



Oregon

Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

MEETING NOTICE

LICENSING, STANDARDS AND COMPETENCY COMMITTEE MEETING

Oregon Board of Dentistry
1500 SW 1st Ave.,
Portland, Oregon 97201

ZOOM MEETING INFORMATION

<https://us02web.zoom.us/j/85048270142?pwd=QmpvVndtY1MxUjhoUS9ob1h2d1YxZz09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 850 4827 0142 • Passcode: 612477

May 29, 2024

6:00 p.m. – 7:30 p.m.

Committee Members:

Sheena Kansal, D.D.S., Chair
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H.
Chip Dunn
Julie Spaniel, D.D.S., ODA Rep.
Heidi Klobes, R.D.H., ODHA Rep.
Jill Lomax, ODAA Rep.
Kristen Moses, R.D.H., D.T., DT Rep.

AGENDA

Call to Order: Chair, Sheena Kansal, D.D.S.

1. Review and approve Minutes of July 12, 2023 Committee Meeting.
 - July 12, 2023 Minutes – **Attachment #1**
2. Review and discuss adding a definition for “Study Model” to the Dental Practice Act (DPA). The Board voted to send proposed addition to this committee at its 10.27.23 Board meeting.
 - OAR 818-001-0002 - **Attachment #2**
3. Review, discuss and make possible recommendations to add failure to ensure radiographs/other imaging are of diagnostic quality (Staff Recommendations):
 - OAR 818-012-0010 - **Attachment #3**
4. Review, discuss and make possible recommendations to the Board regarding military rules to be in compliance with Federal law, amending OAR 818-021-0018 and repealing OAR 818-021-0019 (SAAG Recommendations):
 - One Page Portability of Professional Licenses and Certificates for Servicemembers and Their Spouses - **Attachment #4**
 - OAR 818-021-0018 - **Attachment #5**
 - OAR 818-021-0019 - **Attachment #6**

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

5. Review, discuss and make possible recommendations to the Board regarding removing CPR from remaining places in DPA to be consistent (Staff Recommendations):
 - OAR 818-026-0040 - **Attachment #7**
 - OAR 818-026-0050 - **Attachment #8**
 - OAR 818-026-0060 - **Attachment #9**
 - OAR 818-026-0065 - **Attachment #10**
 - OAR 818-026-0070 - **Attachment #11**
 - OAR 818-042-0116 - **Attachment #12**
6. Review and discuss HB 3223 (2023) and OAR 818-042-0010.
 - HB 3223 – **Attachment #13**
 - OAR 818-042-0010 – **Attachment #14**
7. Review and discuss Thomas E. Clark’s proposal to OAR 818-042-0040 and OAR 818-042-0070, which was moved to this Committee at the December 15, 2023 Board Meeting.
 - OAR 818-042-0040 – **Attachment #15**
 - OAR 818-042-0070 – **Attachment #16**
8. WREB Language Issue, WREB has combined with other testing agencies and is now known as CDCA-WREB-CITA (**August 1, 2022**) simplifying the licensure process for schools, candidates and dental boards offering the universally accepted ADEX licensure standard throughout North America.
 - OAR 818-035-0072 Changing language reference to WREB – **Attachment #17**
 - OAR 818-042-0095 – Changing language reference to WREB – **Attachment #18**
9. Variety of concerns in dental assisting rules to address.
 - OAR 818-042-0080 – Removing successfully polished six (6) amalgam or composite surfaces – **Attachment #19**
 - OAR 818-042-0130 – DANB proposing changes by email – **Attachment #20**
10. At the August 25, 2023 Board Meeting, the Board chose not to move the request for Dental Assistants to perform local anesthesia forward to the Rules Oversight Committee. The Board voted to move it to the next regularly scheduled Licensing, Standards and Competency Committee meeting for further review and consideration.
 - Pacific University Letter & Proposal – **Attachment #21**
 - Draft Rules & Letter from Ms. Lomax, Ms. Lewelling & Ms. Jorgenson – **Attachment #22**
 - OAR 818-035-0040 (for reference) – **Attachment #23**
 - ODA Opposition Letter – **Attachment #24**
 - OSA Opposition Letter – **Attachment #25**
11. At the August 25, 2023 Board Meeting, the Board moved questions regarding mental health and substance abuse brought forth by the ODA and ODHA to the next regularly scheduled Licensing, Standards and Competency Committee meeting for further review and consideration.
 - ODA and ODHA Addresses Concerns Regarding Mental Health Questions – **Attachment #26**
 - OMB Adopting Mental Health Attestation Model for Licensure and Renewal Applications – **Attachment #27**
 - OBD Initial Application and Renewal Example – **Attachment #28**
 - APA calls for removal of mental health questions on applications to practice law – **Attachment #29**
 - Potential application questions – **Attachment #30**

Any Other Business

Adjourn

Draft
LICENSING, STANDARDS AND COMPETENCY COMMITTEE
Held as a Zoom Meeting

Minutes
July 12, 2023

MEMBERS PRESENT: Chip Dunn, Chair
Sheena Kansal, D.D.S.
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H., E.P.P.
Olesya Salathe, D.M.D. – ODA Rep.
Susan Kramer, R.D.H. – ODHA Rep.
Ginny Jorgensen, CDA, EFDA, EFODA, AAS - ODAA Rep.
Yadira Martinez, R.D.H., E.P.P. – DT Rep.

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Director/Chief Investigator
Haley Robinson, Office Manager
Ingrid Nye, Investigator
Samantha Plumlee, Licensing Manager
Kathleen McNeal, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Jenn Lewis-Goff – ODA, Susan Kramer – ODHA, Lisa Rowley, R.D.H. – ODHA, Jill Lomax, Jen Hawley Price, Katherine Landsberg – DANB, Tony Garcia – DANB, Mary Harrison – ODAA, Sarah Kowalski - OHA, Mary Ellen Murphy, Jessica Dusek, Vesna Grace Stone, Linda Kihs, Bonnie Marshall

**Note - Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.*

Call to Order: The meeting was called to order by Chip Dunn at 5:02 p.m.

MINUTES

Ms. Jorgensen moved and Dr. Salathe seconded that the minutes of the November 16, 2022 Licensing, Standards and Competency meeting be approved as presented. The motion passed unanimously.

Dr. Clark moved and Dr. Kansal seconded the Committee recommend that the Board move OAR 818-012-0005 and OAR 818-021-0060 as amended to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-012-0005 – Scope of Practice

(4) A dentist may place ~~endosseous~~ **dental** implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical **dental implant** course(s), which includes

treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is a Commission on Dental Accreditation (CODA)-accredited **graduate postdoctoral** dental education program, or a provider that has been approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(5) A dentist placing **endosseous dental** implants must complete at least seven (7) hours of continuing education related to the placement and/or restoration of dental implants every licensure renewal period. (Effective January 1, 2024).

OAR 818-021-0060 – Continuing Education-Dentists

(8) A dentist placing **endosseous dental** implants must complete at least seven (7) hours of continuing education related to the placement **and/or restoration** of dental implants every licensure renewal period (Effective January 1, 2024).

Ms. Lindley recommend that the committee wait for further direction before moving forward on the proposed rule below. The issue of federal supremacy over state rule and other issues was being looked at closely by the DOJ so this should be tabled at this time.

OAR 818-021-XXXX

Dental, Dental Therapy and Dental Hygiene Licensure for Active-Duty Members of the Uniformed Services and their Spouses Stationed in Oregon

(1) A license to practice dentistry, dental hygiene or dental therapy shall be issued to Active-Duty Members of the Uniformed Services or their spouse when the following requirements are met:

(a) Completed application and payment of fee is received by the Board; and

(b) Satisfactory evidence of having graduated from a dental, dental hygiene or dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(c) Satisfactory evidence of having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; or

(d) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; or

(e) Satisfactory evidence of having successfully completed or graduated from a Board approved dental therapy education program that includes the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.

(f) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and

(g) The applicant holds a current license in another state to practice dentistry, dental hygiene or dental therapy at the level of application; and

(h) The license is unencumbered and verified as active and current through processes defined by the Board; and

(i) Satisfactory evidence of successfully passing a clinical examination administered

by any state, national testing agency or other Board-recognized testing agency; and
(j) Verification of completion of the Board's Continuing Education (CE) requirements
in accordance with OAR 818-021-0060, OAR 818-021-0070 & OAR 818-021-0076.

(2) The temporary license shall remain active for the duration of the above-mentioned
military orders.

(3) Once licensed, each biennium, the licensee shall submit to the Board a Biennial
Uniformed Servicemember Status Confirmation Form. The confirmation form shall
include the following:

(a) Licensee's full name;

(b) Licensee's mailing address;

(c) Licensees business address including street and number or if the licensee has no
business address, licensee's home address including street and number;

(d) Licensee's business telephone number or if the licensee has no business
telephone number, licensee's home telephone number;

(e) Licensee's employer or person with whom the licensee is on contract;

(f) Licensee's assumed business name;

(g) Licensee's type of practice or employment;

(h) A statement that the licensee has met the CE requirements for their specific
license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-
0076;

(i) Identity of all jurisdictions in which the licensee has practiced during the two past
years; and

(j) A statement that the licensee has not been disciplined by the licensing board of
any other jurisdiction or convicted of a crime.

(k) Confirmation of current active-duty status of servicemember.

(l) The form will be provided, depending on licensure type, pursuant to ORS
679.120(6), 680.075(6) and 679.615(4)(b).

(4) If military orders are reassigned, notification to the Board is required within 30
days of receipt.

(5) Any Board permits held by Licensees are required to be renewed per rule
requirements on permit types.

(6) Individuals who are licensed under this rule are required to adhere to the Dental
Practice Act and are subject to the same requirements and standards of practice as
any other licensee of the Board.

Ms. Jorgensen discussed a capstone project from Pacific University, offering instructions for expanded function dental assistants to be able to train, test for and be certified in providing local anesthesia, similar to the training for a dental hygienist.

Dr. Salathe provided an official response from the ODA concluding that expanding the scope of dental assistants to include local anesthesia via nerve blocks was inappropriate due to lack of reporting on individual dental assistants, rather incidents would be reported under the supervising dentist or dental hygienist. The ODA does not feel that the available training would be adequate to provide competency. Further, the ODA cited that no other state allows an unregulated group to administer local anesthesia via nerve blocks.

Ms. Jorgensen responded, pointing out that dental assistants do have rules and training similar to dental hygienists in the area of restorative functions. Further, this project was in response to a survey of dentists asking for dental assistants to be able to provide local anesthesia under indirect supervision. Ms. Jorgensen thinks this new certification would help to alleviate the

workforce shortage of dental assistants.

Dr. Clark pointed out that he was bothered by the ODA stance because the ODA recently supported the loosening of dental assistant testing and credentials in a recent legislative bill. Dr. Clark supports additional credentialing for dental assistants and notes that dental assistants are regulated and adverse reports can be tracked through the supervising dentist. Dr. Clark stated that a rigorous curriculum can be created to provide a standard of care to benefit the public, the dental assistants and the entire dental team.

Ms. Martinez recommended this project be moved forward for other committees to discuss.

Ms. Kramer moved and Dr. Kansal seconded the Committee recommend that the Board move OAR 818-042-00XX as presented to the Rules Oversight Committee. The motion passed with Dr. Kansal, Dr. Clark, Ms. Jorgensen, Ms. Kramer, Ms. Ludwig, and Ms. Martinez voting aye. Dr. Salathe voted no.

OAR 818-042-00XX

Local Anesthesia Functions of Dental Assistants

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

The committee was directed to review the documents regarding a dental/dental hygiene licensing compact. Director Prisby referenced the documents and said it was important to have the committee looped in on this and it will probably be an issue for Oregon to address in the future. The Board of Dentistry would have similar issues and concerns with implementing it, that the Oregon Occupational Therapy Licensing referenced in the documents.

Lori Lindley added there were a number of legal issues as well. There was brief discussion with the ODA having no position on it at this time. Ms. Kramer went on record to say that the ODHA is in favor of a potential licensure compact.

The Committee reviewed and briefly discussed the rules regarding radiologic proficiency certification for dental assistants.

Ms. Jorgensen moved and Ms. Martinez seconded the Committee recommend that the Board keep OAR 818-042-0050 as presented. The motion passed unanimously.

OAR 818-042-0050

Taking of X-Rays — Exposing of Radiographic Images

(1) A Licensee may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:

(a) A dental assistant certified by the Board in radiologic proficiency; or

(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.

(2) A licensee may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental therapist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist, dental therapist or dental hygienist that the assistant is proficient to take radiographic images.

(3) A dental therapist may not order a computerized tomography scan.

Ms. Jorgensen moved and Ms. Martinez seconded the Committee recommend that the Board keep OAR 818-042-0060 as presented. The motion passed unanimously.

OAR 818-042-0060

Certification — Radiologic Proficiency

(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:

(2) Submits an application on a form approved by the Board, pays the application fee and:

(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;

(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and

(c) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board move OAR 818-042-0080 as presented to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-042-0080

Certification — Expanded Function Dental Assistant (EFDA)

The Board may certify a dental assistant as an expanded function assistant:

(1) By credential in accordance with OAR 818-042-0120, or

(2) If the assistant submits a completed application, pays the fee and provides evidence of;

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized

by the Board; and certification by [an Oregon](#) licensed dentist that the applicant has successfully polished six (6) amalgam or composite surfaces, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. [The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection \(b\). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.](#)

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board move OAR 818-042-0110 as presented to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-042-0110

Certification— Expanded Function Orthodontic [Dental Assistant \(EFODA\)](#)

The Board may certify a dental assistant as an expanded function orthodontic assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) Completion of an application, payment of fee and satisfactory evidence of;
 - (a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or
 - (b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by [an Oregon](#) licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients. [The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function orthodontic duties in subsection \(b\). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function orthodontic duties until EFODA certification is achieved.](#)

Ms. Martinez moved and Ms. Jorgensen seconded the Committee recommend that the Board move OAR 818-042-0113 as presented amended to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-042-0113 Certification — Expanded Function Preventive Dental Assistants (EFPDA)

The Board may certify a dental assistant as an expanded function preventive dental assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of;
 - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion

of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Ms. Jorgensen moved and Ms. Martinez seconded the Committee recommend that the Board move OARs 818-042-0115, 818-042-0117, 818-035-0030, and 818-038-00XX as amended to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-042-0115

Expanded Functions — Certified Anesthesia Dental Assistant

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

(c) Perform phlebotomy for dental procedures.

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

OAR 818-042-0117

Initiation of IV Line and Phlebotomy Blood Draw

(1) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the Indirect Supervision of a dentist holding the appropriate anesthesia permit.

