more secure system for determining incoming dentists  
20 or graduates. He did not see a problem with  
21 Pennsylvania graduates, but the state may need to  
22 find a way to quantify the training received by  
23 outside graduates.

24 Dr. Oakley stated Pennsylvania was not unique in  
25 the conversation as she was sure there were folks

1 across the county in different states who had their  
2 training some time ago and are applying for  
3 restricted permits to utilize nitrous oxide safely.  
4 She asked if the Board had considered talking to  
5 other states and getting their standpoint as it  
6 related to graduates who had graduated X number of  
7 years ago.

8 Chair Funari explained the Board tries to get  
9 written clarification from specific programs, but in  
10 a number of cases, either no response was received or  
11 the response was not specific enough to make the  
12 judgment. In addition, he noted it may have been  
13 over ten years since the applicant's training and  
14 they may not have been in a position to use nitrous  
15 which the Board has no way of quantifying.

16 Dr. Oakley asked if the Board asks when the  
17 applicant's latest case was and how close their  
18 caseload had been to their actual training and  
19 graduation.

20 Chair Funari stated the Board asks for  
21 clarification when there is a gap in the Board's  
22 knowledge in the application. He also noted it was  
23 hard to verify a self-report from an applicant.

24 Dr. Oakley suggested the Board could describe the  
25 type of phenotype of a provider in training that

1 would satisfy the Board. She added it sounded like  
2 the Board was interested in learning more information  
3 about the span of time from when an applicant first  
4 learned the information and when they are applying  
5 the knowledge. She noted she was not trying to make  
6 the issue more complicated, but it sounded like it  
7 was complicated to begin with. She encouraged the  
8 Board to think about what was important to the State  
9 when it comes to the topic of nitrous oxide  
10 administration. She summarized it sounded as if the  
11 important information was the minimum requirements  
12 for 14 hours of didactic, the span between teaching  
13 and application, current application, and safety.

14 Chair Funari thanked everyone for their time and  
15 insight.]

16

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17 Approval of minutes of the January 16, 2026 meeting

18 CHAIR FUNARI:

19 Let's go to approval of the draft  
20 minutes from January 16, 2026. Do we  
21 have any corrections to the submitted  
22 minutes? I don't see any hands.

23 All right, that being said, I'll  
24 entertain a motion for approval of the  
25 minutes for January 16, 2026.

1 ACTING COMMISSIONER CLAGGETT:

2 Claggett, so moved.

3 MS. MURRAY:

4 Murray seconds.

5

6 Claggett, aye; Funari, aye; Casey, aye;

7 Arndt, aye; Jaspan, abstain; Murray,

8 aye; Sullivan, aye; Warwick, abstain;

9 Jacobs, abstain; Fowler, abstain.

10 [The motion carried. Dr. Jaspan, Dr. Warwick, Ms.  
11 Jacobs, and Ms. Fowler abstained from voting on the  
12 motion.]

13

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14 Report of Prosecutorial Division

15 [Denice M. Szekely, Esquire, Board Prosecutor,

16 presented the Consent Agreement for Agenda Item No.

17 2, Case No. 25-46-006808.]

18 MS. NEAL:

19 Mr. Chair, at this time, I believe the

20 Board would entertain a motion to

21 approve the Consent Agreement at Item

22 No. 2, Case No. 25-46-006808.

23 CHAIR FUNARI:

24 Yes, do I hear a motion?

25 ACTING COMMISSIONER CLAGGETT:

1 Claggett, so moved.

2 MS. MURRAY:

3 Murray seconds.

4

5 Claggett, aye; Funari, aye; Casey, aye;

6 Arndt, aye; Fowler aye; Jaspan, aye;

7 Murray, aye; Sullivan, aye; Warwick,

8 aye; Jacobs, aye.

9 [The motion carried unanimously. The Respondent at  
10 Agenda Item No. 2, Case No. 25-46-006808, is Scott  
11 Codwise Dickinson, DMD.]

12 \*\*\*

13 [Paul J. Jarabeck, Esquire, Board Prosecutor  
14 presented the VRP Consent Agreement for Agenda Item  
15 No. 3, Case No. 25-46-018576.]

