

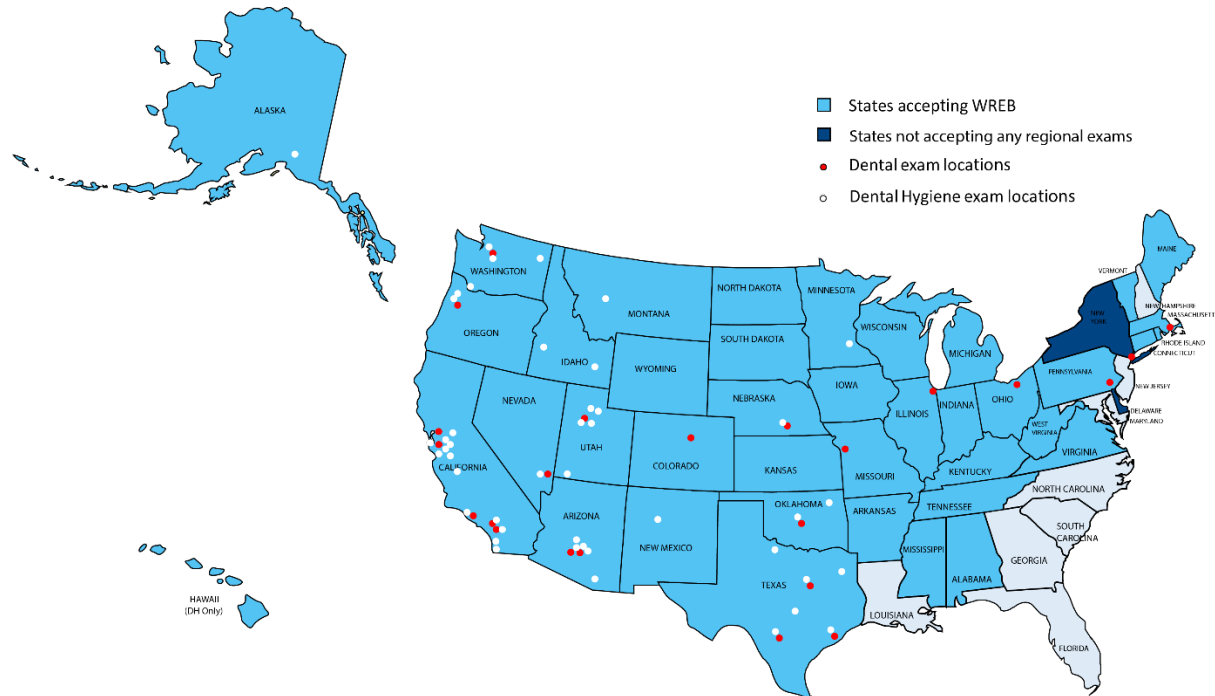
# EXAMINATION

## Mission of WREB

The mission of the Western Regional Examining Board is to develop and administer competency assessments for State agencies that license dental professionals.

## WREB Acceptance and Exam Locations

This map should not be the sole source of information referenced. States accepting WREB results may have additional exam requirements. Individual states should be contacted directly for the most current acceptance and specific exam requirement information.

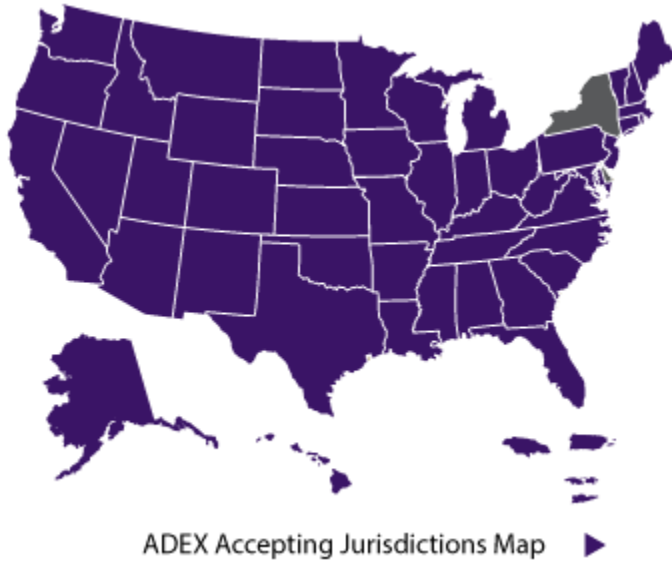


## History of WREB

The concept of a regional testing service originated with Dr. Martin Kolstoe of Oregon. Dr. Kolstoe was the prime organizer who worked diligently to assure the success of the regional testing concept. His original idea was to have a Northwest Regional testing service, and he gathered testing information from a variety of sources. As time went by, his horizons broadened, and the idea of a Western Regional Board was born.

# ADEX

## *American Board of Dental Examiners (ADEX)*



## Dental Examination

The ADEX Dental Examination is administered by CDCA in the CIF format for senior dental students and in the Traditional format for all other candidates. Click [here for the specific locations](#) or [here for dates](#) of upcoming CIF and Traditional format examinations.

Both the CIF Format and Traditional Format of the Dental Licensing Examinations are ADEX Dental examinations. You can download the manual the manual for the exams by clicking on the following link [Dental Manuals](#).

According to state regulations, in order to be considered an ADEX Dental Examination, all parts must be taken in the year 2006 or later. Therefore if one or more of the five parts of the examination were taken in 2005, even if the examination is not completed until 2006, this is considered a CDCA examination (accepted in 18+ states) but not an ADEX approved examination (accepted in 40+ states). In the same fashion, if a CDCA examination was successfully completed in 2005 (or prior year), it will not be accepted as an ADEX examination, even if the content of the examination is nearly identical to that of the current ADEX approved examination. To be accepted as an ADEX approved examination all five parts must be taken and passed in 2006 or later.

## Dental Hygiene Examination

The ADEX Dental Hygiene Examination is designed for students about to complete dental hygiene training and graduate dental hygienists. According to state regulations, in order to be considered an ADEX Dental Hygiene Examination, all parts must be taken in the year 2009 or later. Click [here for the specific locations](#) or [here for dates](#) of upcoming examinations.

You can download the manual from this website: Go to [Dental Hygiene Manuals](#).

## WHO IS CITA?

The Council of Interstate Testing Agencies, Inc. (CITA) is a non-profit corporation that was founded on July 15, 2005. As an independent regional testing agency that administers the ADEX dental clinical licensure examination and the ADEX dental hygiene clinical licensure examination at various testing sites, CITA continues to set standards of excellence in its testing administration. CITA is composed of 11 member jurisdictions -- Alabama, Louisiana, North Carolina, Puerto Rico, the US Virgin Islands, West Virginia, Arkansas, Utah, Tennessee, Virginia, and South Carolina.

## WHY JOIN CITA?

- If you are a member of your state's board of dentistry, you can play an integral role in the delivery and administration of the examination by serving as a Chief Examiner, Clinic Floor Examiner, or a grader.
- CITA will pay an allotted amount toward the expenses associated with examination administration.
- CITA will assist in the logistics of examination administration and the reporting of test scores to school liaisons, state boards of dentistry, and national examination authorities.
- CITA will provide all necessary materials for the administration of the ADEX Dental and ADEX Hygiene examinations.
- CITA will provide and interface with the applicants and serve as a resource to address questions regarding the exam administration.
- CITA continues to improve the technology required to track candidate information, score reporting, and candidate notification.
- CITA will represent each member state in the national debate regarding the future of licensing examinations.

## What is Central Regional Dental Testing Service (CRDTS)?

**The Central Regional Dental Testing Service, Inc. (CRDTS)** is a testing service made up of twenty-two State Boards of Dentistry who have joined forces to develop and administer fair, valid and reliable examinations of competency to practice dentistry and dental hygiene. The members of CRDTS are the State Boards of Alabama, Arkansas, California\*, Georgia, Hawaii\*, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Oklahoma, South Carolina, South Dakota, Texas (DH), Washington, West Virginia, Wisconsin, and Wyoming. (For more information on the State Boards, please visit the Contacts Page.) \*Accepts CRDTS Hygiene Only

**Part of the initial motivation to form Regional Boards** was an effort to keep the responsibility for competency assessment in the hands of dental professionals rather than a government bureaucracy, and to enable State Boards to improve their testing methodologies. By pooling their resources, states are able to secure personnel with more expertise in tests and measurements, broaden the geographic base of the examination and offer the examination in more modern clinic facilities. The advantage to candidates is access to licensure in more states through successful completion of a standardized, objective, valid and reliable examination. More recently, there has been a great deal of national collaboration towards more uniformity in clinical licensure examinations.

CRDTS is one of five regional boards, or regional testing services, in the country: the Commission on Dental Competency Assessments-CDCA; the Central Regional Dental Testing Service, Inc.-CRDTS; the Southern Regional Testing Agency-SRTA; Council of Interstate Testing Agencies - CITA; and the Western Regional Examining Board-WREB.



# States Accepting SRTA for Initial Licensure:

*Disclaimer: State boards are continuously updating their rules and regulations for licensure. Most states after 3-5 years of active practice/licensure will accept applications for licensure by credentials, reciprocity, endorsement or criteria.*

*Please check with the individual state(s) you are interested in practicing or wanting to gain licensure in to confirm licensure requirements, prior to registering for our examination or regardless of the initial regional examination you have taken.*

## Dental Examination:

Alabama, Arizona, Arkansas, Colorado, Connecticut\*, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts\*, Michigan\*, Minnesota, Mississippi\*, Missouri, Montana, Nebraska, New Hampshire\*, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island\*, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming

**\*These states also require the Diagnostic Skills Examination (Computerized DSE)**

## Dental Hygiene Examination:

Alabama, Arizona, Arkansas, Colorado, Connecticut, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts\*, Mississippi\*, Missouri, Montana, New Hampshire\*, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island\*, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming

**\*These states require the IEO or CSCE computerized portion.**

This page was last updated in January 2020.

# DENTISTRY LICENSING

**OREGON BOARD OF DENTISTRY**  
**GENERAL INFORMATION AND INSTRUCTION SHEET**

**DENTAL LICENSURE**

**Introduction:** To obtain license to practice general dentistry in the State of Oregon, the Oregon Board of Dentistry (OBD) requires that applicants meet the requirements for one of two different pathways: Dental Licensure by Examination, or Dental Licensure Without Further Examination (LWOFE).

**Dental Licensure by Examination**

The complete rules regarding Dental Licensure by Examination are found in [OAR 818-021-0010](#). In order to meet the requirements for Licensure by Examination, a dentist must have:

1. Passed, **in the five (5) years immediately prior to application**, a dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency, or other Board-recognized testing agency. Please note: Dentists who passed a clinical dental board examination more than five (5) years immediately prior to application do not meet the requirements for Dental Licensure by Examination; these individuals must meet the requirements and apply for Dental Licensure Without Further Examination (LWOFE).
2. Graduated from a CODA-accredited dental degree program. Please note: applicants who have graduated from a dental program located outside the United States or Canada must also meet additional education requirements – see OAR 818-021-0010(1)(b) for more information.
3. Passed Part I & Part II of the dental examination administered by the Joint Commission on National Dental Examinations (JCND) or Canadian National Dental Examining Board Examination.

**Dental Licensure Without Further Examination**

The complete rules regarding Dental Licensure Without Further Examination (LWOFE) are found in [OAR 818-021-0011](#). In order to meet the requirements for LWOFE, a dentist must have:

1. Passed a dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency, or other Board-recognized testing agency.
2. Graduated from a CODA-accredited dental degree program. Please note: applicants who have graduated from a dental program located outside the United States or Canada must also meet additional education requirements – see OAR 818-021-0011(1)(b) for more information.
3. Holds an active license to practice dentistry, without restrictions, in any state.
4. Conducted, **in the five (5) years immediately prior to application**, at least 3,500 hours of licensed clinical practice in Oregon, other states, or in the Armed Forces of the United States, the United States Public Health Service, or the United States Department of Veterans Affairs. Licensed clinical practice hours could include clinical practice completed as part of an advanced or specialty dental education program or residency, or hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school.
5. Completed, **in the two (2) years immediately prior to application**, at least 40 hours of continuing education in accordance with the OBD's continuing education requirements.

**Please Note:** Applicants are solely responsible for ensuring that they meet all of the requirements for their chosen application pathway. Per ORS 679.120(8), *fees paid are not refundable or transferrable*. **Failure to meet the requirements will result in the application being rejected, and the applicant will be required to submit (at minimum) a new application and fee.** Please carefully review the rules and instructions prior to application. If you have questions or you are uncertain if you meet the requirements, please contact the OBD at 971-673-3200 or at [information@oregondentistry.org](mailto:information@oregondentistry.org) prior to submitting your application.

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Please complete on a computer or a typewriter.
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
- 4. Mail completed application and fees to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

**General Dentistry – Licensure by Exam**

- ☐ Application fee (2111) \$345
- ☐ Prescription Monitoring (1706) \$50

**Dental – Without Further Exam**

- ☐ Application fee (2112) \$790
- ☐ Prescription Monitoring (1706) \$50

First Name		Middle Name		Last Name	
Other Names Used				Telephone Number	
Mailing Address/City, State, ZIP Code				Social Security Number	
Place of Birth			Date of Birth		
College Education (Name and Location)		From	To	Degree	
Dental/Dental Hygiene School (s) (Name and Location)		From	To	Degree	
Specialty Training or Specialty Board Membership		From	To	Degree	

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dentistry or dental hygiene? If yes, list on page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.  
Must be a passport type of photo taken within one year of application.

Sign and date across bottom of the photograph in ink!

List all states/countries in which you are or have been licensed or in which application is pending. Enter "None" or "Not Applicable" if none.	Type of License(s)			License No.	Date Issued	Status
State/Country	Dental	Dental Hygiene	Other (Specify)			

List in reverse chronological order all positions you have held in which you practiced dentistry or dental hygiene as well as any residencies or other formal training not otherwise listed on this application. Enter "None" or "Not Applicable" if none.

Description	Name of Institution or Employer	Location	From	To

AFFIDAVIT OF APPLICANT

---

STATE \_\_\_\_\_ OF

COUNTY \_\_\_\_\_ OF

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395

Rev. Code 2101

### DENTAL BIENNIAL LICENSURE FEE

Enclose the biennial licensure fee of \$340.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name as you wish it to appear on your formal license

\_\_\_\_\_

b. Mailing address

\_\_\_\_\_ Street or P.O. Box

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

Business address

\_\_\_\_\_ Street

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

Home address

\_\_\_\_\_ Street

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

c. Phone: Home

\_\_\_\_\_ Area Code - Telephone Number

Business

\_\_\_\_\_ Area Code - Telephone Number

Cell

\_\_\_\_\_ Area Code - Telephone Number

d. Email address \_\_\_\_\_



# Oregon

Kate Brown, Governor

## Board of Dentistry

1500 SW 1st Ave. Ste 770

Portland, OR 97201-5837

(971) 673-3200

Fax: (971) 673-3202

# MEMO

**To:** Applicants/Licensees

**From:** Ingrid Nye, Examination and Licensing Manager

**Subject:** Live Scan Fingerprint

Live Scan Fingerprints are required if applying for a new license or reinstating a license in Oregon. You will be required to have your fingerprints taken via Live Scan (electronically) instead of submitting a hard copy of your fingerprints.

On the back of this memo are instructions to schedule an appointment to have your fingerprints taken via Live Scan through FieldPrint which has facilities throughout the United States.

Please print your name on the bottom of this form, list the date your fingerprints were taken, and return the form to the following address:

**Oregon Board of Dentistry**  
**1500 SW 1<sup>st</sup> Avenue**  
**Suite 770**  
**Portland, OR 97201**

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

Date Fingerprints were taken: \_\_\_\_\_



To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit [www.FieldprintOregon.com](http://www.FieldprintOregon.com)
2. Click on the "Schedule an Appointment" button.
3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question and then click "Sign Up and Continue".
4. Enter the Fieldprint Code provided by the Oregon Board of Dentistry (**FPORDentistryDAS**).
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **AMENDMENT TO APPLICATION**

I, \_\_\_\_\_, submit the following amendment(s), addition(s) and/or deletion(s) to my original application (please note all items below by page number, and clearly indicate which section you are amending):

The following is my explanation for providing inaccurate/incomplete information on my original application:

AFFIDAVIT OF APPLICANT

---

STATE \_\_\_\_\_

COUNTY \_\_\_\_\_

I, hereby declare that I am the person described in the attached amendment to application.

I have carefully reviewed the application and the attached amendment to application and have answered all questions completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this amendment, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this amendment to application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my amendment to application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Notary Public Signature

(Notary Seal)

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, Oregon 97201  
Telephone: (971) 673-3200  
Fax: (971) 673-3202  
Email: [information@oregondentistry.org](mailto:information@oregondentistry.org)  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

**DENTAL  
LICENSURE WITHOUT FURTHER EXAMINATION  
CONTINUING EDUCATION LOG**

\_\_\_\_\_  
Applicant's Name

To be licensed in Oregon, a dentist who is applying for Licensure Without Further Examination must submit proof of completion of 40 hours of Board approved continuing education courses **that have been taken within the two years immediately preceding submission of the application for licensure.**

DATE	COURSE TITLE and BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
List two hours of Infection Control Course(s)	Please note that if using OSHA, Infection Control hours must be delineated separately on the certificate from other subjects within the course to count towards this requirement.		
List at least three hours of Medical Emergencies related to a dental practice.	Please note, that using your BLS for Health Care Providers for Medical Emergencies will not qualify for the CE required to renew a nitrous oxide permit.		
List any practice management/patient relation courses.	Please note that no more than four (4) hours may be counted toward the CE requirements.		
Total Hours			

List all courses that are related to direct clinical patient care or the practice of dental public health.				
				Total Hours
List at least two hours of CE in cultural competency (Effective January 1, 2021)				
				Total Hours

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license. I understand **CE hours must be taken prior to submitting my application** for Licensure Without Further Examination, **failure to complete the required CE prior to submitting my application will result in my application being rejected**. If my application is rejected I understand that I must reapply for a new license once I have meet the requirements and pay a new application fee.

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0060(2)).**

Rev. January 1, 2020

**818-021-0011****Application for License to Practice Dentistry Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Having passed the dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and
- (d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
- (e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions; and

**(f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.**

(2) Applicants must pass the Board's Jurisprudence Examination.

(3) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

**818-021-0060****Continuing Education — Dentists**

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

- (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
- (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
- (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.
- (d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

(6) At least two (2) hours of continuing education must be related to infection control.

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

**CERTIFICATION OF CLINICAL PRACTICE**

List all locations at which you practiced to verify the 3,500 hours of licensed clinical practice in the five years **immediately preceding this application** (Dentists OAR 818-021-0011, Dental Hygienists OAR 818-021-0025). Use additional sheets if necessary.

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

I certify that the above information is true and correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**CERTIFICATE OF LICENSURE**  
(Not applicable if no state licenses have been obtained)

Name of Applicant (Please Print or Type)		
Street Address		
City	State	Zip Code:
License No:	Date Issued:	

I certify that \_\_\_\_\_ was granted license  
number \_\_\_\_\_ to practice \_\_\_\_\_ in the State of \_\_\_\_\_,  
on the basis of successfully passing \_\_\_\_\_  
examination.

**STATUS OF LICENSE**

- |                          |          |                       |
|--------------------------|----------|-----------------------|
| <input type="checkbox"/> | Current  | Expiration Date _____ |
| <input type="checkbox"/> | Expired  | Date _____            |
| <input type="checkbox"/> | Inactive | Expiration Date _____ |
| <input type="checkbox"/> | Revoked  | Date _____            |

**Type of License Issued**

- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | Full                                    |  |
| <input type="checkbox"/> | Limited                                 |  |
| <input type="checkbox"/> | Conditional/Restricted (Please explain) |  |

Legal/Disciplinary Action: ☐ Yes ☐ No

Legal/Disciplinary Action Pending ☐ Yes ☐ No ☐ Unable to disclose

If yes, please attach copies of any disciplinary/legal action or pending disciplinary/legal action.

SEAL

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Certificate Prepared

**Return directly to:**

**Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, Oregon 97201**

## **To The Applicant – Fill out this form if licensed in another State**

Please complete the identifying information and submit to:

Drug Enforcement Administration  
Attention: Twilla Miller  
100 SW Main Street, Suite 500  
Portland, OR 97204  
Telephone: 888-219-4261  
Fax: 571-387-3047

Date: \_\_\_\_\_

To Whom It May Concern:

I am applying for a license to practice dentistry in the State of Oregon. Please indicate on the lower portion of this form if I have ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied.

Please send this form directly to the Oregon Board of Dentistry. Thank you for your assistance.

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

Date of Birth: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_

Address where DEA No. is Registered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name

DEA Response:

Applicant has surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied: YES NO **(Not to be completed by applicant!)**

Please mail or fax to the following:

Oregon Board of Dentistry  
1500 SW 1<sup>th</sup> Avenue, Suite 770  
Portland, OR 97201  
Fax: (971) 673-3202



# Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry  
1500 SW 1st Avenue  
Suite 770

Portland, OR 97201-5828  
(971) 673-3200

Fax: (971) 673-3202

[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## PRIVACY ACT NOTIFICATION

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Dentistry (OBD). This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a).

Failure to provide your Social Security Number will be a basis to refuse to issue your license.

The OBD will maintain a record of your Social Security Number in your licensing file.

The OBD is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB) – 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.

Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, OR 97201  
(971) 673-3200

APPLICATION FOR CERTIFICATION AS A SPECIALIST

Name \_\_\_\_\_ Oregon License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Pursuant to ORS 818-015-0007, I hereby request certification by the Board as a Specialist in

\_\_\_\_\_

\_\_\_\_\_ I have completed a postgraduate program approved by the Commission on Dental Accreditation of the American Dental Association; or

\_\_\_\_\_ I am a diplomate or fellow in a specialty board accredited or recognized by the American Dental Association.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Evidence of completion of a postgraduate program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA/ADA) **must be submitted by the program directly to the Board.**

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Complete this application only if you have **completed the required Specialty Examination!**
2. Application must be typed or completed on computer. **(No hand written applications will be accepted).**
3. If additional space is needed, attach a separate sheet.
4. Make checks payable to the Oregon Board of Dentistry.
5. **Mail completed application and fees to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE: \_\_\_\_\_

**Licensure by Examination - Specialty**

- ☐ Application fee (2111) \$345
- ☐ Prescription Monitoring (1706) \$50

**Licensure Without Further Examination - Specialty**

- Application fee (2112) \$790
- Prescription Monitoring (1706) \$50

First Name	Middle Name	Last Name	
Other Names Used - Enter None if None			Telephone Number
Mailing Address/City, State, ZIP Code			Social Security Number
Place of Birth		Date of Birth	
College Education (Name and Location)	From	To	Degree
Dental/Dental Hygiene School (s) (Name and Location)	From	To	Degree
Specialty Training or Specialty Board Membership	From	To	Degree

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dentistry or dental hygiene? If yes, list on page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.  
Must be a passport type of photo taken within one year of application.

Sign and date across bottom of the photograph in ink!

List all states or countries in which you are or have been licensed or in which application is pending. Enter <b>"None"</b> or <b>"Not Applicable"</b> if none.	Type of License(s)			License No.	Date Issued	Status
State	Dental	Dental Hygiene	Other (Specify)			

List in reverse chronological order all positions you have held in which you practiced dentistry or dental hygiene as well as any residencies or other formal training not otherwise listed on this application. Enter **"None"** or **"Not Applicable"** if none.

Description	Name of Institution or Employer	Location	From	To

AFFIDAVIT OF APPLICANT

---

STATE \_\_\_\_\_ OF

COUNTY \_\_\_\_\_ OF

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

OREGON BOARD OF DENTISTRY  
1500 SW 1st AVENUE, SUITE 770  
PORTLAND, OR 97201  
971-673-3200  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

**VOLUNTEER LICENSE APPLICATION**

☐

**Dental**

☐

**Dental Hygiene**

**Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
(print legibly)

**Mailing Address:** \_\_\_\_\_  
Street or P.O. Box

City

State

Zip Code

**Home Address:** \_\_\_\_\_  
Street

City

State

Zip Code

**Volunteer Location:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
Name of Organization

Street or P.O. Box

City

State

Zip Code

If volunteering at additional location(s), please list the name(s) of the organization(s) and their address(es) on a separate piece of paper.

**I certify that:**

1. I am an active licensed Oregon dentist or dental hygienist who will be practicing for a supervised volunteer clinic, as defined in ORS 679.020(3)(f) and (g). (See Statute on back of application)
2. I am registered with the Oregon Board of Dentistry as a health care professional and that I will meet all the requirements set forth in ORS 676.345 (Attached).
3. I will not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.
4. I will volunteer for a minimum of 80 hours per renewal cycle.
5. I will comply with all continuing education requirements for active licensed dentists/ dental hygienists.

