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.
State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures under general supervision in Oregon, a dental assistant must:

I. Complete all of the following requirements and apply to DANB for a state certificate of radiologic proficiency:
   a. Complete a course approved by the OBD*, or submit evidence of equivalent training recognized by the Oregon Health Authority, Center for Health Protection, Radiation Protection Services
   AND
   b. Pass the national DANB Radiation Health and Safety (RHS) exam or CDA exam‡
   AND
   c. Submit verification** from an Oregon licensed dentist or Oregon licensed dental hygienist that the assistant is proficient to take radiographs.

OR

II. Complete one of the following requirements and apply to DANB for a state certificate of radiologic proficiency by credential:
   a. Be certified in another state that has training and certification requirements substantially similar to Oregon’s OR
   b. Obtain verification from an employer dentist that the assistant has been employed for at least 1,000 hours in the past two years as a dental assistant (in a state other than Oregon) and is competent to take radiographs

*The DALE Foundation’s DANB RHS® Review course is approved by the Oregon Board of Dentistry and meets the course requirement to earn the Oregon Radiologic Proficiency Certificate.

**Note: A dentist or dental hygienist may authorize a dental assistant who has completed the course and written exam requirements described above to perform radiographic procedures under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. Within 6 months of beginning to expose radiographs, as authorized by an Oregon licensed dentist or Oregon licensed dental hygienist, the dental assistant must submit verification from an Oregon licensed dentist or dental hygienist that the assistant is proficient to take radiographs.

Functions NOT Permitted by Dental Assistants in Oregon

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 10 for more information.

The following functions are not permitted by any level of dental assistant in Oregon:

6. Place any type of retraction material subgingivally, except as permitted for EFDAs with additional training - see p. 3

33, 51. Condense and carve permanent restorative material, except as permitted by an EFDA with a Restorative Functions Certificate - see p. 4

35. Place periodontal packs
   • Diagnose or plan treatment
   • Cut hard or soft tissue
   • Start nitrous oxide

Prohibited Functions list continued on next page.
Functions NOT Permitted by Dental Assistants in Oregon, continued

- Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient’s mouth
- Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions, drugs administered as allowed under anesthesia permit rules and drugs administered as expressly permitted for Certified Anesthesia Dental Assistants - see p. 8
- Prescribe any drug
- Use a high speed handpiece or any device operated by a high-speed handpiece intra-orally, except as permitted for an EFDA with a Restorative Functions Certificate, for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored - see p. 4
- Use lasers, except laser curing lights
- Use air abrasion or air polishing
- Remove teeth or parts of tooth structure
- Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient
- Use ultrasonic equipment intraorally, except those functions expressly permitted for EFODAs - see p. 6
- Correct or attempt to correct the malposition or malocclusion of teeth, except those functions expressly permitted for EFODAs - see p. 6
- Cement or bond any fixed prosthetic or orthodontic appliance, including bands, brackets, retainers, tooth moving devices, or orthopedic appliances, except those functions expressly permitted for EFODAs - see p. 6
- Apply denture relines, except those functions expressly permitted for EFODAs with additional training - see p. 6
- Remove stains or deposits, excluding EFDA functions expressly permitted
- Perform periodontal probing
- Place or remove healing caps or abutments, except under direct supervision
- Place implant impression copings, except under direct supervision
- An Expanded Function duty, Expanded Orthodontic Function duty, Restorative Function duty, Expanded Preventive duty or Expanded Function Anesthesia duty without holding the appropriate certificate

1 Dental Assistant

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

There are no education or training requirements for this level of dental assisting.

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 9 for more information.

Under Direct Supervision*
- Place or remove healing caps or abutments
- Place implant impression copings

Under Indirect Supervision*
8, 56. Administer or dispense fluoride, topical anesthetic, desensitizing agents, and over the counter medications per package instructions
44. Take impressions for diagnostic or opposing models or for fabrication of temporary or provisional restorations or appliances

Under General Supervision*
22. Exposing of radiographs: place films, adjust equipment preparatory to exposing films, and expose the films (see “Radiography Requirements” on previous page)
- Dental assistants who are in compliance with written training and screening protocols adopted by the state may perform oral health screening

