How to Use the Following Charts

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

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 Competencies Study.

If your state's dental practice act specifically defines levels of supervision, the state-specific definition is noted below the chart. See Appendix B for more information about supervision.

The numbers next to each task correspond to the 70 numbered tasks that were identified and used in the DANB/ADAA Core Competencies 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 follow your state’s chart. See Appendix A for more information about the task numbering system.

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 earn status as a Licensed Dental Assistant in the state of Minnesota, dental assistants must:

- Pass the national DANB Certified Dental Assistant (CDA) exam
  **AND**
- Graduate from a MN CODA-accredited dental assisting program
  **OR**
- Graduate from a CODA-accredited program in a state other than MN and, upon MN Board review of curriculum, complete additional coursework
  **OR**
- Graduate from a non-CODA-accredited dental assisting program or complete office training and complete a MN Board approved course in Expanded Functions in Minnesota
  **AND**
- Pass the Minnesota Dental Assistant State Licensing Exam*
  **AND**
- Pass the MN Jurisprudence Exam
  **AND**
- Apply for licensure to the MN Board of Dentistry

All licensed dental assistants must be current in Cardiopulmonary Resuscitation (CPR) at the Health Care Provider level.

**Note:** A dental assistant who received and maintained registration in MN prior to January 1, 2010, can continue to practice as a licensed dental assistant without completing any further requirements. The licensed dental assistant must submit the fee for an original license to the MN board at the time of renewal.

*Effective 11/1/2015, the expanded duties and radiology portions of the Minnesota licensure exam were combined into one exam: the Minnesota Dental Assistant State Licensing Exam. Anyone who tested prior to 11/1/2015 and passed only one portion will be required to take and pass the new exam.

To perform restorative procedures included under "Allowable Functions" on the next page, a Licensed Dental Assistant must have completed a MN Board of Dentistry-approved course in these functions and have submitted proof of completion to the MN Board of Dentistry.

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

The dentist is responsible for ensuring that the assistant:

- Completes and maintains consecutive and current CPR certification
- Complies with the most current infection control guidelines as specified in the Morbidity and Mortality Weekly Report (MMWR)

To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Minnesota, a dental assistant must be a Licensed Dental Assistant (see requirements to the left) or hold a limited-license permit.

To receive a limited-license permit and perform radiography procedures under the general supervision of a dentist, one must:

- Have completed education equal to or greater than that required of a Minnesota Licensed Dental Assistant
  **AND**
- Be currently qualified in Minnesota in an allied health profession
  **AND**
- Successfully complete a Board-approved course on dental radiography equivalent to a course offered in a CODA-accredited dental assisting program,
  **AND**
- Pass the radiography portion of the Minnesota LDA exam
  **AND**
- Submit an application to the MN Board of Dentistry and pay the accompanying fee.

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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.
### Under Personal Supervision* of a General Anesthesia or Moderate Sedation Certificate Holder

- Concurrently perform supportive services if the dentist is personally treating a patient and authorizes the licensed dental assistant to aid in treatment including the administration of medications into an existing intravenous line, an enteral agent, or emergency medications in an emergent situation [Requires board-approved course in the function]

### Under Direct Supervision*

<table>
<thead>
<tr>
<th>No.</th>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Place nonsurgical retraction material for gingival displacement [Requires a course in the function presented by a CODA-accredited program]</td>
</tr>
<tr>
<td>45.</td>
<td>Place and remove matrix bands</td>
</tr>
<tr>
<td>47.</td>
<td>Fabricate, cement and adjust temporary restorations extraorally or intraorally</td>
</tr>
<tr>
<td>54.</td>
<td>Remove temporary restorations with hand instruments only</td>
</tr>
<tr>
<td></td>
<td>• Remove excess bond material from orthodontic appliances</td>
</tr>
<tr>
<td>13.</td>
<td>Remove sutures</td>
</tr>
<tr>
<td>14.</td>
<td>Dry root canals with paper points</td>
</tr>
<tr>
<td>22.</td>
<td>Take radiographs</td>
</tr>
<tr>
<td>37.</td>
<td>Take vital signs such as pulse rate and blood pressure as directed by a dentist</td>
</tr>
<tr>
<td>42.</td>
<td>Place and remove elastic orthodontic separators</td>
</tr>
<tr>
<td>44.</td>
<td>Take impressions for casts and appropriate bite registration, not to include impressions and bite registrations for final construction of fixed and removable prostheses</td>
</tr>
</tbody>
</table>

