



Oregon

Tina Kotek, Governor

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MEETING NOTICE

DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING (DAWSAC)

Oregon Board of Dentistry

ZOOM MEETING INFORMATION (not an in-person meeting)

<https://us02web.zoom.us/j/88481774845?pwd=EZx3aCHi0RyoerXpBjrBmqRvysP14Q.1>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 884 8177 4845 • Passcode: 067192

September 30, 2026

5 pm – 6:30 pm

Committee Members:

Co-Chair, Olesya Salathe, DMD

Co-Chair, Ginny Jorgensen

Amberena Fairlee, DMD - ODA Rep.

Lindsay Tuel, RDH - ODHA Rep.

Kari Hiatt - ODAA Rep.

Kimberly Perlot, RDH, DT – DT Rep

Alyssa Kobylinsky

Lynn Murray

Alexandria Case

Jessica Andrews

Amanda Nash

Carmen Mons

Cassie Gilbert

Megan Barron

AGENDA

Call to Order: Olesya Salathe, DMD, Chair

- Public Meeting Notice
 - o Governing bodies subject to Public Meetings Law – **Attachment #1**
- Review & Approve Minutes of May 26, 2026, DAWSAC Meeting
 - o Meeting Minutes – **Attachment #2**
- Review HB 3223 and information regarding the formation of this Committee – **Attachment #3**

The Statute has been updated incorporating HB 3223.

ORS 679.330 Advisory committee on dental assistant workforce shortage. (1) The Oregon Board of Dentistry shall convene an advisory committee of at least seven members to study the dental assistant workforce shortage and to review the requirements for dental assistant certification in other states. The committee shall provide advice to the board on a quarterly basis on how to address the dental assistant workforce shortage in this state.

- States Requiring Dental Assistant Registration – **Attachment #4**

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

- Dental Assistant Regulatory Comparison Between States – **Attachment #5**
- 2026 Dental Assisting Survey Results - **Attachment #6**

Open Comment – this may be limited by the Chair and the meeting may end before 6:30 p.m. if all agenda topics have been covered by the committee.

The date for the next DAWSAC Meeting will be set by the Co-Chairs and shared with all as soon as it is finalized.

Adjourn

This Committee is subject to Public Meetings Law

Governing Bodies Subject to Public Meetings Law

What governing bodies are subject to Public Meetings Law?

A governing body, per ORS 192.610(5), is:



Two or more
members of a
public body



With authority to make
decisions for or
recommendations to a
public body on policy or
administration

The governing bodies subject to Public Meetings Law, per OAR 199-050-0010(1), are:



Decision-Making Bodies

- Make decisions on policy or administration
- Including exercising governmental power and acting on behalf of the public body



Advisory Bodies

- Formed by public body
- To make recommendations to public body on policy or administration

DRAFT

**OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE (DAWSAC)
MEETING MINUTES
May 26, 2026**

MEMBERS PRESENT: Olesya Salathe, DMD, Co-Chair (joined at 5:19 p.m.)
Ginny Jorgensen, Co-Chair
Amberena Fairlee, DMD – ODA Rep. (joined at 5:32 p.m.)
Lindsay Tuel, RDH – ODHA Rep.
Kari Hiatt – ODAA Rep.
Alexandria Case
Amanda Cameron
Carmon Mons

STAFF PRESENT: Haley Robinson, Executive Director
Angela Smorra, DMD, Dental Director/Chief Investigator
Dawn Dreasher, Office Specialist

VISITORS PRESENT
VIA TELECONFERENCE*: Mary Harrison, ODAA; Brett Hamilton, ODA; Nissa Newton

*This list is not exhaustive, as it was not possible to verify all participants at the teleconference.

Call to Order: The meeting was called to order by Chair Ginny Jorgensen at 5:02 p.m. via Zoom. Ms. Jorgensen announced that the Committee had a quorum.

Self-Introductions of Committee Members

Chair Jorgensen welcomed everyone to the meeting and had the DAWSAC Members introduce themselves and share information about their current positions in the dental field.

Public Meeting Notice

Ms. Jorgensen announced that the Committee is subject to Public Meetings Law. Ms. Jorgensen briefly explained the requirements of the law.

Approval of February 17, 2026 Minutes

Ms. Jorgensen moved and Ms. Cameron seconded that the Committee approve the minutes from the February 17, 2026, DAWSAC Meeting as presented. The motion passed with GJ, AC (Cameron), AC (Case), KH, CM, and LT voting Aye.

DAWSAC Packet Introduced

A copy of HB 3223 was attached for informational purposes. Ms. Jorgensen explained that a request to allow the Committee to meet as needed rather than quarterly was sent to the Governor. Ms. Robinson confirmed that the OBD has not yet received a response to that request.

DANB Article

Ms. Jorgensen presented a May 13, 2026, article from DANB entitled *4 Ways Dentists Can Make Dental Assistants Feel Valued*. The Committee discussed the article and workforce retention issues. Ms. Jorgensen said she would reach out to DANB to find out how and to whom they are distributing the article.

Ms. Robinson offered to include the article in the June 12, 2026, Board Book and to share it along with the upcoming survey.

Dental Assistant Registry

Ms. Jorgensen presented her research about how other states approach registration of dental assistants. The Committee discussed Oregon's various certification levels and issues related to creating a dental assistant registry.

Ms. Robinson suggested one pathway to create a registry could be adding a tab to the biennial dental license renewal in which dentists would provide information on the dental assistants working in their offices. Ms. Robinson clarified that this would be similar to the Qualified Provider tab in the current renewal applications. Ms. Robinson stated that she also is waiting for information from the OBD database provider about adding dental assistants to the existing licensing platform.

Dr. Salathe moved and Dr. Fairlee seconded that the Committee recommend that the Board discuss launching an effort to accumulate data about dental assistants, their certifications, and their years of experience and decide if it should be in the form of a survey or added to dental renewal applications. The motion passed with GJ, AC (Cameron), AC (Case), KH, CM, LT, OS, and AF voting Aye.

Ms. Robinson confirmed that the dental assistant registry issue will be included on the June 12, 2026, Board meeting agenda.

Ms. Jorgensen offered to continue her research to ascertain in which states dental boards are legislatively required to regulate dental assistants.

