CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

**Quarterly Dental Pilot Project Program**
**Advisory Committee Meeting: DPP 300**
**Meeting Minutes**

**Date:** Monday, May 9, 2022
**Time:** 9:00 AM – 11:00 AM
**Location:** **Virtual -** OHA Public Health Division

**Committee Members Present:** Josette Beach, Felix Lee, Laura McKeane, Paula Russell, Barry Taylor, Caroline Zeller,

> **Absent**: Rebecca Gerber, Sharon Hagan, Paula Hendrix, Kristin Hockema, Kelli Swanson Jaecks, Sharity Ludwig, Katie Nichols

**OHA Staff** & **Consultants to OHA** Present:
Stephanie Glickman, Kelly Hansen, Fred King, Sarah Kowalski, John Putz, Jon McElfresh, Marc Overbeck, Kaz Rafia, Charles Rim, Cate Wilcox, Amy Umphlett

**Project Attendees and Invited Presenters:** Gail Aamodt, Christie Chaney, Amy Coplen, Shannon English, Natalie Horn, Aaron Truong, Elisa Turpen

**Invited Guests Present**: Gary Stafford

***Signed in Public Attendees Present:** Miranda Davis, Stephen Davis, Joe Dunn, Katherine Duarte, Jen Lewis-Goff, Oregon Dental Association, Sabrina Riggs, Angela Smorra, Mark Schoenbaum

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

**Total Attendees**: 34

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**Summary of Meeting**

**Agenda Item:** Review of Meeting Agenda and Introductions

> **Summary of Discussion**: Meetings are recorded for note-taking purposes. Reviewed agenda.

**Decision**: No decisions made. Move to the next agenda item.
**Action**: Meeting started.

**Agenda Item:** Results of January Post-Meeting Survey presented by Sarah Kowalski, RDH, MS, Dental Pilot Project Program, Oral Health Program, Oregon Health Authority.

**Summary of Discussion**: A survey was sent after the January 2022 committee meeting to obtain feedback from individual committee members. The goal was to assist in shaping future committee meeting agendas

Committee members were asked to rank items from least interested to most interested along a five-point scale.

Results indicated that committee members are overall more interested in dental therapy-specific topics rather than general oral health topics.

See the accompanying slide deck for details and specific topics.

**Decision**: A draft work plan will be developed and sent to the committee for review and feedback.
**Action**: Move on to the next agenda item.

**Agenda Item**: Presentation and Updates, Dental Pilot Project #300. Presented by Amy Coplen RDH, MS, Pacific University and Shannon English, DDS, Willamette Dental

**Summary of Discussion**: Dental Pilot Project #300 introduced Ms, Christie Chaney as the new project manager for the project. Ms. Chaney is the Director of Operations at Willamette Dental Group.

- Under cohort 1 there are currently 5 trainees in utilization and 2 in their preceptorships.
- Under cohort 2 there are currently 0 trainees in utilization and 1 has moved into their preceptorship. They will complete their CRDTS exam on May 17th.
- Discussed the potential of a third cohort, but no decisions have been made. Concerns related to the financing of the third cohort are a concern.

**Decision**: No decisions made.
**Action:** Move on to the next agenda item.

**Agenda Item:** Updates from the Project; Modification Request Overview, presented by Shannon English, DDS, Dental Director, Dental Pilot Project #300.

**Summary of Discussion**: DPP #300 submitted a modification request to OHA in April.

- Request states the goal is to decrease the quantity of required monthly random chart audits by Supervising Dentists during the Utilization Phase.
- Current: 20% of charts seen by a trainee

Request: 10% of charts seen by the trainee (maximum of 10 total audits)

*Please see the post-meeting actions for a copy of the OHA final determination on the modification request.*

**Decision**: No decisions made.
**Action:** Move on to the next agenda item.

**Agenda Item:** Modification Request Process; Responsibilities of OHA and Advisory Committee

**Summary of Discussion**: OHA reviewed the modification request process. Materials will be sent to the committee members for review along with a survey requesting feedback on the proposed modification request.

**Decision**: No decisions made.
**Action:** Move on to the next agenda item.

**Agenda Item:** Results of Site Visit – August 2021; Overview of Site Visit Process; Next Site Visit; Role of Advisory Committee

**Summary of Discussion**: OHA reviewed the results of the last site visit which occurred in August 2021. A full site visit report will be made available to the committee and posted on the website and in Dropbox.

A survey was given to the supervising dentists and the trainees participating in DPP#300.

See the accompanying slide deck for details and specific topics.

The site visit process and requirements of committee participation were reviewed. The next site visit will be in July in Portland and Salem.

**Decision**: No decisions made.
**Action:** Move on to the next agenda item.

**Agenda Item:** Standing Agenda Items – Oregon Board of Dentistry; ADA Commission on Dental Accreditation, Other topics

**Summary of Discussion**: The Oregon Board of Dentistry is under rulemaking for Dental Therapy.

***Rules will go into effect on July 1, 2022****. Please see Oregon Board of Dentistry website for more details. (Post-Meeting Action)*

**Decision**: No decisions made.
**Action:** Move on to the next agenda item.

**Agenda Item:** Follow Up Items, Future Meeting Dates

**Summary of Discussion**: A draft work plan will be sent for review by the committee. A survey will be sent to obtain feedback on the proposed modification.

**Decision**: No decisions made.
**Action:** Move on to the next agenda item.

**Public Comment Period:** There were no public comments.

- **Next Meeting: October 31, 2022**

**Post-Meeting Actions**: See Addendum to Meeting Materials

- Modification approval document
- Oregon Board of Dentistry – Dental Therapy Rules – Effective July 1, 2022

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# AGENDA

Dental Pilot Project #300 "Dental Therapist Project: Dental Hygiene Model"

Advisory Committee Meeting DPP #300

May 9, 2022
9:00am – 11:00am

**Location: Remote meeting via Zoom.**
**Link:** https://www.zoomgov.com/j/1608976152?pwd=SDUvS2xBREJyR1FtQ1NPcG5yRTF6UT09
**Call in option:** 669-254-5252 **Meeting ID:** 160 897 6152 **Passcode**: 406092

| | | |
|---|---|---|
| 9:00-9:10 | Agenda Review, Meeting Review | Sarah Kowalski, MS, RDH<br>Dental Pilot Project Program Coordinator |
| 9:10-9:20 | Official Introductions | Sarah Kowalski |
| 9:20-9:35 | Results of January Post-Meeting Survey | Sarah Kowalski |
| 9:35-9:50 | Updates from the Project; Modification Request Overview | Dental Pilot Project #300 |
| 9:50- | Modification Request Process; Responsibilities of OHA and Advisory Committee | Dental Pilot Project #300 |
| 10:20-10:25 | Break | |
| 10:25-10:35 | Results of Site Visit – August 2021; Overview of Site Visit Process; Next Site Visit; Role of Advisory Committee | Sarah Kowalski |
| 10:35-10:45 | Standing Agenda Items – Oregon Board of Dentistry; ADA Commission on Dental Accreditation, Other topics | Sarah Kowalski, Others |
| 10:50-10:55 | Follow Up Items, Future Meeting Dates | Sarah Kowalski |
| 10:55-11:00 | Public Comment Period | Public comments are limited to 2 minutes per individual; Public comments are accepted via in-person oral testimony or submission of written comments via email to oral.health@state.or.us or US Mail. |

**Next Meeting**: August 1, 2022

# Dental Pilot Projects Program

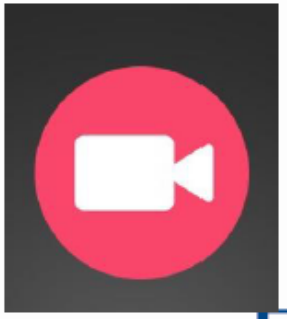
DPP #300 - Advisory Committee Meeting

May 9, 2022

Oregon Health Authority

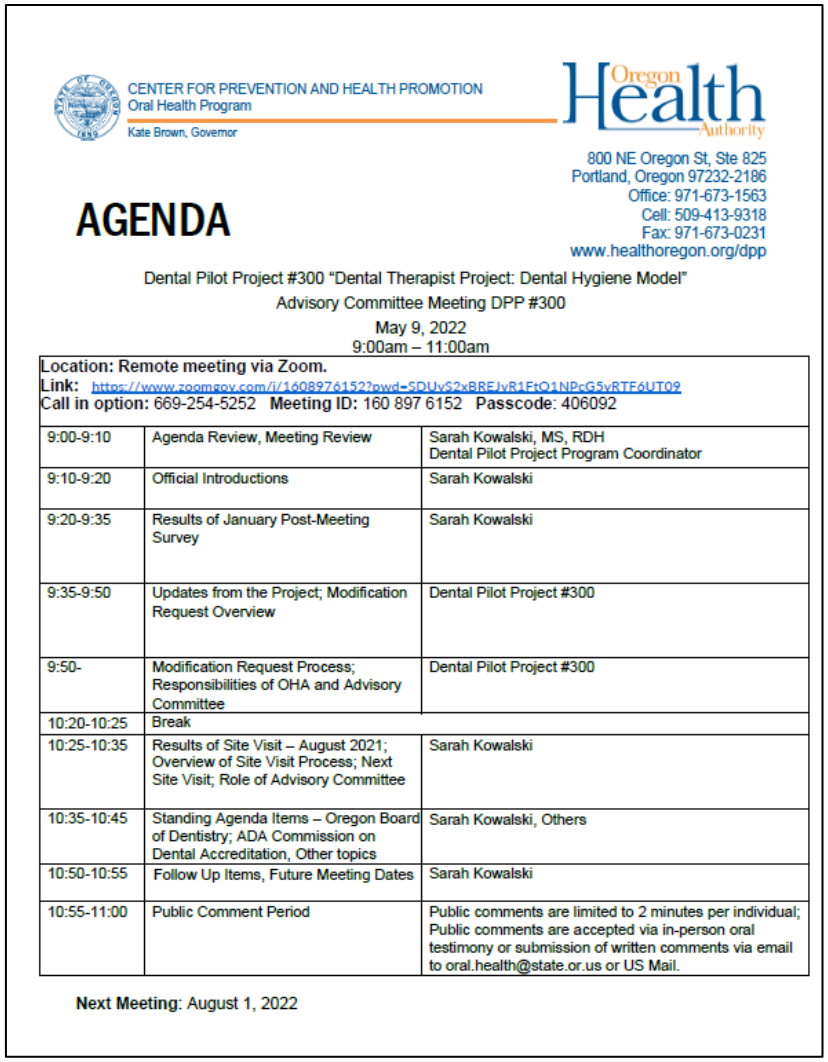
Oral Health Program
Public Health Division

- Agenda Review & Meeting Guidance
- Please turn on your video camera.
- Please use chat function to ask question.
- MUTE yourself.
- Only Committee Members and Invited Guests will actively participate in the meeting.
- Public Meeting: Public Comment Period at End of Meeting
- Meetings are recorded for notetaking only



Oregon Health Authority

# Dental Pilot Projects Program



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Dental Pilot Project #300 "Dental Therapist Project: Dental Hygiene Model"
Advisory Committee Meeting DPP #300
May 9, 2022
9:00am – 11:00am

**Location: Remote meeting via Zoom.**
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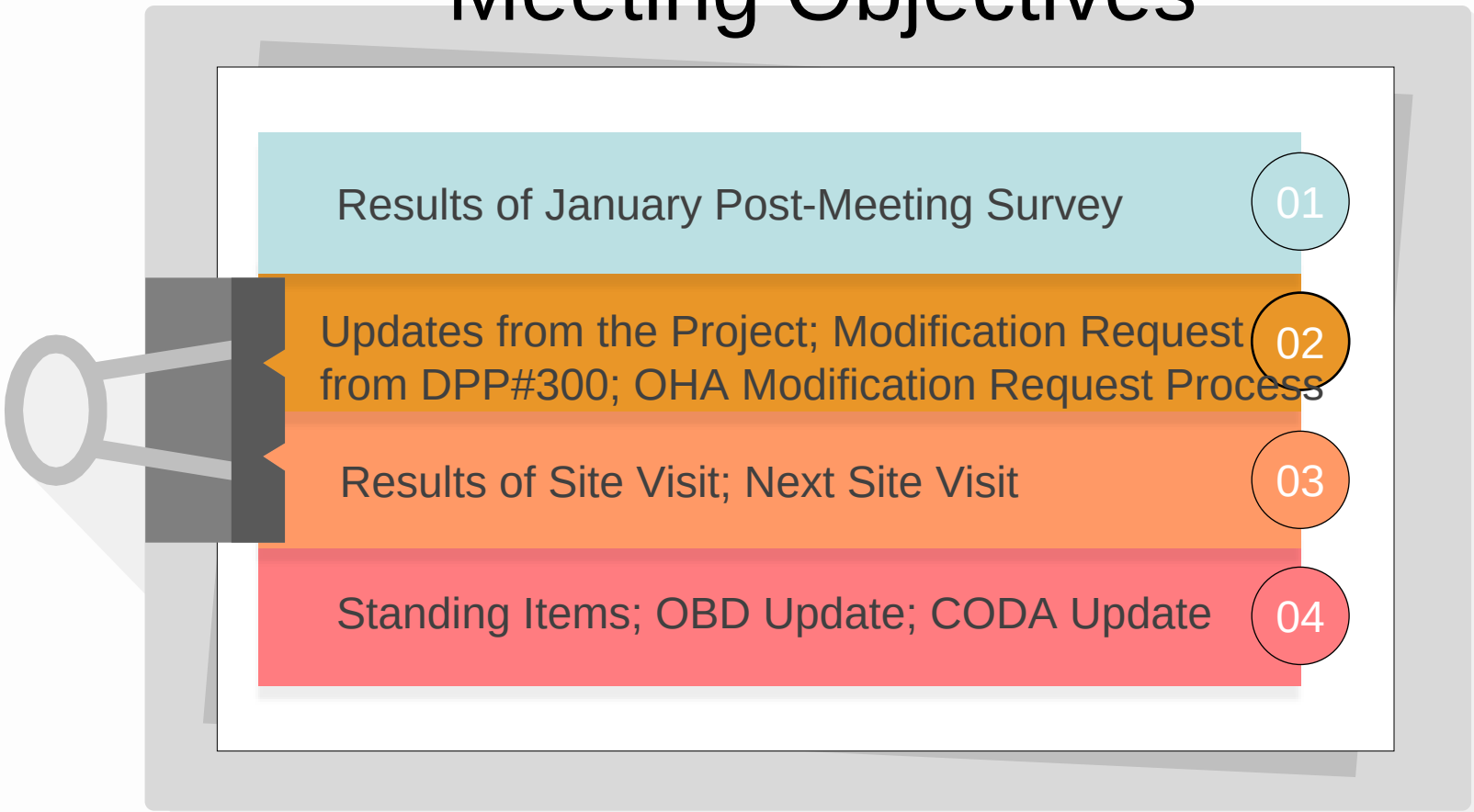
| 9:35-9:50 | Updates from the Project; Modification Request Overview | Dental Pilot Project #300 |
| 9:50- | Modification Request Process; Responsibilities of OHA and Advisory Committee | Dental Pilot Project #300 |
| 10:20-10:25 | Break | |
| 10:25-10:35 | Results of Site Visit – August 2021; Overview of Site Visit Process; Next Site Visit; Role of Advisory Committee | Sarah Kowalski |
| 10:35-10:45 | Standing Agenda Items – Oregon Board of Dentistry; ADA Commission on Dental Accreditation, Other topics | Sarah Kowalski, Others |
| 10:50-10:55 | Follow Up Items, Future Meeting Dates | Sarah Kowalski |
| 10:55-11:00 | Public Comment Period | Public comments are limited to 2 minutes per individual; Public comments are accepted via in-person oral testimony or submission of written comments via email to oral.health@state.or.us or US Mail. |

**Next Meeting**: August 1, 2022

Oregon Health Authority

# Dental Pilot Projects Program

## Meeting Objectives

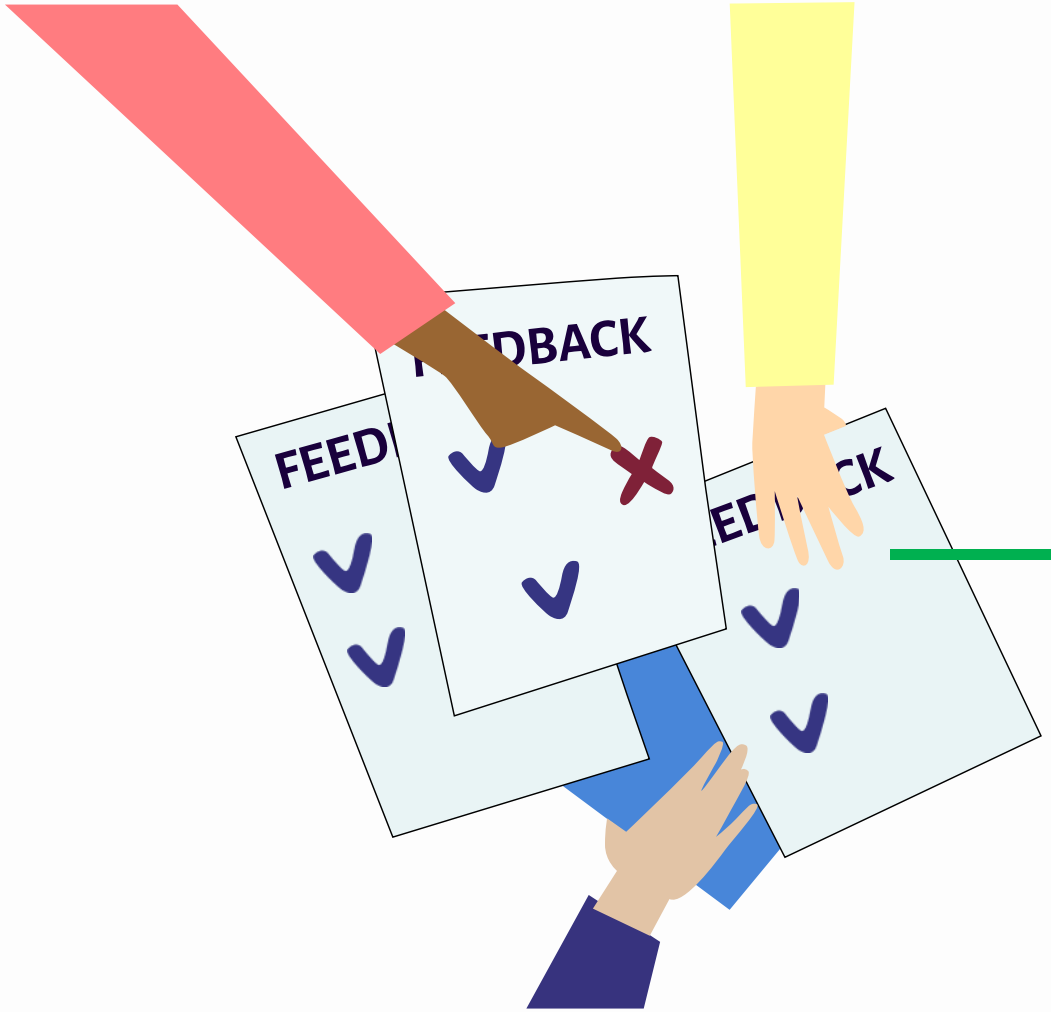



Oregon Health Authority

# Dental Pilot Projects Program

# Dental Pilot Projects Program

# Dental Pilot Projects Program

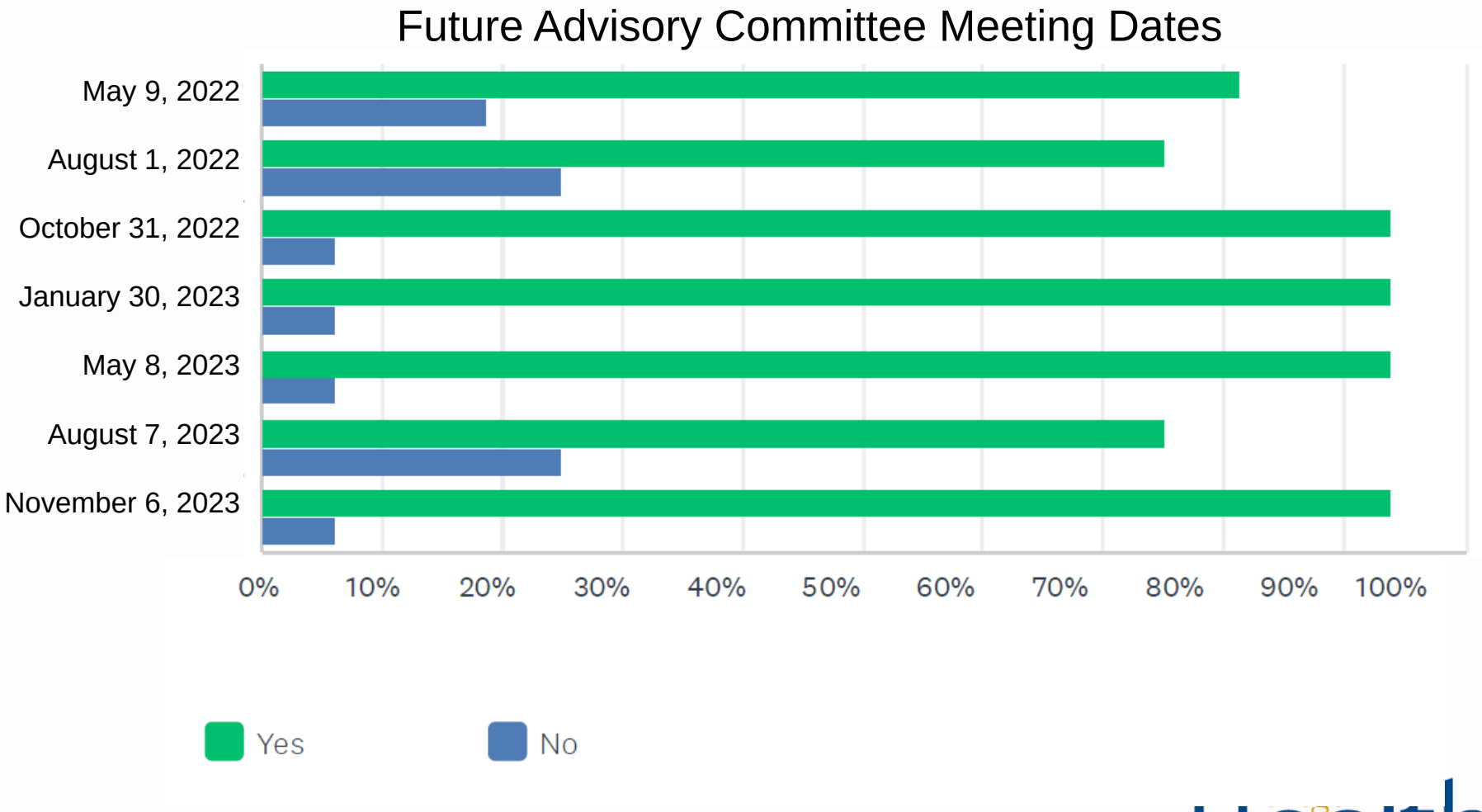



Advisory Committee Post-Meeting Survey & Feedback

Oregon Health Authority

# Dental Pilot Projects Program

## Results of Post-Meeting Survey



# Dental Pilot Projects Program

To assist with these efforts and help shape future Committee meeting agendas, OHA would like to learn more about the topics Committee members are interested in.

