Oregon
Tina Kotek, Governor

Board of Dentistry
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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/86270180480?pwd=QPMH372yy2tpuaEbYWia4BvlVCwiPC.1
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 862 7018 0480 ●Passcode: 405874

May 13, 2025
5 pm – 6:30 pm

Committee Members:

Co-Chair, Terrence Clark, DMD
Co-Chair, Ginny Jorgensen
Amberena Fairlee, DMD - ODA Rep.
Laura Vanderwerf, RDH - ODHA Rep.
Kari Hiatt - ODAA Rep.
Kari Ann Kuntzelman, DT – DT Rep
Lynn Murray
Alexandria Case
Jessica Andrews
Alyssa Kobylinsky
Amanda Nash
Carmen Mons
Cassie Gilbert
Megan Barron

AGENDA
Call to Order: Dr. Terrence Clark, Chair

1. Review & Approve Minutes of May 13, 2025, DAWSAC Meeting

Meeting Minutes – **Attachment #1**

2. Review HB 3223 and information regarding formation of this Committee.

Information & HB 3223 – **Attachment #2**

The Statute has been updated incorporating HB 3223 into statute.
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.

3. Review and Discuss: DANB Workgroup Draft Model - **Attachment #3**

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.

Open Comment - 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 at a later date and will be in approximately 4 months.

Adjourn

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.

DRAFT

OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING MINUTES (DAWSAC)
February 14, 2025

MEMBERS PRESENT:	Terrence Clark, DMD, Co-Chair Ginny Jorgensen, Co-Chair Amberena Fairlee, DMD – ODA Rep. Laura Vanderwerf, RDH – ODHA Rep. Kari Hiatt – ODAA Rep. Kari Ann Kuntzelman, DT – DT Rep. Lynn Murray Alexandria Case Jessica Andrews Alyssa Kobylinsky Amanda Nash Carmen Mons Cassie Gilbert Megan Barron
STAFF PRESENT:	Haley Robinson, Office Manager Kathleen McNeal, Licensing Manager Stephen Prisby, Executive Director (joined at end of meeting)
ALSO PRESENT:	Heather Vogelsong, Assistant Attorney General
VISITORS PRESENT: IN PERSON & VIA TELECONFERENCE*	Jen Hawley Price, DANB; Mary Harrison, ODAA; Lisa Rowley, ODHA

*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 Dr. Terrence Clark at 12:07 p.m. via Zoom.

Chair Clark welcomed everyone to the meeting and had the DAWSAC Members, OBD staff and Assistant Attorney General introduce themselves.

Self-Introductions of Committee Members
Committee members introduced themselves and shared information about their current positions in the dental assisting field.

Approval of November 13, 2024 Minutes
Ms. Hiatt moved and Ms. Case seconded that the Committee approve the minutes from the November 13, 2024 DAWSAC Committee Meeting as presented. The motion passed with TC, GJ, AF, LV, KK, LM, JA, AK, AN, CM, CG, and MB voting Aye.

DAWSAC Packet Introduced

A copy of the attached HB 3223 was reviewed, and information regarding the formation of this Committee was shared.

ODA Letter to DAWSAC & Board
The Committee reviewed and discussed the attached February 4, 2025 ODA Letter. Dr. Clark raised issues regarding certified Oral Preventative Assistants (OPA) and teledentistry, and the Committee briefly discussed the topic.

DAWSAC Proposal
The Committee reviewed and discussed the attached July 2, 2024 DAWSAC Proposal.

HB 3223
The Committee reviewed and discussed the attached Points and Questions to OBD regarding HB 3223. Ms. Kuntzelman moved and Ms. Hiatt seconded that the Committee recommend that the Board review the Points and Questions regarding HB 3223. The motion passed with TC, GJ, AF, LV, LM, AC, JA, AK, AN, CM, CG, and MB voting Aye.

Alex Case July 2024 Proposal – Enhancing Dental Care Through Mandatory Registration of Dental Assistants
Ms. Case presented her attached July 2024 proposal regarding registration of dental assistants. The Committee reviewed and discussed the Proposal and related issues, including infection control, reliable workforce data, and costs. Ms. Case moved and Ms. Vanderwerf seconded that the Committee recommend that the Board consider creating a dental assistant registry. The motion passed with TC, GJ, AF, KH, KK, LM, JA, AK, AN, CM, CG, and MB voting Aye.

Dental Assistant Registration
Ms. Jorgensen presented the attached Points and Recommendations to OBD regarding Dental Assistant Registration.

DANB Article
The Committee reviewed and discussed the attached DANB Article regarding 2024 Trends. The Committee discussed issues related to workforce retention.

Open Comment
Ms. Kobylinsky pointed out that the DANB website has useful information regarding dental assistant salaries and other topics, and the Committee discussed how that information could be shared with dentists, perhaps through the Oregon Dental Association (ODA).

Ms. Jorgensen shared how the ODAA and ODA have been working together to address recruitment and retention issues.

Ms. Murray moved and Ms. Hiatt seconded that the Committee recommend that the Board submit a letter to ODA, ODAA and ODHA encouraging recruitment efforts in high schools from those organizations. The motion passed with TC, GJ, AF, LV, KK, AC, JA, AK, AN, CM, CG, and MB voting Aye.

ADJOURNMENT
The meeting was adjourned at 1:27 p.m. Chair Clark stated that the next DAWSAC meeting will be scheduled at a later date.

Enrolled
House Bill 3223

Sponsored by Representatives PHAM H, JAVADI, Senators GELSER BLOUIN, MANNING JR; Representative LEVY E, Senator CAMPOS

CHAPTER .....

AN ACT

Relating to dental assistants; and prescribing an effective date.

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

SECTION 1. Section 2 of this 2023 Act is added to and made a part of ORS chapter 679.

SECTION 2. (1) In adopting rules related to the requirements for certification as a dental assistant, including any type of expanded function dental assistant, the Oregon Board of Dentistry may require an applicant for certification to pass a written examination. If passage of a written examination is required for certification as a dental assistant, including any type of expanded function dental assistant, the board may accept the results of any examination that is:

(a)(A) Administered by a dental education program in this state 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;

(B) Administered by a dental education program in this state that is approved by the Commission for Continuing Education Provider Recognition of the American Dental Association, or its successor organization, and approved by the board by rule; or

(C) An examination comparable to an examination described in subparagraph (A) or (B) of this paragraph that is administered by a testing agency approved by the board by rule; and

(b) Offered in plain language in English, Spanish and Vietnamese.