Dr. Salathe offered to research in which states medical boards are legislatively required to regulate medical assistants.

Ms. Case offered to assist with Ms. Jorgensen's research.

Dr. Fairlee offered to reach out to ADA representatives from different states to gather information about regulation of dental assistants.

The Committee discussed how to ensure compliance with Public Meetings Law while collaborating on research projects.

Ms. Robinson offered to coordinate research efforts by emailing DAWSAC members about their roles and inviting them to send their research results directly to her.

Dental Assistant Survey

The Committee discussed changes to the dental assistant survey. Ms. Robinson said she would present the revised survey at the June 12, 2026, Board meeting.

May 26, 2026

DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING

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Classroom to Chairside Panel

Dr. Fairlee reported on the recent panel discussion on solving the workforce shortage, which took place at the Oregon Dental Conference. Dr. Fairlee highlighted topics around creating a pipeline for dental assisting recruits. DAWSAC members offered their perspectives on the panel and agreed that the discussion was very productive. The Committee discussed other promising outreach efforts.

Ms. Cameron offered to participate in future panel discussions.

Mr. Hamilton reported on ODA reaching out to the Department of Education to learn more about dental assisting programs and their efforts to connect members to those programs.

Open Comment

No comments presented.

ADJOURNMENT

The meeting was adjourned at 6:21 p.m. The next DAWSAC meeting will be scheduled at a later date.

At the August 25, 2023 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Advisory Committee named the “Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)” per ORS 679.280, to review, discuss and make recommendations to the Board on addressing workforce shortages in accordance with HB 3223 (2023).

The section of HB 3223 relevant to this is included for reference:

8 **SECTION 5. (1) The Oregon Board of Dentistry shall convene an advisory committee of**
9 **at least seven members to study the dental assistant workforce shortage and to review the**
10 **requirements for dental assistant certification in other states. The committee shall provide**
11 **advice to the board on a quarterly basis on how to address the dental assistant workforce**
12 **shortage in this state.**
13 **(2)(a) In appointing members to the advisory committee, the board shall prioritize di-**
14 **versity of geographic representation, background, culture and experience.**
15 **(b) A majority of the members appointed to the committee must have experience working**
16 **as dental assistants.**
17 **SECTION 6. This 2023 Act takes effect on the 91st day after the date on which the 2023**
18 **regular session of the Eighty-second Legislative Assembly adjourns sine die.**

This advisory committee will meet no less than four times per calendar year once established, and generally be scheduled concurrently with regular OBD Board Meetings. The OBD President will designate two Co-Chairs of the Committee whom will be OBD Board Members. Preference will be given to Board Members who have past experience working as a dental assistant.

The advisory committee shall include five representatives from the Oregon dental assistant community who are currently or have worked as an Oregon dental assistant. The OBD President will select the members, and utilize the legislative criteria, if more than five people volunteer to serve on this advisory committee.

The advisory 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 and eventually one from the Oregon Dental Therapy Association (should that be established).

The Advisory Committee members will bring relevant topics and agenda items to the meetings, be meaningfully engaged on the relevant issues, offer solutions and assist in gathering speakers, data and information.

The inaugural DAWSAC meeting is tentatively scheduled for October 27, 2023.

States Requiring Dental Assistant Registration

District of Columbia

17 DCMR Chapter 90 Dental Assistants

9001 REGISTRATION REQUIRED

9001.1 No person shall perform or be permitted to perform any duties as a dental assistant without a registration issued by the Board.

9001.2 Notwithstanding Subsection 9001.1, a person who is performing the duties of a dental assistant on the effective date of this chapter shall obtain a registration no later than September 17, 2012

Dental Assistant Application Documents:

<https://dchealth.dc.gov/node/313632>

States Requiring Dental Assistant Registration

Massachusetts

General Laws, Part I, Title XVI, Chapter 112, Section 43 through Section 53 Board of Registration in Dentistry

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112>

Section 43A: Definitions

Section 43A. The following words shall have the following meanings wherever used in this chapter or in any rules and regulations promulgated by the board in accordance with the provisions of chapter thirty A:—

"Aid or assist the dentist", working simultaneously in conjoined manipulation with a dentist who is rendering treatment, as opposed to the performance of "delegated procedures" which does not require the immediate presence of a dentist.

"Appropriate supervision", the type of supervision, whether direct or general, which the board specifies by rules and regulations as necessary for the performance of various procedures delegated by the board to dental hygienists or dental assistants.

"Delegated procedures", those procedures performed under the direct supervision or the general supervision of a licensed dentist.

"Dental assistant", a person registered by the board or authorized under section 511/2 and working under the supervision of a licensed dentist, whose purpose is to aid or assist a dentist in the delivery of patient care, or perform such delegated procedures under the supervision of a licensed dentist as determined by the board as may be authorized by rules and regulations of the board.

"Dental hygienist", a person registered and licensed by the board, pursuant to the provisions of section 51.

"Direct supervision", a dentist shall be physically present in a dental facility.

"Full time faculty member", a dentist who devotes at least four full working days per week in teaching-patient care, research or administrative duties in the dental educational or research institution where he is employed.

"General supervision", supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.

"Intramural group dental practice", a dental practice comprised of full time faculty members under the auspices of the dental educational or research institution where they are employed.

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"Placement of a restoration", a procedure for the reconstruction of a tooth, or portion of a tooth, to its anatomical and functional integrity or the replacement of a tooth or teeth using those materials designed for the purpose which are accepted by the American Dental Association Council on Dental Materials and Devices.

"Public health dental hygienist", a dental hygienist with at least 3 years of full-time clinical experience who is practicing full or part time in a public health setting pursuant to section 51 and who has received appropriate training as determined by the department of public health.

