



Oregon

Kate Brown, Governor

Board of Dentistry
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MEETING NOTICE

DENTAL THERAPY RULES OVERSIGHT COMMITTEE MEETING #5

Oregon Board of Dentistry
1500 SW 1st Ave.,
Portland, Oregon 97201

ZOOM MEETING INFORMATION

<https://us02web.zoom.us/j/84566945515?pwd=WUJl6SnUrY1d3RzVNVjV1aS9RN045Zz09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 845 6694 5515 • Passcode: 954128

February 23, 2022
5:00 p.m. – 7:00 p.m.

Committee Members:

Yadira Martinez, R.D.H., Chair – OBD Rep.
Sheena Kansal, D.D.S. – OBD Rep.
Jennifer Brixey– OBD Rep.
Kaz Rafia, D.D.S. – OHA Rep.
Brandon Schwindt, D.M.D. - ODA Rep.
Amy Coplen, R.D.H. - ODHA Rep.
Mary Harrison, CDA attending for Ginny Jorgensen, CDA- ODAA Rep.
Miranda Davis, D.D.S. – Dental Therapy Rep.
Kari Kuntzelman – Dental Therapy Rep.
Jason Mecum – Dental Therapy Rep.

AGENDA

Call to Order Yadira Martinez, R.D.H., Chair

The work and purpose of this Committee is to make recommendations to the Oregon Board of Dentistry (OBD) on new and amended rules in the Dental Practice Act (DPA).

Welcome from the Chair

Roll Call

Review Agenda

1. Review and approve DTRO Committee meeting minutes from January 19, 2022 meeting.
 - **Attachment #1**
2. CDCA WREB Dental Therapy Examination
 - **Attachment #2**
3. CRDTS Dental Therapy Examination
 - **Attachment #3**
4. Review Dental Therapy Rules
 - **Attachment #4**
5. Mockup of Dental Therapy Collaborative Agreement- prepared by OBD Staff with updates and suggested revisions from the Committee.
 - **Attachment #5**
6. Dental Therapy Bill HB 2528 – Highlighted language for Committee to discuss regarding initial licensure of dental therapists and any recommendations to the Board.
 - **Attachment #6**

Public Comment desired from the Tribes and those who have participated in Dental Pilot Project #100

Other Public Comment – as time permits since meeting needs to end no later than 7 p.m.

Consider date for DTRO Meeting #6: XXXXX from 5 pm – 7pm

General Information - making motions and board meeting dates.- Attachment

General Information - Committee created by the OBD on August 20, 2021 - Attachment

Adjourn

~~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.

Ms. Coplen moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0020 – Dentist, Dental Therapist and Dental Hygienist Responsibility as amended. The motion passed unanimously.

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) 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.** ~~and a dentist has authorized it.~~
- (4) The supervising dentist, dental therapist or dental hygienist is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.
- ~~(4)~~ **(5)** Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

Dr. Schwindt moved and Ms. Jorgensen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0050 – Taking of X-Rays – Exposing Radiographic Images as presented. The motion passed unanimously.

818-042-0050

Taking of X-Rays — Exposing 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, [dental therapist](#) or dental hygienist 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

Dr. Rafia moved and Ms. Coplen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0060 – Certification – Radiologic Proficiency as presented. The motion passed unanimously.

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 licensed dentist, [dental therapist](#) or dental hygienist that the assistant is proficient to take radiographs.

Ms. Coplen moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0090 – Certification – Additional Functions of EFDAs as amended. The motion passed unanimously.

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, [dental therapist](#) or dental hygienist providing that the procedure is checked by the dentist, [dental therapist](#) or dental hygienist 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, [dental therapist](#) or dental hygienist.

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place retraction material subgingivally.

Ms. Coplen moved and Ms. Kuntzelman seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0114 – Certification – Additional Functions of EFPDAs as amended. The motion passed unanimously.

818-042-0114

Additional Functions of EFPDAs

(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, [dental therapist](#) or dental hygienist providing that the procedure is checked by the dentist, [dental therapist](#) or dental hygienist 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, [dental therapist](#) or dental hygienist.

The DTRO Committee discussed that dental therapist do not need a separate rule for infection control because they are encompassed as a Licensee under OAR 818-012-0040.

Ms. Coplen moved and Mr. Mecum seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-001-0082 – Access to Public Records as presented. The motion passed unanimously.

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.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0088 – Volunteer License as presented. The motion passed unanimously.

818-021-0088

Volunteer License

(1) An Oregon licensed dentist, [dental therapist](#) or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a

volunteer license provided licensee completes the following:

- (a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.
- (b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
- (c) Licensee must provide the health care service without compensation.
- (d) Licensee shall not practice dentistry, dental therapy or dental hygiene for remuneration in any capacity under the volunteer license.
- (e) Licensee must comply with all continuing education requirements for active licensed dentist, dental therapist, or dental hygienist.
- (f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.
- (2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

Dr. Schwindt moved and Mr. Mecum seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-038-0020 –Scope of Practice as amended. The motion passed unanimously.