Under Indirect Supervision* of a Dentist, Dental Hygienist, or Dental Assistant Who Holds an Oregon Radiologic Proficiency Certificate
22. Exposing of radiographs: place films, adjust equipment preparatory to exposing films, and expose the films (see note under “Radiography Requirements” on previous page)

Under Indirect Supervision* of a Dentist Holding a Moderate Sedation Permit
- Dispense oral medications that have been prepared by a dentist permit holder for oral administration to a patient, after adequate training

Under Direct Supervision* and at the Direction of a Dentist Holding a Minimal Sedation Permit
- Administer oral sedative agents or anxiolyis agents calculated and dispensed by a dentist, after training

At the Direction of a Dental Hygienist
62. Remove periodontal dressings

Note: A dental assistant may be supervised by a dental hygienist who works under general supervision in the dental office if the assistant is rendering assistance to the hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise a dental assistant who will render assistance to the dental hygienist in providing dental hygiene services.

*Direct Supervision: A dentist must diagnose the condition to be treated, authorize the procedure to be performed, and remain in the dental treatment room while the procedures are performed.

Indirect Supervision: A dentist must authorize the procedures and be on the premises while the procedures are being performed. Unless otherwise specified, dental assistants work under indirect supervision in the dental office.

General Supervision: A dentist must authorize the procedures, but need not be present when the authorized procedures are being performed. The authorized procedures may be performed at a place other than the usual place of practice of the dentist.
To perform expanded functions in Oregon under the supervision of a licensed dentist, a dental assistant must earn an Oregon Expanded Function Dental Assistant (EFDA) certificate. To qualify, one must:

I. Hold an Oregon Certificate of Radiologic Proficiency (see requirements on page 1) AND
   a. Successfully complete a CODA-accredited dental assisting program AND
   b. Apply for the Oregon EFDA certificate (administered by DANB) AND
   OR
II. Hold an Oregon Certificate of Radiologic Proficiency (see requirements to the right) AND
   a. Pass the DANB Certified Dental Assistant (CDA) exam** AND
   b. Pass the Oregon Expanded Functions—General Dental Assisting Exam* (administered by DANB) AND
   c. Provide endorsement from an Oregon licensed dentist stating that the applicant has completed clinical requirements AND
   d. Apply for the Oregon EFDA certificate (administered by DANB) AND
   OR
III. Hold an Oregon Certificate of Radiologic Proficiency (see requirements to the right) AND
   a. Pass the DANB Infection Control (ICE) exam
   b. Pass the Oregon Expanded Functions—General Dental Assisting Exam* (administered by DANB) AND
   c. Provide endorsement from an Oregon licensed dentist stating that the applicant has completed clinical requirements AND
   d. Apply for the Oregon EFDA certificate (administered by DANB) AND
   OR
IV. Be certified in another state that has training and certification requirements substantially similar to Oregon’s requirements or obtain verification from a licensed dentist of having been employed (outside the state of Oregon) for at least 1,000 hours in the past two years as a dental assistant performing expanded functions AND
   a. Apply for the Oregon EFDA certificate by credential (administered by DANB)

An EFDA may perform the following procedures under the indirect supervision** of a dentist or dental hygienist after successful completion of a CODA-accredited program or other course approved by the Oregon Board, provided the procedure is checked by a dentist or dental hygienist prior to dismissal of the patient:

- Apply temporary soft relines to complete dentures for the purpose of tissue conditioning
- Place and remove matrix retainers for alloy and composite restorations
- Fabricate temporary crowns, and temporarily cement the temporary crown. Cemented crown must be examined and approved by the dentist prior to the patient being released
- Place temporary restorative material (i.e. zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed
- Remove temporary crowns for final cementation and clean teeth for final cementation
- Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed
  - Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth
  - Polish amalgam restorations with a slow-speed handpiece
  - Perform all aspects of teeth whitening procedures

*Direct Supervision: A dentist must diagnose the condition to be treated, authorize the procedure to be performed, and remain in the dental treatment room while the procedures are performed.  
Indirect Supervision: A dentist must authorize the procedures, but need not be present when the authorized procedures are being performed. Unless otherwise specified, dental assistants work under indirect supervision in the dental office. 
General Supervision: A dentist must authorize the procedures, but need not be present when the authorized procedures are being performed. The authorized procedures may be performed at a place other than the usual place of practice of the dentist.

