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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To practice expanded function dental assisting under the direct supervision of a licensed dentist in Maine, an applicant must be licensed as an Expanded Function Dental Assistant (EFDA).

To qualify, one must:

- Be at least 18 years of age
- AND
- Be currently certified in CPR
- AND
- Hold a high school diploma or its equivalent
- AND
- Be a current DANB CDA or be a current Registered Dental Hygienist (RDH)
- AND
- Successfully complete a formal program in EFDA approved by the Maine Board of Dental Practice (MBDP) at a CODA-accredited program or equivalent, as determined by the MBDP
- OR
- Be credentialed to perform as an expanded function dental assistant by another state or Canadian province whose standards are acceptable to the MBDP
- AND
- Successfully complete (grade of 90 percent) the MBDP’s jurisprudence exam
- AND
- Submit an application and pay applicable fee to the MBDP.

A dentist in Maine may delegate to an unlicensed person basic supportive dental procedures specified by board statute (see opposite page), performed under the supervision of the licensed dentist.

If the unlicensed person has successfully passed a certification examination administered by a national dental assisting board (such as DANB’s CDA certification exam), the dentist may delegate to that unlicensed person the additional activities listed on the next page, as long as these activities are performed under the dentist’s general supervision.

Dentists must ensure that all dental personnel complete Basic Life Support for Healthcare Providers (BLS) certification and maintain current BLS certification when utilizing, administering, or monitoring local anesthesia, nitrous oxide analgesia, minimal sedation, moderate sedation, deep sedation, or general anesthesia.

The following functions are not permitted by an Expanded Function Dental Assistant (EFDA):  
- Complete or limited examination, diagnosis or treatment planning  
- Surgical or cutting procedures of hard or soft tissue  
- Prescribing drugs, medications or work authorizations  
- Pulp capping, pulpotomy or other endodontic procedures  
- Placement and intraoral adjustments of fixed or removable prosthodontic appliances  
- Administration of local anesthesia, parenteral or inhalation sedation or general anesthesia

Please note: The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.

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.

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.)

Functions listed with bullets are part of this state’s practice act but are not specific matches to DANB/ADAA research.

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.
General Supervision

(*Direct Supervision

According to State of ME

Unlicensed Person

Under General Supervision* (As listed in 32 MRS §18371(3)(B))

50. Place temporary fillings on an emergency basis as long as the patient is informed of the temporary nature of the fillings

Under Direct Supervision* (As listed in 32 MRS §18371(3)(C))

12. Deliver, but not condense or pack, amalgam or composite restoration material

14. Irrigate and dry root canals

15. Place wires, pins and elastic ligatures to lie in orthodontic arch wires that have been fitted and approved by the dentist at the time of insertion

27. Place and remove rubber dams

28. 44. Obtain impressions for opposing models and retainers

29. Perform preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient's mouth by the dentist

34. Apply cavity varnish

42. Place or remove temporary separating devices

43. Select and try in stainless steel or other preformed crowns for insertion by the dentist

44. Obtain impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays

45. Place and remove matrix bands

47. Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, as long as the dentist checks the occlusion and fit prior to releasing the patient

48. Prepare tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets; this procedure may be performed as a preparation for restorative material; a dentist or dental hygienist shall check and approve the procedure

49. Isolate the operative field

50. Place and cement temporary crowns with temporary cement

51. Remove excess cement from the supragingival surfaces of teeth

52. Place and remove rubber dams

53. Remove excess cement from the supragingival surfaces of teeth

54. Retract lips, cheek, tongue and other tissue parts

55. Irrigate and aspirate the oral cavity

56. Apply liquids, pastes and gel topical anesthetics

57. Take and record the vital signs of blood pressure, pulse and temperature

58. Take intraoral measurements and make preliminary selection of arch wires and intraoral and extraoral appliances, including headgear

59. Reapply orthodontic archwires and tension devices and any loose bands or bonds, but only as directed by the dentist

60. Place, hold or remove celluloid and other plastic strips prior to or subsequent to the placement of a filling by the dentist

61. Remove excess cement from the supragingival surfaces of teeth

*Direct Supervision means the supervision required by the board by rule of those tasks and procedures required by the State of ME, as defined by the State's practice act and are not specific matches to DANB research.)