16 MS. NEAL:

17 Mr. Chair, I believe the Board would  
18 entertain a motion to approve the  
19 Voluntary Recovery Program Agreement at  
20 Item No. 3, Case No. 25-46-018576.

21 CHAIR FUNARI:

22 Great, do I hear a motion?

23 ACTING COMMISSIONER CLAGGETT:

24 Claggett, so moved.

25 MS. MURRAY:

1 Murray seconds.

2

3 Claggett, aye; Funari, aye; Casey, aye;  
4 Arndt, aye; Fowler aye; Jaspan, aye;  
5 Murray, aye; Sullivan, aye; Warwick,  
6 aye; Jacobs, aye.

7 [The motion carried unanimously.]

8

\*\*\*

9 Report of Board Counsel - Regulatory Report

10 [Laura Neal, Esquire, Board Counsel, referred the  
11 Board to a written report of open regulations. The  
12 following regulation are open and in various stages  
13 but are not currently being worked on: 16A-4621,  
14 anesthesia update; 16A-4622, use of botulinum toxin  
15 products; 16A-4625, volunteer license; 16A-4630,  
16 schedule of civil penalties; and 16A-4637, opioid  
17 education curriculum.

18 The two active regulations are 16A-4629, mobile  
19 vans; and 16A-4628, general revisions. The general  
20 revisions package is with Senior Counsel for final  
21 review prior to being submitted as proposed  
22 rulemaking.]

23

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24 Report of Board Counsel - Regulatory Report- 16A-4629  
25 (Mobile Vans)

1 [Laura Neal, Esquire, Board Counsel, presented the  
2 Board with a draft version of 16A-4629, regarding  
3 mobile vans. She noted the draft was identical to  
4 the version presented at the prior Board meeting;  
5 however, changes would be made based on feedback  
6 received at the last meeting. Section 33.202(b)(1),  
7 fictitious names, would be amended to include a  
8 license plate requirement for each mobile dental unit  
9 to allow for easier identification.

10 Ms. Neal stated the Board had asked her to  
11 address the issue of fictitious name registration by  
12 public health dental hygiene practitioners (PHDHP).  
13 She explained Section 33.205 of the regulations  
14 places a restriction on the places where dental  
15 hygienists can work and Section 33.205(b) prohibits  
16 the establishment of an independent office or  
17 workplace by a dental hygienist. She noted the same  
18 provision is not in the PHDHP regulation. She  
19 expressed concern that if the Board established a  
20 regulatory mechanism for PHDHPs to have a mobile van  
21 with a fictitious name, it may lead to confusion with  
22 current regulations about whether they can actually  
23 run a business with a fictitious name as an  
24 established business. She added PHDHPs come out of  
25 dental hygienists who are not allowed to have their

1 own established workplaces. She explained if the  
2 Board were to address the issue, it needed to be in a  
3 broader revision package addressing section 33.205 to  
4 expressly permit PHDHPs to operate an independently  
5 owned mobile van. She recommended the Board adopt  
6 the exiting package for the dental vans and then  
7 revisit the issue of permitting the establishment of  
8 a mobile van that is fictitiously named for PHDHPs.  
9 Donna L. Murray, RDH, MSDH, PHDHP asked if the Board  
10 released the package, at what point would a piece  
11 regarding PHDHPs be completed as they serve in  
12 underserved areas.

13 Ms. Neal replied the regulation would not take  
14 anything away from where PHDHPs can practice. She  
15 added PHDHPs could also practice in a dental van but  
16 the van would either need to not be named  
17 fictitiously or it would need to be under the name of  
18 a dentist who is registered as a fictitious name.  
19 She stated the concern could be addressed through a  
20 regulatory package, and she could talk to Regulatory  
21 Counsel about the best way to address it, either by  
22 adding it to the General Revisions or by way of a  
23 separate package. She noted there was no time limit  
24 as to when it could be addressed, there was just the  
25 issue of manpower and the need to prioritize

1 different packages.