**The Oregon state dental practice act specifies that, in addition to the exams, courses, and programs listed on this page, a dental assistant may complete any successor or otherwise Board-approved exams, courses, or programs. For more information, please contact the Oregon Board of Dentistry at 971-673-3200 or www.oregon.gov/dentistry.

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 9 for more information.

Under Indirect Supervision*

9. Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing that the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge
45. Place and remove matrix retainers for alloy and composite restorations
47. Fabricate temporary crowns, and temporarily cement the temporary crown. Cemented crown must be examined and approved by the dentist prior to the patient being released
50. Place temporary restorative material (i.e. zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed
54. Remove temporary crowns for final cementation and clean teeth for final cementation
61. Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed
- Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth
- Polish amalgam restorations with a slow-speed handpiece
- Perform all aspects of teeth whitening procedures

Under General Supervision*

47. When the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate
## Expanded Function Dental Assistant (EFDA) with Restorative Functions Certificate

### Education, Training and Credential Requirements

To perform the restorative functions listed below in Oregon, an EFDA must hold a Restorative Functions certificate. To qualify, an EFDA must:

I. a. Complete a Oregon Board of Dentistry (OBD)-approved restorative functions curriculum from a CODA-accredited program AND  
b. Pass the WREB Restorative Exam (or another OBD-approved exam) within five years of application AND  
c. Apply for the Oregon Restorative Functions certificate (administered by DANB)  

OR  
II. a. If applicant passed the WREB Restorative Exam more than five years prior to application, submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and verification from the supervising dentist of successful completion of at least 25 restorative procedures within the prior five years AND  
b. Apply for the Oregon Restorative Functions certificate (administered by DANB)

### Allowable Functions

*Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 9 for more information.*

**Under Indirect Supervision**

12, 33, 51. Perform the placement and finishing of restorations, except gold foil, after the supervising dentist has prepared the tooth (teeth) for restoration(s).
Expanded Function Orthodontic Dental Assistant (EFODA)

Education, Training and Credential Requirements

To perform expanded orthodontic functions in Oregon under the supervision of a licensed dentist, a dental assistant must earn status as an Expanded Function Orthodontic Dental Assistant (EFODA).

To qualify, one must:
I. a. Complete a course of instruction in a CODA-accredited dental assisting program AND
b. Apply for Oregon EFODA certification (administered by DANB)
OR
II. a. Pass DANB's national Certified Dental Assistant (CDA) exam or Certified Orthodontic Assistant (COA) exam** AND
b. Pass the Oregon Expanded Functions—Orthodontic Assisting (ORXO) exam* (administered by DANB) AND
c. Provide endorsement from an Oregon licensed dentist stating that the applicant has successfully completed the clinical requirements AND
d. Apply for the Oregon EFODA certificate (administered by DANB)
OR
III. a. Pass the DANB Infection Control (ICE) exam or the Oregon Basic Dental Assisting exam** (administered by DANB) AND
b. Pass the Oregon Expanded Functions—Orthodontic Assisting (ORXO) exam** (administered by DANB) AND
c. Provide endorsement from an Oregon licensed dentist stating that the applicant has successfully completed the clinical requirements AND
d. Apply for the Oregon EFODA certificate (administered by DANB)
OR
IV. a. Be certified in another state that has training and certification requirements substantially similar to Oregon’s requirements or obtain verification from a licensed dentist of having been employed (outside the state of Oregon) for at least 1,000 hours in the past two years as a dental assistant performing expanded orthodontic functions AND
b. Apply for the Oregon EFODA certificate by credential (administered by DANB)

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 10 for more information.

Under Indirect Supervision*
- 15. Place and ligate archwires
- 29. Select or try for the fit of orthodontic bands
- 42. Place and remove orthodontic separators
- 44. Take impressions for study models or temporary oral devices such as, but not limited to, space maintainers, orthodontic retainers and occlusal guards
  - Remove orthodontic bands and brackets and attachments with removal of the bonding material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used. Use of a high speed handpiece is prohibited.
  - Recement loose orthodontic bands
  - Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/or retainers after their position has been approved by the supervising licensed dentist
  - Fit and adjust headgear
  - Remove fixed orthodontic appliances
  - Remove and replace orthodontic wires
  - Place elastic ligatures or chains as directed
  - Cut arch wires

Under General Supervision*
- Remove any portion of an orthodontic appliance causing a patient discomfort and, in the process, replace ligatures and/or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate
- Recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate

*Direct Supervision: A dentist must diagnose the condition to be treated, authorize the procedure to be performed, and remain in the dental treatment room while the procedures are performed.
Indirect Supervision: A dentist must authorize the procedures and be on the premises while the procedures are being performed. Unless otherwise specified, dental assistants work under indirect supervision in the dental office.
General Supervision: A dentist must authorize the procedures, but need not be present when the authorized procedures are being performed. The authorized procedures may be performed at a place other than the usual place of practice of the dentist.

