

2014 Survey of Legal Provisions for Delegating Intraoral Functions to Dental Assistants and Dental Hygienists

Created Tuesday, January 20, 2015

Updated Monday, March 16, 2015

Introduction

Please complete the entire survey so that the information reflects the legal provisions of your licensing jurisdiction pertaining to dental assisting and dental hygiene functions outlined in state law, regulation and/or as defined by the dental board.

Questions can be answered by either clicking the button next to your response or typing your response in the appropriate field. Note that the "Next" and "Back" buttons will allow you to move from one page to another. Your responses will not be submitted until you click "Submit" at the end of the survey.

If you need to save your responses and return to the survey at a later time, click the "Save and Continue Later" button and follow the instructions.

If you would like to forward the survey to someone to assist in completing, use the link created by the "Save and Continue Later" button.

If you have any questions about this survey, please contact the ADA Health Policy Institute by email at websurvey@ada.org.

To begin, click the "Next" button below.

Reference Documents

Reference Documents

The files below are provided as a reference to assist in completing the survey. Questions 1-9 collect general information on the delegation of functions to dental assistants and dental hygienists within your licensing jurisdiction. Parts I-IV of the survey collect data on permissions, educational/experience, examination, and supervision requirements for 39 dental assisting and 45 dental hygiene functions; it is recommended that the blank survey and code sheets be used to gather the information for each function before filling out Parts I-IV of the survey online.

Functions permissions code sheet

Functions education, exam, and supervision requirements code sheet

PERMISSION

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists.

- **Permitted:** Permitted to perform the specific function.
- **In development:** The board has authority to develop rules and regulations to permit performing the function, but rules not developed or effective yet.
- **Not permitted:** Not permitted to perform the specific function.
- **Not listed:** State Dental Practice Act, Rules and Regulations, or other listings do not specifically list this function.
- **Expanded duties:** Function is limited to expanded duties category.

For each function that is permitted, in development, or limited to expanded duties dental assistants/dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements.

Educational/Experience Requirements

- **No education:** Dental assistant may perform the function without any specific education. (*Dental assistants only.*)
- **Program:** Dental assistant/dental hygienist must graduate from a formal program accredited by the Commission on Dental Accreditation or approved by the state dental board to perform this function.
- **Course:** Dental assistant/dental hygienist must complete a board-approved course in the function.
- **Experience:** Dental assistant/dental hygienist must complete a specific period of occupational experience to perform the function.
- **Program OR Course.**
- **Program AND Course.**
- **Program OR Experience.**
- **Course OR Experience.**

Examination Requirements

- **Exam not required:** An examination is not required to perform the function.
- **Exam required:** A written and/or clinical examination is required to perform the function and cannot be waived. (*Dental assistants only.*)
- **Licensure exam:** Knowledge and/or performance of the function are evaluated as part of the regular state/regional dental board written and clinical examinations for licensure that cannot be waived. (*Dental hygienists only.*)
- **Special exam:** In addition to the regular examination for licensure, the state dental board requires special written and clinical examinations for the function that cannot be waived. (*Dental hygienists only.*)
- **Waived:** An examination is required for most dental assistants/dental hygienists to perform the function, but can be waived based on credentials and/or experience.

Minimum Supervision Requirement

- **Direct:** Dentist in office and evaluates patient during same visit.
- **Indirect:** Dentist in office but may evaluate patient at some other time.
- **General:** Dentist has authorized procedure but is not necessarily in the office and will evaluate patient at some other time.
- **Not supervised:** No supervision is required.
- **Not specified:** Degree of supervision is not specified.

Dental Assistants

Dental Assistants

1. Does your licensing body have a specific listing of functions which may or may not be delegated by a dentist to dental assistants?

Throughout this survey, the term “delegated” is also intended to refer to functions permitted by state regulation for dental assistants and/or dental hygienists.

Yes

2a. If yes, where is the listing found?

Choose all that apply.

- Dental Practice Act
- Rules and Regulations

2b. If yes, what type of listing is included?

Choose one.