**I understand that:**

1. I must surrender my active dental/dental hygiene license.
2. I may surrender the volunteer license designation at anytime and return to an active license once all active licensure requirements are met.

Signature

Date

Rev. 12/2019

## **ORS 679.020(3)(f) and (g)**

(f) Nonprofit corporations organized under Oregon law to provide dental services to rural areas and medically underserved populations of migrant, rural community or homeless individuals under 42 U.S.C. 254b or 254c or health centers qualified under 42 U.S.C. 1396d(l)(2)(B) operating in compliance with other applicable state and federal law.

(g) Nonprofit charitable corporations as described in section 501(c)(3) of the Internal Revenue Code and determined by the Oregon Board of Dentistry as providing dental services by volunteer licensed dentists to populations with limited access to dental care at no charge or a substantially reduced charge.

---

### **676.345 Registration program for health care professionals claiming liability limitation; program requirements.**

(1) A health practitioner described in ORS 676.340 (7) may claim the liability limitation provided by ORS 676.340 only if the health practitioner has registered with a health professional regulatory board in the manner provided by this section. Registration under this section must be made:

- (a) By a physician or physician assistant, with the Oregon Medical Board;
- (b) By a nurse, nurse practitioner or clinical nurse specialist, with the Oregon State Board of Nursing; and
- (c) By a dentist or dental hygienist, with the Oregon Board of Dentistry.

(2) The health professional regulatory boards listed in subsection (1) of this section shall establish a registration program for the health practitioners who provide health care services without compensation and who wish to be subject to the liability limitation provided by ORS 676.340. All health practitioners registering under the program must provide the health professional regulatory board with:

- (a) A statement that the health practitioner will provide health care services to patients without compensation, except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses;
- (b) A statement that the health practitioner will provide the notice required by ORS 676.340 (2) in the manner provided by ORS 676.340 (2) before providing the services; and
- (c) A statement that the health practitioner will only provide health care services without compensation that are within the scope of the health practitioner's license.

(3) Registration under this section must be made biennially. The health professional regulatory boards listed in subsection (1) of this section may not charge a fee for registration under this section. [1999 c.771 §2; 1999 c.771 §4; 2005 c.462 §3]

**OREGON BOARD OF DENTISTRY  
1500 SW 1st<sup>H</sup> AVENUE, SUITE 770  
PORTLAND, OR 97201**

**DENTAL & DENTAL HYGIENE REGISTRY  
OF LIMITATION ON LIABILITY  
ORS 676.340**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box

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

Home Address: \_\_\_\_\_  
Street or P.O. Box

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

I certify that:

1. Prior to the patient receiving health care services I will obtain the signature of the patient, or the signature of a person who has authority under law to make health care decisions for the patient, acknowledging receipt of a written statement that notifies the patient that services are provided without compensation and that my liability is limited and that I may not be held liable for any injury, death or other loss arising out of the provision of those services that is caused by my negligence, unless the injury, death or other loss results from gross negligence.
2. I will provide health care services to patients without compensation, except for reimbursement for laboratory fees, testing services, and other out-of-pocket expenses.
3. I will only provide health care services without compensation that are within the scope of my dental/dental hygiene license.

This Registration is effective for two years from the date it is received by the Board. Biennial renewals must be made for this limitation of liability to remain in effect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**676.340 Limitations on liability of health practitioners providing health care services without compensation; requirements; exceptions; attorney fees; applicability.** (1) Notwithstanding any other provision of law, a health practitioner described in subsection (7) of this section who has registered under ORS 676.345 and who provides health care services without compensation is not liable for any injury, death or other loss arising out of the provision of those services, unless the injury, death or other loss results from the gross negligence of the health practitioner.

(2) A health practitioner may claim the limitation on liability provided by this section only if the patient receiving health care services, or a person who has authority under law to make health care decisions for the patient, signs a statement that notifies the patient that the health care services are provided without compensation and that the health practitioner may be held liable for death, injury or other loss only to the extent provided by this section. The statement required under this subsection must be signed before the health care services are provided.

(3) A health practitioner may claim the limitation on liability provided by this section only if the health practitioner obtains the patient's informed consent for the health care services before providing the services, or receives the informed consent of a person who has authority under law to make health care decisions for the patient.

(4) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner requires payment of laboratory fees, testing services and other out-of-pocket expenses.

(5) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner provides services at a health clinic that receives compensation from the patient, as long as the health practitioner does not personally receive compensation for the services.

(6) In any civil action in which a health practitioner prevails based on the limitation on liability provided by this section, the court shall award all reasonable attorney fees incurred by the health practitioner in defending the action.

(7) This section applies only to:

(a) A physician licensed under ORS 677.100 to 677.228;

(b) A nurse licensed under ORS 678.040 to 678.101;

(c) A nurse practitioner licensed under ORS 678.375 to 678.390;

(d) A clinical nurse specialist certified under ORS 678.370 and 678.372;

(e) A physician assistant licensed under ORS 677.505 to 677.525;

(f) A dental hygienist licensed under ORS 680.010 to 680.205; and

(g) A dentist licensed under ORS 679.060 to 679.180. [1999 c.771 §1; 1999 c.771 §3; 2005 c.462

§2]

## APPLICATION FOR DENTAL FACULTY LICENSURE IN OREGON

**SUMMARY:** Prior to issuance of a Faculty Dental license, the Board must receive a completed application, \$305 application fee, \$285 biennial licensure fee, \$50 Prescription Drug Monitoring Fee, an official transcript, certificate of employment, fingerprint card and, if applicable, verification of licensure in another state or Canadian Province, or verification of having held an instructor's or faculty license, or verification of having successfully passing any clinical examination recognized by the Board, or verification of being certified by the appropriate national certifying examination body in a dental specialty.

### **APPLICATION INSTRUCTIONS**

Submit the following to the Board in care of the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395

1. A completed application (a blank form is enclosed). Your application will be forwarded to us after receipt of the fee is verified.
2. A non-refundable application fee of \$305, in the form of a cashier's check or money order, payable to the Oregon Board of Dentistry.
3. A biennial license fee of \$285.
4. A Prescription Drug Monitoring Program fee of \$50.

Submit the following to the Oregon Board of Dentistry, 1500 SW 1st, Suite 770, Portland, Oregon 97201.

1. Certification of Employment. Verification of being a full-time instructor of dentistry at OHSU, School of Dentistry engaged in dental activities (this verification must come directly from the Dean); and
2.
  - a. An official transcript showing satisfactory evidence of graduation from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association (CODA/ADA) must be submitted by your program to the Board; or
  - b. If you graduated from a dental school outside the United States or Canada, an official transcript showing successful completion of at least two years of an advanced dental education program from an accredited dental school. Transcript must be submitted by your program directly to the Board; and submit
    - A. Verification of current licensure to practice dentistry from another state or Canadian Province; or
    - B. Verification of having held an instructor's or faculty license to practice dentistry in another state or Canadian province immediately prior to becoming an instructor of dentistry at the Oregon Health & Sciences University; or

- C. Verification of having successfully passed any clinical examination recognized by the board for initial licensure; or
  - D. Verification of being certified by the appropriate national certifying examination body in a dental specialty recognized by the American Dental Association.
3. If you answer “yes” to any of the questions on page two of the application, for any reason, you must submit additional supporting documentation for that question as indicated on the application.

This documentation should include:

- a. **Written letter of explanation** from you giving full details.
  - b. **Certified copies** of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.
4. **Fingerprints – Live Scan**  
Live Scan fingerprints can only be transmitted electronically. Once the Oregon Board of Dentistry receives your application and application fee, we will send you the Request for Transmission for Live Scan Fingerprints form.
5. **Jurisprudence Examination**  
Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is “open book” and may be returned to the Board by mail.
6. **Faculty Practice Plan**  
Copy of your Faculty Practice Plan from Oregon Health and Science University.

**Application Valid For 180 Days (OAR 818-021-0120):**

- 1. If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
- 2. An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.

**Fees Non-refundable – (ORS 679.120(8)):**

All fees paid to the Board are non-refundable or transferable.

**Please anticipate a minimum of 6 – 8 weeks for complete application processing.** Once requested, documentation from other states or jurisdictions and background checks can take several weeks for processing.

## **WHERE FORMS ARE TO BE SENT:**

**The Application and the Biennial Licensure Forms and their fees are to be sent to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.**

**All supplemental forms, Official Transcripts, and Certificates of Standings from other states are to be sent directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.**

*Please note: the Board will match up all the above documents with the application which you send to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395 with your fee.*

## **ISSUANCE OF A DENTAL FACULTY LICENSE**

Once all application materials and fees have been received, it will take approximately ten business days to issue a dental faculty license. A dental faculty license issued under this provision is restricted to the practice of dentistry in a facility devoted to dental care on the campus of Oregon Health and Science University.

This Page

Left Blank

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

1. Please complete on typewriter or in dark ink. Print legibly.
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
4. Mail completed application to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395.

### I HEREBY APPLY FOR A LICENSE TO PRACTICE:

**Dental Faculty Practice**

- ☐ Application fee (2111) \$305  
☐ Licensure fee (2101) \$285  
☐ Prescription Monitoring Program (1706) \$50

**Dental Hygiene Faculty Practice**

- ☐ Application fee (2113) \$180  
☐ Licensure fee (2103) \$230

First Name		Middle Name		Last Name	
Other Names Used				Telephone Number	
Mailing Address/City, State, ZIP Code				Social Security Number	
Place of Birth			Date of Birth		
College Education (Name and Location)		From	To	Degree	
Dental/Dental Hygiene School (s) (Name and Location)		From	To	Degree	
Specialty Training or Specialty Board Membership		From	To	Degree	

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dentistry or dental hygiene? If yes, list on page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.  
Must be a passport type of photo taken within one year of application.

Sign and date across bottom of the photograph in ink!



AFFIDAVIT OF APPLICANT

---

STATE \_\_\_\_\_ OF

COUNTY \_\_\_\_\_ OF

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## CERTIFICATE OF LICENSURE

(Not applicable if no state licenses have been obtained)

Name of Applicant (Please Print or Type)		
Address		
City	State	Zip code
License No.		Date Issued.

I certify that \_\_\_\_\_  
was granted license number \_\_\_\_\_ to practice \_\_\_\_\_  
in the State of \_\_\_\_\_, on \_\_\_\_\_ on the  
(date)  
basis of successfully passing \_\_\_\_\_ examination.

### STATUS OF LICENSE

☐  
☐  
☐

Current  
Expired  
Inactive

Expiration Date \_\_\_\_\_  
Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

### TYPE OF LICENSE ISSUED

☐  
☐  
☐

Full  
Limited  
Conditional/Restricted (Please explain)

Legal/Disciplinary Action ☐ Yes ☐ No

Legal/Disciplinary Action Pending ☐ Yes ☐ No

If yes, please attach copies of any disciplinary action or pending disciplinary action.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
(Date Certificate Prepared)

SEAL

Return to: Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, Oregon 97201

This Page

Left Blank

## **To The Applicant – Fill out this form if licensed in another State**

Please complete the identifying information and submit to:

Drug Enforcement Administration  
Attention: Twilla Miller  
100 SW Main Street, Suite 500  
Portland, OR 97204  
Telephone: 888-219-4261  
Fax: 571-387-3047

Date: \_\_\_\_\_

To Whom It May Concern:

I am applying for a license to practice dentistry in the State of Oregon. Please indicate on the lower portion of this form if I have ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied.

Please send this form directly to the Oregon Board of Dentistry. Thank you for your assistance.

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

Date of Birth: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_

Address where DEA No. is Registered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name

DEA Response:

Applicant has surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied: YES NO **(Not to be completed by applicant!)**

Please mail or fax to the following:

Oregon Board of Dentistry  
1500 SW 1<sup>th</sup> Avenue, Suite 770  
Portland, OR 97201  
Fax: (971) 673-3202

This Page

Left Blank



# Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry  
1600 SW 4<sup>th</sup> Avenue  
Suite 770  
Portland, OR 97201-5519  
(971) 673-3200  
Fax: (971) 673-3202  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## PRIVACY ACT NOTIFICATION

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Dentistry (OBD). This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a).

Failure to provide your Social Security Number will be a basis to refuse to issue your license.

The OBD will maintain a record of your Social Security Number in your licensing file.

The OBD is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB) – 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.

This Page

Left Blank

## INFORMATION REQUESTED

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), which requires that health professional regulatory boards maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the data to the Legislature.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

See the reverse of this page for racial and ethnic definitions from the State of Oregon employment documents and the US Census Bureau.

*Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.*

[illegible]

*Please print information*

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

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

**RACE:** *Please check one.*

- ☐ White/Caucasian (not of Hispanic origin)  
☐ Black/African American (not of Hispanic origin)  
☐ Asian  
☐ Hispanic/Latino  
☐ Native American Indian/Alaska Native  
☐ Native Hawaiian/Other Pacific Islander  
☐ Other:

**Ethnicity:** \_\_\_\_\_ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

**Languages:** Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.

\_\_\_\_\_

Thank you for your assistance. Please return this survey with your application or renewal form, or you may mail or fax it at a later date.

**OREGON BOARD OF DENTISTRY**  
**1500 SW 1<sup>st</sup> Avenue, Suite 770**  
**Portland, OR 97201**  
**FAX: 971-673-3202**

**The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.**

**Race** - The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

**White/Caucasian** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

**Black/African American** - A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

*Asian Indian* - Includes people who indicate their race as "Asian Indian" or identify themselves as Bengalese, Bhara, Dravidian, East Indian, or Goanese.

*Chinese* - Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

*Filipino* - Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philippine, or Filipino American.

*Japanese* - Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

*Korean* - Includes people who indicate their race as "Korean" or who provide a response of Korean American.

*Vietnamese* - Includes people who indicate their race as "Vietnamese" or who respond Vietnamese American.

*Cambodian* - Includes people who provide a response such as Cambodian or Cambodia.

*Hmong* - Includes people who provide a response such as Hmong, Laohmong, or Mong.

*Laotian* - Includes people who provide a response such as Laotian, Laos, or Lao.

*Thai* - Includes people who provide a response such as Thai, Thailand, or Siamese.

*Other Asian* - Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

**Hispanic/Latino** - A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

**Native American Indian and Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

*American Indian* - Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

*Alaska Native* - Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

**Native Hawaiian and Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

*Native Hawaiian* - Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

*Guamanian or Chamorro* - Includes people who indicate their race as such, including Chamorro or Guam.

*Samoan* - Includes people who indicate their race as "Samoan" or who identified themselves as American Samoan or Western Samoan.

*Other Pacific Islander* - Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

**Some Other Race** - Includes all other responses not included in the "White," "Black or African American," "American Indian and Alaska Native," "Asian," "Hispanic" and the "Native Hawaiian and Other Pacific Islander" race categories described above.

CODE: **Race – Bold, underlined, italic print. (White, Black/African American, Asian, Hispania, etc.)**  
*Ethnicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)*

# DENTAL HYGIENE LICENSING

**OREGON BOARD OF DENTISTRY  
GENERAL INFORMATION AND INSTRUCTION SHEET**

**DENTAL HYGIENE**

**Introduction:**

These instructions are designed to assist you in the application process for dental hygiene licensure in Oregon. Please read and follow them carefully. A checklist format has been used to assist you in requesting documentation and to ensure you meet all application requirements.

There are two methods of licensure in Oregon:

**1. Licensure by Examination**

Dental Hygienists are eligible to apply for licensure by examination in Oregon within five (5) years of passage of any clinical Board examination administered by any state or regional testing agency.

Dental Hygienists who have graduated from a dental hygiene program located outside the United States or Canada must also meet additional education requirements. See item "G" on the checklist.

**2. Licensure Without Further Examination**

Dental Hygienists are eligible to apply for licensure without further examination if they hold an active dental hygiene license in another state, and if they have taken and passed the dental hygiene clinical examination conducted by any state or regional testing agency, in addition to meeting the requirements set forth in ORS 680.040 and 680.050. The applicant must verify to having 3,500 hours of licensed clinical practice in the past five years in other states, in Oregon, or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs. Licensed clinical practice could include hours devoted to teaching by dental hygienists employed by a CODA accredited dental hygiene program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental hygiene, and any adverse actions or restrictions. If in the military, the applicant must have a letter submitted to the Board from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken. In addition, the applicant must also verify to having completed 24 hours of continuing education in accordance with 818-021-0070 within two years immediately preceding submission of their application.

Dental Hygienists who have graduated from a dental hygiene program located outside the United States or Canada must also meet additional education requirements for Oregon. See item "G" on the checklist.

## **IMPORTANT INFORMATION – ALL APPLICANTS**

### **Affirmative Responses to Questions on Page 2 of the Application Form**

If you answer “yes” to any of the questions, for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

1. **Written letter of explanation** from you giving full details.
2. **Certified copies** of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

### **Application Valid For 180 Days (OAR 818-021-0120):**

1. If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
2. An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
3. **An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.**

### **Fees Non-refundable – (ORS 680.075(8)):**

All fees paid to the Board are non-refundable or transferable.

**Please anticipate a minimum of 6 – 8 weeks for complete application processing.** Once requested, documentation from other states or jurisdictions and background checks can take several weeks for processing.

### **WHERE FORMS ARE TO BE SENT:**

**The Application and the Biennial Licensure Forms and their fees are to be sent to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.**

**All supplemental forms, Official Transcripts, and Certificates of Standing from other states are to be sent directly to the Oregon Board of Dentistry, 1500 SW 1<sup>st</sup> Avenue, Suite 770, Portland, OR 97201.**

## LICENSURE WITHOUT FURTHER EXAMINATION: DOCUMENTATION REQUIREMENTS

### A. ☐ Application Form

Application must be completed in full, notarized and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

### B. ☐ Photograph (Signed and Dated)

Submit a current 2" X 2" photograph, signed and dated. Affix to page 2 of the application in the space provided.

### C. ☐ Application Fee - \$790

Fees must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

### D. ☐ Biennial Licensure Form

The Biennial Licensure Form must be completed and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. When completing the form at least one address must be a physical street address.

### E. ☐ Biennial Licensure Fee - \$230

This fee must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the Biennial Licensure Fee form. A license will not be processed without the Biennial License Form and appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

### F. ☐ Transcript (With Degree Posted)

Transcripts must be posted with dental hygiene degree from an ADA accredited dental hygiene program, and must be sent to the Board directly from the school. Dental Hygienists who completed non-ADA accredited programs must also have successfully completed not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and be proficient in the English language. (OAR 818-021-0025(1)(b)).

### G. ☐ License Verifications

License verifications must be requested by the applicant and submitted directly from every state, country or jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states and countries charge a fee for this service. Please contact the state and/or country directly prior to submitting your request to prevent delays in processing.)

### H. ☐ Fingerprints – Live Scan – Oregon

Live Scan fingerprints can only be transmitted electronically. Once the Oregon Board of Dentistry receives your application and application fee, we will send you the Request for Transmission for Live Scan Fingerprints form. Electronic fingerprints are now available throughout the United States.

**I. ☐ Proof of Clinical Examination**

1. Regional: If the applicant passed a clinical examination administered by a regional testing agency, submit a photocopy of the original ADEX, CRDTS, NERB, SRTA, or WREB certificate. The telephone number for CITA is 1-919-460-7750. The telephone number for CRDTS is 1-785-273-0380. The telephone number for NERB is 1-301-563-3300. The telephone number for SRTA is 1-757-318-9082. The telephone number for WREB is 1-602-944-3315.

2. State: If the applicant passed a state examination, verification from the state must be submitted directly to the Oregon Board of Dentistry, 1500 SW 1<sup>st</sup> Avenue, Suite 770, Portland, OR 97201.

**J. ☐ Verification of Clinical Practice Hours**

Applicant must certify to having 3,500 hours of clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs within the past five years and list applicable addresses and hours worked. For hygienists employed by a dental hygiene program, documentation from the dean or appropriate administration of the institution regarding length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching all disciplines of clinical dental hygiene (**didactic teaching hours do not count towards clinical practice hours**), and any adverse actions or restrictions. (Post Graduate programs do not qualify for clinical practice hours.)

**K. ☐ Military/Commanding Officer Letter (If Applicable)**

If applicant is on active duty in the military, a letter must be submitted from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken.

**L. ☐ Continuing Education**

Applicants must submit verification of completion of 24 hours of continuing education in accordance with 818-021-0070 taken within **two years immediately preceding submission** of this application. (Details regarding acceptable continuing education are provided with the Continuing Education Log.) **Failure to meet the continuing education requirements PRIOR to submitting your application will result in your application being rejected.**

**M. ☐ Jurisprudence Examination**

Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is "open book" and may be returned to the Board by mail.

**N. ☐ Health Care Provider BLS/CPR**

**A photocopy of your Health Care Provider BLS/CPR or its equivalent certification must be submitted by you to the Oregon Board of Dentistry (OBD).**

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Please complete on a computer or a typewriter.
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
4. **Mail completed application to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

**Dental Hygiene – Licensure by Exam**

☐ Application fee (2113) \$180

**Dental Hygiene – Licensure Without Further Exam**

☐ Application fee (2114) \$790

First Name		Middle Name		Last Name	
Other Names Used				Telephone Number	
Mailing Address/City, State, ZIP Code				Social Security Number	
Place of Birth			Date of Birth		
College Education (Name and Location)		From	To	Degree	
Dental/Dental Hygiene School(s) (Name and Location)		From	To	Degree	

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dentistry or dental hygiene? If yes, list on page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.  
Must be a passport type of photo taken within one year of application.

Sign and date across bottom of the photograph in ink!

List all states/countries in which you are or have been licensed or in which application is pending. <b>Enter "None" or "Not Applicable" if none.</b>	Type of License(s)			License No.	Date Issued	Status
<b>State/Country</b>	<b>Dental</b>	<b>Dental Hygiene</b>	<b>Other (Specify)</b>			

List in reverse chronological order all positions you have held in which you practiced dentistry or dental hygiene as well as any residencies or other formal training not otherwise listed on this application. **Enter "None" or "Not Applicable" if none.**

Description	Name of Institution or Employer	Location	From	To

AFFIDAVIT OF APPLICANT

---

STATE \_\_\_\_\_ OF

COUNTY \_\_\_\_\_ OF

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395

**DENTAL HYGIENE  
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$230.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name (as you wish it to appear on your formal license)

\_\_\_\_\_

b. Mailing address

\_\_\_\_\_

Street or P.O. Box

\_\_\_\_\_

City

State

Zip Code

Business address

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Home address

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

c. Phone: Home

\_\_\_\_\_

Area Code - Telephone Number

Business

\_\_\_\_\_

Area Code - Telephone Number

Cell Phone

\_\_\_\_\_

Area Code - Telephone Number

d. Email address: \_\_\_\_\_



# Oregon

Kate Brown, Governor

## Board of Dentistry

1500 SW 1st Ave. Ste 770

Portland, OR 97201-5837

(971) 673-3200

Fax: (971) 673-3202

# MEMO

**To:** Applicants/Licensees

**From:** Ingrid Nye, Examination and Licensing Manager

**Subject:** Live Scan Fingerprint

Live Scan Fingerprints are required if applying for a new license or reinstating a license in Oregon. You will be required to have your fingerprints taken via Live Scan (electronically) instead of submitting a hard copy of your fingerprints.

On the back of this memo are instructions to schedule an appointment to have your fingerprints taken via Live Scan through FieldPrint which has facilities throughout the United States.

Please print your name on the bottom of this form, list the date your fingerprints were taken, and return the form to the following address:

**Oregon Board of Dentistry**  
**1500 SW 1<sup>st</sup> Avenue**  
**Suite 770**  
**Portland, OR 97201**

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

Date Fingerprints were taken: \_\_\_\_\_



To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit [www.FieldprintOregon.com](http://www.FieldprintOregon.com)
2. Click on the "Schedule an Appointment" button.
3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question and then click "Sign Up and Continue".
4. Enter the Fieldprint Code provided by the Oregon Board of Dentistry (**FPORDentistryDAS**).
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **AMENDMENT TO APPLICATION**

I, \_\_\_\_\_, submit the following amendment(s), addition(s) and/or deletion(s) to my original application (please note all items below by page number, and clearly indicate which section you are amending):

The following is my explanation for providing inaccurate/incomplete information on my original application:

AFFIDAVIT OF APPLICANT

---

STATE \_\_\_\_\_

COUNTY \_\_\_\_\_

I, hereby declare that I am the person described in the attached amendment to application.