2 Ms. Murray acknowledged the importance of  
3 regulation addressing mobile dental vans but  
4 expressed concerns the component regarding PHDHPs  
5 would be lost.

6 Mr. Jarabeck commented outside of dental law,  
7 corporation statute 15 section 8105 addresses  
8 professional partnerships and limited liability  
9 companies, may also address who can own and who has  
10 the ability to own. He added the statute may be  
11 outside the scope of the mobile vans but wanted the  
12 Board to be aware the statute existed.

13 Ms. Neal noted the fictitious name regulation  
14 does require a responsible dentist be associated with  
15 any entity that uses a fictitious name. She  
16 explained while the business may be able to be owned  
17 by someone else, there still has to be a dentist  
18 identified as the responsible dentist if there is a  
19 fictitious name being used in conjunction with the  
20 dental services.

21 Mr. Jarabeck commented if a figurehead is  
22 associated but not present, then the PHDHP would  
23 still have the ability to practice. He asked what  
24 would happen if a fictitious name was not used for  
25 the dental van.

1 Ms. Neal replied if a fictitious name was not  
2 used, for a PHDHP, the name used would then need to  
3 be the PHDHP's.

4 Acting Commissioner Claggett recommended the  
5 Board consider tabling the regulation based on the  
6 concerns raised by Ms. Murray and Mr. Jarabeck.

7 Helen Hawkey, Executive Director, Pennsylvania  
8 Coalition for Oral Health commented in the chat that  
9 the implications to currently practicing PHDHPs in a  
10 mobile model need to be considered if the regulation  
11 does not address them in the current draft.]

12 \*\*\*

13 MS. NEAL:

14 At this time, Mr. Chair, I believe the  
15 Board would entertain a motion to table  
16 the consideration of Regulation 16A-  
17 4629, relating to mobile dental vans.

18 CHAIR FUNARI:

19 I agree, make a motion.

20 ACTING COMMISSIONER CLAGGETT:

21 Claggett, so moved.

22 MS. MURRAY:

23 Murray seconds.

24

25 Claggett, aye; Funari, aye; Casey, aye;

1 Arndt, aye; Fowler aye; Jaspan, aye;  
2 Murray, aye; Sullivan, aye; Warwick,  
3 aye; Jacobs, aye.

4 [The motion carried unanimously.]

5 \*\*\*

6 Report of Board Counsel - Motion to Deem Facts

7 Admitted

8 MS. NEAL:

9 At Item No. 7, Donna Wonderling, Case  
10 No. 24-46-019151.

11 Mr. Chair, I believe the Board  
12 would entertain a motion grant the  
13 Motion to Deem Facts Admitted and also  
14 to direct Board Counsel to draft a  
15 Final Adjudication and Order consistent  
16 with discussions during the Executive  
17 Session.

18 ACTING COMMISSIONER CLAGGETT:

19 Claggett, so moved.

20 MS. MURRAY:

21 Murray seconds.

22  
23 Claggett, aye; Funari, aye; Casey, aye;  
24 Arndt, aye; Fowler aye; Jaspan, recuse;  
25 Murray, aye; Sullivan, aye; Warwick,

1                   aye; Jacobs, aye.

2 [The motion carried. Dr. Jaspan was recused from  
3 deliberations and voting on the matter.]

4                                   \*\*\*

5 Report of Board Counsel - Proposed Adjudication and  
6           Order

7 MS. NEAL:

8                                   Next is a Proposed Adjudication and  
9                                   Order. This is Item No. 8, Stephanie  
10                                  Stranieri d/b/a Illuminate Smile  
11                                  Specialists, Case No. 23-46-010306.

12                                  At this time, Mr. Chair, I believe  
13                                  the Board would entertain a motion to  
14                                  direct Board Counsel to draft a Final  
15                                  Adjudication consistent with  
16                                  discussions during the Executive  
17                                  Session.

18 CHAIR FUNARI:

19                                  Do I hear a motion?

20 ACTING COMMISSIONER CLAGGETT:

21                                  Claggett, so moved.

22 MS. MURRAY:

23                                  Murray seconds.

24

25                                  Claggett, aye; Funari, aye; Casey, aye;

1 Arndt, aye; Fowler aye; Jaspan, aye;  
2 Murray, aye; Sullivan, aye; Warwick,  
3 aye; Jacobs, aye.

4 [The motion carried unanimously.]