Both functions that may and may not be delegated

3a. Please indicate whether your licensing body requires basic dental assistants to be registered, certified or licensed for the purposes of regulation.

Choose all that apply.

- Licensed--The Board only issues Radiology Permits to dental assistants exposing radiographs

3b. Please indicate whether your licensing body requires expanded/extended function dental assistants to be registered, certified or licensed for the purposes of regulation.

Choose all that apply.

- Not applicable

3c. Please list the name of each category of dental assistants regulated by your licensing body.

[V17_19.0] 3c. Please list the name of each category of dental assistants regulated by your licensing body. | Basic:

Radiology Permits Only

[V17_19.1] 3c. Please list the name of each category of dental assistants regulated by your licensing body. | Expanded/Extended Function:

(No response)

[V17_19.2] 3c. Please list the name of each category of dental assistants regulated by your licensing body. | Other:

The MSBDE issues radiology permits ONLY to dental assistants exposing radiographs. No other license or permit is issued by the MSBDE to dental assistants.

Dental Hygienists 1

Dental Hygienists

4. Does your licensing body have a specific listing of functions which may or may not be delegated by a dentist to dental hygienists?

Throughout this survey, the term “delegated” is also intended to refer to functions permitted by state regulation for dental assistants and/or dental hygienists.

Yes

5a. If yes, where is the listing found?

Choose all that apply.

-
- Dental Practice Act
 - Rules and Regulations

5b. If yes, what type of listing is included?

Choose one.

Both functions that may and may not be delegated

Dental Hygienists 2

Dental Hygienists (continued)

6a. Please indicate whether your licensing body requires dental hygienists to be registered, certified or licensed for the purposes of regulation.

Choose all that apply.

- Licensed

6b. Please list the name of each category of dental hygienists regulated by your licensing body, and check the appropriate boxes to indicate where they are allowed to practice.

| | Name of Category | Dental Office | Long-Term Care Facility | School System | Home-bound Care | State Inst. Facilities | State/Federal Funded Community Health Centers |
|--|--------------------------------------|---------------|-------------------------|---------------|-----------------|------------------------|---|
| 1. (General Category) | General Category | True | True | True | True | True | True |
| 2. | Limited General Supervision Category | False | False | True | False | False | False |
| <p><i>Dental hygienists in the employ of the State Board of Health or public school boards may work under general supervision, but they are limited to performing only oral hygiene instruction and screening. Public health dental hygienists may apply fluoride varnish as part of "screening," pursuant to Board Regulation 13.</i></p> | | | | | | | |
| 3. | | False | False | False | False | False | False |
| 4. | | False | False | False | False | False | False |
| 5. | | False | False | False | False | False | False |

7. What level of supervision does your licensing body generally require in each of the following settings for the "General Category" category?

Minimum Supervision Requirement for Dental Hygienists

Direct: Dentist in office and evaluates patient during same visit.

Indirect: Dentist in office but may evaluate patient at some other time.

General: Dentist has authorized procedure but is not necessarily in the office and will evaluate patient at some other time.

Not supervised: No supervision is required.

Not specified: Degree of supervision is not specified.

| | |
|---|--|
| [V79_84.0] 7. What level of supervision does your licensing body generally require in each of the following settings for the "General Category" category? Dental office | Direct |
| [V79_84.1] 7. What level of supervision does your licensing body generally require in each of the following settings for the "General Category" category? Long-term care facility | Direct |
| [V79_84.2] 7. What level of supervision does your licensing body generally require in each of the following settings for the "General Category" category? School system | Direct **See note above regarding Limited General Supervision category |
| [V79_84.3] 7. What level of supervision does your licensing body generally require in each of the following settings for the "General Category" category? Homebound care | Direct |
| [V79_84.4] 7. What level of supervision does your licensing body generally require in each of the following settings for the "General Category" category? State institutional facilities | Direct |
| [V79_84.5] 7. What level of supervision does your licensing body generally require in each of the following settings for the "General Category" category? State/Federal funded community health centers | Direct |

Dental Hygienists 3

Dental Hygienists (continued)

Questions 8-9 refer specifically to the "General Category" category of dental hygienists reported in Question 6b, line 1.