Section 51 1/2. Registration of dental assistants

No person shall practice as a dental assistant unless registered with the board. A person who is at least 18 years of age, of good moral character and who meets the applicable qualifications and requirements for registration as a dental assistant as established and adopted by the board shall, upon application and payment of a fee, as determined annually by the secretary of administration under section 3B of chapter 7, be registered as a dental assistant. The board shall furnish to each such person a registration certificate in a form prescribed by the board. A registration certificate issued under this section shall be revoked upon the issuance to the same person of a certificate of registration under section 45 or 51. The board may adopt rules and regulations consistent with sections 43 to 53, inclusive, governing the registration and practice of dental assistants to protect the public health, safety and welfare including, without limitation, rules and regulations that establish and define the acts, services and delegated procedures that may be performed by dental assistants, the level of supervision required by a registered dentist, tiered classes or levels of practice and certification requirements for each established class or level, education and training requirements, registration and registration renewal procedures and requirements for the display of registration certificates. The continuing education requirements set forth in section 51A shall not apply to this section unless adopted by the board. A dental assistant shall not practice dentistry as defined in section 50 or perform acts or services requiring the knowledge and skill of a registered dentist, such as diagnoses, treatment planning, surgical or cutting procedures on hard or soft tissue and the prescription of medications, or perform any acts or services that require the training, knowledge or skill of a registered dental hygienist, unless specifically authorized by regulation of the board and performed under the appropriate supervision of a registered dentist; provided, however, that the board shall not authorize a dental assistant to perform dental screenings, periodontal charting, subgingival and supragingival scaling, root planting and curettage, minor emergency dental adjustments, polishing of amalgam restorations, micro disk identification applications or preliminary examinations for

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hygienist services. The board may, without examination, register as a dental assistant an applicant who is duly licensed or registered under the laws of a state, territory or commonwealth of the United States or the District of Colombia, where the requirements for licensure or registration are, in the opinion of the board, equivalent to those in the commonwealth. A dental assistant shall register biennially, which shall be in the year not so designated for the registration of dentists, and shall pay a biennial registration fee determined under this section; provided, however, that the board may issue an initial registration for not more than 2 years. Notwithstanding the above registration requirement, a person who is at least 18 years of age may practice as a dental assistant without being registered by the board for on-the-job training or professional education training under the supervision of a registered dentist for a preliminary and 1-time period of up to 6 consecutive months to commence from the beginning of the initial training if the person: (i) has not been previously employed, licensed or registered as a dentist, dental hygienist or dental assistant; (ii) prior to the commencement of the training, provided written notification of such training to the board on a form prescribed by the board and a certification by the supervising dentist confirming that he will supervise the person during the training; and (iii) is not in violation of any rule or regulation adopted by the board. The board may extend the training period for an additional 6 months for a dental assistant who is enrolled in a program of professional educational training for dental assistants offered by a college, university or dental school authorized to confer degrees or by another dental institution or association recognized by the board.

All registration applications and training notifications submitted to the board under this section shall be signed under the penalties of perjury by the person certifying the information contained therein. The board shall investigate all complaints relating to the practice of dental assistants. The authority granted to the board in sections 43 to 53, inclusive, shall include disciplining dental assistants who are registered or authorized to practice for training purposes, and the board may exercise such authority by conducting hearings regarding complaints or by suspending, revoking or cancelling any such registration or authorization to practice as a dental assistant to protect the health, safety and welfare of the public, in the same manner as with registered dentists and dental hygienists. A registered dentist under section 45, a dental faculty member or a dental intern under section 45A subject to a restriction on location of practice or a dental hygienist under section 51 shall not be considered to be practicing as a dental assistant for the purposes of this section.

Application website: <https://www.mass.gov/dental-assistant-licenses>

States Requiring Dental Assistant Registration

New York

Article 133, Registered Dental Assist

<https://www.op.nysed.gov/professions/registered-dental-assistants/laws-rules-regulations/article-133>

§6608 Definition of practice of registered dental assisting.

The practice of registered dental assisting is defined as providing supportive services to a dentist in such dentist's performance of dental services authorized under this article. Such support shall include providing patient education, taking preliminary medical histories and vital signs to be reviewed by the dentist, placing and removing rubber dams, selecting and prefitting provisional crowns, selecting and prefitting orthodontic bands, removing orthodontic arch wires and ligature ties, placing and removing matrix bands, taking impressions for study casts or diagnostic casts, removing periodontal dressings, placing and removing temporary restorations, application of topical fluoride varnish, and such other dental supportive services authorized by the dentist consistent with regulations promulgated by the commissioner, provided that such functions are performed under the direct personal supervision of a licensed dentist in the course of the performance of dental services. Such services shall not include diagnosing and/or performing surgical procedures, irreversible procedures or procedures that would alter the hard or soft tissue of the oral and maxillofacial area or any other procedures determined by the department. The practice of registered dental assisting may be conducted in the office of any licensed dentist or in any appropriately equipped school or public institution but must be done under the direct personal supervision of a licensed dentist. Direct personal supervision, for purposes of this section, means supervision of dental procedures based on instructions given by a licensed dentist in the course of a procedure who remains in the dental office where the supportive services are being performed, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, who remains the responsibility of the licensed dentist, evaluates the services performed by the registered dental assistant. Nothing herein authorizes a registered dental assistant to perform any of the services or functions defined as part of the practice of dental hygiene in accordance with the provisions of subdivision one of section sixty-six hundred six of this article, except those functions authorized pursuant to this section. All dental supportive services provided in this section may be performed by currently registered dental hygienists either under a dentist's supervision, as defined in regulations of the commissioner, or, in the case of a registered dental hygienist working for a hospital as defined in article twenty-eight of the public health law, pursuant to a collaborative arrangement with a licensed dentist in accordance with subdivision one of section sixty-six

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hundred six of this article. Such collaborative arrangement shall not obviate or supersede any law or regulation which requires identified services to be performed under the personal supervision of a dentist.

§6608-A Practice of registered dental assisting and use of title "registered dental assistant".

Only a person certified under section sixty-six hundred eight-b of this article or exempt pursuant to section sixty-six hundred ten of this article shall practice registered dental assisting. Only a person certified pursuant to section sixty-six hundred eight-b of this article shall use the title "registered dental assistant".

§6608-B Requirements for certification as a registered dental assistant.