5 \*\*\*

6 [Brice D. Arndt, DDS, Secretary, and Jennifer Unis  
7 Sullivan, DMD, JD, exited the meeting at 12:36 p.m. for  
8 recusal purposes.]

9 \*\*\*

10 Report of Board Counsel - Miscellaneous (Petitions  
11 for Reinstatement)

12 MS. NEAL:

13 Next, we have four petitions for  
14 reinstatement. The first is Item No.  
15 9, Ravi Balasubramaniam, Case No. 23-  
16 46-003605. And Dr. Arndt and Dr.  
17 Sullivan are recused.

18 At this time, I believe, Mr.  
19 Chair, you would entertain a motion to  
20 grant the Petition for Reinstatement to  
21 unrestricted status and also the  
22 removal of the requirement for  
23 chaperone.

24 CHAIR FUNARI:

25 Can I have a motion?

1 ACTING COMMISSIONER CLAGGETT:

2 Claggett, so moved.

3 MS. MURRAY:

4 Murray seconds.

5

6 Claggett, aye; Funari, aye; Casey, aye;

7 Fowler aye; Jaspán, aye; Murray, aye;

8 Warwick, aye; Jacobs, aye.

9 [The motion carried. Dr. Arndt and Dr. Sullivan were  
10 recused from deliberations and voting on the matter.]

11 \*\*\*

12 [Brice D. Arndt, DDS, Secretary, and Jennifer Unis  
13 Sullivan, DMD, JD, reentered the meeting at 12:38 p.m.]

14 \*\*\*

15 MS. NEAL:

16 The next Petition for Reinstatement at  
17 Item No. 10 is Maria Helena Barboza.

18 At this time, Mr. Chair, I believe  
19 you would entertain a motion to table  
20 that Petition for Reinstatement until  
21 the May 2026 Board meeting.

22 CHAIR FUNARI:

23 Do I hear a motion?

24 ACTING COMMISSIONER CLAGGETT:

25 Claggett, so moved.

1 MS. MURRAY:

2 Murray seconds.

3

4 Claggett, aye; Funari, aye; Casey, aye;  
5 Arndt, aye; Fowler, unable to vote;  
6 Jaspan, aye; Murray, aye; Sullivan,  
7 aye; Warwick, aye; Jacobs, aye.

8 [The motion carried. Ms. Fowler was unable to vote  
9 due to camera issues.]

10 \*\*\*

11 MS. NEAL:

12 The next Petition is Item No. 11, from  
13 M Yazan Aljraki, Case No. 20-46-003233.

14

15 At this time, I believe you would  
16 entertain a motion to deny that  
17 Petition for Reinstatement.

18 CHAIR FUNARI:

19 Yes, do I have a motion?

20 ACTING COMMISSIONER CLAGGETT:

21 Claggett, so moved.

22 MS. MURRAY:

23 Murray seconds.

24

25 Claggett, aye; Funari, aye; Casey, aye;

1 Arndt, aye; Jaspan, aye; Murray, aye;  
2 Sullivan, aye; Warwick, aye; Jacobs,  
3 aye.

4 [The motion carried unanimously.]

5 \*\*\*

6 MS. NEAL:

7 The last Petition is at Item No. 12  
8 from Leah Elizabeth Seeker, Case No.  
9 26-46-000884.

10 At this time, I believe the Chair  
11 would entertain a motion to delegate  
12 that matter for a hearing for further  
13 information.

14 CHAIR FUNARI:

15 Motion?

16 ACTING COMMISSIONER CLAGGETT:

17 Claggett, so moved.

18 MS. MURRAY:

19 Murray seconds.

20  
21 Claggett, aye; Funari, aye; Casey, aye;  
22 Arndt, aye; Jaspan, aye; Murray, aye;  
23 Sullivan, aye; Warwick, aye; Jacobs,  
24 aye.

25 [The motion carried unanimously.]