8. Is the "General Category" category permitted to perform all functions permitted of dental assistants?

Yes

9a. Does your licensing jurisdiction allow the "General Category" category to supervise dental assistants?

No

Part I-A

I. ASSESSMENT FUNCTIONS

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Assessment Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|--|-------------------|-------------------|
| 1. Making alginate impressions for study casts | Permitted | Permitted |
| 2. Exposing radiographs | Permitted | Permitted |
| 3. Performing pulp vitality testing | Not permitted | Not permitted |
| 4. Taking impressions with intraoral cameras (Digital Impression Technology) | Not listed | Not listed |

Assessment Functions Permissions (Dental Assistants Only)

| | |
|--|---------------|
| [ASSESSPERMDAONLY.0] Assessment Functions Permissions (Dental Assistants Only) 5. Inspecting the oral cavity | Not permitted |
|--|---------------|

Assessment Functions Permissions (Dental Hygienists Only)

| | |
|---|---------------|
| [ASSESSPERMDHONLY.0] Assessment Functions Permissions (Dental Hygienists Only) 6. Performing oral health assessment using indices | Permitted |
| [ASSESSPERMDHONLY.1] Assessment Functions Permissions (Dental Hygienists Only) 7. Assessing risk of tobacco use | Permitted |
| [ASSESSPERMDHONLY.2] Assessment Functions Permissions (Dental Hygienists Only) 8. Performing brush biopsies | Not permitted |

Part I-B

I. ASSESSMENT FUNCTIONS (continued)

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Assessment Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|--|--|--------------------------|---------------------------------|
| 1. Making alginate impressions for study casts | No education | Exam not required | Direct |
| 2. Exposing radiographs | Program OR Course | Exam required | Direct |
| 3. Performing pulp vitality testing | | | |
| 4. Taking impressions with intraoral cameras (Digital Impression Technology) | Dental hygienists and dental assistants are NOT allowed to take final impressions. | | |
| 5. Inspecting the oral cavity | | | |

Part I-C

I. ASSESSMENT FUNCTIONS (continued)

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Assessment Functions Requirements for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|--|--|--------------------------|---------------------------------|
| 1. Making alginate impressions for study casts | Program | Exam not required | Direct |
| 2. Exposing radiographs | Program | Licensure exam | Direct |
| 3. Performing pulp vitality testing | | | |
| 4. Taking impressions with intraoral cameras (Digital Impression Technology) | Dental hygienists and dental assistants are NOT allowed to take final impressions. | | |
| 5. Performing oral health assessment using indices | Program | Licensure exam | Direct |
| 6. Assessing risk of tobacco use | Program | Exam not required | Direct |
| 7. Performing brush biopsies | | | |

Part II-A

II. PREVENTIVE FUNCTIONS

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Preventive Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|--|-------------------|-------------------|
| 1. Applying topical fluoride gels and rinses | Permitted | Permitted |
| 2. Applying topical fluoride varnishes | Permitted | Permitted |
| 3. Applying pit and fissure sealants | Permitted | Permitted |

Part II-B

II. PREVENTIVE FUNCTIONS (continued)

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Preventive Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|--|-------------------------------------|--------------------------|---------------------------------|
| 1. Applying topical fluoride gels and rinses | No education | Exam not required | Direct |
| 2. Applying topical fluoride varnishes | No education | Exam not required | Direct |
| 3. Applying pit and fissure sealants | No education | Exam not required | Direct |

Part II-C

II. PREVENTIVE FUNCTIONS (continued)

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Preventive Functions Requirements for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|--|-------------------------------------|--|---------------------------------|
| 1. Applying topical fluoride gels and rinses | Program | Exam not required | Direct |
| 2. Applying topical fluoride varnishes | Program | Exam not required <i>Public health dental hygienists may apply fluoride varnish under general supervision as part of the allowed "screening" process.</i> | Direct |
| 3. Applying pit and fissure sealants | Program | Exam not required | Direct |