To qualify for certification as a registered dental assistant, an applicant shall fulfill the following requirements:

Application: file an application with the department;

Age: be at least eighteen years of age;

Fees: pay a fee of forty-five dollars to the department for initial certification and a fee of fifty dollars for each triennial registration period;

Education and experience: (A) have received a high school diploma, or its equivalent, and (B) have successfully completed, in accordance with the commissioner's regulations, (i) an approved one-year course of study in dental assisting in a degree-granting institution or a board of cooperative educational services program which includes at least two hundred hours of clinical experience, or an equivalent approved course of study in dental assisting in a non-degree granting institution which shall not be a professional association or professional organization or (ii) an alternate course of study in dental assisting acceptable to the department which shall be provided by a degree-granting institution or a board of cooperative educational services program which includes at least one thousand hours of relevant work experience;

Examination: pass an examination in dental assisting given by an organization which administers such examinations and which is acceptable to the department; and

Character: be of good moral character as determined by the department.

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§6608-C Exempt persons.

Nothing in this article shall be construed to affect or prevent a student from engaging in any procedure authorized under section sixty-six hundred eight of this article in clinical practice as part of a course of study approved by the department pursuant to subdivision four of section sixty-six hundred eight-b of this article.

§6608-D Limited permits.

The department shall issue a limited permit to an applicant who meets all requirements for admission to the licensing examination. All practice under a limited permit shall be under the direct personal supervision of a licensed dentist. Limited permits shall be for one year and may be renewed at the discretion of the department for one additional year. The fee for each limited permit and for each renewal shall be forty dollars.

Application website: <https://www.op.nysed.gov/professions/registered-dental-assistants/license-requirements>

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Oklahoma

Oklahoma Statutes, Title 59, Chapter 7 - Dentistry, The State Dental Act (PDF)

<https://oklahoma.gov/content/dam/ok/en/dentistry/documents/statutes-rules/Oklahoma%20Statutes%2020251101%20Corrected.pdf>

Section 328.24 - Dental Assistant Permit - Application - Expanded Duty Permits - Requirements

A. No person shall practice as a dental assistant without first applying for and obtaining a permit from the Board of Dentistry.

B. The application shall be made to the Board in writing and shall be accompanied by the fee established by the Board, together with satisfactory proof that the applicant passes a background check with criteria established by the Board.

C. Every dental assistant receiving a permit shall complete a class on infection control as approved by the Board within one (1) year from the date of receipt of the permit. Failure to complete the class shall be grounds for discipline pursuant to Section 328.29a of this title.

D. There shall be eight types of expanded duty permits available for dental assistants upon completion of a program approved by the Commission on Dental Accreditation (CODA) or a course that has been approved by the Board:

1. Radiation safety;
2. Coronal polishing and topical fluoride;
3. Sealants;
4. Assisting in the administration of nitrous oxide;
5. Phlebotomy;
6. Venipuncture;
7. Elder care and public health; or
8. Oral maxillofacial surgery. An oral maxillofacial surgery expanded duty permit shall be available to a dental assistant who has met the requirements as listed in Section 328.25 of this title and assists a dentist, pediatric dentist, or oral maxillofacial surgeon who holds a parenteral or general anesthesia permit; provided, only the dentist, pediatric dentist, or

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oral maxillofacial surgeon, or an anesthesiologist or a Certified Registered Nurse Anesthetist, may administer anesthesia and assess the patient's level of sedation and only the dentist, pediatric dentist, or oral maxillofacial surgeon may perform surgery.

All expanded duties shall be added to the dental assistant permit upon approval by the Board.

E. The training requirements for all expanded duty permits shall be set forth by the Board. A program that is not CODA certified must meet the standards set forth and be approved by the Board.

F. An applicant for a dental assistant permit who has graduated from a dental assisting program accredited by CODA and has passed the jurisprudence examination shall receive all expanded duty permits provided for in subsection D of this section if the course materials approved by the Board are covered in the program.

G. A dental assistant who holds an out-of-state dental assistant permit with expanded duties may apply for credentialing and reciprocity for a dental assistant permit including any expanded duty by demonstrating the following:

1. The dental assistant has had a valid dental assistant permit in another state for a minimum of two (2) years and is in good standing;
2. The dental assistant has had a valid expanded duty in another state for a minimum of one (1) year; and
3. The dental assistant provides a certificate or proof of completion of an educational class for the expanded duty and that the dental assistant has been providing this treatment to dental patients while working as a dental assistant in a dental office for one (1) year.

H. Any person having served in the military as a dental assistant shall receive credentialing and reciprocity for expanded functions by demonstrating the following:

1. Proof of military service in excess of two (2) years with any certifications or training in the expanded function areas; and
2. Verification from the commanding officer of the medical program or the appropriate supervisor stating that the dental assistant provided the expanded functions on patients in the military dental facility for a minimum of one (1) year within the past five (5) years.

Application website: <https://oklahoma.gov/dentistry/applications-forms/dental-assistants.html>

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Vermont

Title 26: Professions and Occupations, Chapter 12: Dentists, Dental Therapists, Dental Hygienists, and Dental Assistants

<https://legislature.vermont.gov/statutes/chapter/26/012>

Subchapter 005 : DENTAL ASSISTANTS

§ 641. Registration

(a) No person shall practice as a dental assistant in this State unless registered for that purpose by the Board.

(b) On a form prepared and provided by the Board, each applicant shall state, under oath, that the dental assistant shall practice only under the supervision of a dentist.

(c) The supervising dentist shall be responsible for the professional acts of dental assistants under his or her supervision. (Added 2011, No. 116 (Adj. Sess.), § 13.)

§ 642. Practice

(a) Except as provided in subsection (b) of this section, a dental assistant may perform duties in the office of any licensed dentist consistent with rules adopted by the Board and in public or private schools or institutions under the supervision of a licensed dentist or other dentist approved for the purpose by the Board. The performance of any intraoral tasks shall be under the direct supervision of a dentist.

(b) The following tasks may not be assigned to a dental assistant:

(1) Diagnosis, treatment planning, and prescribing, including for drugs and medicaments or authorization for restorative, prosthodontic, or orthodontic appliances; or

(2) Surgical procedures on hard or soft tissues within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy. (Added 2011, No. 116 (Adj. Sess.), § 13.)

Application website: <https://sos.vermont.gov/dental-examiners/forms-instructions>

States Requiring Dental Assistant Registration

Washington

Chapter 18.260 Revised Code of Washington – Dental Professionals

<https://app.leg.wa.gov/rcw/default.aspx?cite=18.260>

RCW 18.260.010 Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Close supervision" means that a supervising dentist or supervising dental therapist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist or supervising dental therapist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist or supervising dental therapist to be physically present in the operatory.