I have carefully reviewed the application and the attached amendment to application and have answered all questions completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this amendment, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this amendment to application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my amendment to application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Notary Public Signature

(Notary Seal)

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, Oregon 97201  
Telephone: (971) 673-3200  
Fax: (971) 673-3202  
Email: [information@oregondentistry.org](mailto:information@oregondentistry.org)  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

**DENTAL HYGIENE  
LICENSURE WITHOUT FURTHER EXAMINATION  
CONTINUING EDUCATION LOG**

\_\_\_\_\_  
Applicant's Name

To be licensed in Oregon, a dental hygienist who is applying for Licensure Without Further Examination must submit proof of completion of 24 hours of Board approved continuing education courses **that have been taken within the two years immediately preceding submission of the application for licensure.**

DATE	COURSE TITLE and BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
List two hours of Infection Control Course(s)	Please note that if using OSHA, Infection Control hours must be delineated separately on the certificate from other subjects within the course to count towards this requirement.		
List at least three hours of Medical Emergencies related to a dental practice.	Please note, that using your BLS for Health Care Providers for Medical Emergencies will not qualify for the CE required to renew a nitrous oxide permit.		
List any practice management/patient relation courses.	Please note that no more than two (2) hours may be counted toward the CE requirements.		
Total Hours			

List all courses that are related to direct clinical patient care or the practice of dental public health.				
				Total Hours
List at least two hours of CE in cultural competency (Effective January 1, 2021)				
				Total Hours

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license. I understand **CE hours must be taken prior to submitting my application** for Licensure Without Further Examination, **failure to complete the required CE prior to submitting my application will result in my application being rejected**. If my application is rejected I understand that I must reapply for a new license once I have meet the requirements and pay a new application fee.

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0070(2)).**

Rev. January 1, 2020

**818-021-0025****Application for License to Practice Dental Hygiene Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Having passed the clinical dental hygiene examination conducted by a regional testing agency, by a state dental or dental hygiene licensing authority, by a national testing or other Board-recognized testing agency; and
- (d) Holding an active license to practice dental hygiene, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental hygiene, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
- (e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental hygienists employed by a CODA accredited dental hygiene program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental hygiene, and any adverse actions or restrictions; and
- (f) Having completed 24 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.**

(2) Applicants must pass the Board's Jurisprudence Examination.

**818-021-0070****Continuing Education — Dental Hygienists**

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

- (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
- (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
- (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination.
- (d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.
- (4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
- (5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.
- (6) At least two (2) hours of continuing education must be related to infection control.
- (7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

**CERTIFICATE OF LICENSURE**  
(Not applicable if no state licenses have been obtained)

Name of Applicant (Please Print or Type)		
Street Address		
City	State	Zip Code:
License No:	Date Issued:	

I certify that \_\_\_\_\_ was granted license  
number \_\_\_\_\_ to practice \_\_\_\_\_ in the State of \_\_\_\_\_,  
on the basis of successfully passing \_\_\_\_\_  
examination.

**STATUS OF LICENSE**

- |                          |          |                       |
|--------------------------|----------|-----------------------|
| <input type="checkbox"/> | Current  | Expiration Date _____ |
| <input type="checkbox"/> | Expired  | Date _____            |
| <input type="checkbox"/> | Inactive | Expiration Date _____ |
| <input type="checkbox"/> | Revoked  | Date _____            |

**Type of License Issued**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Full                                    |
| <input type="checkbox"/> | Limited                                 |
| <input type="checkbox"/> | Conditional/Restricted (Please explain) |

Legal/Disciplinary Action: ☐ Yes ☐ No

Legal/Disciplinary Action Pending ☐ Yes ☐ No ☐ Unable to disclose

If yes, please attach copies of any disciplinary/legal action or pending disciplinary/legal action.

SEAL

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Certificate Prepared

**Return directly to:**

**Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, Oregon 97201**

**CERTIFICATION OF CLINICAL PRACTICE**

List all locations at which you practiced to verify the 3,500 hours of licensed clinical practice in the five years **immediately preceding this application** (Dentists OAR 818-021-0011, Dental Hygienists OAR 818-021-0025). Use additional sheets if necessary.

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

I certify that the above information is true and correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

---

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

---

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

---

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

---

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

---

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

---

## INFORMATION REQUESTED

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), which requires that health professional regulatory boards maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the data to the Legislature.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

See the reverse of this page for racial and ethnic definitions from the State of Oregon employment documents and the US Census Bureau.

*Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.*



*Please print information*

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

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

**RACE:** *Please check one.*

- ☐ White/Caucasian (not of Hispanic origin)  
☐ Black/African American (not of Hispanic origin)  
☐ Asian  
☐ Hispanic/Latino  
☐ Native American Indian/Alaska Native  
☐ Native Hawaiian/Other Pacific Islander  
☐ Other:

**Ethnicity:** \_\_\_\_\_ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

**Languages:** Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.

\_\_\_\_\_

Thank you for your assistance. Please return this survey with your application or renewal form, or you may mail or fax it at a later date.

**OREGON BOARD OF DENTISTRY**  
**1500 SW 1<sup>st</sup> Avenue, Suite 770**  
**Portland, OR 97201**  
**FAX: 971-673-3202**

**The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.**

**Race** - The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

**White/Caucasian** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

**Black/African American** - A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

*Asian Indian* - Includes people who indicate their race as "Asian Indian" or identify themselves as Bengalese, Bhara, Dravidian, East Indian, or Goanese.

*Chinese* - Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

*Filipino* - Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philippine, or Filipino American.

*Japanese* - Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

*Korean* - Includes people who indicate their race as "Korean" or who provide a response of Korean American.

*Vietnamese* - Includes people who indicate their race as "Vietnamese" or who respond Vietnamese American.

*Cambodian* - Includes people who provide a response such as Cambodian or Cambodia.

*Hmong* - Includes people who provide a response such as Hmong, Laohmong, or Mong.

*Laotian* - Includes people who provide a response such as Laotian, Laos, or Lao.

*Thai* - Includes people who provide a response such as Thai, Thailand, or Siamese.

*Other Asian* - Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

**Hispanic/Latino** - A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

**Native American Indian and Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

*American Indian* - Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

*Alaska Native* - Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

**Native Hawaiian and Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

*Native Hawaiian* - Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

*Guamanian or Chamorro* - Includes people who indicate their race as such, including Chamorro or Guam.

*Samoan* - Includes people who indicate their race as "Samoan" or who identified themselves as American Samoan or Western Samoan.

*Other Pacific Islander* - Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

**Some Other Race** - Includes all other responses not included in the "White," "Black or African American," "American Indian and Alaska Native," "Asian," "Hispanic" and the "Native Hawaiian and Other Pacific Islander" race categories described above.

CODE: **Race – Bold, underlined, italic print. (White, Black/African American, Asian, Hispania, etc.)**  
*Ethnicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)*



# Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry  
1500 SW 1st Avenue  
Suite 770

Portland, OR 97201-5828

(971) 673-3200

Fax: (971) 673-3202

[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## PRIVACY ACT NOTIFICATION

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Dentistry (OBD). This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a).

Failure to provide your Social Security Number will be a basis to refuse to issue your license.

The OBD will maintain a record of your Social Security Number in your licensing file.

The OBD is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB) – 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.



## **Expanded Functions of Dental Hygienists**

OAR 818-035-0040 provides:

(1) Upon 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 dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents under the general supervision of a licensed dentist.

### **Instructions**

1. If you wish to administer local anesthesia, please complete the Application for Dental Hygiene Local Anesthesia Endorsement (on the reverse), and return it to the Oregon Board of Dentistry.
2. If proof of completion of the specific coursework has not previously been submitted to the Board, please arrange to have proof of completion of your coursework (i.e., an official transcript) sent directly by your program or school to the Board.

(Please note that if you arrange for a general listing of course work, such as a transcript, the Board will use your certification form to identify the courses. That is, it is not necessary for the program to specify the coursework.)

3. Upon receipt of the above, the Board will issue you a new License Certificate, with local anesthesia listed.
4. Please refer questions to Examination and Licensing Manager Ingrid Nye at (971) 673-3200.

OREGON BOARD OF DENTISTRY  
1500 SW 1st Avenue, Suite 770  
Portland, OR 97201  
(971) 673-3200

**APPLICATION FOR DENTAL HYGIENE  
LOCAL ANESTHESIA ENDORSEMENT**

Name: \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

I certify I have completed a course of instruction, in local anesthesia, in a Dental Hygiene Program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board.

SCHOOL	COURSE	DATE

**Check Appropriate Box**

- ☐ Proof of completion of the course of instruction will be provided directly to the Board by the program or school.
- ☐ Proof of completion of the course of instruction has previously been sent to the Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OREGON BOARD OF DENTISTRY  
Unit 23  
PO Box 4395  
Portland, OR 97208-4395

Rev. Code 2142

APPLICATION FOR DENTAL HYGIENE EXPANDED PRACTICE PERMIT  
PATHWAY 1  
DENTAL HYGIENIST  
\$75.00

Name \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

I have successfully completed 40 hours of courses relating to clinical dental hygiene or public health sponsored by continuing education providers that have been approved by the board.

Name of Board Approved Provider: _____
Name of Course: _____ Course Hours _____
Name of Board Approved Provider: _____
Name of Course: _____ Course Hours _____
Name of Board Approved Provider: _____
Name of Course: _____ Course Hours _____
Name of Board Approved Provider: _____
Name of Course: _____ Course Hours _____

<u>Professional Liability Insurance Carrier</u>	<u>Policy Number</u>	<u>Expiration Date</u>
---	----------------------	------------------------

By signing below I certify that I have met all requirements for an Expanded Practice Permit. I further certify that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my dental hygiene license.

Signature \_\_\_\_\_ Date \_\_\_\_\_



A licensed dental hygienist who holds a valid, unrestricted Oregon dental hygiene license and who meets the requirements of ORS 680.200 may practice as an Expanded Practice Dental Hygienist after obtaining a permit from the Board.

## Instructions – Pathway 1

To obtain an Expanded Practice Permit (EPP), complete the application on the reverse, and return it and the fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

1. Proof of 40 hours of courses relating to dental hygiene and/or dental public health.
2. Permit fee. Fees must be paid in U.S. funds, and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are not refundable (ORS 680.075(8)).**
3. Proof of Clinical Practice Form. List all dentists and locations at which you practiced dental hygiene to verify the 2,500 hours of licensed clinical practice.
4. Proof of Health Care Provider BLS/CPR or its Equivalent. Enclose documentation showing that you hold a valid and current Health Care Provider BLS/CPR level or its equivalent certificate.
5. Proof of Professional Liability Insurance. Submit documentation of current professional liability insurance coverage.
6. Collaborative Agreement. An agreement between the expanded practice dental hygienist and a dentist(s) setting forth the agreed-upon scope of the dental hygienist's practice in regards to the following procedures, the agreement must be signed by both parties:
  - a. Administering local anesthesia;
  - b. Administering temporary restorations without excavation;
  - c. Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement; and
  - d. Referral Parameters.

**A Collaborative Agreement is not required to apply for an Expanded Practice Permit.**

Questions? Call Examination and Licensing Manager Ingrid Nye at (971) 673-3200.

# DENTAL HYGIENE EXPANDED PRACTICE PERMIT (PATHWAY 1): BOARD-APPROVED CONTINUING EDUCATION PROVIDERS

## **ADVANTAGE DENTAL PLAN INC.**

CE Coordinator: Kimberly Krueger  
442 SW Umatilla Ave.  
Redmond, OR 97756  
(866) 268-9616  
[www.advantagedental.com](http://www.advantagedental.com)  
Curriculum Approved: August 3, 2012

## **AMERICAN DENTAL HYGIENISTS' ASSOCIATION**

CE Coordinator: Cathy Elliott, RDH, BSDH  
4444 N. Michigan Ave., Ste. #3400  
Chicago, IL 60611  
(312) 440-8900  
[education@adha.net](mailto:education@adha.net)  
[www.adha.org](http://www.adha.org)  
Curriculum Approved: June 1, 2012

## **EXCEPTIONAL NEEDS DENTAL SERVICES**

CE Coordinator: Tonia Ayres  
12029 NE Sumner St.  
Portland, OR 97220  
(503) 295-1201  
Curriculum Approved: February 29, 2017

## **HYGIENE A.D.E. STUDY CLUB**

8623 SW 19<sup>th</sup> Ave.  
Portland, OR 97219  
(503) 351-6060  
[hygieneadestudyclub@gmail.com](mailto:hygieneadestudyclub@gmail.com)  
Curriculum Approved: June 21, 2013

## **LANE COUNTY DENTAL HYGIENIST'S ASSOCIATION**

PO Box 544  
Creswell, OR 97426  
(541) 968-3874  
[LaneCountyDHA@gmail.com](mailto:LaneCountyDHA@gmail.com)  
Curriculum Approved: December 19, 2014

## **MARION COUNTY DENTAL HYGIENE STUDY CLUB**

CE Coordinator: Laurie Goodspeed  
1433 Yakima Court NW  
Salem, OR 97304  
(503) 302-7748  
[www.mcdhstudyclub.org](http://www.mcdhstudyclub.org)  
Curriculum Approved: December 13, 2019

## **OREGON DENTAL ASSOCIATION**

PO Box 3710  
Wilsonville, OR 97070  
(503) 218-2010  
[www.oregondental.org](http://www.oregondental.org)  
[info@oregondental.org](mailto:info@oregondental.org)  
Curriculum Approved: February 10, 2012

## **OREGON DENTAL HYGIENISTS' ASSOCIATION**

147 SE 102<sup>nd</sup> Ave.  
Portland, OR 97216  
(503) 595-0220  
[info@odha.org](mailto:info@odha.org)  
[www.odha.org](http://www.odha.org)  
Curriculum Approved: April 6, 2012

## **OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF DENTISTRY CONTINUING EDUCATION PROGRAM**

CE Coordinator: Alexandria Case  
2730 SW Moody Ave.  
Portland, OR 97201  
(503) 494-8857  
[www.ohsu.edu](http://www.ohsu.edu)  
[cdeinfo@ohsu.edu](mailto:cdeinfo@ohsu.edu)  
Curriculum Approved: February 15, 2019

## **OREGON HEALTH AUTHORITY**

800 NE Oregon St., Ste. #825  
Portland, OR 97232  
(971) 673-0348  
[laurie.johnson@dhsoshs.state.or.us](mailto:laurie.johnson@dhsoshs.state.or.us)  
Curriculum Approved: June 21, 2013

## **OREGON ORAL HEALTH COALITION**

PO Box 3132  
Wilsonville, OR 97070  
(971) 224-1038  
[Philip.Giles@OCDC.net](mailto:Philip.Giles@OCDC.net)  
Curriculum Approved: April 19, 2013

## **OREGON INSTITUTE OF TECHNOLOGY**

3201 Campus Drive  
Klamath Falls, OR 97601  
541-885-1000  
[Jill.Schultz@oit.edu](mailto:Jill.Schultz@oit.edu)  
[www.oit.edu](http://www.oit.edu)  
Curriculum Approved: February 28, 2014

## **PACIFIC UNIVERSITY CONTINUING EDUCATION DEPARTMENT**

222 SE 8<sup>th</sup> Ave., Suite #573  
Hillsboro, OR 97123  
(503) 352-2663  
[Pacific University CE Website](http://PacificUniversityCEWebsite)  
[lisa.downing@pacificu.edu](mailto:lisa.downing@pacificu.edu)  
Curriculum Approved: April 19, 2013

## **PACIFIC UNIVERSITY SCHOOL OF DENTAL HYGIENE STUDIES**

222 SE 8<sup>th</sup> Ave., Suite #272  
Hillsboro, OR 97123  
(503) 352-2673  
[Pacific University School of DHS Website](http://PacificUniversitySchoolofDHSWebsite)  
[kihei@pacificu.edu](mailto:kihei@pacificu.edu)  
Curriculum Approved: February 23, 2018

## **PORTLAND COMMUNITY COLLEGE DENTAL HYGIENE STUDY CLUB**

CE Coordinator: Marissa Turner  
17905 SW Vincent St.  
Aloha, OR 97078  
(559) 824-7350  
[marissadturner@gmail.com](mailto:marissadturner@gmail.com)  
[PCCDHSC@gmail.com](mailto:PCCDHSC@gmail.com)  
Curriculum Approved: February 15, 2013

## **PROFESSIONAL THERAPIES NORTHWEST**

CE Coordinator: Debbie Howard  
12068 Lakeside Place NE  
Seattle, WA 98125  
(888) 365-1760  
[www.professionaltherapiesnw.com](http://www.professionaltherapiesnw.com)  
[course@professionaltherapiesnw.com](mailto:course@professionaltherapiesnw.com)  
Curriculum Approved: October 13, 2017

## **THE PROCTOR & GAMBLE COMPANY**

CE Coordinator: Nancy Richter  
8700 Mason-Montgomery Road, CF3-6B5  
Mason, OH 45040  
(513) 622-0099  
[www.dentalcare.com](http://www.dentalcare.com)  
Curriculum Approved: June 1, 2012

## **WILLAMETTE DENTAL GROUP**

CE Coordinator: Kristin Barton  
6950 NE Campus Way  
Hillsboro, OR 97124  
1-855-4DENTAL x810507  
[www.willamettedental.com](http://www.willamettedental.com)  
Curriculum Approved: February 15, 2019

## **Dental Hygiene Expanded Practice Permit**

**680.200 Issuing permit; requirements.** (1) Upon application accompanied by the fee established by the Oregon Board of Dentistry, the board shall grant a permit to practice as a expanded practice permit dental hygienist to any applicant who:

- (a) Holds a valid, unrestricted Oregon dental hygiene license;
  - (b) Presents proof of current professional liability insurance coverage;
  - (c) Presents documentation satisfactory to the board of successful completion of an emergency life support course for health professionals, including cardiopulmonary resuscitation, from an agency or educational institution approved by the board; and
  - (d) Presents documentation satisfactory to the board that the applicant has:
    - (A)(i) Completed 2,500 hours of supervised dental hygiene practice; and
    - (ii) After licensure as a dental hygienist, completed 40 hours of courses, chosen by the applicant, in clinical dental hygiene or public health sponsored by continuing education providers approved by the board; or
    - (B) Completed a course of study approved by the board that includes at least 500 hours of dental hygiene practice, completed before or after graduation from a dental hygiene program, on patients described in ORS 680.205 while under the direct supervision of a member of the faculty of a dental program or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency.
- (2) A permit issued pursuant to subsection (1) of this section expires two years following the date of issuance unless renewed on or before that date by:
- (a) Payment of the renewal fee as set by the board;
  - (b) Submission to the board of satisfactory evidence of completion of at least 36 hours of continuing education; and
  - (c) Presentation to the board of proof of professional liability insurance coverage; and
  - (d) Completion of a survey developed by the board that measures the success of the expanded practice dental hygienist program against baseline data.
- (3) The board may refuse to issue or renew an expanded practice dental hygienist permit or may suspend or revoke the permit of an expanded practice dental hygienist who has been convicted of an offense or been disciplined by a dental licensing body in a manner that bears, in the judgment of the board, a demonstrable relationship to the ability of the applicant to practice expanded practice dental hygiene in accordance with the provisions of this chapter or ORS chapter 679, or who has falsified an application for permit, or any person for any cause described under ORS 679.140 or 679.170.

**680.205 Services rendered under permit.** (1) An expanded practice dental hygienist may render all services within the scope of practice of dental hygiene, as defined in ORS 679.010, without the supervision of a dentist and as authorized by the expanded practice dental hygienist permit to:

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

(A) Nursing homes as defined in ORS 678.710;

(B) Adult foster homes as defined in ORS 443.705;

(C) Residential care facilities as defined in ORS 443.400;

(D) Adult congregate living facilities as defined in ORS 441.525;

(E) Mental health residential programs administered by the Oregon Health Authority;

(F) Facilities for mentally ill persons, as those terms are defined in ORS 426.005;

(G) Facilities for persons with mental retardation, as those terms are defined in ORS 427.005;

(H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

(I) Public and nonprofit community health clinics.

(b) Adults who are homebound.

(c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.

(e) Patients whose income is less than the federal poverty level.

(f) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.

(2) At least once each calendar year, an expanded practice dental hygienist shall refer each patient or resident to a dentist who is available to treat the patient or resident.

(3) An expanded practice dental hygienist may render the services described in paragraphs (a) to (d) of this subsection to the patients described in subsection (1) of this section if the expanded practice dental hygienist has entered into an agreement in a format approved by the board with a dentist licensed under ORS chapter 679. The agreement must set forth the agreed-upon scope of the dental hygienist's practice with regard to:

(a) Administering local anesthesia;

(b) Administering temporary restorations without excavation;

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement; and

(d) Overall dental risk assessment and referral parameters.

(4) This section does not authorize an expanded practice dental hygienist to administer nitrous oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.

(5) An expanded practice dental hygienist may assess the need for and appropriateness of sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients.

(6) An expanded practice dental hygienist must also procure all other permits or certificates required by the board under ORS 679.250.

**EXPANDED PRACTICE PERMIT  
CERTIFICATION OF CLINICAL PRACTICE**

List all locations at which you practiced to verify the 2,500 hours of supervised licensed clinical dental hygiene practice pursuant to ORS 680.200(A)(I). Use additional sheets if necessary.

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

By signing below I certify that I have completed at least 2,500 hours of supervised licensed clinical dental hygiene practice. I further certify that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my dental hygiene license.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Supervising Dentist Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**Average hours per week** \_\_\_\_\_ **years** \_\_\_\_\_ **months**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

---

**Expanded Practice Permit  
Practice Settings**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Please indicate the location(s) in which you plan to practice:  
(Check all that apply)

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

- ☐ (A) Nursing homes as defined in ORS 678.710;
- ☐ (B) Adult foster homes as defined in ORS 443.705;
- ☐ (C) Residential care facilities as defined in ORS 443.400;
- ☐ (D) Adult congregate living facilities as defined in ORS 441.525;
- ☐ (E) Mental health residential programs administered by the Department of Human Services;
- ☐ (F) Facilities for mentally ill persons, as defined in ORS 426.005;
- ☐ (G) Facilities for persons with mental retardation, as defined in ORS 427.005;
- ☐ (H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or
- ☐ (I) Public and nonprofit community health clinics.
- ☐ (b) Homebound adults.
- ☐ (c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.
- ☐ (d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.
- ☐ (e) Patients whose income is less than the federal poverty level.
- ☐ General/Specialty Practice.
- ☐ Not currently practicing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Page  
Left Blank

Oregon Board of Dentistry  
Expanded Practice Dental Hygiene Permit  
Verification of Collaborative Agreement

I \_\_\_\_\_, License No. \_\_\_\_\_ have entered into a collaborative agreement with \_\_\_\_\_, a dental hygienist with an expanded practice permit, License No. \_\_\_\_\_. The collaborative agreement sets forth the agreed-upon scope of the dental hygienist's practice with regard to the following:

Check all that apply:

- ☐ Administer local anesthesia.
- ☐ Administer temporary restorations without excavation.
- ☐ Prescribing prophylactic antibiotics and non-steroidal anti-inflammatory drugs:

\* On your Collaborative Agreement you must specify either ALL prophylactic antibiotics or non-steroidal anti-inflammatory drugs, or if limiting prescribing abilities, list specific drugs allowed.

- ☐ Referral Parameters.

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD immediately.

**I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.**

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

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

APPLICATION FOR DENTAL HYGIENE EXPANDED PRACTICE PERMIT  
PATHWAY 2  
DENTAL HYGIENIST  
Fee: \$75.00

Name \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

I have successfully completed a course of study approved by the Board that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205 while under the direct supervision of a member of the faculty of a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association.

Name of Post-secondary Program: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Hours of practice on patients described in ORS 680.205: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Name of Faculty: \_\_\_\_\_

Hours of practice on patients described in ORS 680.205: \_\_\_\_\_

Professional Liability Insurance Carrier

Policy Number

Expiration Date

By signing below I certify that I have met all requirements for an Expanded Practice Permit. I further certify that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my dental hygiene license.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## DENTAL HYGIENE EXPANDED PRACTICE PERMIT

A licensed dental hygienist who holds a valid, unrestricted Oregon dental hygiene license and who meets the requirements of ORS 680.200 may practice as a Expanded Practice Permit Dental Hygienist after obtaining a permit from the Board.

### Instructions – Pathway 2

To obtain an Expanded Practice Permit, complete the application and return it and the fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

1. Verification of Practice Hours – Pre-Graduation Education: Verification submitted from a formal, post-secondary educational program accredited by the Commission on Dental Accreditation of the American Dental Association directly to the Board, of the number of hours you practiced on patients described in ORS 680.205 while under the direct supervision of a member of the faculty.
2. Verification of Practice Hours – Post-Graduation - Faculty: Verification submitted from a faculty or adjunct faculty member, directly to the Board, certifying the number of hours you practiced on patients described in ORS 680.205 after graduating from an ADA accredited post-secondary education program while under the direct supervision of a member of the faculty.
3. Verification of Faculty: Verification submitted from the ADA accredited program, directly to the Board, certifying that an individual was/is a faculty or adjunct faculty member.
4. Permit Fee. Fees must be paid in U.S. funds, and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are not refundable (ORS 680.075(8)).**
5. Proof of Health Care Provider BLS/CPR or its Equivalent. Enclose documentation showing that you hold a valid and current Health Care Provider BLS/CPR level or its equivalent certificate.
6. Proof of Professional Liability Insurance. Submit documentation of current professional liability insurance coverage.
7. Collaborative Agreement. An agreement between the expanded practice dental hygienist and a dentist(s) setting forth the agreed-upon scope of the dental hygienist's practice in regards to the following procedures, the agreement must be signed by both parties:
  - a. Administering local anesthesia;
  - b. Administering temporary restorations without excavation;
  - c. Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement; and
  - d. Referral Parameters.