1 \*\*\*  
2 Report of Board Chairperson  
3 [Godfrey Joel Funari, DMD, Chairperson, wished  
4 everyone a Happy PI Day and Happy St. Patrick's Day.]

5 \*\*\*  
6 Report of Acting Commissioner - No Report

7 \*\*\*  
8 Report of Board Administrator - No Report

9 \*\*\*  
10 Report of Committees - No Reports.

11 \*\*\*  
12 Review of Applications

13 MS. NEAL:

14 At Item No. 14, Mr. Chair at this time,  
15 I believe you would entertain a motion  
16 to grant the application for Licensure  
17 of Araz Amedy.

18 ACTING COMMISSIONER CLAGGETT:

19 Claggett, so moved.

20 MS. MURRAY:

21 Murray seconds.

22  
23 Claggett, aye; Funari, aye; Casey, aye;  
24 Arndt, nay; Jaspán, nay; Murray, aye;  
25 Sullivan, aye; Warwick, aye; Jacobs,

1 abstain.

2 [The motion carried. Dr. Arndt and Dr. Jaspan  
3 opposed the motion. Ms. Jacobs abstained from  
4 deliberations and voting on the matter.]

5 \*\*\*

6 MS. NEAL:

7 The next is Item No. 15, the  
8 application for Licensure as a Dentist  
9 of Sheldonia Evans.

10 At this time, I believe you'd  
11 entertain a motion to grant the  
12 application.

13 CHAIR FUNARI:

14 Yes, motion?

15 ACTING COMMISSIONER CLAGGETT:

16 Claggett, so moved.

17 MS. MURRAY:

18 Murray seconds.

19  
20 Claggett, nay; Funari, aye; Casey, aye;  
21 Arndt, nay; Jaspan, aye; Murray, nay;  
22 Sullivan, aye; Warwick, aye; Jacobs,  
23 abstain.

24 [The motion carried. Acting Commissioner Claggett,  
25 Dr. Arndt, and Ms. Murray opposed the motion. Ms.

1 Jacobs abstained from deliberations and voting on the  
2 matter.]

3 \*\*\*

4 MS. NEAL:

5 Next, I believe you would entertain a  
6 motion to provisionally deny the  
7 application for Licensure as a Dentist  
8 of Gjergji Prendi at Item No. 16.

9 CHAIR FUNARI:

10 Yes, motion?

11 ACTING COMMISSIONER CLAGGETT:

12 Claggett, so moved.

13 MS. MURRAY:

14 Murray seconds.

15  
16 Claggett, aye; Funari, aye; Casey, aye;  
17 Arndt, aye; Fowler, aye; Jaspán, aye;  
18 Murray, aye; Sullivan, aye; Warwick,  
19 aye; Jacobs, aye.

20 [The motion carried unanimously.]

21 \*\*\*

22 MS. NEAL:

23 Next, I believe you would entertain a  
24 motion to provisionally deny the  
25 application for Restricted Faculty

1 License of Kavya Alluri at Item No. 17.

2 CHAIR FUNARI:

3 Yes, motion?

4 ACTING COMMISSIONER CLAGGETT:

5 Claggett, so moved.

6 MS. MURRAY:

7 Murray seconds.

8

9 Claggett, aye; Funari, aye; Casey, aye;

10 Arndt, aye; Fowler, aye; Jaspán, aye;

11 Murray, aye; Sullivan, aye; Warwick,

12 aye; Jacobs, aye.

13 [The motion carried unanimously.]

14

\*\*\*

15 MS. NEAL:

16 Next, I believe you would entertain a

17 motion to grant the application for

18 certification as an Expanded Function

19 Dental Assistant of Ailyn Malave at

20 Item No. 18.

21 CHAIR FUNARI:

22 Yes, motion?

23 ACTING COMMISSIONER CLAGGETT:

24 Claggett, so moved.

25 MS. MURRAY:

1 Murray seconds.

2

3 Claggett, aye; Funari, aye; Casey, aye;  
4 Arndt, aye; Fowler, aye; Jaspán, aye;  
5 Murray, aye; Sullivan, aye; Warwick,  
6 aye; Jacobs, aye.