(2) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may perform a phlebotomy blood draw under the Indirect Supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

OAR 818-035-0030

Additional Functions of Dental Hygienists

- (1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
 - (b) Place periodontal dressings;
 - (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
 - (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
 - (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
 - (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
 - (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
 - (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
 - (i) Perform all aspects of teeth whitening procedures.
- (2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:
- (a) Determine the need for and appropriateness of sealants or fluoride; and
 - (b) Apply sealants or fluoride.

(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

OAR 818-038-00XX

Additional Functions of Dental Therapists

(1) In addition to functions set forth in ORS 679.010, a dental therapist may perform the following functions under the indirect supervision of a licensed dentist:

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

Ms. Martinez moved and Ms. Kramer seconded the Committee recommend that the Board move OAR 818-042-0114 as presented to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-042-0114

Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)

~~(4)~~ Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Preventive Dental Assistant may perform the following functions under the indirect supervision of a licensee providing that the procedure is checked by the licensee prior to the patient being dismissed:

~~(2)~~ **(1)** Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a licensee.

Ms. Jorgensen moved and Ms. Martinez seconded the Committee recommend that the Board move OAR 818-042-0100 as presented to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-042-0100

Expanded Functions — Orthodontic Assistant (EFODA)

(1) An EFODA may perform the following duties while under the indirect supervision of a licensed dentist:

(a) Remove orthodontic bands and brackets and attachments with removal of the bonding material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used. Use of a high speed handpiece is prohibited;

(b) Select or try for the fit of orthodontic bands;

(c) Recement loose orthodontic bands;

(d) Place and remove orthodontic separators;

(e) Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/ or retainers after their position has been approved by the supervising licensed dentist;

(f) Fit and adjust headgear;

(g) Remove fixed orthodontic appliances;

(h) Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or chains as directed; **and**

(i) Cut arch wires.; **and**

~~(j) Take impressions for study models or temporary oral devices such as, but not limited to, space maintainers, orthodontic retainers and occlusal guards.~~

(2) An EFODA may perform the following duties while under the general supervision of a licensed dentist:

(a) An expanded function orthodontic assistant may remove any portion of an orthodontic appliance causing a patient discomfort and in the process may replace ligatures and/ or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

(b) An EFODA may recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

Ms. Martinez moved and Dr. Clark seconded the Committee recommend that the Board move OAR 818-042-0020 as presented to the Rules Oversight Committee. The motion passed unanimously.

OAR 818-042-0020

Dentist, Dental Therapist and Dental Hygienist Responsibility

(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.

(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.

(3) A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services.

(4) The supervising licensee is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.

(5) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

(6) Dental assistants may take physical impressions and digital scans.

Chair Dunn thanked everyone for their attendance and contributions.

The meeting adjourned at 6:30 p.m.

Re: Rules Oversight Committee - proposed amendment

PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

Mon 10/30/2023 8:55 AM

To: Stephen Bush <Stephen.C.Bush@kp.org>

Cc: SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>; CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>;

ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>

Steve,

At the Oct 27 Board Meeting the Board voted to move your suggestion to the Licensing, Standards and Competency Committee, for review and discussion. Thank you for your suggestion. I do not know when that committee will meet yet, most likely spring 2024.

Sincerely,

Stephen

From: Stephen Bush <Stephen.C.Bush@kp.org>

Sent: Monday, September 25, 2023 6:58 AM

To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>; SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>; CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>

Subject: Rules Oversight Committee - proposed amendment

Dear Mr. Prisby, Dr. Smorra and Dr. Carter,

For a future Rules Oversight Committee meeting, Permanente Dental Associates, PC (“PDA”) proposes the following addition to OAR 818-012-0002 Definitions:

(21) “Study model” means a replica of a patient’s teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient’s mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient’s teeth and jaw alignment and plan procedures such as orthodontic treatment, restorative dentistry or prosthetic treatment. A study model is distinguished from a “working model,” which is fabricated in a similar fashion as a study model and may be a more precise and accurate replica of the patient’s teeth and jaw (where applicable). A working model would be used for the fabrication of dental appliances, including without limitation orthodontic aligners, retainers, crowns and bridges or removable dentures.

We believe adding this definition of study model – or something comparable -- to the rules will provide greater clarity for licensees. The Dental Practice Act contains 5 references to “study model,” including at OAR 818-012-0032 Diagnostic Records, but the term “study model” is not defined. I know that I regularly receive questions internally at PDA as to what constitutes a “study model” vs. a “working model” that would subject it to the rules.

I worked with several of our dentists to develop this proposed definition, and we respectfully offer it for consideration by the Rules Oversight Committee.

Thank you,

Steve Bush, JD (“he/him”)

Vice-President, Legal Services & Government Relations

Compliance, Privacy & Security Official

Permanente Dentistry
Permanente Dental Associates

971-221-6615 (mobile)
stephen.c.bush@kp.org

Office Hours: M-F 9-3
Upcoming PTO:

PDA-Dental.com
[Instagram](#) | [LinkedIn](#)

Kaiser Permanente
kp.org

PRIVILEGED & CONFIDENTIAL COMMUNICATION: This message, including attachments, is confidential and may contain information protected by the attorney-client privilege or attorney work product doctrine. If you are not the addressee, any disclosure, copying, distribution, or use of the contents of this message are prohibited. If you have received this email in error, please destroy it without reading, forwarding or saving, and notify the sender immediately. Any tax advice contained in this message is not intended or written with the intent that it be used, and cannot be used, for the purpose of (1) avoiding penalties under the Internal Revenue Code or (2) promoting, marketing, or recommending to others any tax-related matter(s) addressed here.

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. v.173.295 Thank you.

Background: This is an addition suggested by Steve Bush at the 10.27.23 Board meeting that the Board voted to move forward to this committee.

818-001-0002

Definitions

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
- (5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
- (6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
- (7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- (8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
- (9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
- (11) "Licensee" means a dentist, hygienist or dental therapist.
- (12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
- (13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
- (14) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
 - (a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
 - (b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.

(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

(15) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student

who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, dental hygiene or dental therapy.

(16) For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).

(17) “Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

(18) “Physical Harm” as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.

(19) “Teledentistry” is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

(20) “BLS for Healthcare Providers or its Equivalent” the BLS certification standard is the American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS course must be a hands-on course; online BLS courses will not be approved by the Board for initial BLS certification: After the initial BLS certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS certification card with an expiration date must be received from the BLS provider as documentation of BLS certification. The Board considers the BLS expiration date to be the last day of the month that the BLS instructor indicates that the certification expires.

(21) "Study model" means a replica of a patient's teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient's mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient's teeth and jaw alignment and plan procedures such as orthodontic treatment, restorative dentistry or prosthetic treatment. A study model is distinguished from a "working model," which is fabricated in a similar fashion as a study model and may be a more precise and accurate replica of the patient's teeth and jaw (where applicable). A working model would be used for the fabrication of dental appliances, including without limitation orthodontic aligners, retainers, crowns and bridges or removable dentures.

Background: This is an addition suggested by legal counsel and Angela Smorra to clarify by rule that radiographs and other imaging are of diagnostic quality.

818-012-0010

Unacceptable Patient Care

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.

(2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.

(3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.

(4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.

(5) Fail to ensure radiographs and other imaging are of diagnostic quality.

(~~5~~6) Render services which the licensee is not licensed to provide.

(~~6~~7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.

(~~7~~8) Fail to maintain patient records in accordance with OAR 818-012-0070.

(~~8~~9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.

(~~9~~10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.

(~~10~~11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.

(~~11~~12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.

(~~12~~13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(~~13~~14) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

(~~14~~15) Fail to advise a patient of any recognized treatment complications.



Portability of Professional Licenses and Certificates for Servicemembers and Their Spouses

The Department of Justice's Servicemembers and Veterans Initiative (SVI) is committed to protecting those who serve and their families. The Civil Rights Division enforces the Servicemembers Civil Relief Act (SCRA), which provides servicemembers and their dependents with certain civil protections related to military service.

New SCRA Amendment

In January 2023, Congress added a new provision to the SCRA that allows servicemembers and their spouses to use their professional licenses and certificates when they relocate due to military orders, in certain circumstances.



U.S. DEPARTMENT OF JUSTICE
**SERVICEMEMBERS &
VETERANS INITIATIVE**

To Qualify for Professional License Portability under the SCRA, You Must:

1. Have moved to a location outside the jurisdiction of the licensing authority that issued the covered license or certificate because of orders for military service.
2. Provide a copy of the military orders to the licensing authority in the new jurisdiction.
3. Have actively used the license or certificate during the two years immediately preceding the move.
4. Remain in good standing with:
 - a. the licensing authority that issued the covered license or certificate; and
 - b. every other licensing authority that issued a license or certificate valid for a similar scope of practice and in the discipline applied for in the new jurisdiction.
5. Submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

If these five criteria are met, the servicemember's or spouse's covered license or certificate **shall be considered valid** at a similar scope of practice and in the discipline applied for in the new jurisdiction for the duration of the military orders.



Frequently Asked Questions About Professional License Portability

- **What is license portability and why is it important?**

Military spouses have reported difficulty transferring their professional licenses from one jurisdiction to another, hindering their ability to find jobs when moving due to military orders. The new SCRA provision on license portability helps servicemembers and their spouses to use their licenses and certificates in certain circumstances when they relocate due to military orders.

- **Who and which licenses are eligible for license portability under the SCRA?**

Servicemembers and their spouses are eligible. Licenses to practice law are not eligible for portability under the new law.

- **When is the new law on license portability effective?**

The new part of the SCRA went into effect on January 5, 2023. Servicemembers and their spouses can now take advantage of this benefit under the SCRA.

- **What are interstate licensure compacts and how do I determine if my license is governed by one?**

Some states have contracts with other states—known as interstate licensure compacts—to allow licensed practitioners to work in other compact-member states without needing a new license.

If servicemembers or their spouses are uncertain as to whether their professional license is covered by an interstate licensure compact, they should contact their licensing authority. They can also refer to [Department of Defense's Fact Sheet on Occupational Licensure](#), as well as [CareerOneStop](#), a Department of Labor sponsored website with information on state licensing requirements, interstate compacts, and licensing authority contact information.

- **How does this new SCRA law affect interstate licensure compacts?**

The new law applies if: (1) your license is not covered by any interstate compacts; or (2) your license was issued by a state that is covered by an interstate compact, but is not covered by the same compact in the state to which you are relocating.

The new law does NOT apply if your license is covered the by the same interstate compact for both the state that issued your license AND the state that to which you are relocating. In this situation, the interstate compact will control whether and how you can practice in the new location.

Where should servicemembers and their spouses go for assistance?

- Servicemembers and their spouses who are covered by this new law are likely eligible for military legal assistance and can contact their local legal assistance office for help. Office locations can be found at <http://legalassistance.law.af.mil/>.
- Servicemembers and their spouses can learn more about license portability and find links to helpful resources at servicemembers.gov. If servicemembers or their spouses are not eligible for military legal assistance services, they may request that the Justice Department review their claim by submitting a complaint through <https://civilrights.justice.gov/link/4025A>.

To report a violation of the SCRA's license portability provision to the Civil Rights Division, visit <https://civilrights.justice.gov/link/4025A>.

Background: This is an addition suggested by legal counsel to shore up the rules to be in compliance with federal guidelines.

818-021-0018

Temporary Dental License for Active-Duty Members of the Uniformed Services and their Spouses or Domestic Partners ~~of Active-Duty Armed Forces of the United States~~ Stationed in Oregon

(1) A ~~temporary~~ license to practice dentistry, dental hygiene, or dental therapy shall be issued to Active-Duty Members of the Uniformed Services and their ~~the~~ spouse or domestic partner ~~of active-duty armed forces personnel~~ when the following requirements are met:

(a) A completed application and payment of fee is received by the Board; and

~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or~~

~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~

~~(d)~~ Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and

~~(e)~~ The spouse holds a current license in another state to practice dentistry, dental hygiene, or dental therapy at the level of application; and

~~(f)~~ The license is ~~unencumbered~~ in good standing and verified as active and current through processes defined by the Board; and

~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~

(2) The temporary license shall ~~expire on the following date, whichever occurs first:~~ remain active for the duration of the above-mentioned military orders.

~~(a) Oregon is no longer the duty station of the active armed forces member; or~~

~~(b) The license in the state used to obtain a temporary license expires; or~~

~~(c) Two years after the issuance of the temporary license.~~

~~(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~ Each biennium, the licensee shall submit to the Board a Biennial Military Status Confirmation Form. The confirmation form shall include the following:

(a) Licensee's full name;

(b) Licensee's mailing address;

(c) Licensee's business address including street and number. If the licensee has no business address, licensee's home address including street and number;

(d) Licensee's business telephone number. If the licensee has no business telephone number, licensee's home telephone number;

(e) Licensee's employer or person with whom the licensee is on contract;

(f) Licensee's assumed business name;

(g) Licensee's type of practice or employment;

(h) A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-0076;

(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and

(j) A statement that the licensee has not been disciplined by any licensing board of any other jurisdiction or convicted of a crime.

(k) Confirmation of current active-duty status of service member.

Background: This is to repeal a rule no longer necessary. The proposed amendments to OAR 818-021-0018 combines all licensees into one rule instead of separating by license type.

818-021-0019

~~Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon~~

~~(1) A temporary license to practice dental hygiene shall be issued to the spouse or domestic partner of active duty armed forces personnel when the following requirements are met:~~

~~(a) A completed application and payment of fee is received by the Board; and~~

~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or~~

~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~

~~(d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and~~

~~(e) The spouse holds a current license in another state to practice dentistry at the level of application; and~~

~~(f) The license is unencumbered and verified as active and current through processes defined by the Board; and~~

~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~

~~(2) The temporary license shall expire on the following date, whichever occurs first:~~

~~(a) Oregon is no longer the duty station of the active armed forces member; or~~

~~(b) The license in the state used to obtain a temporary license expires; or~~

~~(c) Two years after the issuance of the temporary license.~~

~~(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~

Background: This is to remove reference to CPR to be consistent with the rest of the DPA.

818-026-0040

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;

(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;

(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

- (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
- (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
- (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
- (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of preoperative and postoperative vital signs, and all medications administered with dosages, time intervals and route of administration.
- (7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/~~Cardio-Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
- (8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
- (9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
- (a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
 - (b) The patient can talk and respond coherently to verbal questioning;
 - (c) The patient can sit up unaided or without assistance;
 - (d) The patient can ambulate with minimal assistance; and
 - (e) The patient does not have nausea, vomiting or dizziness.
- (10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.
- (11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education

hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Background: This is to remove reference to CPR to be consistent with the rest of the DPA.