**The Oregon state dental practice act specifies that, in addition to the exams, courses, and programs listed on this page, a dental assistant may complete any successor or otherwise Board-approved exams, courses, or programs. For more information, please contact the Oregon Board of Dentistry at 971-673-3200 or www.oregon.gov/dentistry.
Registered Dental Assistant in Extended Functions (RDAEF) with Orthodontic Assistant Permit

Education, Training and Credential Requirements
To perform expanded preventive functions in Oregon under the supervision of a licensed dentist, a dental assistant who does not hold the Oregon EFDA certificate must earn status as an Expanded Function Preventive Dental Assistant (EFPDA).
To qualify, one must:
I. a. Hold an Oregon Certificate of Radiologic Proficiency (see requirements to the right) AND
   b. Successfully complete a course of instruction in a program accredited by CODA AND
   c. Apply for the Oregon EFPDA certificate (administered by DANB)
OR
II. a. Hold an Oregon Certificate of Radiologic Proficiency (see requirements to the right) AND
   b. Pass the DANB Infection Control (ICE) exam** AND
   c. Pass one of the following exams:
      (i) DANB Coronal Polishing (CP) exam**, or
      (ii) DANB Certified Preventive Functions Dental Assistant (CPFDA) exam**, or
      (iii) the Oregon Expanded Functions—General Dental Assisting Exam* (administered by DANB), AND
   d. Provide endorsement from an Oregon licensed dentist stating that the applicant has completed clinical requirements AND
   e. Apply for the Oregon EFPDA certificate (administered by DANB)
OR
III. a. Hold an Oregon Certificate of Radiologic Proficiency (see requirements on previous page) AND
   b. Pass the Oregon Basic Dental Assisting exam* (administered by DANB), AND
   c. Pass one of the following exams:
      (i) DANB Coronal Polishing (CP) exam**, or
      (ii) DANB Certified Preventive Functions Dental Assistant (CPFDA) exam**, or
      (iii) the Oregon Expanded Functions—General Dental Assisting Exam* (administered by DANB), AND
   d. Provide endorsement from an Oregon licensed dentist stating that the applicant has completed clinical requirements, AND
   e. Apply for the Oregon EFPDA certificate (administered by DANB)
OR
IV. a. Be certified in another state that has training and certification requirements substantially similar to Oregon's requirements or obtain verification from a licensed dentist of having been employed (outside the state of Oregon) for at least 1,000 hours in the past two years as a dental assistant performing the permitted expanded preventive functions AND
   b. Apply for the Oregon EFPDA certificate by credential (administered by DANB)

Allowable Functions
Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 10 for more information.

Under Indirect Supervision*
9. Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge
40. Apply pit and fissure sealants provided the patient is examined before the sealants are placed; procedure must be checked by the dentist or dental hygienist prior to dismissal of the patient; sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist

*Direct Supervision: A dentist must diagnose the condition to be treated, authorize the procedure to be performed, and remain in the dental treatment room while the procedures are performed.
Indirect Supervision: A dentist must authorize the procedures and be on the premises while the procedures are being performed. Unless otherwise specified, dental assistants work under indirect supervision in the dental office.
General Supervision: A dentist must authorize the procedures, but need not be present when the authorized procedures are being performed. The authorized procedures may be performed at a place other than the usual place of practice of the dentist.