(2) "Commission" means the Washington state dental quality assurance commission created in chapter [18.32](#) RCW.

(3) "Dental assistant" means a person who is registered by the commission to provide supportive services to a licensed dentist or a licensed dental therapist to the extent provided in this chapter and under the close supervision of a dentist or close supervision of a dental therapist.

(4) "Dental therapist" means an individual who holds a license to practice as a dental therapist under chapter [18.265](#) RCW.

(5) "Dentist" means an individual who holds a license to practice dentistry under chapter [18.32](#) RCW.

(6) "Department" means the department of health.

(7) "Expanded function dental auxiliary" means a person who is licensed by the commission to provide supportive services to a licensed dentist or dental therapist to the extent provided in this chapter and under the specified level of supervision of a dentist or dental therapist.

(8) "General supervision" means that a supervising dentist or dental therapist has examined and diagnosed the patient and provided subsequent instructions to be performed by the assistive personnel, but does not require that the dentist or dental therapist be physically present in the treatment facility.

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(9) "Secretary" means the secretary of health.

(10) "Supervising dental therapist" means a dental therapist licensed under chapter [18.265](#) RCW who is responsible for providing the appropriate level of supervision for dental assistants and expanded function dental auxiliaries.

(11) "Supervising dentist" means a dentist licensed under chapter [18.32](#) RCW that is responsible for providing the appropriate level of supervision for dental assistants and expanded function dental auxiliaries. [[2023 c 460 s 16](#); [2007 c 269 s 1](#).]

RCW 18.260.020 Registration or license required.

(1) No person may practice or represent himself or herself as a registered dental assistant by use of any title or description without being registered by the commission as having met the standards established for registration under this chapter unless he or she is exempt under RCW [18.260.110](#).

(2) No person may practice or represent himself or herself as a licensed expanded function dental auxiliary by use of any title or description without being licensed by the commission under this chapter unless he or she is exempt under RCW [18.260.110](#). [[2007 c 269 s 2](#).]

RCW 18.260.030 Dental assistants—Registration.

The commission shall issue a registration to practice as a dental assistant to any applicant who pays any applicable fees, as established by the secretary in accordance with RCW [43.70.110](#) and [43.70.250](#), and submits, on forms provided by the secretary, the applicant's name, address, and other information as determined by the secretary. [[2007 c 269 s 3](#).]

Application website: <https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/dental-assistant/licensing-information>

Dental Assistant Regulatory Comparison

Consolidated information for 15 states from the three supplied committee workbooks. Each state entry separates the regulatory authority, credential or qualification pathway, renewal, continuing education, and additional notes. These are the workbooks' findings and have not been independently verified against current state requirements.

Western states

Idaho

Regulated by board or agency No

Certification process No state certification required

Renewal N/A

Renewal fee N/A

Continuing education and BLS None

Additional information There are no radiography requirements for dental assistants in Idaho.
N2O administration requires training

Montana

Regulated by board or agency No

Certification process No state certification required. See additional info

Renewal N/A

Renewal fee N/A

Continuing education and BLS No CE requirements. BLS required if involved with sedation/anesthesia

Additional information CDA or DANB RHS exam required to expose radiographs and perform expanded duties

Wyoming

Regulated by board or agency No

Certification process No state certification required. See additional Info

Renewal N/A

Renewal fee N/A

Continuing education and BLS No CE requirements. BLS required if involved with sedation/anesthesia

Additional information Permits required to expose radiograph and place sealants. Permits cost \$30 each and require training that meet specific criteria (no preapproved courses). Renewal is biennial with a \$20 fee for each permit

Utah

Regulated by board or agency No

Certification process No state certification required. See additional Info

Renewal N/A

Renewal fee N/A

Continuing education and BLS No CE requirements. CPR/BLS required for all dental assistants

Additional information CDA, DANB RHS exam, or course approved by Utah Dentist and Dental Hygienist Licensing Board required to expose radiographs

Colorado

Regulated by board or agency No

Certification process No state certification required. See additional info

Renewal N/A

Renewal fee N/A

Continuing education and BLS No CE requirements. BLS required if involved with sedation/anesthesia

Additional information Very minimal state requirements to expose radiographs

Eastern states

Delaware

Regulatory authority Delaware Board of Dentistry and Dental Hygiene (Division of Professional Regulation)

Certification process Radiography certification required (pass DANB RHS or CDA and apply); no state licensure for basic dental assistants

Renewal Not required (state); CDA renewal annual

Renewal fee State: N/A; CDA: \$75/year

Continuing education Not required (state); CDA requires 12 CE hours/year, CPR/BLS, and infection control

Reference <https://dhss.delaware.gov/wp-content/uploads/sites/10/dph/pdf/radcertnat.pdf>

Pennsylvania

Regulatory authority Pennsylvania State Board of Dentistry

Certification process Not required for basic assistants; EFDA requires state certification + exam

Renewal Yes for EFDA's only. Biennial

Renewal fee Licensure Renewal Fee: \$37.00

Continuing education 10 hours of CE is required for biennial renewal of license. Of those 10 hours, 2 hours must be Board-approved continuing education in child abuse recognition and reporting.

