2018 Allowable and Prohibited Duties for Dental Assistants: Minnesota

How to Use the Following Charts

View which job designations are used in your state.
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.

Be sure to follow the legal requirements to perform dental radiographic procedures.
See which tasks are not permitted by state law.
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.

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

**Education/Training/Credential Required**

<table>
<thead>
<tr>
<th>Job Title According to State of MN</th>
<th>Proposed Standardized National Job Titles (see below)</th>
<th>Radiography Requirements</th>
<th>Functions NOT Permitted by Dental Assistants in MN</th>
</tr>
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To earn status as a **Licensed Dental Assistant** in 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 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 maintain a consecutive and current certificate 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 opposite 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 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)

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

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

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.)

According to the Minnesota Board of Dentistry, “The State of Minnesota only recognizes permissive (allowable) expanded functions and not non-permissive (prohibited) expanded functions.”

**Note:** See p. 72 for information about a Licensed Dental Assistant with Collaborative Practice Authorization.
### Licensed Dental Assistant (LDA)

**Under Personal Supervision**
- 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**
- Place nonsurgical retraction material for gingival displacement [Requires a course in the function presented by a CODA-accredited program]
- Fabricate, cement, and adjust temporary restorations extraorally or intraorally
- Remove bond material from teeth with rotary instruments after removal of orthodontic appliances [Requires a course in the function presented by a CODA-accredited program]
- Administer nitrous oxide inhalation analgesia (only after a maximum dosage has been prescribed by a dentist for a specific patient) [Requires a course in the function presented by a CODA-accredited program]
- Initiate and place intravenous infusion line in preparation for intravenous medications and sedation [Requires a board-approved course in the function]

**Under Indirect Supervision**
- 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.
- 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 I, II and V) on primary and permanent dentition; and adapting and cementing stainless steel crowns [Requires a board-approved course in the function]
- Monitor a patient who has been induced by a dentist into nitrous oxide inhalation analgesia
- Maintain and remove intravenous lines [Requires a board-approved course in the function]
- 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]

**Under General Supervision**
- Take vital signs such as pulse rate and blood pressure as directed by a dentist
- Place and remove rubber dam and accessories used for placement of articles and topical applications
- Take impressions for casts and appropriate bite registration, not to include impressions and bite registrations for final construction of fixed and removable prostheses
- Place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges
- Cut arch wires on orthodontic appliances
- Administer nitrous oxide inhalation analgesia (only after a maximum dosage has been prescribed by a dentist for a specific patient) [Requires a course in the function presented by a CODA-accredited program]
- Initiate and place intravenous infusion line in preparation for intravenous medications and sedation [Requires a board-approved course in the function]

### Dental Assistant

**Under Personal Supervision**
- Retract a patient’s cheek, tongue or other parts of tissue during a dental operation
- 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

**Under General Supervision**
- Complete preliminary charting of the oral cavity and surrounding structures with the exception of periodontal probing and assessment of the periodontal structures
- Take radiographs
- Take vital signs such as pulse rate and blood pressure as directed by a dentist
- Place and remove elastic orthodontic separators
- Place and remove arch wires on orthodontic appliances
- Maintain and remove intravenous lines
- 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

**Under Personal Supervision**
- Apply fluoride varnish, as long as the licensed practitioner authorizes the service or the facility at which the fluoride varnish is administered maintains appropriate patient records of the treatment

### In a community setting, under the authorization and direction of a licensed practitioner with prescribing authority, such as a dentist or physician

- Aid dental hygienists and licensed dental assistants in the performance of their duties
- Assist with the placement or removal of a rubber dam and accessories used for its placement and retention, as directed by an operating dentist during the course of a dental operation
- Perform all those duties not directly related with performing dental treatment or services on patients

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*General Supervision:*
- The supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

*Indirect Supervision:*
- The dentist is in the office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the allied dental personnel.

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

*Personal Supervision:*
- The dentist is personally operating on a patient and authorizes the allied dental personnel 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.
A Licensed Dental Assistant may be employed or retained by a health care facility, program, or nonprofit organization to perform specified dental assisting services without the patient first being examined by a licensed dentist, without a dentist’s diagnosis or treatment plan, and without the dentist being present at the location where the services are being performed, if the Licensed Dental Assistant has:

- Entered into a collaborative agreement with a licensed dentist, which must be part of a collaborative agreement established between a licensed dentist and a dental hygienist, that designates authorization for the services being provided by the dental assistant

AND

- Documented completion of a course on medical emergencies within each continuing education cycle

**Licensed Dental Assistant with Collaborative Practice Authorization**

### Under General Supervision* of a Collaborating Dentist

2. Complete preliminary charting of the oral cavity and surrounding structures, except periodontal probing and assessment of the periodontal structure

9. Perform mechanical polishing to clinical crowns not including instrumentation

18, 40. Apply topical preventative agents, including fluoride varnishes and pit and fissure sealants

22. Take radiographs

24. Provide oral health promotion and disease prevention education

37. Take vital signs such as pulse rate and blood pressure
   - Obtain informed consent for treatments authorized by the collaborating dentist within the licensed dental assistant’s scope of practice
   - Take photographs extraorally or intra- orally

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*General Supervision:* The supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.
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
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.*