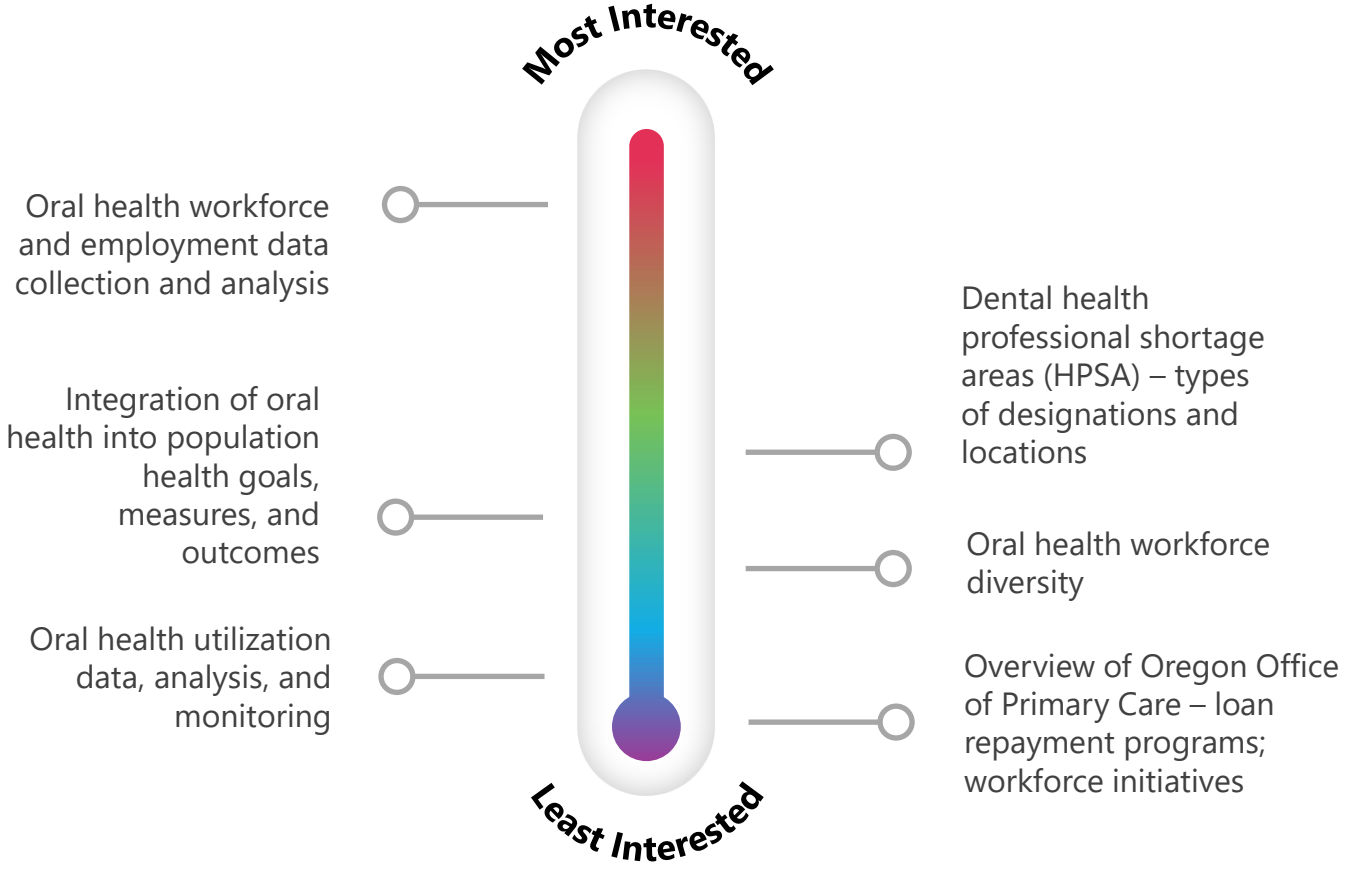
# Dental Pilot Projects Program

**General Oral Health Topics**

- Oral health utilization data, analysis, and monitoring
- Oral health workforce and employment data collection and analysis
- Oral health workforce diversity
- Overview of Oregon Office of Primary Care – loan repayment programs; workforce initiatives
- Dental health professional shortage areas (HPSA) – types of designations and locations
- Integration of oral health into population health goals, measures, and outcomes
- Other: Please indicate in the box below any other general oral health topics that you would be interested in seeing in a future meeting.

# Dental Pilot Projects Program

## General Oral Health Topics




## Results of Post-Meeting Survey

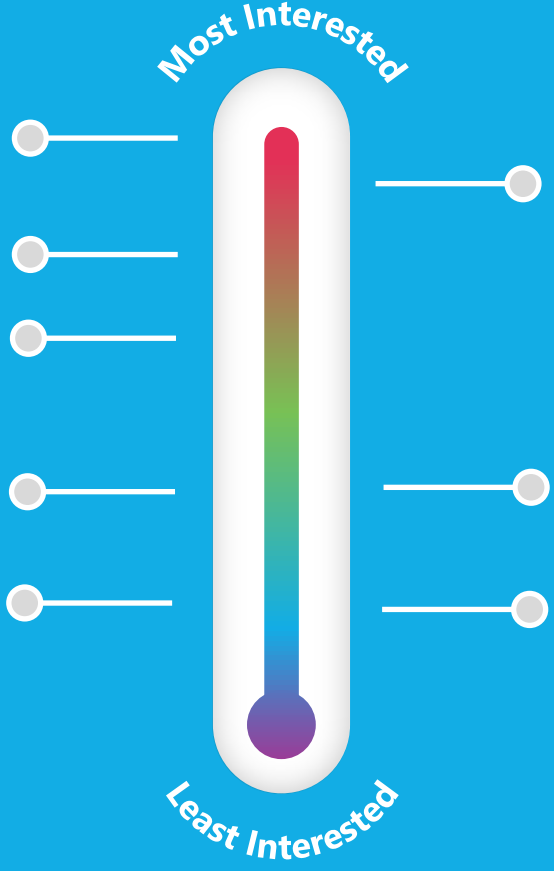
# Dental Pilot Projects Program

**Dental Therapy Topics**

- National comparison of dental therapy models and education programs
- Efficacy of the dental therapy model
- Occupational licensing and regulation, including approval of dental therapy education programs
    - This would include information about the Western Regional Examining Board (WREB), Central Regional WREB, CRDTS – Clinical licensing examination requirements
      Other written examinations for licensure, Oregon and other state requirements
- Adverse events and quality measures in dental pilot projects
- Cost-effectiveness of dental therapy workforce model
- Billing and reimbursement – Medicaid coverage, dental insurance, credentialing
- Employment of dental therapists
    - Testimonials from current employers of dental therapists
    - Workflow models – collaborative agreements, clinical practice locations, populations served
    - Needs of prospective employers
- Patient experience and acceptance of the dental therapy workforce model
    - Better understanding of underserved populations being served
- Other: Please indicate in the box below any other dental therapy topics that you would be interested in seeing in a future meeting.

# Dental Pilot Projects Program

## Dental Therapy Topics




National comparison of dental therapy models and education programs

Efficacy of the Dental Therapy Model

Cost-effectiveness of dental therapy workforce model

Occupational licensing and regulation, including approval of dental therapy education programs

Billing and reimbursement – Medicaid coverage, dental insurance, credentialing

Employment of Dental Therapists

- Testimonials from current DT's,
- Workflow models – collaborative agreements, clinical practice locations, populations served
- Needs of prospective employers

Patient experience and acceptance of the dental therapy workforce model

Adverse Events and Quality Measures in Dental Pilot Projects

## Results of Post-Meeting Survey

# Pilot Project 300 Update

May 9, 2022

# New Project Director

- Christie Chaney
- Director of Operations at Willamette Dental Group
- Started with WDG in 2008 as a Practice Manager
- Having grown up in So. Oregon, Christie has a passion for rural dentistry

# Cohort 1

5 trainees currently in Utilization

2 trainees currently in Preceptorship

# Cohort 2

Education phase completed

Mock Board completed May 7th

CRDTS Board Exam at Pacific University May 17th

1 trainee moving into Preceptorship and many others are close

Cohort 3

Still being considered

Significant interest from multiple parties

# Modification Request

- Decrease quantity of required monthly random chart audits by Supervising Dentists during Utilization Phase
  - Current: 20% of charts seen by trainee
  - Request: 10% of charts seen by trainee (maximum of 10 total audits)

# Dental Pilot Projects Program

## Modification Request

333-010-0800 : Project Modifications

Including but not limited to:

- Employment/Utilization Sites
- Change in Scope of Practice
- Change in criteria for trainee selection, etc.

Willamette Dental Group

April 18, 2022

Sarah Kowalski, RDH, MS
Operations & Policy Analyst 3
Dental Pilot Project Program
Oral Health Program
The Oregon Health Authority
800 NE Oregon Street
Portland, Oregon 97232

Re: Modification Request for Dental Pilot Project #300. "Dental Therapist Project: Dental Hygiene Model"

Dear Sarah,

The purpose of this letter is to kindly request a modification of the Dental Pilot Project #300, "Dental Therapist Project: Dental Hygiene Model." This modification includes the requested change to decrease the quantity of required monthly random chart audits by Supervising Dentists during the Utilization phase. Specifically, we wish to have the Supervising Dentists perform a monthly audit of a random *10% of charts* seen by their trainee (with a maximum of 10 total audits) instead of the current *20% of charts* seen by their trainee.

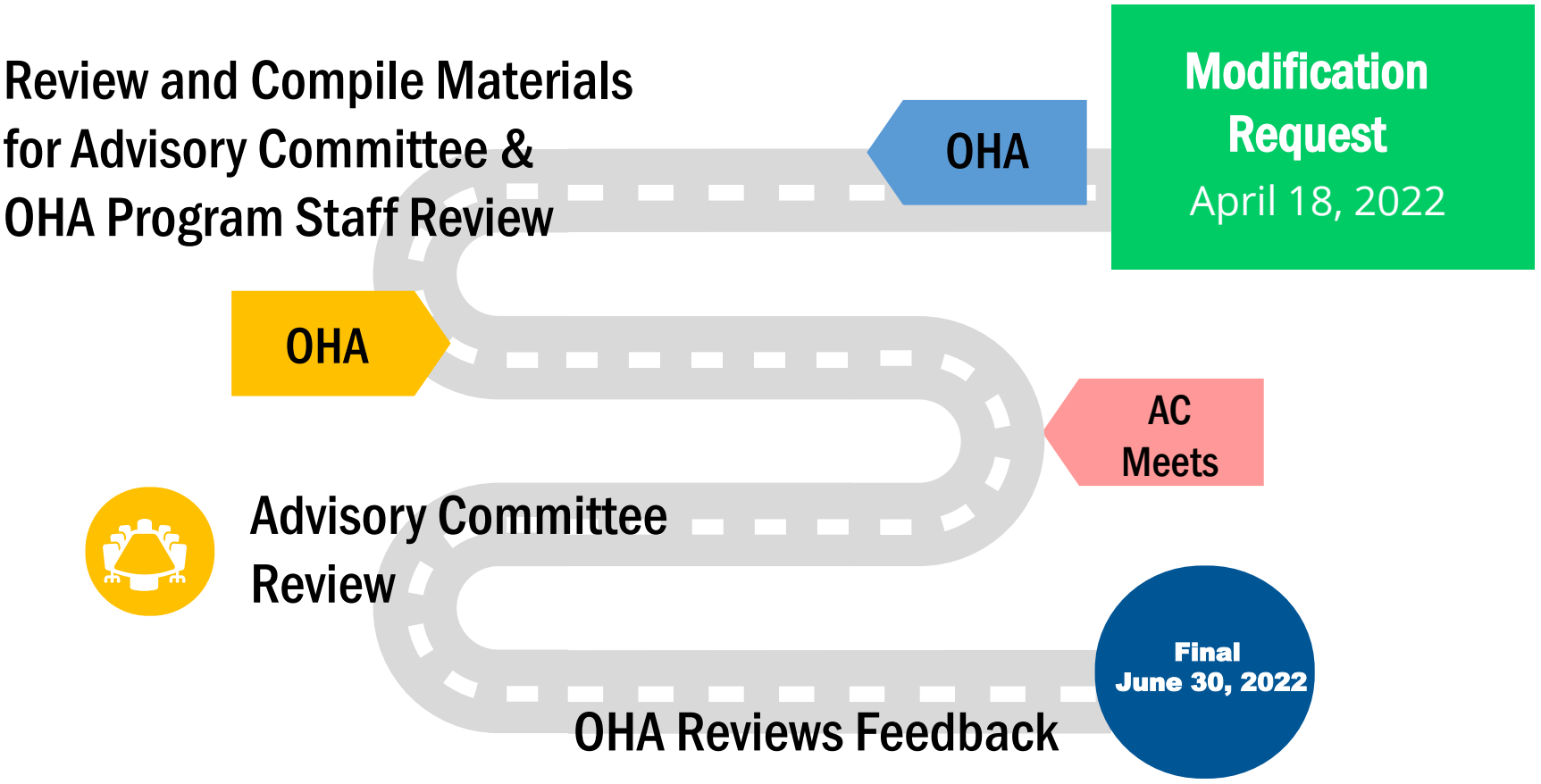
We have found that the time and effort required to perform the current quantity of chart audits is unnecessarily burdensome to our Supervising Dentists and will only increase as trainees become more productive. We believe that the same amount of meaningful insight and quality assurance can be attained with fewer charts audited.

Please let us know if you need additional information. We appreciate your consideration to approve this request.

Sincerely,

Joanna Mullins, MHI, BDSH, RDH
Interim Project Director

# Dental Pilot Project Program – Modification Review Process

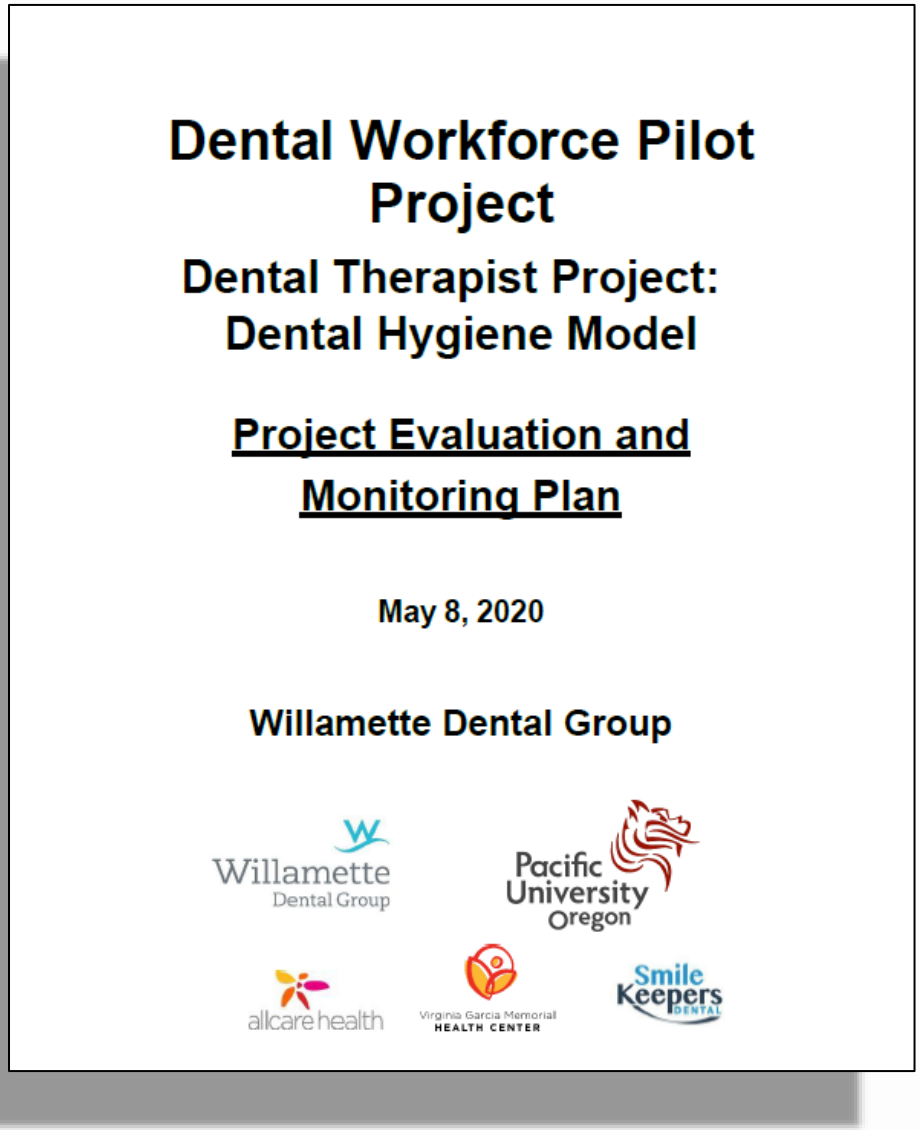


# Dental Pilot Projects Program

## Project Modification Approval & Denial Process

**313-010-0800**
**Dental Pilot Projects: Project Modifications**
(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:
(a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;
(b) Addition of employment/utilization sites; and
(c) Changes in the scope of practice for trainees.
(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.
(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.
(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.
(5) The Authority may approve or deny a request for modification. A modification may be denied if:
(a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules;
(b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved;
(c) As a result of the modification, the project would no longer demonstrate that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis; or
(d) The Authority has previously approved a similar project.
(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

# Dental Pilot Projects Program






Oregon Health Authority

## 333-010-0780 Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

- (1) A logic model to depict the project activities and intended effects;
- (2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;
- (3) A description of how the project will measure progress towards the goals identified in the application. Progress measurements must include quantitative metrics;
- (6) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;
- (7) Defined measures to evaluate safety and quality of care provided;
- (9) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and
- (10) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

# Dental Pilot Projects Program

| | |
|---|---|
| **DAILY** | DAILY MONITORING ACTIVITIES<br><br>• Supervising Dentist: Approves treatment plan prior to Dental Therapist Trainee commencing treatment.<br><br>• Student/Dental Therapy Trainee takes intra-oral photographs of every irreversible procedure and will continue patient surveys.<br><br>- Dental Therapist Trainee: Enter chart notes with appropriate Intraoral photos [All patient charts with irreversible dental treatments have pre, prep, and post-op intraoral photographs as required. Teeth that require tooth preparation have a prep photo and a fourth photo to document changes in the prep, if necessary, by the extent of caries.] (Extractions do not require a prep intraoral image)<br><br>• Trainee/Supervising Dentist/Project Dental Director: Adverse event reporting documented and filed with OHA if needed. |
| **DAILY** | DAILY EVALUATIVE ACTIVITES<br><br>• Dental Therapist Trainee: Ensure patient survey is completed.<br><br>- Patient Survey – Each visit a Patient Satisfaction Point of Service Survey is completed<br><br>• Data Tracking: Clinic: Procedure information entered into Electronic Health Record (Axium) |

# Dental Pilot Projects Program

| | |
|---|---|
| **MONTHLY** | MONTHLY MONITORING ACTIVITIES<br>• Each Supervising Dentist will perform a 20% random chart audit for their Dental Therapy Trainee's irreversible procedures per month. Random chart audits by the Supervising Dentist to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. The Supervising Dentist utilizes an audit tool kit to complete all chart reviews.<br>• Monthly, during the Utilization Phase, the Dental Director will audit 10 random charts that were audited by the Supervising Dentists, one from each Dental Therapist Trainee, to ensure calibration of chart audits between the Supervising Dentists and the Dental Director. There should be a minimum agreement of 70% per chart. |

| | |
|---|---|
| **QUARTERLY** | QUARTERLY MONITORING ACTIVITIES<br>• Quarterly, 10% of all charts from irreversible procedures will be sent to the external evaluator. Random chart audits by External Evaluator to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. External Evaluator utilizes an audit tool kit to complete all chart reviews. |
| **QUARTERLY** | QUARTERLY EVALUATIVE ACTIVITIES<br>• Each Supervising Dentist will submit 1 of their own patient cases for each of the 12 procedures completed by the Dental Therapist Trainee, if available. Each of the cases submitted by the Supervising Dentist will be randomized prior to sending dental therapy cases to the External Evaluator. This will allow comparison of a dentist's work to a Dental Therapist Trainee work to ensure quality is similar.<br>• Quarterly axiUm Reports: Specific Reports to Evaluate changes in activities, production, procedures completed, increased access to care, reduced wait times, percentage of target population of seen, |

# Dental Pilot Projects Program

## Current Evaluation & Monitoring Plan Requirements:

| | |
|---|---|
| **MONTHLY** | MONTHLY MONITORING ACTIVITIES<br>• Each Supervising Dentist will perform a 20% random chart audit for their Dental Therapy Trainee's irreversible procedures per month. Random chart audits by the Supervising Dentist to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. The Supervising Dentist utilizes an audit tool kit to complete all chart reviews. |

## Proposed Changes to Evaluation & Monitoring Plan Requirements:

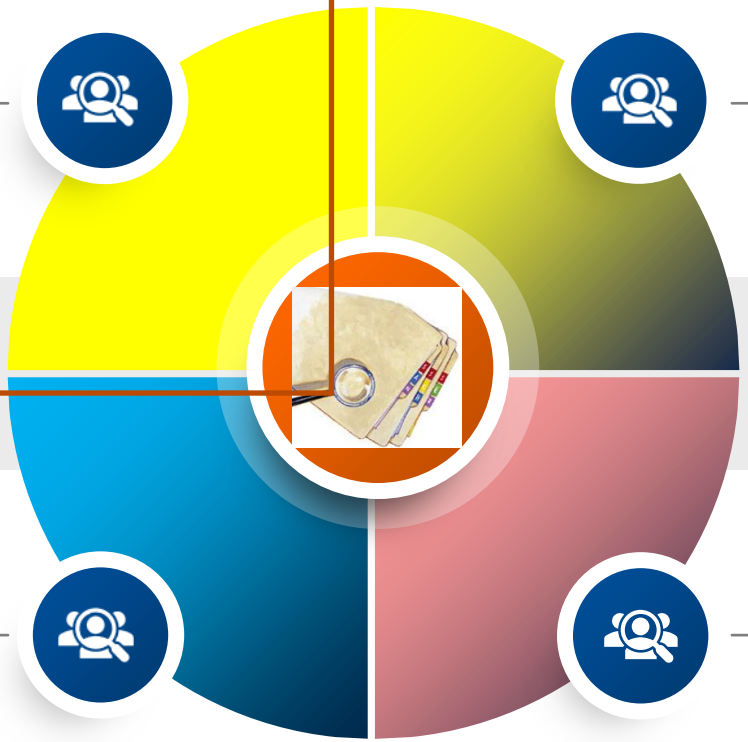
Modification Request: Reduce the number of chart audits completed by the Supervising Dentist, per month, from **20% to 10%** by each of the dental therapy trainees (with a maximum of 10 total audits)

# Dental Pilot Projects Program

## Employment/Utilization Phase

**Supervising Dentist**

Monthly, Supervising Dentists will perform a 20% random chart audit for their Dental Therapy Trainee's irreversible procedures.



