Iowa

2020 Allowable and Prohibited Duties for Dental Assistants

At-a-glance information includes a dental assisting career ladder and job titles, radiography requirements, education and exam requirements, delegable functions and supervision levels, and prohibited functions.

INSIDE:
- State requirements and functions chart
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants
ABOUT THESE DATA

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.
State Radiography Requirements

To expose radiographs in Iowa, a dental assistant must hold a current registration certificate and active radiography qualification issued by the Iowa Dental Board (IDB) and a dentist must provide general supervision. To earn dental radiography qualification, one must:

I. a. Be a Dental Assistant Trainee or Registered Dental Assistant with an active registration status OR
   b. Be a graduate of an accredited dental assisting program OR
   c. Be a nurse who holds an active Iowa nursing license
   AND

II. Provide proof of successful completion of an Iowa Board-approved course of study in dental radiography within the two years prior to application
   AND

III. Provide proof that he or she successfully completed an Iowa Board-approved exam in the area of dental radiography (the national DANB Radiation Health and Safety [RHS] exam meets this requirement if taken after January 1, 1986)
   AND

IV. Apply to the IDB for Qualification in Dental Radiography

Note: A dental assistant trainee must be 18 years of age to perform dental radiography.

Functions NOT Permitted by Dental Assistants in Iowa

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.

20. Removal of any plaque, stain, or hard natural material except by toothbrush, floss or rubber cup coronal polish, or removal of any calculus
   • Diagnosis, examination, treatment planning, or prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic or orthodontic appliances
   • Surgical procedures on hard and soft tissues within the oral cavity and any other intraoral procedure that contributes to or results in an irreversible alteration to the oral anatomy
   • Administration of local anesthesia
   • Procedures that require the professional judgment and skill of a dentist
Dental Assistant Trainee

Education, Training and Credential Requirements
To qualify as a Dental Assistant Trainee in Iowa, one must:

I. Graduate from high school or equivalent.

AND

II. a. Be 17 years of age or older
b. Be enrolled in a cooperative education or work-study program through an Iowa high school

AND

III. Apply to the Iowa Dental Board and receive a certificate of dental assistant trainee status

A dental assistant trainee must have certification of Dental Assistant Trainee status issued prior to beginning work as a dental assistant trainee.

Allowable Functions

Under Personal Supervision*
All Dental Assistant Trainees who are engaging in on-the-job training to meet the requirements for registration and are learning the necessary skills are considered to be under the personal supervision of a licensed dentist, licensed dental hygienist or registered dental assistant.

No allowable functions are specified in the state practice act, with the exception of dental radiography (see “State Radiography Requirements” on previous page for additional requirements).

DANB’s Note on Allowable Dental Assisting Functions
In the state of Iowa, all dental assistants may:

• Perform infection control and occupational safety procedures
• Perform other duties not specified by this state’s dental practice act

At this time, DANB cannot list all allowable dental assisting functions for each state because some states’ dental practice acts outline very specific allowable functions, while others outline only prohibited functions and some contain minimal or no regulation of dental assisting duties.

*Direct Supervision: The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room.

General Supervision: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided.

Personal Supervision: For intraoral procedures, the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant trainee; for extraoral procedures, a licensee or registrant is physically present in the treatment room to oversee and direct all extraoral services of the dental assistant trainee.

Public Health Supervision: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient’s first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.
**Registered Dental Assistant**

**Education, Training and Credential Requirements**

To qualify as a Registered Dental Assistant (RDA) in Iowa, one must:

I. a. Work in a dental office for six months as a Dental Assistant Trainee (see requirements below) OR  
   b. If licensed out of state, have at least six months prior dental assisting experience under a licensed dentist within the past two years OR  
   c. Graduate from an accredited dental assisting program approved by the Iowa Dental Board (IDB)  

AND

II. Successfully complete an IDB-approved course of study in the areas of infection control, hazardous materials, and jurisprudence; the course of study may be taken at a board-approved, accredited dental assisting program or on the job using a curriculum approved by IDB  

