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 qualify for registration as a Dental Assistant II (DA II), one must be registered in Virginia under the direct supervision of a licensed dentist.

Expanded functions of Virginia may perform basic support dental procedures specified by the state dental practice act. (The charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis or for further evaluation by the dentist is non-delegable to a dental assistant.)

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

1. Performing an initial/resumption of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis or for further evaluation by the dentist
2. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers, with any sedation or anesthesia administered.
3. Administering nitrous oxide, turn nitrous oxide machines on or off.
4. Final diagnosis and treatment planning.
5. Performing surgical or cutting procedures on hard or soft tissue.
6. Prescribing or parenterally administering drugs or medications.
7. Authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient’s mouth.
8. Operation of high-speed rotary instruments in the mouth.
9. Administering nitrous oxide or oxygen inhalation analgesia.
10. Final positioning and attachment of orthodontic bonds and bands.
11. Final adjustment and fitting of crowns and bridges in preparation for final cementation.
12. Polishing of natural and restored teeth using air polishers.
13. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents.
14. Administering and monitoring conscious/mild sedation, deep sedation, or general anesthesia, except monitoring in accordance with anesthesia and sedation rules (see requirements in far left column on this page and §18VAC60-21-260 for more information).
15. Non-delegable duties of a dentist and duties only delegable to a dental hygienist.

All Dental Assistant IIs with DANB/CDA or DANB/CDA or Registered Dental Assistant (RDA) certification must meet one of the following requirements:

- Hold current DANB Certified Dental Assistant (CDA) certification.
- Successfully complete board-approved expanded functions requirements from a CODA-accredited program.
- Apply to the Virginia Board of Dentistry for registration.

Apply to the Virginia Board of Dentistry for registration if:

- Hold current DANB CDA certification and requirements, which will be representative of a broad range of dental assisting core competencies
- Successfully complete an examination in compliance with guidelines provided by the board prior to May 11, 2011 continues to be so qualified.

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.

To qualify for registration as a DA II by endorsement, one must:

- Hold current DANB CDA certification and requirements, which will be representative of a broad range of dental assisting core competencies.
- Successfully complete board-approved expanded functions requirements from a CODA-accredited program.
- Apply to the Virginia Board of Dentistry for registration.

To qualify for registration as a DA II by examination, one must:

- Hold current DANB CDA certification and requirements, which will be representative of a broad range of dental assisting core competencies.
- Successfully complete board-approved expanded functions requirements from a CODA-accredited program.
- Apply to the Virginia Board of Dentistry for registration.

Dental Assistant I (DA I)

Entry Level Dental Assistant

Dental Assistant II (DA II)

Expanded Functions Dental Assistant (EFDA)

DANB Certified Dental Assistant (CDA) or Registered Dental Assistant (RDA)

Job Title According to State of VA

Proposed Standardized National Job Titles (see below)

Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Virginia, a dental assistant must:

- Satisfactorily complete a radiation safety course and exam in radiology given by an institution that maintains a CODA-accredited dental assisting, dental hygiene, or dentistry program.
- OR
- Exam certification from the American Registry of Radiologic Technologists.
- OR
- Satisfactorily complete the DANB RHS Review course offered by the DALE Foundation and pass the national DANB Radiation Health and Safety (RHA) exam.

(Any person who was qualified to place or expose dental x-ray film by satisfactorily completing a course and passing an examination in compliance with guidelines provided by the board prior to May 11, 2011 continues to be so qualified.)

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### Under Direct and Direct Supervision* of a Dentist

<table>
<thead>
<tr>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Use of a non-epinephrine retraction cord</td>
</tr>
<tr>
<td>33. Placing and shaping composite resin restorations only with slow-speed handpiece</td>
</tr>
<tr>
<td>46. Taking final impressions</td>
</tr>
<tr>
<td>51. Packing and carving amalgam restorations</td>
</tr>
<tr>
<td>• Performing pulp capping procedures</td>
</tr>
<tr>
<td>• Final cementation of crowns and bridges after adjustment and fitting by the dentist</td>
</tr>
</tbody>
</table>

### Under Indirect Supervision of a DENTIST* DA II’s can perform all duties a DA I is allowed to perform under the Indirect Supervision of a dentist.