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, except intra osseous and intrapulpal delivery.
 - (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 supervising dentist described in subsection (2) of this rule shall review a procedure described in subsection (2) of this rule that is performed by the dental therapist and the patient chart that contains information regarding the procedure.

The DTRO committee provided guidance and feedback that was incorporated into the document below:

DRAFT
Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement

I, (print your name) _____, an Oregon licensed Dentist, license number D_____, have entered into a Collaborative Agreement with _____ (print your name) _____, an Oregon licensed Dental Therapist, license number DT_____. The Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the 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 within the scope of dental therapy:

Please define the practice settings in which the dental therapist may provide care:

Please describe any limitation on the care the dental therapist may provide:

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care, (attach copy of guidelines):

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the 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:

Please describe protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider, (attach protocols):

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and 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:

General Supervision: requires 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.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires 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.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: _____

*****If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.**

Specific Supervision Levels	GS	IS	DS	Not Allowed
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				
Comprehensive charting of the oral cavity				
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis				
Exposing and evaluation of radiographic images				
Dental prophylaxis, including subgingival scaling and polishing procedures				
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants				
Administering local anesthetic				
Pulp vitality testing				
Application of desensitizing medication or resin				
Fabrication of athletic mouth guards				
Changing of periodontal dressings				
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth				
Emergency palliative treatment of dental pain				
Preparation and placement of direct restoration in primary and permanent teeth				
Fabrication and placement of single-tooth temporary crowns				
Preparation and placement of preformed crowns on primary teeth				

Indirect pulp capping in permanent teeth				
Indirect pulp capping on primary teeth				
Suture removal				
Minor adjustments and repairs of removable prosthetic devices				
Atraumatic restorative therapy and interim restorative therapy				
Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization				
Removal of space maintainers				
The dispensation and oral or topical administration of: <ul style="list-style-type: none"> o Non-narcotic analgesics o Anti-inflammatories o Antibiotics 				

The below listed duties may be performed under **indirect supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **indirect supervision**, please initial here: _____

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both.

*****If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.**

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Placement of temporary restorations Additional comments:					
Fabrication of soft occlusal guards Additional comments:					

Tissue reconditioning and soft relines Additional comments:					
Tooth reimplantation and stabilization Additional comments:					
Recementing of permanent crowns Additional comments:					
Pulpotomies on primary teeth Additional comments:					
Simple extractions of: <ul style="list-style-type: none"> ○ Erupted posterior primary teeth; and 					

<ul style="list-style-type: none"> ○ Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss <p>Additional comments:</p>					
<p>Brush biopsies</p> <p>Additional comments:</p>					
<p>Direct pulp capping on permanent teeth</p> <p>Additional comments:</p>					

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

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

Dentist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be 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.

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

Dental Therapist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

STOP – Did you remember to attach your....

1. Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?
2. Medical emergency guidelines?
3. Quality assurance plan?
4. Protocols for when a patient requires treatment outside the dental therapist's scope of practice?

From HB 2528 (2021) Sections 8 - 10

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a practice agreement with the dentist. The practice agreement must include at least the following information:

(a) The level of supervision required;

(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- and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs, as described in section 10 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.

(2) A dentist who enters into a practice agreement with a dental therapist shall:

(a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and

(b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.

(3) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the practice agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(4) A dental therapist and a dentist who enter into a practice agreement together shall each maintain a physical copy of the practice agreement.

(5)(a) A dental therapist may enter into a practice agreement that allows for supervision by more than one dentist.

(b) A dentist may supervise and enter into practice agreements with up to five dental therapists at any one time.

(6)(a) A practice agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall submit the signed practice agreement to the Oregon Board of Dentistry. A practice agreement is not valid until approved by the board. The board may require changes to the practice agreement submitted under this paragraph prior to approval.

(c) A dental therapist shall submit a copy of the signed practice agreement with each application for license renewal. Any changes to the practice agreement require renewed approval by the board.

SECTION 9. (1) A dental therapist may provide, pursuant to the dental therapist's practice agreement, the following services:

- (a) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
 - (b) Comprehensive charting of the oral cavity;
 - (c) Exposure and evaluation of radiographic images;
 - (d) Mechanical polishing;
 - (e) Prophylaxis;
 - (f) Periodontal scaling;
 - (g) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
 - (h) Pulp vitality testing;
 - (i) Application of desensitizing medication or resin;
 - (j) Fabrication of athletic mouth guards;
 - (k) Placement of temporary restorations;
 - (L) Fabrication of soft occlusal guards;
 - (m) Tissue conditioning and soft relines;
 - (n) Atraumatic restorative therapy and interim restorative therapy;
 - (o) Dressing changes;
 - (p) Tooth reimplantation and stabilization;
 - (q) Administration of local anesthetic;
 - (r) Administration of nitrous oxide with a valid permit issued by the Oregon Board of Dentistry;
 - (s) Emergency palliative treatment of dental pain;
 - (t) Placement and removal of space maintainers;
 - (u) Cavity preparation;
 - (v) Restoration of primary and permanent teeth;
 - (w) Fabrication and placement of temporary crowns;
 - (x) Preparation and placement of preformed crowns;
 - (y) Pulpotomies on primary teeth;
 - (z) Indirect and direct pulp capping on primary and permanent teeth;
 - (aa) Recementing of permanent crowns;
 - (bb) Extractions of primary teeth;
 - (cc) Simple extractions of periodontally diseased permanent teeth with advanced mobility;
 - (dd) Suture placement and removal;
 - (ee) Brush biopsies;
 - (ff) Minor adjustments and repair of defective prosthetic devices;
 - (gg) 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;
 - (hh) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization; and
 - (ii) Other services as specified by the board by rule.
- (2) A dental therapist may provide a service listed in subsection (1) of this section that is outside the dental therapist's scope of practice if the dental therapist has received:
- (a) Instruction in the service through the dental therapist's dental therapy education program; or
 - (b) Additional training approved by the board.
- (3)(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 four individuals under this subsection.

