

Oregon Board of Dentistry  
Unit 23  
PO Box 4395  
Portland, Oregon 97208-4395  
(971) 673-3200

**APPLICATION FOR APPROVAL AS INSTRUCTOR  
IN PLACING CORD SUBGINGIVALLY**

Instructor Biennial Permit Fee \$40

NAME OF SCHOOL AND PERSON CONDUCTING COURSE:  
(IF SCHOOL, SPECIFY NAME OF INSTRUCTORS)

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MAILING ADDRESS AND TELEPHONE NUMBER:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

PLEASE LIST QUALIFICATIONS BELOW AND SUBMIT COPIES OF CURRENT LICENSES AND/OR CERTIFICATES THAT APPLY:

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INSTRUCTOR QUALIFICATIONS:

Instructors should have background in and current knowledge of placing cord subgingivally and must have one of the following credentials:

- Dentist with an Oregon license; or
- Dental Hygienist who has completed a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Oregon Board of Dentistry on pit and fissure (818-035-0040); or
- Dental Assistant certified by the Dental Assisting National Board, Inc., as a current Oregon "EFDA" who has successfully completed a course of instruction approved by the Oregon Board of Dentistry in placing cord subgingivally and shows proof of having successfully placed cord subgingivally, on not less than ten (10) patients. (Attachment 1).

**I certify this application is correct and agree to teach the attached course to the goals and objectives of the outline provided, as approved by the Board.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**OREGON BOARD OF DENTISTRY  
BOARD APPROVED COURSE IN PLACING CORD SUBGINGIVALLY**

**INTRODUCTION**

Board of Dentistry Administrative Rule 818-042-0090 allows Expanded Functions Dental Assistants (EFDAs) to place cord subgingivally under the following circumstances:

“Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed.”

*“Indirect Supervision” means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed. (ORS 679.010 (9))”*

The Board approved course should offer instruction on the purpose, techniques and safety considerations of placing cord subgingivally and the Expanded Function Dental Assistant’s role as the operator under indirect supervision of the dentist.

**PREREQUISITIES**

- (1) The attendee must be an Oregon Expanded Function Dental Assistant.
- (2) The attendee must provide a copy of their EFDA certification with course registration.

**COURSE FORMAT**

This course should be presented in a Lecture/clinical format for a total of at least (6) hours.

**Lecture:** To include the following regards to purpose, techniques and safety issues for placement of cord subgingivally.

- (1) OAR Div. 42 rule regarding placement of cord subgingivally by an EFDA
- (2) Patient health history review
  - is the history current
  - noted allergies
  - medications
  - other health considerations
- (3) Infection control issues
  - principles of disease transmission
  - need for safety glasses for the patient
  - universal precautions
- (4) OSHA regulations
  - operator injury
  - spill cleanup
- (5) Use of dental equipment and instruments
  - use of appropriate fulcrum
  - intra-oral hand mirror
  - use of correct instruments

- (6) Understanding anatomical tooth structures
  - tooth surfaces
  - tooth margins
  - surrounding periodontium and gingival tissue
  - anatomic terminology
- (7) Indication/Contradictions for retraction cord
  - tissue health
  - isolation of the site
  - correct type of retraction cord to be used
  - depth and placement of gingival retraction cord
- (8) Appropriate material and technique
  - placement of cord subgingivally
  - margins
  - Type of retraction cord

**Written Exam:** Class participants must take a 25 question, multiple choice exam with a minimum passing score of 80% prior to commencing the lab portion of the course.

**Clinical:** After successfully completing the lecture and the written examination, attendees shall show proof of having placed cord subgingivally, on not less than ten (10) patients under the indirect supervision of a dentist. (Attached)

**VERIFICATION OF PLACING  
CORD SUBGINGIVALLY  
ATTENDEE**

**Employer/Dentist**

**Oregon License No. \_\_\_\_\_**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby certify that \_\_\_\_\_  
(Assistant's Name)

Has successfully placed cord subgingivally on \_\_\_\_\_ patients.

Date: \_\_\_\_\_ Dental Assistant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Dentist's Signature: \_\_\_\_\_

(Use more than one form if necessary)

**Return completed form(s) to Board Approved Instructor to receive Certificate of Completion of Course.**