(2) The board may not require an applicant for certification as a dental assistant, including any type of expanded function dental assistant, to complete more than one written examination for certification as that type of dental assistant.

SECTION 3. Section 2 of this 2023 Act applies to applications for certification as a dental assistant, including any type of expanded function dental assistant, submitted on or after the operative date specified in section 4 of this 2023 Act.

SECTION 4. (1) Section 2 of this 2023 Act becomes operative on July 1, 2025.

(2) The Oregon Board of Dentistry may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by section 2 of this 2023 Act.

SECTION 5. (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.

(2)(a) In appointing members to the advisory committee, the board shall prioritize diversity of geographic representation, background, culture and experience.

(b) A majority of the members appointed to the committee must have experience working as dental assistants.

SECTION 6. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.

Passed by House March 16, 2023

Repassed by House June 24, 2023

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Dan Rayfield, Speaker of House

Passed by Senate June 24, 2023

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2023

Approved:

.....M.,....., 2023

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2023

.....
Secretary of State

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:

SECTION 5. (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.

(2)(a) In appointing members to the advisory committee, the board shall prioritize diversity of geographic representation, background, culture and experience.

(b) A majority of the members appointed to the committee must have experience working as dental assistants.

SECTION 6. This 2023 Act takes effect on the 91st day after the date on which the 2023 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.

DRAFT
Recommendations for a Dental Assisting Professional Model

1/10/2025

A Path Forward for the Dental Assisting Profession

Dentistry is experiencing significant challenges related to the workforce, including an insufficient number of qualified dental assistants. The workforce shortage impacts practice capacity, efficiency, productivity, patient access, and quality of care.

The dental assisting workforce shortage was already a problem before the start of the COVID-19 pandemic, but the pandemic both exacerbated the shortage and delayed progress on solutions. In a 2022 stakeholder forum that included executives and strategists from more than 20 organizations, participants consistently returned to the observation that the lack of uniformity in the dental assisting profession across states was an important factor impeding meaningful progress in alleviating the shortage. Increasing uniformity and establishing standards was a key theme underlying the most important initiatives identified by forum participants.

A shared understanding of what dental assistants do and how they can advance will greatly improve dentistry's ability to recruit and retain qualified personnel, and to develop pipelines for the future workforce. Without a shared understanding, dentistry will continue to see

- Challenges in attracting and educating dental assisting candidates
- Loss of qualified dental assisting personnel from the field
- Reduced capacity of the oral healthcare infrastructure and diminished access to care
- Unclear understanding of minimum requirements for patient safety
- Duplication of effort in developing mid- and long-term solutions to address the workforce shortage
- Inefficiency, frustration and confusion

State legislation and regulation of the dental assisting profession shapes the career of a dental assistant. Bringing uniformity to dental assistants' scope of practice and exam, education, and credential requirements can help lay out a consistent path for the profession that offers a long-term career journey. Providing a clear roadmap for that journey will assist with both recruitment and retention of assistants. And those moving between states or working in multiple states over the course of their career will be able to continue to work without significant pause.

There is overwhelming support in dentistry for uniform national standards. A 2023 survey of dental assistants, dentists and employers, and educators showed 83% supported this idea.

The Dental Assisting Professional Model Workgroup was established to address the wide variation in how states regulate dental assisting with a focus on recommending a model that could be used as the basis for state-to-state uniformity. The Workgroup drafted a model that offers multiple pathways into the profession and a framework for professional advancement, supporting the recruitment and retention of dental assistants.

About the Dental Assisting Professional Model Workgroup

The Dental Assisting Professional Model Workgroup consists of 20 members, including dental assistants, dentists, educators, dental hygienists, and regulators. The Workgroup, formed in early 2024, sought to help address the shortage by creating a national model that:

- Elevates the dental assisting profession and attracts more candidates to the field
- Provides a road map for career growth that can support recruitment and retention of dental assistants over the long term
- Improves professional mobility of dental assistants from state to state
- Increases practice efficiency and enhances access to care
- Provides states with a straightforward framework for regulation that reflects the needs of dentistry

Nominating organizations included:

- American Association of Dental Administrators
- American Association of Dental Boards
- American Dental Assistants Association
- American Dental Association
- American Dental Education Association
- American Dental Hygienists' Association
- Association of Dental Support Organizations
- Dental Assisting National Board
- Hispanic Dental Association
- National Network for Oral Health Access

Six additional members were invited to participate to bring the expertise and perspective gained in specific roles and to broaden geographic diversity.

Two co-chairs provided leadership to the Workgroup:

- Dolores Cottrell, DDS, Executive Secretary, New York State Board for Dentistry (New York)
- Helen Sublette, BS, CDA, COA, CDIPC, FADAA, Owner, Coastal Dental Professionals Consulting (North Carolina)

Workgroup meetings were led by third-party facilitators, with the Dental Assisting National Board (DANB) staff leading workgroup coordination and contributing subject matter expertise. A full list of Workgroup members, including credentials, affiliation, and nominating organization, can be found in Appendix A.

The framework outlined in this document is the product of 12 months' work by the Dental Assisting Professional Model Workgroup and reflects the Workgroup's consensus.

Guiding Principles & Approach

The Workgroup prioritized a national model that supports:

- **Public protection**, including patient safety and occupational safety
- **Uniformity**, with an effort to build upon existing commonalities among state's scopes of practice and requirements
- **Roadmap for advancement**, that sets a clear path for dental assistants to grow
- **Implementation feasibility**, for a model embraced nationwide

To support these priorities, the Workgroup's deliberations were informed by the following sources of data:

- Survey research revealing broad stakeholder perspectives

- Clinical data, derived from a job task analysis survey, about frequency of tasks performed by dental assistants
- Data about commonalities among states related to dental assisting regulation
- Subject matter expertise provided by Workgroup members themselves

In the spirit of the guiding principles, recommendations that follow are for national minimum standards. Each dental assistant level offers multiple pathways that are as equivalent as possible, ensuring they do not create further barriers for states, employers, or dental assistants. The levels consist of both on-the-job and formal education options that offer third-party validation.