AND

III. Pass required exams in infection control/hazardous materials and jurisprudence; exams approved by the IDB are those administered by the IDB or the IDB’s approved testing centers, or the DANB ICE exam (if taken after June 1, 1991); the IDB may require applicants with exam scores older than five years to retest  

AND

IV. Hold a valid CPR card  

AND

V. Apply to IDB for registration as a dental assistant

**Allowable Functions**

*Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.*

**Under General Supervision**

- 22, 52. Dental radiography (see “Radiography Requirements” on previous page)  
- 48. Intraoral suctioning  
  - Use of a curing light  
  - Use of an intraoral camera  
  - Intraoral digital imaging  
  - All extraoral duties

**Under Direct Supervision**

- 2. Preliminary charting of existing dental restorations and teeth  
- 35. Placement of periodontal dressings  
- 49. Testing pulp vitality  
- 63. Placement and removal of dry socket medication  
  - Glucose testing  
  - Phlebotomy

**Under Direct Supervision**

- 9. Removal of plaque, stain, or hard natural or synthetic material by toothbrush, floss, or rubber cup coronal polish  
- 30. During intraoral procedures, assist the dentist in performing duties assigned by the dentist

*Direct Supervision*: The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room.

**General Supervision**: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided.

**Personal Supervision**: For intraoral procedures, the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant trainee; for extraoral procedures, a licensee or registrant is physically present in the treatment room to oversee and direct all extraoral services of the dental assistant trainee.

**Public Health Supervision**: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient’s first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.
### Basic Expanded Function Provider

**Education, Training and Credential Requirements**

A Registered Dental Assistant may qualify to perform select Level 1 expanded function procedures as a **Basic Expanded Function Provider** by completing a Board-approved training program. A dentist may delegate to an RDA only those Level 1 procedures for which the assistant has received the required expanded function training.

To qualify for expanded function training, a dental assistant must:

I. Be a graduate of a CODA-accredited dental assisting program

OR

II. Hold current DANB certification

OR

III. Have a minimum of one year of clinical practice as a registered dental assistant

OR

IV. Have a minimum of one year of clinical practice as a dental assistant in a state that does not require registration.

### Allowable Functions

*Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.*

#### Under Direct Supervision*

Registered Dental Assistants may perform select Level 1 procedures permitted for Basic Expanded Function Providers if they have met the education and training requirements for those procedures. A dentist may delegate to a Registered Dental Assistant only those Level 1 procedures for which the assistant has received the required expanded function training.

<table>
<thead>
<tr>
<th>Level 1 Expanded Functions:</th>
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<tbody>
<tr>
<td>6. Placement and removal of gingival retraction</td>
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<tr>
<td>34. Applying cavity liners and bases, desensitizing agents, and bonding systems, to include the placement of orthodontic brackets, following the determination of location by the supervising dentist</td>
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<tr>
<td>46. Taking final impressions</td>
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<tr>
<td>47. 50. Fabrication, temporary cementation, and removal of provisional restorations</td>
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<tr>
<td>50. Placement of Class 1 temporary filling materials</td>
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<tr>
<th>59. Monitoring patients receiving nitrous oxide inhalation analgesia, which may include increasing oxygen levels as needed, pursuant to the following: (a) a dentist shall induce a patient and establish maintenance level; (b) a dental assistant may make adjustments that decrease the nitrous oxide concentration during the administration of nitrous oxide; (c) a dental assistant may turn off oxygen delivery at the completion of the dental procedure</th>
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<tbody>
<tr>
<td>• Taking occlusal registrations</td>
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<tr>
<td>• Removal of any adhesives using nonmotorized hand instrumentation</td>
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#### Under General Supervision*

- Recementation of a provisional restoration

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*Direct Supervision*: The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room.