818-026-0050

Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;cc

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/~~Cardio-Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

- (c) The patient can talk and respond coherently to verbal questioning;
- (d) The patient can sit up unaided;
- (e) The patient can ambulate with minimal assistance; and
- (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
- (g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(11) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Background: This is to remove reference to CPR to be consistent with the rest of the DPA

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/~~Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO₂ monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training

taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Background: This is to remove reference to CPR to be consistent with the rest of the DPA

818-026-0065

Deep Sedation Permit

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/~~Cardio-Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

- (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
- (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
- (c) The patient can talk and respond coherently to verbal questioning;
- (d) The patient can sit up unaided;
- (e) The patient can ambulate with minimal assistance; and
- (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Background: This is to remove reference to CPR to be consistent with the rest of the DPA

818-026-0070

General Anesthesia Permit

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/~~Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may

be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Background: This is to remove reference to CPR to be consistent with the rest of the DPA

818-042-0116

Certification — Anesthesia Dental Assistant

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:

(1) Successful completion of:

(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or

(b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or

(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or

(d) The Resuscitation Group – Anesthesia Dental Assistant course; or

(e) Other course approved by the Board; and

(2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS/~~CPR~~ course, or its equivalent.

Enrolled
House Bill 3223

Sponsored by Representatives PHAM H, JAVADI, Senators GELSER BLOUIN, MANNING JR;
Representative LEVY E, Senator CAMPOS

CHAPTER

AN ACT

Relating to dental assistants; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2023 Act is added to and made a part of ORS chapter 679.

SECTION 2. (1) In adopting rules related to the requirements for certification as a dental assistant, including any type of expanded function dental assistant, the Oregon Board of Dentistry may require an applicant for certification to pass a written examination. If passage of a written examination is required for certification as a dental assistant, including any type of expanded function dental assistant, the board may accept the results of any examination that is:

(a)(A) Administered by a dental education program in this state that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the board by rule;

(B) Administered by a dental education program in this state that is approved by the Commission for Continuing Education Provider Recognition of the American Dental Association, or its successor organization, and approved by the board by rule; or

(C) An examination comparable to an examination described in subparagraph (A) or (B) of this paragraph that is administered by a testing agency approved by the board by rule; and

(b) Offered in plain language in English, Spanish and Vietnamese.

(2) The board may not require an applicant for certification as a dental assistant, including any type of expanded function dental assistant, to complete more than one written examination for certification as that type of dental assistant.

SECTION 3. Section 2 of this 2023 Act applies to applications for certification as a dental assistant, including any type of expanded function dental assistant, submitted on or after the operative date specified in section 4 of this 2023 Act.

SECTION 4. (1) Section 2 of this 2023 Act becomes operative on July 1, 2025.

(2) The Oregon Board of Dentistry may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by section 2 of this 2023 Act.

SECTION 5. (1) The Oregon Board of Dentistry shall convene an advisory committee of at least seven members to study the dental assistant workforce shortage and to review the requirements for dental assistant certification in other states. The committee shall provide

advice to the board on a quarterly basis on how to address the dental assistant workforce shortage in this state.

(2)(a) In appointing members to the advisory committee, the board shall prioritize diversity of geographic representation, background, culture and experience.

(b) A majority of the members appointed to the committee must have experience working as dental assistants.

SECTION 6. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.

Passed by House March 16, 2023

Received by Governor:

Repassed by House June 24, 2023

.....M.,....., 2023

Approved:

.....
Timothy G. Sekerak, Chief Clerk of House

.....M.,....., 2023

.....
Dan Rayfield, Speaker of House

.....
Tina Kotek, Governor

Passed by Senate June 24, 2023

Filed in Office of Secretary of State:

.....M.,....., 2023

.....
Rob Wagner, President of Senate

.....
Secretary of State

818-042-0010

Definitions

- (1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental therapist or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.
- (2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to perform expanded function duties.
- (3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board to perform expanded orthodontic function duties.
- (4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- (5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (6) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

(7) The Board recognizes the Dental Assisting National Board (DANB) as an acceptable testing agency for administering dental assistant examinations for certifications.



TERRENCE A CLARK, DMD, FAGD | THOMAS E CLARK, DMD | QUINN WALKER, DDS

October 31, 2023

Oregon Board of Dentistry
1500 SW 1st Ave, Suite #770
Portland, OR 97201

Dear Oregon Board of Dentistry,

I'm writing to ask you to consider adding language in the dental practice act for EFDA dental assistants to remove or reinsert implant healing abutments, screws, and impression copings, and to fit check final restorations under the dentist's indirect supervision. Like other final restorative procedures, final restorations would of course need to be verified with final torquing to be performed by a dentist. I see language regarding hygienists removing healing abutments and inserting impression abutments, but I can find nothing regarding assistants performing the same task.

Dental assistants seem well suited to this task, more so than hygienists, as they already remove temporary crowns and insert final crowns for verification by a dentist. Risk of aspiration of implant components does not seem any greater than for standard crowns. I am hard pressed to think of a good reason why this could not be part of the approved job description of an assistant.

Would the board please discuss this and consider modifying 818-042-0070 to include language that allows EFDA dental assistants to remove healing abutments, place/remove impression abutments, and perform initial fit check for final implant crowns, under the indirect supervision of a dentist? Thank you for your kind consideration.

Respectfully,

Thomas E. Clark DMD

Background: This is to change 818-042-0040(23) & (24) from direct supervision to indirect supervision in response to Thomas E. Clark's suggestion moved from the December 15, 2023 Board meeting.

**818-042-0040
Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.

- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (22) Perform periodontal assessment.
- (23) Place or remove healing caps or healing abutments, except under indirect supervision.
- (24) Place implant impression copings, except under indirect supervision.
- (25) Any act in violation of Board statute or rules.

Background: This is to change 818-042-0070 in response to Thomas E. Clark's suggestions moved from the December 15, 2023 Board meeting.

818-042-0070

Expanded Function Dental Assistants (EFDA)

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

- (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge;
- (2) Remove temporary crowns for final cementation and clean teeth for final cementation;
- (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;
- (4) Place temporary restorative material in teeth providing that the patient is checked by a dentist before and after the procedure is performed;
- (5) Place and remove matrix retainers for any type of direct restorations;
- (6) Polish amalgam or composite surfaces with a slow speed hand piece;
- (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
- (8) Fabricate temporary crowns, and fixed partial dentures (bridges) and temporarily cement the temporary crown or fixed partial dentures (bridges). The cemented crown or fixed partial dentures (bridge) must be examined and approved by the dentist prior to the patient being released;**
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

Background: WREB has combined with other testing agencies and is now known as CDCA-WREB-CITA (August 1, 2022) simplifying the licensure process for schools, candidates and dental boards offering the universally accepted ADEX licensure standard throughout North America.

818-035-0072

Restorative Functions of Dental Hygienists

(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene Restorative Examination](#) or other equivalent examinations approved by the Board within the last five years; or

(b) If successful passage of the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene Restorative Examination](#) or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental hygienist may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Background: WREB has combined with other testing agencies and is now known as CDCA-WREB-CITA (August 1, 2022) simplifying the licensure process for schools, candidates and dental boards offering the universally accepted ADEX licensure standard throughout North America.

818-042-0095

Restorative Functions of Dental Assistants

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

(b) If successful passage of the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene](#) Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

From: [Katherine Landsberg](#)
To: [PRISBY Stephen * OBD](#); [ROBINSON Haley * OBD](#)
Cc: [Aaron White](#)
Subject: RE: Meeting re Oregon/DANB Topics
Date: Tuesday, April 30, 2024 11:05:14 PM
Attachments: [image001.png](#)
[image002.png](#)
[Edits to 818-042-0080 and 818-042-0130 .docx](#)
[OR_EFDA_2_3_Rev_LDE_Form_page_5.docx](#)

Hi Stephen and Haley,

Thank you for a productive meeting on 4/22! I will follow up on each issue in the same order that they were presented in my original message:

1. **Licensed dentist endorsement form issue.** You indicated that you could bring this issue to the 5/29 Licensure Standards and Competency Committee meeting and that the Committee could recommend to the Board that the Board amend the rule requiring EFDA applicants to complete six amalgam or composite polishes; you indicated that the Committee could also recommend that the Board direct DANB to remove amalgam/composite polishing from the Licensed Dentist Endorsement Form in the interim. And you anticipated that the Board could make that decision at its June 14th meeting. We asked if we could update the form with language letting people know that this change was coming around.

Please see first attachment for markup of proposed rule change.

Please see second attachment for draft of revised Licensed Dentist Endorsement Form to be used until the Board makes a decision in June.

2. **Issues related to language in the new statute that (1) limits the number of exams that can be required for each type of dental assisting certificate to one and (2) requires exams to be offered in two additional languages.** We will follow up on this in the near future.
3. **Streamlining pathway descriptions.** This is closely related to #2 above and will be part of that discussion.
4. **Process streamlining for certification by credential applicants.** We requested the OBD's permission to stop requiring that documentation of work experience for candidates applying for Certification by Credential through the "out-of-state work experience" option be sent directly from the licensed dentist to DANB, and instead to accept documentation submitted along with the application form and to verify authenticity of documentation by contacting the licensed dentist upon our receipt. I will send you a separate email about this to make it easy to include as a separate item in the Committee materials, in case it must go to the Committee.

We also discussed that we would like to ask the Board to direct us to stop requiring that the Out-of-State Credential Verification form be sent directly to DANB from a state dental board or regulatory agency in the state of origin. But we discovered that this requirement is in the rule. We included proposed markup for this rule change in the first attachment. And, we also have a question about a provision of 818-042-0130 (please see the same attachment). If you

agree that the provision could be revised to improve clarity, please consider our suggested revision.

Please let me know if you have any questions. (I am out for the rest of the week, so please cc Aaron and Jackie.)

Thank you!
Katherine

Katherine Landsberg
Director, Government Relations
klandsberg@danb.org
312-280-3431



From: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Sent: Wednesday, April 17, 2024 5:23 PM
To: Katherine Landsberg <klandsberg@danb.org>
Cc: Aaron White <awhite@danb.org>; ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>
Subject: Re: Meeting re Oregon/DANB Topics

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

From: Katherine Landsberg <klandsberg@danb.org>
Sent: Wednesday, April 17, 2024 3:00 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Aaron White <awhite@danb.org>
Subject: Meeting re Oregon/DANB Topics

Hi Stephen,

It was lovely seeing you last weekend! I hope your trip back to Oregon was smooth.

Aaron and I are hoping to get on your schedule for next week to talk about a series of outstanding questions we have related to our administration of Oregon exams and certificates. Some of these topics have come up before and some might be new. Here they are in brief:

1. Licensed dentist endorsement form issue: We continue to get negative feedback from EFDA candidates that amalgam or composite polishing is still on the form even though not tested on the exam, and that it is quite difficult to find opportunities to do these functions, which slows down the process of qualifying as an EFDA. We received some insight indicating that composite polishing is typically done in the same appointment as placing the composite and that it is more practical for the dentist to do this than to leave the room and delegate it to an assistant, because it is simple and extremely brief (whereas amalgam polishing, when it was more common, would be done in a subsequent appointment, in which case it made sense not to use the dentists' time for that procedure but to delegate to an assistant). Also, there are no questions about composite polishing on the ORXG exam.

As we discussed, changing the form would require a rule change. You indicated that a rulemaking would take about a year. Is there an emergency rulemaking process that could be used to get this done faster? It seems that it is no more practical or expedient for EFDA candidates to find opportunities to do composite polishing than it is to find opportunities to do amalgam polishing.

We've also got some ideas about how to communicate better about this to reduce confusion. The people our team members are speaking to believe DANB has unilaterally decided not to update the form and they are generally angry about it.

2. Issues related to language in the new statute that (1) limits the number of exams that can be required for each type of dental assisting certificate to one and (2) requires exams to be offered in two additional languages.

3. Streamlining pathway descriptions: We've got some ideas about how to streamline the pathways for the Oregon expanded functions certificates to make them easier to understand and we'd like to discuss this.
4. Process streamlining: For all of the candidates applying for certificates by credential, we'd like to talk about changing the rule that requires proof of certification to be sent directly by the original state to the Board. In addition, the current process requires that, if a candidate is applying for a certificate by credential through submission of certification from a licensed dentist that the candidate has been employed and performing the functions for 1,000 hours, that the documentation must be sent directly from the dentist to DANB. We'd like your permission to handle this a different way.

Since there are quite a few topics, we probably need a full hour. I know you have a Board meeting next week, so if it's easier for you to meet Monday or Tuesday (April 29 or 30) of the following week, we can do that, too.

Here are some date options that work for us:

Monday, 4/22, 1 p.m. PT

Wednesday, 4/24, 1 p.m. PT

Thursday, 4/25, 11 a.m. PT or 1 p.m. PT

Friday, 4/26 – you are busy

Monday, 4/29, currently open between 10 a.m. and 2 p.m. PT

Tuesday, 4/30, 1 p.m. PT

Please let me know your thoughts on a date/time that works for you and your team.

Thanks!

Katherine

Katherine Landsberg

Director, Government Relations

klandsberg@danb.org

office: 312-280-3431

www.danb.org

DANB

Dental Assisting National Board

Background: See email from Katherine Landsberg dated April 30, 2024.

818-042-0080

Certification — Expanded Function Dental Assistant (EFDA)

The Board may certify a dental assistant as an expanded function assistant: (1) By credential in accordance with OAR 818- 042-0120, or (2) If the assistant submits a completed application, pays the fee and provides evidence of; (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully ~~polished six (6) amalgam or composite surfaces;~~ removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations.

From: [Katherine Landsberg](#)
To: [PRISBY Stephen * OBD](#); [ROBINSON Haley * OBD](#)
Cc: [Aaron White](#); [Jackie Urban](#)
Subject: Request for Out-of-State Work Experience Form Process Modification
Date: Tuesday, April 30, 2024 11:04:59 PM
Attachments: [image001.png](#)
[Final OR_EFDA_4.docx](#)

Dear Stephen and Haley,

Per our April 22, 2024 telephone conversation, DANB is requesting that OBD allow us to modify a process requirement for candidates applying for the Oregon Radiologic Proficiency Certificate (ORCR) and EFDA, EFODA, or EFPDA certifications using the “Certification by Credential” option:

Current requirement: Candidates using the Certification by Credential process to apply for the ORCR, EFDA, EFPDA, or EFODA certifications have a choice of providing proof of holding an equivalent credential from another state (the “out-of-state credential” option), or providing proof of having 1,000 hours of work experience performing the allowed functions (the “out-of-state work experience” option). At the OBD’s direction, DANB has been requiring the following as part of the application process:

- Those using the “out-of-state credential” option must have an Out-of-State Credential Verification form sent directly from the state of origin’s dental board or regulatory body to DANB.
- Those using the “out-of-state work experience” option must have the Out-of-State Work Experience form mailed to DANB in a sealed envelope directly from the out-of-state licensed dentist who is providing verification of work experience.