**A Collaborative Agreement is not required to apply for an Expanded Practice Permit.**

Questions? Call Examination and Licensing Manager Ingrid Nye at (971) 673-3200.

**Expanded Practice Permit  
Practice Settings**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Please indicate the location(s) in which you plan to practice:  
(Check all that apply)

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

- ☐ (A) Nursing homes as defined in ORS 678.710;
- ☐ (B) Adult foster homes as defined in ORS 443.705;
- ☐ (C) Residential care facilities as defined in ORS 443.400;
- ☐ (D) Adult congregate living facilities as defined in ORS 441.525;
- ☐ (E) Mental health residential programs administered by the Oregon Health Authority;
- ☐ (F) Facilities for mentally ill persons, as those terms are defined in ORS 426.005;
- ☐ (G) Facilities for persons with mental retardation, as those terms are defined in ORS 427.005;
- ☐ (H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or
- ☐ (I) Public and nonprofit community health clinics.
- ☐ (b) Adults who are homebound.
- ☐ (c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.
- ☐ (d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.
- ☐ (e) Patients whose income is less than the federal poverty level.
- ☐ General/Specialty Practice.
- ☐ Not currently practicing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Page

Left Blank

Oregon Board of Dentistry  
Expanded Practice Dental Hygiene Permit  
Verification of Collaborative Agreement

I \_\_\_\_\_, License No. \_\_\_\_\_ have entered into a collaborative agreement with \_\_\_\_\_, a dental hygienist with an expanded practice permit, License No. \_\_\_\_\_. The collaborative agreement sets forth the agreed-upon scope of the dental hygienist's practice with regard to the following:

Check all that apply:

- ☐ Administer local anesthesia.
- ☐ Administer temporary restorations without excavation.
- ☐ Prescribing prophylactic antibiotics and non-steroidal anti-inflammatory drugs:
  - \* On your Collaborative Agreement you must specify either ALL prophylactic antibiotics or non-steroidal anti-inflammatory drugs, or if limiting prescribing abilities, list specific drugs allowed.
- ☐ Referral Parameters.

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD immediately.

I attest that a copy of the Collaborative Agreement, signed by both parties, **is attached to this verification.** I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

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

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

This Page

Left Blank

**VERIFICATION OF PRACTICE HOURS**  
**ADA Accredited Program**  
**Pre-Graduation**  
**Course of Study**  
**Pathway 2**

**EXPANDED PRACTICE PERMIT**  
**CERTIFICATION OF CLINICAL PRACTICE**

**Dental Hygienist Name:** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Program Director's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
Print Name

**Dental Hygiene Program:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS COMPLETED** \_\_\_\_\_  
Date Date

I certify that the above named dental hygienist while in our dental hygiene program, practiced on patients or residents of the following facilities or programs who, due to age, infirmity or disability, were unable to receive regular dental hygiene treatment while under the direct supervision of a faculty member:

Please indicate the category(s) in which the above named dental hygienist practiced:  
(Check all that apply)

- ☐ (A) Nursing homes as defined in ORS 678.710;
- ☐ (B) Adult foster homes as defined in ORS 443.705;
- ☐ (C) Residential care facilities as defined in ORS 443.400;
- ☐ (D) Adult congregate living facilities as defined in ORS 441.525;
- ☐ (E) Mental health residential programs administered by the Oregon Health Authority;
- ☐ (F) Facilities for mentally ill persons, as those terms are defined in ORS 426.005;
- ☐ (G) Facilities for persons with mental retardation, as those terms are defined in ORS 427.005;
- ☐ (H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or
- ☐ (I) Public and nonprofit community health clinics.
- ☐ (b) Adults who are homebound.
- ☐ (c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.
- ☐ (d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.
- ☐ (e) Patients whose income is less than the federal poverty level.
- ☐ Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.

By signing below I certify that the information provided on this form is true and correct.

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland OR 97201.**

This form may be duplicated

This Page

Left Blank

**VERIFICATION OF PRACTICE HOURS  
ADA Accredited Program  
Post-Graduation  
Faculty – Hours Verification  
Course of Study  
Pathway 2**

**EXPANDED PRACTICE PERMIT  
CERTIFICATION OF CLINICAL PRACTICE**

**Dental Hygienist Name:** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Supervising Faculty Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
Print Name

**Dental or Dental Hygiene Program:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_  
Address City State Zip Code

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **TOTAL HOURS WORKED** \_\_\_\_\_  
Date Date

I certify that while I was a faculty member or an adjunct faculty member, for the program named above, and while under my direct supervision, the above dental hygienist practiced on patients or residents of the following facilities or programs who, due to age, infirmity or disability, were unable to receive regular dental hygiene treatment:

Please indicate the category(s) in which the above named dental hygienist practiced:  
(Check all that apply)

- ☐ (A) Nursing homes as defined in ORS 678.710;
- ☐ (B) Adult foster homes as defined in ORS 443.705;
- ☐ (C) Residential care facilities as defined in ORS 443.400;
- ☐ (D) Adult congregate living facilities as defined in ORS 441.525;
- ☐ (E) Mental health residential programs administered by the Oregon Health Authority;
- ☐ (F) Facilities for mentally ill persons, as those terms are defined in ORS 426.005;
- ☐ (G) Facilities for persons with mental retardation, as those terms are defined in ORS 427.005;
- ☐ (H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or
- ☐ (I) Public and nonprofit community health clinics.
- ☐ (b) Adults who are homebound.
- ☐ (c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.
- ☐ (d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.
- ☐ (e) Patients whose income is less than the federal poverty level.
- ☐ Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.

By signing below I certify that the information provided on this form is true and correct.

**Signature of Faculty:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland OR 97201.**

This form may be duplicated

Rev. 12/2013

This Page

Left Blank

**VERIFICATION OF FACULTY OR ADJUNCT FACULTY MEMBER  
FROM ADA ACCREDITED PROGRAM  
PATHWAY 2**

Dental or Dental Hygiene Program: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Faculty or Adjunct Faculty Name: \_\_\_\_\_

Faculty Employed/Appointment Date(s): From \_\_\_\_\_ to \_\_\_\_\_.

By signing below I certify that the information provided on this form is true and correct.

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

**Return this form directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.**

This Page

Left Blank

## **Dental Hygiene Expanded Practice Permit**

**680.200 Issuing permit; requirements.** (1) Upon application accompanied by the fee established by the Oregon Board of Dentistry, the board shall grant a permit to practice as a expanded practice permit dental hygienist to any applicant who:

- (a) Holds a valid, unrestricted Oregon dental hygiene license;
  - (b) Presents proof of current professional liability insurance coverage;
  - (c) Presents documentation satisfactory to the board of successful completion of an emergency life support course for health professionals, including cardiopulmonary resuscitation, from an agency or educational institution approved by the board; and
  - (d) Presents documentation satisfactory to the board that the applicant has:
    - (A)(i) Completed 2,500 hours of supervised dental hygiene practice; and
    - (ii) After licensure as a dental hygienist, completed 40 hours of courses, chosen by the applicant, in clinical dental hygiene or public health sponsored by continuing education providers approved by the board; or
    - (B) Completed a course of study approved by the board that includes at least 500 hours of dental hygiene practice, completed before or after graduation from a dental hygiene program, on patients described in ORS 680.205 while under the direct supervision of a member of the faculty of a dental program or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency.
- (2) A permit issued pursuant to subsection (1) of this section expires two years following the date of issuance unless renewed on or before that date by:
- (a) Payment of the renewal fee as set by the board;
  - (b) Submission to the board of satisfactory evidence of completion of at least 36 hours of continuing education; and
  - (c) Presentation to the board of proof of professional liability insurance coverage; and
  - (d) Completion of a survey developed by the board that measures the success of the expanded practice dental hygienist program against baseline data.
- (3) The board may refuse to issue or renew an expanded practice dental hygienist permit or may suspend or revoke the permit of an expanded practice dental hygienist who has been convicted of an offense or been disciplined by a dental licensing body in a manner that bears, in the judgment of the board, a demonstrable relationship to the ability of the applicant to practice expanded practice dental hygiene in accordance with the provisions of this chapter or ORS chapter 679, or who has falsified an application for permit, or any person for any cause described under ORS 679.140 or 679.170.

**680.205 Services rendered under permit.** (1) An expanded practice dental hygienist may render all services within the scope of practice of dental hygiene, as defined in ORS 679.010, without the supervision of a dentist and as authorized by the expanded practice dental hygienist permit to:

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

(A) Nursing homes as defined in ORS 678.710;

(B) Adult foster homes as defined in ORS 443.705;

(C) Residential care facilities as defined in ORS 443.400;

(D) Adult congregate living facilities as defined in ORS 441.525;

(E) Mental health residential programs administered by the Oregon Health Authority;

(F) Facilities for mentally ill persons, as those terms are defined in ORS 426.005;

(G) Facilities for persons with mental retardation, as those terms are defined in ORS 427.005;

(H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

(I) Public and nonprofit community health clinics.

(b) Adults who are homebound.

(c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.

(e) Patients whose income is less than the federal poverty level.

(f) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.

(2) At least once each calendar year, an expanded practice dental hygienist shall refer each patient or resident to a dentist who is available to treat the patient or resident.

(3) An expanded practice dental hygienist may render the services described in paragraphs (a) to (d) of this subsection to the patients described in subsection (1) of this section if the expanded practice dental hygienist has entered into an agreement in a format approved by the board with a dentist licensed under ORS chapter 679. The agreement must set forth the agreed-upon scope of the dental hygienist's practice with regard to:

(a) Administering local anesthesia;

(b) Administering temporary restorations without excavation;

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement; and

(d) Overall dental risk assessment and referral parameters.

(4) This section does not authorize an expanded practice dental hygienist to administer nitrous oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.

(5) An expanded practice dental hygienist may assess the need for and appropriateness of sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients.

(6) An expanded practice dental hygienist must also procure all other permits or certificates required by the board under ORS 679.250.

Oregon Board of Dentistry  
Expanded Practice Dental Hygiene Permit  
Verification of Collaborative Agreement

I \_\_\_\_\_, License No. \_\_\_\_\_ have entered into a collaborative agreement with \_\_\_\_\_, a dental hygienist with an expanded practice permit, License No. \_\_\_\_\_. The collaborative agreement sets forth the agreed-upon scope of the dental hygienist's practice with regard to the following:

Check all that apply:

- ☐ Administer local anesthesia.
- ☐ Administer temporary restorations without excavation.
- ☐ Prescribing prophylactic antibiotics and non-steroidal anti-inflammatory drugs:
  - \* On your Collaborative Agreement you must specify either ALL prophylactic antibiotics or non-steroidal anti-inflammatory drugs, or if limiting prescribing abilities, list specific drugs allowed.
- ☐ Referral Parameters.

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD immediately.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

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

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

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395

41398-41300-2143

**APPLICATION FOR DENTAL HYGIENE  
RESTORATIVE FUNCTIONS ENDORSEMENT  
\$50.00 (Non-Refundable)**

Name: \_\_\_\_\_ License No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify I have completed an approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

Program	Course	Date

**Check Appropriate Box(es) in Each Section:**

☐ Proof of completion of the course of instruction will be provided directly to the Board by the program, **or**

☐ Proof of completion of the course of instruction has previously been sent to the Board by the program.

☐ Proof of successful completion of the Western Regional Examining Board's Restorative Examination within the past five years, **or**

☐ Proof of successful completion of the Western Regional Examining Board's Restorative Examination over five years from the date of application, **and**

☐ Verification from another state or jurisdiction that you are legally authorized to perform restorative functions, **and**

☐ Certification from a supervising dentist that you successfully completed at least 25 restorative procedures within the immediate five years.

By signing below I certify that I have met all the requirements for the Restorative Functions Endorsement (RFE). I further certify that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my dental hygiene license.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **Restorative Functions of Dental Hygienists**

OAR 818-035-0072 provides:

(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted

Oregon license, and has successfully completed:

- (a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years; or
- (b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental hygienist may perform the placement and finishing of direct alloy and direct anterior composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

- (a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;
- (b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

### **Instructions**

To obtain a Dental Hygiene Restorative Functions Endorsement (RFE), complete the application on the reverse, and return it to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

1. Proof of coursework. If proof of completion of specific coursework has not been previously submitted to the Board, please arrange to have such proof sent to the Oregon Board of Dentistry (OBD), 1500 SW 1<sup>st</sup> Avenue, Suite 770, Portland, Oregon 97201.
2. Permit fee. The fee for the Restorative Functions Endorsement is \$50.00. Please make checks payable to the Oregon Board of Dentistry and return the application and fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395.
3. Verification from State or Jurisdiction. If you have taken the Western Regional Examining Board's Restorative Examination over five years ago, have the state or jurisdiction submit directly to the OBD proof that you are legally authorized to perform restorative functions.
4. Certification of Supervising Dentist. If you have taken the Western Regional Examining Board's Restorative Examination over five years ago, have the supervising dentist (outside of Oregon) submit directly to the OBD proof that you have successfully completed at least 25 restorative procedures within the immediate five years.
5. Please refer questions to Examination and Licensing Manager Ingrid Nye at (971) 673-3200.

**VERIFICATION OF STATE OR JURISDICTION**  
**IN RESTORATIVE FUNCTIONS**

Name of Applicant (Please Print or Type):		
Address:		
City:	State:	Zip Code:
License Number:	Date Issued:	Telephone Number:

I certify that

\_\_\_\_\_

was granted a license number \_\_\_\_\_ to practice dental hygiene in the State of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I further certify that Dental Hygienists in the State of \_\_\_\_\_ are ☐ are not ☐

able to legally perform restorative functions.

Status of License	<input type="checkbox"/> Current	Expiration Date: _____
	<input type="checkbox"/> Expired	Date: _____
	<input type="checkbox"/> Inactive	Expiration Date: _____

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
(Date Verification Prepared)

SEAL

**Return to: Oregon Board of Dentistry**  
**1500 SW 1st Avenue, Suite 770**  
**Portland, OR 97201**

This Page

Left Blank

**CERTIFICATION OF SUPERVISING DENTIST**  
**(OUTSIDE THE STATE OF OREGON)**

**APPLICANT INFORMATION**

Name of Applicant (Please Print or Type):		Date:
Address:		
City:	State:	Zip Code:
License Number:	Date Issued:	Telephone Number:

**SUPERVISING DENTIST**

Name of Supervising Dentist (Please Print or Type):		Telephone Number:
Address:		
City:	State:	Zip Code:

I certify that \_\_\_\_\_ has successfully  
completed at least \_\_\_\_\_ restorative procedures within the immediate five years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return to:    Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, OR 97201**

# DENTAL THERAPY LICENSING

## Enrolled House Bill 2528

Sponsored by Representatives SANCHEZ, BYNUM; Representatives ALONSO LEON, CAMPOS, DEXTER, MEEK, PRUSAK, SOLLMAN, WILLIAMS, WITT, Senator DEMBROW (Presession filed.)

CHAPTER .....

AN ACT

Relating to dental therapy; creating new provisions; amending ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011; and prescribing an effective date.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1.** Sections 2 to 12 of this 2021 Act are added to and made a part of ORS chapter 679.

**SECTION 2.** As used in sections 2 to 12 of this 2021 Act:

(1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.

(2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.

(3) "Dentist" means a person licensed to practice dentistry under this chapter.

**SECTION 3.** (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

(a) Is at least 18 years of age;

(b) Submits to the board a completed application form;

(c) Demonstrates the completion of a dental therapy education program;

(d) Passes an examination described in section 4 of this 2021 Act; and

(e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

**SECTION 3a.** Section 3 of this 2021 Act is amended to read:

**Sec. 3.** (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

- (a) Is at least 18 years of age;
- (b) Submits to the board a completed application form;
- (c) Demonstrates:

(A) The completion of a dental therapy education program **that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the board by rule; or**

(B) **That the applicant is or was a participant in a dental pilot project;**

- (d) Passes an examination described in section 4 of this 2021 Act; and
- (e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

**SECTION 4.** (1)(a) The Oregon Board of Dentistry may require an applicant for a license to practice dental therapy to pass written, laboratory or clinical examinations to test the professional knowledge and skills of the applicant.

(b) The examinations may not be affiliated with or administered by a dental pilot project or a dental therapy education program described in section 3 of this 2021 Act.

(c) The examinations must:

(A) Be elementary and practical in character, and sufficiently thorough to test the fitness of the applicant to practice dental therapy;

(B) Be written in English; and

(C) Include questions on subjects pertaining to dental therapy.

(2) If a test or examination was taken within five years of the date of application and the applicant received a passing score on the test or examination, as established by the board by rule, the board:

(a) To satisfy the written examination authorized under this section, may accept the results of national standardized examinations.

(b) To satisfy the laboratory or clinical examination authorized under this section:

(A) Shall accept the results of regional and national testing agencies or clinical board examinations administered by other states; and

(B) May accept the results of board-recognized testing agencies.

(3) The board shall accept the results of regional and national testing agencies or of clinical board examinations administered by other states, and may accept results of board-recognized testing agencies, in satisfaction of the examinations authorized under this section for applicants who have engaged in the active practice of dental therapy in Oregon, another state, the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a period of at least 3,500 hours in the five years immediately preceding application and who meet all other requirements for licensure.

(4) The board shall establish rules related to reexamination for an applicant who fails an examination.

**SECTION 5.** The Oregon Board of Dentistry may refuse to issue or renew a license to practice dental therapy if the applicant or licensee:

(1) Subject to ORS 670.280, has been convicted of a violation of the law. A certified copy of the record of conviction is conclusive evidence of conviction.

(2) Has been disciplined by a state licensing or regulatory agency of this state or another state regarding a health care profession if, in the judgment of the board, the acts or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the applicant or licensee to practice dental therapy in accordance with sections 2 to 12 of this 2021 Act. A certified copy of the disciplinary action is conclusive evidence of the disciplinary action.

(3) Has falsified an application for issuance or renewal of licensure.

(4) Has violated any provision of sections 2 to 12 of this 2021 Act or a rule adopted under sections 2 to 12 of this 2021 Act.

**SECTION 6.** (1) A person may not practice dental therapy or assume or use any title, words or abbreviations, including the title or designation "dental therapist," that indicate that the person is authorized to practice dental therapy unless the person is licensed under section 3 of this 2021 Act.

(2) Subsection (1) of this section does not prohibit:

(a) The practice of dental therapy by a health care provider performing services within the health care provider's authorized scope of practice.

(b) The practice of dental therapy in the discharge of official duties on behalf of the United States government, including but not limited to the Armed Forces of the United States, the United States Coast Guard, the United States Public Health Service, the United States Bureau of Indian Affairs or the United States Department of Veterans Affairs.

(c) The practice of dental therapy pursuant to an educational program described in section 3 of this 2021 Act.

(d) A dental therapist authorized to practice in another state or jurisdiction from making a clinical presentation sponsored by a bona fide dental or dental therapy association or society or an accredited dental or dental therapy education program approved by the Oregon Board of Dentistry.

(e) Bona fide students of dental therapy from engaging in clinical studies during the period of their enrollment and as a part of the course of study in a dental therapy education program described in section 3 (1) of this 2021 Act. The clinical studies may be conducted on the premises of the program or in a clinical setting located off the premises. The facility, instructional staff and course of study at an off-premises location must meet minimum requirements established by the board by rule. The clinical studies at the off-premises location must be performed under the indirect supervision of a member of the program faculty.

(f) Bona fide full-time students of dental therapy, during the period of their enrollment and as a part of the course of study in a dental therapy education program located outside of Oregon that is accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, from engaging in community-based or clinical studies as an elective or required rotation in a clinical setting located in Oregon, if the community-based or clinical studies meet minimum requirements established by the board by rule and are performed under the indirect supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry.

(g) The performance of duties by a federally certified dental health aide therapist or tribally authorized dental therapist in a clinic operated by the Indian Health Service, including, as described in 25 U.S.C. 1603, an Indian Health Service Direct Service Tribe clinic, a clinic operated under an Indian Self-Determination and Education Assistance Act of 1975 (P.L. 93-638) contract or a clinic operated under an urban Indian organization.

**SECTION 7.** (1) The Oregon Board of Dentistry may impose nonrefundable fees for the following:

(a) Application for licensure;

(b) Examinations;

- (c) Biennial dental therapy licenses, both active and inactive;
- (d) Licensure renewal fees;
- (e) Permits; and
- (f) Delinquency.

(2) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting fees and charges, the fees and charges established under sections 2 to 12 of this 2021 Act may not exceed the cost of administering sections 2 to 12 of this 2021 Act as authorized by the Legislative Assembly within the Oregon Board of Dentistry budget and as modified by the Emergency Board.

(3)(a) The Oregon Board of Dentistry may waive a license fee for a licensee who provides to the board satisfactory evidence that the licensee has discontinued the practice of dental therapy because of retirement.

(b) A licensee described in this subsection may apply to the board for reinstatement of the license pursuant to rules adopted by the board. An application under this paragraph must include a fee. If the licensee has been retired or inactive for more than one year from the date of application, the licensee shall include with the application satisfactory evidence of clinical competence, as determined by the board.

(4)(a) A license to practice dental therapy is valid for two years and may be renewed. A licensee shall submit to the board an application for renewal and payment of the fee.

(b) A dental therapist issued a license in an even-numbered year must apply for renewal by September 30 of each even-numbered year thereafter. A dental therapist issued a license in an odd-numbered year must apply for renewal by September 30 of each odd-numbered year thereafter.

(c) The board may charge a reasonable fee if the application for renewal or the fee is submitted more than 10 days delinquent.

(5) A dental therapist shall inform the board of a change of the dental therapist's address within 30 days of the change.

**SECTION 8.** (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

(a) The level of supervision required for each procedure performed by the dental therapist;

(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;

(c) The practice settings in which the dental therapist may provide care;

(d) Any limitation on the care the dental therapist may provide;

(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs, as described in section 9 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

(3) A dentist who enters into a collaborative agreement with a dental therapist shall:

(a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and

(b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.

(4) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the collaborative agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(5) A dental therapist and a dentist who enter into a collaborative agreement together shall each maintain a physical copy of the collaborative agreement.

(6)(a) A dental therapist may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

(b) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(7)(a) A collaborative agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual submissions, a signed copy of the revised collaborative agreement must be submitted to the board as soon as practicable after the revision is made.

**SECTION 9.** (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:

(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;

(b) Comprehensive charting of the oral cavity;

(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;

(d) Exposing and evaluation of radiographic images;

(e) Dental prophylaxis, including subgingival scaling and polishing procedures;

(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;

(m) Emergency palliative treatment of dental pain;

(n) Preparation and placement of direct restoration in primary and permanent teeth;

(o) Fabrication and placement of single-tooth temporary crowns;

(p) Preparation and placement of preformed crowns on primary teeth;

- (q) Indirect pulp capping on permanent teeth;
  - (r) Indirect pulp capping on primary teeth;
  - (s) Suture removal;
  - (t) Minor adjustments and repairs of removable prosthetic devices;
  - (u) Atraumatic restorative therapy and interim restorative therapy;
  - (v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;
  - (w) Removal of space maintainers;
  - (x) The dispensation and oral or topical administration of:
    - (A) Nonnarcotic analgesics;
    - (B) Anti-inflammatories; and
    - (C) Antibiotics; and
  - (y) Other services as specified by the Oregon Board of Dentistry by rule.
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
- (a) Placement of temporary restorations;
  - (b) Fabrication of soft occlusal guards;
  - (c) Tissue reconditioning and soft reline;
  - (d) Tooth reimplantation and stabilization;
  - (e) Recementing of permanent crowns;
  - (f) Pulpotomies on primary teeth;
  - (g) Simple extractions of:
    - (A) Erupted posterior primary teeth; and
    - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
  - (h) Brush biopsies; and
  - (i) Direct pulp capping on permanent teeth.
- (3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.
- (4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.
- (b) A dental therapist may supervise up to two individuals under this subsection.

**SECTION 10.** (1) A dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3 (1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry.

(2) A dental therapist shall purchase and maintain liability insurance as determined sufficient by the board.