**External Evaluator Dentist**

Quarterly, 10% of all charts from irreversible procedures will be sent to the external evaluator.

**Project Director Dentist**

Monthly, the Dental Director will audit 10 random charts that were audited by the Supervising Dentists

**OHA Chart Review Dentists**

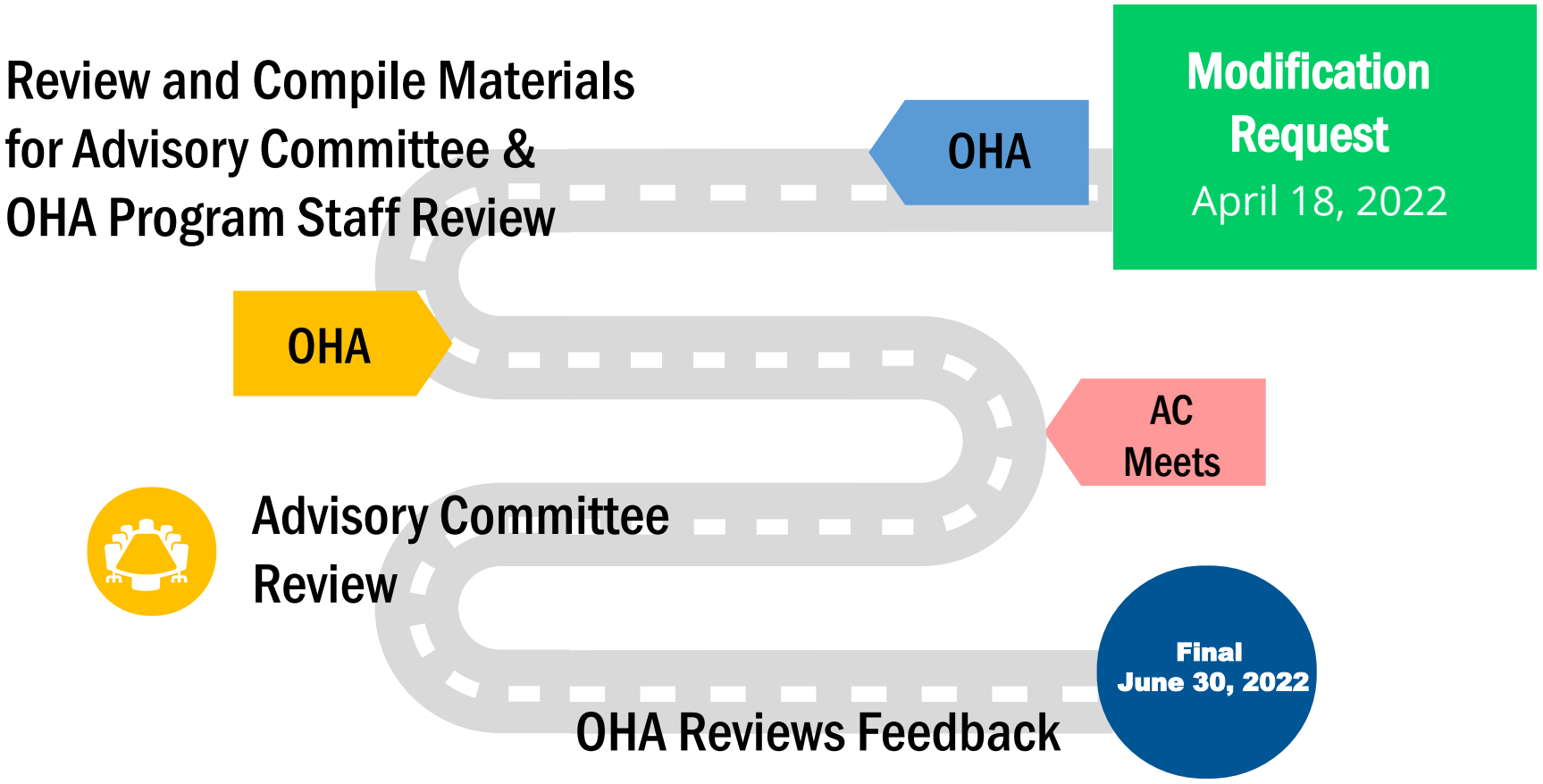
Chart Audit is a component of a site visit.

- Advisory Committee Dentists
- OHA Contracted Dentist
- OHA Dental Director

# Dental Pilot Projects Program

Questions?

# Dental Pilot Project Program – Modification Review Process




Post-Meeting Survey

# Dental Pilot Projects Program

## Ten Minute Break



Oregon Health Authority

# Dental Pilot Projects Program

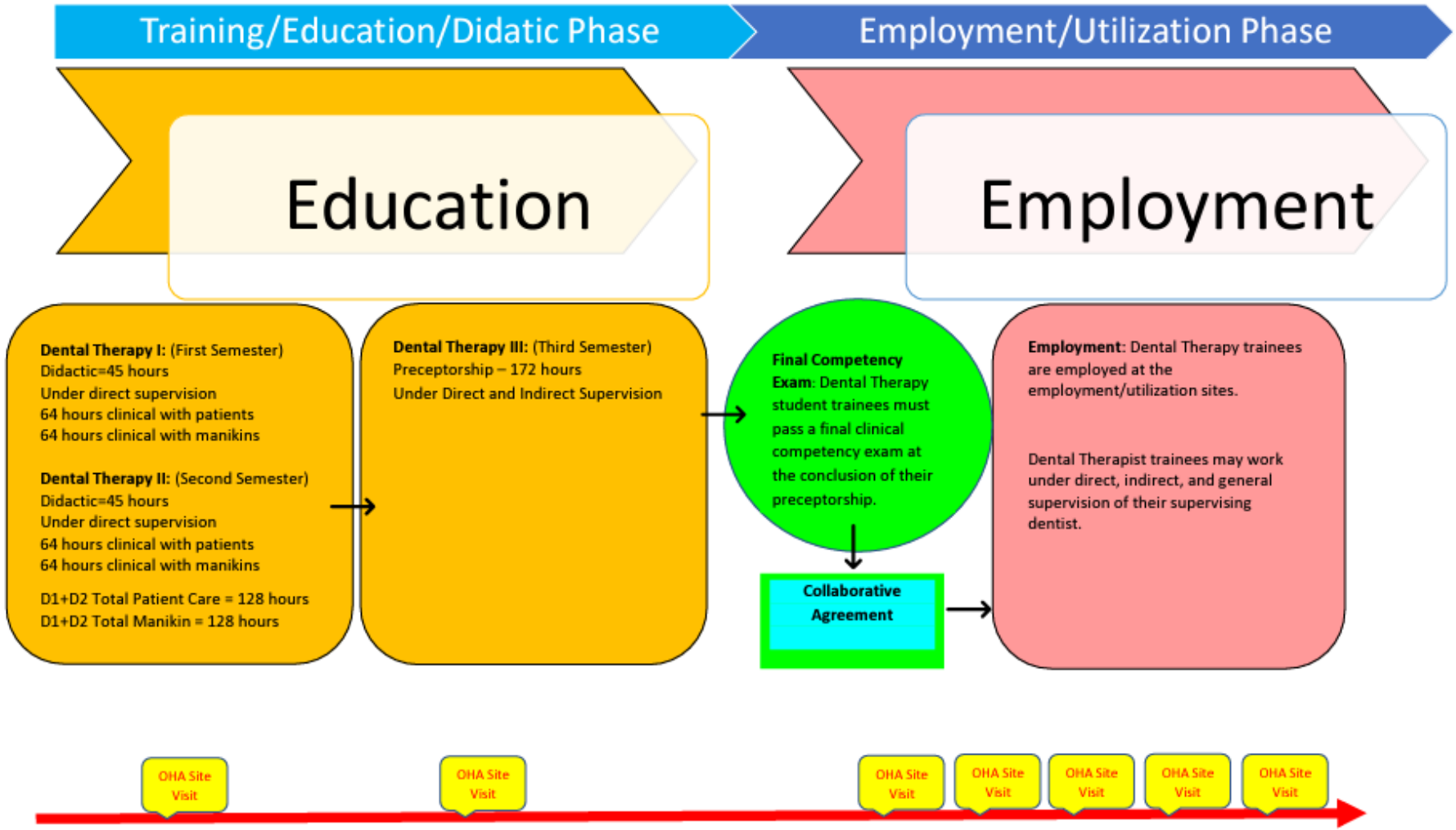
Site-Visit

# Dental Pilot Projects Program

- Site visits are conducted with the primary purpose of health and safety monitoring and surveillance and to determine compliance with administrative rules.
- Site visits are conducted using both qualitative and quantitative methodological approaches. They primarily consist of participant interviews and clinical record reviews.

| **Objectives of the Site Visit:** | **Methodology:** |
|---|---|
| 1. Determination that adequate patient safeguards are being utilized.<br>2. Validation that the project is complying with the approved or amended application<br>3. Compliance with OARs 333-010-0820 – 333-010-0700. | 1. Interviews with project participants<br>2. Clinical records review |

# Dental Pilot Projects Program



# Dental Pilot Projects Program

**Dental Pilot Project #300**
**Visual Timeline of Education and Utilization Activities**

| | February 2020-February 2021* | February 2021-February 2022 | February 2022-February 2023 | February 2023-February 2024 | February 2024-January 2025 |
|---|---|---|---|---|---|
| **Cohort One** 8 to 10 Trainees | **Education** | **Utilization** | **Utilization** | **Utilization** | **Utilization** |
| **Cohort Two** 6 to 10 Trainees | | **Education** | **Utilization** | **Utilization** | **Utilization** |
| **Cohort Three** 0 to 8 Trainees* | | | **Education** | **Utilization** | **Utilization** |
| **Total** | **8 to 10** | **14 to 20** | **14 to 28** | **14 to 28** | **14 to 28** |

* Timelines are estimated and subject to change
** Cohort Three is optional, dependent upon funding

# Dental Pilot Projects Program

ABOUT THE QUESTIONNAIRE

The analysis in this report is based on respondents who completed a questionnaire.

Trainees are identified as students in the Dental Therapy training program at Pacific University who are participating in the pilot project. Supervising Dentists are identified as dentists who provide direct, indirect, and general supervision of the dental therapy student trainees during the pilot project.

All participating trainees and supervising dentists were required to complete the questionnaire.

A total of 16 dentists and 16 trainees completed the questionnaire.

# Dental Pilot Projects Program

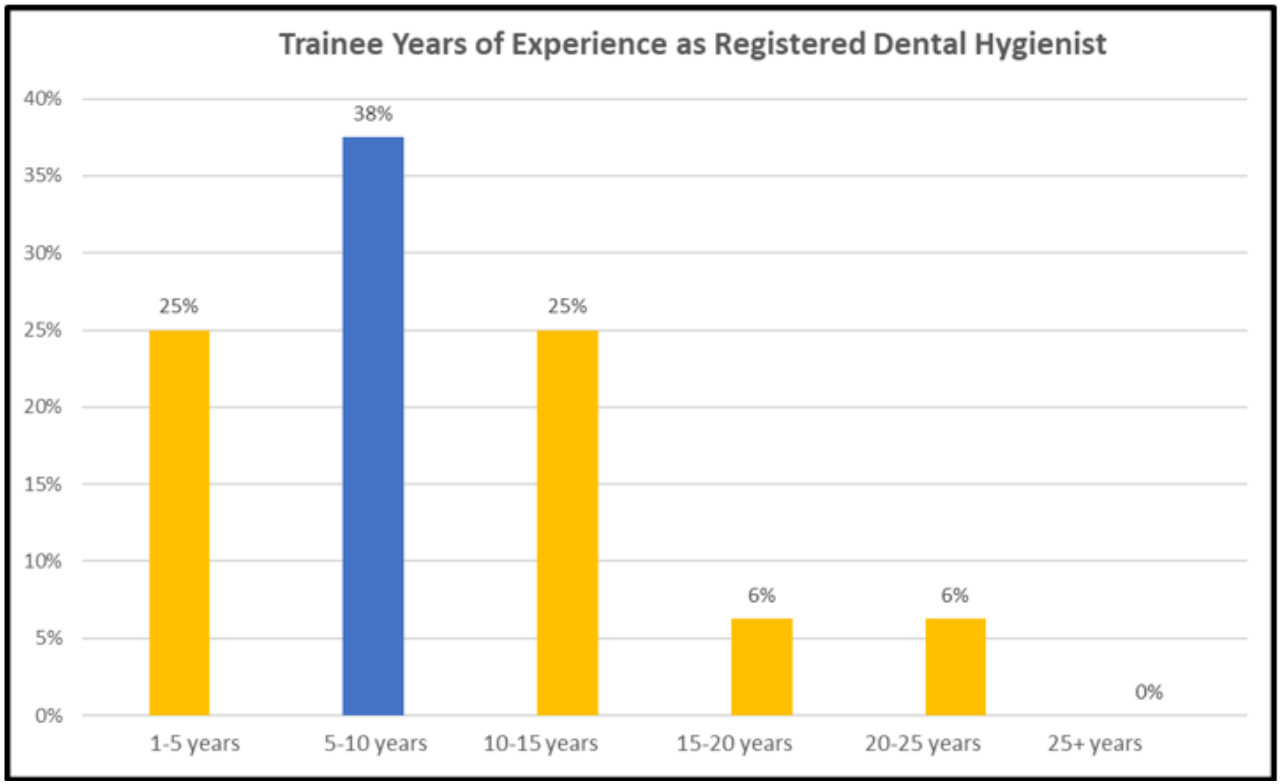
## Trainee Questionnaire Results

- "Dental Therapist Trainee Questionnaire" was a required component of the Site Visit that took place on August 7, 2021, at Pacific University.
- Each trainee was required to complete the questionnaire.
- Documents were completed and submitted directly to OHA by the individual completing the questionnaire.

| Questions | Please answer each numbered question in the corresponding box in the right-hand column. |
|---|---|
| **Elements of Implementation: OAR Definitions 333-010-0710, OAR Minimum Standards 333-010-0760, OAR Authority Responsibilities 333- 010-0790, 2011 OL Ch. 716** | |
| **OAR 333-010-0790 3.a.C Interviews with project participants and recipients of care** | |
| 1. How many years have you been licensed (practicing) as a dental hygienist? | 1. 1-5 years<br>2. 5-10 years<br>3. 10-15 years<br>4. 15-20 years<br>5. 20-25 years<br>6. 25+ years<br>Please select one choic<br>Please select one choice.<br>1-5 years<br>5-10 years<br>10-15 years<br>15-20 years<br>25+ years |
| 2. Are you licensed by the Oregon Board of Dentistry, as a dental hygienist, in any of the following: | ☐ YES ☐ NO<br>*If yes, please indicate each permit you currently hold:*<br>☐ Expanded Practice Permit (EPP)<br>☐ Nitrous Oxide Permit<br>☐ Restorative Functions Endorsement (RFE)<br>Comments: |

# Dental Pilot Projects Program

Trainee Questionnaire Results




**Trainee Years of Experience as a Registered Dental Hygienist**

75% of dental therapy trainees (12 individuals) had at least 5 or more years of experience as registered dental hygienists prior to entrance into the training program. 38% of trainees have between 5 and 10 years of experience.

# Dental Pilot Projects Program

Trainee Questionnaire Results

**Endorsements and Permits**

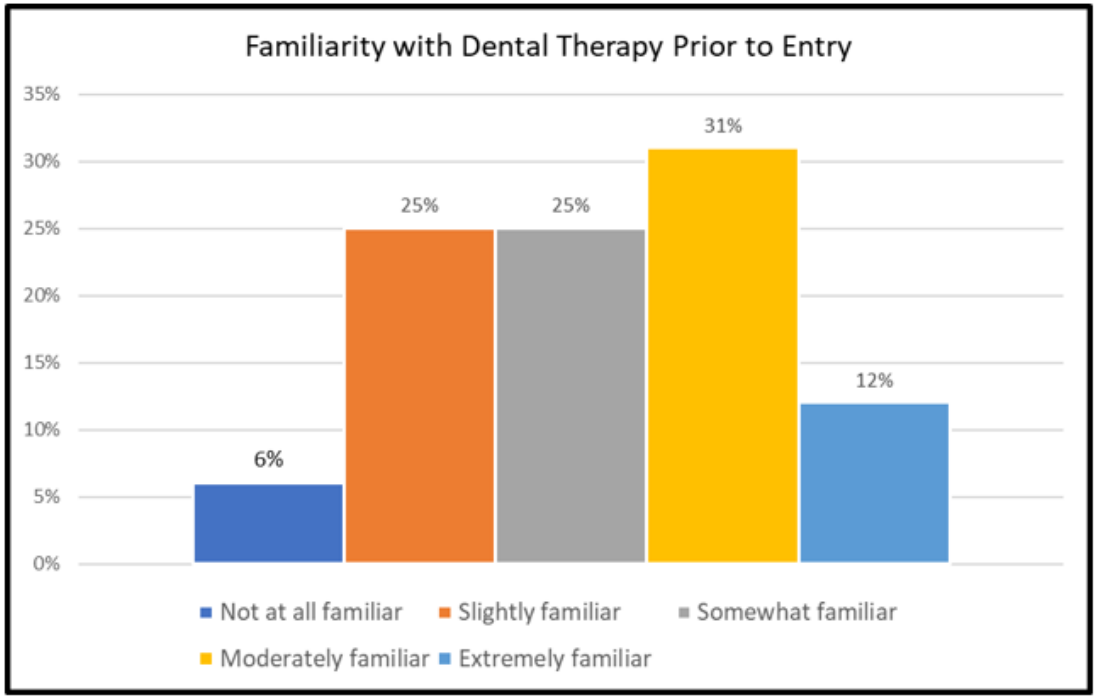
81% of dental therapy trainees (13 individuals) have obtained Expanded Practice Permits (EPP) from the Oregon Board of Dentistry.

100% of dental therapy trainees have obtained Restorative Functions Endorsements (RFE) from the Oregon Board of Dentistry.

All the dental therapy trainees have obtained Nitrous Oxide Permits from the Oregon Board of Dentistry.