**General Supervision**: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided.

**Personal Supervision**: For intraoral procedures, the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant trainee; for extraoral procedures, a licensee or registrant is physically present in the treatment room to oversee and direct all extraoral services of the dental assistant trainee.

**Public Health Supervision**: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient’s first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.
Certified Level 1 Provider

Education, Training and Credential Requirements
To qualify as a **Certified Level 1 provider**, a Registered Dental Assistant must complete a Board-approved training program in all Level 1 expanded functions and receive a certificate of completion.

To qualify for expanded function training, a dental assistant must:
I. Be a graduate of a CODA-accredited dental assisting program
   OR
II. Hold current DANB certification
   OR
III. Have a minimum of one year of clinical practice as a registered dental assistant
   OR
IV. Have a minimum of one year of clinical practice as a dental assistant in a state that does not require registration.

Allowable Functions
*Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.*

**Under Direct Supervision**
Certified Level 1 are registered dental assistants who have completed training in all Level 1 procedures.

- 6. Placement and removal of gingival retraction
- 34. Applying cavity liners and bases, desensitizing agents, and bonding systems, to include the placement of orthodontic brackets, following the determination of location by the supervising dentist
- 46. Taking final impressions
- 47. 50. Fabrication, temporary cementation, and removal of provisional restorations
- 50. Placement of Class 1 temporary filling materials
- 59. Monitoring patients receiving nitrous oxide inhalation analgesia, which may include increasing oxygen levels as needed, pursuant to the following: (a) a dentist shall induce a patient and establish maintenance level; (b) a dental assistant may make adjustments that decrease the nitrous oxide concentration during the administration of nitrous oxide; (c) a dental assistant may turn off oxygen delivery at the completion of the dental procedure
  - Taking occlusal registrations
  - Removal of any adhesives using nonmotorized hand instrumentation

**Under General Supervision**
- Recementation of a provisional restoration

*Direct Supervision*: The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room.

*General Supervision*: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided.

*Personal Supervision*: For intraoral procedures, the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant trainee; for extraoral procedures, a licensee or registrant is physically present in the treatment room to oversee and direct all extraoral services of the dental assistant trainee.

*Public Health Supervision*: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient’s first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.
Certified Level 2 Provider

Education, Training and Credential Requirements

Certified Level 2 Provider
To qualify as a Certified Level 2 Provider, a Registered Dental Assistant must:

I. Complete a minimum of one year of clinical practice as a Certified Level 1 provider
   AND
II. Pass an entrance examination administered by the Level 2 training program
   AND
III. Complete a Board-approved training program in all Level 2 expanded function procedures offered through the University of Iowa College of Dentistry or a program accredited by CODA and receive a certificate of completion

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.

Under Direct Supervision*
A Registered Dental Assistant who has qualified as a Certified Level 2 provider (see requirements on previous page) may perform Level 2 expanded functions.

Level 2 Expanded Functions:

12. Placement and shaping of amalgam following preparation of a tooth by a dentist
33. Placement and shaping of adhesive restorative materials following preparation of a tooth by a dentist
50. Placement of intracoronal temporary fillings following preparation of a tooth by a dentist
70. Fitting of stainless steel crowns on primary posterior teeth, and cementation after fit verification by the dentist
   • Polishing of adhesive restorative material using a slow-speed handpiece;
   • Tissue conditioning (soft reline only)
   • Extraoral adjustment to acrylic dentures without making any adjustments to the prosthetic teeth

Note: In March 2020, the Iowa Legislature enacted a law (HF 2267) specifying that a registered dental assistant who has successfully completed expanded function training through the University of Iowa College of Dentistry or a program certified by the Commission on Dental Accreditation may place dental sealants on teeth. This new provision is not yet reflected in Iowa Dental Board rules.
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 arch wires
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 setups
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 allied dental personnel, 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 2019. Note that “allied dental personnel” refers to dental assistants, dental hygienists 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 has not made 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 definitions are provided as a footnote to the lists of allowable functions for each level of dental assistant.