Notes Initial Licensing Fee: \$120.00

Reference Dental Assistant Licensure Snapshot | Department of State | Commonwealth of Pennsylvania

New Jersey

Regulatory authority New Jersey State Board of Dentistry

Certification process Registration required for Registered Dental Assistant (RDA); DANB CDA accepted pathway

Renewal Biennial

Renewal fee \$40-\$50

Continuing education Yes (minimum CE hours required); BLS certification required

Notes uses CDA exam in RDA model (ensures CE is maintained each year); this state has two separate levels - Registered DA and non-registered DA. The registrerd DA is more like EFDA (but less duties than our EFDA)

Reference https://danbsfprodassets.azureedge.net/assets/docs/default-source/clt/new-jersey.pdf?sfvrsn=90d4e9b2_4

New York

Regulatory authority New York State Education Department (Office of the Professions) DANB

Certification process Licensure required (Registered Dental Assistant – RDA); must graduate from approved program or equivalent

Renewal Every 3 years

Renewal fee \$100-\$150

Continuing education Yes (continuing education required); infection control + BLS expected

Reference https://danbsfprodassets.azureedge.net/assets/docs/default-source/clt/new-york.pdf?sfvrsn=7c7db881_4

Connecticut

Regulatory authority Connecticut State Department of Public Health

Certification process Registration required; DANB CDA often used; radiography requires specific certification

Renewal Yes; Annual

Renewal fee \$50-\$80

Continuing education Limited CE requirements; infection control training required; BLS often required by employer

Notes EFDA's must pass CDA Exam and maintain CDA (note - I think this would be a great idea of Oregon), go to a CODA course, AND pass the CPFDA DA's must pass RHS exam to take radiographs (or CODA school test)

Reference https://danbsfprodassets.azureedge.net/assets/docs/default-source/clt/connecticut.pdf?sfvrsn=8f39a489_3

Southern and Mid Atlantic states

Georgia

Regulatory authority Georgia Board of Dentistry

Certification process Not for general functions. Yes for EDDA (Expanded Duty Dental Assistant)

Renewal No

Renewal fee NA

Continuing education and other courses No for general CPR required for EDDA

Reference https://danbsfprodassets.azureedge.net/assets/docs/default-source/clt/georgia.pdf?sfvrsn=ad4c2e_4 <https://gbd.georgia.gov/>

South Carolina

Regulatory authority South Carolina Board of Dentistry

Certification process No for general functions To perform expanded functions under the direct supervision of a licensed dentist in South Carolina, a dental assistant must earn status as an Expanded Duty Dental Assistant (EDDA). To qualify, one must: I. Graduate from a CODA-accredited dental assisting program OR II. Complete two years of continuous full-time employment as a chairside dental assistant Certifications required for N2O Monitor

Renewal No

Renewal fee NA

Continuing education and other courses Yes for all Staff exposed to blood or bodily fluids must receive 2 hours of sterilization and infection control training every two years. In settings where sedation is administered, Dental assistants who provide direct, hands-on patient care must maintain current CPR/BLS certification under South Carolina's dental sedation regulations. Certification must be obtained from a Board-approved course and renewed every two years.

Reference https://danbsfprodassets.azureedge.net/assets/docs/default-source/clt/south-carolina.pdf?sfvrsn=b0a95c9a_4 <https://llr.sc.gov/bod/>

North Carolina

Regulatory authority North Carolina State Board of Dental Examiners (NCSBDE)

Certification process NO - State board does not issue certificates – It is up to the employer to verify an assistant's qualifications and determine if he/she is a DAI or DAII. No requirements for general Dental assistants (DA I) Requirements need to be met to take radiographs. Requirements that must be met to “be classified” as a Dental Assistant II

Renewal No

Renewal fee NA

Continuing education and other courses Must hold CPR certificate, no other CE requirements.

Reference https://ncdentalboard.org/dental_assisting.htm
https://danbsfprodassets.azureedge.net/assets/docs/default-source/clt/north-carolina.pdf?sfvrsn=7ecaea96_6

Virginia

Regulatory authority Virginia Board of Dentistry

Certification process Yes for Radiology NO for DA 1 (general DA functions) DA II has certification process and registration with the board (Restorative credential)

Renewal No for DA I Yes for DA II only (Restorative credential) - Must renew registration and CDA annually

Renewal fee DA II only: \$50 Registration Renewal and \$75+ for CDA

Continuing education and other courses ONLY DA II must maintain a DANB CDA : CDA Renewal Requirement- Total: 12 credits + active CPR/BLS Infection control: 2 CDE credits. Bloodborne pathogens: 1 CDE credit

Reference https://danbsfprodassets.azureedge.net/assets/docs/default-source/clt/virginia.pdf?sfvrsn=31f0b482_3
<https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/>

Maryland

Regulatory authority Maryland State Board of Examiners

Certification process Yes, for Dental Radiation Tech No for general DA Registration required for EFDA - Due to DH shortage, EFDA recently added to expand DA functions (will allow assistants to do some hygiene functions). Still in development process.

Renewal Yes for Dental Radiology Technologist - Biennial (every 2 years) No for General DA TBD for EFDA

Renewal fee DRT Renewal: \$68 TBD for EFDA

Continuing education and other courses Dental Radiation Technologists are required to take Implicit bias, Structural racism due to recent legislation requirement. No for General TBD for EFDA

Reference <https://health.maryland.gov/dental/applications/2025/DRT/Rev.App.QDA-Gen%20Fillable.pdf> <https://regs.maryland.gov/us/md/exec/comar/10.44.01> Called the board at 410-402-8500

Source workbooks

Dental Assistant Regulatory Comparison_ Idaho, Montana, Wyoming, Utah, and Colorado.xlsx

Homework for DAWSAC Committee.xlsx

DA cert info for GA,SC,NC,VA,MD.xlsx

2026 Dental Assisting Survey

Summary of Responses by Survey Question

Specialty Practice - please list the specialty below

- Pediatric Dentistry (9)
- Oral Surgery (6)
- Periodontics (5)
- General/Private Practice (5)
- Orthodontics (4)
- Endodontics (2)
- Prosthodontics (2)
- Corporate/Multi-office (1)
- Public/Tribal/Community Health (1)
- Permanente Dental Group (1)

Other (please specify)

- CDA certification (4)
- DAANCE / anesthesia certification (3)
- Sealant certification (3)
- Education/no assistant employed (2)
- Phlebotomy / IV therapy (2)
- Nitrous oxide / local anesthesia (1)
- No additional suggestion / N/A (1)
- I am the dentist (1)
- Does not apply (1)
- Bad temps from non-accredited programs. These programs need to be shut down. (1)
- What else could possibly show up here? Scaling (1)

Other (please specify)

- Continuing education / accountability concern (13)
- Dentist/office-led on-the-job training (11)
- Professional organizations/resources (9)
- Formal dental assisting program / externship (7)
- No additional suggestion / N/A (1)
- No training materials/resources (1)
- Question/design feedback or multiple sources (1)
- The company I work for provides the training material I need. (1)
- National classes (1)
- Material we've made ourselves (1)
- They need to have an EFDA prior to hiring. (1)
- We train on our own (1)
- No Assistant employed. (1)
- We train without any training materials. (1)
- On the job training (1)
- We have developed our own. (1)
- Don't know (1)
- AAO (1)
- We have someone who oversees the assistants and makes sure they have all the requirements needed. (1)
- Create my own (1)
- Any additional trainings that the drs need to update our technologies and surgeries are taught by our main dr. (1)
- . (1)
- This only allows you to select one option we use several of the above. (1)
- Internal (1)
- Dr does the training (1)
- Advantage Dental or Smile Generation took care of the initial training (1)
- More than one of the above (1)

- Don't know. (1)
- Internal training protocols (1)
- Internal training materials (1)
- Personal train (1)

If no, please specify a timeframe.