Under General Supervision* (As listed in 32 MRS §18371(3)(A))

13. Remove sutures and schedule a follow-up appointment with the dentist within 7 to 10 days of suture removal

24. Give oral health instructions

26. For instruction purposes, demonstrate to a patient how the patient should place and remove removable prostheses, appliances or retainers

35. 62. Place and remove periodontal dressing

37. Take and record the vital signs of blood pressure, pulse and temperature

44. Obtain impressions for study casts

47. Place and cement temporary crowns with temporary cement an existing crown that has fallen out as long as the dentist is promptly notified that this procedure was performed so that appropriate follow-up can occur

48. Retract lips, cheek, tongue and other tissue parts

Irrigate and aspirate the oral cavity

Perform dietary analyses for dental disease control

Take intraoral photographs

Take dental plaque smears for microscopic inspection and patient education

*For the purpose of eliminating pain or discomfort, remove loose, broken or irritating orthodontic appliances

*Change/replace dry socket packets after diagnosis and treatment planned by a dentist

*Pour and trim dental models

Please note: The following lists of allowable functions for unlicensed persons and EFDAs are reproduced as closely as possible from Title 32, Chapter 143, Sections 18371 and 18373 of the Maine Revised Statutes. Any differences in language between the lists reproduced here and those found in statute are inadvertent. Please consult the State's official copy of the statute at http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html to verify the accuracy of any information presented here.

These lists of functions also reflect amendments to statute passed in the 2018 legislative session, which can be reviewed at http://legislature.maine.gov/legis/bills/bills_128th/chapters/PUBLIC388.asp.

Under General Supervision* (As listed in 32 MRS §18371(3)(B))

1. Indicate a patient's condition

2. Assist a dentist who provides orthodontic services in preparation of teeth for attaching, bonding, cementing fixed appliances in a manner appropriate, and according to manufacturer's directions

3. Assist a dentist who provides orthodontic services in prevention of teeth for attaching, bonding, cementing fixed appliances in a manner appropriate, and according to manufacturer's directions

4. Assist a dentist who provides orthodontic services in prevention of teeth for attaching, bonding, cementing fixed appliances in a manner appropriate, and according to manufacturer's directions

5. Assist a dentist who provides orthodontic services in prevention of teeth for attaching, bonding, cementing fixed appliances in a manner appropriate, and according to manufacturer's directions

6. Remove gingival retraction cord

7. Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, as long as the dentist checks the occlusion and fit prior to releasing the patient

8. Place and remove rubber dams

9. Obtain impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays

10. Place or remove temporary separating devices

11. Place and remove rubber dams

12. Deliver, but not condense or pack, amalgam or composite restoration material

13. Irrigate and dry root canals

14. Place wires, pins and elastic ligatures to lie in orthodontic arch wires that have been fitted and approved by the dentist at the time of insertion

15. Place elastics and instruct in their use

16. Place and remove rubber dams

17. Obtain impressions for opposing models and retainers

18. Perform preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient's mouth by the dentist

19. Apply cavity varnish

20. Place or remove temporary separating devices

21. Select and try in stainless steel or other preformed crowns for insertion by the dentist

22. Obtain impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays

23. Place and remove matrix bands

24. Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, as long as the dentist checks the occlusion and fit prior to releasing the patient

25. Remove excess cement from the supragingival surfaces of teeth

26. Retract lips, cheek, tongue and other tissue parts

27. Irrigate and aspirate the oral cavity

28. Isolate the operative field

29. Place, hold or remove celluloid and other plastic strips prior to or subsequent to the placement of a filling by the dentist