7 [The motion carried unanimously.]

8

\*\*\*

9 MS. NEAL:

10 Next, I believe you would entertain a  
11 motion to provisionally deny the  
12 application for certification as an  
13 Expanded Function Dental Assistant of  
14 Candace Slater at Item No. 19.

15 CHAIR FUNARI:

16 Motion?

17 ACTING COMMISSIONER CLAGGETT:

18 Claggett, so moved.

19 MS. MURRAY:

20 Murray seconds.

21

22 Claggett, aye; Funari, aye; Casey, aye;  
23 Arndt, aye; Fowler, aye; Jaspán, aye;  
24 Murray, aye; Sullivan, aye; Warwick,  
25 aye; Jacobs, aye.

1 [The motion carried unanimously.]

2

\*\*\*

3 MS. NEAL:

4

Last, I believe you would entertain a

5

motion to table consideration of the

6

Dental Hygienist Local Anesthesia

7

applications at Item Nos. 20, 21, and

8

22, Chelsea Antosy, Sade Condell, and

9

Leah Paddock, pending submission of

10

further information and review by legal

11

Counsel.

12 CHAIR FUNARI:

13

Motion?

14 ACTING COMMISSIONER CLAGGETT:

15

Claggett, so moved.

16 MS. MURRAY:

17

Murray seconds.

18

19

Claggett, aye; Funari, aye; Casey, aye;

20

Arndt, aye; Fowler, aye; Jaspán, aye;

21

Murray, aye; Sullivan, aye; Warwick,

22

aye; Jacobs, aye.

23 [The motion carried unanimously.]

24

\*\*\*

25 Correspondence - ADEX Report - February 2026

1 [Godfrey Joel Funari, DMD, Chairperson, reported the  
2 Board had received an informational report from the  
3 American Board of Dental Examiners (ADEX). In  
4 addition, ADEX had requested the Board identify and  
5 elect representatives. He noted the Board had  
6 already elected Ms. Murray for registered dental  
7 hygienist representative and Dr. John Erhard for the  
8 dental representative. He explained he did not see  
9 anything that stood out in the report. The report  
10 showed pass rates at almost 99.5 percent on average.  
11 The lowest scoring area on the first attempt was  
12 endodontics at 77 percent. Dental hygiene had a  
13 99.63 percent pass rate.

14 Dr. Jaspan noted Dr. Erhard was still very  
15 involved and wanted to participate with ADEX. He  
16 asked if Dr. Erhard had to be a current Board member  
17 to be the ADEX representative.

18 Chair Funari replied his understanding was Dr.  
19 Erhard only had to be a Board member at his initial  
20 appointment as representative. He added no names had  
21 been submitted to replace Dr. Erhard. He applauded  
22 Dr. Erhard for his dedication.

23 Chair Funari mentioned the report also showed  
24 ADEX had completed its first dental exam in Saudi  
25 Arabia in January 2026.

1 Ms. Murray found it encouraging to see ADEX  
2 expanding outside of North America.

3 Dr. Arndt stated he would volunteer to be  
4 considered as the ADEX representative the next time  
5 the request was presented.

6 It was noted the ADEX exam had also been  
7 administrated in Jamaica.]

8 \*\*\*

9 Correspondence - Potential Updates to Policies

10 Regarding Oral Appliance Therapy

11 [Godfrey Joel Funari, DMD, Chairperson, reported the  
12 Board had received a letter from Becky Fox, DMD,  
13 FAGD, D-ABDSM, Pennsylvania Dental Sleep Medicine,  
14 who was also a member of the American Association of  
15 Dental Sleep Medicine Board of Directors. The letter  
16 requested the Board update its policies to require  
17 in-person physical examination, impressions, and  
18 construction bite registration completed by the  
19 treating dentist prior to initiating any oral  
20 appliance therapy for obstructive sleep apnea. The  
21 request is in response to mail-order sleep appliance  
22 companies and the concern patients are not receiving  
23 adequate care. He explained the patients are not  
24 getting an examination and the work is not being  
25 directly supervised by a licensed dentist in the

1 state of Pennsylvania.