(3) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

**SECTION 11.** A person licensed under section 3 of this 2021 Act is subject to the provisions of ORS 679.140.

**SECTION 12.** The Oregon Board of Dentistry shall adopt rules necessary to administer sections 2 to 12 of this 2021 Act. In adopting rules under this section, the board shall consult with dental therapists and organizations that represent dental therapists in this state.

**SECTION 13.** ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:

(1) “Dental assistant” means a person who, under the supervision of a dentist **or dental therapist**, renders assistance to a dentist, **dental therapist**, dental hygienist, dental technician or another dental assistant or who, under the supervision of a dental hygienist, renders assistance to a dental hygienist providing dental hygiene.

(2) “Dental hygiene” is that portion of dentistry that includes, but is not limited to:

(a) The rendering of educational, preventive and therapeutic dental services and diagnosis and treatment planning for such services;

(b) Prediagnostic risk assessment, scaling, root planing, curettage, the application of sealants and fluoride and any related intraoral or extraoral procedure required in the performance of such services; and

(c) Prescribing, dispensing and administering prescription drugs for the services described in paragraphs (a) and (b) of this subsection.

(3) “Dental hygienist” means a person who, under the supervision of a dentist, practices dental hygiene.

(4) “Dental technician” means a person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices that are returned to a dentist and inserted into the human oral cavity or that come in contact with its adjacent structures and tissues.

(5) **“Dental therapist” means a person licensed to practice dental therapy under section 3 of this 2021 Act.**

(6) **“Dental therapy” means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under section 9 of this 2021 Act.**

[5] (7) “Dentist” means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

[6] (8) “Dentist of record” means a dentist that either authorizes treatment for, supervises treatment of or provides treatment for a patient in a dental office or clinic owned or operated by an institution as described in ORS 679.020 (3).

[7(a)] (9)(a) “Dentistry” means the healing art concerned with:

(A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tissues and structures; and

(B) The prescribing, dispensing and administering of prescription drugs for purposes related to the activities described in subparagraph (A) of this paragraph.

(b) “Dentistry” includes, but is not limited to:

(A) The cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of:

(i) Dental schools accredited by the Commission on Dental Accreditation of the American Dental Association;

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

[8] (10) “Direct supervision” means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

[9] (11) “Expanded practice dental hygienist” means a dental hygienist who performs dental hygiene services in accordance with ORS 680.205 as authorized by an expanded practice dental hygienist permit issued by the board under ORS 680.200.

[10] (12) “General supervision” means supervision requiring that a dentist authorize the procedures by standing orders, practice agreements or collaboration agreements, but not requiring that

a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

[(11)] (13) "Indirect supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

**SECTION 14.** ORS 679.140 is amended to read:

679.140. (1) The Oregon Board of Dentistry may discipline as provided in this section any person licensed to practice dentistry in this state for any of the following causes:

(a) Conviction of any violation of the law for which the court could impose a punishment if the board makes the finding required by ORS 670.280. The record of conviction or a certified copy thereof, certified by the clerk of the court or by the judge in whose court the conviction is entered, is conclusive evidence of the conviction.

(b) Renting or lending a license or diploma of the dentist to be used as the license or diploma of another person.

(c) Unprofessional conduct.

(d) Any violation of this chapter or ORS 680.010 to 680.205, of rules adopted pursuant to this chapter or ORS 680.010 to 680.205 or of an order issued by the board.

(e) Engaging in or permitting the performance of unacceptable patient care by the dentist or by any person working under the supervision of the dentist due to a deliberate or negligent act or failure to act by the dentist, regardless of whether actual injury to the patient is established.

(f) Incapacity to practice safely.

(2) "Unprofessional conduct" as used in this chapter includes but is not limited to the following:

(a) Obtaining any fee by fraud or misrepresentation.

(b) Willfully betraying confidences involved in the patient-dentist relationship.

(c) Employing, aiding, abetting or permitting any unlicensed personnel to practice dentistry [or], dental hygiene **or dental therapy**.

(d) Making use of any advertising statements of a character tending to deceive or mislead the public or that are untruthful.

(e) Impairment as defined in ORS 676.303.

(f) Obtaining or attempting to obtain a controlled substance in any manner proscribed by the rules of the board.

(g) Prescribing or dispensing drugs outside the scope of the practice of dentistry or in a manner that impairs the health and safety of an individual.

(h) Disciplinary action by a state licensing or regulatory agency of this or another state regarding a license to practice dentistry, dental hygiene, **dental therapy** or any other health care profession when, in the judgment of the board, the act or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the licensee or applicant to practice dentistry [or], dental hygiene **or dental therapy** in accordance with the provisions of this chapter. A certified copy of the record of the disciplinary action is conclusive evidence of the disciplinary action.

(3) The proceedings under this section may be taken by the board from the matters within its knowledge or may be taken upon the information of another, but if the informant is a member of the board, the other members of the board shall constitute the board for the purpose of finding judgment of the accused.

(4) In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice dentistry in this state, the current teachings at accredited dental schools, relevant technical reports published in recognized dental journals and the desirability of reasonable experimentation in the furtherance of the dental arts.

(5) In disciplining a person as authorized by subsection (1) of this section, the board may use any or all of the following methods:

(a) Suspend judgment.

(b) Place a licensee on probation.

(c) Suspend a license to practice dentistry in this state.

- (d) Revoke a license to practice dentistry in this state.
- (e) Place limitations on a license to practice dentistry in this state.
- (f) Refuse to renew a license to practice dentistry in this state.
- (g) Accept the resignation of a licensee to practice dentistry in this state.
- (h) Assess a civil penalty.
- (i) Reprimand a licensee.
- (j) Impose any other disciplinary action the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty.

(6) If the board places any person upon probation as set forth in subsection (5)(b) of this section, the board may determine and may at any time modify the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public and for the purpose of the rehabilitation of the probationer or both. Upon expiration of the term of probation, further proceedings shall be abated by the board if the person holding the license furnishes the board with evidence that the person is competent to practice dentistry and has complied with the terms of probation. If the evidence fails to establish competence to the satisfaction of the board or if the evidence shows failure to comply with the terms of the probation, the board may revoke or suspend the license.

(7) If a license to practice dentistry in this state is suspended, the person holding the license may not practice during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated by the board if the board finds, based upon evidence furnished by the person, that the person is competent to practice dentistry and has not practiced dentistry in this state during the term of suspension. If the evidence fails to establish to the satisfaction of the board that the person is competent or if any evidence shows the person has practiced dentistry in this state during the term of suspension, the board may revoke the license after notice and hearing.

(8) Upon receipt of a complaint under this chapter or ORS 680.010 to 680.205, the board shall conduct an investigation as described under ORS 676.165.

(9) Information that the board obtains as part of an investigation into licensee or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving licensee or applicant conduct is confidential as provided under ORS 676.175. Notwithstanding ORS 676.165 to 676.180, the board may disclose confidential information regarding a licensee or an applicant to persons who may evaluate or treat the licensee or applicant for drug abuse, alcohol abuse or any other health related conditions.

(10) The board may impose against any person who violates the provisions of this chapter or ORS 680.010 to 680.205 or rules of the board a civil penalty of up to \$5,000 for each violation. Any civil penalty imposed under this section shall be imposed in the manner provided in ORS 183.745.

(11) Notwithstanding the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee, the board may:

(a) Proceed with any investigation of, or any action or disciplinary proceedings against, the dentist *[or]*, dental hygienist **or dental therapist**; or

(b) Revise or render void an order suspending or revoking the license.

(12)(a) The board may continue with any proceeding or investigation for a period not to exceed four years from the date of the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee; or

(b) If the board receives a complaint or initiates an investigation within that four-year period, the board's jurisdiction continues until the matter is concluded by a final order of the board following any appeal.

(13) Withdrawing the application for license does not close any investigation, action or proceeding against an applicant.

**SECTION 15.** ORS 679.170 is amended to read:

679.170. *[No person shall]* **A person may not:**

(1) Sell or barter, or offer to sell or barter, any diploma or document conferring or purporting to confer any dental degree, or any certificate or transcript made or purporting to be made, pursuant to the laws regulating the license and registration of dentists.

(2) Purchase or procure by barter, any *[such]* diploma, certificate or transcript **described in subsection (1) of this section**, with intent that it be used as evidence of the holder's qualification to practice dentistry, or in fraud of the laws regulating *[such]* **the practice of dentistry**.

(3) With fraudulent intent, alter in a material regard any *[such]* diploma, certificate or transcript **described in subsection (1) of this section**.

(4) Use or attempt to use any *[such]* diploma, certificate or transcript **described in subsection (1) of this section**, which has been purchased, fraudulently issued, counterfeited or materially altered, either as a license or color of license to practice dentistry, or in order to procure registration as a dentist.

(5) Willfully make a false written or recorded oral statement to the Oregon Board of Dentistry in a material regard.

(6) Within 10 days after demand made by the board, fail to respond to the board's written request for information or fail to furnish to the board the name and address of all persons practicing or assisting in the practice of dentistry in the office of such person at any time within 60 days prior to the notice, together with a sworn statement showing under and by what license or authority such person and employee are and have been practicing dentistry.

(7) Employ or use the services of any unlicensed person, to practice dentistry *[or]*, dental hygiene **or dental therapy**, except as permitted by ORS 679.025, 679.176 and 680.010 to 680.205.

**SECTION 16.** ORS 679.250 is amended to read:

679.250. The powers and duties of the Oregon Board of Dentistry are as follows:

(1) To, during the month of April of each year, organize and elect from its membership a president who shall hold office for one year, or until the election and qualification of a successor.

(2) To authorize all necessary disbursements to carry out the provisions of this chapter, including but not limited to, payment for necessary supplies, office equipment, books and expenses for the conduct of examinations, payment for legal and investigative services rendered to the board, and such other expenditures as are provided for in this chapter.

(3) To employ such inspectors, examiners, special agents, investigators, clerical assistants, assistants and accountants as are necessary for the investigation and prosecution of alleged violations and the enforcement of this chapter and for such other purposes as the board may require. Nothing in this chapter shall be construed to prevent assistance being rendered by an employee of the board in any hearing called by it. However, all obligations for salaries and expenses incurred under this chapter shall be paid from the fees accruing to the board under this chapter and not otherwise.

(4)(a) To conduct examinations of applicants for license to practice dentistry *[and]*, dental hygiene **and dental therapy** at least twice in each year.

(b) In conducting examinations for licensure, the board may enter into a compact with other states for conducting regional examinations with other board of dental examiners concerned, or by a testing service recognized by such boards.

(5) To meet for the transaction of other business at the call of the president. A majority of board members shall constitute a quorum. A majority vote of those present shall be a decision of the entire board. The board's proceedings shall be open to public inspection in all matters affecting public interest.

(6) To keep an accurate record of all proceedings of the board and of all its meetings, of all receipts and disbursements, of all prosecutions for violation of this chapter, of all examinations for license to practice dentistry, with the names and qualifications for examination of any person examined, together with the addresses of those licensed and the results of such examinations, a record of the names of all persons licensed to practice dentistry in Oregon together with the addresses of all such persons having paid the license fee prescribed in ORS 679.120 and the names of all persons whose license to practice has been revoked or suspended.

(7) To make and enforce rules necessary for the procedure of the board, for the conduct of examinations, for regulating the practice of dentistry, and for regulating the services of dental hygienists and dental auxiliary personnel not inconsistent with the provisions of this chapter. As part of such rules, the board may require the procurement of a permit or other certificate. Any permit issued may be subject to periodic renewal. In adopting rules, the board shall take into account all relevant factors germane to an orderly and fair administration of this chapter and of ORS 680.010 to 680.205, the practices and materials generally and currently used and accepted by persons licensed to practice dentistry in this state, dental techniques commonly in use, relevant technical reports published in recognized dental journals, the curriculum at accredited dental schools, the desirability of reasonable experimentation in the furtherance of the dental arts, and the desirability of providing the highest standard of dental care to the public consistent with the lowest economic cost.

(8) Upon its own motion or upon any complaint, to initiate and conduct investigations of and hearings on all matters relating to the practice of dentistry, the discipline of licensees, or pertaining to the enforcement of any provision of this chapter. In the conduct of investigations or upon the hearing of any matter of which the board may have jurisdiction, the board may take evidence, administer oaths, take the depositions of witnesses, including the person charged, in the manner provided by law in civil cases, and compel their appearance before it in person the same as in civil cases, by subpoena issued over the signature of an employee of the board and in the name of the people of the State of Oregon, require answers to interrogatories, and compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation or to the hearing. In all investigations and hearings, the board and any person affected thereby may have the benefit of counsel, and all hearings shall be held in compliance with ORS chapter 183. Notwithstanding ORS 676.165, 676.175 and 679.320, if a licensee who is the subject of an investigation or complaint is to appear before members of the board investigating the complaint, the board shall provide the licensee with a current summary of the complaint or the matter being investigated not less than five days prior to the date that the licensee is to appear. At the time the summary of the complaint or the matter being investigated is provided, the board shall provide to the licensee a current summary of documents or alleged facts that the board has acquired as a result of the investigation. The name of the complainant or other information that reasonably may be used to identify the complainant may be withheld from the licensee.

(9) To require evidence as determined by rule of continuing education or to require satisfactory evidence of operative competency before reissuing or renewing licenses for the practice of dentistry [or], dental hygiene **or dental therapy**.

(10) To adopt and enforce rules regulating administration of general anesthesia and conscious sedation by a dentist or under the supervision of a dentist in the office of the dentist. As part of such rules, the board may require the procurement of a permit which must be periodically renewed.

(11) To order an applicant or licensee to submit to a physical examination, mental examination or a competency examination when the board has evidence indicating the incapacity of the applicant or licensee to practice safely.

**SECTION 17.** Section 1, chapter 716, Oregon Laws 2011, is amended to read:

**Sec. 1.** (1) The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care. The authority may approve a pilot project that is designed to:

(a) Operate for three to five years or a sufficient amount of time to evaluate the validity of the pilot project;

(b) Evaluate quality of care, access, cost, workforce and efficacy; and

(c) Achieve at least one of the following:

(A) Teach new skills to existing categories of dental personnel;

(B) Develop new categories of dental personnel;

(C) Accelerate the training of existing categories of dental personnel; or

- (D) Teach new oral health care roles to previously untrained persons.
- (2) The authority shall adopt rules:
  - (a) Establishing an application process for pilot projects;
  - (b) Establishing minimum standards, guidelines and instructions for pilot projects; and
  - (c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:
    - (A) The process used to evaluate the progress and outcomes of the pilot project;
    - (B) The baseline data and information to be collected;
    - (C) The nature of program data that will be collected and the methods for collecting and analyzing the data;
    - (D) The provisions for protecting the safety of patients seen or treated in the project; and
    - (E) A statement of previous experience in providing related health care services.
- (3) The authority shall seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.
- (4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry *[or]*, dental hygiene **or dental therapy** without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority.
- (b) A person practicing dentistry *[or]*, dental hygiene **or dental therapy** without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.
- (5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 *[of this 2011 Act]*, **chapter 716, Oregon Laws 2011**.

**SECTION 18.** (1) Sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, by sections 13 to 17 of this 2021 Act become operative on January 1, 2022.

(2) The amendments to section 3 of this 2021 Act by section 3a of this 2021 Act become operative on January 1, 2025.

(3) The Oregon Board of Dentistry may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary to enable the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, and section 3 of this 2021 Act by sections 3a and 13 to 17 of this 2021 Act.

**SECTION 19.** This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.

---

**Passed by House April 27, 2021**

**Repassed by House June 23, 2021**

.....  
Timothy G. Sekerak, Chief Clerk of House

.....  
Tina Kotek, Speaker of House

**Passed by Senate June 22, 2021**

.....  
Peter Courtney, President of Senate

**Received by Governor:**

.....M.,....., 2021

**Approved:**

.....M.,....., 2021

.....  
Kate Brown, Governor

**Filed in Office of Secretary of State:**

.....M.,....., 2021

.....  
Shemia Fagan, Secretary of State

At the August 20, 2021 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Committee named the “Dental Therapy Rules Oversight Committee” per ORS 679.280, to create, amend, review and discuss the implementation of dental therapy rules with the passage of HB 2528 (2021). This historic piece of legislation was signed by Governor Kate Brown on July 19, 2021.

This new Committee is being created because the OBD seeks a dedicated and focused group of committee members to draft new dental therapy rules in a deliberate, fair and equitable manner for the OBD to consider. This Committee will also consider cost of compliance and racial justice issues as well with the development of these rules.

The Dental Therapy Rules Oversight Committee shall be comprised of three current OBD Board Members, one who will serve as the Chair of the Committee.

The Committee shall include three representatives from the Oregon dental therapy community or organizations that represent dental therapists in Oregon. The Committee members must reside or work in Oregon and the OBD President will select the three members if more than three people volunteer to serve on this Committee. Ideally, Oregon licensed dental therapists will serve on this Committee in the future once licenses are issued.

The Committee shall include one representative from the Oregon Health Authority, ideally the Dental Director or their designee. This is to leverage their experience with dental pilot projects.

The Committee will also include one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists’ Association and the Oregon Dental Assistants Association.

All Committee meetings will be held virtually unless conditions allow for safe in person meetings. All OBD Committee and Board meetings are public meetings.

The Legislature requires that the OBD adopt rules necessary to administer certain provisions of the new legislation. In adopting rules, the board shall consult with dental therapists and organizations that represent dental therapists in Oregon.

The public, dental therapy communities and all interested parties can take part in the implementation of the new dental therapy rules as they will be subject to the OBD’s public rulemaking process.

**Chair, Yadira Martinez, RDH - OBD Representative**  
**Sheena Kansal, DDS - OBD Representative**  
**Jennifer Brixey - OBD Representative**  
**Kaz Rafia, DDS OHA - Representative**  
**Brandon Schwindt, DMD - ODA Representative**  
**Amy Coplen, RDH - ODHA Representative**  
**Ginny Jorgensen, CDA - ODAA Representative**  
**Miranda Davis, DDS - DT Representative**  
**Kari Douglass - DT Representative**  
**Jason Mecum - DT Representative**

Inaugural meeting held October 7, 2021 from 5 pm – 7 pm

Second meeting held November 10, 2021 from 5 pm - 7 pm

Third meeting held December 8, 2021 from 5 pm - 7 pm

Fourth meeting held January 19, 2022 from 5 pm - 7 pm

Fifth meeting scheduled for February 23, 2022 from 5 pm - 7 pm

**OREGON BOARD OF DENTISTRY  
GENERAL INFORMATION AND INSTRUCTION SHEET**

**DENTAL THERAPY  
LICENSURE BY EXAMINATION**

**Introduction:**

These instructions are designed to assist you in the application process for dental therapy licensure in Oregon. Licensure by Examination is intended for those applicants who have passed their clinical examination within the immediate five years preceding their application. Please read and follow them carefully. Failure to meet any of the requirements will result in your application being rejected. A checklist format has been used to assist you in requesting documentation and to ensure you meet all application requirements.

**Licensure by Examination**

Dental Therapists are eligible to apply for licensure by examination in Oregon within five (5) years of passage of an examination described in ORS 679.606 and/or established by the Board by rule.

**IMPORTANT INFORMATION – ALL APPLICANTS**

**Affirmative Responses to Questions on Page 2 of the Application Form**

If you answer “yes” to any of the questions, for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

- 1. Written letter of explanation** from you giving full details.
- 2. Certified copies** of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

**Application Valid 180 Days (OAR 818-021-0120):**

- 1.** If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
- 2.** An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
- 3. An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application, and must pay a new application fee.**

**Fees Non-refundable – (ORS 679.615)**

All fees paid to the Board are non-refundable or transferable.

**Please anticipate a minimum of 6 – 8 weeks for complete application processing.** Once requested, documentation from other states or jurisdictions and background checks can take several weeks for processing.

**WHERE FORMS ARE TO BE SENT:**

**The Application and the Biennial Licensure Forms and their fees must be sent together to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. Payment can be made with one or more cashier's checks or money orders, as long as the total fees paid balances with the forms submitted.**

**All supplemental forms, Official Transcripts, and Certificates of Standing from other states, jurisdictions, and/or countries are to be sent directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.**

## LICENSURE BY EXAMINATION: DOCUMENTATION REQUIREMENTS

☐ **Application Form**

Application must be completed in full, notarized and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

☐ **Photograph (Signed and Dated)**

Submit a current 2" X 2" photograph, signed and dated. Affix to page 2 of the application in the space provided.

☐ **Application Fee - \$180**

Fees must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

☐ **Biennial Licensure Form**

The Biennial Licensure Form must be completed and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. When completing the form at least one address must be a physical street address.

☐ **Biennial Licensure Fee - \$230**

This fee must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the Biennial Licensure Fee form. A license will not be issued without the Biennial License Form and appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

☐ **Transcript (With Degree Posted) or Certificate of Completion**

Transcripts must be posted with dental therapy degree from a CODA accredited dental therapy program, or a certificate of completion from a dental therapy education program approved by the Board and must be sent to the Board directly from the school or program

☐ **License Verifications**

License verifications must be requested by the applicant and submitted directly to the Oregon Board of Dentistry by every state, country, or jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states, jurisdictions, and countries charge a fee for this service. Please contact the state and/or country directly prior to submitting your request to prevent delays in processing.)

☐ **Proof of Clinical Examination within Five (5) Years of Passage**

1. Regional: If the applicant passed a clinical examination administered by a regional testing agency, submit a photocopy of the original CRDTS, CDCA-WREB, or other Board-approved examination certificate.
2. State: If the applicant passed a state examination, verification from the state must be submitted directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.
3. National Testing Agency: If the applicant passed a clinical examination administered by a national testing agency, submit evidence of passage of the National Testing Agency clinical examination.
4. Other Board-recognized testing agency: If the applicant passed a clinical examination administered by any other Board-recognized testing agency, submit evidence of passage of the Board-recognized Testing Agency clinical examination.

☐ **Fingerprints – Live Scan**

Live Scan fingerprints can only be transmitted electronically. Once the Oregon Board of Dentistry receives your application and application fee, we will send you the Request for Transmission for Live Scan Fingerprints form.

☐ **Jurisprudence Examination**

Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is “open book” and must be returned to the Board by mail.

☐ **Healthcare Provider BLS/CPR**

A photocopy of your Healthcare Provider BLS/CPR or its equivalent certification must be **submitted by you** to the Oregon Board of Dentistry (OBD).

☐ **Proof of liability insurance**

A photocopy of your liability insurance must be **submitted by you** to the Oregon Board of Dentistry (OBD).

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Application must be completed on a computer or a typewriter. **(No handwritten applications will be accepted).**
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
4. **Mail completed application to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

**Dental Therapy – Licensure by Exam**

☐ Application fee (2108) \$180

First Name		Middle Name		Last Name	
Other Names Used - Enter None if None				Telephone Number	
Mailing Address/City, State, ZIP Code				Social Security Number	
Place of Birth			Date of Birth		
College Education (Name and Location)			From (mm/yy)	To (mm/yy)	Degree
Dental/Dental Hygiene/Dental Therapy School(s) (Name and Location)			From (mm/yy)	To (mm/yy)	Degree

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor, or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license to practice dental therapy, dentistry, or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dental therapy, dentistry, or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental therapy, dental, or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health service, Drug Enforcement Administration, state licensing board, or any other entity).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental therapy, dental, or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state or country, even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use, or dispensing of mind-altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind-altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs, or mind-altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dental therapy, dentistry, or dental hygiene? If yes, list on page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental therapy, dental, or dental hygiene) by a licensing board or equivalent authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.  
Must be a passport type of  
photo taken within one year of  
application.

Sign and date across  
the photograph in ink!

List all states/countries in which you are or have been licensed/certified or in which application is pending. Enter <b>"None"</b> or <b>"Not Applicable"</b> if none.	Type of License(s)				License No.	Date Issued	Status
State/Country	Dental Therapy	Dental	Dental Hygiene	Other (Specify)			

List in reverse chronological order all positions you have held in which you practiced dentistry, dental hygiene, or dental therapy as well as any residencies or other formal training not otherwise listed on this application. Enter **"None"** or **"Not Applicable"** if none.

