

These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state's dental board at least annually regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state's dental board.



Measuring Dental Assisting Excellence™

How To Use The Following Charts

Chart 1

View which job designations are used in your state.

Be sure to follow the legal requirements to perform dental radiographic procedures.

See which tasks are not permitted by state law.



View the education/training/credential required for each level of dental assisting.




Compare your state's job designations to those used as standardized job titles in the DANB/ADAA Core Competency Study.

Chart 2



Review all the allowable tasks for each level of dental assisting as published in the state practice act.




The numbers next to each task correspond to the 70 numbered tasks that were identified and used in the DANB/ADAA Core Competency Study. Tasks that are not numbered do not directly match one of the 70 tasks, yet are identified by the state in the practice act. A full list of those tasks form your state's chart.



If your state's dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.

Education/Training/ Credential Required	Job Title According to State of DE	Proposed Stan- dardized National Job Titles (see below)	Radiology Requirements	Functions NOT Permitted by Dental Assistants in DE
<p>In the state of Delaware, competency of Dental Assistants in specific duties is determined by the supervising dentist. The dentist is given full responsibility in deciding the scope of work to be allocated to the dental assistant.</p> <p>Adequate training of dental assistants is solely the responsibility of the dentist.</p> <p>In summary, the Delaware Dental Board places full responsibility for the work done by dental assistants directly upon the dentist.</p>	<p>Dental Assistant</p>	<p>Expanded Functions Dental Assistant (EFDA)</p> <hr/> <p>DANB Certified Dental Assistant (CDA) or Registered Dental Assistant (RDA)</p> <hr/> <p>Dental Assistant</p> <hr/> <p>Entry Level Dental Assistant</p>	<p>In order to legally operate dental x-ray equipment and perform dental radiologic procedures in the state of Delaware, a dental assistant <i>must</i> hold a state certificate as a Dental Radiation Technician from the Delaware Division of Public Health/ Office of Radiation Control (Delaware ORC).</p> <p>To obtain this certificate, one must:</p> <p>FIRST</p> <ul style="list-style-type: none"> Submit a completed state certificate application (Form R-16) to the Delaware ORC. After processing this application, the Delaware ORC will provide qualified applicants with a registration form for the DANB-administered Delaware Dental Radiological Technology (DDRT) exam <p>AND THEN</p> <ul style="list-style-type: none"> Pass the DANB-administered DDRT exam <p>Currently, the State of Delaware has no provisions for recognizing certificates issued by other states.</p> <hr/> <p> The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competency Study conducted from 2002-05.</p> <p>The same study utilized a list of 70 job functions which were determined to be representative of a broad range of dental assisting core competencies.</p> <p>Functions in this state that relate to the national DANB/ADAA Core Competency Study are numbered to the right, using language directly from this state's dental practice act. (The numbers correspond to the study's task numbering system.) </p> <p>Functions listed with bullets are part of this state's practice act but are not specific matches to DANB/ADAA research.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>These state templates reflect the work being done by the ADAA/DANB Alliance to support a uniform national model for one set of dental assisting tasks, levels, and requirements, which will serve as a viable career ladder for dental assistants.</p> </div>	<p>The following functions are not permitted by any level of dental assistant:</p> <ul style="list-style-type: none"> Diagnosis and treatment planning Cutting of hard and/or soft tissues Any intra-oral procedure which would lead to the fabrication of an appliance and/or restoration which, when received by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury Those procedures allocated by the Dental Code to registered dental hygienists

Job Title
According to
State of DE

Allowable Functions

(Functions with numbers relate specifically to Core Competency designations;
functions with bullets are in this state's practice act but are not specific matches to DANB research)

Dental
Assistant

Under Direct Supervision*

- 22, 52. Take and develop x-rays (placing an x-ray film in the patient's mouth and exposing that film) (see "Radiology Requirements" on previous page)
- 24, 26. Give and demonstrate home-care procedures to the patient, including those procedures the patient is expected to carry out in preventive care
- 27. Placing a rubber dam
- 44. Taking impressions for study models
- 48. Placing cotton rolls
- 54. Removal of excess cements from dental restorations and appliances with hand instruments only
- 62, 63. Removal of temporary medicinal fillings or packs under direct orders of the dentist
 - Other duties as delegated by the supervising dentist

*Direct Supervision: The dentist is present in the office, personally examines the patient, and specifically authorizes the work to be performed. The dentist checks the work before the patient leaves the office.

Dental Assisting Functions List

The following is a list of 70 dental assisting tasks developed by the ADA/DANB Alliance in the course of its research. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

Functions in each state that correspond to the national Core Competency Study functions are **numbered** in the Career Ladder Template, using language directly from the state's dental practice act. Functions listed with **bullets** in the Career Ladder Template are part of the state's practice act but are not specific matches to DANB research.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post-surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in archwires
16. Demonstrate knowledge of ethics/jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim, and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/armamentaria set-ups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown



Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified four levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2006: 307) which is part of its *Current Policies*, last updated in 2007. Note that “allied dental personnel” refers to dental assistants, dental hygienists, and dental laboratory technicians.

The four levels of supervision defined by the ADA are as follows:

Personal supervision. A dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and, before dismissal of the patient, evaluates the performance of the allied dental personnel.

Indirect supervision. A dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A dentist is not required to be in the dental office or treatment facility when procedures are being performed by the allied dental personnel, but has personally diagnosed the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Furthermore, the ADA’s Comprehensive Policy Statement on Allied Dental Personnel stipulates that intraoral expanded functions should be performed by allied dental personnel “only under the direct supervision of a dentist.”

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance does not make any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that, while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA’s own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of this volume, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.



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