### Under Indirect Supervision*

<table>
<thead>
<tr>
<th>No.</th>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Perform mechanical polishing to clinical crowns, not including instrumentation. Removal of calculus by instrumentation must be done by a dentist or dental hygienist before mechanical polishing.</td>
</tr>
<tr>
<td>12.</td>
<td>33, 51, 70. Perform restorative procedures limited to placing, contouring, and adjusting amalgam restorations, glass ionomers, supragingival composite restorations (class I and V) where the margins are entirely within the enamel, and supragingival composite restorations (class II and class V) on primary teeth, and adapting and cementing stainless steel crowns [Requires a board-approved course in the function]</td>
</tr>
<tr>
<td>15.</td>
<td>Remove and place ligature ties and arch wires on orthodontic appliances; a dentist must select and, if necessary, adjust arch wires prior to placement</td>
</tr>
<tr>
<td>18.</td>
<td>Apply topical medications such as, but not limited to, topical fluoride, bleaching agents, and cavity varnishes; in appropriate dosages or quantities as prescribed by a dentist</td>
</tr>
<tr>
<td>27.</td>
<td>Place and remove rubber dam</td>
</tr>
<tr>
<td>28.</td>
<td>Prescribe or authorize bands</td>
</tr>
<tr>
<td>35.</td>
<td>62. Place and remove periodontal dressings</td>
</tr>
<tr>
<td>40.</td>
<td>49. Etch appropriate enamel surfaces, apply and adjust pit and fissure sealants [Requires a course in the function presented by a CODA-accredited program]</td>
</tr>
<tr>
<td>59.</td>
<td>Monitor a patient who has been induced by a dentist into nitrous oxide inhalation analgesia</td>
</tr>
</tbody>
</table>

### Under General Supervision*

<table>
<thead>
<tr>
<th>No.</th>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Take radiographs</td>
</tr>
<tr>
<td>37.</td>
<td>Take vital signs such as pulse rate and blood pressure as directed by a dentist</td>
</tr>
<tr>
<td>42.</td>
<td>Place and remove elastic orthodontic separators</td>
</tr>
<tr>
<td>44.</td>
<td>Take impressions for casts and appropriate bite registration, not to include impressions and bite registrations for final construction of fixed and removable prostheses</td>
</tr>
<tr>
<td>50.</td>
<td>Place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges</td>
</tr>
<tr>
<td>56.</td>
<td>48. Provide any assistance, including the placement of articles and topical medication in a patient’s oral cavity, in response to a specific direction to do so by a licensed dentist who is then and there actually engaged in performing a dental operation as defined in the act and who is then actually in a position to give personal supervision to the rendition of this assistance</td>
</tr>
<tr>
<td>61.</td>
<td>Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only</td>
</tr>
<tr>
<td></td>
<td>• Place cotton pellets and temporary restorative materials into endodontic access openings</td>
</tr>
<tr>
<td></td>
<td>• Maintain and remove intravenous lines [Requires a board-approved course in the function]</td>
</tr>
<tr>
<td></td>
<td>• Monitor a patient during preoperative, intraoperative and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors and capnography [Requires a board-approved course in the function]</td>
</tr>
</tbody>
</table>

### Under Personal Supervision*

<table>
<thead>
<tr>
<th>No.</th>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.</td>
<td>Retract a patient’s cheek, tongue or other parts of tissue during a dental operation</td>
</tr>
<tr>
<td>48.</td>
<td>Remove such debris as is normally created or accumulated during the course of treatment being rendered by a licensed dentist during or after operative procedures by the dentist by the use of vacuum devices, compressed air, mouthwash and water</td>
</tr>
</tbody>
</table>

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*General Supervision: The dentist has authorized the procedures and the dental assistant performs the procedures in accordance with the dentist’s diagnosis and treatment plan in providing palliative treatment.

Indirect Supervision: The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed.

Direct Supervision: The dentist is personally operating on a patient and authorizes the auxiliary to aid in treatment by concurrently performing supportive procedures.

**Note:** A licensed dental therapist may supervise dental assistants to the extent permitted in the collaborative management agreement, but may not supervise more than four Licensed Dental Assistants in any practice setting.
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 postsurgical 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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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.