Part IIIa-A

III. TREATMENT FUNCTIONS

a. Anxiety and Pain Control

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Anxiety and Pain Control Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|---|-------------------|-------------------|
| 1. Monitoring nitrous oxide analgesia | Permitted | Permitted |
| 2. Monitoring minimally sedated patients | Permitted | Permitted |
| 3. Monitoring moderately sedated patients | Permitted | Permitted |

Anxiety and Pain Control Functions Permissions (Dental Assistants Only)

| | |
|--|-----------|
| [ANXPERMDA.0] Anxiety and Pain Control Functions Permissions (Dental Assistants Only) 4. Applying topical anesthetic agents | Permitted |
|--|-----------|

Anxiety and Pain Control Functions Permissions (Dental Hygienists Only)

| | |
|---|---|
| [ANXPERMDH.0] Anxiety and Pain Control Functions Permissions (Dental Hygienists Only) 5. Administration of nitrous oxide analgesia | Permitted <i>The dentist may instruct the dental auxiliary (including dental assistants) as to the placement of nitrous oxide.</i> |
| [ANXPERMDH.1] Anxiety and Pain Control Functions Permissions (Dental Hygienists Only) 6. Administering local anesthetic agents by infiltration | Not permitted |
| [ANXPERMDH.2] Anxiety and Pain Control Functions Permissions (Dental Hygienists Only) 7. Administering local anesthetic agents by block | Not permitted |

Part IIIa-B

III. TREATMENT FUNCTIONS (continued)

a. Anxiety and Pain Control

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Anxiety and Pain Control Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|---|-------------------------------------|--------------------------|---------------------------------|
| 1. Monitoring nitrous oxide analgesia | No education | Exam not required | Direct |
| 2. Monitoring minimally sedated patients | No education | Exam not required | Direct |
| 3. Monitoring moderately sedated patients | No education | Exam not required | Direct |
| 4. Applying topical anesthetic agents | No education | Exam not required | Direct |

Part IIIa-C

III. TREATMENT FUNCTIONS (continued)

a. Anxiety and Pain Control

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Anxiety and Pain Control Functions Requirements for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|--|-------------------------------------|--------------------------|---------------------------------|
| 1. Monitoring nitrous oxide analgesia | Program | Exam not required | Direct |
| 2. Monitoring minimally sedated patients | Program | Exam not required | Direct |
| 3. Monitoring moderately sedated patients | Program | Exam not required | Direct |
| 4. Administration of nitrous oxide analgesia | Program | Exam not required | Direct |
| 5. Administering local anesthetic agents by infiltration | | | |
| 6. Administering local anesthetic agents by block | | | |

Part IIIb-A

III. TREATMENT FUNCTIONS

b. Non-Surgical Instrumentation

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Non-surgical Instrumentation Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|-------------------------------------|-------------------|-------------------|
| 1. Coronal polishing | Permitted | Permitted |
| 2. Performing supragingival scaling | Not permitted | Permitted |

Non-surgical Instrumentation Functions Permissions (Dental Assistants Only)

| | |
|---|---------------|
| [NONSURGPMDA.0] Non-surgical Instrumentation Functions Permissions (Dental Assistants Only) 3. Removing excess cement from coronal surfaces of teeth | Permitted |
| [NONSURGPMDA.1] Non-surgical Instrumentation Functions Permissions (Dental Assistants Only) 4. Scaling coronal surfaces of teeth | Not permitted |
| [NONSURGPMDA.2] Non-surgical Instrumentation Functions Permissions (Dental Assistants Only) 5. Cement bands/bonding brackets | Not listed |
| [NONSURGPMDA.3] Non-surgical Instrumentation Functions Permissions (Dental Assistants Only) 6. Bending arch wires | Not permitted |