The Workgroup's approach has been informed by the following factors:

- Dental assisting education that is accredited by the Commission on Dental Accreditation (CODA) provides excellent preparation for dental assistants, but programs collectively do not have the capacity to supply all the dental assistants that are needed, and their capacity is declining; the collective annual enrollment of CODA-accredited dental assistant programs has decreased by almost half in the last decade
- There are other sources of high-quality education for dental assistants, including some community college programs and public career and technical education (CTE) programs, and some for-profit education sources might also provide quality instruction; uniform objective criteria are needed for states to evaluate offerings from all of these sources
- In many states, hiring individuals with no dental assisting experience and training them on the job is the predominant mode of entry into the dental assisting profession; however, this trend is associated with poor retention, inconsistencies in training, high turnover, and frequent vacancies that diminish the capacity of dental offices to see patients

The Workgroup's recommendations seek to balance the necessity to be able to train some dental assistants on the job with the need to protect the public. The recommendations also seek to provide adequate training and education at each level so as to provide a foundation for advancement to the next level and enhance the ability of employers to recruit and retain dental assistants; elevating dental assisting as a rewarding career will also help dental assisting education programs recruit students.

The Recommended Model

Model Snapshot

The Workgroup's recommendations for a professional model for dental assisting is summarized in brief in the following graphic. Additional details for each element of the model are contained in the sections that follow.

Dental Assisting Professional Model Snapshot		
Entry Level Dental Assistant	**Level 1 Functions** Essential chairside and basic intraoral functions	Complete infection control and safety orientation prior to or on first day of work as a DA Earn CPR/BLS within 3 months Within 12 months: Complete on-the-job training + pass a standardized national exam **or** Complete a board-approved course or program that includes a final exam
	Infection control	Complete on-the-job training + pass a standardized national exam **or** Complete a board-approved course or program that includes a final exam
	Radiography	Complete on-the-job training + pass a standardized national exam **or** Complete a board-approved course + pass a standardized national exam **or** Pass a course through or graduate from a CODA-accredited program
Intermediate Level Dental Assistant	**Level 2 Functions** Intermediate intraoral and preventive functions	Meet Level 1 requirements, complete a board-approved course, and pass a national standardized exam **or** Graduate from a CODA-accredited program*
	Nitrous Oxide Monitoring	Complete Level 1 Hold BLS certification Complete a board-approved course that includes a final exam **or** Graduate from a CODA-accredited program*
Restorative Expanded Functions Dental Assistant	**Level 3 Functions** Advanced intraoral, expanded and restorative functions	Meet Level 2 requirements, hold national dental assistant certification, complete a board-approved program, and pass a national standardized exam **or** Graduate from a CODA-accredited program* that included instruction in the functions

\A.note.about.completion.of.CODA_accredited.dental.assisting.programs¿ A dental assistant who has completed a dental assisting program accredited by CODA will have met educational requirements for both Level 1 and Level 2.
If a CODA-accredited dental assisting program included the required instruction in restorative functions, a dental assistant completing such a program will also have met educational requirements for Level 3.

Level 1: Entry level

Overview
Level 1 dental assistants have foundational dental knowledge and perform essential chairside and basic intraoral functions.

Supervision
Tasks are performed under the dentist's personal and direct supervision, until the dental assistant has met established requirements. Then, the dental assistant may work under indirect supervision.

Personal Supervision: The dentist is personally operating on a patient and authorizes the dental assistant to aid in treatment by concurrently performing supportive procedures.

Direct Supervision: The dentist is on the premises while work is performed by dental assistants; the dentist directs dental assistants' activities and verifies that functions have been performed correctly.

Indirect Supervision: The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed.

Description
Level 1 dental assistants support the dentist, the dental team, and the dental office's clinical operations. Their primary role is to assist dentists as they perform dental procedures on patients, under the dentist's personal supervision, and to execute supportive tasks before, during and after such procedures. Level 1 dental assistants also perform duties under the direct supervision of dentists.

Delegable Tasks

- Administrative, non-clinical tasks
- Clinical extraoral tasks
- Fundamental patient appointment support tasks
- Tasks that support diagnosis of the patient's condition
- Tasks that are reversible and pose a minimal risk of patient pain, injury or long-term ill effects
- Tasks that address or assist in addressing dental and medical emergencies

Examples of Level 1 tasks are:

- Maintain field of operation during dental procedures by retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
- Provide patient preventive education and oral hygiene instruction
- Take and record vital signs
- Apply topical anesthetic
- Apply topical fluoride
- Take impressions for study models and fabrication of appliances, including digital impressions
- Place and remove dental dam
- Remove temporary crowns and cements

Other tasks appropriate for Level 1 are listed in Appendix B.

Note on radiography and infection control: Radiography and infection control tasks, such as sterilizing instruments, are fundamental to the job of dental assistants and are performed by dental assistants at all levels. However, incorrect performance of these tasks carries the risk of irreversible harm to patients and personnel; therefore, special consideration has been given to addressing patient and occupational safety concerns related to these functions. Accordingly, apart from a first-day orientation required to begin working as a Level 1 dental assistant, these functions will be addressed separately.

Entry-Level Orientation
Prior to beginning work in a dental setting, a dental assistant should be provided with an infection control and safety orientation that covers essential topics, including the following:

- Fundamentals of Infection Prevention and Control: Personnel role in preventing infections; standard and transmission-based precautions; CDC resources

- Patient Protection and Occupational Safety: Hand hygiene; PPE; respiratory illness precautions; sharps safety and percutaneous injury response; work practice and engineering controls; safe injection practices; hepatitis B immunization
- Sterilization and Disinfection: Sterilization of a variety of patient care items; instrument sterilization process; sterilizer monitoring; disinfecting environmental surfaces; waste disposal; dental unit water quality monitoring/management
- Basic Radiation Safety: Occupational safety for those working in a setting where x-rays are used

Training Period
A dental assistant may work in a dental office while receiving training in Level 1 functions for up to 12 months prior to meeting the pathway requirements.