# Dental Pilot Projects Program

Trainee Questionnaire Results

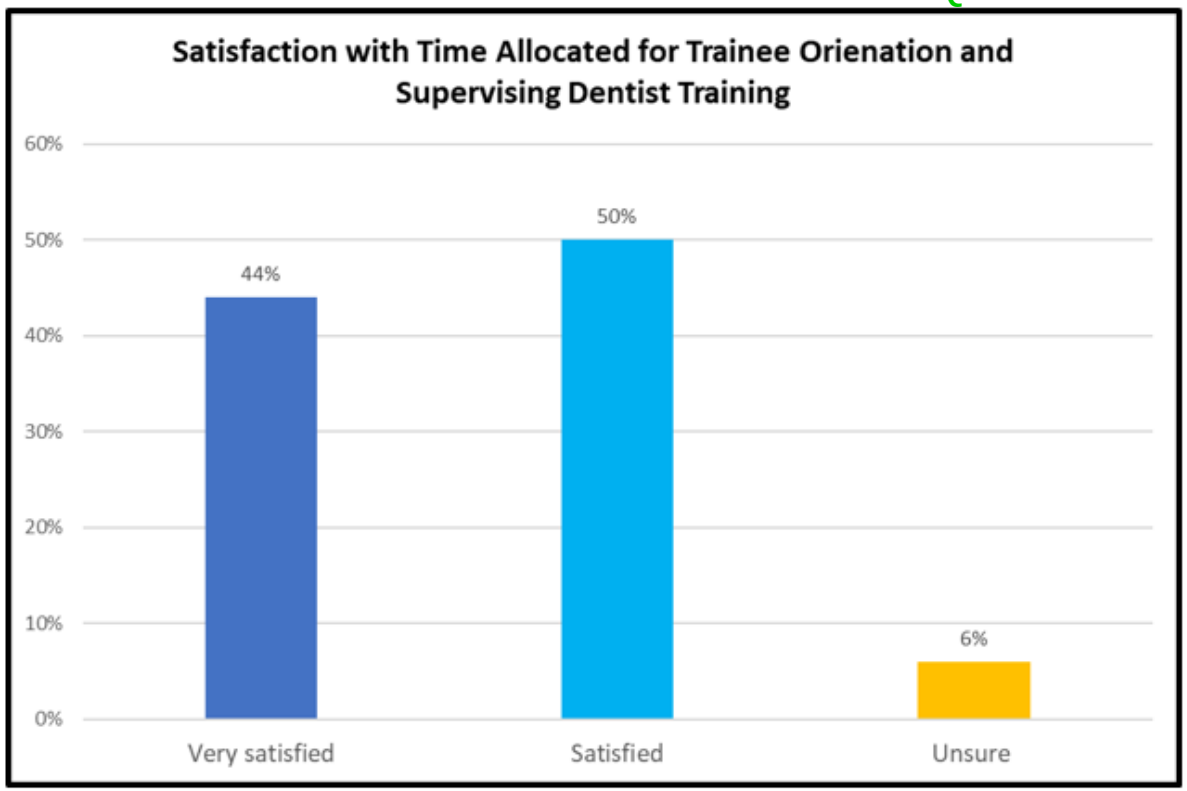



**Familiarity with Dental Therapy as a Profession**

Respondents (trainees) were asked to indicate their familiarity with Dental Therapy as a profession. Using a Likert scale, trainees were asked to rank their familiarity with Dental Therapy, with 1 = Not at all familiar, 2 = Slightly familiar, 3 = Somewhat familiar, 4 = Moderately familiar, and 5 = Extremely familiar. 94% of the respondents indicated that they had some degree of knowledge of the dental therapy profession prior to entrance into the training program.

# Dental Pilot Projects Program

## Trainee Questionnaire Results




**Trainee Orientation and Supervising Dentist Training**

Respondents (trainees) were asked to indicate their satisfaction with the time allocated for the trainee orientation and supervising dentist training. Using a Likert scale, trainees were asked to rank their satisfaction level, with 1 = Not at all satisfied, 2 = Slightly unsatisfied, 3 = Unsure, 4= Satisfied and 5 = Very satisfied.

Seven respondents 44%) indicated that were Very Satisfied, eight respondents (50%) indicated that they were Satisfied and 1 (6%) respondent indicated they were Unsure.

# Dental Pilot Projects Program

Trainee Questionnaire Results

**Trainees' feelings on Supervising Dentist Preparation**

Respondents (trainees) were asked to indicate their level of comfort with their supervising dentists' preparation for their roles as supervising dentists. Using a Likert scale, trainees were asked to rank their comfort levels, with 1 = Not at all comfortable, 2 = Slightly uncomfortable, 3 = Unsure, 4 = Comfortable and 5 = Very comfortable.

6 respondents (37%) indicated that were Comfortable and 10 respondents (63%) indicated they were Very Comfortable.

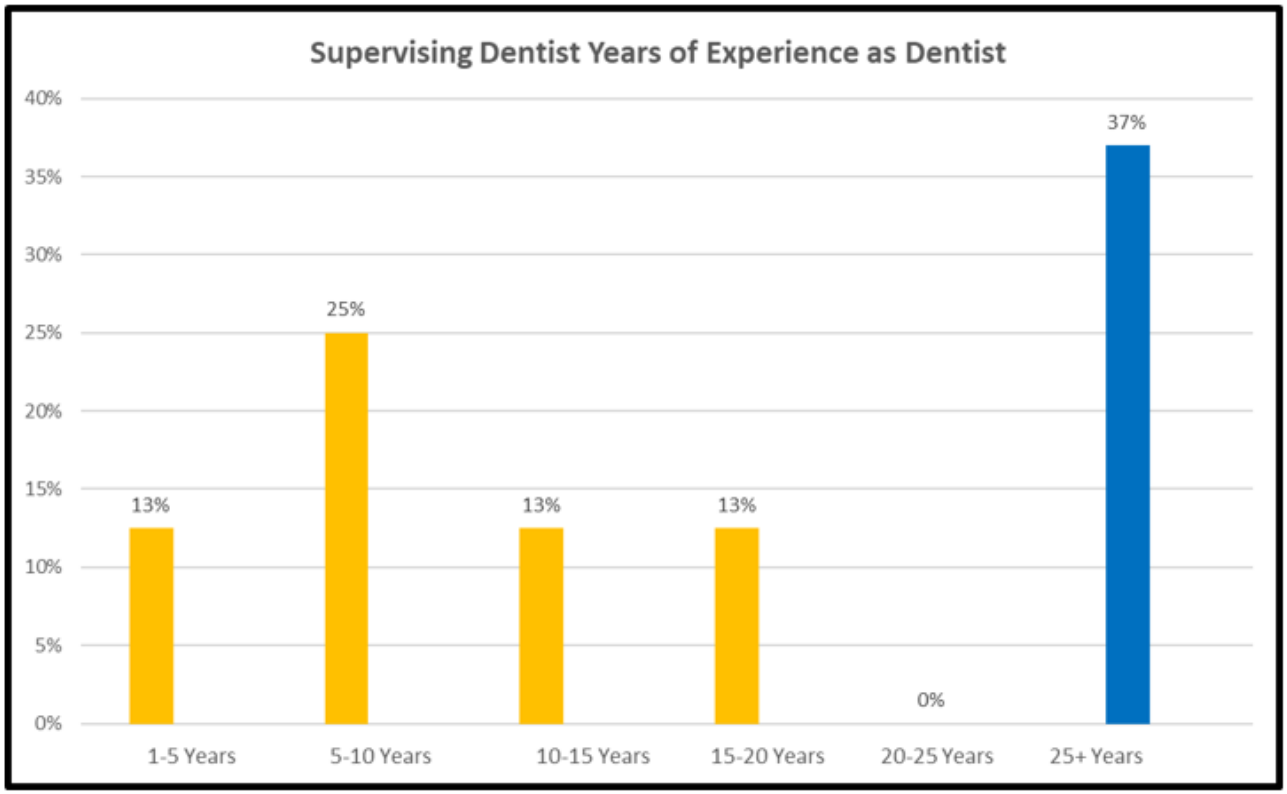
# Dental Pilot Projects Program

## Supervising Dentist Questionnaire Results

- "Supervising Dentist Questionnaire" was a required component of the Site Visit that took place on August 7, 2021, at Pacific University.
- Each supervising dentist was required to complete the questionnaire.
- Documents were completed and submitted directly to OHA by the individual completing the questionnaire.

| Questions | Please answer each numbered question in the corresponding box in the right-hand column. |
|---|---|
| **Elements of Implementation: OAR Definitions 333-010-0710, OAR Minimum Standards 333-010-0760, OAR Authority Responsibilities 333- 010-0790, 2011 OL Ch. 716** | |
| **OAR 333-010-0790 3.a.C Interviews with project participants and recipients of care** | |
| 1. How many years have you been licensed (practicing) as a dentist? | 1. 1-5 years<br>2. 5-10 years<br>3. 10-15 years<br>4. 15-20 years<br>5. 20-25 years<br>6. 25+ years<br>Please select one choice.<br>Please select one choice.<br>1-5 years<br>5-10 years<br>10-15 years<br>15-20 years<br>25+ years |
| 2. Are you licensed (or received a degree/certification, etc.) in a specialty as recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards? | ☐ YES ☐ NO<br>*If yes, please indicate each specialty that you have received a degree or certification in.*<br>☐ Dental Anesthesiology<br>☐ Dental Public Health<br>☐ Endodontics<br>☐ Oral and Maxillofacial Pathology<br>☐ Oral and Maxillofacial Radiology<br>☐ Oral and Maxillofacial Surgery<br>☐ Oral Medicine |

# Dental Pilot Projects Program




**Supervising Dentist Years of Experience as a Dentist**

87% of the supervising dentists (14 individuals) had at least 5 years or more of experience as dentists. 37% of supervising dentists had more than 25 years' experience.

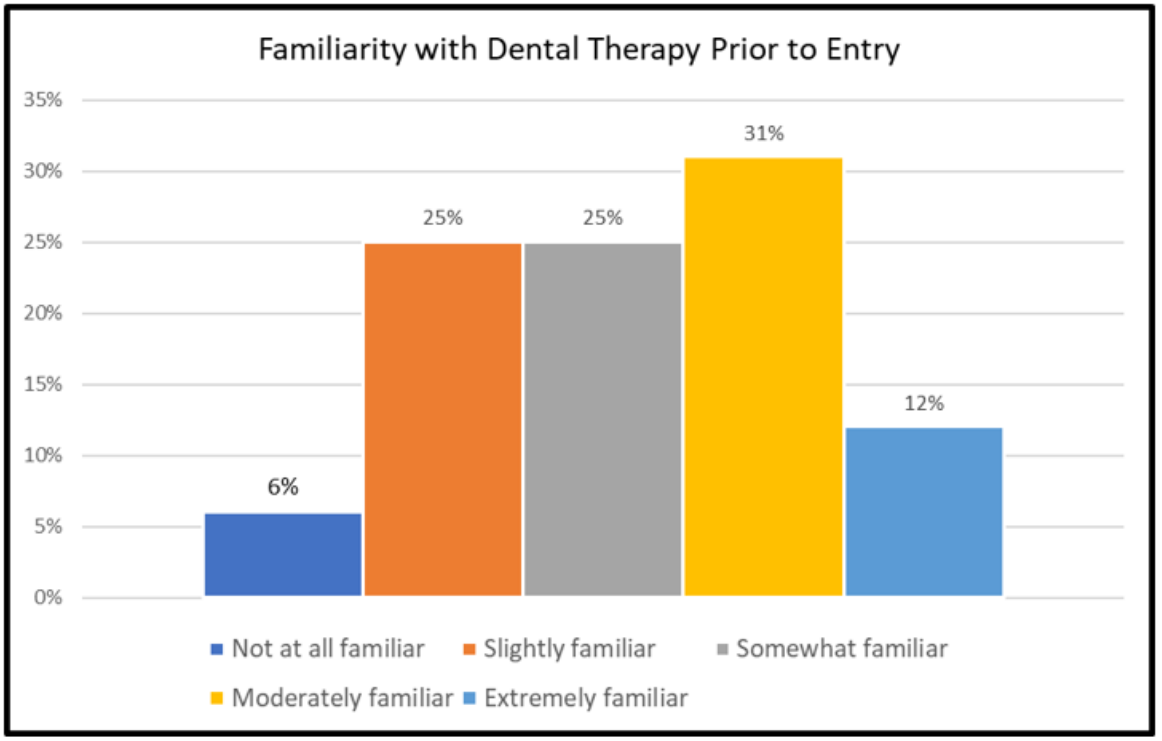
# Dental Pilot Projects Program

**Endorsements and Permits**

One supervising dentist was certified in the specialty of pediatric dentistry by the Oregon Board of Dentistry.

# Dental Pilot Projects Program

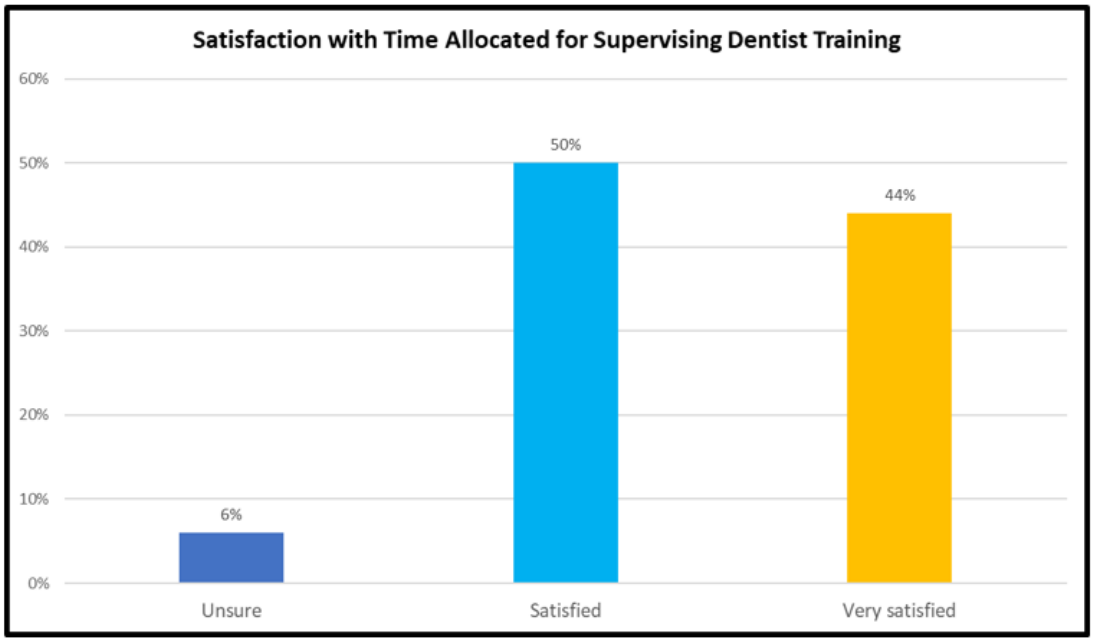
**Supervising Dentists' Familiarity with Dental Therapy as a Profession**




Using a Likert scale, respondents (supervising dentists) were asked to indicate their familiarity with Dental Therapy as a profession. 94% of the respondents indicated that they had some degree of knowledge of the dental therapy profession prior to participation in the pilot project.

# Dental Pilot Projects Program

**Trainee Orientation and Supervising Dentist Training**




Using a Likert scale, respondents (supervising dentists) were asked to indicate their satisfaction with the time amount of allocated for the trainee orientation and supervising dentist training.

Seven respondents indicated that were “Very Satisfied,” eight respondents indicated they were “Satisfied”, and one respondent indicated they were “Unsure.”

# Next Site-Visit

July 21, 2022

Salem, Oregon & Portland, Oregon

# Dental Pilot Projects Program

| Objectives of the Site Visit: | Methodology: |
| --- | --- |
| 1. Determination that adequate patient safeguards are being utilized.<br>2. Validation that the project is complying with the approved or amended application<br>3. Compliance with OARs 333-010-0820 – 333-010-0700. | 1. Interviews with project participants<br>2. Clinical records review |

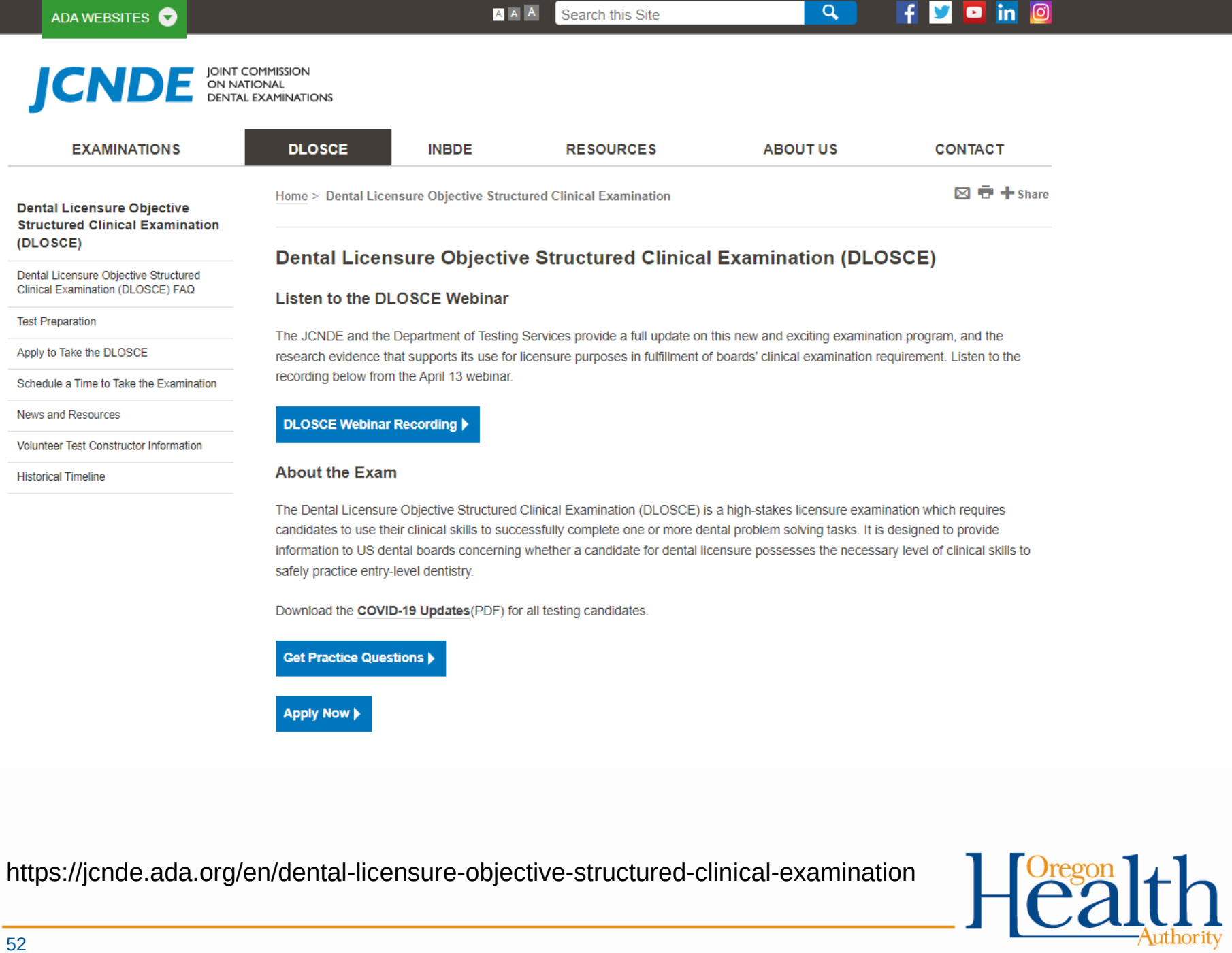
# Updates

## Oregon Board of Dentistry

# Dental Pilot Projects Program


Oregon Board of Dentistry Updates

- At the OBD meeting on April 22nd, the board approved CDCA-WREB and CRDTS dental therapy clinical exams
  - OBD is required by statute to accept the results of the exams offered by the testing agency in whatever format they are offered in, i.e. in-person, Manikin, OSCE, etc.




https://jcnde.ada.org/en/dental-licensure-objective-structured-clinical-examination

Oregon Health Authority

# Dental Pilot Projects Program

## Oregon Board of Dentistry Updates

- The proposed Dental Therapy Rules are out for open comment and have been since April 1.
- The Board will have a second public rulemaking hearing on Wed., May 18th at 12 pm to be conducted via Zoom.
- The comment period will close on June 3.
- The Board will meet June 17th and vote on the proposed rules.

Public comment on the proposed rules is welcomed and encouraged and should be submitted to the board at information@obd.oregon.gov

# Dental Pilot Projects Program


https://www.oregon.gov/dentistry/pages/index.aspx

# Dental Pilot Projects Program

## Oregon Board of Dentistry Updates

The Board is seeking Dental Therapy Representation on all its regular Standing Committees. The Board decided at is April 22 Board Meeting that there should be Dental Therapy representation on the other 5 regular standing Committees as well.

