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.
To perform **expanded functions** under the direct supervision of a licensed dentist in the state of North Carolina, one must be classified as a Dental Assistant II (DA II).

To qualify to be a DA II, one must:
- Hold a current Cardiopulmonary Resuscitation (CPR) certification
- Complete a CODA-accredited dental assisting program or complete one academic year or longer in a CODA-accredited dental hygiene program
- Pass the national DANB Certified Dental Assistant (CDA) exam
- Complete full-time employment as a DA I for 2 years of the preceding 5, consisting of at least 3,000 total hours and complete a 3-hour course in dental office emergencies and complete a 3-hour course in sterilization and infection control
- Successfully complete a course in coronal polishing identical to that taught in a CODA-accredited dental assisting program, or by a licensed NC hygienist or dentist of at least 7 hours and meeting content requirements established by the North Carolina Board,
- Successfully complete a North Carolina Board-approved 7-hour course in nitrous oxide-oxygen conscious sedation

A **Dental Assistant II in Training (DA II in Training)** is an individual who is participating in on-the-job training to become a DA II. Training consists of at least two years (3,000 hours) of chairside assisting, during which period the assistant may be trained and allowed to perform the functions of a DA II under the direct control and supervision of a NC licensed dentist.

A **DA II in Training** may not monitor patients under nitrous oxide, take radiographs, or coronal polish until he or she successfully completes the required courses in these topics.

A **Dental Assistant I (DA I)** is an individual who may perform basic supportive dental procedures under the direct control and supervision of a licensed dentist.

To qualify to be a DA I, one must:
- Successfully complete a North Carolina Board-approved seven-hour course in nitrous oxide-oxygen conscious sedation

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The following functions are not permitted by any level of dental assistant:
- 12, 33. Performing the placement or cementation of final restorations
- 35, 63. Performing periodontal or surgical dressing
- 49. Performing pulp vitality testing
- 70. Performing stainless steel crown on permanent or primary teeth
- Performing prophyaxis
- Performing periodontal screening
- Performing subgingival exploration for removal of hard or soft deposits
- Performing sulcular irrigation
- Performing comprehensive examination, diagnosis and treatment planning
- Performing surgical or cutting procedures on hard or soft tissues, including laser ablation or micro-ablation procedures
- Placing or removing therapeutic sulcular resorbable agents
- Issuing prescription drugs, medications or work authorizations
- Performing the final placement or introral adjustment of a fixed or removable appliance
- Performing intraoral occlusal adjustments that affect function, fit or occlusion of any temporary or permanent restoration or appliance
- Performing direct pulp capping or pulpotomy
- Placing sutures
- Performing final placement or cementation of orthodontic bands or brackets
- Administering any anesthetic by any route except administering topical anesthetics intended to anesthetize only cutaneous tissue
- Using a high speed handpiece introrally
- Inducing conscious sedation
- Using ultrasonic scalers for abrading procedures
- Applying antibiotic-coated materials
- Applying resorbable antimicrobial agents
- Performing root planing
- Applying oral cancer screening products
- Using laser fluorescence detectors in preparation for dentist's examination and diagnosis of cavities
- Applying resin infiltration treatment for incipient smooth surface lesions, following the dentist's diagnosis that the lesion is non-penetrable
- Performing cementation of endodontic posts
- Condensing amalgam
- Using a transcutaneous electrical nerve stimulation (TENS) unit
- Applying formocresol
- Performing curettage
- Performing oral brush biopsy
- Taking bite registration or elastomeric impressions
- Taking photographs
- Placing eugenol wick in dry socket
- Fabricating or delivering sleep apnea appliance
- Applying silver diamine fluoride
- Removing, replacing, or torqueing either impression or prosthetic implant abutments
**With Direct Control and Supervision** *

6. Placing and removing gingival retraction cord
9. Polishing the clinical crown (using a hand-held brush and appropriate polishing agents or a combination of a slow-speed handpiece [not to exceed 10,000 rpm] with an attached rubber cup or bristle brush and appropriate polishing agents) (see requirements on previous page)
13. Removing sutures
14. Flushing, drying and temporarily closing root canals or pulpotomies
15. Placing and tying in or untying and removing orthodontic arch wires, ligature wires or lock pins
22. Exposing radiographs and cone beam images
27. Placing and removing rubber dams
29. Fitting (sizing) orthodontic bands or brackets
34. Placing cavity bases and liners
38. Measuring pulse, blood pressure, and temperature
39. Polishing removable appliances extra-orally
40. Applying sealants to teeth that do not require mechanical alteration prior to the application of such sealants
42. Inserting interdental spacers
44. Taking impressions for study models and opposing casts that may be used for construction of temporary or permanent dental appliances, adjustable orthodontic appliances, nightguards and the repair of dentures or partials
45. Inserting matrix bands and wedges

**With Direct Control and Supervision** *

6. Placing and removing gingival retraction cord
47, 50, 54. Placing and removing temporary restorations
54, 61. Removing excess cement with hand scaler supragingivally
59. Monitoring patients under nitrous oxide (see requirements on previous page)
62. Removing periodontal and surgical dressings
   - Cementing temporary restorations using temporary cement
   - Applying acid etch materials and rinses
   - Applying bonding agents
   - Applying dentin desensitizing solutions
   - Performing extraoral adjustments which affect function, fit, or occlusion of any restoration or appliance
   - Initially forming and sizing orthodontic arch wires and placing arch wires after final adjustment and approval by the dentist
   - Preparing and loading amalgam in carrier

Note: The “DA II in training” functions are the same functions as allowed and listed above for a DA II, with the exception of coronal polishing. A DA II in Training may not monitor patients under nitrous oxide, take radiographs, or coronal polish until he or she successfully completes the required courses in these topics.

**With Direct Control and Supervision** *

5. Write laboratory work orders (Exact words must be dictated by the dentist)
12. Place amalgam in prep w/carrier
18. Apply topical fluoride
22. Expose radiographs (see requirements on previous page)
24. Oral hygiene instruction
37. Take pulse, blood pressure and temperature
39. Polish dentures (extraorally, upon instruction by the dentist and reinsertion by the dentist)
56. Apply topical anesthetics/DentiPatch®
59. Monitor patients under nitrous oxide (see requirements on previous page)

*Direct Control and Supervision: A dentist must be present in the office when the act or function is being performed and must directly and personally supervise, examine, and evaluate the results.*
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
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, personally diagnosed and treatment planned 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 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.**