SECTION 10. (1) A dental therapist may, pursuant to the practice agreement, dispense and orally administer the following drugs:

(a) Nonnarcotic analgesics;

(b) Anti-inflammatories;

(c) Preventive agents; and

(d) Antibiotics.

(2) A dental therapist may, pursuant to the practice agreement, dispense samples of the drugs described in subsection (1) of this section.

(3) A practice agreement may impose greater restrictions on the dispensation and administration of drugs by a dental therapist than specified under this section

Chair Martinez asked if anyone representing the Tribes or Denta Pilot Projects wanted to offer any public comment. None was provided. She also asked if anyone else wanted to address the Committee.

Chair Martinez announced that the next DTRO Committee Meeting would be held February 23, 2022 from 5 p.m.-7 p.m.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 7:00 p.m.



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Dental Therapy Initial Licensure Exam

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The Dental Therapy Exam is designed to test clinical competencies consistent with the Dental Therapist's Scope of Practice. The exam is divided into 2 parts: a manikin-based exam and a patient-based restorative exam. The manikin and restorative exams are specific to the skill sets of Dental Therapists.

Manikin Procedures: 6 HOURS

ENDODONTICS:

- Pulpotomy Tooth #A

RESTORATION:

- Class II MOD Amalgam Restoration Tooth #T

STAINLESS STEEL CROWNS:

- Stainless Steel Crown Preparation Tooth #L
- Stainless Steel Crown Placement and Cementation Tooth #J

Restorative Procedures: 7 HOURS

CLASS II COMPOSITE PREPARATION AND RESTORATION

– AND –

CLASS III COMPOSITE PREPARATION AND RESTORATION

The candidate must successfully challenge all procedures to pass the Dental Therapy Examination. Those procedures in which the candidate was unsuccessful may be challenged again on a separate date. The CDCA will provide typodonts for candidates at each testing site. CDCA uses Acidental MODU-PRO Pedo MP_420 typodont.

Examination Fees: Dental Therapy

Full Exam (Manikin, Restorative & OSCE)	\$1,975*
Manikin (Partial or Retake)	\$875*
Restorative (Partial or Retake)	\$875
Dental Therapy OSCE	\$450
Dental Therapy OSCE (Retake)	\$225

**Includes new typodont*

Additional Services & Fees:

Facility Fee (varies by exam site)	Refer to Facility Fee & Information Sheet
Late Registration Fee (non-refundable)	\$250
Refund (post deadline)	\$100
Score Report	\$35 (per address)
Score Certification	\$50
Exam Appeal	\$400

[Exam Registration](#) | [FAQs](#)

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CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

DENTAL THERAPY FOR PACIFIC UNIVERSITY RESTORATIVE MANIKIN EXAMINATION - 100 POINTS

CONTENT	FORMAT
<p>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:</p> <p style="text-align: center;">Class II Amalgam - Preparation OR Class II Composite - Preparation</p> <p style="text-align: center;">AND Class III Composite - Preparation</p>	<ul style="list-style-type: none"> • Performed on a Manikin • Candidates will have 30 minutes to set-up • 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.

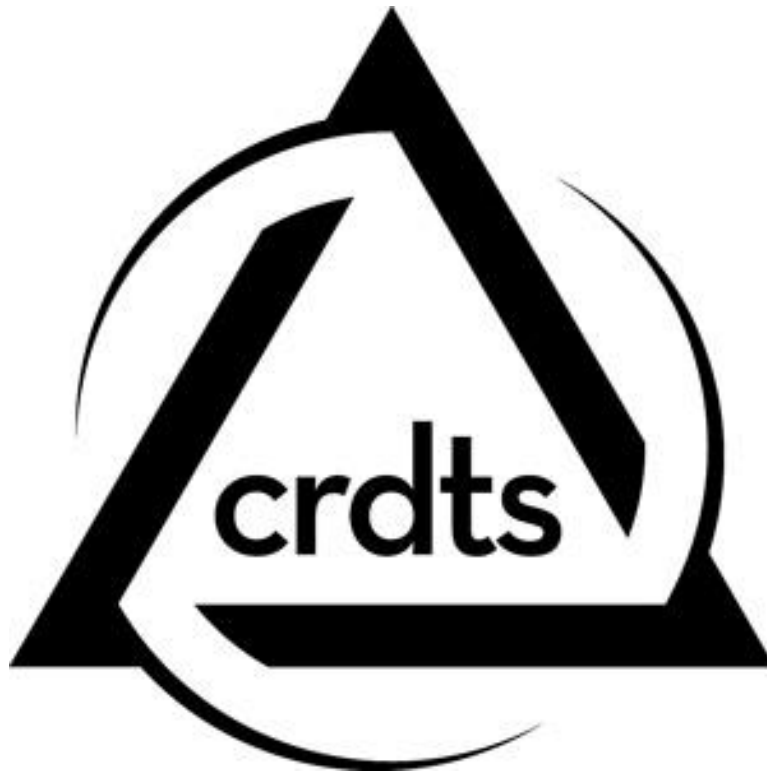
If no **critical deficiency** has been confirmed by the examiners, the total score is computed by adding the number of points that the candidate has earned **across both procedures**, and that sum is divided by the number of possible points for all procedures in that Part. If a **critical deficiency** 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.

