



DENTAL ASSISTING NATIONAL BOARD, INC.

Alabama

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.



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- 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.

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ALABAMA: OVERVIEW

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State Job Titles

State Career Ladder

There is one recognized level of dental assistant in Alabama. See the following pages for details about requirements and allowed functions for this level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.



1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

There are no radiography requirements for dental assistants in Alabama.

All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Alabama

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

The following functions are not permitted by any level of dental assistant:

- 20. Remove extrinsic stains, accretions and calcareous deposits from teeth
- 40. Place Pit and Fissure Sealant
- 70. Place stainless steel crowns with intentions of reasonable permanency
 - Apply oxygenating agents during endodontic therapy
 - Remove wire sutures
 - Capping of exposed pulpal tissues
 - Gingival curettage
 - Root planing
 - Polish completed restorations
 - Place resorbable chlorhexidine chips
 - Place topical or subgingival antimicrobial or antibacterial agents
 - Periodontal probing
 - Furnish, construct, supply or repair any prosthetic denture, bridge, appliance or structure to be worn in the mouth
 - Repair or fill cavities
 - Give interpretations or readings or x-rays or roentgenograms
 - Administer anesthetics
 - Bleaching of teeth



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in Alabama may perform basic supportive dental procedures specified by the state dental practice act (see below) under the direct supervision of a licensed dentist.

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*

- 1, 2. Preliminary charting and inspection of the oral cavity (final examination and diagnosis must be made by a dentist before treatment can be instituted)
6. Place and remove gingival retraction materials
13. Remove intraoral sutures (excluding wire sutures)
18. Apply topical fluoride
- 22, 52. Make dental radiographs or digital images
24. Give oral hygiene instructions including plaque staining, flossing, brushing, and caries susceptibility tests
27. Place and remove rubber dam
29. Pre-fit and pre-contour orthodontic appliances either extraorally or intra-orally for final adaptation by the dentist
34. Place cavity liners and bases (excluding capping of exposed pulpal tissues)
- 35, 62. Place and remove periodontal dressings
37. Take and record case history, blood pressure, pulse and oral temperature
43. Contour stainless steel or chrome crowns but cannot cement them
44. Make impressions for diagnostic casts or opposing casts
45. Place, wedge, and remove matrices for operative dentistry
46. Make final impressions for removable and fixed prostheses, orthodontic appliances, retainers, devices to treat sleep apnea or anti-snoring devices, and medicament/whitening delivery trays; however, before said impressions may be used for the manufacture of prostheses and appliances, the dentist shall examine and approve such impressions for accuracy
47. Construct and place temporary crowns (excluding stainless steel crowns placed with intentions of reasonable permanency)
- 47, 50, 54, 55. Construct and remove with hand instruments only interim restorations (interim restorations being any restoration placed while a more permanent restoration is being completed)
56. Apply topical anesthetics
59. Assist in the administering of N₂O and O₂
61. Remove excess cement with hand instruments from around permanent dental restorations and orthodontic appliances
- 63, 69. Place and remove alveolar socket dressings
 - Apply topical oxygenating agents (excluding endodontic therapy)
 - Apply anti-inflammatory agents
 - Apply astringents
- Apply desensitizing agents
- Apply light-cured medicinal bonding agents
- Apply etchant materials
- Insert into the mouth of the patient wax models of dentures, partial dentures, or any other structures and make adjustments outside the mouth of the patient to such wax models pursuant to written or verbal instructions or directions from the dentist; provided, however, (1) the dental hygienist or dental assistant shall not use these wax models of dentures, partial dentures or any other structure to register the jaw relationships or occlusal relationships of the patient, and (2) that before such wax models may be used for the manufacture of dentures, partial dentures or other structures the dentist shall personally consult with the patient, examine such wax models, and make such additional adjustments as may be required
- Insert into the mouth of the patient dentures, partial dentures, removable orthodontic appliances, prostheses or any other structures and make adjustments outside the mouth of the patient to the dentures, prostheses (fixed or removable), removable orthodontic appliances, prosthetic appliances, bridges, or other structures pursuant to written or verbal instructions or directions from the dentist; provided, however, (1) that before such prostheses (fixed or removable), removable orthodontic appliances, or other structures are delivered to the patient leaving the dental office with such prostheses (fixed or removable), removable orthodontic appliances, or other structures the dentist shall personally consult with the patient, examine such prostheses (fixed or removable), removable orthodontic appliances, or other structures, and make such additional adjustments as may be required; and (2) that final placement and cementation of all fixed appliances, fixed prostheses and other fixed structures shall be performed by the dentist
- Apply reversible liners and bases to prostheses, orthodontic appliances, or any other structures; however, the dentist shall personally consult with the patient and examine such liners and bases, and make such additional adjustments as may be necessary
- Use laser and/or narrow band (light) imaging technology for preliminary diagnostic purposes only with the dentist's final examination and diagnosis

Allowable

*Direct Supervision: Supervision by a dentist who authorizes the intraoral procedure to be performed, is physically present in the dental facility and available during performance of the procedure, examines the patient during the procedure and takes full responsibility for the completed procedure.

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.