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Heari	ng S	ummary	y Report

Note: Upload completed document to the Electronic Rule Filing System.

Hearing Date: 1/25/2023

Today's Date: 1/30/2023

Agency: Ohio State Dental Board

Rule Number(s): 4715-6-01, 4715-6-02, 4715-11-01

If no comments at the hearing, please check the box.  $\square$ 

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

- 1. Click here to enter text.
- 2. Click here to enter text.
- 3. Click here to enter text.
- 4. Click here to enter text.
- 5. Click here to enter text.
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- 9. Click here to enter text.
- **10.** Click here to enter text.
- 11. Click here to enter text.
- 12. Click here to enter text.
- 13. Click here to enter text.
- 14. Click here to enter text.
- 15. Click here to enter text.
- **16.** Click here to enter text.

## Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

There were no comments received from interested parties or stakeholders before or during the rules hearing.

## Hearing Summary Report

## **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

There were no comments received during the hearing. Therefore, there were no comments to incorporate.