Description	Name of Institution or Employer	Location	From (mm/yy)	To (mm/yy)

AFFIDAVIT OF APPLICANT

---

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice dental therapy/dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Oregon Board of Dentistry any information, files, or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals, and groups listed above any information, which is material to my application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395

**DENTAL THERAPY  
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$230.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name (as you wish it to appear on your formal license)

\_\_\_\_\_

b. Mailing address

\_\_\_\_\_ Street or P.O. Box

City

State

Zip Code

Business address

\_\_\_\_\_

Street

City

State

Zip Code

Home address

\_\_\_\_\_

Street

City

State

Zip Code

c. Phone: Home

\_\_\_\_\_ Area Code - Telephone Number

Business

\_\_\_\_\_ Area Code - Telephone Number

Cell Phone

\_\_\_\_\_ Area Code - Telephone Number

d. Email address: \_\_\_\_\_

THIS PAGE  
LEFT BLANK

## CERTIFICATE OF LICENSURE

(Not applicable if no state and/or out of country licenses/certificates have been obtained)

Name of Applicant (Please Print or Type)		
Street Address		
City	State	Zip Code:
License No:	Date Issued:	

I certify that \_\_\_\_\_ was granted license number \_\_\_\_\_ to practice \_\_\_\_\_ in the State and/or Country of \_\_\_\_\_, on the basis of successfully passing \_\_\_\_\_ examination.

### STATUS OF LICENSE

- |                          |          |                       |
|--------------------------|----------|-----------------------|
| <input type="checkbox"/> | Current  | Expiration Date _____ |
| <input type="checkbox"/> | Expired  | Date _____            |
| <input type="checkbox"/> | Inactive | Expiration Date _____ |
| <input type="checkbox"/> | Revoked  | Date _____            |

### Type of License Issued

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Full                                    |
| <input type="checkbox"/> | Limited                                 |
| <input type="checkbox"/> | Conditional/Restricted (Please explain) |

Legal/Disciplinary Action: ☐ Yes ☐ No

Legal/Disciplinary Action Pending ☐ Yes ☐ No ☐ Unable to disclose

If yes, please attach copies of any disciplinary/legal action or pending disciplinary/legal action.

SEAL

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Certificate Prepared

**Return directly to:**

**Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, Oregon 97201**

THIS PAGE  
LEFT BLANK

## INFORMATION REQUESTED

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), which requires that health professional regulatory boards maintain information regarding racial, ethnic, and bilingual status of licensees and applicants and report to the data to the Legislature.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

See the reverse of this page for racial and ethnic definitions from the State of Oregon employment documents and the US Census Bureau.

*Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.*

*Please print information*

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

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

**RACE:** *Please check one.*

- ☐ White/Caucasian (not of Hispanic origin)  
☐ Black/African American (not of Hispanic origin)  
☐ Asian  
☐ Hispanic/Latino  
☐ Native American Indian/Alaska Native  
☐ Native Hawaiian/Other Pacific Islander  
☐ Other: \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

**Languages:** Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.

---

Thank you for your assistance. Please return this survey with your application or renewal form, or you may mail or fax it at a later date.

**OREGON BOARD OF DENTISTRY**  
**1500 SW 1<sup>st</sup> Avenue, Suite 770**  
**Portland, OR 97201**  
**FAX: 971-673-3202**

**The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.**

**Race** - The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

**White/Caucasian** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

**Black/African American** - A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

*Asian Indian* - Includes people who indicate their race as "Asian Indian" or identify themselves as Bengalese, Bhara, Dravidian, East Indian, or Goanese.

*Chinese* - Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

*Filipino* - Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philippine, or Filipino American.

*Japanese* - Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

*Korean* - Includes people who indicate their race as "Korean" or who provide a response of Korean American.

*Vietnamese* - Includes people who indicate their race as "Vietnamese" or who respond Vietnamese American.

*Cambodian* - Includes people who provide a response such as Cambodian or Cambodia.

*Hmong* - Includes people who provide a response such as Hmong, Laohmong, or Mong.

*Laotian* - Includes people who provide a response such as Laotian, Laos, or Lao.

*Thai* - Includes people who provide a response such as Thai, Thailand, or Siamese.

*Other Asian* - Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

**Hispanic/Latino** - A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

**Native American Indian and Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

*American Indian* - Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

*Alaska Native* - Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

**Native Hawaiian and Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

*Native Hawaiian* - Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

*Guamanian or Chamorro* - Includes people who indicate their race as such, including Chamorro or Guam.

*Samoan* - Includes people who indicate their race as "Samoan" or who identified themselves as American Samoan or Western Samoan.

*Other Pacific Islander* - Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

**Some Other Race** - Includes all other responses not included in the "White," "Black or African American," "American Indian and Alaska Native," "Asian," "Hispanic" and the "Native Hawaiian and Other Pacific Islander" race categories described above.

CODE:

**Race – Bold, underlined, italic print. (White, Black/African American, Asian, Hispania, etc.)**

*Ethnicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)*



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **PRIVACY ACT NOTIFICATION**

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Dentistry (OBD). This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a).

Failure to provide your Social Security Number will be a basis to refuse to issue your license.

The OBD will maintain a record of your Social Security Number in your licensing file.

The OBD is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB) – 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.

**OREGON BOARD OF DENTISTRY  
GENERAL INFORMATION AND INSTRUCTION SHEET**

**DENTAL THERAPY  
LICENSURE WITHOUT FURTHER EXAMINATION**

**Introduction:**

These instructions are designed to assist you in the application process for dental therapy licensure in Oregon. Licensure Without Further Examination is intended for those applicants who have passed their clinical examination over five years ago, and who have 3,500 clinical hours of practice within the five years, immediately preceding their application. Please read and follow the directions carefully. Failure to meet any of the requirements will result in your application being rejected. A checklist format has been used to assist you in requesting documentation and to ensure you meet all application requirements.

**Licensure Without Further Examination:**

Dental Therapists are eligible to apply for licensure without further examination if they hold an active dental therapy license in another state, and if they have taken and passed the dental therapy clinical examination conducted by any state, regional testing agency, national testing agency or other Board-recognized testing agency, in addition to meeting the requirements set forth in ORS 679.XXX. The applicant must verify to having 3,500 hours of licensed clinical practice in the past five years in other states, in Oregon, or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs. If in the military, the applicant must have a letter submitted to the Board from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken. In addition, the applicant must also verify to having completed 36 hours of continuing education in accordance with the Board's continuing education requirements within the two years immediately preceding submission of their application.

## **IMPORTANT INFORMATION – ALL APPLICANTS**

### **Affirmative Responses to Questions on Page 2 of the Application Form**

If you answer “yes” to any of the questions, for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

- 1. Written letter of explanation** from you giving full details.
- 2. Certified copies** of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

### **Application Valid 180 Days (OAR 818-021-0120):**

- 1.** If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
- 2.** An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
- 3. An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.**

### **Fees Non-refundable – (ORS 680.075(8)):**

All fees paid to the Board are non-refundable or transferable.

**Please anticipate a minimum of 6 – 8 weeks for complete application processing.** Once requested, documentation from other states or jurisdictions and background checks can take several weeks for processing.

### **WHERE FORMS ARE TO BE SENT:**

**The Application and the Biennial Licensure Forms and their fees are to be sent to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.**

**All supplemental forms, Official Transcripts, and Certificates of Standing from other states are to be sent directly to the Oregon Board of Dentistry, 1500 SW 1<sup>st</sup> Avenue, Suite 770, Portland, OR 97201.**

## LICENSURE WITHOUT FURTHER EXAMINATION: DOCUMENTATION REQUIREMENTS

☐ **Application Form**

Application must be completed in full, notarized and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

☐ **Photograph (Signed and Dated)**

Submit a current 2" X 2" photograph, signed and dated. Affix to page 2 of the application in the space provided.

☐ **Application Fee - \$790**

Fees must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

☐ **Biennial Licensure Form**

The Biennial Licensure Form must be completed and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. When completing the form at least one address must be a physical street address.

☐ **Biennial Licensure Fee - \$230**

This fee must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the Biennial Licensure Fee form. A license will not be processed without the Biennial License Form and appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

☐ **Transcript (With Degree Posted)**

Transcripts must be posted with dental therapy degree from an ADA accredited dental therapy program, and must be sent to the Board directly from the school.

☐ **License Verifications**

License verifications must be requested by the applicant and submitted directly from every state, country or jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states and countries charge a fee for this service. Please contact the state and/or country directly prior to submitting your request to prevent delays in processing.)

☐ **Fingerprints – Live Scan – Oregon**

Live Scan fingerprints can only be transmitted electronically. Once the Oregon Board of Dentistry receives your application and application fee, we will send you the Request for Transmission for Live Scan Fingerprints form. Electronic fingerprints are now available throughout the United States.

☐ **Proof of Passage of Clinical Examination**

1. Regional: If the applicant passed a clinical examination administered by a regional testing agency or by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency.
2. State: If the applicant passed a state examination, verification from the state must be submitted directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.
3. National Testing Agency: If the applicant passed a clinical examination administered by a national testing agency, submit evidence of passage of the National Testing Agency clinical examination.
4. Other Board-recognized testing agency: If the applicant passed a clinical examination administered by an other Board-recognized testing agency, submit evidence of passage of the Board-recognized Testing Agency clinical examination.

☐ **Verification of Clinical Practice Hours**

Applicant must certify to having 3,500 hours of clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs within the past five years and list applicable addresses and hours worked. For therapists employed by a dental therapy program, documentation from the dean or appropriate administration of the institution regarding length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching all disciplines of clinical dental therapy (**didactic teaching hours do not count towards clinical practice hours**), and any adverse actions or restrictions.

☐ **Military/Commanding Officer Letter (If Applicable)**

If applicant is on active duty in the military, a letter must be submitted from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken.

☐ **Continuing Education**

Applicants must submit verification of completion of 36 hours of continuing education in accordance with the Board's continuing education requirements taken within **two years immediately preceding submission** of this application. (Details regarding acceptable continuing education are provided with the Continuing Education Log.) **Failure to meet the continuing education requirements PRIOR to submitting your application will result in your application being rejected.**

☐ **Jurisprudence Examination**

Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is “open book” and may be returned to the Board by mail.

☐ **Healthcare Provider BLS/CPR**

A photocopy of your Healthcare Provider BLS/CPR or its equivalent certification must be **submitted by you** to the Oregon Board of Dentistry (OBD).

This Page  
Left Blank

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Application must be typed or completed on a computer or a typewriter. **(No hand written application will be accepted).**
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
4. **Mail completed application to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

**Dental Therapy – Licensure by Exam**

☐ Application fee (2113) \$180

**Dental Therapy– Licensure Without Further Exam**

☐ Application fee (2114) \$790

First Name		Middle Name		Last Name	
Other Names Used – you must enter <u>any other name you have ever gone by</u> . Enter None if None				Telephone Number	
Mailing Address/City, State, ZIP Code				Social Security Number	
Place of Birth			Date of Birth		
College Education (Name and Location)			From (mm/yy)	To (mm/yy)	Degree
Dental Therapy School(s) (Name and Location)			From (mm/yy)	To (mm/yy)	Degree

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license to practice dental therapy, dentistry or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dental therapy, dentistry or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental therapy, dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental therapy, dental or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dental therapy? If yes, list on page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental therapy) by a licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.  
Must be a passport type of photo taken within one year of application.

Sign and date across bottom of the photograph in ink!

List all states or countries in which you are or have been licensed or in which application is pending. Enter "None" or "Not Applicable" if none.		Type of License(s)			License No.	Date Issued	Sta
State/Country	Dental Therapy	Dental	Dental Hygiene	Other (Specify)			

List in reverse chronological order all positions you have held in which you practiced dental therapy, dentistry or dental hygiene, as well as any residencies or other formal training not otherwise listed on this application. Enter "None" or "Not Applicable" if none.

Description	Name of Institution or Employer	Location	From	To

AFFIDAVIT OF APPLICANT

---

STATE \_\_\_\_\_ OF

COUNTY \_\_\_\_\_ OF

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dental therapy/dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Print name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395

**DENTAL THERAPY  
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$230.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name (as you wish it to appear on your formal license)

\_\_\_\_\_

b. Mailing address

\_\_\_\_\_

Street or P.O. Box

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Business address

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Home address

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

c. Phone: Home

\_\_\_\_\_

Area Code - Telephone Number

Business

\_\_\_\_\_

Area Code - Telephone Number

Cell Phone

\_\_\_\_\_

Area Code - Telephone Number

d. Email address:

\_\_\_\_\_

This Page  
Left Blank

Oregon Board of Dentistry  
 1500 SW 1st Avenue, Suite 770  
 Portland, Oregon 97201  
 Telephone: (971) 673-3200  
 Fax: (971) 673-3202  
 Email: [licensing@obd.oregon.gov](mailto:licensing@obd.oregon.gov)  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

**DENTAL THERAPY  
 LICENSURE WITHOUT FURTHER EXAMINATION  
 CONTINUING EDUCATION LOG**

\_\_\_\_\_  
 Applicant's Name

To be licensed in Oregon, a dental therapist who is applying for Licensure Without Further Examination must submit proof of completion of 36 hours of Board approved continuing education courses **that have been taken within the two years immediately preceding submission of the application for licensure.**

DATE	COURSE TITLE and BRIEF DESCRIPTION	SPONSOR/ INSTRUCTOR	HOURS
List two hours of Infection Control Course(s)	Please note that if using OSHA, Infection Control hours must be delineated separately on the certificate from other subjects within the course to count towards this requirement.		
List at least three hours of Medical Emergencies related to a dental practice.	Please note, that using your BLS for Health Care Providers for Medical Emergencies will not qualify for the CE required to renew a nitrous oxide permit.		
List any practice management/patient relation courses.	Please note that no more than two (2) hours may be counted toward the CE requirements.		
Total Hours			

List all courses that are related to direct clinical patient care or the practice of dental public health.				
				Total Hours
List at least two hours of CE in cultural competency (Effective January 1, 2021)				
				Total Hours

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license. I understand **CE hours must be taken prior to submitting my application** for Licensure Without Further Examination, **failure to complete the required CE prior to submitting my application will result in my application being rejected**. If my application is rejected I understand that I must reapply for a new license once I have meet the requirements and pay a new application fee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0070(2)).**

Rev. January 1, 2020

**818-021-00XX**

**Application for License to Practice Dental Therapy Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Having completed or graduated from an Oregon Health Authority dental pilot project, and
  - (c) Having passed the clinical dental therapy examination conducted by a regional testing agency or by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and
  - (d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
  - (e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and
  - (f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.
- (2) Applicants must pass the Board's Jurisprudence Examination.

**818-021-00XX**

**Continuing Education — Dental Therapists**

- (1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
- (2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
- (3) Continuing education includes:
  - (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
  - (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
  - (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.
  - (d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.
- (4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
- (5) At least two (2) hours of continuing education must be related to infection control.
- (6) At least two (2) hours of continuing education must be related to cultural competency.
- (7) At least one (1) hour of continuing education must be related to pain management.

This Page  
Left Blank

## CERTIFICATE OF LICENSURE

(Not applicable if no state and/or out of country licenses have been obtained)

Name of Applicant (Please Print or Type)		
Street Address		
City	State	Zip Code:
License No:	Date Issued:	

I certify that \_\_\_\_\_ was granted license number \_\_\_\_\_ to practice \_\_\_\_\_ in the State and/or Country of \_\_\_\_\_, on the basis of successfully passing \_\_\_\_\_ examination.

### STATUS OF LICENSE

- |                          |          |                       |
|--------------------------|----------|-----------------------|
| <input type="checkbox"/> | Current  | Expiration Date _____ |
| <input type="checkbox"/> | Expired  | Date _____            |
| <input type="checkbox"/> | Inactive | Expiration Date _____ |
| <input type="checkbox"/> | Revoked  | Date _____            |

### Type of License Issued

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Full                                    |
| <input type="checkbox"/> | Limited                                 |
| <input type="checkbox"/> | Conditional/Restricted (Please explain) |

Legal/Disciplinary Action: ☐ Yes ☐ No

Legal/Disciplinary Action Pending ☐ Yes ☐ No ☐ Unable to disclose

If yes, please attach copies of any disciplinary/legal action or pending disciplinary/legal action.

SEAL

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Certificate Prepared

**Return directly to:**

**Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, Oregon 97201**

This Page  
Left Blank

**CERTIFICATION OF CLINICAL PRACTICE**

List all locations at which you practiced to verify the 3,500 hours of licensed clinical practice **in the five years immediately preceding this application**. Please do not list any clinical practice hours that are greater than 5 years old. (Dentists OAR 818-021-0011, Dental Hygienists OAR 818-021-0025, Dental Therapists OAR 818-021-00XX). Use additional sheets if necessary.

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

I certify that the above information is true and correct.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_**Printed Name** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:**

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:**

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

**Location/Address:**

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

## INFORMATION REQUESTED

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), which requires that health professional regulatory boards maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the data to the Legislature.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

See the reverse of this page for racial and ethnic definitions from the State of Oregon employment documents and the US Census Bureau.

*Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.*



*Please print information*

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

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

**RACE:** *Please check one.*

- ☐ White/Caucasian (not of Hispanic origin)  
☐ Black/African American (not of Hispanic origin)  
☐ Asian  
☐ Hispanic/Latino  
☐ Native American Indian/Alaska Native  
☐ Native Hawaiian/Other Pacific Islander  
☐ Other: \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

**Languages:** Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.

---

Thank you for your assistance. Please return this survey with your application or renewal form, or you may mail or fax it at a later date.

**OREGON BOARD OF DENTISTRY**  
**1500 SW 1<sup>st</sup> Avenue, Suite 770**  
**Portland, OR 97201**  
**FAX: 971-673-3202**

**The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.**

**Race** - The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

**White/Caucasian** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

**Black/African American** - A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

*Asian Indian* - Includes people who indicate their race as "Asian Indian" or identify themselves as Bengalese, Bhara, Dravidian, East Indian, or Goanese.

*Chinese* - Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

*Filipino* - Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philippine, or Filipino American.

*Japanese* - Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

*Korean* - Includes people who indicate their race as "Korean" or who provide a response of Korean American.

*Vietnamese* - Includes people who indicate their race as "Vietnamese" or who respond Vietnamese American.

*Cambodian* - Includes people who provide a response such as Cambodian or Cambodia.

*Hmong* - Includes people who provide a response such as Hmong, Laohmong, or Mong.

*Laotian* - Includes people who provide a response such as Laotian, Laos, or Lao.

*Thai* - Includes people who provide a response such as Thai, Thailand, or Siamese.

*Other Asian* - Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

**Hispanic/Latino** - A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

**Native American Indian and Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

*American Indian* - Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

*Alaska Native* - Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

**Native Hawaiian and Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

*Native Hawaiian* - Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

*Guamanian or Chamorro* - Includes people who indicate their race as such, including Chamorro or Guam.

*Samoan* - Includes people who indicate their race as "Samoan" or who identified themselves as American Samoan or Western Samoan.

*Other Pacific Islander* - Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

**Some Other Race** - Includes all other responses not included in the "White," "Black or African American," "American Indian and Alaska Native," "Asian," "Hispanic" and the "Native Hawaiian and Other Pacific Islander" race categories described above.

CODE: **Race – Bold, underlined, italic print. (White, Black/African American, Asian, Hispania, etc.)**  
*Ethicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)*



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **PRIVACY ACT NOTIFICATION**

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Dentistry (OBD). This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a).

Failure to provide your Social Security Number will be a basis to refuse to issue your license.

The OBD will maintain a record of your Social Security Number in your licensing file.

The OBD is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB) – 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.

# SPECIALTY EXAMINATION



## Specialty Exams

**CDCA administers examinations for several states in six specialty areas:**

- Endodontics
- Orthodontics
- Oral & Maxillofacial Surgery
- Pediatric Dentistry
- Periodontics
- Prosthodontics

These examinations are not designed to replace the specialty boards, but to qualify successful applicants to practice and to advertise themselves as specialists in the states participating in this specialty examination process. (Currently, this includes: Idaho, New Mexico, Oklahoma, Oregon, Texas, and Utah.)

These states may require the Specialty Examination administered by the CDCA for specialty licensure. Check with the appropriate state dental board. If the Specialty Exam is required, contact Dr. Ellis Hall at [Contact Us](#) for more information.

Generally, other states do not accept this examination for specialty licensure. However, on a case by case basis, some states may request special consideration.

[Specialty Exam Information Form](#)

## Exam Specifics

The examination will next be offered (**exact date TBD**) near the Baltimore/Washington Airport in Maryland.

**The examination consists of two parts:**

1. A written multiple-choice examination of 160 to 180 questions
2. Presentation of a series of cases completed by the candidate demonstrating specific treatment planning and technical skills.

Documented cases, models, and case histories must be sent to Specialty Examination, The Commission on Dental Competency Assessments, 1304 Concourse Drive, Suite 100, Linthicum, MD 21090, and received no later than (**TBD**).

A score of 75% or better is required in both parts to pass. If you receive a passing score on the written portion of the American Board in your specialty, the written part of the CDCA exam can be waived.

If after reading Form D of your application materials, you have additional “Case Specific” questions, you may direct them to Dr. Ellis Hall, Director of Examinations at [Contact Us](#).

***Note:*** State rules and regulations are constantly changing. To assure the most current licensure requirements, always check with the state dental board in the state where you intend to practice.

# ANESTHESIA PERMITS



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **EDUCATIONAL REQUIREMENTS FOR NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION & GENERAL ANESTHESIA PERMITS**

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of training/education or competency in the permit category applying.
2. Initial training/education was completed within **the immediate five (5) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
  - Nitrous Oxide 10 hours – OAR 818-026-0040(11)
  - Minimal Sedation 10 hours – OAR 818-026-0050(10)
  - Moderate Sedation 35 hours – OAR 818-026-0060(13)
  - General Anesthesia 35 hours – OAR 818-026-0070(13)

or

  - Provide documentation of completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50) % of the hours required by rule for a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.
3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application.

or

  - Demonstration of competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

This Page  
Left Blank



**NITROUS OXIDE PERMIT  
APPLICATION FORM  
FEE \$40.00**

**Mail Application and Fee to:**

**OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395 (971) 673-3200**

Name \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

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

The Oregon Board of Dentistry understands that protocols and forms may change throughout your career, however, if you are not currently practicing but wish to apply for a nitrous oxide permit you may use the protocols and forms used in your dental or dental hygiene programs, or you may also prepare your own forms to attach to the nitrous oxide permit application.

**Please note:**

Any of the following will result in automatic rejection of the application and delay the application process:

- Application must be completed on a typewriter or a computer.
- Copying or duplicating another licensee's application in part or in total.
- Questions are not answered completely.
- Missing forms, certificates, or proof of training.
- Copying, cutting and/or pasting from other written material into the application or listing "see attached". (i.e., literature, DPA, publications). Applications must be completed using your own protocols.

I have read and understand the above information: \_\_\_\_\_  
SIGNATURE

If you have any questions, please contact the Board office at 971-673-3200.

**I. TRAINING**

- 1) Describe and **submit evidence of your formal training in nitrous oxide, evidence must be provided directly from the program, to the Oregon Board of Dentistry** (use additional sheets if necessary) and **submit a copy of your current Health Care Provider BLS/CPR level, or its equivalent, certification. Use additional sheets if necessary.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

## II. PREOPERATIVE

1) Briefly describe your preoperative evaluation procedures.

2) Describe your minimum health standards for nitrous oxide administration, how you document your preoperative evaluation.

3) List contraindications for nitrous oxide administration.

4) What pre-induction instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)

5) **Attach a copy of your informed consent form if you have one.**

6) **Attach a copy of your health history form.**

7) **Attach a copy of your written emergency protocols.**

### III. OPERATIVE

Describe your nitrous oxide administration procedures, listing dosages used, and documentation of monitoring.

### IV. POSTOPERATIVE

Describe your standards for discharge.

## V. EMERGENCY

1) Describe your emergency protocol (i.e., time line or algorithm) and explain what responsibilities your staff members have.

2) Do you have regularly scheduled emergency drills? \_\_\_\_ yes \_\_\_\_ no. If yes, how often? \_\_\_\_\_ Date of most recent drill. \_\_\_\_\_

3) Describe your emergency kit.

a) List the drugs it contains and what each drug is used for.

b) What airway emergency equipment is available?

c) How do you ensure emergency kit contents are kept current?

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.

(d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.

(e) ASA V “A moribund patient who is not expected to survive without the operation”.

(f) ASA VI “A declared brain-dead patient whose organs are being removed for donor purposes”.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0020**

#### **Presumption of Degree of Central Nervous System Depression**

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:

(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;

(b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;

(c) Neuroleptic agents;

(d) Dissociative agents — ketamine;

(e) Etomidate; and

(f) Volatile inhalational agents.

(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.

(5) A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13,

cert. ef. 7-1-13; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0030**

#### **Requirements for Anesthesia Permits**

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

(4) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Healthcare Providers certificate or its equivalent.

(5) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Healthcare Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(6) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

(7) When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required.

(8) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

(9) Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0035**

#### **Classes of Anesthesia Permit**

The Board shall issue the following classes of permits:

(1) A Nitrous Oxide Permit authorizes a dental hygienist or a dentist to induce nitrous oxide sedation.

(2) A Minimal Sedation Permit authorizes a dentist to induce minimal sedation and nitrous oxide sedation.

(3) A Moderate Sedation Permit authorizes a dentist to induce moderate sedation, minimal sedation and nitrous oxide sedation.