Non-surgical Instrumentation Functions Permissions (Dental Hygienists Only)

| | |
|---|---------------|
| [NONSURGPMDH.0] Non-surgical Instrumentation Functions Permissions (Dental Hygienists Only) 7. Performing subgingival scaling | Permitted |
| [NONSURGPMDH.1] Non-surgical Instrumentation Functions Permissions (Dental Hygienists Only) 8. Root planing | Permitted |
| [NONSURGPMDH.2] Non-surgical Instrumentation Functions Permissions (Dental Hygienists Only) 9. Closed gingival curettage using hand instruments | Permitted |
| [NONSURGPMDH.3] Non-surgical Instrumentation Functions Permissions (Dental Hygienists Only) 10. Closed gingival curettage utilizing laser technology | Not permitted |

Part IIIb-B

III. TREATMENT FUNCTIONS (continued)

b. Non-Surgical Instrumentation

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Non-surgical Instrumentation Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|--|-------------------------------------|--------------------------|---------------------------------|
| 1. Coronal polishing | No education | Exam not required | Direct |
| 2. Performing supragingival scaling | | | |
| 3. Removing excess cement from coronal surfaces of teeth | No education | Exam not required | Direct |
| 4. Scaling coronal surfaces of teeth | | | |
| 5. Cement bands/bonding brackets | | | |
| 6. Bending arch wires | | | |

Part IIIb-C

III. TREATMENT FUNCTIONS (continued)

b. Non-Surgical Instrumentation

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Non-surgical Instrumentation Functions Requirements for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|---|-------------------------------------|--------------------------|---------------------------------|
| 1. Coronal polishing | Program | Licensure exam | Direct |
| 2. Performing supragingival scaling | Program | Licensure exam | Direct |
| 3. Performing subgingival scaling | Program | Licensure exam | Direct |
| 4. Root planing | Program | Licensure exam | Direct |
| 5. Closed gingival curettage using hand instruments | Program | Licensure exam | Direct |
| 6. Closed gingival curettage utilizing laser technology | | | |

Part IIIc-A

III. TREATMENT FUNCTIONS

c. Sutures and Dressings

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Sutures and Dressings Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|-----------------------------------|-------------------|-------------------|
| 1. Placing periodontal dressings | Permitted | Permitted |
| 2. Removing periodontal dressings | Permitted | Permitted |
| 3. Removing sutures | Permitted | Permitted |

Sutures and Dressings Functions Permissions (Dental Hygienists Only)

| | |
|---|---------------|
| [SUTUREPERMDH.0] Sutures and Dressings Functions Permissions (Dental Hygienists Only) 4. Placing Sutures | Not permitted |
|---|---------------|

Part IIIc-B

III. TREATMENT FUNCTIONS (continued)

c. Sutures and Dressings

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Sutures and Dressings Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|-----------------------------------|-------------------------------------|--------------------------|---------------------------------|
| 1. Placing periodontal dressings | No education | Exam not required | Direct |
| 2. Removing periodontal dressings | No education | Exam not required | Direct |
| 3. Removing sutures | No education | Exam not required | Direct |

Part IIIc-C

III. TREATMENT FUNCTIONS (continued)

c. Sutures and Dressings

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Sutures and Dressings Functions Requirements for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|-----------------------------------|-------------------------------------|--------------------------|---------------------------------|
| 1. Placing periodontal dressings | Program | Exam not required | Direct |
| 2. Removing periodontal dressings | Program | Exam not required | Direct |
| 3. Removing sutures | Program | Exam not required | Direct |
| 4. Placing sutures | | | |

Part IIIId-A

III. TREATMENT FUNCTIONS

d. Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|---|---|---|
| 1. Placing local antimicrobial agents | Not permitted | Not permitted |
| 2. Applying desensitizing agents | Permitted | Permitted |
| 3. Performing denture adjustments | Permitted **Only on the gingival side. | Permitted **Only on the gingival side. |
| 4. In-office bleaching procedures | Permitted | Permitted |
| 5. Fabricating trays for in-office bleaching procedures | Permitted | Permitted |

Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening Functions Permissions (Dental Hygienists Only)

| | |
|--|-----------|
| [ANTIMICPERMDH.0] Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening Functions Permissions (Dental Hygienists Only) 6. In office bleaching procedures utilizing laser technology | Permitted |
|--|-----------|