CPR/BLS
A dental assistant must hold current CPR/BLS certification within three months of beginning work in a dental office and keep CPR/BLS certification current during employment. CPR/BLS certification must meet either American Heart Association or American Red Cross guidelines.

Pathways

	Training/Education	Assessment
Pathway 1	**On-the-job training** Receive in-office training that follows a standardized content outline or training manual *(See required training/course content outline below.)*	Standardized nationally recognized exam approved by the dental board
Pathway 2	**Course or program** Complete a course or dental assisting program that is either approved by the state dental board or CODA accredited	End-of-course exam

Required training or course content
The training or course should cover:

Foundational Knowledge
- Principles of four-handed dentistry
- Treatment documentation and charting
- Universal tooth numbering system
- Tooth names, anatomy and morphology
- Oral anatomical landmarks
- Dental terminology
- Management of hazardous waste (transport, disposal, documentation)
- Patient privacy laws (HIPAA)

Essential Chairside Functions
- Review and update patient medical history, including identifying contraindications for treatment

- Perform preliminary patient examination
- Prepare patients and operatory for treatment
- Explain and obtain patient consent for procedure
- Discuss risks, benefits and alternative treatments with patient
- Set up instrument trays
- Set up anesthetic syringe
- Prepare and deliver dental materials for procedure
- Maintain field of operation during dental procedures by retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
- Observe patient during procedure
- Provide patient preventive education and oral hygiene instruction
- Take and record vital signs

Basic Intraoral Functions

- Apply topical anesthetic
- Apply topical fluoride
- Remove temporary crowns and cements
- Take impressions for study models and fabrication of appliances, including digital impressions
- Place and remove dental dam

Board approval criteria
For board-approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or ADA CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

(PACE or Program Approval for Continuing Education is a continuing education provider approval program operated by the Academy for General Dentistry. ADA CERP or Continuing Education Recognition Program is a continuing education provider recognition program operated by the American Dental Association.)

Infection Control

Description
The dental assistant performs infection prevention and control tasks, including processing instruments and devices, preventing cross-contamination, and following OSHA protocols.

Training Period
After orientation, a dental assistant may work in a dental office for a training period of up to 90 days before completing infection control requirements. During the training period, the dental assistant should receive instruction and training in infection control and should be monitored by a team member who has demonstrated knowledge of infection control through licensure, registration, or assessment and who maintains infection control knowledge through continuing education.

Pathways

	Training/Education	Assessment
Pathway 1	**On-the-job training** Receive in-office training that follows a standardized content outline or training manual *(See required training/course content outline below.)*	Standardized nationally recognized exam approved by the dental board
Pathway 2	**Course or program** Complete an infection control course or dental assisting program that is either approved by the state dental board or CODA accredited	End-of-course exam

Required training or course content

The training or course should cover:

- CDC's Guidelines for Infection Control in Dental Health-Care Settings
- CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
    - Transmission and prevention of infectious diseases
    - Overview of laws and guidelines applicable to oral healthcare settings
    - Personnel health elements of an infection control program
    - Preventing transmission of bloodborne pathogens
    - Hand hygiene
    - Personal protective equipment (PPE)
    - Respiratory hygiene/cough etiquette
    - Contact dermatitis and latex hypersensitivity
    - Sharps Safety and the Needlestick Prevention Act
    - Safe injection practices
    - Sterilization and disinfection of patient-care items and devices
    - Environmental infection control
    - Dental unit waterlines, biofilm and water quality
- OSHA Bloodborne Pathogens Standards
    - Exposure control
    - Methods of compliance
    - Special practices
    - Hepatitis B vaccination and post-exposure evaluation and follow-up
    - Communication of hazards to employees
    - Recordkeeping

Board approval criteria

For board-approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Radiography

Description
The dental assistant performs dental radiography tasks, including seating and positioning the patient, positioning the x-ray equipment, and taking images.

Pathways
A dental assistant must meet radiography training and assessment requirements before exposing radiographs.

	Training/Education	Assessment
Pathway 1	**On-the-job training** Receive in-office training from a dentist, registered dental hygienist, dental therapist, or a dental assistant who has completed the state's radiography requirements *(See required training/course content outline below.)*	Standardized nationally recognized exam approved by the dental board
Pathway 2	**Board-approved course** Complete a course or CTE program approved by the state dental board or other state agency regulating use of x-rays	Standardized nationally recognized exam approved by the dental board
Pathway 3	**CODA-accredited course or program** Complete a dental radiography course or graduate from a CODA-accredited program	End-of-course exam

Training and course content criteria
The training or course should cover:

Radiography Technique
- Review health and dental history for indications/contraindications for exposure to radiation
- How to seat patient based on technique
- Purpose of dental images
- Techniques to acquire dental images
- Identify anatomical variations that require a technique modification to acquire images
- Identify and correct technique errors to obtain a diagnostic image
- Identify what should appear in a diagnostic dental image
- Identify orientation landmarks in a dental image
- Identify dental materials in dental images
- Identify, understand purpose of and how to handle radiographic equipment
- Legal requirements

Radiation Protection
- Factors affecting x-ray production
- Protocols to ensure minimum radiation dose
- Monitor for x-ray unit malfunctions
- Potential negative health effects of radiation

- Operator safety
- Patient safety
- Addressing patient concerns regarding risks associated with exposure to radiation
- State regulatory requirements for radiation exposure

Board approval criteria
For board-approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Level 2: Intermediate intraoral functions

Overview
Level 2 dental assistants perform intermediate intraoral and preventive functions.

Supervision
Tasks are performed under the dentist's direct and indirect supervision.

Description
Level 2 dental assistants perform intraoral functions of intermediate complexity that carry a higher level of risk for injury or pain for the patient than those included in Level 1. These functions are reversible intraoral functions delegated by the dentist under direct or indirect supervision. Safe and effective performance of these functions requires knowledge of oral anatomy, hand skills and mastery of specific operational techniques beyond those required for Level 1.

The purpose of delegating Level 2 functions to dental assistants is to improve efficiency of the dental office and allow dental hygienists and dentists to spend more time on procedures requiring the professional skill and judgment commensurate with their education and training.