1. Communications
2. Enforcement & Discipline
3. Licensing, Standards & Competency
4. Dental Hygiene
5. Rules Oversight

DT Representation could be either a DT in a Pilot Project or a DT educator or someone affiliated with DT in Oregon. Any questions or interest can be directed to Stephen Prisby at stephen.prisby@obd.oregon.gov

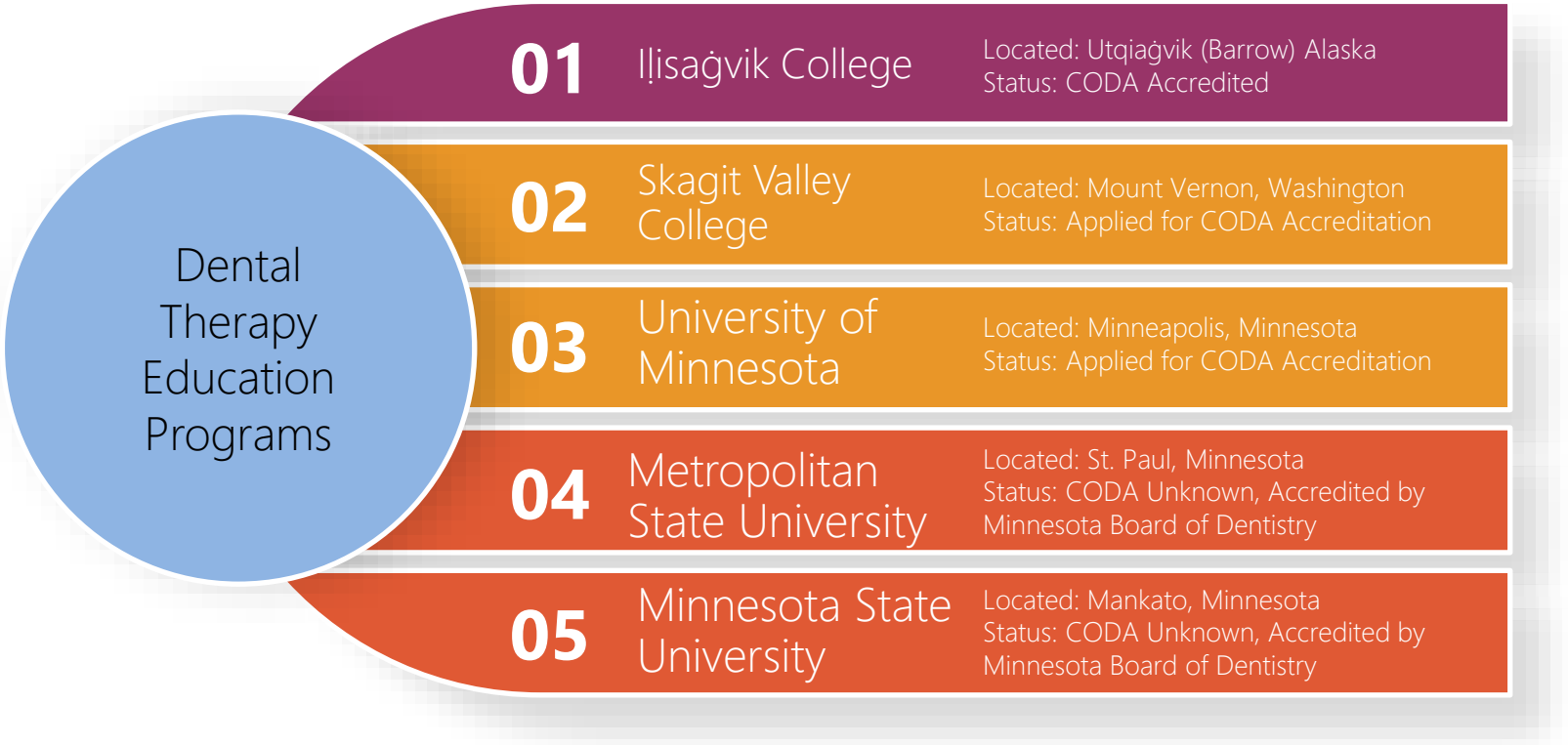
# Other Updates

# Dental Pilot Projects Program

- May 16, 2021, at Pacific University
  - All students who took this exam passed.
- May 15, 2022, at Pacific University

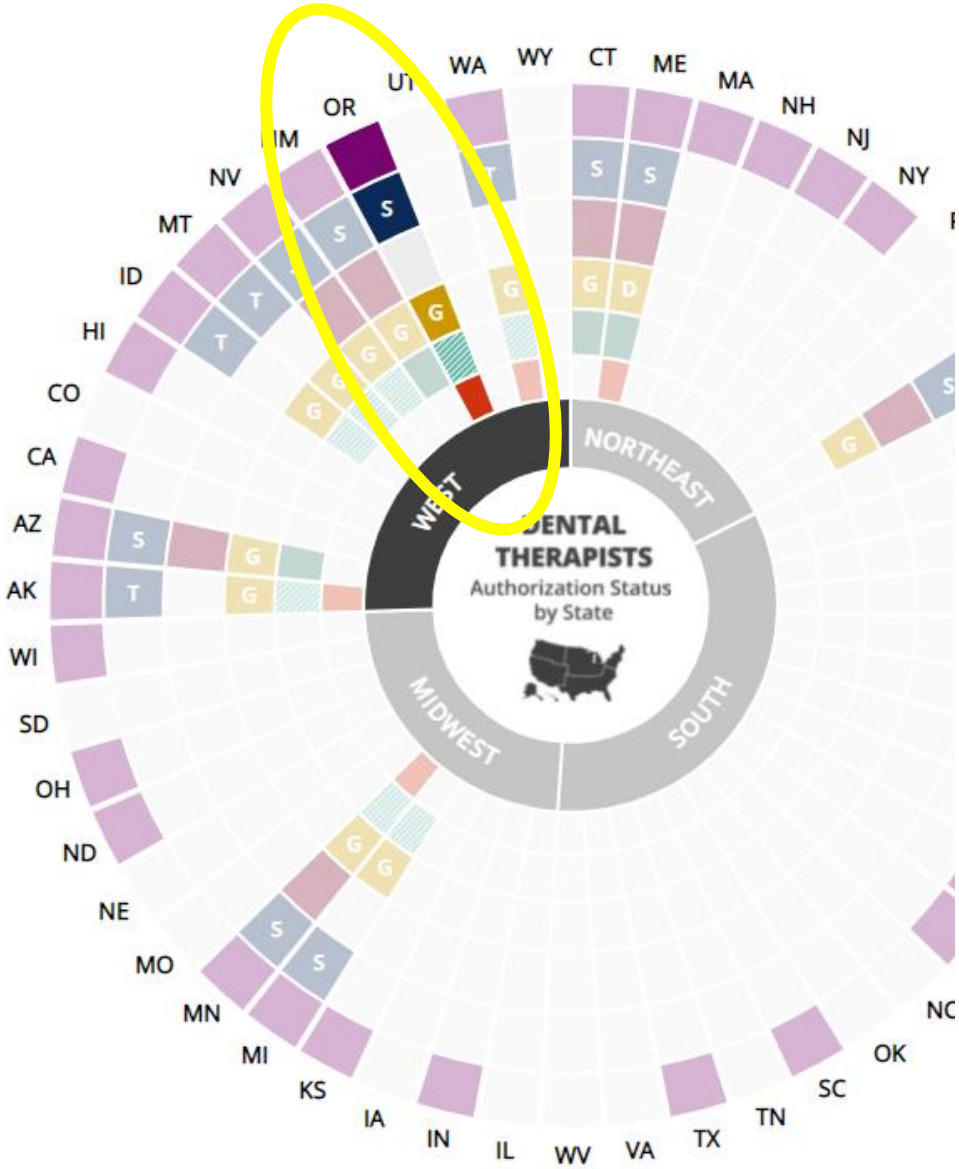
# Dental Pilot Projects Program

CODA
Commission on Dental Accreditation




Oregon Health Authority

# Dental Pilot Projects Program



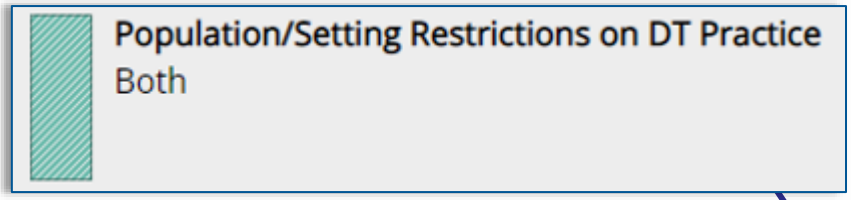

**OREGON**

- **Campaign for Dental Therapy in the State (Active or Prior)**
  Yes
- **Authorization of Dental Therapy** (S)
  Statewide
- **Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute**
  No
- **Dental Therapist Supervision Level by Dentist** (G)
  General
- **Population/Setting Restrictions on DT Practice**
  Both
- **Dental Therapists Practicing in the State**
  Yes


https://oralhealthworkforce.org/authorization-status-of-dental-therapists-by-state/

Oregon Health Authority

# Dental Pilot Projects Program





51%

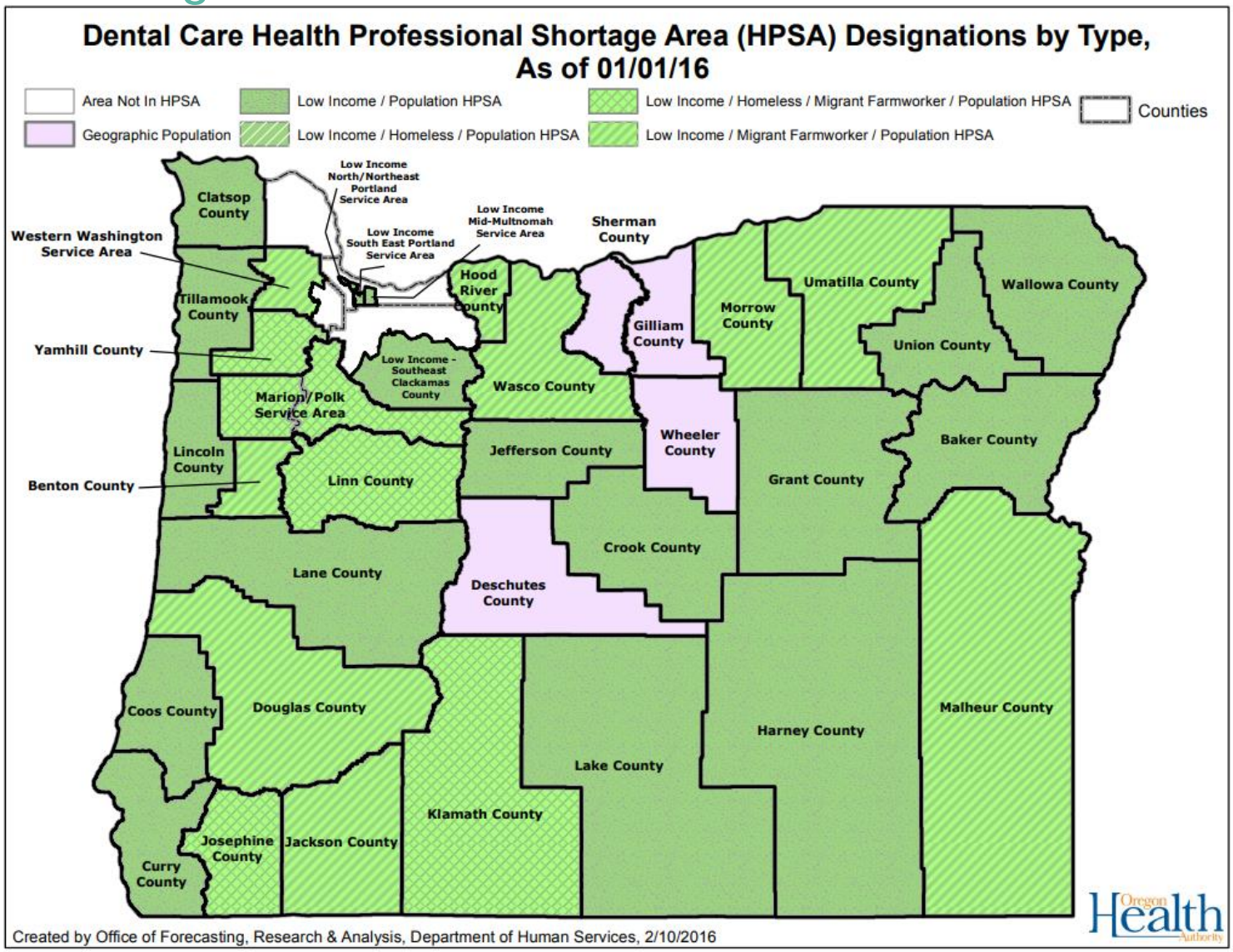
- Patients who represent underserved populations, as defined by the Oregon Health Authority
- Patients located in dental care health professional shortage areas

# Dental Pilot Projects Program

## Patients who represent underserved populations

**409-017-0120**
**Dental Services Underserved Population Definition**
For the purposes of Chapter 530, Oregon Laws 2021, the term “Underserved Population” refers to populations experiencing a shortage of dental health services due to systemic inequities causing an inability to pay, lack of access to culturally responsive, linguistically appropriate, and comprehensive care, or other inequities for reasons of race, ethnicity, national origin, language, disability, age, gender, gender identity, sexual orientation, socioeconomic class, religion, intersections among these communities or identities, or other socially determined circumstances. These populations include, but are not limited to:
(1) Latino/a/x populations;
(2) Black or African American populations;
(3) American Indian/Alaska Native populations;
(4) Asian populations;
(5) Middle Eastern and North African populations;
(6) Native Hawaiian and Pacific Islander populations;
(7) Slavic and Eastern European populations;
(8) Immigrants and Refugees;
(9) Individuals with limited English proficiency (LEP);
(10) Persons with disabilities;
(11) LGBTQ+ populations;
(12) Pregnant women, new mothers, and women with children;
(13) Individuals transitioning out of incarceration;
(14) Members of religious minorities;
(15) People experiencing unstable housing/houselessness/homelessness;
(16) Migrant and seasonal farmworkers, and related family members;
(17) Young adults and postsecondary graduating students who do not have coverage options through a parent's plan, a student plan, or an employer plan;
(18) Government program-eligible consumers, regardless of whether they are actually enrolled in the program, including those eligible for OHP, Cover All Kids/Cover All Oregonians, DHS foster children;
(19) Uninsured or under-insured individuals, including those receiving coverage though community-based programs or funds; or
(20) Other populations not listed above experiencing inequities.

# Patients located in dental care health professional shortage areas



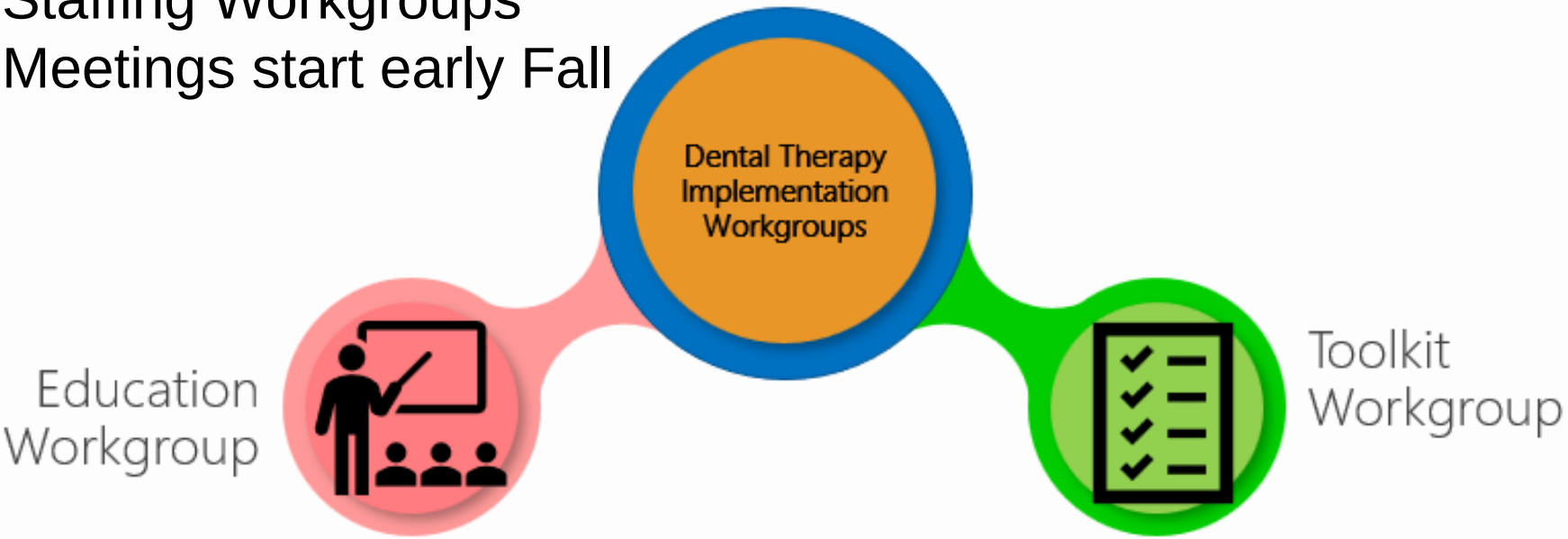



https://www.oregon.gov/oha/HPA/HP-PCO/Pages/HPSA-Designation.aspx

# Oral Health Program

Workforce Development

- Staffing Workgroups
- Meetings start early Fall




Oregon Health Authority

# Post-Meeting Survey

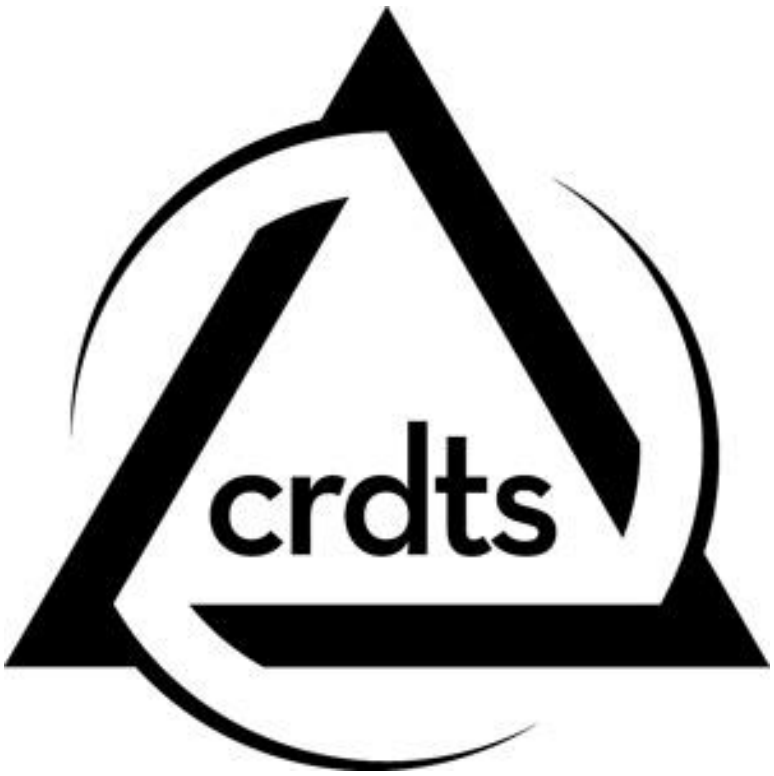
# Dental Pilot Projects Program

# PUBLIC COMMENT

- If you want to provide public comment, please:
  - Click on the “raise hand” icon under the reactions tab or
  - Type in the chat box that you would like to provide public comment
- Individuals are limited to 1.5 - 2 minutes
- E-mail: oral.health@state.or.us

# DENTAL THERAPY EXAMINATION FOR PACIFIC UNIVERSITY PILOT STUDY CANDIDATE MANUAL

## May 15, 2022




As administered by:

**Central Regional Dental Testing Service, Inc.**
**1725 SW Gage Blvd.**
**Topeka, Kansas 66604**
**(785) 273-0380**
**www.crdts.org**

**Please read this candidate manual prior to attending the candidate orientation and bring it with you to the orientation and the examination.**

# CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

**DENTAL THERAPY FOR PACIFIC UNIVERSITY RESTORATIVE MANIKIN EXAMINATION - 100 POINTS**

| CONTENT | FORMAT & TIMING |
|---|---|
| The Restorative Clinical Examination consists of two procedures: Prepare 2 teeth with simulated decay on **9DL** and **14MO**. For the posterior procedure, candidates may choose to prepare/place a Class II Amalgam, or a Class II Composite:<br><br>Class II Amalgam –Preparation<br>**OR**<br>Class II Composite –Preparation<br><br>**AND**<br>Class III Composite –Preparation | - Performed on a Manikin<br><br>- Candidates will have 30 minutes to set-up.<br><br>- Candidates will have 1.5 hours to complete both procedures. |

## SCORING SYSTEM

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model. A compensatory scoring system is used to compute the final score, as explained below.

**This exam is intended to be part of a Pilot Study for Dental Therapy students at Pacific University and is NOT intended for licensure purposes. However, in developing the examination, CRDTS has recommended a score of 75 to be a demonstration of sufficient competence.**

Each examination score is based on 100 points.

### SCORING SYSTEM FOR RESTORATIVE PROCEDURES

CRDTS and other testing agencies have worked together on a national level to draft and refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 4-level rating scale. Those criteria appear in this manual and are the basis of the scoring system. Those four rating levels may be generally described as follows:

**SATISFACTORY**
The treatment is of good to excellent quality, demonstrating competence in clinical judgment, knowledge and skill. The treatment adheres to accepted mechanical and physiological principles permitting the restoration of the tooth to normal health, form and function.

**MINIMALLY ACCEPTABLE**
The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not cause damage nor significantly shorten the expected life of the restoration.

**MARGINALLY SUBSTANDARD**
The treatment is of poor quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry, which if left unmodified, will cause damage or substantially shorten the life of the restoration.

**CRITICALLY DEFICIENT**

The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The treatment plan must be altered and additional care provided, possibly temporization in order to sustain the function of the tooth and the manikin patient's oral health and well-being.

A rating is assigned for each criterion in each procedure by three different examiners evaluating independently. Based on the level at which a criterion is rated by at least two of the three examiners, points may be awarded to the candidate. In any instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of ***critically deficient*** by two or more of the examiners*,* ***no points are awarded for that procedure or for the Examination Part***, even though other criteria within that procedure may have been rated as satisfactory. A description of criteria that are evaluated for the procedures appears below:

**RESTORATIVE EXAMINATION – 100 Points**

The Dental Therapy Exam requested by Pacific University consists of two procedures: Prepare 2 teeth with simulated decay on **9DL** and **14MO**. For the posterior procedure, candidates may choose to prepare/place either a Class II Amalgam or a Class II Composite:

| | |
|---|---|
| Class II Amalgam Preparation | 12 Criteria |
| OR | |
| Class II Composite Preparation | 11 Criteria |
| AND | |
| Class III Composite Preparation | 7 Criteria |

To compute the score for each individual procedure, the number of points the candidate has earned for each criterion is totaled, divided by the maximum number of possible points for that procedure and the results are multiplied by 100. This computation converts scores for each procedure to a basis of 100 points. Any penalties that may have been assessed during the treatment process are deducted ***after*** the total score for the Examination Part has been converted to a basis of 100 points.

If no ***critical deficiency*** has been confirmed by the examiners, the total score is computed by adding the number of points that the candidate has earned ***across both procedures,*** and that sum is divided by the number of possible points for all procedures in that Part. If a ***critical deficiency*** has been confirmed by the examiners, an automatic failure is recorded for both the procedure and the Examination. An example for computing scores that include no critical deficiency is shown below:

| PROCEDURE | # CRITERIA | POINTS EARNED | POINTS POSSIBLE | COMPUTED SCORE |
|---|---|---|---|---|
| Anterior Composite Preparation | 7 Criteria | 26 | 28 | 92.85 |
| Posterior Amalgam Preparation | 12 Criteria | 42 | 48 | 87.50 |
| **TOTALS** | 19 Criteria | **68** | **76** | **89.47** |

*Although there are 2 procedures that are scored separately for restorative clinical skills,* ***within the exam, a compensatory system*** *is used to compute the final score, as long as there is* ***no critical deficiency****. The computed score for each procedure is* ***not averaged****, but instead is numerically weighted by the ratio of its number of scorable criteria to the total number of scorable criteria. For example, the Anterior Composite Preparation has a total of 7 scorable criteria which represents 28 possible points out of the total of 68 possible points. As shown in the example above, the candidate earned 68 out of 76 possible points for the 2 procedures for a final score of 89.47 points. If any penalties were assessed, the points would be deducted as percentage points from the final score.*

# STANDARDS FOR THE CONDUCT OF THE EXAMINATION

As a participant in an examination to assess professional competency, each candidate is expected to maintain professional standards. The candidate's conduct and treatment standards will be observed during the examination and failure to maintain appropriate conduct and/or standards may result in point penalties and/or dismissal from the exam.