The requirement that documents be sent directly from the source to DANB results in longer application processing times due to frequent delays or loss of mail and creates an unnecessary hurdle for these candidates, delaying their ability to start working when they move to Oregon.

Proposed change: DANB is asking the OBD to stop requiring that the Out-of-State Work Experience form be mailed directly from the out-of-state licensed dentist to DANB. Instead, DANB proposes this process:

- Allow candidates using the “out-of-state work experience” option for Certification by Credential to submit the Out-of-State Work Experience form along with their application by mail, email, or online by uploading the form.
- Once the documents are received, DANB staff will review and issue the certificate if all requirements are met. During the document review process, DANB staff will send the dentist signing the form an email message at his or her publicly published email address (usually found on the dental office’s website) asking him or her to confirm the accuracy of the information contained in the form and the authenticity of signature. If no email address is published, DANB staff will send the email to the email address entered on the form.
- If the dentist either confirms or does not respond to the email message, no action will be taken. If the dentist responds and indicates that they did not sign the form, the certificate will be rescinded and disciplinary action will be taken as determined by DANB and the OBD.

Adjusting this process will allow us to decrease the processing time and eliminate a hurdle for dental

assistants moving to Oregon so they can begin working sooner. It will also streamline the processing of these applications for DANB staff by reducing the number of pending applications that are awaiting documentation.

DANB would also like to make the same modification for those applying for Certification by Credential using the “out-of-state credential” option, but it appears that such a modification would require a rule change. Therefore, our current request applies only to the “out-of-state work experience” option. We have recommended revisions to the rule language in a separate email.

We are requesting that this modification to the process be authorized as soon as possible. If you approve this change, please also review and approve the changes marked in the attached application form, or provide feedback/edits.

Please provide approval to move forward with this modification or let us know if you have any questions.

My best,
Katherine

Katherine Landsberg
Director, Government Relations
klandsberg@danb.org
office: 312-280-3431
www.danb.org



Background: See email from Katherine Landsberg dated April 30, 2024.

818-042-0130

Application for Certification by Credential

An applicant for certification by credential shall submit to the Board:

- (1) An application form approved by the Board, with the appropriate fee;
- (2) Proof of certification by another state and any other recognized certifications (such as CDA or COA certification) and a description of the examination and training required by the state in which the assistant is certified ~~submitted from the state directly to the Board;~~
or
- (3) Certification that the assistant has been employed for at least 1,000 hours in the past two years as a dental assistant performing the functions for which certification is being sought.
- (4) If applying for certification by credential as an EFDA, EFODA or EFPDA certification by a licensed dentist that the applicant is competent to perform the functions for which certification is sought; and (Please see note below for questions about this paragraph.)
- (5) If applying for certification by credential in Radiologic Proficiency, certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection Services, or the Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-ray machine operators, or other comparable requirements approved by the Oregon Board of Dentistry.

Question: The punctuation of section 818-042-0130 makes it possible to interpret the provision described in (4) to mean that everyone applying for EFDA, EFODA, or EFPDA through certification by credential must submit certification by a licensed dentist that they are competent to perform the functions for which certification is sought, including BOTH those who submit verification of 1,000 hours' employment as described in (3) AND ALSO those who submit certification of holding another state's credential as described in (2).

In accordance with the direction DANB received when we took over the "certification by credential" administrative process from the OBD staff, DANB is NOT currently asking those who apply through the "out-of-state credential" provision described in (2) to submit any certification by a licensed dentist that they are competent. We only require this for those applying through the "out-of-state work experience" provision described in (3).

Can you confirm that what we're doing is correct? Do you think this section needs any revision to clarify? The additional markup in blue below provides a suggestion for how to revise if you think it requires revision:

818-042-0130

Application for Certification by Credential

An applicant for certification by credential shall submit to the Board:

- (1) An application form approved by the Board, with the appropriate fee;*

(2) Proof of certification by another state and any other recognized certifications (such as CDA or COA certification) and a description of the examination and training required by the state in which the assistant is certified ~~submitted from the state directly to the Board~~; or

(3) Certification that the assistant has been employed for at least 1,000 hours in the past two years as a dental assistant performing the functions for which certification is being sought; ~~and, if~~

~~(4) If applying for certification by credential as an EFDA, EFODA or EFPDA, certification by a licensed dentist that the applicant is competent to perform the functions for which certification is sought; and,~~

~~(5) If applying for certification by credential in Radiologic Proficiency, certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection Services, or the Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-ray machine operators, or other comparable requirements approved by the Oregon Board of Dentistry.~~

From: Phetnouvong, Fiona <phet4123@pacificu.edu>
Sent: Wednesday, March 31, 2021 10:54 PM
To: PRISBY Stephen *OBD <Stephen.PRISBY@oregondentistry.org>
Cc: Simonne Soudan <soud5365@pacificu.edu>; Amanda Musgrave <musg5639@pacificu.edu>
Subject: Proposal for Administration of Local Anesthesia

Fiona Phetnouvong
Kat Soudan
Amanda Musgrave
Pacific University
222 SE 8th Ave.
Hillsboro, OR 97123

March 31, 2021

Director Stephen Prisby
Executive Director for the Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

Hello Director Prisby,

As senior year students in the dental hygiene program at Pacific university, we have participated in an amazing year long collaboration with our advisory board members focused solely on creating a proposal for our capstone project.

We are delighted to share this capstone project with you, which proposes to allow dental assistants to expand their scope of practice to include the administration of local anesthesia. We respectfully submit this proposal for consideration by the Oregon Board of Dentistry.

We wish to express our utmost gratitude for this opportunity, and are incredibly thankful for your time and effort in considering our submission at this time. We look forward to our upcoming meeting with the Oregon Board of Dentistry.

Sincerely,
Fiona Phetnouvong, Kat Soudan, Amanda Musgrave

Dental Assistant Administration of Local Anesthesia - Oregon
Students: Kat Soudan, Fiona Phetnouvong, Amanda Musgrave

Proposal

The creation of a Local Anesthesia Expanded Functions certificate that would allow administration of local anesthesia procedures, (placement of topical anesthetic, determination of the type of anesthetic needed, calculation of MRD, evaluation of indications and contraindications for local anesthesia, documentation of patient's medical history, loading and unloading of syringe, needle placement, delivery of local anesthetic, identification of a medical emergency, responding to medical emergencies), to appropriately educated dental assistants, under the indirect supervision of a dentist and/or dental hygienist that maintains their current anesthesia endorsement.

Justification

The creation of a Local Anesthesia Expanded Functions certificate in Oregon would provide an additional professional pathway for interested dental assistants. It would allow dental assistants to demonstrate their current knowledge, and expand on that through continuing education of head and neck anatomy, pharmacology, medical emergencies, and additional continuing education courses.

Utilization of an Expanded Functions Dental Assistant that is able to administer local anesthesia would allow interested dentists to increase productivity in practice, provide effective quality care, increase practice income, serve more "at-risk" or low income patients, and improve significantly in time management. According to Kracher C, "As the dental delivery system evolves in the next 25 years, the demand for dental assistants to have more advanced clinical skills will increase, creating a need for their education to change. This

demand may grow as evidence accumulates that use of expanded function dental assistants can increase the profitability of a practice.” This indicates the potential to serve greater numbers of patients in Oregon through the use of local anesthesia by an Expanded Functions Dental Assistant.

National Perspective

Several states allow educated dentists, dental hygienists and dental assistants to expand their scope of practice in many skills such as restorative, nitrous, IV sedation, gingival curettage, etc. During the development of this proposal we looked at the provisions in Oregon, Kentucky Minnesota, North Dakota, Oklahoma, South Dakota, and Washington State which currently authorize Dental Hygienists and Dental Assistants to initiate an IV line. In reference to the Dental Assisting National Board Inc; dental assistants can obtain certification to prepare for IV medication, sedation, or general anesthesia under the indirect supervision of a dentist or registered dental hygienist.

According to Mike DeWine, a U.S. Senator from the State of Ohio In December 1997, however, the Health Care Finance Administration (HCFA) issued a proposed rule that would eliminate the physician supervision requirement for Certified Registered Nurse Anesthetists (CRNA's). HCFA acknowledged that there has been no new studies comparing outcomes between patients who have received doctor-supervised anesthesia versus those who received anesthesia without the supervision of a doctor. Instead, the rationale offered for the proposed rule was essentially that the HCFA is interested in decreasing regulatory requirements and increasing state flexibility. HCFA argued that anesthesia regulations are an appropriate area to do so, given that the anesthesia-related death rate is extremely low. Patients can receive the same level of care at a lower cost, and have more available clinics to choose from if the practices have employees that have an expanded scope of practice.

Similarly, in dentistry, all members of the dental field are continually working to expand their scope of practice in order to provide these types of services. This speaks to confidence in the education and skill of expanded functions dental assistants afforded them by both the dental community and the patients they serve.

Recommendations

The Local Anesthesia Expanded Functions Advisory Board proposes the following criteria for dental assistants for application for the permit to deliver local anesthesia. Upon the completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course approved by the Board, a dental assistant may administer local anesthesia under the indirect supervision of a licensed dentist and/or dental hygienist that maintains their current anesthesia certificate in accordance with the Board's rules regarding anesthesia under the expanded functions certificate.

◆ Prerequisite Requirement:

- Dental Assisting National Board (DANB), Certified Dental Assistant (CDA)

and

- Oregon Expanded Functions Certificate (OR-EFDA)

◆ Successful completion of an Oregon Board of Dentistry approved local anesthesia curriculum from a program accredited by the Commission on Dental Accreditation.

- Curriculum should be not less than 65 hours of didactic and clinical instruction and successfully with a grade point average of 75% and above.
- Proposed curriculum should include content in all of the following:
 - Theory of pain control

- Selection of pain control modalities
 - Medical history and documentation
 - Dental history and documentation
 - Contraindications of local anesthesia
 - Head & Neck Anatomy
 - Neurophysiology
 - Pharmacology of local anesthetics
 - Pharmacology of vasoconstrictors
 - Psychological aspects of pain control
 - Systemic complications
 - Techniques of maxillary anesthesia
 - Techniques of mandibular anesthesia
 - Infection control
 - Local anesthesia medical emergencies
- ◆ Dental Assisting National Board (DANB), Certified Dental Assistant (CDA) annual requirements for recertification:
 - Must complete 12 hours of annual CE to main the CDA must include:
 - Bloodborne Pathogen Training (1 hour)
 - Infection Control Training (2 hours)
 - CPR Certificate Training
 - Clinical Education as it pertains to dentistry/dental assisting
- ◆ Applicants for the Local Anesthesia Expanded Functions certificate must successfully pass the Western Regional Examination Board both written and clinical within 18 months of the completion of required coursework.
- ◆ Dental Assistants must hold, maintain, and show evidence of current certification in basic or advanced cardiac life support.
 - Renewal requirement every 2 years

Conclusion

Expanded Functions Dental Assistants who are interested in expanding their scope of practice to include delivering local anesthesia is a highly considerable notion. Abiding by the rules and regulations to obtain this certification, it is clear that as part of dental health care, dental assistants are an essential contributor in adequate patient care. This certificate will assist in improving quality patient care, providing care to more individuals, increasing time management, increasing profit and increasing production. In dentistry, dental hygienists and dentists are regulated through the state legislature. To obtain their licensure, they have to pass state licensing exams and be regulated by their own state boards. There is no reason why dental assistant regulation is unable to be performed by those same organizations, after they have received additional education to allow them the ability to perform additional tasks- including local anesthesia. If dental assistants are properly educated in providing local anesthesia (just as dentists and hygienists are) they should be fully capable of providing local anesthesia for their patients just as dentists and hygienists are. "As the dental delivery system evolves over the next 25 years, the demand for dental assistants to have more advanced clinical skills will increase, creating a need for dental education to change." (Kracher C, et al. 2017). The requirements to practice after obtaining credentials and licensure should follow the same exact protocols for renewal to continue in clinical practice.

Resources

Beazoglou TJ, Chen L, Lazar VF, Brown LJ, Ray SC, Heffley DR, Berg R, Bailit HL. Expanded function allied dental personnel and dental practice productivity and efficiency. *J Dent Educ.* 2012 Aug;76(8):1054-60. PMID: 22855591.

Kartha A, Restuccia JD, Burgess JF, Benzer J, Glasgow J, Hockenberry J, Mohr DC, Kaboli PJ, NP and PA Scope of Practice. *J. Hosp. Med* 2014;10;615-620.
doi:10.1002/jhm.2231

Kracher C, Breen C, McMahon K, Gagliardi L, Miyasaki C, Landsberg K, Reed C. The Evolution of the Dental Assisting Profession. *J Dent Educ.* 2017 Sep;81(9):eS30-eS37. doi: 10.21815/JDE.017.031. PMID: 28864801.

Mitchell TV, Peters R, Gadbury-Amyot CC, Overman PR, Stover L. Access to care and the allied oral health care workforce in Kansas: perceptions of Kansas dental hygienists and scaling dental assistants. *J Dent Educ.* 2006 Mar;70(3):263-78. PMID: 16522755.

Phillips E, Shaefer HL, Aksu MN, Lapidos A. Is a mid-level dental provider model acceptable to potential patients? *Community Dent Oral Epidemiol.* 2016 Oct;44(5):426-34. doi: 10.1111/cdoe.12230. Epub 2016 May 5. PMID: 27146635.

Post JJ, Stoltenberg JL. Use of restorative procedures by allied dental health professionals in Minnesota. *J Am Dent Assoc.* 2014 Oct;145(10):1044-50. doi: 10.14219/jada.2014.61. PMID: 25270703.

