

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)

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MAILING ADDRESS: \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

*(Please provide contact information that is approved for public use, as this will appear on the list of Board-approved instructors and is widely distributed. Dental assistants in search of an instructor may contact you to inquire about taking your course.)*

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

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**INSTRUCTOR QUALIFICATIONS:**

Instructors should have background in and current knowledge of placing 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.**