Each candidate will be expected to conduct himself/herself in an ethical, professional manner and maintain a professional appearance at all times. Candidates are prohibited from using any study or reference materials during the examination. Any substantiated evidence of dishonesty; such as collusion, use of unauthorized assistance or intentional misrepresentation during application, pre-examination or during the course of the examinations shall automatically result in dismissal from and failure of the entire examination and forfeiture of all examination fees for the current examination.

**DISHONESTY CLAUSE:** Candidates failed for dishonesty shall be denied re-examination for one full year from the time of the infraction. Additionally, all State Boards will be notified of the situation. In some states, candidates failed for dishonesty may be permanently ineligible for licensure. Therefore, candidates should address these matters with the state(s) where they desire licensure prior to retaking the examination.

*The standards itemized below apply to all candidates. Failure to adhere to these standards will result in failure of the procedure in progress and/or the entire examination.*

1. **Anonymity.** The anonymous testing procedures for the examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of a candidate, work-product graded or to be graded to a particular candidate. The candidate's name and school information should not appear on any examination forms, materials, or instruments. All examination forms and materials are identified by the candidates' identification number which is assigned prior to the examination.

2. **Approved Communication.** All approved communication must be in English and communication between candidates and Examination Officials must be in English.

3. **Assigned Operatories.** The candidate shall work only in the assigned clinic, operatory or laboratory spaces.

4. **Assigned Procedures.** The candidate must perform only the treatment and/or procedures assigned. Performing other treatment or procedures is strictly prohibited.

5. **Auxiliary Personnel: Use of Assistants.** *Auxiliary personnel are <u>not</u> permitted to assist at chairside during the manikin examinations.*

6. **Check-Out Procedures.** The items specified below should be enclosed in the original Candidate packet envelope and provided to the examination representative at the completion of the examination:
   - Identification badge
   - Progress Forms with labels placed

7. **Clinic Attire.** Clinic attire that meets CDC and OSHA standards must be worn in clinic areas. No bare arms or legs, or open-toed shoes are allowed in the clinic areas. Lab coats, lab jackets, and/or long-sleeved protective garments are all acceptable. Color and style are not restricted. There must be no personal or school identification on clinic attire other than the candidate identification badge.

8. **Electronic Equipment.** The use of cellular telephones, pagers, CD's, radios (with or without earphones) and other electronic equipment by candidates is prohibited within the clinic and scoring areas. All cellular telephones must be off and stored with personal belongings. In addition, the use of electronic recording devices by the candidate or an auxiliary during any part of the examination; or the taking of photographs during the evaluation or treatment procedures is prohibited.

9. **Equipment Failure.** In case of equipment failure, the Chief Examiner must be notified immediately so the malfunction may be corrected.

10. **Equipment: Use/Misappropriation/Damage.** No equipment, instruments, or materials shall be removed from the examination site without written permission of the owner. Nonpayment of fees for rental of space or equipment will be treated as misappropriation of equipment. Willful or careless damage of typodonts, manikins or shrouds may result in failure and any repair or replacement costs must be paid by the candidate before examination results will be released.

11. **Evaluation Procedures.** Candidate performance will be evaluated by three independent examiners. Candidates are not assigned specific examiners.

12. **Examination Completion and Start/Finish Times.** All procedures of the examination shall be completed within the specified time frame in order for the examination to be considered complete. Any examination procedures performed outside the assigned time schedule will be cause for the examination to be considered incomplete and will result in failure. Treatment procedures may not be initiated prior to the established starting time(s) and must be completed by the established finish time(s). Violation of this Standard will result in failure of the examination.

13. **Examination Guidelines.** Violation of the published standards, guidelines and requirements for the examination will result in failure.

14. **Examination Materials.** CRDTS examination materials distributed by the testing agency may NOT be removed from the examining area, nor may the forms be reviewed by unauthorized personnel.

15. **Extraneous materials.** Only those materials distributed or authorized by CRDTS may be brought to the examining area. Authorized materials include only your Candidate's Manual which may include hand- written notes on the pages provided; additional pages, texts or documents are prohibited. Impressions, registrations, overlays, stents, or clear plastic shells of any kind as well as models or pre-preparations are not permitted to be brought to the examination site. Use of unauthorized materials will result in failure of the entire examination.

16. **Failure to Follow Directions.** Failure to follow directions and instructions from examiners will be considered unprofessional conduct. Unprofessional conduct and improper behavior is cause for dismissal from the examination and will result in failure of the examination. Additionally, the candidate shall be denied re-examination by CRDTS for one full year from the time of the infraction.

17. **Feedback Forms:** Candidates have an opportunity to provide input about the examination. In an effort to continually improve our examination, feedback from the perspective of the candidates is one of the best ways to gather this information. The Feedback Form for candidates will be included in the candidate's packet. It is not required but will be collected separately from the candidate's packet to ensure that the candidate's examination results will in no way be affected by any feedback the candidate might have. Candidates are encouraged to complete the form honestly and thoughtfully before checking out.

18. **Identification Badges.** During the examinations, candidate ID badges must be worn at all times.

19. **Infection Control Standards.** During all *manikin clinical procedures,* the candidate must follow the most current recommended infection control procedures as published by the CDC. The operatory and/or operating field must remain clean and sanitary in appearance.
(www.cdc.gov/oralhealth/infectioncontrol/guidelines)

20. **Instruments and Equipment.** All necessary materials and instruments for the clinical procedures, other than the operating chair, light and dental unit must be provided by the candidate. All equipment must be compatible with the testing site attachments. Arrangements for rental handpieces and/or other equipment may be made through the testing site.

21. **New Technology.** New and innovative technologies are constantly being developed and marketed in dentistry. However, until such time as these innovations become the standard of care and are readily available to all candidates at all testing sites, the use of such innovative technologies will not be allowed in this examination unless expressly written as allowed elsewhere in this manual.

22. **Submission of Examination Records.** All required records must be turned in at the Examiner Desk before the examination is considered complete.

23. **Test Site Fees.** Schools may charge a rental fee for use of instruments, clinic facilities, supplies and disposables. This fee is independent of the examination fee and is not collected by the testing agency. Testing site fees vary from school to school. If not paid in advance, candidates should have cash or a check, as may be required by the respective testing site, for materials and equipment used during the examination. Specific information regarding site fees will be included in the candidate's Confirmation email.

24. **Tissue Management.** There shall be no unwarranted damage to simulated hard or soft tissues during manikin-based procedures. Incompetent or careless management of tissue will result in a score reduction.

25. **Tooth Identification.** The tooth numbering system 1-32 will be used throughout the examination. In this system, the maxillary right third molar is number 1 and mandibular left third molar is number 17.

# GENERAL GUIDELINES FOR CLINICAL EXERCISES

1. **Progress Form:** At the examination, a Progress Form will be issued which will contain a record of the treatment, examiner signatures for all completed portions of the examination, and progress notes from the candidate to examiner as appropriate to the course of treatment. A ***BLUE pen*** shall be used for all notations on the Progress Form.

2. **Unauthorized Personnel:** Only authorized personnel will be allowed in the examining and clinic areas. Only the candidate is allowed in the operatory during treatment sections. No visitors are allowed.

3. **Performance Standards:** The candidate's clinical performance will be rated according to specific criteria. The performance criteria and the standards by which the examination is conducted are provided to the candidate within this manual.

4. **Penalty Deductions:** Throughout the examination, the candidate's professional conduct and clinical performance will be evaluated. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and described within this manual.

5. **Reasons for Dismissal**: In addition to the standards of conduct expectations, the following list is provided as a quick reference guide for candidates. While the following is not an all-inclusive listing, it does provide examples of behaviors that may result in dismissal/failure of the examination:
    - Using unauthorized equipment at any time during the examination process.
    - Altering records.
    - Performing required examination procedures outside the allotted examination time.
    - Failure to follow the published time limits and/or complete the examination within the allotted time.
    - Receiving assistance from another practitioner including but not limited to; another candidate, dentist, University/School representative(s), etc.
    - Exhibiting dishonesty.
    - Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the manikin patient and/or total disregard for manikin patient welfare, comfort and safety.
    - Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, or exam personnel.
    - Misappropriation or thievery during the examination.
    - Noncompliance with anonymity requirements.
    - Noncompliance with established guidelines for asepsis and/or infection control.
    - Use of unauthorized documents or materials in treatment or evaluation areas.

- Use of cellular telephones, pagers or other electronic equipment in treatment areas.
- Use of electronic recording devices by the candidate or an auxiliary during any part of the examination; or the taking of photographs during the evaluation or treatment procedures.

6. **Authorized Photography:** At some selected test sites, oral photographs may be taken randomly during the examination by an authorized photographer retained by CRDTS. The purpose is to capture a broad representation of actual procedures which can be used for examiner calibration exercises. The photographs will include no identification of candidates. An announcement will be made or a notice will be distributed to inform candidates if photographs are authorized at a site.

7. **Communications from Examiners:** A Clinic Floor Examiner and Exam Proctor will be available for your benefit and to help facilitate the examination process. If you have any questions about any part of exam, ***please do not hesitate*** to confer with them.

   Typodonts from this Pacific University exam will be shipped off-site for grading, so no examiners will be present at the school.

   In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer.

8. **Infection Control:** Candidates must follow all infection control guidelines required by the state where the examination is taking place and must follow the CDC's *Guidelines for Infection Control in Dental Health-Care Settings* The current recommended infection control procedures as published by the CDC must be followed. Procedures must begin with the initial setting up of the unit, continue throughout the examinations and include the final cleanup of the operatory. Failure to comply will result in loss of points and any violation that could lead to direct harm will result in termination of the examination and loss of all points.

# RESTORATIVE MANIKIN PROCEDURES

## Restorative Examination Procedural and Clinical Management Guidelines

## Requirements Specific to the Restorative Manikin Examination

### General

**Required Procedures:** A Class II Preparation **14MO** and Class III Preparation **9DL**. A new diamond bur is the recommended manufacturer option for the Acadental typodont teeth with simulated decay.

**Typodont instructions:** At the beginning of the exam, candidates should immediately etch the maxillary arch with their 1 or 2-digit candidate # on the end caps of the arch.

Upon completion of the exam, contact the CRDTS Proctor for permission to dismantle. Place the Restorative arch into the labeled baggie and submit to the CRDTS Proctor for evaluation/storage.

### Modification Requests

If during the preparation the tooth indicates a need for a significant change from the criteria outlined for Satisfactory, the candidate should make modification request(s) ***prior to performing them.*** The preparation ***must*** be prepared to the Satisfactory criteria and all pre-existing restorative material must be removed before submitting the first Modification Request. Requests to extend the preparation to an MOD or to place different material than the approved Treatment Selection must be made utilizing the Modification Request process. Exceptions include: modification to extend the proximal box because of tooth rotation or position. These do not require a request for modification but are listed in the Notes to Examiners area at the bottom of the Progress Form and must be initialed by a CFE. Each modification needs to be numbered and listed separately with the time noted and a brief explanation of the proposed modifications.

The request to modify should include:

**What:** (Type of modification)
**Where:** (gingival axial line angle, mesial box) *See Illustration below*
**Why:** (due to caries, decalcification)
**How much:** (reference back to either ideal or to the start)

The request should be shown to a Clinic Floor Examiner who will direct the candidate through the authorization process for modifications. If the candidate feels a finger extension is appropriate and/or necessary to eliminate marginal decalcification, such a modification should also be submitted for approval. ***If the candidate anticipates or actually experiences a pulpal exposure, the Clinic Floor Examiner should be notified at once***.

**Example Modification Request**

| **Modification Request # 1** |
|---|
| **What:** Extend |
| **Where:** axial wall |
| **Why:** remove caries |
| **How Much:** .5 mm |
| |
| ☐ **Granted** ☐ **Not Granted** |

Carefully review the criteria for modification requests. Inappropriate requests for modification(s) will result in a small penalty for each modification not granted. Requests for a modification for removal of caries when no stain, caries or decalcification exists will receive a larger penalty. Modifications that have been approved and appropriately accomplished will not result in any penalties.

If more than one modification is anticipated at any time, it is to the candidate's advantage to submit them on the same form as no additional time is provided for evaluation of modification requests and multiple submissions may significantly decrease treatment time. Candidates will submit their copy of the Modification Request Form with their Progress Form.

# EXAMINATION CHECK-OUT

## Candidate Feedback Forms

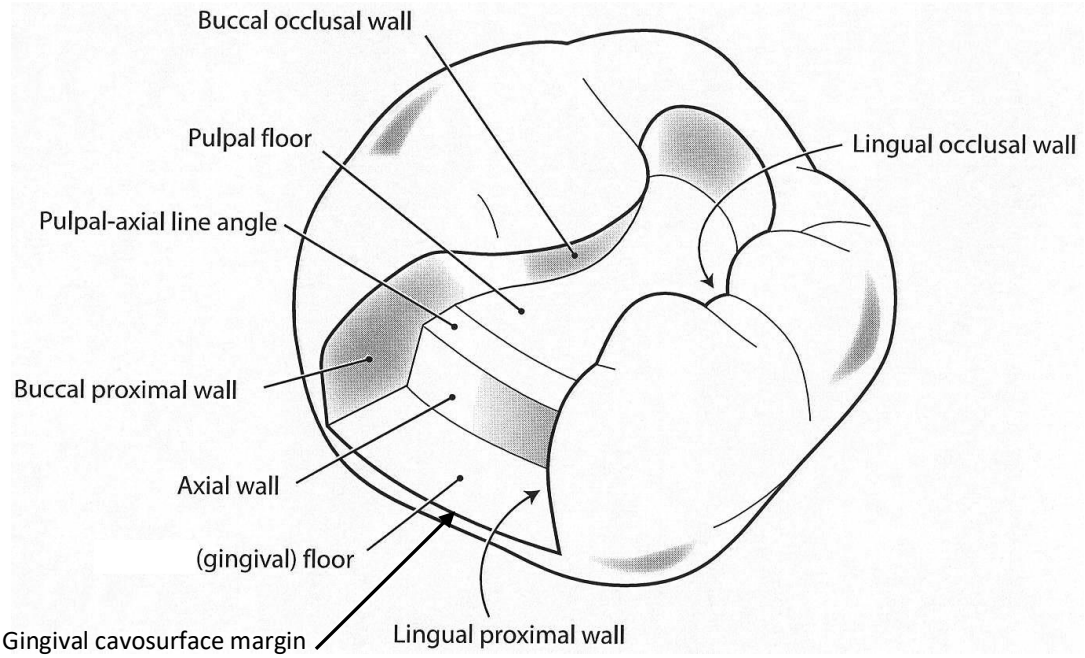
Candidates have an opportunity to provide input to CRDTS about the examination. CRDTS wishes to continually improve its examination program, and feedback from the perspective of candidates is one of the best ways for CRDTS to gather ideas on how to do this. The Feedback Form for candidates will be included in the candidate's packet. It is not required and will be collected separately from the candidate's packet to ensure that the candidate's examination results will in no way be affected by any feedback the candidate might have. Therefore, CRDTS encourages candidates to complete this form honestly and thoughtfully before checking out.

## Check-Out Procedure

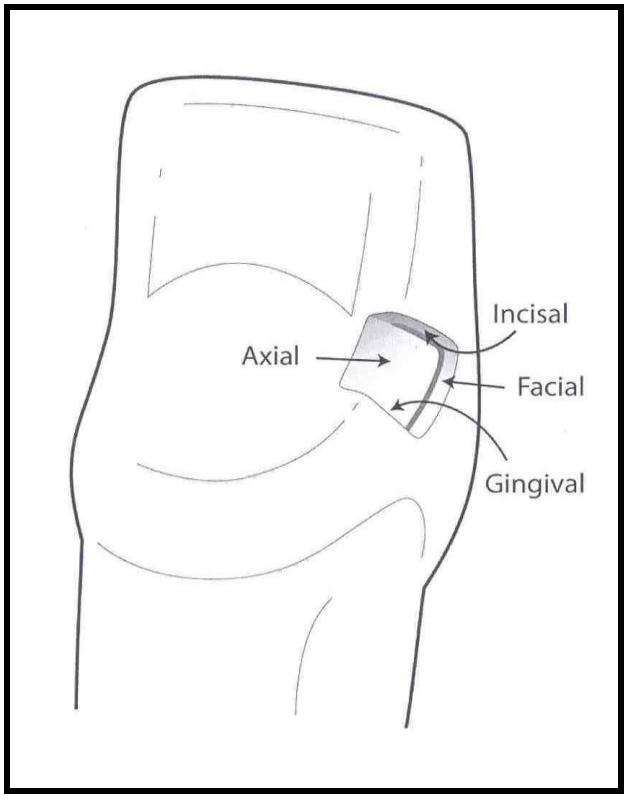
When the candidates are ready to check out, they must go to the CRDTS Proctor's desk and get a clearance check that everything is completed or accounted for. The following items must be enclosed **in the candidate's packet envelope:**

1. Completed Progress Form
2. Identification badge

## Terminology for Modification Requests
## Manikin Amalgam & Posterior Composite Preparations




## Composite Preparation



# AMALGAM PREPARATION
# External Outline Form

## PROXIMAL CLEARANCE

| | |
|---|---|
| SAT | Contact is visibly open proximally. |
| ACC | Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls. |
| SUB | Proximal contact is [_] not visually open; or proximal clearance at the height of contour [_] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls. |
| DEF | The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls. |

## GINGIVAL CLEARANCE

| | |
|---|---|
| SAT | Contact is open gingivally up to 0.5 mm. |
| ACC | The gingival clearance is greater than 0.5 mm but not greater than 2.0 mm. |
| SUB | The gingival clearance is greater than 2.0 mm but not more than 3.0 mm, or is not open. |
| DEF | The gingival clearance is greater than 3.0 mm. |

## OUTLINE SHAPE/CONTINUITY/EXTENSION

| | |
|---|---|
| SAT | The outline form includes all carious and non-coalesced fissures. |
| SUB | The outline form is inappropriately overextended so that it compromises the remaining marginal ridge and/or cusp(s). The outline form is underextended and non-coalesced fissure(s) remain which extend to the DEJ and are contiguous with the outline form. |
| DEF | The outline form is overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge to the extent that the pulpal-occlusal wall is unsupported by dentin or the width of the marginal ridge is 1 mm or less. |

## ISTHMUS

| | |
|---|---|
| SAT | The isthmus must be 1-2 mm wide, but not more than ¼ the intercuspal width of the tooth. |
| ACC | The isthmus is more than ¼ and not more than 1/3 the intercuspal width. |
| SUB | The isthmus is more than 1/3 and not more than ½ the intercuspal width. |
| DEF | The isthmus is greater than ½ the intercuspal width or less than 1 mm. |

## CAVOSURFACE MARGIN

| | |
|---|---|
| SAT | The external cavosurface margin meets the enamel at 90°. There are no gingival bevels. The proximal gingival point angles may be rounded or sharp. |
| ACC | The proximal cavosurface margin deviates from 90°, but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel. |
| SUB | The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s). |

## SOUND MARGINAL TOOTH STRUCTURE

| | |
|---|---|
| SAT | The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material , including sealants, at the cavosurface margin. There is no decalcification on the gingival margin. |
| SUB | The cavosurface margin does not terminate in sound natural tooth structure; or, there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface margin |

| | |
|---|---|
| | terminates in a previously placed pit and fissure sealant. |

# AMALGAM PREPARATION

## Internal Form

### AXIAL WALLS

| | |
|---|---|
| SAT | The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm from the DEJ. |
| ACC | The depth of the axial wall is .5 mm to 1.5 mm beyond the DEJ. |
| SUB | The axial wall is more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ. |
| DEF | The axial wall is [_] more than 2.5 mm beyond the DEJ or [_] there is no gingival floor. |

### PULPAL FLOOR

| | |
|---|---|
| SAT | The pulpal floor is optimally 1.5 to 2.0 mm from the cavosurface margin at its shallowest point. |
| SUB | The pulpal floor is less than 1.5 mm at its shallowest point or greater than 2.0 mm but not greater than 3.0 mm from the cavosurface margin. |
| DEF | The pulpal floor is more than 3.0 mm from the cavosurface margin or is 0.5 mm or less at its shallowest point. |

### PULPAL-AXIAL LINE ANGLE

| | |
|---|---|
| SAT | The pulpal-axial line angle is rounded. |
| SUB | The pulpal-axial line angle is sharp. |

### CARIES/REMAINING MATERIAL

| | |
|---|---|
| SAT | All caries and/or previous restorative material are removed. |
| DEF | Caries or previous restorative material remains in the preparation or preparation is not extended to include caries. |

### PROXIMAL BOX WALLS

| | |
|---|---|
| SAT | The walls of the proximal box should be convergent occlusally and meet the external surface at a 90º angle. |
| ACC | The walls of the proximal box are parallel, but appropriate internal retention is present. |
| DEF | The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration. |

### PREPARED SURFACES

| | |
|---|---|
| SAT | All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth. |
| SUB | The prepared surfaces are irregular or ill-defined. |

# AMALGAM PREPARATION

## Critical Errors

Wrong Tooth/Surface Treated
Retention, when used, grossly compromises the tooth or restoration
Unrecognized Exposure
Critical Lack of Clinical Judgment/Diagnostic Skills

# POSTERIOR COMPOSITE PREPARATION

## External Outline Form

### PROXIMAL CLEARANCE

| | |
|---|---|
| SAT | Proximal contact is visibly open up to 0.5 mm. |
| ACC | Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls. |
| SUB | Proximal contact is [_] not visually open; or proximal clearance at the height of contour [_] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls. |
| DEF | The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls. |