Part IIIId-B

III. TREATMENT FUNCTIONS (continued)

d. Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|---|-------------------------------------|--------------------------|--|
| 1. Placing local antimicrobial agents | | | |
| 2. Applying desensitizing agents | No education | Exam not required | Direct |
| 3. Performing denture adjustments | No education | Exam not required | Direct ^{**Only on the gingival side.} |
| 4. In-office bleaching procedures | No education | Exam not required | Direct |
| 5. Fabricating trays for in-office bleaching procedures | No education | Exam not required | Direct |

Part IIIId-C

III. TREATMENT FUNCTIONS (continued)

d. Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Antimicrobial Agents/Dentin Hypersensitivity/Removable Prosthetics/Tooth Whitening Functions Requirements for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|--|-------------------------------------|--------------------------|--|
| 1. Placing local antimicrobial agents | | | |
| 2. Applying desensitizing agents | Program | Exam not required | Direct |
| 3. Performing denture adjustments | Program | Exam not required | Direct ^{**Only on the gingival side.} |
| 4. In-office bleaching procedures | Program | Exam not required | Direct |
| 5. Fabricating trays for in-office bleaching procedures | Program | Exam not required | Direct |
| 6. In office bleaching procedures utilizing laser technology | Program | Exam not required | Direct |

Part IVa-A

IV. RESTORATIVE FUNCTIONS

a. Isolation Techniques

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Isolation Techniques Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|-------------------------|-------------------|-------------------|
| 1. Placing matrices | Permitted | Permitted |
| 2. Removing matrices | Permitted | Permitted |
| 3. Placing rubber dams | Permitted | Permitted |
| 4. Removing rubber dams | Permitted | Permitted |

Part IVa-B

IV. RESTORATIVE FUNCTIONS (continued)

a. Isolation Techniques

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Isolation Techniques Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|-------------------------|-------------------------------------|--------------------------|---------------------------------|
| 1. Placing matrices | No education | Exam not required | Direct |
| 2. Removing matrices | No education | Exam not required | Direct |
| 3. Placing rubber dams | No education | Exam not required | Direct |
| 4. Removing rubber dams | No education | Exam not required | Direct |

Part IVa-C

IV. RESTORATIVE FUNCTIONS (continued)

a. Isolation Techniques

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Isolation Techniques Functions Required for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|-------------------------|-------------------------------------|--------------------------|---------------------------------|
| 1. Placing matrices | Program | Exam not required | Direct |
| 2. Removing matrices | Program | Exam not required | Direct |
| 3. Placing rubber dams | Program | Exam not required | Direct |
| 4. Removing rubber dams | Program | Exam not required | Direct |

Part IVb-A

IV. RESTORATIVE FUNCTIONS

b. Preparation for Restorations/Temporary Restorations

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Preparation for Restorations/Temporary Restorations Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|---|-------------------|-------------------|
| 1. Applying cavity liners and bases | Not permitted | Permitted |
| 2. Placing and packing retraction cords | Permitted | Permitted |
| 3. Fabricating temporary/interim restorations | Permitted | Permitted |
| 4. Placing temporary/interim restorations | Permitted | Permitted |
| 5. Removing temporary/interim restorations | Permitted | Permitted |

Part IVb-B

IV. RESTORATIVE FUNCTIONS (continued)

b. Preparation for Restorations/Temporary Restorations

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Preparation for Restorations/Temporary Restorations Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|---|-------------------------------------|--------------------------|---------------------------------|
| 1. Applying cavity liners and bases | | | |
| 2. Placing and packing retraction cords | No education | Exam not required | Direct |
| 3. Fabricating temporary/interim restorations | No education | Exam not required | Direct |
| 4. Placing temporary/interim restorations | No education | Exam not required | Direct |
| 5. Removing temporary/interim restorations | No education | Exam not required | Direct |