**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.

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CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

DENTAL THERAPY FOR PACIFIC UNIVERSITY RESTORATIVE MANIKIN EXAMINATION - 100 POINTS

CONTENT	FORMAT & TIMING
<p>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:</p> <p>Class II Amalgam –Preparation OR Class II Composite –Preparation</p> <p>AND Class III Composite –Preparation</p>	<ul style="list-style-type: none"> - Performed on a Manikin - Candidates will have 30 minutes to set-up. - 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.

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Each examination score is based on 100 points.

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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:

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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 not 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 operator 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 Acidental 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: <i>Extend</i>
Where: <i>axial wall</i>
Why: <i>remove caries</i>
How Much: <i>.5 mm</i>
<input type="checkbox"/> Granted <input type="checkbox"/> 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

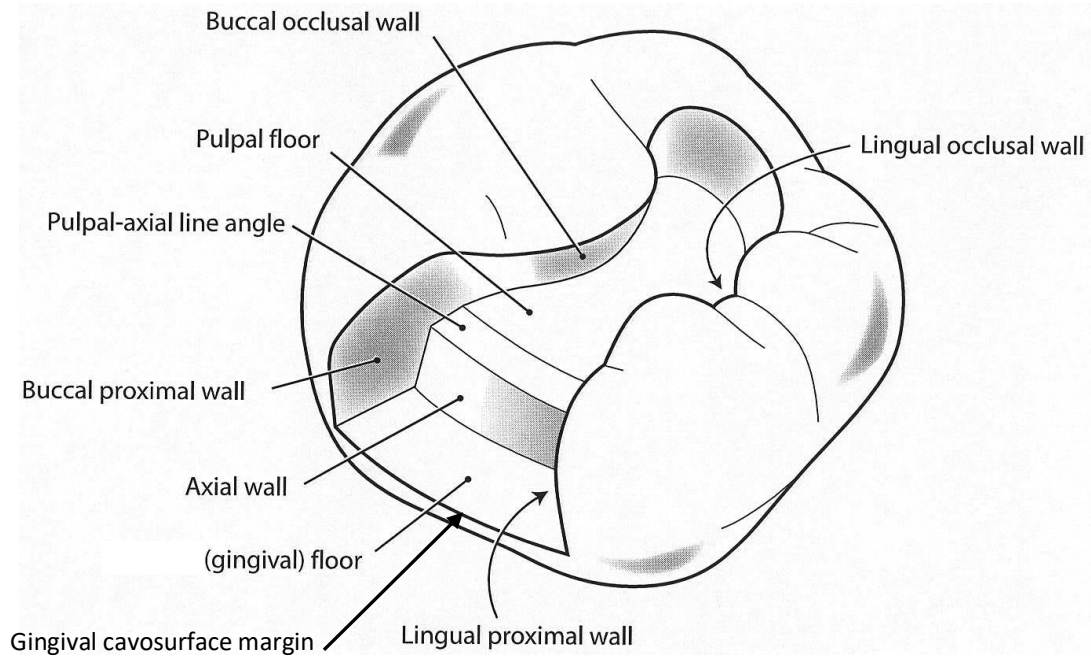
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Check-Out Procedure

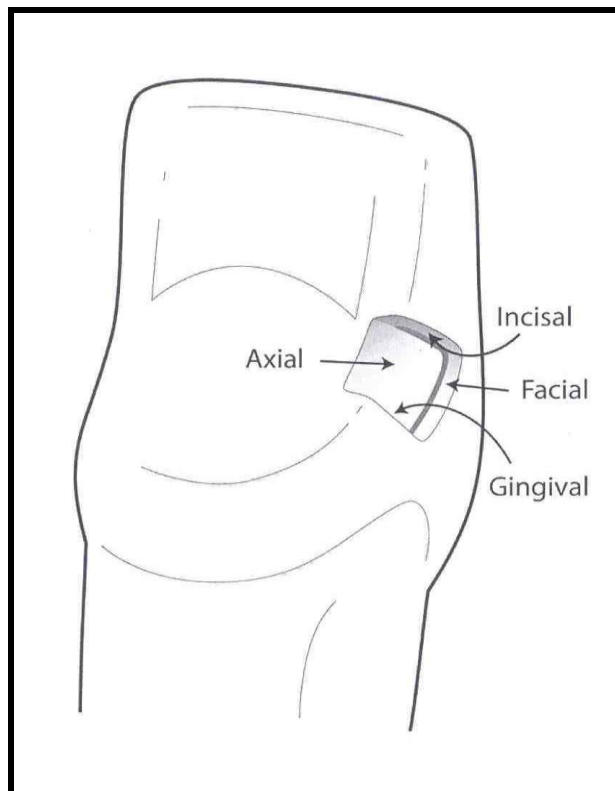
When the candidates are ready to check out, they must go to the CRDTS Proctor's desk and get a clearance check that everything is completed or accounted for. The following items must be enclosed in the candidate's packet envelope:

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 90° 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.crds.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.crds.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, <u>do not</u> 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	<i>See "Pulp Exposure"</i>
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 (cariou)	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. 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
2
3
4

1
2
3
4

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

REST Ex ID: Mod Req Reviewed



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

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FINAL EVALUATION #4 DO PREPARATION

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FINAL EVALUATION #14 MO PREPARATION

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FINAL EVALUATION #9 DL COMP PREPARATION

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

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:
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted

Modification Request # 2
What:
Where:
Why:
How Much:
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted

Modification Request # 3
What:
Where:
Why:
How Much:
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted

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

Modification Request # 1
What:
Where:
Why:
How Much:
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted

Modification Request # 2
What:
Where:
Why:
How Much:
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted

Modification Request # 3
What:
Where:
Why:
How Much:
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted

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 pursuant to ORS 679 to practice dental therapy.**
- (6) "Dental Therapy" means the provision of preventative care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team.**
- (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.
- (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.
- (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.
- (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.**
- (11) "Licensee" means a dentist, hygienist or dental therapist.**
- (12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.**
- (13) "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.
- (14) "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.

(15) "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, dental hygiene or dental therapy.

(16) 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).

(17) “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.

(18) “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.

(19) “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.

(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.

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.

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, Dental Hygiene and Dental Therapy — \$790.**
- (d) Examinations:
 - (A) Jurisprudence — \$0;
 - (e) 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.

OAR 818-012-0020

Additional Methods of Discipline for Unacceptable Patient Care

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.

OAR 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, dental hygiene or dental therapy.
- (16) Practice dentistry, 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, 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 Drug Enforcement Administration (DEA) registration.

818-021-00XX

Application for License to Practice Dental Therapy

(1) An applicant to practice dental therapy, in addition to the requirements set forth in ORS XXX and XXX, 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 graduated from a dental therapy program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Certification of having passed the dental therapy examinaion administered by XXX.

(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.

818-021-00XX

Application for License to Practice Dental Therapy Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679 and submits to the Board satisfactory evidence of:

(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having completed or graduated from a dental therapy education program, and

(c) Having passed the clinical dental therapy examination conducted by a regional testing agency or by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and

(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and

(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and

(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

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

818-021-0026

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 be 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 indicate 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).

818-021-00XX

Continuing Education — Dental Therapists

(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

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

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.

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

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

- (6) At least two (2) hours of continuing education must be related to cultural competency.
(7) At least one (1) hour of continuing education must be related to pain management.

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) Licensee's 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 818-021-00XX;
- (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.

818-021-0085

Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist, 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 [Licensee](#) fails to renew or reinstate [their](#) license within four years from expiration, the [Licensee](#) must apply for licensure under the current statute and rules of the Board.

818-021-0088

Volunteer License

- (1) An Oregon licensed dentist, [dental therapist](#) or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:
 - (a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.
 - (b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
 - (c) Licensee must provide the health care service without compensation.
 - (d) Licensee shall not practice dentistry, [dental therapy](#) or dental hygiene for remuneration in any capacity under the volunteer license.
 - (e) Licensee must comply with all continuing education requirements for active licensed dentist, [dental therapist](#).

or dental hygienist.

(f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

818-021-0090

Retirement of License

(1) A **Licensee** who no longer practices in any jurisdiction may retire **their** 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 **Licensee** fails to reinstate **their** license within four years from retiring the license, the **Licensee** must apply for licensure under the current statute and rules of the Board.

818-021-0095

Resignation of License

(1) The Board may allow a dentist, dental hygienist **or dental therapist** who no longer practices in Oregon to resign **their** license, unless the Board determines the license should be revoked.

(2) Licenses that are resigned under this rule may not be reinstated.

818-021-0110

Reinstatement Following Revocation

(1) Any person whose license has been revoked for a reason other than failure to pay the **annual 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.

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 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 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.

818-038-0001

Définitions

(1) "Dental Therapist" means a person licensed pursuant to ORS 679 to practice dental therapy.

(2) "Dental Therapy" means the provision of preventative care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, pursuant to a collaborative agreement, including the services described in ORS 679 and (new scope section)-section XXX

(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, signed and dated agreement entered into between an Oregon Licensed Dentist and an Oregon Licensed Dental Therapist meeting the requirements of ORS 679 and (new collaborative agreement section) OAR 818-038-XXXX

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 list in OAR 818-038- XXXX 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.