**The Oregon state dental practice act specifies that, in addition to the exams, courses, and programs listed on this page, a dental assistant may complete any successor or otherwise Board-approved exams, courses, or programs. For more information, please contact the Oregon Board of Dentistry at 971-673-3200 or www.oregon.gov/dentistry.
Anesthesia Monitor

Education, Training and Credential Requirements

To perform the duties of an Anesthesia Monitor, a dental assistant must:

I. Be a credentialed health care provider trained in monitoring patients under sedation and be capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication AND

II. Maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training or equivalent AND

III. Receive training in monitoring vital signs AND

IV. Be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 10 for more information.

Under Indirect Supervision*

59. Visually monitor a patient under nitrous oxide sedation and record the patient’s condition,

• Visually monitor and record condition of patients being treated under minimal sedation, moderate sedation, deep sedation or general anesthesia

Anesthesia Dental Assistant

Education, Training and Credential Requirements

A dental assistant in Oregon must hold state certification as an Anesthesia Dental Assistant in order to perform the functions listed below.

To qualify, one must:

I. Hold a current Health Care Provider BLS/CPR certification or equivalent AND

II. a. Successfully complete the Oral and Maxillofacial Surgery Anesthesia Assistants Program* conducted by the American Association of Oral and Maxillofacial Surgeons OR

b. Successfully complete the Oral and Maxillofacial Surgery Assistants Course* conducted by the California Association of Oral and Maxillofacial Surgeons OR

c. Have passed the national DANB Certified Oral and Maxillofacial Surgery Assistant (COMSA) exam* (prior to discontinuation of the COMSA exam in 2000) OR

d. Successfully complete the Resuscitation Group – Anesthesia Dental Assistant course OR

e. Successfully complete another course approved by the Oregon Board of Dentistry AND

III. Apply for the Oregon Anesthesia Dental Assistant certificate (administered by DANB)

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 9 for more information.

Under Direct Visual Supervision**

• Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia

• Administer emergency medications to a patient in order to assist the licensee in an emergent situation

Under Indirect Supervision**

• Dispense oral medications that have been prepared by the dentist and given to the surgery assistant by the supervising dentist for oral administration to a patient

• All duties designated to Dental Assistants, under the same required levels of supervision (see p. 2)

Under Direct Visual Supervision of a Dentist Holding a Deep Sedation or General Anesthesia Permit**

• Administer oral sedative agents calculated by a dentist permit holder

Under Direct Visual Supervision of a Dentist Holding a General Anesthesia Permit**

• Introduce additional anesthetic agents to an infusion line

Under Direct Supervision of a Dentist Holding a Moderate Sedation Permit**

• Introduce additional anesthetic agents to an infusion line

*Direct Supervision: A dentist must diagnose the condition to be treated, authorize the procedure to be performed, and remain in the dental treatment room while the procedures are performed.

Indirect Supervision: A dentist must authorize the procedures and be on the premises while the procedures are being performed. Unless otherwise specified, dental assistants work under indirect supervision in the dental office.

General Supervision: A dentist must authorize the procedures, but need not be present when the authorized procedures are being performed. The authorized procedures may be performed at a place other than the usual place of practice of the dentist.

**The Oregon state dental practice act specifies that, in addition to the exams, courses, and programs listed on this page, a dental assistant may complete any successor or otherwise Board-approved exams, courses, or programs. For more information, please contact the Oregon Board of Dentistry at 971-673-3200 or www.oregon.gov/dentistry.
Anesthesia Assistant with IV Therapy Certificate

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Allowable Functions</th>
</tr>
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<tbody>
<tr>
<td>To initiate intravenous (IV) lines in Oregon for a patient being prepared for IV medications, sedation or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit, an Anesthesia Dental Assistant must:</td>
<td>Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 9 for more information.</td>
</tr>
<tr>
<td>I. Complete a course in intravenous access or phlebotomy approved by the OBD AND II. Apply for the Anesthesia Dental Assistant with IV Therapy certificate (administered by DANB)</td>
<td>Under Indirect Supervision*  &lt;br&gt;• Initiate an IV infusion line for a patient being prepared for IV medications, sedation or general anesthesia</td>
</tr>
</tbody>
</table>

*Direct Supervision: A dentist must diagnose the condition to be treated, authorize the procedure to be performed, and remain in the dental treatment room while the procedures are performed.  <br>Indirect Supervision: A dentist must authorize the procedures and be on the premises while the procedures are being performed. Unless otherwise specified, dental assistants work under indirect supervision in the dental office.  <br>General Supervision: A dentist must authorize the procedures, but need not be present when the authorized procedures are being performed. The authorized procedures may be performed at a place other than the usual place of practice of the dentist.
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 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 diagnoses 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.**