(4) A Deep Sedation Permit authorizes a dentist to induce deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation. The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010.

(5) A General Anesthesia Permit authorizes a dentist to induce general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0040**

#### **Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit**

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;

(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of

delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient;

(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and

(d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal

guidelines and discharge the patient only when the following criteria are met:

(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(b) The patient can talk and respond coherently to verbal questioning;

(c) The patient can sit up unaided or without assistance;

(d) The patient can ambulate with minimal assistance; and

(e) The patient does not have nausea, vomiting or dizziness.

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0050**

### **Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(10) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0055**

#### **Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation**

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) if a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

(2) Under direct supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0060**

#### **Moderate Sedation Permit**

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an

operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0065**

### **Deep Sedation Permit**

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-

2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-

2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD2-2018, f. 10-4-18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0070**

### **General Anesthesia Permit**

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction

device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or

anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10-4-18, cert. ef. 1-1-19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0080**

### **Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia**

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide

induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0110**

#### **Office Evaluations**

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an

Oregon licensed dental hygienist permit holder or another dentist permit holder to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation may include, but is not limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated.

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **818-026-0120**

#### **Reporting of Death, Serious Complications or Injury**

If a death, any serious complication or any injury occurs which may have resulted from the administration of any central nervous system anesthesia or sedation, the licensee performing the dental procedure must submit a written detailed report to the Board within five days of the incident along with the patient's original complete dental records. If the anesthetic agent was administered by a person other than the person performing the dental

procedure, that person must also submit a detailed written report. The detailed report(s) must include:

- (1) Name, age and address of patient;
- (2) Name of the licensee and other persons present during the incident;
- (3) Address where the incident took place;
- (4) Type of anesthesia and dosages of drugs administered to the patient;
- (5) A narrative description of the incident including approximate times and evolution of symptoms; and
- (6) The anesthesia record and the signed informed consent form for the anesthesia when required.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0130**

#### **Anesthesia Committee**

(1) The Board hereby creates a committee to be known as the Anesthesia Committee. The chairperson shall be a dentist who is a member of the Board. All other members shall hold a Moderate, Deep Sedation or General Anesthesia Sedation Permit. At least one member, other than the chairperson, shall be a practicing specialist who holds a General Anesthesia Permit. Members serve at the pleasure of the Board and shall be appointed by the President of the Board. The Board President shall insure that the committee includes representatives of dental specialty groups including general dentists.

(2) The Anesthesia Committee shall, upon request of the Board, advise the Board on policies and procedures related to the regulation of general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.280

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **EDUCATIONAL REQUIREMENTS FOR NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION & GENERAL ANESTHESIA PERMITS**

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of training/education or competency in the permit category applying.
2. Initial training/education was completed within **the immediate five (5) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
    - o Nitrous Oxide 10 hours – OAR 818-026-0040(11)
    - o Minimal Sedation 10 hours – OAR 818-026-0050(10)
    - o Moderate Sedation 35 hours – OAR 818-026-0060(13)
    - o General Anesthesia 35 hours – OAR 818-026-0070(13)

or

- Provide documentation of completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50) % of the hours required by rule for a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.

3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application.

or

- Demonstration of competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

**MINIMAL SEDATION PERMIT  
APPLICATION FORM  
FEE \$75:00**

Rev. Code 2132

**Mail Application and Fee to:**  
**OREGON BOARD OF DENTISTRY**  
**UNIT 23**  
**PO Box 4395**  
**Portland, OR 97208-4305**

Name: \_\_\_\_\_ Oregon License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

---

**Please note:**

Any of the following will result in automatic rejection of the application and delay the application process:

- Application must be completed on a typewriter or a computer.
- Copying or duplicating another licensee's application in part or in total.
- Questions are not answered completely.
- Missing forms, certificates, or proof of training.
- Copying, cutting and/or pasting from other written material into the application. (i.e., literature, DPA, publications)

I have read and understand the above information: \_\_\_\_\_

SIGNATURE

---

**I. TRAINING**

1) Describe and **submit evidence of your formal training in the use of minimal sedation. evidence must be provided directly from the program to the Oregon Board of Dentistry** (use additional sheets if necessary) and **submit a copy of current Health Care Provider BLS/CPR level, or its equivalent certification**.

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent certificate.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

## II. PRE-OPERATIVE

1) How do you evaluate a patient for anesthesia?

2) What specific preoperative vital signs do you obtain?

3) What is the ASA status of the patients you plan to sedate?

- 4) What pre-anesthesia instructions do you give patients? Do you have an instruction sheet which you give the patient?  
(Attach a copy.)

- 5) Attach a copy of your informed consent form.
- 6) Attach a copy of your health history form.
- 7) Attach a copy of your written emergency response protocols.

### **III. OPERATIVE**

- 1) Describe your sedation procedures:

- a) What drugs will you administer; what doses and route will be used?

- b) What will be the typical duration of sedation cases?

- c) Describe how you will monitor the patient during sedation:
- d) How will the airway and respiratory function be maintained during sedation?
- e) Will supplemental oxygen be administered?
- f) What supportive and emergency equipment will be present during sedation?
- g) What personnel will be present and what will their role be during sedation?
- h) What types of procedures will be performed under sedation?

#### **IV. POST-OPERATIVE**

- 1) Describe your post anesthetic recovery care and monitoring:
  - a) Where will the patient be recovered and how will he/she be monitored? How is this recovery room equipped? (Suction, lighting, monitors.)
  - b) What personnel will perform post-sedation monitoring?
  - c) Who will determine patient readiness for discharge and what standards will be used to make this determination?
- 2) Attach a copy of the post-operative instructions that you give a patient or a person caring for the patient.

## **V. EMERGENCY**

1) Describe your emergency protocol (i.e., a time line or algorithm) and explain what responsibilities your staff members have.

2) Describe your training that relates to the handling of anesthesia related emergencies.

3) Do you have regularly scheduled emergency drills? ☐ yes ☐ no If yes, how often? \_\_\_\_\_  
Date of most recent drill. \_\_\_\_\_

4) Describe your emergency kit.

a) List the drugs it contains and what each drug is used for.

b) What airway emergency equipment is available?

c) How do you ensure emergency kit contents are kept current?

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.

## DIVISION 26

### ANESTHESIA

#### 818-026-0000

##### Purpose

(1) These rules apply to the administration of substances that produce general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation in patients being treated by licensees. These regulations are not intended to prohibit training programs for licensees or to prevent persons from taking necessary action in case of an emergency.

(2) Nothing in this Division relieves a licensee from the standards imposed by ORS 679.140(1)(e) and 679.140(4).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

#### 818-026-0010

##### Definitions

As used in these rules:

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and 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.

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone

or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous pharmacological method in minimal sedation.

(7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.

(9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

(11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

(12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.

(a) ASA I "A normal healthy patient".

(b) ASA II "A patient with mild systemic disease".

(c) ASA III "A patient with severe systemic disease".

(d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.

(e) ASA V “A moribund patient who is not expected to survive without the operation”.

(f) ASA VI “A declared brain-dead patient whose organs are being removed for donor purposes”.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0020**

#### **Presumption of Degree of Central Nervous System Depression**

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:

(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;

(b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;

(c) Neuroleptic agents;

(d) Dissociative agents — ketamine;

(e) Etomidate; and

(f) Volatile inhalational agents.

(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.

(5) A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13,

cert. ef. 7-1-13; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0030**

#### **Requirements for Anesthesia Permits**

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

(4) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Healthcare Providers certificate or its equivalent.

(5) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Healthcare Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(6) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

(7) When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required.

(8) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

(9) Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680 Stats.

Implemented: ORS 679.250

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0035**

#### **Classes of Anesthesia Permit**

The Board shall issue the following classes of permits:

(1) A Nitrous Oxide Permit authorizes a dental hygienist or a dentist to induce nitrous oxide sedation.

(2) A Minimal Sedation Permit authorizes a dentist to induce minimal sedation and nitrous oxide sedation.

(3) A Moderate Sedation Permit authorizes a dentist to induce moderate sedation, minimal sedation and nitrous oxide sedation.

(4) A Deep Sedation Permit authorizes a dentist to induce deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation. The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010.

(5) A General Anesthesia Permit authorizes a dentist to induce general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0040**

#### **Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit**

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;

(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of

delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient;

(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and

(d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal

guidelines and discharge the patient only when the following criteria are met:

(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(b) The patient can talk and respond coherently to verbal questioning;

(c) The patient can sit up unaided or without assistance;

(d) The patient can ambulate with minimal assistance; and

(e) The patient does not have nausea, vomiting or dizziness.

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0050**

### **Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(10) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0055**

#### **Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation**

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) if a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

(2) Under direct supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0060**

#### **Moderate Sedation Permit**

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an

operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0065**

### **Deep Sedation Permit**

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-

2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-

2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD2-2018, f. 10-4-18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## 818-026-0070

### General Anesthesia Permit

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction

device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or

anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10-4-18, cert. ef. 1-1-19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0080**

### **Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia**

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide

induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0110**

#### **Office Evaluations**

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an

Oregon licensed dental hygienist permit holder or another dentist permit holder to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation may include, but is not limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated.

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **818-026-0120**

#### **Reporting of Death, Serious Complications or Injury**

If a death, any serious complication or any injury occurs which may have resulted from the administration of any central nervous system anesthesia or sedation, the licensee performing the dental procedure must submit a written detailed report to the Board within five days of the incident along with the patient's original complete dental records. If the anesthetic agent was administered by a person other than the person performing the dental

procedure, that person must also submit a detailed written report. The detailed report(s) must include:

- (1) Name, age and address of patient;
- (2) Name of the licensee and other persons present during the incident;
- (3) Address where the incident took place;
- (4) Type of anesthesia and dosages of drugs administered to the patient;
- (5) A narrative description of the incident including approximate times and evolution of symptoms; and
- (6) The anesthesia record and the signed informed consent form for the anesthesia when required.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0130**

#### **Anesthesia Committee**

(1) The Board hereby creates a committee to be known as the Anesthesia Committee. The chairperson shall be a dentist who is a member of the Board. All other members shall hold a Moderate, Deep Sedation or General Anesthesia Sedation Permit. At least one member, other than the chairperson, shall be a practicing specialist who holds a General Anesthesia Permit. Members serve at the pleasure of the Board and shall be appointed by the President of the Board. The Board President shall insure that the committee includes representatives of dental specialty groups including general dentists.

(2) The Anesthesia Committee shall, upon request of the Board, advise the Board on policies and procedures related to the regulation of general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.280

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## EDUCATIONAL REQUIREMENTS FOR NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION & GENERAL ANESTHESIA PERMITS

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of training/education or competency in the permit category applying.
2. Initial training/education was completed within **the immediate five (5) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
    - Nitrous Oxide 10 hours – OAR 818-026-0040(11)
    - Minimal Sedation 10 hours – OAR 818-026-0050(10)
    - Moderate Sedation 35 hours – OAR 818-026-0060(13)
    - General Anesthesia 35 hours – OAR 818-026-0070(13)

or

- Provide documentation of completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50) % of the hours required by rule for a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.
3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
    - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application.

or

- Demonstration of competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

This Page  
Left Blank



**MODERATE SEDATION PERMIT  
APPLICATION FORM  
FEE \$75:00**

Rev. Code 2135

Please check the appropriate box:

☐ Enteral Moderate Sedation

☐ Parenteral Moderate Sedation

**Mail Application and Fee to:**

**OREGON BOARD OF DENTISTRY  
UNIT 23  
PO Box 4395  
Portland, OR 97208-4305**

Name: \_\_\_\_\_ Oregon License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

**Please note:**

Any of the following will result in automatic rejection of the application and delay the application process:

- Application must be completed on a typewriter or a computer.
- Copying or duplicating another licensee's application in part or in total.
- Questions are not answered completely.
- Missing forms, certificates, or proof of training.
- Copying, cutting and/or pasting from other written material into the application. (i.e., literature, DPA, publications)

I have read and understand the above information: \_\_\_\_\_  
SIGNATURE

**I. TRAINING**

- 1) **Describe and submit evidence of your formal training in the use of moderate sedation. evidence must be submitted directly from program to the Oregon Board of Dentistry (use additional sheets if necessary) and submit a copy of your current Healthcare Provider BLS/CPR level, or its equivalent certification and a copy of your ACLS and/or PALS, whichever is appropriate for the patient being sedated.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

- 3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent certificate.
- 4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

## II. PREOPERATIVE

- 1) How do you evaluate a patient for anesthesia?
- 2) What specific preoperative vital signs do you obtain?
- 3) What is the ASA status of the patients you plan to sedate?

- 4) What pre-anesthesia instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)

5) Attach a copy of your informed consent form and health history form.

6) Attach a copy of your sedation/anesthesia record.

7) Attach a copy of your written emergency response protocols.

### **III. OPERATIVE**

1) Describe your sedation procedures:

a) What drugs will you administer; what doses and route will be used?

b) What will be the typical duration of sedation cases?

- c) Describe how you will monitor the patient during sedation:
  
  
  
  
  
  
  
  
  
  
- d) How will the airway and respiratory function be maintained during sedation?
  
  
  
  
  
  
  
  
  
  
- e) Will supplemental oxygen be administered?
  
  
  
  
  
  
  
  
  
  
- f) What supportive and emergency equipment will be present during sedation?
  
  
  
  
  
  
  
  
  
  
- g) What personnel will be present and what will their role be during sedation?
  
  
  
  
  
  
  
  
  
  
- h) What types of procedures will be performed under sedation?

#### **IV. POSTOPERATIVE**

- 1) Describe your post-anesthetic recovery care and monitoring:
  - a) Where will the patient be recovered and how will he/she be monitored? How is this recovery room equipped? (Suction, lighting, monitors.)
  - b) What personnel will perform post-sedation monitoring?
  - c) Who will determine patient readiness for discharge and what standards will be used to make this determination?
- 2) Attach a copy of the postoperative instructions that you give a patient or a person caring for the patient.

## **V. EMERGENCY**

1) Describe your emergency protocol (i.e., a time line or algorithm) and explain what responsibilities your staff members have.

2) Describe your training that relates to the handling of anesthesia related emergencies.

3) Do you have regularly scheduled emergency drills? ☐ yes ☐ no If yes, how often? \_\_\_\_\_  
Date of most recent drill. \_\_\_\_\_

4) Describe your emergency kit.

a) List the drugs it contains and what each drug is used for.

b) What airway emergency equipment is available?

c) How do you ensure emergency kit contents are kept current?

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.

This page  
left blank

## DIVISION 26

### ANESTHESIA

#### 818-026-0000

##### Purpose

(1) These rules apply to the administration of substances that produce general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation in patients being treated by licensees. These regulations are not intended to prohibit training programs for licensees or to prevent persons from taking necessary action in case of an emergency.

(2) Nothing in this Division relieves a licensee from the standards imposed by ORS 679.140(1)(e) and 679.140(4).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

#### 818-026-0010

##### Definitions

As used in these rules:

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and 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.

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone

or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous pharmacological method in minimal sedation.

(7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.

(9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

(11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

(12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.

(a) ASA I "A normal healthy patient".

(b) ASA II "A patient with mild systemic disease".

(c) ASA III "A patient with severe systemic disease".

(d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.

(e) ASA V “A moribund patient who is not expected to survive without the operation”.

(f) ASA VI “A declared brain-dead patient whose organs are being removed for donor purposes”.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0020**

#### **Presumption of Degree of Central Nervous System Depression**

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:

(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;

(b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;

(c) Neuroleptic agents;

(d) Dissociative agents — ketamine;

(e) Etomidate; and

(f) Volatile inhalational agents.

(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.

(5) A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13,

cert. ef. 7-1-13; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0030**

#### **Requirements for Anesthesia Permits**

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

(4) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Healthcare Providers certificate or its equivalent.

(5) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Healthcare Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(6) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

(7) When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required.

(8) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

(9) Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0035**

#### **Classes of Anesthesia Permit**

The Board shall issue the following classes of permits:

(1) A Nitrous Oxide Permit authorizes a dental hygienist or a dentist to induce nitrous oxide sedation.

(2) A Minimal Sedation Permit authorizes a dentist to induce minimal sedation and nitrous oxide sedation.

(3) A Moderate Sedation Permit authorizes a dentist to induce moderate sedation, minimal sedation and nitrous oxide sedation.

(4) A Deep Sedation Permit authorizes a dentist to induce deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation. The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010.

(5) A General Anesthesia Permit authorizes a dentist to induce general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0040**

#### **Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit**

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;

(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of

delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient;

(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and

(d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal

guidelines and discharge the patient only when the following criteria are met:

(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(b) The patient can talk and respond coherently to verbal questioning;

(c) The patient can sit up unaided or without assistance;

(d) The patient can ambulate with minimal assistance; and

(e) The patient does not have nausea, vomiting or dizziness.

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0050**

### **Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(10) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

#### **818-026-0055**

##### **Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation**

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) if a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

(2) Under direct supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

#### **818-026-0060**

##### **Moderate Sedation Permit**

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an

operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0065**

### **Deep Sedation Permit**

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-

2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-

2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD2-2018, f. 10-4-18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0070**

### **General Anesthesia Permit**

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction

device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or

anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10-4-18, cert. ef. 1-1-19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0080**

### **Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia**

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide

induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0110**

#### **Office Evaluations**

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an

Oregon licensed dental hygienist permit holder or another dentist permit holder to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation may include, but is not limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated.

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **818-026-0120**

#### **Reporting of Death, Serious Complications or Injury**

If a death, any serious complication or any injury occurs which may have resulted from the administration of any central nervous system anesthesia or sedation, the licensee performing the dental procedure must submit a written detailed report to the Board within five days of the incident along with the patient's original complete dental records. If the anesthetic agent was administered by a person other than the person performing the dental

procedure, that person must also submit a detailed written report. The detailed report(s) must include:

- (1) Name, age and address of patient;
- (2) Name of the licensee and other persons present during the incident;
- (3) Address where the incident took place;
- (4) Type of anesthesia and dosages of drugs administered to the patient;
- (5) A narrative description of the incident including approximate times and evolution of symptoms; and
- (6) The anesthesia record and the signed informed consent form for the anesthesia when required.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0130**

#### **Anesthesia Committee**

(1) The Board hereby creates a committee to be known as the Anesthesia Committee. The chairperson shall be a dentist who is a member of the Board. All other members shall hold a Moderate, Deep Sedation or General Anesthesia Sedation Permit. At least one member, other than the chairperson, shall be a practicing specialist who holds a General Anesthesia Permit. Members serve at the pleasure of the Board and shall be appointed by the President of the Board. The Board President shall insure that the committee includes representatives of dental specialty groups including general dentists.

(2) The Anesthesia Committee shall, upon request of the Board, advise the Board on policies and procedures related to the regulation of general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.280

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

**OREGON BOARD OF DENTISTRY**  
**EDUCATIONAL REQUIREMENTS FOR**

**NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION  
& GENERAL ANESTHESIA PERMITS**

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of training/education or competency in the permit category applying.
2. Initial training/education was completed within **the immediate five (5) years prior** to applying for a sedation or general anesthesia permit.
  - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
    - Nitrous Oxide 10 hours – OAR 818-026-0040(11)
    - Minimal Sedation 10 hours – OAR 818-026-0050(10)
    - Moderate Sedation 35 hours – OAR 818-026-0060(13)
    - General Anesthesia 35 hours – OAR 818-026-0070(13)

or

- Provide documentation of completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50) % of the hours required by rule for a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.
3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
    - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application.

or

- Demonstration of competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

This page  
left blank



**GENERAL ANESTHESIA PERMIT  
APPLICATION FORM  
FEE \$140:00**

Rev. Code 2134

**Mail Application and Fee to:**  
**OREGON BOARD OF DENTISTRY**  
**UNIT 23**  
**PO Box 4395**  
**Portland, OR 97208-4305**

Name: \_\_\_\_\_ Oregon License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

**Please note:**

Any of the following will result in automatic rejection of the application and delay the application process:

- Application must be completed on a typewriter or a computer.
- Copying or duplicating another licensee's application in part or in total.
- Questions are not answered completely.
- Missing forms, certificates, or proof of training.
- Copying, cutting and/or pasting from other written material into the application. (i.e., literature, DPA, publications)

I have read and understand the above information: \_\_\_\_\_  
SIGNATURE

**I. TRAINING**

- 1) **Describe and submit evidence of your formal training in the use of general anesthesia. evidence must be provided directly from the program to the Oregon Board of Dentistry** (use additional sheets if necessary) **and submit a copy of your current Healthcare Provider BLS/CPR level, or its equivalent certification AND copies of your Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS), whichever is appropriate for patients being sedated.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

- 3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent certificate.
- 4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

## II. PREOPERATIVE

- 1) How do you evaluate a patient for anesthesia?
- 2) What specific preoperative vital signs do you obtain?
- 3) What is the ASA status of the patients you plan to sedate?

- 4) What pre-anesthesia instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)
  
  
  
  
  
  
  
  
  
  
- 5) Attach a copy of your informed consent form.
- 6) Attach a copy of your health history form.
- 7) Attach a copy of your written emergency response protocols.

### **III. OPERATIVE**

- 1) Attach a copy of your anesthesia record.
- 2) Describe your sedation procedures:
  - a) What drugs will you administer; what doses and route will be used?
  
  
  
  
  
  
  
  
  
  
  - b) What will be the typical duration of sedation cases?

- c) Describe how you will monitor the patient during sedation:
  
  
  
  
  
  
  
  
  
  
- d) How will the airway and respiratory function be maintained during sedation?
  
  
  
  
  
  
  
  
  
  
- e) Will supplemental oxygen be administered?
  
  
  
  
  
  
  
  
  
  
- f) What supportive and emergency equipment will be present during sedation?
  
  
  
  
  
  
  
  
  
  
- g) What personnel will be present and what will their role be during sedation?
  
  
  
  
  
  
  
  
  
  
- h) What types of procedures will be performed under sedation?

#### **IV. POSTOPERATIVE**

- 1) Describe your post-anesthetic recovery care and monitoring:
  - a) Where will the patient be recovered and how will he/she be monitored? How is this recovery room equipped? (Suction, lighting, monitors.)
  - b) What personnel will perform post-sedation monitoring?
  - c) Who will determine patient readiness for discharge and what standards will be used to make this determination?
- 2) Attach a copy of the postoperative instructions that you give a patient or a person caring for the patient.

## **V. EMERGENCY**

1) Describe your emergency protocol (i.e., a time line or algorithm) and explain what responsibilities your staff members have.

2) Describe your training that relates to the handling of anesthesia related emergencies.

3) Do you have regularly scheduled emergency drills? ☐ yes ☐ no If yes, how often? \_\_\_\_\_  
Date of most recent drill. \_\_\_\_\_

4) Describe your emergency kit.

a) List the drugs it contains and what each drug is used for.

b) What airway emergency equipment is available?

c) How do you ensure emergency kit contents are kept current?

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.

This page  
left blank

## DIVISION 26

### ANESTHESIA

#### 818-026-0000

##### Purpose

(1) These rules apply to the administration of substances that produce general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation in patients being treated by licensees. These regulations are not intended to prohibit training programs for licensees or to prevent persons from taking necessary action in case of an emergency.

(2) Nothing in this Division relieves a licensee from the standards imposed by ORS 679.140(1)(e) and 679.140(4).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

#### 818-026-0010

##### Definitions

As used in these rules:

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and 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.

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone

or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous pharmacological method in minimal sedation.

(7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.

(9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

(11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

(12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.

(a) ASA I "A normal healthy patient".

(b) ASA II "A patient with mild systemic disease".

(c) ASA III "A patient with severe systemic disease".

(d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.

(e) ASA V “A moribund patient who is not expected to survive without the operation”.

(f) ASA VI “A declared brain-dead patient whose organs are being removed for donor purposes”.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0020**

#### **Presumption of Degree of Central Nervous System Depression**

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:

(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;

(b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;

(c) Neuroleptic agents;

(d) Dissociative agents — ketamine;

(e) Etomidate; and

(f) Volatile inhalational agents.

(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.

(5) A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13,

cert. ef. 7-1-13; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19

### **818-026-0030**

#### **Requirements for Anesthesia Permits**

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

(4) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Healthcare Providers certificate or its equivalent.

(5) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Healthcare Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(6) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

(7) When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required.

(8) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

(9) Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680 Stats.

Implemented: ORS 679.250

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0035**

#### **Classes of Anesthesia Permit**

The Board shall issue the following classes of permits:

(1) A Nitrous Oxide Permit authorizes a dental hygienist or a dentist to induce nitrous oxide sedation.

(2) A Minimal Sedation Permit authorizes a dentist to induce minimal sedation and nitrous oxide sedation.