Advisory Board

Lisa Rowley, CDA, RDH, MS, EFDH
School of Dental Hygiene Studies
Dental Hygiene Program
Advocacy Director for ODHA

Dr. David Carsten DDS, MAGD, Dental Anesthesiologist, Assistant Professor
OHSU School of Dentistry

Dr. Matthew Schapper, DMD

Corvallis Dental Health
Tina Clarke, RDH, MEd, Owner of TeacherTina RDH
Leslie Greer Lane Community College Dental Assisting Program & Co-op Coordinator
Jill Lomax EDM, CDA, EFDA-RF, FADAA Chemeketa Community College Dental Assisting Program Chair
Peggy Lewelling EFDA, CDA, RDH, BSDH, M.Ed. Portland Community College Full-Time Faculty Dental Sciences
Stacey Gerger BS, CDA, EFDA Linn Benton Community College Department Chair of the Dental Assisting Department
Ginny Jorgensen, CDA, EFDA, EFODA Portland Community College Dental Assisting Program
Dawn DeFord, RDH

***Affiliations are listed for identification purposes only and are not necessarily an indication of endorsement.

From: Jill Lomax <jill.lomax@chemeketa.edu>

Sent: Tuesday, August 2, 2022 12:03 PM

To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

Cc: Peggy Lewelling <peggy.lewelling15@pcc.edu>; Ginny Jorgensen <ginjorge53@gmail.com>

Subject: Local Anesthesia Functions of Dental Assistants Proposal

Greetings Mr. Prisby,

I am **Jill Lomax**, Program Chair of the Dental Assisting Program at Chemeketa Community College. My colleagues, **Peggy Lewelling and Ginny Jorgenson**, are instructors with the dental assisting programs at Portland Community College.

We are submitting to the Oregon Board of Dentistry a proposal that would allow dentists in Oregon to delegate administration of **local anesthesia** to their dental assistants. We hope that you will place this proposal on the agenda for the next OBD meeting on August 19th, 2022.

The following documents are attached for the Board's consideration:

Proposed Rule & Current Rules – This document outlines a proposed administrative rule 818-042-00XX Local Anesthesia Functions of Dental Assistants. For comparison purposes, this document also includes the current administrative rules for dental hygienists to perform local anesthesia and for dental assistants to perform restorative functions.

Frequently Asked Questions (FAQs) – This document provides additional information about this proposed administrative rule.

Dental Assistant Questionnaire – This document shows the results of a survey conducted by the Oregon Board of Dentistry in 2019 that asked dentists about the expanded functions they allow their dental assistants to do. Local anesthesia was the top answer on the list of duties that dentists would like to see added as an expanded function for dental assistants.

Both myself and Ginny Jorgenson will be able to attend the August 19th Board meeting to answer any questions.

Thank you in advance to the Oregon Board of Dentistry for considering this proposal.

Sincerely,

Jill Lomax, EdM, CDA, EFDA-RF, FADAA

Peggy Lewelling, EFDA, CDA, RDH, BSDH, MEd

Ginny Jorgenson, CDA, EFDA, EFODA, AAS

Jill Lomax, EdM, CDA, EFDA-RF, FADAA | Dental Assisting Program Chair

Chemeketa Community College | 4000 Lancaster Dr NE, Bld8/109G, Salem, OR 97305

p. 503.399.5084 | website: go.chemeketa.edu/dental

**Local Anesthesia Functions of Dental Assistants
Proposed Oregon Administrative Rule (OAR)**

Proposed Rule & Current Rules

Proposed Rule

818-042-00?? Local Anesthesia Functions of Dental Assistants

- (1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
- (2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

Current Rules

818-035-0040 Expanded Functions of Dental Hygienists

- (1) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents and local anesthetic reversal agents under the general supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

818-042-0095 Restorative Functions of Dental Assistants

- (1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:
 - (a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or
 - (b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of

successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

- (2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):
 - (a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.
 - (b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

DRAFT

**Local Anesthesia Functions of Dental Assistants
Proposed Oregon Administrative Rule (OAR)**

**Frequently Asked Questions (FAQs)
Revised August 1, 2022**

EDUCATION

- **Could a dental assistant be trained on-the-job to administer local anesthesia?**
No, the dental assistant would need to successfully complete a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board. The Board approved program would be consistent with the course of instruction approved by the Board that is required for a dental hygienist to administer local anesthesia.
- **Would administration of local anesthesia be added to our dental assisting education programs?**
No, at this time we anticipate that this training would be offered as a continuing education course to dental assistants who hold an EFDA Certificate and are working in a dental setting. This would be similar to the restorative functions training that is currently being provided for dental assistants who hold an EFDA Certificate.
- **Would the continuing education program be comparable to those that are offered for dental hygienists?**
Yes, the continuing education program would need to be Board approved and would need to be comparable to the training that are offered for dental hygienists. The training program would include a review of dental anatomy, head & neck anatomy, pharmacology & management of medical emergencies.

CLINICAL PRACTICE

- **Do dentists want their dental assistants to be able to administer local anesthesia?**
Yes, in 2019 the Oregon Board of Dentistry conducted a Dental Assistant Questionnaire that asked dentists about the expanded functions that they allow their dental assistants to do. The last question was “What duties would you like to see added to the expanded functions list?” Local anesthesia was the top answer on the list of duties that dentists would like to see added as an expanded function for dental assistants.

- **Why would a dentist want their dental assistants to be able to administer local anesthesia?**

Dental assistants help their dentists to provide restorative treatment for their patients. For a typical restorative appointment, the dental assistant seats the patient and places topical anesthetic on the soft tissue where the local anesthesia will be administered. After 1-2 minutes the dentist enters the treatment room and administers local anesthesia to the patient and then leaves the room for 5-10 minutes to allow the local anesthesia to take effect while the dental assistant places a rubber dam to isolate the teeth to be treated. Then the dentist returns to the room to begin the dental treatment. If the dental assistant could administer the local anesthesia, this would save time and make the process more efficient for both the dentist and the patient.

- **Would a dentist be required to allow a dental assistant to administer local anesthesia?**

No, as with all dental assisting procedures the dentist would need to authorize a dental assistant to administer local anesthesia under indirect supervision.

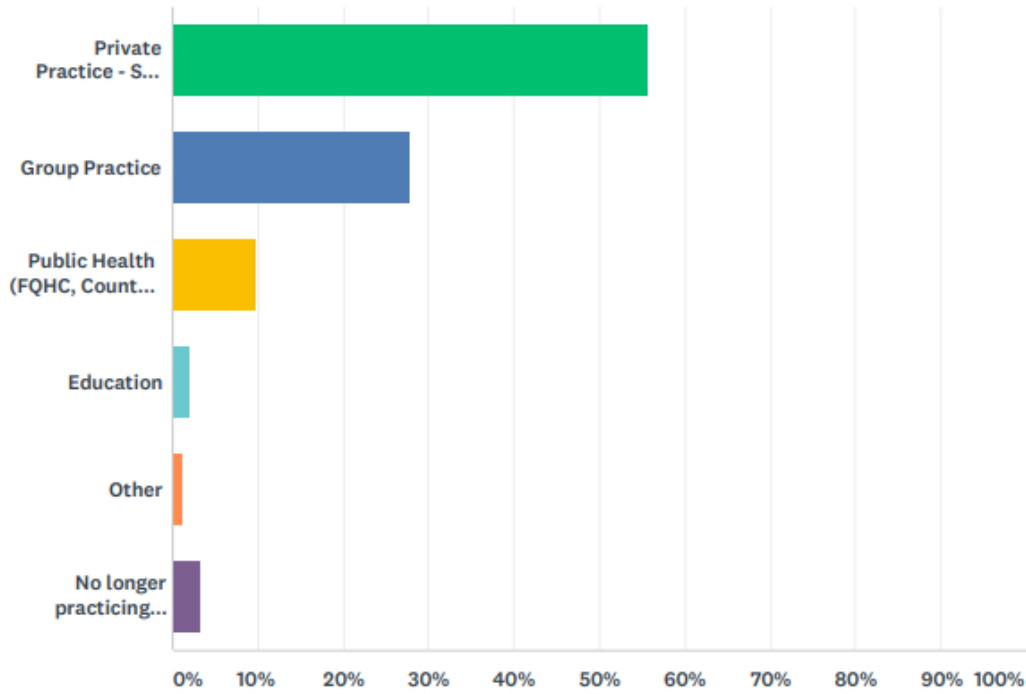
- **Could a dental assistant administer local anesthesia without the dentist?**

No, the dental assistant would only be able to administer local anesthesia under the indirect supervision of a dentist. The dentist would need to authorize the procedure and be on the premises when it is performed.

Dentists - Dental Assistant Questionnaire

Q1 What type of setting do you primarily practice dentistry?

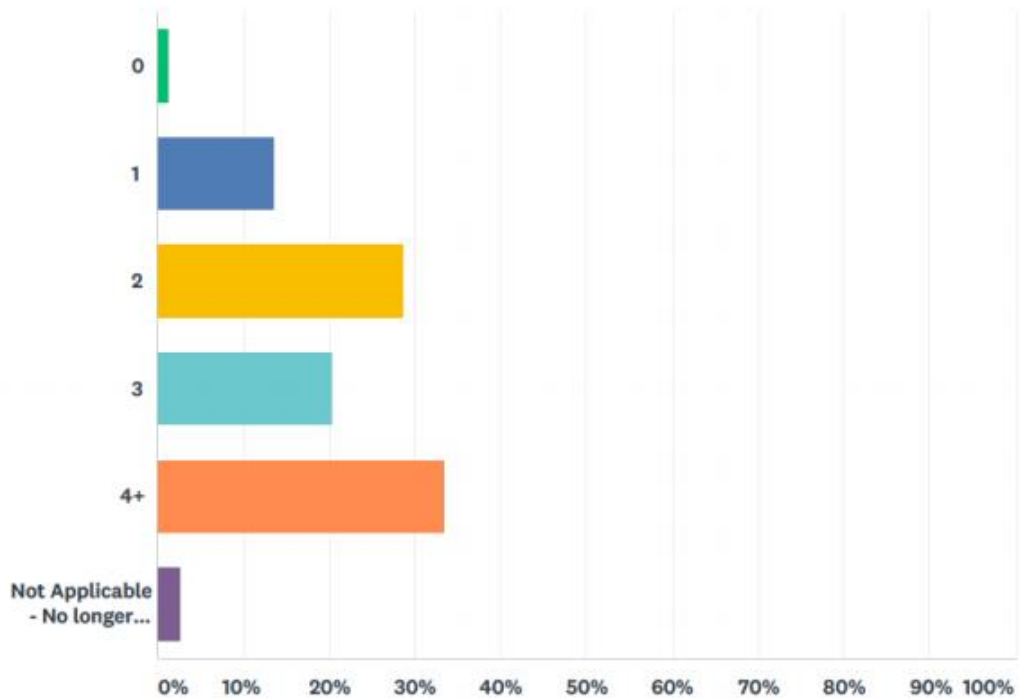
Answered: 472 Skipped: 0



ANSWER CHOICES	RESPONSES	
Private Practice - Sole Practitioner	55.72%	263
Group Practice	27.75%	131
Public Health (FQHC, County, Corrections, Community etc.)	9.75%	46
Education	2.12%	10
Other	1.27%	6
No longer practicing (Retired, Disabled etc.)	3.39%	16
TOTAL		472

Q2 How many dental assistants do you employ or work at your primary location?

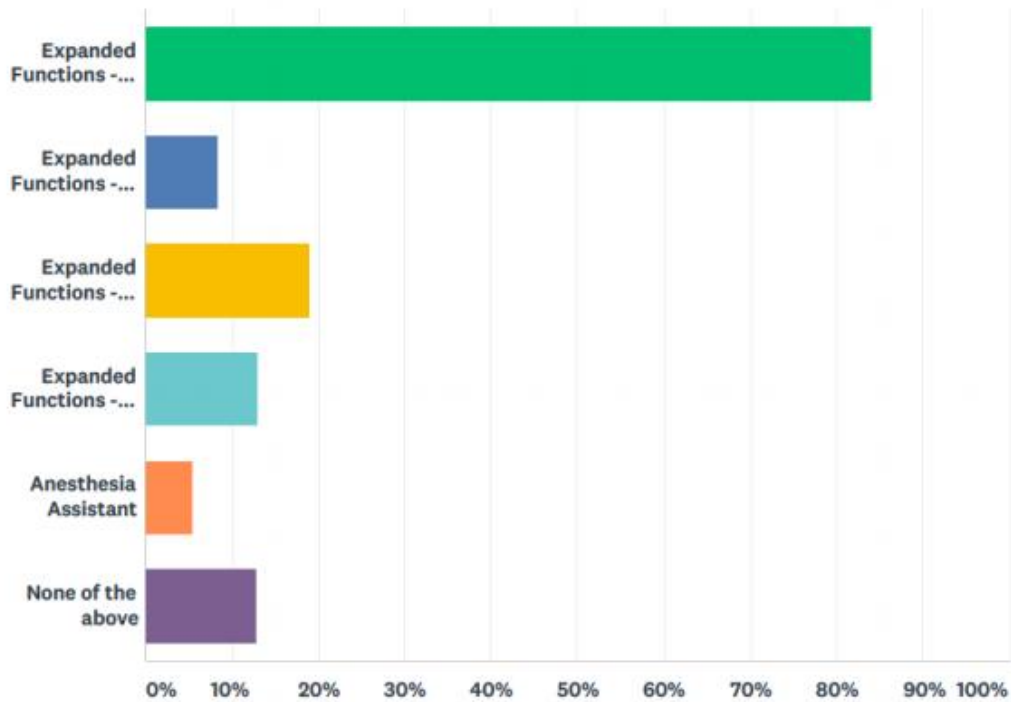
Answered: 469 Skipped: 3



ANSWER CHOICES	RESPONSES	
0	1.28%	6
1	13.65%	64
2	28.57%	134
3	20.26%	95
4+	33.48%	157
Not Applicable - No longer practicing	2.77%	13
TOTAL		469

Q3 Which of the following Oregon certifications does your dental assistant(s) hold? (Check all that apply)

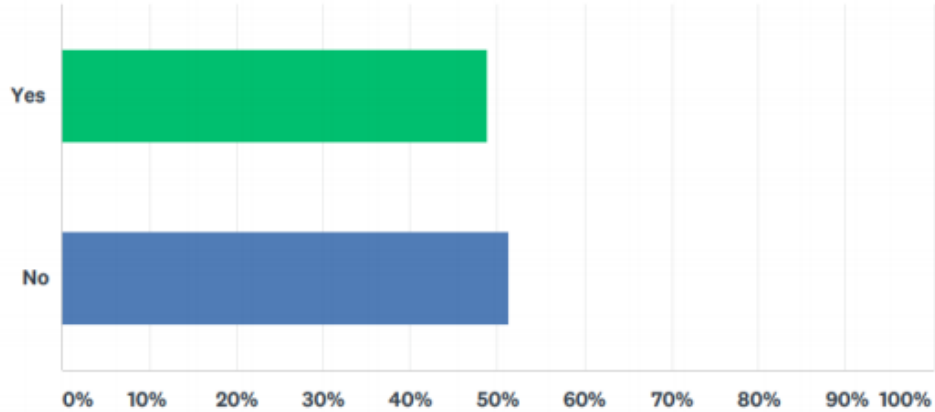
Answered: 461 Skipped: 11



ANSWER CHOICES	RESPONSES	
Expanded Functions - General	84.16%	388
Expanded Functions - General with Restorative Endorsement	8.46%	39
Expanded Functions - Orthodontic	19.09%	88
Expanded Functions - Preventive	13.02%	60
Anesthesia Assistant	5.42%	25
None of the above	12.80%	59
Total Respondents: 461		

Q4 Within your practice do you utilize the Dental Assisting National Board's (DANB) signoff sheet to train your dental assistant(s) to perform EFDA duties to obtain certification in Oregon?

