

**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST  
AND DETERMINATION BY APPOINTING AUTHORITY  
AS REQUIRED BY G. L. c. 268A, § 6**

RECEIVED  
STATE ETHICS COMMISSION

2013 JUL 22 AM 10 01

	<b>STATE EMPLOYEE INFORMATION</b>
Name:	Barbara A. Young, RDH
Title or Position:	Executive Director
State Agency:	Department of Public Health Division of Health Professions Licensure Board of Registration in Dentistry
Agency Address:	239 Causeway Street Boston, MA 02114
Office Phone:	617-973-0973
Office E-mail:	Barbara.A.Young@state.ma.us
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	<b>PARTICULAR MATTER</b>
Particular matter  E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Infection control practices/policies/procedures Continuing education requirements for dentists/dental hygienists Any other matter to be considered by the Board that may directly or indirectly affect the financial obligations of dentists and dental hygienists
Your required participation in the particular matter:  E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	My duties include researching and advising the Board on current policies and practices that may directly or indirectly affect dentists and dental hygienists by increasing or decreasing their financial obligations if the proposed changes are adopted by the Board.  As I am also a practicing dental hygienist, I will recuse myself from participation in any matter submitted to the Board for consideration that specifically concerns my dental employer.
	<b>FINANCIAL INTEREST IN THE PARTICULAR MATTER</b>
Write an X by all that apply.	<input type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input checked="" type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.
Financial interest	Please explain the financial interest and include a dollar amount if you know it.

in the matter	
Employee signature:	<i>Barbara A. Young, RDH</i>
Date:	<i>July 19, 2013</i>

**DETERMINATION BY APPOINTING OFFICIAL**

	<b>APPOINTING AUTHORITY INFORMATION</b>
Name of Appointing Authority:	MASS. DEPARTMENT OF PUBLIC HEALTH
Title or Position:	DIRECTOR, DIVISION OF HEALTH PROFESSIONS LIC.
Agency/Department:	DIVISION OF HEALTH PROFESSIONS LICENSURE
Agency Address:	239 CAUSEWAY ST. BOSTON, MA 02114
Office Phone:	617-973-0822
Office E-mail:	JAMES.LAVERY@STATE.MA.US
	<b>DETERMINATION</b>
Determination by appointing authority:  Write an X by your selection.	<p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p>
Appointing Authority signature:	<i>[Signature]</i>
Date:	<i>7/19/13</i>
Comment:	

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108