- Approximately 12 months (14)
- Approximately 6–9 months (8)
- Timeframe should depend on experience/opportunities (5)
- 12–18 months (3)
- Approximately 2 years (1)
- Require formal education rather than time-based pathway (1)
- 12 (1)
- Yes but only if they are getting the hours and hands on experience they need daily. (1)
- Individuals learn at different rates. There should be no specified time limit. (1)
- I'm not sure since I don't train assistants in the office (1)
- 22-28 months (1)
- A year (1)
- I don't know an appropriate time frame (1)
- For EFDA it should be longer as they should really have a strong base before being trusted to have expanded duties (1)
- We don't do on the job training. (1)
- I don't have any knowledge of this. (1)

What duties would you like to see added to the expanded functions list?

- No additional suggestion / N/A (30)
- Scaling / debridement / coronal polishing (22)
- Nitrous oxide administration/monitoring (12)
- Standardized training/CE/licensure rather than new duty (11)
- Impressions / scans / digital impressions (10)
- Local anesthesia / anesthesia-related functions (7)
- Restorative functions / expanded restorative duties (6)
- No additional duties suggested (5)
- Implant-related functions (3)
- Radiography-related functions (1)
- Rubber dam placement (1)
- Adult prophylaxis (1)
- The ability to use lasers (1)
- ???? (1)
- Do a full prophylaxis on all patients above the gum line. (1)
- PBM with diode lasers. If the tanning salon employees can operate red light PBM why not DA (1)
- deliver and adjust NGs. (1)
- Teeth Whitening, fabricating night guards, retainers and bleaching trays. more lab work including dentures. (1)
- No Assistant employed. (1)
- Removing supragingival calculus deposits (1)
- Placing Curadont (1)
- Probing (1)
- I can't think of any. (1)
- Curodont application (1)
- Use of ultrasonic for the purpose of removing calculus and staining (1)
- Help dental hygienists (1)
- Adjusting dentures and partials (1)

- Supragingival calculus removal in pediatric patients. (1)

Other (please specify)

- Bonuses / incentive pay (9)
- Dental care / treatment benefits (8)
- Health savings/FSA contributions (3)
- Education / dues / professional development (2)
- Paid time off / holidays / sick leave (2)
- Wellness / optical / other health benefits (2)
- Life insurance (1)
- Tribal Dental for members (1)
- office lead pd \$90k/y with 5 wks vaca plus \$12k ins., efda is \$44k/hr (1)
- Eye insurance (1)
- Uniform allowance (1)
- Disability, life, and vision insurance (1)
- they provide all of the above but unfortunately keep everyone under 30 hours besides the managers and Doctors. So all assistants don't qualify for Any benefits:((1)
- No Assistant employed. (1)
- In-house dental benefit for employee and family. Uniforms, CE. (1)
- Commission (1)
- Flex days (1)
- Free dental minus the cost of the lab (1)
- Unsure, as I am not full time with my office. (1)
- Vision (1)
- uniform allowance (1)
- Short term disability (1)
- Uniform stipend, CE money (1)
- Pediatric dental services for family for free, (1)
- Paid classes/CEs (1)
- CE monies, loupes (1)

- Dental services (1)

In your experience, what affects the retention of dental assistants in the office?

- Pay / compensation (134)
- Office culture / respect / morale (41)
- Management / dentist leadership / communication (17)
- Benefits / PTO (16)
- Career growth / training / advancement (14)
- Work-life balance / schedule / flexibility (10)
- Relocation / life changes (7)
- Staffing / teamwork (6)
- Workload / stress / burnout / physical demands (3)
- No additional suggestion / N/A (1)
- How employees are treated (1)
- Non-expanded function dental assistants are getting hired and are allowed to do all the duties of an EFDA and are being paid \$18 an hour (1)
- Lying about their competency and then being offended when we show them the right way. in other words: accountability (1)
- Supportive and fun staff. (1)
- An excellent work environment (1)
- Experience (1)
- Personal Issues (1)
- They move away, they find other jobs (1)
- Capacity to with stand multitasking and fast paced environment. handling work load (1)
- Job satisfaction patient behavior (1)
- Only had one assistant ever! I'm a 3 year old startup. (1)
- Atmosphere of the office and relationships with colleagues (1)
- Relationship dynamics (1)
- Most recent applicants do not have the work ethic required to succeed in a professional place of business. They're late to interview, work, dress inappropriately, wear long nails, call in short notice, etc (1)
- Amount of work they are expected to perform (1)
- Personal fit and connection. (1)

- No Assistant employed (1)
- Fulfillment. The ability to use skills and have some autonomy. (1)
- They leave either for a higher \$/hr at a neighboring office or when they can't meet office expectations (computer skills, showing up on time, etc) (1)
- Life situation, Long term goals (1)
- Office environment. (1)
- If you get raises (1)
- good work environment (1)
- treating them well in a friendly environment (1)
- Life changes (1)
- how much they are paid (1)
- Maternity, leaving area (1)
- Attendance, willingness to perform duties, office friendships/relationships (1)
- Work environment. - No drama (1)
- Unable to give raises (1)
- A specific staff member that may be overbearing (1)
- Work environment (1)
- having a say in who joins the practice and control of their future. (1)
- Individual motivations and factors vary widely (1)
- We train pre dental students as dental assistants (1)
- Job satisfaction. (1)
- keep job interesting with slowly expanding duties. (1)
- The dynamic of the drs and assistants (1)
- They're getting paid a reasonably amount (1)
- Number of patients expected to see every hour (1)
- Poor work environment (1)
- Ergonomics (1)
- Pace of work. Change in profession (1)
- gossip (1)