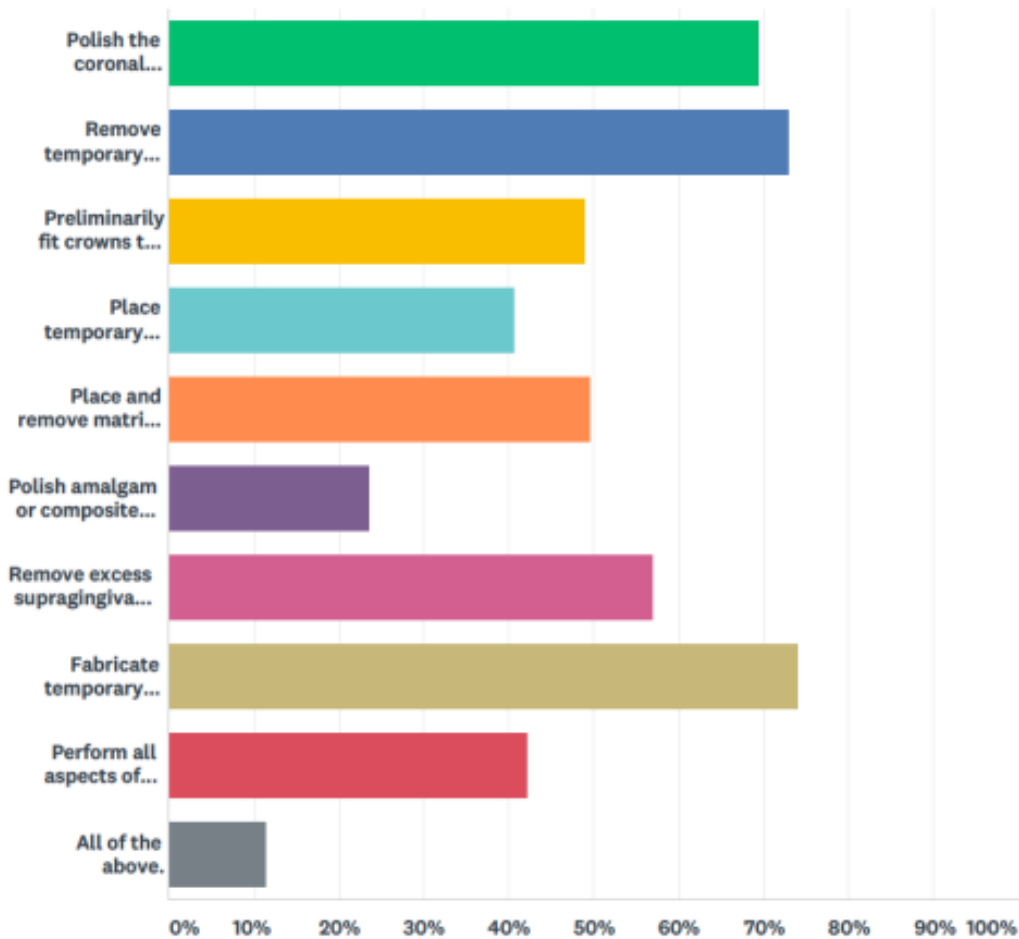
Answered: 462 Skipped: 10



ANSWER CHOICES	RESPONSES	
Yes	48.70%	225
No	51.30%	237
TOTAL		462

Q5 Which expanded function duties do you allow your assistant(s) to perform once certified in Oregon? (Check all that apply)

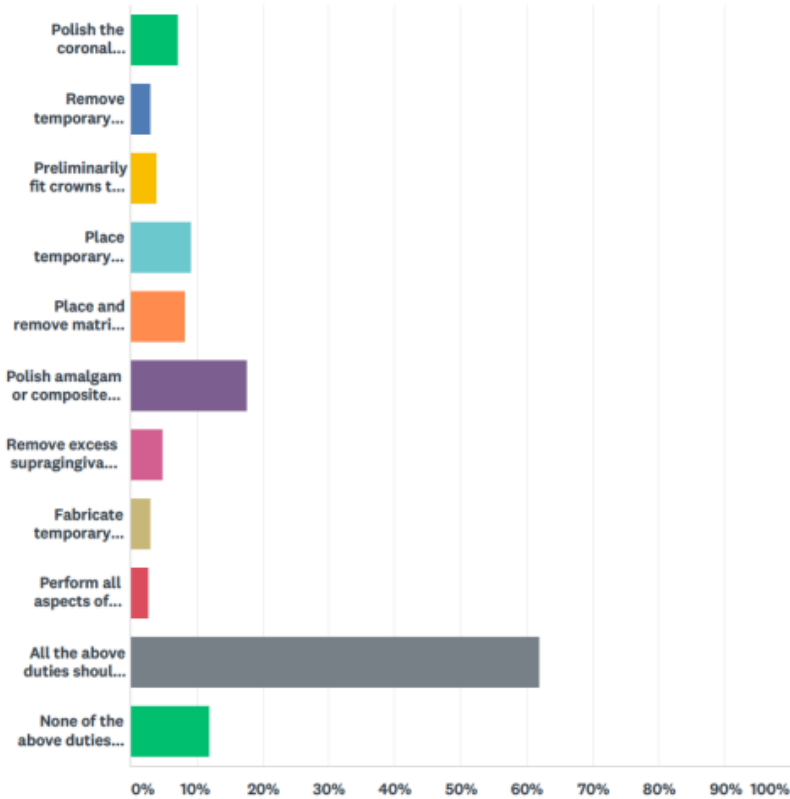
Answered: 409 Skipped: 63



ANSWER CHOICES	RESPONSES	
Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains.	69.44%	284
Remove temporary crowns for final cementation and clean teeth for final cementation.	73.11%	299
Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth.	48.90%	200
Place temporary restorative material (i.e., zinc oxide eugenol based material).	40.59%	166
Place and remove matrix retainers for alloy and composite restorations.	49.63%	203
Polish amalgam or composite surfaces with a slow speed hand piece.	23.72%	97
Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instrument.	56.97%	233
Fabricate temporary crowns, and temporarily cement the temporary crown.	74.08%	303
Perform all aspects of teeth whitening procedures.	42.30%	173
All of the above.	11.49%	47

Q6 Which EFDA duties, if any, do you consider obsolete? (Check all that apply)

Answered: 376 Skipped: 96



ANSWER CHOICES	RESPONSES
Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains.	7.18% 27
Remove temporary crowns for final cementation and clean teeth for final cementation.	2.93% 11
Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth.	3.99% 15
Place temporary restorative material (i.e., zinc oxide eugenol based material).	9.31% 35
Place and remove matrix retainers for alloy and composite restorations.	8.24% 31
Polish amalgam or composite surfaces with a slow speed hand piece.	17.55% 66
Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments.	4.79% 18
Fabricate temporary crowns, and temporarily cement the temporary crown.	2.93% 11
Perform all aspects of teeth whitening procedures.	2.66% 10
All the above duties should remain as expanded function duties.	61.97% 233
None of the above duties should remain expanded function duties.	11.97% 45
Total Respondents: 376	

Q7 What duties would you like to see added to the expanded functions list?

Answered: 181 Skipped: 291

The majority of the answers showed that the dentists would like EFDA dental assistants to perform the following duties:

- Local Anesthesia
- Final Impressions
- Pack retraction cord (Already allowed)
- Soft relines (Already allowed)
- Start nitrous oxide
- Periodontal probing

818-035-0040

Expanded Functions of Dental Hygienists

(1) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents and local anesthetic reversal agents under the general supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

(2) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist may administer nitrous oxide under the indirect supervision of a licensed dentist in accordance with the Board's rules regarding anesthesia.

(3) Upon completion of a course of instruction approved by the Oregon Health Authority, Public Health Division, a dental hygienist may purchase Epinephrine and administer Epinephrine in an emergency.

Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

August 13th, 2023

Dear members of the Board of Dentistry:

ODA is a membership association of over 2,000 dentists across the state. Our decisions to weigh in on policy proposals are made by members of various committees within our governance structure. On most regulatory issues, issues are discussed at our Regulatory Affairs Council and may be elevated to our Board of Trustees. Both groups are broad in representation and diverse in perspective. Both groups have reviewed the initial proposal for dental assistants to perform local anesthesia, and both groups strongly oppose the proposal. **We strongly urge the Board not to move this issue forward further.**

ODA has deep concerns with the proposal for the following primary reasons:

1) Dental assistants are not a regulated group (i.e. no licensure requirement) by the state of Oregon and as such, there is no reporting mechanism for tracking adverse outcomes for assistants. Regulation exists in order to ensure public safety and to maintain a certain standard. It allows not only for disciplinary action and remediation for those injured but also for identifying practitioners who need additional education.

ODA members voiced significant concern related to the ability of the Board of Dentistry, dentists in private practice or corporate settings who would be hiring dental assistants, or the general public, to track and/or access records of a dental assistant who may have experienced a significant adverse patient outcome such as death from overdose, seizure, inability to manage a medical emergency such as anaphylaxis or nerve injury under indirect supervision. Currently, if an adverse event occurs, due to a dental assistants' error, the dentist will be disciplined by the Oregon Board of Dentistry. With this proposal, there will not be a public record associated with the dental assistant who administered the regional anesthesia causing death or injury. There would be no opportunity to enforce additional education for that dental assistant to prevent another adverse outcome. A future hiring dentist would not necessarily have knowledge of the concerns; a patient would not have the ability to review their regional anesthesia provider's safety record.

For this primary reason, the ODA members concluded that expanding the scope of dental assistants to provide regional local anesthesia was inappropriate due to lack of reporting which could adversely affect patients throughout the state as a troubled assistant moved jobs without remediation.

2) Dental assistant curriculum is currently inadequate for the administration of regional nerve blocks using local anesthesia. ODA members discussed what education/course work could prepare an individual dental practitioner to be competent to safely deliver local anesthetic. As the necessary course work was described and discussed, it became clear that a single course, or even a series of few courses, could not cover sufficient pharmacology, anatomy (including dissection of cadavers), and emergency management training to ensure provider

competency. Ultimately, ODA members felt that the base knowledge necessary prior to course work specific to local regional anesthesia is so critical and broad that an individual should pursue a hygiene education to obtain this skill set.

3) Finally, no other state allows an unregulated group to administer local regional anesthesia via nerve blocks (e.g. epidural, Bier block or blocks of the trigeminal nerve). ODA believes that it is because of the issues outlined above that other states have declined this initiative.

Finally, there has been much reference made to a survey conducted where dentists indicate they would like dental assistants to have this expanded function. We have not seen any data about how many dentists were included in this survey, the method of data collection for this survey, or other metrics to determine if the results are representative of a larger opinion, or if the survey itself is scientifically sound. To the contrary, in our discussion with our volunteers, there is overwhelming opposition to the proposal. When pressed whether any changes could be made to the proposal to make it better, our leadership overwhelmingly reflects that the minimum education required for individuals to safely perform these procedures is most of a dental hygiene degree and that individuals performing this scope of practice should be licensed by the state.

We agree that there is a need to examine rules around dental assistants' credentialing, requirements, education standards and career pathways. We welcome those conversations.

Sincerely,

Mark Miller, DMD, MAGD, ODA President

Stacy Geisler, DDS, Phd, ODA Regulatory Affairs Committee Chair

Olesya Salathe, DMD, ODA BOT member, Board of Dentistry Liaison



**Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201**

*Submitted electronically to: Stephen.PRISBY@obd.oregon.gov
August 14, 2023*

Dear Members of the Oregon Board of Dentistry:

The Oregon Society of Anesthesiologists (OSA) is a membership organization representing physician anesthesiologists across the state. Our members are dedicated to patient safety and access to care. We write to express concerns over the proposal to allow dental assistants to administer local anesthesia. We respectfully urge the Board not to advance this proposal.

While dental assistants are critical members of the overall care team, the OSA has grave patient safety concerns with the proposal. Administration of local anesthetic requires a knowledge of anatomy, pharmacology and physiology (especially medical contraindications or how to respond to adverse events). Incorrect administration can cause significant—and even permanent—harm to patients. Risks include anaphylaxis, nerve injury, stroke or even death. Current dental assistant programs do not include the necessary level of training required to safely administer local anesthetic, and these skills cannot be taught in a condensed course, or even several courses.

There is also concern over record keeping, since dental assistants are not licensed and practice under the supervision of a dentist. If an adverse outcome were to occur at the hands of a dental assistant, there will be no public record associated with the assistant, which would make it difficult for the Board to enforce additional education to prevent another adverse outcome.

The Oregon Society of Anesthesiologists strongly urges the board not to advance this proposal. Thank you for your consideration.

John Meyer, MD
President
Oregon Society of Anesthesiologists
johnmeyer0814@gmail.com



The Oregon Dental Association represents over 2,100 dentists practicing in all corners of the State and the Oregon Dental Hygiene Association membership including over 600 licensees, with a combined membership of over 2,700 licensees statewide. Our two organizations write to formally request that the Oregon Board of Dentistry consider changes to the mental health questions that are currently part of the licensing process.

Recognizing the need to reduce stigma around mental health, the Oregon Medical Board recently moved to an attestation model in line with the [Dr. Lorna Breen Heroes' Foundation's](#) recommendations.

Yet, the line of questioning used by the Oregon Board of Dentistry during licensing remains outdated and stigmatizing—even though, according to the American Dental Association, the suicide rate amongst dentists is even higher than that of physicians, “Male dentists hold the highest suicide rate at 8.02 percent. Female dentists hold the fourth highest suicide rate at 5.28 percent. Physicians (7.87 percent), pharmacists (7.19 percent) and nurses (6.56 percent) also hold suicide rates much higher than the national average”.