Part IVb-C

IV. RESTORATIVE FUNCTIONS (continued)

b. Preparation for Restorations/Temporary Restorations

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Preparation for Restorations/Temporary Restorations Functions Required for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|---|-------------------------------------|--------------------------|---------------------------------|
| 1. Applying cavity liners and bases | Program | Exam not required | Direct |
| 2. Placing and packing retraction cords | Program | Exam not required | Direct |
| 3. Fabricating temporary/interim restorations | Program | Exam not required | Direct |
| 4. Placing temporary/interim restorations | Program | Exam not required | Direct |
| 5. Removing temporary/interim restorations | Program | Exam not required | Direct |

Part IVc-A

IV. RESTORATIVE FUNCTIONS

c. Amalgam Restorations/Resin Restorations

For each function listed, please select the response that best describes the permission for dental assistants and dental hygienists. [Click here to view descriptions of each permission type.](#)

A. Amalgam Restorations/Resin Restorations Functions Permissions (Dental Assistants and Dental Hygienists)

| | Dental Assistants | Dental Hygienists |
|---|-------------------|-------------------|
| 1. Placing amalgam restorations for condensation by the dentist | Permitted | Permitted |
| 2. Placing and condensing amalgam restorations by the hygienist | Not permitted | Not permitted |
| 3. Carving amalgam restorations | Not permitted | Not permitted |
| 4. Polishing amalgam restorations | Not permitted | Permitted |
| 5. Placing and finishing composite resin restorations | Not permitted | Not permitted |

Part IVc-B

IV. RESTORATIVE FUNCTIONS (continued)

c. Amalgam Restorations/Resin Restorations

For each dental assisting function that is permitted, in development, or limited to expanded duties dental assistants in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

B. Amalgam Restorations/Resin Restorations Functions Requirements for Dental Assistants

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|---|-------------------------------------|--------------------------|---------------------------------|
| 1. Placing amalgam restorations for condensation by the dentist | No education | Exam not required | Direct |
| 2. Placing and condensing amalgam restorations by the hygienist | | | |
| 3. Carving amalgam restorations | | | |
| 4. Polishing amalgam restorations | | | |
| 5. Placing and finishing composite resin restorations | | | |

Part IVc-C

IV. RESTORATIVE FUNCTIONS (continued)

c. Amalgam Restorations/Resin Restorations

For each dental hygiene function that is permitted, in development, or limited to expanded duties dental hygienists in your jurisdiction, please indicate the educational/experience requirements, examination requirements, and minimum supervision requirements. [Click here to view descriptions of each requirement.](#)

C. Amalgam Restorations/Resin Restorations Functions Requirements for Dental Hygienists

| | Educational/Experience Requirements | Examination Requirements | Minimum Supervision Requirement |
|---|-------------------------------------|--------------------------|---------------------------------|
| 1. Placing amalgam restorations for condensation by the dentist | Program | Exam not required | Direct |
| 2. Placing and condensing amalgam restorations by the hygienist | | | |
| 3. Carving amalgam restorations | | | |
| 4. Polishing amalgam restorations | Program | Exam not required | Direct |
| 5. Placing and finishing composite resin restorations | | | |

Submit

Any comments?

The MSBDE could not fully answer a few questions, inasmuch as no comments were allowed to explain some of the answers. For example, the MSBDE's law at Miss. Code Ann. 73-9-5 states that dental hygienists in the employ of the State Board of Health or public school boards shall be limited to only performing oral hygiene instruction and screening (which includes the application of fluoride varnish pursuant to Board Regulation 13) when under the general supervision and direction of regularly licensed and registered dentists. Furthermore, both dental assistants and dental hygienists are NOT allowed to take final impressions, e.g., the question regarding digital impression technology. Additionally, denture adjustments can be made ONLY to the gingival side. Finally, regarding the question as to administration of nitrous oxide by dental hygienists, the MSBDE noted this permitted; however, a more correct response would be that a dentist currently licensed by the State of Mississippi may instruct a competent dental auxiliary (this includes BOTH dental assistants and dental hygienists) as to the placement and monitoring of nitrous-oxide inhalation anxiolysis under his/her direct supervision (found under FAQs for dental auxiliaries on the MSBDE's web site).

Please click "Submit" to complete the survey.