### GINGIVAL CLEARANCE

| | |
|---|---|
| SAT | Contact is open gingivally up to 0.5 mm. |
| ACC | The gingival clearance is greater than 0.5 mm but not greater than 2.0 mm. |
| SUB | The gingival clearance is greater than 2.0 mm but not more than 3.0 mm, or is not open. |
| DEF | The gingival clearance is greater than 3.0 mm. |

### OUTLINE SHAPE/CONTINUITY/EXTENSION

| | |
|---|---|
| SAT | The outline form includes all carious and non-coalesced fissures, and is smooth, rounded and flowing with no sharp curves or angles. |
| SUB | The outline form is inappropriately overextended so that it compromises the remaining marginal ridge and/or cusp(s). The outline form is underextended and non-coalesced fissure(s) remain which extend to the DEJ and are contiguous with the outline form. |
| DEF | The outline form is overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin or the width of the marginal ridge is 1.0 mm or less. |

### ISTHMUS

| | |
|---|---|
| SAT | The isthmus may be up to 2 mm wide, but not more than ¼ the intercuspal width of the tooth. |
| ACC | The isthmus is more than ¼ and not more than 1/3 the intercuspal width. |
| SUB | The isthmus is more than 1/3 and not more than ½ the intercuspal width |
| DEF | The isthmus is greater than ½ the intercuspal width. |

### CAVOSURFACE MARGIN

| | |
|---|---|
| SAT | The external cavosurface margin meets the enamel at 90o. |
| SUB | The proximal cavosurface margin deviates from 90o and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s). |

### SOUND MARGINAL TOOTH STRUCTURE

| | |
|---|---|
| SAT | The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material , including sealants, at the cavosurface margin. There is no decalcification on the gingival margin. |
| SUB | The cavosurface margin does not terminate in sound natural tooth structure; or, there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface margin terminates in a previously placed pit and fissure sealant. |

# POSTERIOR COMPOSITE PREPARATION

## Internal Form

### AXIAL WALLS

| | |
|---|---|
| SAT | The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm from the DEJ. |
| ACC | The depth of the axial wall is .5 mm to 1.5 mm beyond the DEJ. |
| SUB | The axial wall is [_] more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ. |
| DEF | The axial wall is more than 2.5 mm beyond the DEJ or [_] there is no gingival floor. |

### PULPAL FLOOR

| | |
|---|---|
| SAT | The pulpal floor depth must be at 1.5—2.0 mm in all areas; there may be remaining enamel. |
| SUB | The pulpal floor depth is greater than 0.5 mm but less than 1.5 mm or up to 3.0 mm. |
| DEF | The pulpal floor is [_] less than 0.5 mm or [_] is more than 3.0 mm from the cavosurface margin. |

### CARIES/REMAINING MATERIAL

| | |
|---|---|
| SAT | All caries and/or previous restorative material are removed. |
| DEF | Caries or previous restorative material remains in the preparation or preparation is not extended to include caries. |

### PROXIMAL BOX WALLS

| | |
|---|---|
| SAT | The walls of the proximal box should be parallel or converge occlusally. |
| SUB | The walls of the proximal box are divergent. |
| DEF | The walls of the proximal box are grossly [_] convergent so that the buccal-lingual gingival floor width is > than 2 times the buccal-lingual width of the occlusal access or [_] divergent so that the occlusal access is > two times the width of the buccal-lingual gingival floor. |

### PREPARED SURFACES

| | |
|---|---|
| SAT | All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth. |
| SUB | The prepared surfaces are irregular or ill-defined. |

# POSTERIOR COMPOSITE PREPARATION

## Critical Errors

**Wrong Tooth/Surface Treated**
**Unrecognized Exposure**
**Critical Lack of Clinical Judgment/Diagnostic Skills**

# ANTERIOR CLASS III COMPOSITE PREPARATION
## External Outline Form

### OUTLINE EXTENSION

| | |
|---|---|
| SAT | Outline form provides adequate access for complete removal of caries and/or previous restorative material and insertion of composite resin. Access entry is appropriate to the location of caries and tooth position. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure. |
| ACC | The wall opposite the access, if broken, may extend no more than 1.0 mm beyond the contact area. The outline form is overextended mesiodistally 0.5-1 mm beyond what is necessary for complete removal of caries and/or previous restorative material. |
| SUB | The outline form is underextended making caries removal or insertion of restorative material questionable. The outline form is overextended mesiodistally more than 1mm, but no more than 2 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the integrity of the incisal angle is compromised. The wall opposite the access opening extends more than 1 mm beyond the contact area. |
| DEF | The outline form is underextended making it impossible to manipulate and finish the restorative material. The outline form is overextended mesiodistally more than 2.0 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the incisal angle is removed or fractured. A Class IV restoration is now necessary without justification. The wall opposite the access opening extends more than 2.5 mm beyond the contact area. |

### GINGIVAL CONTACT BROKEN

| | |
|---|---|
| SAT | The gingival contact must be broken. The incisal contact need not be broken, unless indicated by the location of the caries. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure. |
| ACC | The gingival clearance does not exceed 1.5 mm. |
| SUB | The gingival clearance is greater than 1.5 mm. The gingival contact is not visibly broken. |
| DEF | The gingival clearance is greater than 2.0 mm. |

### MARGIN SMOOTHNESS/CONTINUITY/BEVELS

| | |
|---|---|
| SAT | Cavosurface margins form a smooth continuous curve with no sharp angles. Enamel cavosurface margins may be beveled. |
| ACC | The cavosurface margins are slightly irregular. Enamel cavosurface margin bevels, if present, do not exceed 1.0 mm in width. |
| SUB | The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, exceed 1.0 mm in width, are not uniform or are inappropriate for the size of the restoration. |

### SOUND MARGINAL TOOTH STRUCTURE

| | |
|---|---|
| SAT | The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. All unsupported enamel is removed unless it compromises facial esthetics. |
| ACC | There is a small area of unsupported enamel which is not necessary to preserve facial esthetics. |
| SUB | There are large or multiple areas of unsupported enamel which are not necessary to preserve facial esthetics. The cavosurface margin does not terminate in sound natural tooth structure; or, the cavosurface margin terminates in previous restorative material. |

# ANTERIOR CLASS III COMPOSITE PREPARATION

## Internal Form

### AXIAL WALLS

| | |
|---|---|
| SAT | The axial wall follows the external contours of the tooth and the depth does not exceed .5 mm beyond the DEJ. |
| ACC | The depth of the axial wall is no more than 1.5 mm beyond the DEJ. |
| SUB | The axial wall is more than 1.5 mm beyond the DEJ. |
| DEF | The axial wall is more than 2.5 mm beyond the DEJ. |

### INTERNAL RETENTION

| | |
|---|---|
| SAT | If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form. Retention is tactilely and visually present. |
| SUB | When used, retention is excessive and undermines enamel or jeopardizes the incisal angle or encroaches on the pulp. |

### CARIES/REMAINING MATERIAL

| | |
|---|---|
| SAT | All caries and/or previous restorative material are removed. |
| DEF | Caries or previous restorative material remains in the preparation or preparation is not extended to include caries. |

# ANTERIOR COMPOSITE PREPARATION

## Critical Errors

**Wrong Tooth/Surface Treated**
**Unrecognized Exposure**
**Critical Lack of Clinical Judgment/Diagnostic Skills**

# RESTORATIVE PROCEDURES
# Treatment Management
# Penalty Points Only

## CONDITION OF ADJACENT TEETH

| | |
|---|---|
| SAT | The adjacent teeth and/or restorations are free from damage. |
| ACC | Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact. |
| SUB | Damage to adjacent tooth/teeth requires recontouring which changes the shape and/or position of the contact. |
| DEF | There is gross damage to adjacent tooth/teeth which requires a restoration. |

## CONDITION OF SOFT TISSUE

| | |
|---|---|
| SAT | The soft tissue is free from damage or there is tissue damage that is consistent with the procedure. |
| SUB | There is iatrogenic soft tissue damage that is inconsistent with the procedure. |
| DEF | There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue. |

# EXAMINATION APPLICATION POLICIES

Qualified candidates may apply to take the examination by submitting an application ***online*** at www.crdts.org. Once an application is completed online, it is considered a contract with CRDTS. If a candidate fails to fulfill all requirements of the application, or is unable to take the exam, the policies below will apply. Additional portions of the application must be submitted by mail. Detailed information regarding required documents/fees, test sites and examination dates/deadlines are outlined on the CRDTS website and in this Manual. A fully executed application complete with the appropriate documentation and fee is required to take the examination.

***Read the entire application form before submitting any information. Be accurate and complete. If directions are not followed, the application may not be accepted.***

1. **Application Deadline:** The application deadline is approximately 40 days before the date of the examination. Applications and all documentation/fees must be received on or before the published application deadline date. (Visit www.crdts.org )

2. **Social Security Number:** Candidates must enter their US government-issued social security number when applying online. Candidates without a social security number must contact CRDTS Central Office. The social security number will remain a part of the candidate's secure record. A 10-digit CRDTS ID number will be assigned, appear on all the candidate's examination forms and become the Username for login to CRDTS website. When logged-in, candidates will be able manage their information and view application documents, examination results. This 10-digit CRDTS ID number will connect the results back to the candidate's permanent record.

3. **Photographs:** Candidates must submit a digital photograph. The photograph MUST BE RECENT, passport quality, it may be in black & white or color, JPG/JPEG, FIG, or PNG formats, square and have minimal resolution of 200x200 and max resolution of 500x500.

4. **Signature of Candidate:** The candidate will sign the online application electronically. The electronic signature is legally binding and has the full validity and meaning as the applicant's handwritten signature. With the signature the applicant acknowledges that he/she has read and understands the process and the Candidate Manual and agrees to abide by all terms and conditions contained therein.

5. **Initial Examination/Application Fee**: The appropriate examination fee of $395 must be paid at the time of application. ***Payment submitted must be for the exact amount and can be paid online via VISA or Mastercard or by cashier's check or money order with the applicant's CRDTS ID number written in the lower left-hand corner.*** PERSONAL CHECKS WILL NOT BE ACCEPTED AND WILL BE RETURNED TOGETHER WITH THE APPLICATION TO THE APPLICANT.

   **The examination fee of $395 includes application for one attempt at the exam.**

6. **Site Fee:** The school may charge a site fee/rental fee for use of instruments, clinic facilities, manikin heads, supplies, and disposables. Some sites require that all instruments be supplied by the school. A rental charge or deposit imposed by the testing site must be remitted directly to the school.

7. **Retest Examination Fee**: There will be no opportunity for a retest of this exam.

**After fully executing the online application, a Letter of Certification from Pacific University listing candidates eligible to sit for this examination must be received in CRDTS Central Office prior the Application Deadline.** The Letter of Certification must be completed by the Program Director and emailed to Renee@crdts.org verifying that the candidate has demonstrated sufficient clinical competence, is in good standing, and it is anticipated that all program requirements are current and up to date.

# ADMINISTRATIVE POLICIES

Once an application has been received or accepted for examination, the policies described in this section become effective.

1. **Disqualification:** A candidate may be disqualified to site for the exam by the Program Director at any time.

2. **Fee Refunds:** Refunds will be made, minus a $25 administrative fee, if notification of cancellation is received in the CRDTS Central Office 30 days prior to the examination. A 50% refund will be made if notification is made at least 6 business days prior to the examination. After that time, any cancellations will result in forfeiture of the entire examination fee. In addition, failure to appear for the exam will result in a forfeiture of the entire examination fee. This policy applies to all cancellations, regardless of reason.
3. **Confirmation Notification:** Candidates will receive a notice confirming their examination schedule; this notice may be distributed or posted by the school. Candidates will receive an email approximately 30 days prior to the examination. This email will contain:
    1. A letter confirming the exam date and the exam schedule.
    2. Other information and/or forms which may be needed to take the examination.
4. **Release of Scores:** Since procedures for this examination at Pacific University will be evaluated off-site, score results will be reported to the Program Director approximately three to four weeks after the examination.

# Glossary of Words, Terms and Phrases

| | |
|---|---|
| **Angle** | A corner; **cavosurface angle**: angle formed between the cavity wall and surface of the tooth; **line angle:** angle formed between two cavity walls or tooth surfaces. |
| **Axial wall** | An internal cavity surface parallel to the long axis of the tooth. |
| **Bevel** | A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°. |
| **Cavity Preparation** | Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration. |
| **Cavosurface Margin** | The line angle formed by the prepared cavity wall with the unprepared tooth surface. The margin is a continuous entity enclosing the entire external outline of the prepared cavity. Also called the cavosurface line angle. |
| **Convenience Form** | The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity. |
| **Convergence** | The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface. |
| **Cusp (functional)** | Those cusps of teeth which by their present occlusion, provide a centric stop which intercuspates with a fossa or marginal ridge of an opposing tooth/teeth. |
| **Cusp (non-functional)** | Those cusps of teeth which by their present occlusion, do not provide a centric stop which intercuspates with a fossa or marginal ridge of an opposing tooth/teeth. |
| **Debris** | Scattered or fragmented remains of the cavity preparation procedure. All debris should be thoroughly removed from the preparation before the restoration is placed. |
| **Decalcification** | Demineralized area of enamel that may appear white and chalky or may be discolored. It is considered unsound tooth structure if it can be penetrated by an explorer or is more than ½ the thickness of the enamel. |
| **Dentin** | Calcified tissue surrounding the pulp and forming the bulk of the tooth. |
| **Divergence** | The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth. |

| | |
|---|---|
| **Exposure** | *See "Pulp Exposure"* |
| **Finish Line** | The terminal portion of the prepared tooth. |
| **Fissure** | A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes. |
| **Ill-defined** | A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design. |
| **Isthmus** | A narrow connection between two areas or parts of a cavity preparation. |
| **Line angle** | The angle formed by the junction of two surfaces. In cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls. |
| **Liner - treatment** | An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc. Also called therapeutic liner. |
| **Long axis** | An imaginary straight line passing through the center of the whole tooth occlusoapically. |
| **Over-extension (preparation)** | The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment. |
| **Pulp cap (direct)** | The technique of placing a base over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure. The decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed. |
| **Pulp cap (indirect)** | The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with an appropriate pulpal protection material to promote reparative dentin formation. The tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries. |
| **Pulp exposure (carious)** | The frank exposure of the pulp through clinically carious dentin. |
| **Pulp exposure (general)** | The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage. |
| **Pulp exposure (irreparable)** | Generally, a pulp exposure in which most or all of the following conditions apply: The exposure is greater than 0.5 mm; the tooth had been symptomatic; the hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic. |

| | |
|---|---|
| **Pulp exposure (mechanical) (unwarranted)** | The frank exposure of the pulp through non-carious dentin caused by operator error, misjudgment, pulp chamber aberration, etc. |
| **Pulp exposure (reparable)** | Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic. |
| **Pulpal wall** | An internal cavity surface perpendicular to the long axis of the tooth. Also pulpal floor. |
| **Pulpoaxial line angle** | The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity. |
| **Resistance Form** | The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement. |
| **Retention Form** | The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement. |
| **Sound Tooth Structure** | Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer. |
| **Taper** | To gradually become more narrow in one direction. |
| **Uncoalesced** | The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure. |
| **Undercut** | a. Feature of tooth preparation that retains the intra-coronal restorative material.<br>b. An undesirable feature of tooth preparation for an extra-coronal restoration. |
| **Under-extension (preparation)** | Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment. |
| **Undermined enamel** | During cavity preparation procedures; an enamel tooth surface (particularly enamel rods) which lacks dentinal support. Also called unsupported enamel. |
| **Unsound Marginal Enamel** | Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied. |

**CRDTS**

Place Candidate label here

# MANIKIN PREPARATION PROGRESS FORM

**#14 ___A ___C** **#9**

**STARTING TIME:** _____ _____ _____

**FINISH TIME:** _____ _____ _____

*CRDTS will provide the candidate a typodont to complete the Restorative Procedures. When the typodonts are received, the candidate's 3-digit candidate number must immediately be etched onto the end caps of the arch and then the typodont inserted into the facial shroud. The typodont may be dismantled only with the authorization of a CFE.*

**MODIFICATION REQUEST:**

| #14 | #9 |
|---|---|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |

| Ex 1 | Ex 2 | Ex 3 |
|---|---|---|

*REST Ex ID: Mod Req Reviewed*

Exp Proc

**Exposure Processed:** *(any pulpal exposure must be checked by Clinic Floor Examiner)*

CFE

**TYPODONT MOUNTING APPROVED**
**Arches Labeled with Cand #**
**2nd arches placed in labeled bag**

| | | | |
|---|---|---|---|
| | | | **FINAL EVALUATION #4 DO PREPARATION** |
| | | | **FINAL EVALUATION #14 MO PREPARATION** |
| | | | **FINAL EVALUATION #9 DL COMP PREPARATION** |

| **NOTES TO EXAMINERS** *(Use ink. Please number each note. Notes should be written clearly and include specific information, i.e. description, location, etc.)* | *Ex. ID#* | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

CRDTS ID: _____ Test Site #_____ CANDIDATE #

# MANIKIN MODIFICATION REQUEST FORM

***Prepare to SAT criteria and see CFE BEFORE proceeding***

CFE #: _____

Submission #: _____ Tooth #: _____ Amal ☐ Post Comp ☐ Ant Comp ☐

| Modification Request # 1 |
|---|
| What: |
| Where: |
| Why: |
| How Much: |
| ☐ Granted ☐ Not Granted |

| Modification Request # 2 |
|---|
| What: |
| Where: |
| Why: |
| How Much: |
| ☐ Granted ☐ Not Granted |

| Modification Request # 3 |
|---|
| What: |
| Where: |
| Why: |
| How Much: |
| ☐ Granted ☐ Not Granted |

Submission #: _____ Tooth #: _____ Amal ☐ Post Comp ☐ Ant Comp ☐

| Modification Request # 1 |
|---|
| What: |
| Where: |
| Why: |
| How Much: |
| ☐ Granted ☐ Not Granted |

| Modification Request # 2 |
|---|
| What: |
| Where: |
| Why: |
| How Much: |
| ☐ Granted ☐ Not Granted |

| Modification Request # 3 |
|---|
| What: |
| Where: |
| Why: |
| How Much: |
| ☐ Granted ☐ Not Granted |

CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

June 16, 2022

Christie Chaney
6950 NE Campus Way
Hillsboro, Oregon 97124

Dear Ms. Chaney,

In response to the request for project modification (Appendix A) originally submitted on April 18, 2022, by the project sponsor for DPP #300 to the Oregon Health Authority (OHA)**:**

- **Summary of modification request:** Under the currently approved Evaluation and Monitoring Plan (Exhibit B), the Supervising Dentist performs a monthly audit of a randomly selected sample of 20% of charts seen by their Dental Therapist trainee during the utilization/employment phase of the pilot project.

  The modification request, as submitted, would reduce the number of charts required to be audited from 20% to 10% with a maximum number of charts being no more than 10.

OHA consulted with the Advisory Committee for Dental Pilot Project #300 and obtained their feedback. In addition, OHA consulted with individuals who have subject matter expertise in assessment and program evaluation.

**Based upon the feedback received, OHA approves the following modification to Dental Pilot Project #300:**

**OHA Approves the Modification Request submitted with amendments.** Dental Pilot Project #300 will be required to audit a minimum of 10% of the Dental Therapist trainees by the Supervising Dentist per month. There is no maximum total of charts required to be audited.

DPP#300 is required to continue to comply with OAR 333-010-0700 through 333-010-0820.

**Sincerely,**

**John Putz**

John Putz, Ph.D., M.A.
Assessment, Evaluation, & Informatics Manager
Oregon Health Authority, Public Health Division
Maternal & Child Health
John.W.Putz@dhsoha.state.or.us

**Cate Wilcox**

Cate Wilcox, MPH
Maternal and Child Health Section Manager
Oregon Health Authority, Public Health Division
Maternal & Child Health
Cate.s.wilcox@dhsoha.state.or.us

cc: Dental Pilot Project #300 Advisory Committee

OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

# PERMANENT ADMINISTRATIVE ORDER

## OBD 1-2022
CHAPTER 818
OREGON BOARD OF DENTISTRY

**FILED**
06/21/2022 11:54 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: The Board approved the new dental therapy rules at its 6/17/2022 Board Meeting.

EFFECTIVE DATE: 07/01/2022

AGENCY APPROVED DATE: 06/17/2022

CONTACT: Stephen Prisby
971-673-3200
stephen.prisby@state.or.us

1500 SW 1st Ave
Suite #770
Portland,OR 97201

Filed By:
Stephen Prisby
Rules Coordinator

RULES:
818-001-0002, 818-001-0082, 818-001-0087, 818-012-0020, 818-012-0030, 818-021-0026, 818-021-0052, 818-021-0054, 818-021-0076, 818-021-0080, 818-021-0085, 818-021-0090, 818-021-0095, 818-021-0110, 818-026-0055, 818-038-0001, 818-038-0005, 818-038-0010, 818-038-0020, 818-038-0025, 818-038-0030, 818-038-0035, 818-042-0010, 818-042-0020, 818-042-0050, 818-042-0060, 818-042-0090, 818-042-0114

AMEND: 818-001-0002

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy and dental therapist references are being added to the rule.

CHANGES TO RULE:

818-001-0002
Definitions ¶

As used in OAR chapter 818:¶
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.¶
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.¶
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.¶
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.¶
(5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.¶
(6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621. ¶
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(~~6~~8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶
(~~7~~9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist

be on the premises while the procedures are performed.¶
(~~8~~)10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶
(~~9~~11) "Licensee" means a dentist ~~or,~~ hygienist or dental therapist.¶
(1~~0~~2) "Volunteer Licensee" is a dentist, hygienist or dental ~~hygien~~therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶
(1~~1~~3) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶
(1~~2~~)4) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.¶
(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.¶
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.¶
(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.¶
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.¶
(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.¶
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.¶
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.¶
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. ¶
(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.¶
(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.¶
(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.¶
(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.¶

(13~~3~~5) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry ~~or,~~ dental hygiene or dental therapy.¶
(14~~)~~6) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).¶
(15~~7~~) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.¶
(16~~8~~) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.¶
(17~~9~~) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.¶
(18~~20~~) "BLS for Healthcare Providers or its Equivalent" the BLS/CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS/CPR course must be a hands-on course; online BLS/CPR courses will not be approved by the Board for initial BLS/CPR certification: After the initial BLS/CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS/CPR certification card with an expiration date must be received from the BLS/CPR provider as documentation of BLS/CPR certification. The Board considers the BLS/CPR expiration date to be the last day of the month that the BLS/CPR instructor indicates that the certification expires.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-001-0082

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapist reference is being added to the rule.