Notably, this data was gathered before the COVID-19 pandemic. More recently, the 2021 Dentist Well-Being Survey Report by the American Dental Association revealed that the percentage of dentists diagnosed with anxiety more than tripled in 2021 compared with 2003. Yet, providers report that they are fearful to seek the help that they need.

In recognition that healthcare providers encounter mental health and substance use disorders, the Oregon Medical Board uses the below form and wording for initial licensure and renewal. the Oregon Dental Association and the Oregon Dental Hygiene Association respectfully urge the Oregon Board of Dentistry to adopt similar language to replace stigmatizing language currently being used. Thank you for your consideration.

Mark Miller, DMD
President, ODA

Tracy Lynne Brunkhorst
RDH, EPDH, FADHA
President ODHA

Category II

The Oregon Medical Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and fellow health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and anonymously self-referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com).

The failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, can result in the Board taking action against your Oregon Medical Board license.

I have read and understand the above advisory and agree to abide by the Board's expectation.

The answer to the below question is exempt from public disclosure under state and federal law. The answer may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon it.

Do you currently engage in the excessive or habitual use of alcohol or drugs or are you dependent on the use of alcohol or drugs which impair your ability to practice your health care profession safely and competently? "Excessive" as used in this question includes, but is not limited to, the use of alcohol or drugs that leads to disturbances, fights, arrest, DUII, injury, accident, illness, loss of consciousness, .08% BAC or above on a required chemical substance screening test, or other adverse consequences. If you are currently enrolled in the Oregon Health Professionals' Services Program (HPSP), you may answer "no."

If "yes," provide a full description. Documentation from the relevant law enforcement agency, court, or other entity must be sent directly to the Board. Additionally, a statement from your treating provider regarding your ability to safely practice must be sent directly to the Board.

OMB Adopting Mental Health Attestation Model for Licensure and Renewal Applications



The Oregon Medical Board recognizes that licensees encounter personal health conditions, including mental health and substance use disorders, just as their patients and fellow health care providers do. According to a 2022 survey conducted by The Physicians Foundation, nearly 40% of providers were afraid (or knew a colleague who was afraid) to seek mental health care because of questions asked as part of medical licensure or credentialing applications.

The [Dr. Lorna Breen Heroes' Foundation](#) challenged all medical boards to audit licensure and renewal mental health questions, change invasive or stigmatizing language, and communicate these changes to licensees.

To better support licensees in seeking the care they need without anxiety or trepidation, on April 6, 2023, the Board voted to remove intrusive and stigmatizing language around mental health care and treatment from licensure applications and renewals. The advisory statement uses supportive language around mental health and holds licensees and applicants accountable for their own well-being. The model makes it clear that self-care is patient care.

The advisory statement and attestation were included in applications effective June 1, 2023:

- [Personal History Questions for Licensure Application](#)
- [Personal History Questions for Licensure Renewal](#)

While there is still work to be done, this is a significant step in removing barriers to support and protecting licensees' mental health and wellbeing.



Oregon Medical Board

Initial Application Personal History Questions

Revised 06/2023

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer “yes” to any of the questions, you must submit a complete explanation of the event(s) or condition(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may use the [Personal History Explanation Form](#).

NOTE: Answer all of the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Oregon Medical Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

Category I

The answers to these questions may be subject to disclosure in response to a public records request under state law. The answers may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon them.

1. Do you hold, or have you ever held, any licenses to practice another health care profession?
2. Have you ever failed a licensing examination, or any portion of a licensing examination, for a medical license (USMLE, NBME, NBOME, FLEX, ECFMG) or for any other health professional license? If you ever failed a portion of a licensing examination, you must answer “yes,” even if you later passed the examination.
3. Have you ever been asked to and/or permitted to withdraw an application for licensure, credentialing, or certification with any board, agency, or institution?
4. Has any state licensing board refused to issue, refused to renew, or denied you a license to practice?
5. Have you ever had any disciplinary or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?
6. Regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry, or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
7. Have you ever been arrested, convicted of, or pled guilty or “nolo contendere” (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed.
8. Have you ever been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil investigation of which you are the subject, whether or not a charge, claim, or filing with a court actually occurred?
9. Are there any current, proposed, impending, or threatened civil or criminal action against you, which includes, but is not limited to malpractice claims? This includes whether or not the claim, charge, or filing was actually made with a court.

10. Have you ever entered into any formal, informal, out-of-court, or confidential settlement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge, or filing was actually made with a court.
11. Has any award, settlement, or payment of any kind ever been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the National Practitioner Data Bank (NPDB); or have you ever been notified in any manner that any such claim is proposed, pending, or threatened, whether or not a claim, charge, or filing was actually made with a court?
12. Have you interrupted the practice of your health care profession for one year or more, or ceased the practice of your specialty?
13. During medical school or postgraduate training, were you ever subject to an action for any academic, clinical, or professional concerns, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?
14. Regarding your medically related employment, have you ever had an employment agreement or privileges denied, reduced, restricted, suspended, revoked, or terminated; or have you ever been subject to disciplinary action including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity; or have you been notified that such action or request is pending or proposed?

Category II

The Oregon Medical Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and fellow health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and anonymously self-referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com).

The failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, can result in the Board taking action against your Oregon Medical Board license.

I have read and understand the above advisory and agree to abide by the Board's expectation.

The answer to the below question is exempt from public disclosure under state and federal law. The answer may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon it.

Do you currently engage in the excessive or habitual use of alcohol or drugs or are you dependent on the use of alcohol or drugs which impair your ability to practice your health care profession safely and competently? "Excessive" as used in this question includes, but is not limited to, the use of alcohol or drugs that leads to disturbances, fights, arrest, DUII, injury, accident, illness, loss of consciousness, .08% BAC or above on a required chemical substance screening test, or other adverse consequences. If you are currently enrolled in the Oregon Health Professionals' Services Program (HPSP), you may answer "no."

If "yes," provide a full description. Documentation from the relevant law enforcement agency, court, or other entity must be sent directly to the Board. Additionally, a statement from your treating provider regarding your ability to safely practice must be sent directly to the Board.



Oregon Medical Board

Renewal Application Personal History Questions

Revised 06/2023

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer “yes” to any of the questions, you must submit a complete explanation of the event(s) or condition(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may use the [Personal History Explanation Form](#).

NOTE: Answer all of the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Oregon Medical Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

Category I

The answers to these questions may be subject to disclosure in response to a public records request under state law. The answers may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon them.

1. Has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?
2. Have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?
3. Regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
4. Have you been arrested and/or convicted of, pled guilty or "nolo contendere" (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.
5. Have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?
6. Are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.
7. Have you entered into any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

8. Has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?
9. Have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?
10. Regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?
11. Have you interrupted the practice of your health care profession for two years or more?
12. Have you ceased the practice of medicine in your specialty, or has the nature of your practice changed since your last license renewal?

Category II

The Oregon Medical Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and fellow health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and anonymously self-referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com).

The failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, can result in the Board taking action against your Oregon Medical Board license.

I have read and understand the above advisory and agree to abide by the Board's expectation.

The answer to the below question is exempt from public disclosure under state and federal law. The answer may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon it.

Do you currently engage in the excessive or habitual use of alcohol or drugs or are you dependent on the use of alcohol or drugs which impair your ability to practice your health care profession safely and competently? "Excessive" as used in this question includes, but is not limited to, the use of alcohol or drugs that leads to disturbances, fights, arrest, DUII, injury, accident, illness, loss of consciousness, .08% BAC or above on a required chemical substance screening test, or other adverse consequences. If you are currently enrolled in the Oregon Health Professionals' Services Program (HPSP), you may answer "no."

If "yes," provide a full description. Documentation from the relevant law enforcement agency, court, or other entity must be sent directly to the Board. Additionally, a statement from your treating provider regarding your ability to safely practice must be sent directly to the Board.

License Renewal Application

Renewal Type

Once you have accessed your online renewal application, you will be able to complete the process entirely online. If you should need to stop in the middle of the process your information, up to the last completed page will be saved allowing you to return at a later date to complete the process. Late fees are not charged for 10 days after your license has expired, although you may not practice with an expired license for any reason.

Dental License (DXXXX)

Save And Next

Application Instructions

You have accessed the renewal application for dentists with an expiration date of March 31, 2023. You are required to complete this application yourself; outside parties are prohibited from completing a renewal application on your behalf. The renewal application and OHWI survey must be completed, and your fees must be paid, before your license will be renewed. If you have any questions about the renewal application, please contact the OBD office at information@obd.oregon.gov or 971-673-3200

Save & Next

General Information

Upload current selfie type photo of your face.

Taken within one year of application date.

We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

First Name:	<input type="text" value="KEITH"/>	<input type="button" value="Choose File"/> No file chosen	Middle Name:	<input type="text"/>
Last Name:	<input type="text" value="TEST"/>			
Suffix:	<input type="text"/>			
Non-public Email:	<input type="text"/>		Public Email:	<input type="text"/>
License Number	<input type="text" value="DXXXX"/>			

Mailing Address:

Street:	<input type="text" value="PORTLAND"/>		
	<input type="text"/>		
City:	<input type="text"/>	Country:	<input type="text" value="United States"/>
		State:	<input type="text" value="Oregon"/>
Zip:	<input type="text" value="97217"/>	County:	<input type="text"/>
Phone Number:	<input type="text"/>		

Residence Address:

Street:	<input type="text"/>		
	<input type="text"/>		
City:	<input type="text" value="PORTLAND"/>	Country:	<input type="text" value="United States"/>
		State:	<input type="text"/>
Zip:	<input type="text" value="97217"/>	County:	<input type="text"/>

Business Address:

Street:	<input type="text"/>		
	<input type="text"/>		
City:	<input type="text" value="PORTLAND"/>	Country:	<input type="text" value="United States"/>
		State:	<input type="text" value="Oregon"/>
Zip:	<input type="text" value="97217"/>	County:	<input type="text"/>

Military Service Information

Oregon Dental, Dental Therapy & Dental Hygiene licensure fees are waived for licensees who are active duty military. For those individuals seeking waiver of fees, you must select **yes** stating that you are 'Active Duty Military'. Once you have selected **yes**, in lieu of payment, you must upload documentation from your commanding officer of your active duty military status. Please confirm with your commanding officer that you are allowed to take the waiver, as the military has changed their policy.

Yes No

Mandatory Renewal Response Questions

Question 1: Do you hold a current license to practice dentistry, dental therapy or dental hygiene in any other state or jurisdiction? If 'yes' enter information below. Yes No

Question 2: Do you hold a license to practice any other health care profession (i.e., physician, nurse, chiropractic, massage therapy, dentist) in this or any other state or jurisdiction? If 'yes' enter information below. Yes No

Question 2A: Since the date of your last dental, dental therapy or dental hygiene license application (initial or renewal), have you been the subject of any pending or final (formal, informal, or corrective) action involving any other health care profession license? If 'yes' enter information below. Yes No

Question 3: Regardless of the outcome, since the date of your last license application (initial or renewal), have you been arrested for a misdemeanor or felony; or charged or convicted with a misdemeanor or felony? If 'yes' enter information below. Yes No

Question 4: Are you aware of any physical or mental condition that would inhibit your ability to practice safely? If 'yes' enter information below. Yes No

Question 5: Since your last license application (initial or renewal), were there any criminal or civil matters filed against you, including pending cases that involved alcohol, drugs, or mind altering substances, other than what is already known by the Board's Diversion Coordinator? If 'yes' enter information below. Yes No

Question 6: Since the date of your last license application (initial or renewal), did you use or possess illegal drugs, Scheduled controlled drugs, or mind altering substances, in violation of any law, other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program? If 'yes' enter information below. Yes No

Question 7: Since the last date of your last license application (initial or renewal), have you been evaluated for alcohol or drug abuse, or received treatment, counseling or education for your abuse of alcohol, drugs or mind altering substances, other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program? If 'yes' enter information below. Yes No

Question 8: Since the date of your last license application (initial or renewal), has there been any written request to you, your malpractice insurance company, or risk retention group regarding an alleged injury that may have been caused by your professional negligence, or any written notification from you to your malpractice insurance company or risk retention group that a person has made a request from you for an alleged injury caused by your professional negligence? If 'yes' enter information below. Yes No

Qualified Provider

Other than yourself, do you use a Qualified Provider to induce anesthesia/sedation (excluding local anesthesia) in your office? If Yes, enter who the provider(s) are. Yes No

Continuing Education

1. I have completed, or will complete by 3/31/2023, the 40 hours of continuing education required for licensure period 4/1/2021 to 3/31/2023, including THREE (3) hours related to medical emergencies in the dental office. If 'no' enter information below. Yes No

2. Since the date of my last license application (initial or renewal), I have maintained at all times a current and valid Health Care Provider BLS/CPR certification. If 'no' enter information below. Yes No

Document Name	Document Type	Date	Link	Action
BLS Certificate	BLS/CPR Certification	03/21/2023 12:00:00 AM	Document Details	<input type="checkbox"/>

Document Name :

Document Type : BLS/CPR Certification ▼

Document:

Drop file here to upload or click here to browse and select file(s) to upload.

Click here to complete Upload
Cancel

3. I have completed, or will complete by 3/31/2023, the TWO (2) hours of cultural competency continuing education required for licensure period 4/1/2021 to 3/31/2023. If 'no' enter information below. Yes No

4. I have completed, or will complete by 3/31/2023, the TWO (2) hours of infection control required for licensure period 4/1/2021 to 3/31/2023. Yes No

5. I have completed or will complete by 3/31/23, the one (1) hour pain management course through the Oregon Health Authority, Oregon Pain Management Commission (<https://www.oregon.gov/oha/hpa/dsi-pmc/pages/module.aspx>) for the licensure period 4/1/2021 to 3/31/2023 Yes No

Workforce Survey

Save & Next

ANESTHESIA RENEWAL: Only Applicable to Current Permit Holders

Save & Next

Certification and Signature Digital Certification: Submission of the information on this application by electronic means and payment via credit card or ACH constitutes a valid digital signature. Furthermore, I certify that I am the person described in this application and the information I submitted by electronic means is true and correct. I understand that any falsification could result in board action, including, but not limited to, denial, suspension, or revocation of my license.

Signature :

Date:

Fee and Payment

Payment Method :

Dental Renewal Fee :

OHWI Workforce Survey Fee :

Service Fee :

Prescription Drug Monitoring Program Fee :

Total Fees :

Dental Licensure by Examination

These instructions are designed to assist you in the application process for dental licensure in Oregon. Licensure by Examination is intended for those applicants who have passed their clinical examination **within the immediate five years preceding their application**. Please carefully review [OAR 818-021-0010](#) prior to submitting your application. Failure to meet any of the requirements will result in your application being rejected. If you have questions or you are uncertain if you meet the requirements, please contact the OBD at 971-673-3200 or at information@obd.oregon.gov prior to submitting your application.