Delegable Tasks

- Intermediate tasks that are reversible
- May carry an increased risk of pain or injury for the patient
- Can be delegated to a dental assistant while a dentist is on the premises but may be working in another operatory

Examples of Level 2 tasks are:

- Coronal polishing
- Place sealants
- Place and remove retraction materials
- Fabricate and place temporary crowns
- Cement temporary crowns
- Place and remove matrix band and wedge
- Remove periodontal dressings

- Place post-extraction dressings
- Remove sutures

Other tasks appropriate for Level 2 are listed in Appendix B.

Pathways

	Education	Assessment
Pathway 1	**Board-approved course** Meet Level 1 requirements. Then, complete a course approved by the state dental board that addresses Level 2 functions	Standardized nationally recognized exam approved by the dental board
Pathway 2	**CODA-accredited program** Graduate from a CODA-accredited program that covers Level 2 functions	End-of-course exam

Required course content
The course should cover Level 2 functions:

- Coronal polishing
- Place sealants
- Place and remove retraction materials
- Fabricate and place temporary crowns
- Cement temporary crowns
- Place and remove matrix band and wedge
- Remove periodontal dressings
- Place post-extraction dressings

Board approval criteria
For board-approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Level 3: Expanded restorative functions

Overview
Level 3 dental assistants perform advanced intraoral restorative functions.

Supervision
Tasks are performed under the dentist's direct and indirect supervision.

Description
Level 3 dental assistants perform intraoral restorative functions of advanced complexity that carry a higher level of risk for injury or pain for the patient than those included in Level 2. These functions are reversible intraoral restorative functions delegated by the dentist under direct or indirect supervision. Safe and effective performance of these functions requires more advanced knowledge of oral anatomy, hand skills and mastery of specific operational techniques beyond those required for Level 2.

The purpose of delegating Level 3 functions to dental assistants is to improve efficiency of the dental office and allow dental hygienists and dentists to spend more time on procedures requiring the professional skill and judgment commensurate with their education and training, which helps increase the capacity of dental offices to see patients and improves access to dental care.

Delegable Tasks

- Expanded restorative functions that are reversible, not including cavity or crown preparation or the cutting or removal of hard or soft tissue
- May carry an increased risk of pain or injury for the patient
- Can be delegated to a dental assistant while a dentist is on the premises but may be working in another operatory

Examples of Level 3 tasks are:

- Place liners and bases
- Place, contour, finish and adjust direct restorations in a cavity prepared by the dentist or dental therapist
- Final impressions
- Place and cement prefabricated crowns (such as stainless steel crowns) on a tooth prepared by the dentist or dental therapist
- Interim therapeutic restorations
- Cementation of a permanent indirect restoration (crown) on a tooth prepared by the dentist or dental therapist

Other tasks appropriate for Level 1 are listed in Appendix B.

Pathways

	Education	Assessment
Pathway 1	**Board-approved Restorative EFDA program** Meet Level 2 requirements and earn national accredited dental assistant certification recognized by the state board. Then, complete a restorative EFDA program approved by the state dental board that addresses Level 3 functions	Standardized nationally recognized written and/or hands-on exam approved by the dental board

	Education	Assessment
Pathway 2	**CODA-accredited program** Graduate from a CODA-accredited program that covers Level 3 functions	Standardized nationally recognized written and/or hands-on exam approved by the dental board

Program criteria
The program should cover:

- Dental anatomy and physiology
- Place, contour, finish and adjust direct restoration
- Final impressions
- Place and cement fabricated crowns
- Interim therapeutic restorations
- Cementation of permanent indirect restorations

For board-approval, the course must be offered by a provider that is accredited by an agency recognized by the U.S. Department of Education, including CODA.

Nitrous Oxide Monitoring

Pathway

Prerequisite	Education	Assessment
Meet Level 1 requirements Hold BLS certification	**Course or program** Complete a board-approved course or graduate from a CODA-accredited program that covers nitrous oxide monitoring	End-of-course exam

Required course content
The course should cover:

- Advantages and contraindications of nitrous oxide
    - Advantages: Discuss the safety, rapid recovery, minimal side effects, and suitability for various patients.
    - Contraindications: Cover conditions such as COPD, pregnancy, psychiatric conditions, and immune disorders. Focus on pre-sedation patient screening and ensuring proper patient selection.
- Inhalation sedation equipment
    - Overview of equipment: Review nitrous oxide delivery systems, how to adjust concentrations, and ensure proper equipment function.
    - Hands-on training: Practice setting up and operating the equipment, including how to monitor oxygen levels.
- Sedation procedure and patient monitoring
    - Chemical makeup of nitrous oxide: Overview of nitrous oxide pharmacology and how it works in the body.

    - Patient education: Train dental assistants on how to explain the procedure, effects, and what patients should expect before and after sedation.
    - Steps of sedation:
        - Patient positioning
        - Administration of nitrous oxide/oxygen
        - Monitoring patient response and adjusting gas flow
        - Pediatric sedation considerations
        - Patient Monitoring: Focus on continuous monitoring of respiration, responsiveness, and any signs of oversedation.
- Emergencies and complications
    - Common complications:
        - Oversedation
        - Nausea and vomiting
        - Airway obstruction
        - Vertigo or disorientation
    - Emergency management: Apply BLS skills in case of respiratory depression or unconsciousness. Briefly review the recognition of these emergencies, but rely on participants' existing knowledge of CPR, airway management, and AED use.
- Post-sedation care and documentation
    - Post-sedation recovery: Emphasize how to monitor patients during recovery from nitrous oxide sedation, focusing on re-establishing full awareness and checking for any delayed reactions.
    - Patient communication: Train on discussing post-sedation instructions with patients or caregivers, including any risks of driving or returning to regular activities.
    - Documentation: Review the legal and procedural documentation for sedation events, focusing on how to record sedation dosages, patient reactions, and any interventions performed.

Board approval criteria
For board-approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Note: There are 13 states that allow dental assistants who have met specified requirements to administer nitrous oxide in addition to monitoring. The Workgroup's recommendations do not address administration of nitrous oxide by dental assistants and also do not recommend against allowing dental assistants who have met appropriate requirements conforming to sound public protection principles from performing this function.

