



Education/Training/ Credential Required	Job Title According to State of FL	Proposed Standardized National Job Titles (see below)	Radiography Requirements	Functions NOT Permitted by Dental Assistants in FL
<p>Dental assistants in the state of Florida must have formal training to perform the expanded functions listed on the opposite page.</p> <p>To qualify to perform expanded functions, one must:</p> <ul style="list-style-type: none"> Complete a course or program administered by or developed as part of the regular curriculum at a dental, dental hygiene, or dental assisting educational program accredited by CODA that provided training in the expanded function <p>OR Successfully complete a Florida Board-approved expanded duties training program</p> <p>Note: The DANB Certified Dental Assistant (CDA) certification was removed as a pathway to qualify to perform expanded functions in Florida effective May 2009. Dental Assistants who were employed in Florida and had earned the CDA prior to the effective date of this rule change are "grandfathered in" and are permitted to perform expanded functions in Florida. Contact the Florida Board of Dentistry for specific information about this rule change.</p> <p>To monitor nitrous oxide inhalation analgesia, a dental assistant must</p> <ul style="list-style-type: none"> Complete a course of training of no less than two days as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or equivalent <p>AND</p> <ul style="list-style-type: none"> be certified in an American Heart Association, American Red Cross, or equivalent agency sponsored CPR course at the basic life support level, to include one man CPR, two man CPR, infant resuscitation, obstructed airway, and use of either an Automated External Defibrillator or a defibrillator and electrocardiograph, with a periodic update not to exceed two years 	<p>Dental Assistant <i>formally trained in expanded functions</i></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>	<p>In order to legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Florida, a dental assistant must either:</p> <ul style="list-style-type: none"> Graduate from a Florida Board of Dentistry-approved dental assisting school or program <p>OR</p> <ul style="list-style-type: none"> Be state-certified as a dental radiographer by the Florida Department of Health (FDOH) <p>To obtain the dental radiography certification, one must:</p> <ul style="list-style-type: none"> Successfully complete at least three months of continuous on-the-job training through assisting in the positioning of digital radiographic sensors and positioning and exposing of dental radiographic images under the direct supervision of a Florida-licensed dentist <p>AND Successfully complete a Florida Board-approved radiology course within 12 months of completing on-the-job training</p> <p>AND Apply to the FDOH for certification</p>	<ul style="list-style-type: none"> Gingival curettage and root planing Taking impressions for the purpose of fabricating any intraoral restorations or orthodontic appliance Initial access preparation Any prescription of drugs or medications requiring the written order of a licensed dentist or physician Any diagnosis for treatment or treatment planning
<p>A dental assistant in Florida may perform basic supportive dental procedures specified by the state dental practice act (see opposite page) under the supervision of a licensed dentist.</p> <p>Note: On-the-job trained dental assistants in Florida must be trained in the dental office under the supervision of a licensed dentist who assumes full responsibility for assuring that the dental assistant so trained is competent to perform the tasks.</p>	<p>On-the-Job Trained Dental Assistant</p>	<p>Entry Level Dental Assistant</p>	<p> The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.</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 Competencies 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 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>	

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Job Title
According to
State of FL

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 formally trained in expanded functions