Fees: (All Fees are Mandatory):

1. Application Fee: \$345.00
2. Biennial Licensure Fee: \$340.00
3. Prescription Drug Monitoring Fee: \$50.00

Items needed to be uploaded into the application:

-Current Photo taken within one year of application date.
-Proof of passage of National Board.
-Proof of passage of clinical examination.
-Current copy of BLS for Healthcare Providers or its equivalent.
-Proof of completion of a one hour pain management course taken through the Oregon Health Authority - Oregon Pain Management Commission.

ALL APPLICANTS ♦ Additional Requirements

Transcript (With Degree Posted) - Transcripts must be posted with dental degree from an ADA accredited dental program, and must be sent to the Board directly from the school or third-party agent for the school i.e., Parchment, National Student Clearinghouse etc. Transcripts may be sent electronically directly from the school or agent to information@obd.oregon.gov, or via U.S. mail to Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201 Dentists who completed non-ADA accredited programs must also have successfully completed a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and be proficient in the English language. (OAR 818-021-0010(1)(b)).

Pain Management Requirement - In addition to the above requirements OAR 818-021-0010 requires that prior to licensure all dentists must complete a one-hour pain management course taken through the Oregon Health Authority - [Pain Management Course link](#). You will upload a copy of course completion in the "Supplemental" tab in the online application.

Additional Requirements - REQUIRED FOR APPLICANTS WHO ARE CURRENTLY LICENSE OR HAVE HELD LICENSURE IN ANOTHER STATE, COUNTRY OR JURISDICTION:

License Verification Requirement License verifications must be requested by the applicant and submitted directly from every state, country or jurisdiction in which the applicant is currently licensed or has held licensure following below is the link to request a Certificate of Standing Certification. (Note: Many states charge a fee for this service. Please contact the state and/or country directly prior to submitting your request to prevent delays in processing.)

[Certificate of Licensure Form](#)

DEA Registration Applicants who are or who have been licensed in another state must have this form completed and returned to the Board by the Drug Enforcement Administration.

[DEA Registration Form](#)

All Applicants - Optional - Anesthesia Permit Applications - Nitrous Oxide, Minimal Sedation, Moderate Sedation, General Anesthesia Permit Applications

If you would like to administer sedation/anesthesia in Oregon you must apply for a sedation permit, please click on the following link below and following the instructions on that application. Applying for an anesthesia/sedation permit is not completed through this online application process.

[Anesthesia Permits](#)

Please Note: Applicants are solely responsible for ensuring that they meet all requirements for their chosen application pathway. Per [ORS 679.0120\(8\)](#), **fees paid are not refundable or transferrable. Failure to meet the requirements will result in the application being rejected, and the applicant will be required to submit (at minimum) a new application and application fee.**

Dentists who have graduated from a dental program located outside the United States or Canada must also meet additional education requirements. Please review [OAR 818-021-0010](#) for additional education requirements.

IMPORTANT INFORMATION

Affirmative Responses to Questions on the Background and Disciplinary Tab. If you answer "yes" to any of the questions, for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

1. Written letter of explanation from you giving full details.
2. Certified copies of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

Application Valid 180 Days ([OAR 818-021-0120](#)):

1. If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
2. An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
3. An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.

Jurisprudence Examination and Live Scan Fingerprints

Once the OBD has received your application and fee, your Jurisprudence Examination will be emailed to you a link to take the examination. This examination is "open book" and must be completed and uploaded into the Applicant Portal. The OBD will also email you the Request for Transmission for Live Scan Fingerprint form, which will give you the information to schedule your fingerprints at a Fieldprint location near you. Live Scan fingerprints can only be transmitted electronically.

PLEASE ANTICIPATE APPROXIMATELY 6 - 8 WEEKS FOR APPLICATION PROCESSING. We are unable to honor requests for expedited applications. Once requested, documentation from other states or jurisdictions and background checks may take several weeks to arrive. If you would like to know the status of your application, please first review your application in your user portal to see which documents are missing.

You may also use this link to check the status of your application: <https://www.oregon.gov/dentistry/Pages/status.aspx>.

Save & Next

General Information

Upload current passport type photo.

Taken within one year of application date..

We will NOT ACCEPT the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Choose File No file chosen

First Name : Gordon

Middle Name :

Last Name : Test

Gender : Male

SSN # :

Birthdate :

Age :

Other Name Used : Yes N/A

Place of Birth :

Country : United States

State :

City :

Mailing Address :

Street :

State :

City : Portland

Country : United States

OR

Zip : 97227

County : Multnomah

Residence Address :

Street :

City : Portland

Country : United States

State : Oregon

Zip : 97227

County : Multnomah

Select if the Residence Address is your Mailing Address

Office Address :

Street :

State :

City : Vancouver

Country : United States

WA

Zip : 98683

County : Out of State

Select if the Office Address is your Mailing Address

Non-public Email Address :@gmail.com

Home Telephone # :

Cell Telephone # :

Office Telephone # : (XXX) XXX-

XXXX

Save & Next Cancel

Undergraduate School or Schools

Add

University or College	City	State	Years Attended From	Years Attended To	Degree Earned	Actions
Marquette University	Milwaukee	WI	08/2012	05/2016	Bachelors of Science in Biomedical Sciences	<input type="checkbox"/> <input type="checkbox"/>

Dental/Dental Hygiene/Dental Therapy School/Program Attended

Add

University or College	City	State	Years Attended From	Years Attended To	Degree Earned	Actions
Marquette University School of Dentistry	Milwaukee	WI	08/2015	05/2019	Doctor of Dental Surgery DDS	<input type="checkbox"/> <input type="checkbox"/>

Specialty Training or Specialty Board Membership

Institution :

Address :

Street:

City :

Zip :

Country : State :

Years Attended : From : To :

Degree Earned :

Add

University or College	City	State	Years Attended From	Years Attended To	Graduation Date	Degree Earned	Actions
No Record Found							

Background/Discipline

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened.

This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.

A fillable box will be displayed for any affirmative answers provided below. Please use this box to provide a written statement explaining the incident that led you to answer affirmatively to that question. If you have copies of relevant medical, police or court records, you may upload them below. The OBD may request further documentation to be sent directly from relevant police/court departments depending on the nature of the incident.

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely? Yes No
2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure? Yes No
3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene? Yes No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.) Yes No
5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program? Yes No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside? Yes No
6. b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)? Yes No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances? Yes No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law? Yes No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances? Yes No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dentistry or dental hygiene? If yes, list on License History Tab. Yes No
10. b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board? Yes No

License History

List all states/countries in which you are or have been licensed or in which application is pending. (Enter "None" if none).

None

Add License

State	License Number	Issue Date	Expiration Date	License Status	License Type	Actions
WA		06/02/2020	11/26/2023	Active	Dental	<input type="checkbox"/> <input type="checkbox"/>

Have you practice as a dentist or dental hygienist in any jurisdiction?*

Yes No

List in reverse chronological order all positions you have held in which you practiced dentistry or dental hygiene as well as any residencies or other formal training not otherwise listed on this application.

Add

Name of Institution or Employer	City	State	Zip	From	To	Action
	Vancouver	WA	98683	07/06/2020	01/26/2023	<input type="checkbox"/>
	Portland	OR	97239	07/01/2019	06/30/2020	<input type="checkbox"/>

Dental Biennial Licensure

Name as you wish it to appear on your formal license

First Name :

Middle Name :

Last Name :

Suffix :

Save and Next

Supplemental Documents

Please upload all of the following documents, which are required to complete the application process. If you do not have all of these documents, you may upload them at a later date, but please note your application will not be approved until all of the documents below have been received.

1. Proof of passage National Board
2. Proof of passage of a general dental clinical examination.
3. Current copy of BLS for Healthcare Providers or its equivalent certification.
4. Proof of completing Pain Management Course thorough the Oregon Pain Management Commission. (<https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx>)
5. Signed Fieldprint Memo/Privacy Act Statement form. This form will be emailed to you upon submission of your application. Please sign/date the form once your fingerprints have been taken, and upload it to this section of your application.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Fieldprint Memo/Privacy Act	Other	01/31/2023 12:00:00 AM	(OL)		Document Details	<input type="checkbox"/>
Transcripts	Other	01/30/2023 12:00:00 AM	(BO)		Document Details	<input type="checkbox"/>
NBDE	National Board Scores	01/30/2023 12:00:00 AM	(BO)		Document Details	<input type="checkbox"/>
DEA	Other	01/30/2023 12:00:00 AM	(BO)		Document Details	<input type="checkbox"/>
ADEX	Clinical Examination	01/30/2023 12:00:00 AM	(BO)		Document Details	<input type="checkbox"/>
Pain Management Certificate	BLS for Healthcare	01/23/2023 12:00:00 AM	(OL)		Document Details	<input type="checkbox"/>
BLS	BLS for Healthcare	01/17/2023 12:00:00 AM	(OL)		Document Details	<input type="checkbox"/>

Document Name :

Document Type : BLS for Healthcare ▼

Document:

Drop file here to upload or click here to browse and select file(s) to upload.

Click here to complete Upload

Cancel

Deficiency

- Supplemental Documents (Applicant)

Affidavit of Applicant

- I hereby declare that I am the person described in this application for licensure.
- I have carefully read the questions in the application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.
- I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

Signature :

Date:

Fee and Payment

Payment Method :

Override :

Payment Date :

Application Fee: Dental LBE :

Licensure Fee: Dental LBE :

Prescription Drug Monitoring Fee :

Total Fees :

Check # :

Comment :



MEMBERS TOPICS PUBLICATIONS & DATABASES SCIENCE EDUCATION & CAREER NEWS & ADVOCACY

Date created: August 7, 2023

APA calls for removal of mental health questions on applications to practice law

Mental Health (<https://www.apa.org/topics/mental-health>) Forensics, Law, and Public Safety (<https://www.apa.org/topics/forensics-law-public-safety>)

Managing Human Capital (<https://www.apa.org/search?query=managing%staff>)

Data show no connection between treatment history and competence

🗨️ (javascript:toggleCitation();)

f (#)

🐦 (javascript: openSocialShare('https://twitter.com/share?url=https%3a%2f%2fwww.apa.org%2fnews%2fpress%2freleases%2f2023%2f08%2fmental-health-questions-attorneys&via=APA&text=APA+calls+for+removal+of+mental+health+questions+on+applications+to+practice+law'))

in (javascript: openSocialShare('https://www.linkedin.com/shareArticle?mini=true&url=https%3a%2f%2fwww.apa.org%2fnews%2fpress%2freleases%2f2023%2f08%2fmental-health-questions-attorneys&title=APA+calls+for+removal+of+mental+health+questions+on+applications+to+practice+law&summary=Data+show+no+connection+between+treatment+history+and+competence.'))

✉️ (javascript:openEmail('English'))

🖨️ (javascript:printThis();)

WASHINGTON — People seeking to be licensed as attorneys should not be required to reveal their mental health history, including whether they have ever had a mental health diagnosis, according to the American Psychological Association.

APA’s governing Council of Representatives unanimously approved a policy at its meeting Aug. 2 pledging to work alongside the American Bar Association and state bar associations to remove questions regarding mental health diagnoses or treatment history from character and fitness questionnaires.

“[S]tatistical data reveal that there is no connection between bar application questions about mental health and attorney misconduct and that such questions have not been empirically shown to work as a successful screening tool for who can and cannot practice law in a competent manner,” the resolution states.

Thirty-seven states and the District of Columbia include one or more questions on their character and fitness questionnaire referencing the mental health status of applicants, which can include a statement that it is the applicant’s responsibility to “check with your treating health care professional” regarding diagnoses, according to the American Bar Association.

The U.S. Department of Justice has stated that such questions tend “to screen out individuals with disabilities based on stereotypes and assumptions about their disabilities and are not necessary to assess the applicants’ fitness to

[Read the resolution APA Resolution to Oppose Mental Health Screening Questions on Character and Fitness Examinations for Licensure to Practice Law \(PDF, 57KB\) \(/about/policy/resolution-mental-health-screening-practice-law.pdf\)](#)

practice law” and recommended removal of applicant questions about diagnoses.

APA called for law schools to support law students seeking appropriate mental health treatment and reduce the stigma associated with mental health.

“
(javascript:toggleCitation());

f
(#)

(javascript: openSocialShare('https://twitter.com/share?url=https%3a%2f%2fwww.apa.org%2fnews%2fpress%2freleases%2f2023%2f08%2fmental-health-questions-attorneys&via=APA&text=APA+calls+for+removal+of+mental+health+questions+on+applications+to+practice+law

Contact

Kim I. Mills
(202) 336-6048

Advancing psychology to benefit society and improve lives

ABOUT PSYCHOLOGY

Science of Psychology
Psychology Topics

STUDENTS

Accredited Psychology Programs
Careers in Psychology
Online Psychology Laboratory
More for Students

PUBLICATIONS & DATABASES

APA Style
Books
Children's Books
Databases
DVD/Streaming Video
Journal Subscriptions
PsycNET® Journal Articles
More Publications & Databases

NEWS & ADVOCACY

Monitor on Psychology Magazine
Newsletters
Press Room
Advocacy from APA Services, Inc.

STANDARDS & GUIDELINES

Standards and Guidelines
Ethics

CAREERS

Find a Job with PsycCareers
Early Career Psychologists

EVENTS & TRAINING

APA Annual Convention
Continuing Education
Events Calendar
Training

ABOUT APA

Governance	APA Merch Store	Work at APA
APA Divisions	Corporate Supporters	Donate
Directorates and Programs	Advertise with Us	Contact Us

MEMBERS

Get Involved
Membership Benefits
More for Members

RENEW MEMBERSHIP

JOIN APA

Privacy Statement Terms of Use Accessibility Website Feedback Sitemap

FOLLOW APA



MORE

© 2023 American Psychological Association

750 First St. NE, Washington, DC 20002-4242

Telephone: (800) 374-2721; (202) 336-5500 | TDD/TTY: (202) 336-6123

Possible Question for application

9A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice dentistry in a competent, ethical, and professional manner? ___ Yes ___ NO

9B. If your answer to Question 9A is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? ___ Yes ___ No

If your answer to Question 9(A) or 9(B) is yes, complete a separate release and information form for each service provider that has assessed or treated any such condition or impairment. Release and information forms are attached and may be duplicated as needed. As used in Question 9, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a dentist/dental hygienist/dental therapist.