CHANGES TO RULE:

818-001-0082
Access to Public Records ¶

(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice.¶
(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies.¶
(3) The Board follows the Department of Administrative Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:¶
(a) $0.10 per name and address for computer-generated lists on paper; $0.20 per name and address for computer-generated lists on paper sorted by specific zip code;¶
(b) Data files submitted electronically or on a device:¶
(A) All Licensed Dentists - $50;¶
(B) All Licensed Dental Hygienists and Dental Therapists - $50;¶
(C) All Licensees - $100.¶
(c) Written verification of licensure - $2.50 per name; and¶
(d) Certificate of Standing - $20.
Statutory/Other Authority: ORS 183, 192, 670, 679
Statutes/Other Implemented: ORS 192.420, 192.430, 192.440

AMEND: 818-001-0087

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapist fees are being added to the rule.

CHANGES TO RULE:

818-001-0087
Fees ¶

(1) The Board adopts the following fees:¶
(a) Biennial License Fees:¶
(A) Dental -$390;¶
(B) Dental - retired - $0;¶
(C) Dental Faculty - $335;¶
(D) Volunteer Dentist - $0;¶
(E) Dental Hygiene -$230;¶
(F) Dental Hygiene - retired - $0;¶
(G) Volunteer Dental Hygienist - $0.;¶
(H) Dental Therapy - $230;¶
(I) Dental Therapy - retired - $0;¶
(b) Biennial Permits, Endorsements or Certificates:¶
(A) Nitrous Oxide Permit - $40;¶
(B) Minimal Sedation Permit - $75;¶
(C) Moderate Sedation Permit - $75;¶
(D) Deep Sedation Permit - $75;¶
(E) General Anesthesia Permit - $140;¶
(F) Radiology - $75;¶
(G) Expanded Function Dental Assistant - $50;¶
(H) Expanded Function Orthodontic Assistant - $50;¶
(I) Instructor Permits - $40;¶
(J) Dental Hygiene Restorative Functions Endorsement - $50;¶
(K) Restorative Functions Dental Assistant - $50;¶
(L) Anesthesia Dental Assistant - $50;¶
(M) Dental Hygiene, Expanded Practice Permit - $75;¶
(N) Non-Resident Dental Background Check - $100.00;¶
(c) Applications for Licensure:¶
(A) Dental - General and Specialty - $345;¶
(B) Dental Faculty - $305;¶
(C) Dental Hygiene - $180;¶
(D) Dental Therapy - $180;¶
(E) Licensure Without Further Examination - Dental and, Dental Hygiene and Dental Therapy - $790.¶
(d) Examinations:¶
(Ae) Jurisprudence - $0;¶
(ef) Duplicate Wall Certificates - $50.¶
(2) Fees must be paid at the time of application and are not refundable.¶
(3) The Board shall not refund moneys under $5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200, 680.205, 679.615

AMEND: 818-012-0020

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-012-0020
Additional Methods of Discipline for Unacceptable Patient Care ¶

~~[Reserved]~~In addition to other discipline, the Board may order a licensee who engaged in or permitted unacceptable patient care to:¶
(1) Make restitution to the patient in an amount to cover actual costs in correcting the unacceptable care.¶
(2) Refund fees paid by the patient with interest.¶
(3) Complete a Board-approved course of remedial education.¶
(4) Discontinue practicing in specific areas of dentistry, dental therapy or hygiene.¶
(5) Practice under the supervision of another licensee.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.140(5)(h), 680.100

AMEND: 818-012-0030

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-012-0030
Unprofessional Conduct ¶

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:¶
(1) Attempt to obtain a fee by fraud, or misrepresentation.¶
(2) Obtain a fee by fraud, or misrepresentation.¶
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.¶
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.¶
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.¶
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.¶
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.¶
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.¶
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.¶
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.¶
(8) Misrepresent any facts to a patient concerning treatment or fees.¶
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:¶
(A) Legible copies of records; and¶
(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.¶
(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.¶
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.¶
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.¶
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.¶
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.¶
(14) Violate any Federal or State law regarding controlled substances.¶
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry ~~or,~~ dental hygiene~~.~~ or dental therapy. ¶
(16) Practice dentistry ~~or,~~ dental hygiene or dental therapy in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant

to ORS 680.205(1)(2).¶
(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.¶
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. ¶
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.¶
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.¶
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry ~~or,~~ dental hygiene~~.~~ or dental therapy. ¶
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.¶
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal D~~EA registration. ¶~~
~~[Publications: Publications referenced are available from the agency.]~~rug Enforcement Administration (DEA) registration
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-021-0026

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0026
State and Nationwide Criminal Background Checks, Fitness Determinations ¶

(1) The Board requires fingerprints of all applicants for a dental, dental therapy or dental hygiene license to determine the fitness of an applicant. The purpose of this rule is to provide for the reasonable screening of dental and dental hygiene applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or hold a license that is issued by the Board.¶
(2) These rules are to be applied when evaluating the criminal history of all licensees and applicants for a dental, dental therapy or dental hygiene license and for conducting fitness determinations consistent with the outcomes provided in OAR 125-007-0260.¶
(3) Criminal records checks and fitness determinations are conducted according to ORS 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.¶
(a) The Board will request the Oregon Department of State Police to conduct a state and nationwide criminal records check. Any original fingerprint cards will subsequently destroyed.¶
(b) All background checks must include available state and national data, unless obtaining one or the other is an acceptable alternative.¶
(c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of the outcome or date of occurrence.-Disclosure includes but is not limited to military, dismissed or set aside criminal records.-¶
(4) If the applicant or licensee has potentially disqualifying criminal offender information, the Board will consider the following factors in making a fitness determination:¶
(a) The nature of the crime;¶
(b) The facts that support the conviction or pending indictment or that indicates the making of the false statement;¶
(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's present or proposed position, services, employment, license, or permit; and¶
(d) Intervening circumstances relevant to the responsibilities and circumstances of the position, services, employment, license, or permit. Intervening circumstances include but are not limited to:¶
(A) The passage of time since the commission of the crime;¶
(B) The age of the subject individual at the time of the crime;¶
(C) The likelihood of a repetition of offenses or of the commission of another crime:¶
(D) The subsequent commission of another relevant crime;¶
(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and¶
(F) A recommendation of an employer.¶
(e) Any false statements or omissions made by the applicant or licensee; and¶
(f) Any other pertinent information obtained as part of an investigation.¶
(5) The Board will make a fitness determination consistent with the outcomes provided in OAR 125-007-0260.¶
(a) A fitness determination approval does not guarantee the granting or renewal of a license.¶
(b) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason.-Incomplete fitness determinations may not be appealed.¶
(6) The Board may require fingerprints of any licensed Oregon dentist, dental therapist or dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting a state or nationwide criminal records background check.¶
(7) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.¶
(8) Additional information required. In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee/applicant as necessary, such but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.¶
(9) Criminal offender information is confidential. Dissemination of information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).¶

(10) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted, to inspect the individual's own state and national criminal offender records and, if requested by the individual, provide the individual with a copy of the individual's own state and national criminal offender records.¶
(11) The Board shall determine whether an individual is fit to be granted a license or permit, based on fitness determinations, on any false statements made by the individual regarding criminal history of the individual, or any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as a part of an investigation. If an individual is determined to be unfit, then the individual may not be granted a license or permit. The Board may make fitness determinations conditional upon applicant's acceptance of probation, conditions, or limitations, or other restrictions upon licensure.¶
(12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy of completeness of criminal history information must be made in accordance with OAR 125-007-0030(7).
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 181, 183, 670.280, 679.060, 679.115, 679.140, 679.160, 680.050, 680.082, 680.100

ADOPT: 818-021-0052

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapy license rule is being added to the DPA.

CHANGES TO RULE:

818-021-0052
Application for License to Practice Dental Therapy
(1) An applicant to practice dental therapy, in addition to the requirements set forth in ORS 679.603 and 679.606, shall submit to the Board satisfactory evidence of: ¶
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or ¶
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.¶
(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate. ¶
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years. ¶
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.606
Statutes/Other Implemented: ORS 679.603, ORS 679.606

ADOPT: 818-021-0054

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapy license rule is being added to the DPA.

CHANGES TO RULE:

818-021-0054
Application for License to Practice Dental Therapy Without Further Examination
(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679.603 and 679.606 and submits to the Board satisfactory evidence of:¶
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or¶
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; and¶
(c) Having passed the clinical dental therapy examination conducted by a regional testing agency, by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and¶
(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and¶
(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and¶
(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶
(2) Applicants must pass the Board's Jurisprudence Examination.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.606
Statutes/Other Implemented: ORS 679.603, ORS 679.606

ADOPT: 818-021-0076

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapist continuing education rule is being added to the DPA.

CHANGES TO RULE:

818-021-0076
Continuing Education - Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.¶
(3) Continuing education includes:¶
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)¶
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.¶
(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.¶
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶
(5) At least two (2) hours of continuing education must be related to infection control. ¶
(6) At least two (2) hours of continuing education must be related to cultural competency.¶
(7) At least one (1) hour of continuing education must be related to pain management.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.609
Statutes/Other Implemented: ORS 679.603, ORS 679.609

AMEND: 818-021-0080

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0080
Renewal of License ¶

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every licensee holding a current license. The licensee must complete the online renewal application and pay the current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry, dental therapy or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085, "Reinstatement of Expired Licenses."¶
(1) Each dentist shall submit the renewal fee and completed online renewal application by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years.¶
(2) Each dental hygienist must submit the renewal fee and completed online renewal application ~~form~~ by September 30 every other year. Dental hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years.¶
(3) Each dental therapist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Dental Therapists licensed in odd numbered years shall apply for renewal in odd numbered years and dental therapists licensed in even numbered years shall apply for renewal in even numbered years.¶
(4) The renewal application shall contain:¶
(a) Licensee's full name;¶
(b) Licensee's mailing address;¶
(c) Licensees business address including street and number or if the licensee has no business address, licensee's home address including street and number;¶
(d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number;¶
(e) Licensee's employer or person with whom the licensee is on contract;¶
(f) Licensee's assumed business name;¶
(g) Licensee's type of practice or employment;¶
(h) A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-0076;¶
(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and¶
(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0085

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0085
Renewal or Reinstatement of Expired License ¶

Any ~~person~~licensee whose license to practice as a dentist ~~or,~~ dental hygienist or dental therapist has expired, may apply for reinstatement under the following circumstances:¶
(1) If the license has been expired 30 days or less, the applicant shall:¶
(a) Pay a penalty fee of $50;¶
(b) Pay the biennial renewal fee; and¶
(c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.¶
(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:¶
(a) Pay a penalty fee of $100;¶
(b) Pay the biennial renewal fee; and¶
(c) Submit a completed renewal application and certification of having completed the continuing education requirements.¶
(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:¶
(a) Pay a penalty fee of $150;¶
(b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;¶
(c) Pay a reinstatement fee of $500; and¶
(d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.¶
(4) If the license has been expired for more than one year but less than four years, the applicant shall:¶
(a) Pay a penalty fee of $250;¶
(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;¶
(c) Pay a reinstatement fee of $500;¶
(d) Pass the Board's Jurisprudence Examination;¶
(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;¶
(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and¶
(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.¶
(5) If a ~~dentist or dental hygienist~~Licensee fails to renew or reinstate ~~his or he~~their license within four years from expiration, the ~~dentist or dental hygienist~~Licensee must apply for licensure under the current statute and rules of the Board.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0090

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0090
Retirement of License ¶

(1) A ~~dentist or dental hygienist~~Licensee who no longer practices in any jurisdiction may retire their ~~or his~~ license by submitting a request to retire such license on a form provided by the Board.¶
(2) A license that has been retired may be reinstated if the applicant:¶
(a) Pays a reinstatement fee of $500;¶
(b) Passes the Board's Jurisprudence Examination;¶
(c) Passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;¶
(d) Submits evidence of good standing from all states in which the applicant is currently licensed; and¶
(e) Submits a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.¶
(3) If the ~~dentist or dental hygienist~~Licensee fails to reinstate their ~~or his~~ license within four years from retiring the license, the ~~dentist or dental hygienist~~Licensee must apply for licensure under the current statute and rules of the Board.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0095

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0095
Resignation of License ¶

(1) The Board may allow a ~~dentist or dental hygienist~~licensee who no longer practices in Oregon to resign their ~~or his~~ license, unless the Board determines the license should be revoked.¶
(2) Licenses that are resigned under this rule may not be reinstated.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0110

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0110
Reinstatement Following Revocation ¶

~~[Reserved]~~(1) Any person whose license has been revoked for a reason other than failure to pay the renewal fee may petition the Board for reinstatement after five years from the date of revocation.¶
(2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that reinstatement of the license will not be detrimental to the health or welfare of the public, the Board may allow the petitioner to retake the Board examination.¶
(3) If the license was revoked for unacceptable patient care, the petitioner shall provide the Board with satisfactory evidence that the petitioner has completed a course of study sufficient to remedy the petitioner's deficiencies in the practice of dentistry, dental therapy or dental hygiene.¶
(4) If the petitioner passes the Board examination, the Board may reinstate the license, place the petitioner on probation for not less than two years, and impose appropriate conditions of probation.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140, ORS 679.600

AMEND: 818-026-0055

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-026-0055
Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation ¶

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:¶
(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;¶
(b) The permit holder, or an anesthesia monitor, monitors the patient; or¶
(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.¶
(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~Board rules.¶
(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:¶
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;¶
(b) The permit holder, or an anesthesia monitor, monitors the patient; and¶
(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8).~~Board rules.¶
(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:¶
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;¶
(b) The permit holder, or an anesthesia monitor, monitors the patient; and¶
(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.250(7), 679.250(10), ORS 679.600

ADOPT: 818-038-0001

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0001
Definitions
(1) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.¶
(2) "Dental Therapy" means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621. ¶
(3) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(4) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶
(6) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶
(7) "Collaborative Agreement" means a written and signed agreement entered into between a dentist and a dental therapist under ORS 679.618.
Statutory/Other Authority: ORS 679, ORS 679.600
Statutes/Other Implemented: ORS 679.600, ORS 679.603, ORS 679.618, ORS 679.621

ADOPT: 818-038-0005

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapy education program definition rule is being added to the DPA.

CHANGES TO RULE:

818-038-0005
Dental Therapy Education Program
The Board defines "Dental Therapy Education Program" as:¶
(1) A program accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the Board by rule;¶
(2) A dental pilot project as defined in ORS 679.600 and includes at least 500 hours of combined didactic and hands-on clinical dental therapy practice.¶
(3) Beginning January 1, 2025, no new applicants may qualify for licensure under section 2, unless they completed training within a fully approved OHA dental therapy pilot project prior to January 1, 2025.
Statutory/Other Authority: ORS 679, ORS 679.600
Statutes/Other Implemented: ORS 679.621, ORS 679.600, ORS 679.603

ADOPT: 818-038-0010

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0010
Authorization to Practice
(1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice.¶
(2) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.¶
(3) A dental therapist may perform the procedures listed in OAR 818-038-0020 so long as the procedures were included in the dental therapist's education program or the dental therapist has received additional training in the procedure through a Board approved course.
Statutory/Other Authority: ORS 679, ORS 679.621
Statutes/Other Implemented: ORS 679.621, ORS 679.600

ADOPT: 818-038-0020

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0020
Scope of Practice
(1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:¶
(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;¶
(b) Comprehensive charting of the oral cavity;¶
(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;¶
(d) Exposing and evaluation of radiographic images;¶
(e) Dental prophylaxis, including subgingival scaling and polishing procedures;¶
(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;¶
(g) Administering local anesthetic;¶
(h) Pulp vitality testing;¶
(i) Application of desensitizing medication or resin;¶
(j) Fabrication of athletic mouth guards;¶
(k) Changing of periodontal dressings;¶
(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;¶
(m) Emergency palliative treatment of dental pain;¶
(n) Preparation and placement of direct restoration in primary and permanent teeth;¶
(o) Fabrication and placement of single-tooth temporary crowns;¶
(p) Preparation and placement of preformed crowns on primary teeth;¶
(q) Indirect pulp capping on permanent teeth;¶
(r) Indirect pulp capping on primary teeth;¶
(s) Suture removal;¶
(t) Minor adjustments and repairs of removable prosthetic devices;¶
(u) Atraumatic restorative therapy and interim restorative therapy;¶
(v) Oral examination, evaluation and diagnosis of conditions within the scope of practice of the dental therapist and with the supervising dentist's authorization;¶
(w) Removal of space maintainers;¶
(x) The dispensation and oral or topical administration of:¶
(A) Nonnarcotic analgesics;¶
(B) Anti-inflammatories; and¶
(C) Antibiotics; and¶
(y) Other services as specified by the Oregon Board of Dentistry by rule.¶
(2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:¶
(a) Placement of temporary restorations; ¶
(b) Fabrication of soft occlusal guards;¶
(c) Tissue reconditioning and soft reline;¶
(d) Tooth reimplantation and stabilization;¶
(e) Recementing of permanent crowns;¶
(f) Pulpotomies on primary teeth;¶
(g) Simple extractions of:¶
(A) Erupted posterior primary teeth; and¶
(B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;¶
(h) Brush biopsies; and¶
(i) Direct pulp capping on permanent teeth.¶
(3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of

this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.¶
(4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.¶
(b) A dental therapist may supervise up to two individuals under this subsection.
Statutory/Other Authority: ORS 679, ORS 679.600
Statutes/Other Implemented: ORS 679.600, ORS 679.603, ORS 679.618

ADOPT: 818-038-0025

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0025
Prohibited Acts
A dental therapist may not:¶
(1) Place or Restore Dental Implants or any other soft tissue surgery except as described in 818-038-0020.¶
(2) Prescribe any drugs, unless permitted by ORS 679.010.¶
(3) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
(4) Perform any dental therapy procedure unless it is documented in the collaborative agreement and rendered under appropriate Oregon Licensed Dentist supervision.¶
(5) Operate a hard or soft tissue Laser.¶
(6) Treat a patient under moderate, deep or general anesthesia. ¶
(7) Order a computerized tomography scan.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.010
Statutes/Other Implemented: ORS 679.603, ORS 679.010

ADOPT: 818-038-0030

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0030
Collaborative Agreements
(1) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.¶
(2) A dental therapist may enter into a collaborative agreement with more than one dentist if each collaborative agreement includes the same supervision and requirements of scope of practice.¶
(3) The collaborative agreement must include at least the following information: ¶
(a) The level of supervision required for each procedure performed by the dental therapist; ¶
(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure; ¶
(c) The practice settings in which the dental therapist may provide care; ¶
(d) Any limitation on the care the dental therapist may provide; ¶
(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;¶
(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist; ¶
(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care; ¶
(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;¶
(i) Protocols for the dispensation and administration of drugs by the dental therapist, (as described in ORS 679.621) including circumstances under which the dental therapist may dispense and administer drugs; ¶
(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and¶
(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice (in accordance with ORS 679.618), including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider. ¶
(4) In addition to the information described in subsection (3) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III.
Statutory/Other Authority: ORS 679, ORS 679.618
Statutes/Other Implemented: ORS 679.618, ORS 679.621

ADOPT: 818-038-0035

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0035
Record Keeping
(1) A dental therapist shall annually submit a signed copy of their collaborative agreement (s) to the Oregon Board of Dentistry. If the collaborative agreement(s) are revised in between annual submissions, a signed and dated copy of the revised collaborative agreement(s) must be submitted to the board as soon as practicable after the revision is made.¶
(2) The annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.¶
(3) A dental therapist shall purchase and maintain liability insurance.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.618, ORS 679.624

AMEND: 818-042-0010

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-042-0010
Definitions ¶

(1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental technician or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.¶
(2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to perform expanded function duties.¶
(3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board to perform expanded orthodontic function duties.¶
(4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶
(6) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0020

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference and clarification changes made to the rule.

CHANGES TO RULE:

818-042-0020
Dentist, Dental Therapist and Dental Hygienist Responsibility ¶

(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.¶
(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.¶
(3) ~~The supervising dentist or dental hygienist~~A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services. ¶
(4) The supervising licensee is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.¶
(45) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0050

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0050
Taking of X-Rays - Exposing of Radiographic Images ¶

(1) A ~~dentist~~Licensee may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:¶
(a) A dental assistant certified by the Board in radiologic proficiency; or¶
(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.¶
(2) A ~~dentist or dental hygienist~~licensee may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental therapist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist, dental therapist or dental hygienist that the assistant is proficient to take radiographic images. ¶
(3) A dental therapist may not order a computerized tomography scan
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.603

AMEND: 818-042-0060

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0060
Certification - Radiologic Proficiency ¶

(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:¶
(2) Submits an application on a form approved by the Board, pays the application fee and:¶
(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;¶
(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and¶
(c) Certification by an Oregon license~~d dentist or dental hygienist~~e that the assistant is proficient to take radiographs.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.020, 679.025, 679.250, ORS 679.600

AMEND: 818-042-0090

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0090
Additional Functions of EFDAs ¶

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~~licensee providing that the procedure is checked by the ~~dentist or dental hygienist~~licensee prior to the patient being dismissed:¶
(1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a ~~dentist or dental hygienist~~licensee.¶
(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.¶
(3) Place ~~cord~~ retraction material subgingivally.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0114

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0114
Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)
(1) 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 Preventive Dental Assistant may perform the following functions under the indirect supervision of a ~~dentist or dental hygienist~~licensee providing that the procedure is checked by the ~~dentist or dental hygienist~~licensee prior to the patient being dismissed:¶
(2) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a ~~dentist or dental hygienist~~licensee.
Statutory/Other Authority: ORS 676
Statutes/Other Implemented: ORS 676, ORS 679.600