Designations for Each Dental Assisting Level

One of the factors contributing to the lack of uniformity across states affecting the dental assisting profession is the inconsistent use of designations and titles in different states. The meaning of the term "registered dental assistant" varies greatly in the states that use it; it may mean:

- An entry-level dental assistant
- An assistant who has met radiography requirements or requirements to perform other individual functions (like coronal polishing)
- An intermediate level between the entry level and the restorative expanded functions level
- The highest level of dental assistant in the state, but not authorized to perform restorative functions
- A restorative expanded functions assistant

Similarly, in some states, the term "EFDA" or "EDDA" is roughly equivalent to the intermediate level in other states, and a different designation is used for the restorative expanded functions level.

The most uniformity of titles is seen at the entry level, where 30 states simply call this level "dental assistant." However, there are still 20 states and DC that use a different term to refer to these assistants.

While it is not essential for states to use the same terms to achieve greater uniformity of scope of practice and requirements for dental assistants, the Workgroup believes that adopting more uniform designations for dental assistants at each tier will reduce confusion and support the objective of achieving an understandable roadmap for dental assistants to navigate their careers.

The Workgroup recommends these designations for dental assistants at each level described in the model:

Level as Outlined Above	**Recommended Designation**
Level 1	Dental Assistant 1
Level 2	Dental Assistant 2
Level 3: Restorative EFDA	Dental Assistant 3 – Restorative EFDA

Rationale

These designations

- Help demonstrate a clear progression from the first tier to the highest tier
- Are easy to understand and do not use terms that are new or unfamiliar in the dental field
- Provide flexibility for states to credential or not credential each of the levels

We recognize that in states that are already using these designations, the adoption of different meanings for these terms could cause temporary confusion during a transition period or states could continue to use these terms in a way that is out of alignment with the model. To completely avoid creating conflict with any existing state designations, it would be necessary to recommend terms that are not currently in use in any state, and doing so would introduce a different set of drawbacks, in that the terms would likely be unfamiliar, unintuitive, and not aligned with general naming conventions for allied health personnel.

While there is no perfect solution, the Workgroup has determined that recommending terms that are clear, easy to understand, and familiar will support the goal of uniformity more than inventing new, unfamiliar terms.

Emerging Functions

How states choose to address new dental assisting functions that emerge over time, because of new technology or efforts to expand dental assisting scope of practice, is an area where the best efforts to move towards a more uniform model for the dental assisting profession may encounter challenges.

Our intention has been to describe each level using objective criteria, including the underlying principles that govern decision-making for each level, to create a framework that will allow states and employers to determine whether a function may be delegated to dental assistants meeting the requirements of one of the defined levels or whether additional new knowledge and skills are required.

New or "emerging" functions may come under discussion when new technology creates new functions or alters the skill level needed to perform existing functions – for example, digital imaging technology has changed the skill level needed for making impressions. In addition, stakeholders may propose expanding the scope of practice for dental assistants to include functions not previously performed by assistants, such as administration of local anesthetic, blood draws (phlebotomy), application of silver diamine fluoride, scaling/prophylaxis or periodontal probing.

Because one of our guiding principles has been to build on commonalities that already exist among states, we have not included in the model functions that have only recently come under discussion but have not been authorized or addressed in more than a few states. However, we believe that the model provides a framework for consideration of how to treat these functions and encourages states, as they engage in these discussions, to ask the following questions:

- What is the rationale for considering adding a new function to dental assistants' scope or recategorizing an existing function?
- Is adoption of new technology is occurring rapidly, and are employers seeking guidance around delegation?
- Will the public benefit from authorization of new functions for dental assistants, such as through increases in access to care?
- Will dental offices benefit through increasing their capacity to see patients?
- Will the addition of new functions support retention and recruitment of dental assistants?

If the function is worth additional consideration, the following questions can provide a framework for categorizing the function into an existing level or developing pathways for a separate new level or category:

- Is the function intraoral?
- Is the function reversible?
- Is the function invasive? Does it penetrate hard or soft tissue?
- Will the function result in the placement of a permanent restoration or appliance?
- What is the risk of pain or injury to the patient?

- Does the function require advanced hand skills or mastery of advanced operational techniques?
- Does any existing level have the knowledge needed, or is new knowledge required?

It may also be important to consider whether the function overlaps with any other healthcare professions' scope of practice and whether laws and regulations governing those professions address the performance of that function by those outside the profession. For example, is starting IV lines or doing blood draws prohibited for those not licensed as a nurse or phlebotomist?

If new knowledge is required, developing a set of requirements that includes education from an accredited source and/or assessment from a national organization offering accredited exams/certifications would support future uniformity as the function is adopted in additional states.

Maintaining the Model

The recommendations described in this document were developed in collaboration and with representation and input from key dental and dental assisting organizations. The Workgroup believes there is value in forming a more permanent coalition to continue considering questions that affect the uniformity of the dental assisting profession, including providing guidance on incorporating emerging functions into practice and regulations. When discussions of a new function reach critical mass across states, the coalition, preliminarily named the National Dental Assisting Professional Model Coalition, will develop recommendations for uniform treatment of that function by states.

Registration

An important question that states must consider when determining how best to regulate dental assistants is whether to require registration for some or all levels of assistant.

"Registration" is a broad term signifying varying levels of rigor and continued oversight over a profession, depending on the state. For our purposes, "registration" encompasses any issuance of a state credential to a dental assistant who has met competence requirements set forth by the state.

The Workgroup notes that there are many practical benefits to requiring registration for dental assistants at all levels, including these:

- Accurate and up-to-date rosters of employed dental assistants in every state will greatly assist the dental community in monitoring trends in dental assisting employment and measuring the success of steps taken to mitigate the shortage.
- Information collected through registration will allow for additional research into factors influencing successful recruitment and retention that could provide valuable insights to those seeking solutions to the workforce shortage.

For these reasons alone, we encourage policymakers in state to require registration for all dental assistants.

Registering dental assistants will also bring these public protection benefits:

- Regulators report that in states where dental assistants are not registered, a dental hygienist whose license is revoked for disciplinary reasons may legally work in a dental setting as a dental assistant, which may pose a risk to patient health and safety; giving the state board of dentistry regulatory authority over dental assistants will eliminate this problem.

- Registration allows the state to revoke an authorization to work in cases where dental assistants have demonstrated that they are a danger to patients.

- Registration removes the burden from employers to verify that dental assistants have met requirements.