30. Place and remove wedges

31. Remove orthodontic archwires and tension devices and any loose bands or bonds, but only as directed by the dentist

32. Place and remove rubber dams

33. Obtain impressions for opposing models and retainers

34. Perform preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient's mouth by the dentist

35. Apply cavity varnish

36. Place or remove temporary separating devices

37. Select and try in stainless steel or other preformed crowns for insertion by the dentist

38. Obtain impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays

39. Place and remove matrix bands

40. Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, as long as the dentist checks the occlusion and fit prior to releasing the patient

41. Remove excess cement from the supragingival surfaces of teeth

42. Take and record the vital signs of blood pressure, pulse and temperature

43. Take intraoral measurements and make preliminary selection of arch wires and intraoral and extraoral appliances, including headgear

44. Reapply orthodontic archwires and tension devices and any loose bands or bonds, but only as directed by the dentist

45. Take intraoral measurements and make preliminary selection of arch wires and intraoral and extraoral appliances, including headgear

46. Remove excess cement from the supragingival surfaces of teeth

47. Place and cement temporary crowns with temporary cement

48. Isolate the operative field

49. Perform pulp vitality testing with confirmation by the dentist

50. Perform electronic vitality scanning with confirmation by the dentist

51. Remove orthodontic archwires and tension devices and any loose bands or bonds, but only as directed by the dentist

52. Place or remove rubber dams

53. Obtain impressions for opposing models and retainers

54. Perform preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient's mouth by the dentist

55. Apply cavity varnish

56. Place or remove rubber dams

57. Obtain impressions for opposing models and retainers

58. Obtain impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays

59. Place and remove matrix bands

60. Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, as long as the dentist checks the occlusion and fit prior to releasing the patient

61. Remove excess cement from the supragingival surfaces of teeth

*General Supervision means the supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.

Note: See next page for information about allowable functions for Expanded Function Dental Assistants (EFDAs) in Maine.
**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*

<table>
<thead>
<tr>
<th>Job Title According to State of ME</th>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded Function Dental Assistant (EFDA)</td>
<td>Maine-Continued</td>
</tr>
</tbody>
</table>

**Please note:** The following lists of allowable functions for EFDA are reproduced as closely as possible from Title 32, Chapter 143, Section 18373 of the Maine Revised Statutes. Any differences in language between the lists reproduced here and those found in statute are inadvertent. Please consult the State's official copy of the statute at [http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html](http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html) to verify the accuracy of any information presented here.

These lists of functions also reflect amendments to statute passed in the 2018 legislative session, which can be reviewed at [http://legislature.maine.gov/legis/bills/bills_128th/chapters/PUBLIC388.asp](http://legislature.maine.gov/legis/bills/bills_128th/chapters/PUBLIC388.asp).

**Under Direct Supervision** *(As listed in 32 MRS §18373(1))*

| 6. Place and remove gingival retraction cord. | 18. Apply topical fluorides recognized for the prevention of dental caries |
| 9, 33. Supragingival polishing: A dentist or a dental hygienist must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing; dentists may permit an EFDA to perform supragingival polishing using only a slow-speed rotary instrument and rubber cup; dentists may allow an EFDA to use high-speed, power-driven handpieces or instruments to contour or finish newly-placed composite material | 29. Perform preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient’s mouth by the dentist |
| 12, 33. Place and contour amalgam, composite and other restorative materials prior to the final setting or curing of the material | 34. Apply cavity liners and bases as long as: 1) the dentist has ordered the cavity liner or base; 2) the dentist has checked the cavity liner or base prior to the placement of the restoration; and 3) the dentist has checked the final restoration prior to patient dismissal |
| 40. Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement | 44. Obtain impressions for athletic mouth guards, provisional or temporary crowns and bridges |
| 47, 54. Cement provisional or temporary crowns and bridges and remove excess cement | 49. Perform pulp vitality tests |

- **Under General Supervision** *(As listed in 32 MRS §18373(2))*

  - All activities that may be delegated by a dentist to an unlicensed person under general supervision [pursuant to 32 MRS §18371(3)(A) and (B)]
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

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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 2018. 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.