On-the-Job Trained Dental Assistant

Under Direct Supervision*

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| <p>1-2. Using appropriate implements for preliminary charting of existing restorations and missing teeth and a visual assessment of existing oral conditions</p> <p>6. Packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures</p> <p>9. Polishing clinical crowns when not for the purpose of changing the existing contour of the tooth and only with burnishers, slow-speed handpieces, rubber cups, bristle brushes, and porte polishers, used with appropriate polishing materials</p> <p>29. Selecting and pre-sizing orthodontic bands, including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming, cementing, or otherwise modifying the band material such that it would constitute fitting the band</p> | <p>29. Removing and recementing properly contoured and fitting loose bands that are not permanently attached to any appliance</p> <p>44. Making impressions for study casts which are being made for the purpose of fabricating orthodontic retainers</p> <p>47. Fabricating temporary crowns or bridges intraorally which shall not include any adjustments of occlusion to the appliance or existing dentition</p> <p>50. Cementing temporary crowns and bridges with temporary cement</p> <p>50, 54, 55. Placing or removing temporary restoration with non-mechanical hand instruments only</p> <p>54. Removing excess cement from dental restorations and appliances with non-mechanical hand instruments only</p> <p>59. Monitor the administration of nitrous oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure (with completion of appropriate training and CPR certification; see requirements on previous page)</p> | <p>63, 69. Inserting or removing dressings from alveolar sockets in post-operative osteitis</p> <p>64. Taking of impressions for and delivery of at-home bleaching trays</p> <ul style="list-style-type: none"> • Polishing dental restorations of the teeth when not for the purpose of changing the existing contour of the tooth and only with burnishers, slow-speed handpieces, rubber cups, and bristle brushes, used with appropriate polishing materials • Selecting and pre-sizing archwires prescribed by the patient's dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement • Selecting prescribed extraoral appliances by pre-selection or pre-measurement, not including final fit adjustment • Preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets |
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Under Indirect Supervision*

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| <p>13. Removing sutures</p> <p>15. Securing or unsecuring an archwire by attaching or removing the fastening device</p> <p>18. Applying topical fluorides which are approved by the ADA or the FDA</p> <p>22. Positioning and exposing dental and carpal radiographic film and sensors</p> <p>27. Placing or removing rubber dams</p> <p>34. Applying cavity liners, varnishes, or bases</p> | <p>35. Placing periodontal dressings</p> <p>40. Applying sealants</p> <p>42. Placing or removing prescribed pre-treatment separators</p> <p>44. Making impressions for study casts which are not being made for the purpose of fabricating any intraoral appliances, restorations or orthodontic appliances</p> <p>45. Placing or removing matrices</p> | <p>46. Making impressions to be used for creating opposing models or the fabrication of bleaching stents and surgical stents to be used for the purpose of providing palatal coverage</p> <p>62. Removing periodontal or surgical dressings</p> |
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Under Direct Supervision*

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| <p>56. Applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray</p> | <ul style="list-style-type: none"> • Change bleach pellets in the internal bleaching process of non-vital, endodontically treated teeth after the placement of a rubber dam |
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Under Indirect Supervision*

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| <p>48. Retraction of lips, cheeks, and tongue</p> <p>37. Taking and recording a patient's blood pressure, pulse rate, respiration rate, case history and oral temperature</p> | <p>48. Irrigation and evacuation of debris not to include endodontic irrigation</p> <p>48. Placement and removal of cotton rolls</p> | <p>54. Removing excess cement from orthodontic appliances with non-mechanical hand instruments only</p> |
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Under General Supervision*

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| <p>24. Instructing patients in oral hygiene care and supervising oral hygiene care</p> | <p>47. Fabricating temporary crowns or bridges in a laboratory</p> | <ul style="list-style-type: none"> • Provide educational programs, faculty or staff programs, and other educational services, which do not involve diagnosis or treatment of dental conditions |
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***Direct Supervision:** A licensed dentist must examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, be on the premises while the procedure is performed, and approve the work performed prior to the patient's departure from the premises.
Indirect Supervision: A licensed dentist must examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, and be on the premises while the procedure is performed.
General Supervision: A licensed dentist must examine the patient, diagnose a condition to be treated, and authorize the procedure to be performed.

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The **numbered functions** listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state's dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with **bullets** in the preceding charts are part of the state's practice act but are not specific matches to the functions that were included in the 2002-2005 study.

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

Appendix B: 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 five levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2010: 505) which is part of its *Current Policies*, last updated in 2015. Note that “allied dental personnel” refers to dental assistants, dental hygienists, community dental health coordinators and dental laboratory technicians.

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

Personal supervision: A type of supervision in which the 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 type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans 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 evaluates their performance before dismissal of the patient.

Indirect supervision: A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned 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 type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision: A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA’s “Comprehensive Policy Statement on Allied Dental Personnel” stipulates that intraoral expanded functions should be performed by allied dental personnel “under the 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 the attached charts, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the footer of the second page of the state chart.



Measuring Dental Assisting Excellence®

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