- Registration enables the state to require and verify that dental assistants complete continuing education requirements, which fosters a more competent workforce and supports delivery of high-quality patient care.

- Registered or licensed dental assistants may be required to complete education required of other health professionals, such as child abuse recognition and reporting, identifying victims of human trafficking, cultural competency, and similar topics that benefit the public; these requirements support public safety and the provision of a higher level of care to patients.

- Registration facilitates the process of verifying credentials when a dental assistant moves to a new state.

Despite these considerable benefits, the Workgroup recognizes that it may be unfeasible in some states, for administrative or political reasons, to adopt a model calling for registration of all dental assistants. With this in mind, we have sought to propose a model founded on objective criteria that are straightforward for an employer to verify, so that, if registration cannot be implemented in a state, the state can nonetheless participate in the benefits brought about by adopting uniform descriptions, scopes of practice, and requirements for each level of dental assistant.

We also make note of the strong trend among states to require registration for the restorative EFDA level (Level 3 in the model). Of the 25 states that expressly allow some level of dental assistant to perform expanded restorative functions, 21 require registration or licensure for that level. Functions performed at this level hold the highest risk of injury or harm to the patient, and registration of this level aligns with each state's public protection interests. We therefore recommend registration for the restorative EFDA level.

Continuing Education

We encourage states to require continuing education (CE) for dental assistants. For Level 1, at a minimum, CE in infection prevention and control should be required. For Level 2 and Level 3, we

encourage states to adopt similar CE requirements to include, at a minimum, infection control and patient safety CE.

While CE requirements in the 24 states that require CE for dental assistants vary from one hour/unit per year to 15 hours/units per year, we encourage states to adopt requirements for Level 2 and Level 3 that are no less than the average number of units across all the states that have a CE requirement for dental assistants – approximately 8 hours/units per year. We also note that 12 hours/units per year is the most common quantity of CE units required, and this higher number may be a more appropriate requirement for Level 3.

As long as CE requirements are within reasonable ranges, we don't believe a state that has adopted the model should view moderate differences in approaches to CE as a reason for not recognizing the status of a dental assistant from another state that has also adopted the model.

Jurisprudence Education or Exam
The Workgroup supports verification of dental assistants' knowledge of state laws, rules, and regulation through a required course or examination. However, for the foreseeable future, we expect the content of such courses or exams to continue to be state-specific, and for any jurisprudence requirements to be determined and administered at the state level.

Guidance for Implementation

Approaches to transition
As states consider adopting the recommended model, we expect stakeholders to express concerns about how the new framework will affect dental assistants who have already been employed and working before the introduction of the new model.

To facilitate the transition to a new model, we recommend establishing an alternative pathway for dental assistants who are already working to qualify for the appropriate equivalent level in the new model.

Each state may handle the transition differently, because the current variations in state regulation of dental assistant do not allow for a uniform solution to transition these dental assistants.

Broadly speaking, a state's options for transitioning existing participants in the workforce to equivalent levels in the new model consist of:

- Allow dental assistants who were working prior to adoption of the model to continue performing those duties they have already been performing; provide a grace period for them to meet requirements outlined in the model for qualifying to perform new functions.

- Require dental assistants who were working prior to adoption of the model to meet all requirements under the new model within a reasonably generous timeframe.

- Require dental assistants who were working prior to adoption of the model to meet modified requirements that take into account their existing level of knowledge gained through prior training, education and experience; an example of a modified requirement is

allowing work experience and a dentist's attestation of competence to substitute for all or part of an education or exam requirement.

In some states, it might be appropriate to deploy some combination of the above approaches, if prior requirements create different considerations for different levels.

Resources and Support

Certain aspects of the Workgroup's recommendations will require resources and support materials that may not be currently available. In some cases, existing materials, such as training manuals, course curricula, and exams, may need to be adapted to bring them into alignment with the recommended model. In other cases, new materials may need to be developed to support successful implementation. Identifying and evaluating existing resources and developing plans for the creation of new resources has been outside the scope of the Workgroup's current 12-month endeavor. It has been the Workgroup's intention to provide enough detail to allow relevant organizations and providers of services to begin to identify what work will be needed to help advance and support the model.

We call upon all stakeholders in dentistry to support and participate in the development of the tools that states, employers, and dental assistants will need to ensure that adoption of the model by a state will bring about real changes that support a high quality of care and provide the foundation for attractive career prospects for potential dental assistants, enhanced recruitment and retention, and improvements in dental offices' capacity to serve patients.

Model Statutory and Regulatory Language

A future version of this document will include model legal language for statutes (laws) and rules/regulations for state policymakers and regulators who wish to implement the model in their states to use as a template.

Phase 2: Orthodontic and Anesthesia Functions

The foregoing model is the product of 12 months' intensive analysis and deliberation by the Workgroup. Most of our discussion centered around tasks that dental assistants perform in a general dentistry setting. As we deliberated, we understood that there are several subsets of dental assisting tasks that require deeper analysis and engagement with the dentist specialists in whose practices those dental assisting functions are performed, and that the close consideration required would be outside the scope of what the Workgroup would be able to address in its proposed 12-month timeframe. Specifically, orthodontic functions and anesthesia functions are two critical areas that warrant detailed attention.

Orthodontic Functions

In some states, orthodontic duties are included in a dental assistant's scope of practice along with general dental assisting functions and specialty functions. In four states, the state has carved out a separate specialty designation for orthodontic assistants, with accompanying specialized scope and requirements. While there is much overlap among the orthodontic functions addressed across states, as with general duties, no two states have the same scope of practice with respect to

orthodontic dental assisting and no two states have the same requirements for assistants who perform orthodontic expanded functions. However, identifying a common orthodontic assisting scope of practice and set of requirements will bring these benefits:

- Protect the public in orthodontic settings, where there is a significant trend toward delegating intraoral functions to dental assistants
- Establish a clear way for dental assistants to train and qualify to perform orthodontic expanded functions
- Identify and define an attractive option for dental assistants to pursue career advancement

Anesthesia Functions

Administration of anesthesia is the dental office procedure that carries the greatest risk for immediate adverse outcomes. Many states have adopted or amended rules addressing requirements for dentists to administer anesthesia in their offices to conform with the 2016 *ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists* in the last eight years, and these requirements frequently also address the role of auxiliaries in assisting in anesthesia procedures. There are currently seven states that have defined requirements for a "dental anesthesia assistant," an "oral maxillofacial surgery assistant" or similarly titled role. Unsurprisingly, there are variations in the scope of practice and requirements for these anesthesia assistants across states.