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, except intra osseous and intrapulpal delivery.

(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 relines;
 - (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 supervising dentist described in subsection (2) of this rule shall review a procedure described in subsection (2) of this rule that is performed by the dental therapist and the patient chart that contains information regarding the procedure.

818-038-0025

Prohibited Acts

A dental therapist may not:

- (2) Place or Restore Dental Implants or any other soft tissue surgery except as described in 818-041-XXXX
- (3) Prescribe any drugs, unless permitted by ORS 679.010
- (4) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (5) Perform any dental therapy procedure unless it is documented in the collaborative agreement and rendered under appropriate Oregon Licensed Dentist supervision.
- (6) Operate a hard or soft tissue Laser.
- (7) Treat a patient under moderate, deep or general anesthesia.
- (8) Order a computerized tomography scan

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 XXX) 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 XXX), including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.
- (2) (a) 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.

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.

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 therapist, 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.

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) 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. ~~and a dentist has authorized it.~~
- (4) The supervising dentist, dental therapist or dental hygienist is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.
- ~~(4)~~ (5) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

818-042-0050

Taking of X-Rays — Exposing 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, [dental therapist](#) or dental hygienist 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

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 licensed dentist, [dental therapist](#) or dental hygienist that the assistant is proficient to take radiographs.

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, [dental therapist](#) or dental hygienist providing that the procedure is checked by the dentist, [dental therapist](#) or dental hygienist 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, [dental therapist](#) or dental hygienist.

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place retraction material subgingivally.

818-042-0114

Additional Functions of EFPDAs

(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, [dental therapist](#) or dental hygienist providing that the procedure is checked by the dentist, [dental therapist](#) or dental hygienist 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, [dental therapist](#) or dental hygienist.

DRAFT

**Oregon Board of Dentistry
Dental Therapist
Collaborative Agreement**

I, (print your name) _____, an Oregon licensed Dentist, license number D _____, have entered into this Collaborative Agreement with (print your name) _____, an Oregon licensed Dental Therapist, license number DT _____. This Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the 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 within the scope of dental therapy:

Please define the practice settings in which the dental therapist may provide care:

Please describe any limitation on the care the dental therapist may provide:

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care, (attach copy of guidelines):

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the 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:

Please describe protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider, (attach protocols):

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and 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:

General Supervision: requires 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.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires 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.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: _____

*****If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.**

Specific Supervision Levels	GS	IS	DS	Not Allowed
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				
Comprehensive charting of the oral cavity				
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis				
Exposing and evaluation of radiographic images				
Dental prophylaxis, including subgingival scaling and polishing procedures				
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants				
Administering local anesthetic				
Pulp vitality testing				
Application of desensitizing medication or resin				
Fabrication of athletic mouth guards				
Changing of periodontal dressings				
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth				
Emergency palliative treatment of dental pain				
Preparation and placement of direct restoration in primary and permanent teeth				

Fabrication and placement of single-tooth temporary crowns				
Preparation and placement of preformed crowns on primary teeth				
Indirect pulp capping in permanent teeth				
Indirect pulp capping on primary teeth				
Suture removal				
Minor adjustments and repairs of removable prosthetic devices				
Atraumatic restorative therapy and interim restorative therapy				
Oral examination, evaluation and diagnosis of conditions within the supervising dentist' s authorization				
Removal of space maintainers				
The dispensation and oral or topical administration of: <ul style="list-style-type: none"> o Non-narcotic analgesics o Anti-inflammatories o Antibiotics 				

The below listed duties may be performed under **indirect supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **indirect supervision**, please initial here: _____

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both.

*****If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.**

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Placement of temporary restorations Additional comments:					
Fabrication of soft occlusal guards Additional comments:					
Tissue reconditioning and soft relines Additional comments:					

Tooth reimplantation and stabilization Additional comments:					
Recementing of permanent crowns Additional comments:					
Pulpotomies on primary teeth Additional comments:					
Simple extractions of: <ul style="list-style-type: none"> o Erupted posterior primary teeth; and o Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss Additional comments:					
Brush biopsies Additional comments:					
Direct pulp capping on permanent teeth Additional comments:					

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

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

Dentist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of this collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be 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.

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

Dental Therapist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

STOP – Did you remember to attach your....

- 1. Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?**

2. Medical emergency guidelines?
3. Quality assurance plan?
4. Protocols for when a patient requires treatment outside the dental therapist's scope of practice?

From HB 2528 (2021) Sections 8 - 10

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

- (a) The level of supervision required for each procedure performed by the dental therapist;**
 - (b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;**
 - (c) The practice settings in which the dental therapist may provide care;**
 - (d) Any limitation on the care the dental therapist may provide;**
 - (e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;**
 - (f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;**
 - (g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;**
 - (h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;**
 - (i) Protocols for the dispensation and administration of drugs, as described in section 9 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;**
 - (j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and**
- Enrolled House Bill 2528 (HB 2528-B) Page 4**
- (k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.**

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

(3) A dentist who enters into a collaborative agreement with a dental therapist shall:

- (a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and**
- (b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.**

(4) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the collaborative agreement, and shall maintain with

the dentist an appropriate level of contact, as determined by the dentist.