2 Dr. Fox thanked the Board for their time and  
3 consideration of her correspondence. She elaborated  
4 on her letter, noting the field of dental sleep  
5 medication has started to see modes of practice pop  
6 up nationally similar to a Smile Direct type of  
7 approach. Patients are provided with a telemedicine  
8 exam questionnaire, direct shipped self-impression  
9 material, the patient send back a self-impression,  
10 and then receives an oral appliance without any  
11 direct supervision or direct clinical exam prior to  
12 treatment.

13 Dr. Fox provided two examples of her patients who  
14 were affected from the practice. The first patient  
15 received an ill-fitting appliance and their insurance  
16 was billed by the company. The patient's benefits  
17 only permitted an appliance once every five years so  
18 by the time Dr. Fox saw them, there were no benefits  
19 to pay for a properly fitting in-person appliance. A  
20 second patient was referred to an online service  
21 based out of Utah for his CPAP. However, due to his  
22 age, he did not think he could do his own impression.

23 She noted the patient's locally treating sleep  
24 physician was not aware the CPAP company was doing  
25 direct referrals to a mail-order direct ship company.

1 She stated she would like to see the Board institute  
2 a regulation that addresses and protects patients in  
3 Pennsylvania, in particular regarding loopholes being  
4 utilized by the companies.

5 Dr. Casey thanked Dr. Fox for bringing the matter  
6 to the Board's attention. He noted the importance of  
7 a medical exam because sleep apnea is often  
8 misdiagnosed and can relate to cardiac conditions.

9 Dr. Jaspan asked, short of trying to get  
10 legislation that the practice was practicing  
11 dentistry without a license, did the Board need to  
12 receive a complaint to investigate or could the Board  
13 just pass a resolution due to the practice being  
14 harmful to patients and their health.

15 Ms. Neal stated for there to be an enforcement  
16 action, there would need to be a complaint. She  
17 recommended allowing her to research the topic in  
18 greater detail to determine the best route to take.  
19 She stated she would put it on the Agenda for the May  
20 meeting.

21 Chair Funari commented someone out of the state  
22 would not have a Pennsylvania license. He noted two  
23 legal avenues would be what would need to be done for  
24 the Board to enforce the law on them and how the  
25 practice is a violation of telemedicine on top of

1 practicing dentistry in the state without a license.

2 He agreed more research was needed.

3 Dr. Arndt asked if it was appropriate or not  
4 appropriate to share the specific companies in  
5 question.

6 Mr. Jarabeck recommended the information not be  
7 shared in an open session. He stated the information  
8 could be provided either by filing a complaint or by  
9 providing contact information for him to reach out  
10 after the meeting.

11 Dr. Fox mentioned another complication is that  
12 she was directly contacted by one of the companies  
13 who wanted to pay her a flat fee to scan the patient  
14 in her office and redirect the scan to the company  
15 who would handle the fabrication and billing. She  
16 noted the Board would need to be mindful that the  
17 companies are aware of different regulations and  
18 workarounds.]

19

\*\*\*

20 For the Board's Information/Discussion - Vote on CODA

21 Site Visits

22 [Godfrey Joel Funari, DMD, Chairperson, reported CODA  
23 had scheduled site visits in Pennsylvania. CODA  
24 provides the opportunity for state boards to send an  
25 observer to the site visits. He reminded the Board

1 the observer would have no input, would not be  
2 allowed to make any comments and were not allowed to  
3 share anything they saw or heard during the process  
4 even while in Executive Session. He noted he has  
5 been a site visitor and found the process interesting  
6 to see how schools are certified. He reported the  
7 three visits for 2026 were April 14-16 at Temple  
8 University; September 15-16 at Pennsylvania College  
9 of Technology in Williamsport; and September 22-23 at  
10 Luzerne County Community College. He explained site  
11 visitors could not have a conflict of interest and  
12 reviewed a list of potential conflicts.

13 It was noted names would need provided as soon as  
14 possible however there were no volunteers during the  
15 meeting.]