Establishing recommendations for a uniform scope of practice and requirements for anesthesia assistants will help states regulate this critical area with more certainty that they are following best practices and providing the safest patient care.

In a second phase to this project, DANB intends to convene two smaller sets of stakeholders and subject matter experts to collaborate on developing recommendations for uniform regulation of orthodontic assistants and anesthesia assistants, following the same guiding principles centered on protecting the public, building on existing commonalities among states, providing and clearly defining a career roadmap for dental assistants, and supporting feasible implementation.

Appendix A: Dental Assisting Professional Model Workgroup Members

Workgroup Member (State)	Affiliation	Nominating Organization
Dolores A. Cottrell, DDS, MSHA (NY) – Workgroup Co-Chair	Executive Secretary, New York State Board for Dentistry	Invited participant
Helen Sublette, BS, CDA, COA, CDIPC, FADAA (NC) – Workgroup Co-Chair	Owner, Coastal Dental Professionals Consulting	American Dental Assistants Association
Bridgett Anderson, LDA, MBA (MN)	Executive Director, Minnesota Board of Dentistry	American Association of Dental Administrators
Christian Avelar, CDA, RDA (NJ)	Dental Assistant, Mountain Lakes Premier Dental	Hispanic Dental Association
Bobby Carmen, DDS, MAGD (OK)	Owner, Bobby J Carmen DDS; President, Oklahoma Board of Dentistry	American Association of Dental Boards
Tracy Cramer (OR)	State Representative (District-22), Oregon House of Representatives	Invited participant
Megen Elliott, MS, CDA, RDH (WI)	Dental Assistant Program Director, Northwood Technical College	American Dental Hygienists' Association
Rebecca Erwin, CDA, RDH (WV)	Dental Assisting Instructor, Putnam Career & Technical Center	Invited participant
Nabil Fehmi, DDS (AZ)	Founder and Chief Clinical Officer, Westwind Integrated Health	Association of Dental Support Organizations
David Fried, DMD (CT)	Co-Chair, Council on Government Affairs and Past President, Connecticut State Dental Association; Faculty, General Dentistry, University of Connecticut	ADA Council on Dental Practice
Sandra Garcia-Young, CDA, CDIPC, RDA, FADAA, FAADOM (TX)	Practice Administrator, CentroMed; Trustee, The DALE Foundation	DALE Foundation
Margaret Gingrich, DDS (MI)	Owner and General Dentist, Gingrich Dental PC	ADA Council on Dental Practice
Sarah Holland, MS (VA) – Public Representative	Founding CEO, Virginia Health Catalyst; Co-Founder, American Network of Oral Health Coalitions	Invited participant
Kay Jukes, BS, CDA, RDA (TX)	Dental Assisting Program Director, Houston Community College	American Dental Education Association
Lenny Mayorga, DDS (CA)	Pediatric Dentist, AltaMed Health Services	Hispanic Dental Association

Workgroup Member (State)	Affiliation	Nominating Organization
Julie Muhle, M.Ed., BOE, CDA, CRFDA (NV)	Academic Program Director for Dental Assisting, Truckee Meadows Community College	Invited participant
Jamie Sacksteder, Ph.D. (VA)	Executive Director, Virginia Board of Dentistry	American Association of Dental Administrators
Enrique Sanchez-Castillo, CDA, EFDA (IN)	Expanded Function Dental Assistant, Meridian Health Services	Invited participant
Leah Schulz, DDS (CO)	Director of Dental Projects, Salud Family Health; President, Colorado Dental Association	National Network for Oral Health Access
Janée Tamayo, CDA, CPFDA (NC)	Dental Flight Chief, U.S. Air Force; Chair, Dental Assisting National Board	Dental Assisting National Board

Kerri Friel, CDA, COA, RDH, MA (RI), a professor in the Dental Health Department at the Community College of Rhode Island, participated in select Workgroup meetings as part of her role on a dental assistant workforce coalition.

Appendix B: Supplemental List of Functions

Dental assistants perform an extraordinary number of functions and tasks, and it would not be possible to consider and address all of them in these recommendations. The functions presented above in each level are representative of that level and are also the most commonly addressed in state dental practice acts and regulations. To supplement these selected functions and provide additional guidance, the Workgroup makes the following recommendations for levels of delegation of functions that are not addressed above:

Level 1:

1. Transfer dental instruments
2. Record dental screenings
3. Record charting of the oral cavity and surrounding structures
4. Chart existing restorations or conditions
5. Recognize basic dental emergencies
6. Instructing in the use and care of dental appliances
7. Remove debris created in the course of treatment
8. Application of disclosing solutions
9. Recording patient treatment
10. Perform mouth mirror inspection of the oral cavity
11. Assist with basic restorative procedures, including prosthodontics and restorative dentistry
12. Recognize basic medical emergencies
13. Providing nutritional counseling for oral health and maintenance
14. Perform intra/extraoral photography
15. Apply hot/cold packs
16. Provide pre- and post-operative instructions
17. Monitor vital signs
18. Clean and polish removable appliances and prostheses
19. Assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
20. Respond to basic medical emergencies
21. Instruct patients on bleaching procedures
22. Review medical/dental history
23. Complete laboratory authorization forms for provider review/approval
24. Respond to basic dental emergencies
25. Prepare a patient for nitrous oxide analgesia administration
26. Use light curing device
27. Pour and trim diagnostic casts for evaluation by the provider

Level 2:

1. Monitor and respond to post-surgical bleeding
2. Polish assigned teeth with a slow-speed rotary handpiece immediately before an acid etch procedure
3. Remove excess temporary cement from supragingival surfaces of a tooth with hand instruments only
4. Cleanse/polish teeth in preparation for a procedure
5. Place periodontal dressings

Level 3:

1. Place temporary fillings
2. Remove temporary fillings
3. Before cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations
4. Etch, wash and dry dentin
5. Extraorally adjust dentures