(5) A dental therapist and a dentist who enter into a collaborative agreement together shall each maintain a physical copy of the collaborative agreement.

(6)(a) A dental therapist may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

(b) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(7)(a) A collaborative agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual submissions, a signed copy of the revised collaborative agreement must be submitted

to the board as soon as practicable after the revision is made.

SECTION 9. (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:

(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375

to 678.390 or other licensed health care provider;

(b) Comprehensive charting of the oral cavity;

(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;

(d) Exposing and evaluation of radiographic images;

(e) Dental prophylaxis, including subgingival scaling and polishing procedures;

(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;

(m) Emergency palliative treatment of dental pain;

(n) Preparation and placement of direct restoration in primary and permanent teeth;

(o) Fabrication and placement of single-tooth temporary crowns;

(p) Preparation and placement of preformed crowns on primary teeth;

Enrolled House Bill 2528 (HB 2528-B) Page 5

(q) Indirect pulp capping on permanent teeth;

(r) Indirect pulp capping on primary teeth;

(s) Suture removal;

(t) Minor adjustments and repairs of removable prosthetic devices;

(u) Atraumatic restorative therapy and interim restorative therapy;

(v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;

(w) Removal of space maintainers;

(x) The dispensation and oral or topical administration of:

(A) Nonnarcotic analgesics;

(B) Anti-inflammatories; and

(C) Antibiotics; and

(y) Other services as specified by the Oregon Board of Dentistry by rule.

(2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:

(a) Placement of temporary restorations;

(b) Fabrication of soft occlusal guards;

(c) Tissue reconditioning and soft relines;

(d) Tooth reimplantation and stabilization;

- (e) Recementing of permanent crowns;**
- (f) Pulpotomies on primary teeth;**
- (g) Simple extractions of:**
 - (A) Erupted posterior primary teeth; and**
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;**
- (h) Brush biopsies; and**
- (i) Direct pulp capping on permanent teeth.**

(3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.

(4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.

(b) A dental therapist may supervise up to two individuals under this subsection.

SECTION 10. (1) A dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section

3 (1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry.

(2) A dental therapist shall purchase and maintain liability insurance as determined sufficient by the board.

(3) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

Enrolled House Bill 2528

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

CHAPTER

AN ACT

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

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

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

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

- (1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.
- (2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.
- (3) "Dentist" means a person licensed to practice dentistry under this chapter.

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

- (a) Is at least 18 years of age;
- (b) Submits to the board a completed application form;
- (c) Demonstrates the completion of a dental therapy education program;
- (d) Passes an examination described in section 4 of this 2021 Act; and
- (e) Pays the application and licensure fees established by the board.

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

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

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

SECTION 3a. Section 3 of this 2021 Act is amended to read:

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

- (a) Is at least 18 years of age;
- (b) Submits to the board a completed application form;
- (c) Demonstrates:

(A) The completion of a dental therapy education program **that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the board by rule; or**

(B) That the applicant is or was a participant in a dental pilot project;

- (d) Passes an examination described in section 4 of this 2021 Act; and
- (e) Pays the application and licensure fees established by the board.

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

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

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

SECTION 4. (1)(a) The Oregon Board of Dentistry may require an applicant for a license to practice dental therapy to pass written, laboratory or clinical examinations to test the professional knowledge and skills of the applicant.

(b) The examinations may not be affiliated with or administered by a dental pilot project or a dental therapy education program described in section 3 of this 2021 Act.

(c) The examinations must:

(A) Be elementary and practical in character, and sufficiently thorough to test the fitness of the applicant to practice dental therapy;

(B) Be written in English; and

(C) Include questions on subjects pertaining to dental therapy.

(2) If a test or examination was taken within five years of the date of application and the applicant received a passing score on the test or examination, as established by the board by rule, the board:

(a) To satisfy the written examination authorized under this section, may accept the results of national standardized examinations.

(b) To satisfy the laboratory or clinical examination authorized under this section:

(A) Shall accept the results of regional and national testing agencies or clinical board examinations administered by other states; and

(B) May accept the results of board-recognized testing agencies.

(3) The board shall accept the results of regional and national testing agencies or of clinical board examinations administered by other states, and **may accept results of board-recognized testing agencies**, in satisfaction of the examinations authorized under this section for applicants who have engaged in the active practice of dental therapy in Oregon, another state, the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a period of at least 3,500 hours in the five years immediately preceding application and who meet all other requirements for licensure.

(4) The board shall establish rules related to reexamination for an applicant who fails an examination.

SECTION 5. The Oregon Board of Dentistry may refuse to issue or renew a license to practice dental therapy if the applicant or licensee:

(1) Subject to ORS 670.280, has been convicted of a violation of the law. A certified copy of the record of conviction is conclusive evidence of conviction.

(2) Has been disciplined by a state licensing or regulatory agency of this state or another state regarding a health care profession if, in the judgment of the board, the acts or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the applicant or licensee to practice dental therapy in accordance with sections 2 to 12 of this 2021 Act. A certified copy of the disciplinary action is conclusive evidence of the disciplinary action.