(3) A Moderate Sedation Permit authorizes a dentist to induce moderate sedation, minimal sedation and nitrous oxide sedation.

(4) A Deep Sedation Permit authorizes a dentist to induce deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation. The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010.

(5) A General Anesthesia Permit authorizes a dentist to induce general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0040**

#### **Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit**

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;

(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of

delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient;

(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and

(d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal

guidelines and discharge the patient only when the following criteria are met:

(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(b) The patient can talk and respond coherently to verbal questioning;

(c) The patient can sit up unaided or without assistance;

(d) The patient can ambulate with minimal assistance; and

(e) The patient does not have nausea, vomiting or dizziness.

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0050**

### **Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(10) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0055**

#### **Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation**

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) if a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

(2) Under direct supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0060**

#### **Moderate Sedation Permit**

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an

operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10/4/18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0065**

### **Deep Sedation Permit**

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-

2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-

2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD2-2018, f. 10-4-18, cert. ef. 1/1/19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0070**

### **General Anesthesia Permit**

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction

device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or

anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have nausea or vomiting and has minimal dizziness.

(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17; OBD 2-2018, f. 10-4-18, cert. ef. 1-1-19, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

## **818-026-0080**

### **Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia**

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide

induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17, OBD 2-2019, f. 10/29/2019, cert. ef. 1/1/2020

### **818-026-0110**

#### **Office Evaluations**

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an

Oregon licensed dental hygienist permit holder or another dentist permit holder to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation may include, but is not limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated.

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **818-026-0120**

#### **Reporting of Death, Serious Complications or Injury**

If a death, any serious complication or any injury occurs which may have resulted from the administration of any central nervous system anesthesia or sedation, the licensee performing the dental procedure must submit a written detailed report to the Board within five days of the incident along with the patient's original complete dental records. If the anesthetic agent was administered by a person other than the person performing the dental

procedure, that person must also submit a detailed written report. The detailed report(s) must include:

- (1) Name, age and address of patient;
- (2) Name of the licensee and other persons present during the incident;
- (3) Address where the incident took place;
- (4) Type of anesthesia and dosages of drugs administered to the patient;
- (5) A narrative description of the incident including approximate times and evolution of symptoms; and
- (6) The anesthesia record and the signed informed consent form for the anesthesia when required.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0130**

#### **Anesthesia Committee**

(1) The Board hereby creates a committee to be known as the Anesthesia Committee. The chairperson shall be a dentist who is a member of the Board. All other members shall hold a Moderate, Deep Sedation or General Anesthesia Sedation Permit. At least one member, other than the chairperson, shall be a practicing specialist who holds a General Anesthesia Permit. Members serve at the pleasure of the Board and shall be appointed by the President of the Board. The Board President shall insure that the committee includes representatives of dental specialty groups including general dentists.

(2) The Anesthesia Committee shall, upon request of the Board, advise the Board on policies and procedures related to the regulation of general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.280

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

# DENTAL ASSISTANT CERTIFICATIONS

## BOARD APPROVED COURSE IN PLACEMENT OF PIT AND FISSURE SEALANTS

- 1) OAR Div. 42 rule regarding placement of sealants 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 use of hand mirror
- 6) Use of slow speed handpiece
  - ✓ use of rheostat
  - ✓ maintaining appropriate rpms
- 7) Indications/Contraindications for sealant placement
  - ✓ radiograph review
  - ✓ age of patient
  - ✓ history of decay occurrence
- 8) Appropriate technique
  - ✓ maintaining a dry environment
- 9) Materials
  - ✓ light cured
  - ✓ chemically cured
- 10) Tray set up and armamentarium
- 11) Terminology
- 12) Current and future trends

**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.

**Lab:** Attendees should be provided with knowledge and skills to perform pit and fissure sealants on two extracted molars or premolars. This laboratory work must be evaluated by the instructor and successfully accomplished before moving on to the clinical portion of the course.

**Clinical:** Attendees shall successfully place sealants on at least two fully erupted molars or premolars teeth on a patient in accordance with the dentist's prescription (Attachment 1). An evaluation of the sealants must be made by an Oregon licensed dentist (Attachment 1) prior to the dismissal of the patient.

## INSTRUCTOR QUALIFICATIONS

Instructors of this Board approved course in sealant placement should have background in, and current knowledge of, dental pit and fissure sealants, **and be**

- ✓ A Dentist licensed in Oregon, or
- ✓ A Dental Hygienist licensed in Oregon 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, or
- ✓ A Dental Assistant who:
  1. holds an Oregon Expanded Function Dental Assistant certificate issued by the Dental Assisting National Board;
  2. has successfully completed a course of instruction in placement of sealants given by either an ADA accredited program or a Board approved course; and
  3. shows proof of having placed sealants on not less than ten (10) patients and on not less than twenty-five (25) teeth. (Attachment 3)

Instructor application forms are attached (Attachments 2 and 3).

## PRESCRIPTION FOR PLACEMENT OF PIT AND FISSURE SEALANTS

[illegible]

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

This document must be returned to the prescribing dentist for placement in the patient's chart.

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

**APPLICATION FOR APPROVAL AS INSTRUCTOR  
IN PIT AND FISSURE SEALANTS  
Instructor Permit Fee \$40.00**

NAME OF PERSON(S) CONDUCTING COURSE:  
(NAME OF SCHOOL, IF APPLICABLE)

---

---

MAILING ADDRESS AND TELEPHONE NUMBER:

---

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

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

---

---

---

---

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

INSTRUCTOR QUALIFICATIONS:

Instructors should have background in and current knowledge of pit and fissure sealants and must be either a Dentist with an Oregon license; or

A Dental Hygienist licensed in Oregon 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 sealants (818-035-0040); or

A 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 on pit and fissure sealants and shows proof of having successfully placed sealants on not less than ten (10) patients and on not less than twenty-five (25) teeth (Attachment 3).

**VERIFICATION OF PLACEMENT  
OF PIT AND FISSURE SEALANTS  
FOR INSTRUCTOR APPLICATION**

**EMPLOYER/DENTIST**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

has successfully performed \_\_\_\_\_ sealants on \_\_\_\_\_ patients.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dental Assistant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist's Signature

(Use more than one form if necessary)

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

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

Instructor Biennial Permit Fee \$40

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

---



---

MAILING ADDRESS AND TELEPHONE NUMBER:

---

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

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

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

---



---

INSTRUCTOR QUALIFICATIONS:

Instructors should have background in and current knowledge of placing material 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 placing cord subgingivally (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 material subgingivally and shows proof of having successfully placed material 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 MATERIAL SUBGINGIVALLY**

**INTRODUCTION**

Board of Dentistry Administrative Rule 818-042-0090 allows Expanded Functions Dental Assistants (EFDAs) to place material 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 material 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 material subgingivally.

- (1) OAR Div. 42 rule regarding placement of material 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 material
  - tissue health
  - isolation of the site
  - correct type of retraction material to be used
  - depth and placement of gingival retraction material
- (8) Appropriate material and technique
  - placement of material subgingivally
  - margins
  - Type of retraction material

**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 material subgingivally, on not less than ten (10) patients under the indirect supervision of a dentist. (Attached)

**VERIFICATION OF  
PLACING MATERIAL  
SUBGINGIVALLY  
ATTENDEE**

**Employer/Dentist**

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

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

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

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

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

Has successfully placed material 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.**

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

**APPLICATION FOR APPROVAL AS AN INSTRUCTOR  
IN RADIOLOGIC PROFICIENCY FOR DENTAL ASSISTANTS  
Instructor Permit Fee \$40**

NAME OF PERSON CONDUCTING COURSE:  
(NAME OF SCHOOL AFFILIATED WITH, IF APPLICABLE)

---



---

MAILING ADDRESS: \_\_\_\_\_

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

Phone \_\_\_\_\_

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

---



---



---

INSTRUCTOR QUALIFICATIONS:

Instructors should have background in and current knowledge of dental radiology, and shall have passed either the American Dental Association's National Board examination or the Radiation Health and Safety examination conducted by the Dental Assisting National Board (DANB). Instructor must have one of the following credentials:

- Dentist with an Oregon license;
- Dental Hygienist with an Oregon license; or
- Dental Assistant holding an Oregon Certificate of Radiological Proficiency and continuous employment for the past two years as a chairside assistant or in an educational setting with taking of radiographs as a primary function.

You may obtain information about the written Radiation Health and Safety Examination from DANB by calling 1-800-367-3262.

I certify this application is correct and agree to teach the course to the goals and objectives outline provided in the course description.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**OREGON BOARD OF DENTISTRY  
1600 SW 4<sup>th</sup> AVENUE  
SUITE 770  
PORTLAND, OR 97201  
971-673-3200**

**RADIATION USE AND SAFETY COURSE FOR DENTAL ASSISTANTS**

**I. COURSE DESIGN and REQUIRED COMPONENTS**

This course should be presented in a series of lectures and discussion followed by a practical application of principles in the dental setting.

All persons taking radiographs shall follow the correct infection control protocol.

This course offers instruction regarding operator training as required by the State of Oregon, Health Division, "Rules for the Control of Radiation:"

*OAR 333-106-055 (1) The registrant shall assure that individuals who will be operating the X-ray equipment shall have adequate training in radiation safety. Adequate training in radiation safety means instruction in the following subjects:*

- (a) Nature of X-rays*
- (b) Interaction of X-rays with matter*
- (c) Radiation units*
- (d) Principles of the X-ray machine*
- (e) Biological effects of X-ray*
- (f) Principles of radiation protection*
- (g) Low dose techniques*
- (h) Applicable radiation regulation including those portions of Divisions 100, 101, 103, 106, 111 and 120.*
- (i) Darkroom and film processing*
- (j) Film critique"*

**Required Course Components**

This course must include sufficient material and allotted time to adequately cover the requirements of OAR 333-106-055 as explained above and sufficient information regarding techniques of dental radiology to assure that the dental assistant can practice safely in the dental office and in accordance with all Oregon laws and rules regarding operation of x-ray machines and taking of radiographs on actual patients.



This course is only one of three parts necessary to receive an Oregon Certificate of Radiological Proficiency. Oregon Administrative Rule 818-042-0060 states the three steps to obtaining a certificate:

- *Complete 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;*
- *Pass a clinical examination\*; and*
- *Pass the Dental Radiation Health and Safety (RHS) examination administered by the Dental Assisting National Board, Inc. (DANB).*

*\* Instructions regarding Oregon's clinical examination can be obtained from DANB (1-800-367-3262).*

### **Suggested Texts:**

"Radiographic Imaging for Dental Auxiliaries", Third Edition, Miles.  
"Fundamentals of Dental Radiography", Third Edition, Manson-Hing.  
"Radiology for Dental Auxiliaries", Seventh Edition, Frommer.

## **II. INSTRUCTOR QUALIFICATIONS**

Instructors should have background in and current knowledge of dental radiology, and shall have passed either the American Dental Association's National Board examination or the Radiation Health and Safety examination conducted by the Dental Assisting National Board (DANB). Instructor must have one of the following credentials:

- Dentist with an Oregon license;
- Dental Hygienist with an Oregon license; or
- Dental Assistant holding an Oregon Certificate of Radiological Proficiency and continuous employment for the past two years as a chairside assistant or in an educational setting with taking of radiographs as a primary function.

## **III. APPROVED CURRICULUM**

### **A. THE DISCOVERY AND HISTORY OF X-RADIATION**

#### Instructional Goals:

The goal is to develop knowledge and understanding of the discovery, adaptation and use of x-radiation and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Name the discoverer of x-radiation and the date this discovery was made;
2. Describe the early use and experimentation with x-radiation for dentistry in America and Europe; and
3. Describe the physiological effects of x-radiation on those who first worked with radiation and the effects on operators today.

## **B. RADIATION PHYSICS**

*Relates to OAR 333-106-055 (1) (a) Nature of x-rays; (b) Interaction of x-rays with matter; and (f) Principles of radiation protection.*

### Instructional Goals:

The goal is to develop understanding and knowledge of the physical properties of radiation and its interaction with other matter and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe the detailed structure of an atom;
2. Explain the ionizing process and name two types of ionizing radiation;
3. Describe the characteristics of electromagnetic radiation and relate this information to a diagram or picture of the spectrum;
4. Explain the inverse square law and how it is applied in dental radiology;
5. Compare the properties of x-radiation with those of light;
6. Describe the difference of x-ray absorption between lead and acrylic; and
7. Explain the difference between primary and secondary radiation.

## **C. BIOLOGICAL EFFECTS OF RADIATION AND X-RAY PROTECTION**

*Relates to OAR 333-106-055 (1) (e) Biological effects of x-rays; (g) Low dose techniques; and (h) Applicable radiation regulation.*

### Instructional Goals:

The goal is to develop understanding of the biological effects of x-radiation, knowledge of protective devices and skill in the use of "Regulations for Control of Radiation" of the State of Oregon and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe the short and long range biological effects of radiation on living cells and tissues according to:
  - a. least and most sensitive tissues
  - b. acute and chronic exposure
  - c. latent period
  - d. cumulative effects;
2. Describe the nature, application and protective results of the following:
  - a. long versus short cone
  - b. collimator
  - c. aluminum filter
  - d. speed factor of the film
  - e. lead apron with or without a cervical collar;
3. Describe the implications of film distance;
4. Describe the appropriate design and wall structure of operatories;
5. Describe proper operator techniques needed to prevent operator exposure;
6. Explain the use of the film badge;
7. Explain the importance of an accurate and recent health history and describe conditions that would limit patient exposure;
8. Describe precautions necessary for a pregnant patient or operator at various stages of the pregnancy;
9. Demonstrate an understanding of the need to reduce errors and film retakes; and
10. Explain the reasons for a "radiation survey" and list the "Oregon State Safety Rules."

**D. THE DENTAL X-RAY UNIT**

*Relates to OAR 333-106-055 (1) (c) Radiation units; and (d) Principles of the x-ray machine.*

Instructional Goals:

The goal is to develop understanding and knowledge of the components that are essential for generation and control of x-radiation and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Identify the primary source of energy for an x-ray machine;
2. Define voltage and amperage;
3. Explain the use of the transformer;
4. Label all the components of the x-ray tube on a diagram;
5. Explain how high voltage electrical current affects the cathode and anode;
6. Identify the main source of electrons in the x-ray tube and explain why a transformer is needed;
7. Describe "thermionic emission effect;"
8. Label a diagram showing the conversion of electrical energy to x-radiation; and
9. Explain radiation units, i.e., sieverts and grays.

**E. DENTAL X-RAY MACHINE FUNCTION/OPERATION**

*Relates to OAR 333-106-055 (1) (d) Principles of the x-ray machine.*

Instructional Goals:

The goal is to develop knowledge and skill in the function and operation of the three basic parts of the x-ray machine: the control panel, tube head and indicating device and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Demonstrate and explain the operation of the control panel and exposure switch, timer calibration in impulses;
2. Demonstrate horizontal and vertical angulation;
3. Discuss the advantages and disadvantages of the following indicating devices:
  - a. closed cone
  - b. short and long cylinder
  - c. rectangular indicator
4. Demonstrate manipulation of the indicating device.

**F. DENTAL X-RAY FILM**

*Relates to OAR 333-106-055 (1) (g) Low does techniques.*

Instructional Goals:

The goal is to develop knowledge of the characteristics of the x-ray film base and emulsion and skill in handling the different sizes of screen and non-screen films, storage and record keeping and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Identify screen and non-screen film and describe their use;
2. Identify various sizes of intra and extra oral film and describe the appropriate uses for each size;
3. Describe the advantages and disadvantages of low, high and ultra speed films;
4. Define and describe film base and emulsion;

5. Explain the reaction of the emulsion to exposure to an x-ray beam;
6. Identify other sources of energy that also affect film emulsion;
7. Differentiate between paper and polyester packets and explain the color coding;
8. Describe film shelf-life according to storage conditions;
9. Describe the uses of double-file packets; and
10. Explain the use and composition of duplicating film.

## **G. INTRA-ORAL RADIOGRAPHIC TECHNIQUES**

### Instructional Goals:

The goal is to develop skill in the intra-oral placement of film and cone positioning, using both paralleling and bisecting techniques, to produce diagnostic quality radiographs of both adult and child dentition and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Demonstrate an understanding of tooth anatomy and alignment., Especially as it relates to the long axis of teeth, proximal contacts, occlusal relationships, root positions and root length;
2. Demonstrate knowledge and correct placement of various types of film holders and tabs;
3. Select appropriate film size for specific exposures and according to the patient's mouth;
4. Select the appropriate exposure time, ma and kvp based upon physiological variables;
5. Demonstrate proper film placement and cone positioning for each film in a full-mouth series according to paralleling and bisecting techniques;
6. Demonstrate the ability to adapt film placement and cone positioning when oral anatomy interferes with standard techniques;
7. Utilize all safety techniques previously learned to reduce radiation exposure to both the operator and patient;
8. Identify exposure errors in processed film;
9. Describe measures needed to correct exposure errors; and
10. Demonstrate all of the above points by exposing 4 fmx's on dexter.

## **H. THE DARKROOM**

*Relates to OAR 333-106-055 (1) (i) Darkroom and film processing.*

### Instructional Goals:

The goal is to become familiar with darkroom equipment and supplies and to develop skill in darkroom maintenance and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Explain the nature and purpose of the safe light and describe the results of light "leaks";
2. Describe the structure, arrangement and general contents of processing tanks;
3. Describe the chemical components of developing and fixing solutions, explaining the differences between powder and liquid concentrates;
4. Describe how solutions become exhausted and how often additional chemicals can be added to old solutions to replenish them;
5. Explain the need for changing solutions and cleaning tanks;
6. Explain the need for water circulation and temperature control;
7. Demonstrate use of film holders; and
8. Describe the advantages and disadvantages of automatic film processing.

## **I. FILM PROCESSING AND MOUNTING**

*Relates to OAR 333-106-055 (1) (i) Darkroom and film processing.*

### Instructional Goals:

The goal is to develop knowledge and skill in the processing and mounting of dental radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. List the four basic steps in film processing;
2. Describe the effects of time and temperature variables during processing on dental x-ray film;
3. Demonstrate the ability to properly unwrap and clamp film to processing holders, properly labeling each holder;
4. Properly process exposed film according to the process described in items "1" and "2" above;
5. Identify processing errors when present and how to correct them;
6. Select an appropriate film mount for the number and type of processed radiographs;
7. Mount dental radiographs correctly to arch, quadrant and tooth sequence;
8. Identify and correct errors in film mounting and explain possible consequences of those errors; and
9. Describe the use and maintenance of view boxes.

## **J. RADIOGRAPHIC INTERPRETATION**

*Relates to OAR 333-106-055 (1) (j) Film critique.*

### Instructional Goals:

The goal is to develop knowledge and skill in identifying diagnostic qualities of radiographs; recognition of normal and abnormal oral conditions; and to understand the ethical and legal implications of radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe and identify the following radiographic qualities and list the basic factors which can influence these qualities:
  - a. density
  - b. contrast
  - c. image sharpness and shape
  - d. shadow casting
2. When given a film that is not diagnostic relative to factors listed in item number 1 (above), identify the errors and describe the causes;
3. Relate exposure errors to radiographic interpretations;
4. Identify major oral landmarks and normal oral conditions on radiographs; and
5. Describe the legal and ethical implications of dental radiographs according to:
  - a. the dental history and record
  - b. treatment planning
  - c. ownership
  - d. patient identification
  - e. referral/ consultation
  - f. disagreement/ legal action

## **K. ADDITIONAL RADIOGRAPHIC TECHNIQUES**

### Instructional Goals:

The goal is to develop knowledge and skill in additional radiographic techniques and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to demonstrate techniques used for periapical film placement other than the use of a film holder with cone guide and describe advantages and disadvantages of each of the following:

1. Cotton roll/ hand-held,
2. Hemostat,
3. Bite blocks (wood and plastic); and
4. Snap-a-Ray

## **L. BASIC SKILL DEVELOPMENT**

### Instructional Goals:

The student will be able to ensure mastery of previously learned information and skills and increase proficiency and efficiency and to relate this information directly and/ or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Correctly identify major oral landmarks as seen on any intra or extra oral film;
2. Analyze the quality of dental radiographs relative to exposure and development and describe corrections as needed;
3. Demonstrate the ability to expose periapical and bitewing film on manikins, using techniques previously taught;
4. Increasing accuracy and speed on all skills; and
5. Demonstrate the ability to solve problems independently.

## **M. DENTAL RADIOGRAPHY FOR PATIENTS**

### Instructional Goals:

The goal is to apply all previously learned knowledge and skills to the exposure and development of patient dental radiographs and to relate this information directly and/or indirectly to "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Read and correctly interpret an order from a dentist requesting patient x-rays;
2. Read, interpret and correctly respond to items found in the patient's medical and dental histories as related to radiology;
3. Demonstrate consistent application of standards as described in the Oregon Health Division publication "Oregon Rules for the Control of Radiation;"
4. Demonstrate consistent understanding and application of the principles of safety and the prevention of disease transmission;
5. Demonstrate understanding of the Oregon rules and regulations that apply to dental radiography;
6. Demonstrate professional courtesy and standards when working with patients;

7. Place, expose, develop and mount radiographs utilizing increasing proficiency and efficiency, especially as related to:
  - a. correct patient management
  - b. selection of film and technique
  - c. unit settings
  - d. correct film placement and exposure to reduce the number of needed retakes
  - e. correct processing and mounting of film;
8. Identify errors and make corrections on needed retakes;
9. Record all important information in the patient's chart at the time of appointment and obtain necessary signatures;
10. Demonstrate film placement and stabilization in edentulous areas; and
11. Select and expose films utilizing various film placement and tube angulation to meet a specific problem, i.e.:
  - a. crowded or overlapping teeth
  - b. excessively long roots
  - c. impacted teeth
  - d. small mouth/constricted arch
  - e. shallow palate/floor of the mouth
  - f. presence of tori
  - g. small child, age 4 or under

## **N. ALTERNATIVE RADIOGRAPHIC TECHNIQUES**

### Instructional Goal:

The goal is to develop knowledge and skill in alternative radiographic techniques and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe occlusal film technique according to type of film, placement and exposure Angulation;
2. Identify and describe situations where occlusal film would be appropriate;
3. Compare diagnostic usefulness of occlusal film compared to periapical film. Identify the various essential parts of a panoramic machine;
4. Describe the advantages and disadvantages of panoramic film;
5. Load and unload panoramic film cassettes;
6. Properly position patients of varying ages and sizes in the panoramic chair and unit and expose the film;
7. Identify panoramic film problems and describe needed corrective measures;
8. Describe additional extra-oral film techniques and their uses;
9. Describe dental radiographic procedures used in endodontics procedures and explain how root images can be separated; and
10. Correctly expose radiographs using distal oblique and mandibular third molar techniques.

## **O. PATIENT MANAGEMENT**

### Instructional Goal:

The goal is to develop awareness and skill in patient management needed to obtain diagnostic dental radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Explain the importance of communicating with the patient at an understandable level, including:
  - a. explaining why disabled patients and geriatric patients must be treated with courtesy and respect;
  - b. describing "show and tell" method of communication.
  - c. explaining why the operator should pay attention to the patient during radiography.
2. Discuss patient management problems and techniques associated with:
  - a. the very young
  - b. the elderly
  - c. patients who are afraid or uncooperative
  - d. the handicapped patient.
3. Discuss the questions patients ask about dental radiography and how some questions can be answered by the auxiliaries and others only by the dentist.

## **P. BASIC RADIOGRAPHIC INTERPRETATION**

### Instructional Goal:

The goal is to develop introductory level knowledge and skill in the interpretation of radiographic findings and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Identify unerupted and missing teeth of both primary and permanent dentition;
2. Identify in general terms the type of dental work present in the mouth;
3. Locate and describe oral lesions according to radiolucency, capacity, size and location; and
4. Demonstrate correct charting and recording of radiographic findings as directed by the dentist.



Oregon Board of Dentistry  
Unit 23  
PO Box 4395  
Portland, OR 97208-4395  
(971) 673-3200  
Fax (971) 673-3202  
[www.oregon.gov/Dentistry](http://www.oregon.gov/Dentistry)

**DENTAL ASSISTANT  
CERTIFICATE OF STANDING REQUEST**

A Certificate of Standing includes the certificate number, type of certificate(s) issued, date(s) certificate(s) were issued in Oregon and the Oregon Board of Dentistry's official seal.

**Please send a copy of this request with your payment of \$20.00 for each certificate, make checks payable to the Oregon Board of Dentistry, and mail to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.**

**Ordered By:**

Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

E-mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Send Certificate of Standing To: (if different from above)**

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

Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Dental Assistant's Name:** \_\_\_\_\_ **Certificate No. :** \_\_\_\_\_

Attach additional sheets if needed.