- Other dental assistants and chronic concerns not being addressed (1)
- Lack of ability (1)
- Living on the border to Washington, which has zero rules for certification, we lose assistants who haven't received radiology as they can just take xrays without the hassle working in Wa (1)
- Enjoying who they work with. Autonomy, me listening to them in their ideas or changes they perceive need being done than talking about it and coming to a conclusion. (1)
- Workplace atmosphere (1)
- Well recognized, wellpaid (1)
- Over worked under paid (1)
- Happiness (1)
- Competency (1)
- Sense of belonging. (1)
- Inability to obtain certifications. (1)
- Delegation and say thank you daily (1)
- \$\$\$ (1)

If less than 3 years what do you believe is the reason(s) for dental assistants leaving your office?

- Pay / compensation (64)
- Office culture / respect / morale (21)
- Career growth / training / advancement (13)
- Relocation / life changes (13)
- Management / dentist leadership / communication (12)
- Work-life balance / schedule / flexibility (8)
- No additional suggestion / N/A (7)
- Workload / stress / burnout / physical demands (6)
- Benefits / PTO (5)
- Staffing / teamwork (2)
- I worked in offices that have low retention for the reasons listed above as well (1)
- Lack of structure (1)
- Life changes (1)
- We do not employ assistants in my office (1)
- Location (1)
- We let them go because not the right fit. (1)
- Office compatibility. Continued education that may affect employment goals (1)
- Not happy with work (1)
- Personal Issues (1)
- They move away or find other jobs (1)
- N/A. (I work in education) (1)
- patient load (1)
- Not meeting performance expectations (1)
- Termination due to inability meet job duty expectations. (1)
- Not the right fit (1)
- Leaving town. (1)
- No Assistant employed. (1)

- They can't keep up with the pace or the needs of a specialty office. We struggle with people being adequately trained - especially with interpersonal skills, computer skills, etc. (1)
- Having a baby (1)
- Lifestyle changes or cultural fit issues (1)
- they want to be paid more (1)
- Desire to leave rural practice setting. (1)
- Same (1)
- Personality not a fit (1)
- drama (1)
- We find they are not a good fit. (1)
- Dental assistants are primarily women and they move for marriage or have babies and stay home (1)
- They work so hard, know so much and are treated like crap. (1)
- Hygienist (1)
- Inability to get along with others in the workplace (1)
- Friend working in another clinic with an opening. (1)
- Being overwhelmed, not feeling “heard.” Generation problem for sure (1)
- Life changes (1)
- A specific staff member that may be overbearing (1)
- Environment (1)
- No consistent reason thus far for my office (1)
- they aren't a good fit. (1)
- Having a baby, poor/unprofessional behavior (1)
- Over worked and underpaid (1)
- same as above (1)
- Hygienist everytime (1)
- Physical/health limitations (1)
- The work is too hard or not worth their effort. (1)
- We don't have any. (1)
- contention with other staff (1)

- Lack of experience (1)
- Finding a new job (1)
- Pace and style of practice (1)
- Our rural location (1)
- Other dental assistants and chronic concerns not being addressed (1)
- Not a good fit or same as above (1)
- Poor fit (1)
- Not a good fit , personality conflicts (1)
- Too quickly paced (1)
- Being overwhelmed with busy work days. (1)
- They can't perform (1)
- most stay at least 3 years (1)
- Please see their resume. They keep changing the office nearly once every 1-2 yrs. (1)
- Personality conflict (1)
- Mostly has been due to personal life choices causing challenges with being reliable or consistent. Assistants that have stayed longer than 3 years typically have a more stable personal life. (1)
- location, (1)
- Public health is hard (1)
- I've only owned the office just over 3 years, so that's a tricky question that could produce weird results. I think my current staff will be here for the long haul. I had to fire a couple of people that were not the right fit for our office. (1)
- The lack of support from the other assistants. (1)
- Unable to pass radiology certification test (1)
- Hard on body.. (1)
- Too many new tasks for them- such as scaling or local anesthetic (1)
- Employee in-fighting (1)
- Not being able to obtain all of the certifications. They are hired as sterilization technicians and we want to train them to be assistants but many of them fail the exams even though they demonstrate a high level of knowledge and skills (where allowed) in the clinic. It is WAY too difficult to become certified, especially in radiology where and EFODA only takes 2 kinds of xrays (pano and ceph). (1)
- One is just starting to be trained (1)

- They don't leave (1)

What are your ideas to increase the number of dental assistants in the workforce?

- Expand/access training and education programs (96)
- Increase pay / compensation (91)
- Professionalize role / licensure / CE / career ladder (21)
- Improve office culture / respect / management (16)
- No additional suggestion / N/A (7)
- Broaden scope / expanded functions (5)
- Benefits / work-life balance / schedules (4)
- Recruitment / career awareness / outreach (3)
- Reduce workload / housekeeping / add support staff (3)
- Lower barriers/costs to entry (2)
- The need for a float dental assistant is needed (1)
- Team bonding (1)
- Encourage possible observation, ask about interest in all areas of Dentistry (1)
- Please No promises of Supra gingival scaling. No matter how good the polish it's never complete. (1)
- Great! We need more...and dental hygienists (1)
- Make the job feel more like a profession than just a job. Being a valued member of a team. (1)
- Training opportunities. (1)
- Keeping the ones we have is the most important. (1)
- No Assistant employed. (1)
- None. (1)
- Train more, start interest early (1)
- Allow assistants to do supragingival scaling (1)
- Good (1)
- Development opportunities (1)
- Allow assistants to scale. More job opportunities that way. (1)
- Allow dental assistants to be trained to clean teeth. it would be a game changer for their career and income, and absolutely resolve the fact we have a national shortage of hygienists. (1)

- ?? (1)
- Not overwhelm them with hygiene tasks. Also don't risk them as additional liability such as scaling. (1)
- Make the exams cheaper to take. (1)
- Stop over working them. (1)
- Encourage (1)