

Education/Training/ Credential Required	Job Title According to State of MT	Proposed Standardized National Job Titles (see below)	Radiography Requirements	Functions NOT Permitted by Dental Assistants in MT
<p>A dental auxiliary in Montana may perform basic supportive dental procedures specified by the state dental practice act (see opposite page) under the direct supervision of a licensed dentist.</p> <p>To qualify, one must:</p> <ul style="list-style-type: none"> Graduate from a CODA-accredited dental assisting program OR Receive instruction and training by a licensed dentist OR Receive instruction and training in a board-approved continuing education course 	<p>Dental Auxiliary</p>	<p>Expanded Functions Dental Assistant (EFDA)</p> <hr/> <p>DANB Certified Dental Assistant (CDA) or Registered Dental Assistant (RDA)</p> <hr/> <p>Dental Assistant</p> <hr/> <p>Entry Level Dental Assistant</p>	<p>To legally operate dental x-ray equipment and perform dental radiographic procedures in Montana, a dental assistant <u>must</u>:</p> <ul style="list-style-type: none"> Successfully complete the national DANB Radiation Health and Safety (RHS) exam. After successfully completing the DANB RHS exam, DANB will issue the dental assistant a DANB RHS certificate of knowledge-based competency. Dental assistants are not legally allowed to expose radiographs in Montana until they receive the RHS certificate from DANB. <p>OR Graduate from a CODA-accredited dental assisting program OR Hold a certification in dental radiography from the U.S. military</p> <p>Note: Effective Jan. 1, 2016, radiology certification from other states will no longer be accepted, with the exception of a board-approved written examination. Dental auxiliaries who acquired radiology certification in other states and were employed as dental auxiliaries in Montana prior to Jan. 1, 2016, will be grandfathered.</p> <p>The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.</p> <p>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.</p> <p>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.)</p> <p>Functions listed with bullets are part of this state's practice act but are not specific matches to DANB/ADAA research.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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.</p> </div>	<p>The following functions are not permitted by any level of dental assistant:</p> <ul style="list-style-type: none"> 12, 33, 51. Placing, carving or condensing any permanent restorations 46. Taking final impressions of the involved arch for crowns, bridges, implant prosthesis, partial or complete dentures • Diagnosis and treatment planning • Cutting hard or soft tissue or extracting teeth • Prescribing any drugs • Administering or dispensing any drug, without the prior authorization of the supervising dentist • Administering intravenous and intramuscular injections or local anesthetic • Bonding or cementing any fixed prosthesis, including veneers, except for provisionals • Bonding or cementing orthodontic brackets or orthodontic appliances that would provide activation upon cementation • Placing sulcular medicinal or therapeutic materials • Periodontal probing • Air polishing • Prophylaxis

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Job Title
According to
State of MT

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)

Dental
Auxiliary

Under Direct Supervision*

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|--|---|--|
| <ul style="list-style-type: none"> 2. Collecting patient data 9. Coronal polishing 13, 62. Removing sutures and dressings 18. Applying topical fluoride agents 22. Making radiographic exposures as prescribed by the supervising dentist (see "Radiography Requirements" on previous page) | <ul style="list-style-type: none"> 24. Providing oral health instructions 27. Placing and removing rubber dams 40. Placing pit and fissure sealants 44. Taking impressions for study or working casts 45. Placing and removing matrices 47, 50, 54, 55. Placing and removing temporary restoration with hand instruments only | <ul style="list-style-type: none"> 56. Applying topical anesthetic agents 59. Initiating, adjusting and monitoring nitrous oxide flow for a patient who has been prescribed and administered nitrous oxide by a licensed dentist 61. Removing excess cement from coronal surfaces <ul style="list-style-type: none"> • Polishing amalgam restorations |
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*Direct Supervision: Treatment is provided by a dental auxiliary with the intent and knowledge of the dentist. The treatment must be performed while the dentist is on the premises.

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

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 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 ADA/DANB Alliance did not address the question of supervision, the ADA/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 ADA/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.



Measuring Dental Assisting Excellence®

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