<table>
<thead>
<tr>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acid Etch - Apply/wash/dry remove only when reversible</td>
</tr>
<tr>
<td>• Amalgam: Polish only with slow-speed handpiece and prophecy cup</td>
</tr>
<tr>
<td>• Measure instrument length</td>
</tr>
<tr>
<td>• Apply dentin desensitizing solutions</td>
</tr>
<tr>
<td>• Check for loose bands and brackets</td>
</tr>
<tr>
<td>• Remove arch wires and ligature ties</td>
</tr>
<tr>
<td>• Place ligatures to be in archwire</td>
</tr>
<tr>
<td>• Instruct patients in placement and removal of retainers and appliances after dentist has fitted and made adjustments in the mouth</td>
</tr>
<tr>
<td>• Apply bleach/whitener</td>
</tr>
<tr>
<td>• Bleach with light but not laser</td>
</tr>
<tr>
<td>• Instruct patient on bleaching procedures</td>
</tr>
<tr>
<td>• Take bite and occlusal registrations</td>
</tr>
<tr>
<td>• Monitor patient under minimal sedation/anxiolysis (see requirements for administration and monitoring of sedation on the previous page)</td>
</tr>
<tr>
<td>• Monitor patient under moderate/conscious sedation (see requirements for administration and monitoring of sedation on the previous page)</td>
</tr>
<tr>
<td>• Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist</td>
</tr>
</tbody>
</table>

### Under Indirect Supervision of a HYGIENIST† DA II’s can perform all duties a DA I is allowed to perform under the Indirect Supervision of a dental hygienist.

<table>
<thead>
<tr>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Prepare patients for treatment/seating/positioning chair/placing napkin</td>
</tr>
<tr>
<td>12. Amalgam: Place only</td>
</tr>
<tr>
<td>19. Select and manipulate gypsums and waxes</td>
</tr>
<tr>
<td>20. Operate dental materials</td>
</tr>
<tr>
<td>21. Mix materials/restorations</td>
</tr>
<tr>
<td>45. Matrices - place and remove</td>
</tr>
<tr>
<td>49. Clean and polish removable appliances and prostheses</td>
</tr>
<tr>
<td>50. Prepare procedural trays/armamentaria set-ups</td>
</tr>
<tr>
<td>52. Place and remove elastic separators</td>
</tr>
<tr>
<td>53. Take impressions and make study models for orthodontic treatment and retainers</td>
</tr>
<tr>
<td>54. Matrices - place and remove</td>
</tr>
<tr>
<td>55. Fabricate, cement and remove temporaries/inserts</td>
</tr>
<tr>
<td>56. Maintain field of operation through use of retraction, suction, irrigation, drying</td>
</tr>
<tr>
<td>57. Mount and label images</td>
</tr>
<tr>
<td>58. Apply Schedule VI topical oral anesthetic</td>
</tr>
<tr>
<td>59. Monitor patient under nitrous oxide (see Anesthesia Requirements)</td>
</tr>
<tr>
<td>60. Maintain emergency kit</td>
</tr>
<tr>
<td>61. Remove excess cement from coronal surfaces of teeth</td>
</tr>
<tr>
<td>62. Place and remove periodontal dressings</td>
</tr>
<tr>
<td>63. Take impressions and fabricate bleaching trays</td>
</tr>
<tr>
<td>• Perform health assessment</td>
</tr>
<tr>
<td>• Conducting preliminary dental screenings in free clinics, public health programs, or a voluntary practice</td>
</tr>
<tr>
<td>• Use introral camera or scanner to take images for tooth preparation and CAD CAM restorations</td>
</tr>
</tbody>
</table>

### Under Indirect Supervision of a DENTAL HYGIENIST††

<table>
<thead>
<tr>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Prepare patients for treatment/seating/positioning chair/placing napkin</td>
</tr>
<tr>
<td>9. Polish coronal portion of teeth with rotary hand piece and rubber prophylactic cup or brush</td>
</tr>
<tr>
<td>11. Transfer dental instruments</td>
</tr>
<tr>
<td>22. Place x-ray film and expose radiographs (see Radiography Requirements)</td>
</tr>
<tr>
<td>24. Preventive education and oral hygiene instruction</td>
</tr>
<tr>
<td>32. Compliance with OSHA Regulations and Centers for Disease Control Guidelines</td>
</tr>
<tr>
<td>35. Place and remove periodontal dressings</td>
</tr>
<tr>
<td>39. Clean and polish removable appliances and prostheses</td>
</tr>
<tr>
<td>41. Prepare procedural trays/armamentaria set-ups</td>
</tr>
<tr>
<td>53. Mount and label images</td>
</tr>
<tr>
<td>60. Maintain emergency kit</td>
</tr>
<tr>
<td>• Perform health assessment</td>
</tr>
</tbody>
</table>

*Indirect Supervision: The dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to DA II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the DA II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

**Direction:** The dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific services to be provided by a dental hygienist under indirect supervision. The dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants.

**General Supervision:** A dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific services to be provided by a dental hygienist under general supervision. The dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants.

†Duties delegated to a dental assistant under general supervision shall be under the direction and indirect supervision of the dental hygienist who supervises the implementation of the dentist’s orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

††Duties delegated to a dental assistant under direct supervision shall be under the direction and indirect supervision of the dental hygienist who supervises the implementation of the dentist’s orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

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State-approved 3/24/17
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.**