16 \*\*\*

17 For the Board's Information/Discussion - Discuss

18 Alternate Days for September 2026 Board Meeting  
19 [Godfrey Joel Funari, DMD, Chairperson, noted the  
20 Board meeting was scheduled for September 4, 2026,  
21 the Friday prior to Labor Day. He stated the Eaton  
22 Conference Room was available September 1st, 2nd, or  
23 3rd. It was noted the room was not available for any  
24 other dates in September. A suggestion was made for  
25 August 28, 2026.]

1 \*\*\*

2 CHAIR FUNARI:

3 I'll make a motion for August 28th to  
4 replace September 4th.

5 ACTING COMMISSIONER CLAGGETT:

6 Claggett, so moved.

7 MS. MURRAY:

8 Murray seconds.

9 CHAIR FUNARI:

10 We need a roll call.

11

12 Claggett, aye; Funari, aye; Casey, aye;  
13 Arndt, aye; Fowler, aye; Jaspán, aye;  
14 Murray, aye; Sullivan, aye; Warwick,  
15 aye; Jacobs, aye.

16 [The motion carried unanimously.]

17

\*\*\*

18 For the Board's Information - Board Member Training  
19 Seminar on May 4, 2026

20 [Arion R. Claggett, Acting Commissioner, Bureau of  
21 Professional and Occupational Affairs (BPOA)  
22 explained the training session was required for all  
23 public members and was offered to professional  
24 members. The training would provide an overview of  
25 everything BPOA does. There would be presentations

1 from Board Counsels and Prosecution, as well as  
2 presentations from staff in travel, quality  
3 assurance, and customer service.

4 Ms. Fowler commented she had previously attended  
5 three or four of the training seminars and asked if  
6 she was still required to attend. Acting  
7 Commissioner Claggett confirmed attendance was  
8 mandatory for public members.]

9

\*\*\*

10 Public Comment

11 [Leah Seeker, Respondent, noted her petition for  
12 reinstatement had been tabled and asked what was  
13 meant by "delegate matter for further information".  
14 It was explained a letter would be drafted with the  
15 specifics and sent to Ms. Seeker as specifics were  
16 not addressed in the public forum for safety reasons.

17

\*\*\*

18 CHAIR FUNARI:

19 Our next meeting is scheduled for May  
20 15, same time, same place.

21 And with that, I will accept a  
22 motion to adjourn the meeting at 1:16  
23 p.m.

24 ACTING COMMISSIONER CLAGGETT:

25 Claggett, so moved.

1 MS. MURRAY:

2 Murray seconds.

3 \*\*\*

4 [There being no further business, the State Board of  
5 Dentistry Meeting adjourned at 1:16 p.m. The next  
6 scheduled meeting date is May 15, 2026.]

7 \*\*\*

8

9 CERTIFICATE

10

11 I hereby certify that the foregoing summary  
12 minutes of the State Board of Dentistry meeting, was  
13 reduced to writing by me or under my supervision, and  
14 that the minutes accurately summarize the substance  
15 of the State Board of Dentistry meeting.

16

17



18

Allison Walker,

19

Minute Clerk

20

Sargent's Court Reporting

21

Service, Inc.

22

23

24

25

26

STATE BOARD OF DENTISTRY  
REFERENCE INDEX

March 13, 2026

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8	9:00	Executive Session
9	11:23	Return to Open Session
10		
11	11:23	Official Call to Order
12		
13	11:23	Roll Call/Introduction of Attendees
14		
15	11:28	Appointment - Prosecution Annual Report
16		
17	11:41	Appointment - Presentations Regarding
18		Current Trends in Nitrous Oxide
19		Administration Training
20		
21	12:11	Approval of Minutes
22		
23	12:12	Report of Prosecutorial Division
24		
25	12:16	Report of Board Counsel- Regulatory
26		
27	12:32	Report of Board Counsel
28		
29	12:41	Report of Board Chairperson
30		
31	12:42	Review of Applications
32		
33	12:49	Correspondence
34		
35	1:05	For the Board's Information/Discussion
36		
37	1:14	Public Comment
38		
39	1:16	Adjournment
40		
41		
42		
43		
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