(3) Has falsified an application for issuance or renewal of licensure.

(4) Has violated any provision of sections 2 to 12 of this 2021 Act or a rule adopted under sections 2 to 12 of this 2021 Act.

SECTION 6. (1) A person may not practice dental therapy or assume or use any title, words or abbreviations, including the title or designation “dental therapist,” that indicate that the person is authorized to practice dental therapy unless the person is licensed under section 3 of this 2021 Act.

(2) Subsection (1) of this section does not prohibit:

(a) The practice of dental therapy by a health care provider performing services within the health care provider’s authorized scope of practice.

(b) The practice of dental therapy in the discharge of official duties on behalf of the United States government, including but not limited to the Armed Forces of the United States, the United States Coast Guard, the United States Public Health Service, the United States Bureau of Indian Affairs or the United States Department of Veterans Affairs.

(c) The practice of dental therapy pursuant to an educational program described in section 3 of this 2021 Act.

(d) A dental therapist authorized to practice in another state or jurisdiction from making a clinical presentation sponsored by a bona fide dental or dental therapy association or society or an accredited dental or dental therapy education program approved by the Oregon Board of Dentistry.

(e) Bona fide students of dental therapy from engaging in clinical studies during the period of their enrollment and as a part of the course of study in a dental therapy education program described in section 3 (1) of this 2021 Act. The clinical studies may be conducted on the premises of the program or in a clinical setting located off the premises. **The facility, instructional staff and course of study at an off-premises location must meet minimum requirements established by the board by rule.** The clinical studies at the off-premises location must be performed under the indirect supervision of a member of the program faculty.

(f) Bona fide full-time students of dental therapy, during the period of their enrollment and as a part of the course of study in a dental therapy education program located outside of Oregon that is accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, from engaging in community-based or clinical studies as an elective or required rotation in a clinical setting located in Oregon, **if the community-based or clinical studies meet minimum requirements established by the board by rule and are performed under the indirect supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry.**

(g) The performance of duties by a federally certified dental health aide therapist or tribally authorized dental therapist in a clinic operated by the Indian Health Service, including, as described in 25 U.S.C. 1603, an Indian Health Service Direct Service Tribe clinic, a clinic operated under an Indian Self-Determination and Education Assistance Act of 1975 (P.L. 93-638) contract or a clinic operated under an urban Indian organization.

SECTION 7. (1) The Oregon Board of Dentistry may impose nonrefundable fees for the following:

(a) Application for licensure;

(b) Examinations;

- (c) Biennial dental therapy licenses, both active and inactive;
- (d) Licensure renewal fees;
- (e) Permits; and
- (f) Delinquency.

(2) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting fees and charges, the fees and charges established under sections 2 to 12 of this 2021 Act may not exceed the cost of administering sections 2 to 12 of this 2021 Act as authorized by the Legislative Assembly within the Oregon Board of Dentistry budget and as modified by the Emergency Board.

(3)(a) The Oregon Board of Dentistry may waive a license fee for a licensee who provides to the board satisfactory evidence that the licensee has discontinued the practice of dental therapy because of retirement.

(b) A licensee described in this subsection may apply to the board for reinstatement of the license pursuant to rules adopted by the board. An application under this paragraph must include a fee. **If the licensee has been retired or inactive for more than one year from the date of application, the licensee shall include with the application satisfactory evidence of clinical competence, as determined by the board.**

(4)(a) A license to practice dental therapy is valid for two years and may be renewed. A licensee shall submit to the board an application for renewal and payment of the fee.

(b) A dental therapist issued a license in an even-numbered year must apply for renewal by September 30 of each even-numbered year thereafter. A dental therapist issued a license in an odd-numbered year must apply for renewal by September 30 of each odd-numbered year thereafter.

(c) The board may charge a reasonable fee if the application for renewal or the fee is submitted more than 10 days delinquent.

(5) A dental therapist shall inform the board of a change of the dental therapist's address within 30 days of the change.

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

(a) The level of supervision required for each procedure performed by the dental therapist;

(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;

(c) The practice settings in which the dental therapist may provide care;

(d) Any limitation on the care the dental therapist may provide;

(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs, as described in section 9 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

(3) A dentist who enters into a collaborative agreement with a dental therapist shall:

(a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and

(b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.

(4) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the collaborative agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(5) A dental therapist and a dentist who enter into a collaborative agreement together shall each maintain a physical copy of the collaborative agreement.

(6)(a) A dental therapist may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

(b) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(7)(a) A collaborative agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual submissions, a signed copy of the revised collaborative agreement must be submitted to the board as soon as practicable after the revision is made.

SECTION 9. (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:

(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;

(b) Comprehensive charting of the oral cavity;

(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;

(d) Exposing and evaluation of radiographic images;

(e) Dental prophylaxis, including subgingival scaling and polishing procedures;

(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;

(m) Emergency palliative treatment of dental pain;

(n) Preparation and placement of direct restoration in primary and permanent teeth;

(o) Fabrication and placement of single-tooth temporary crowns;

(p) Preparation and placement of preformed crowns on primary teeth;

- (q) Indirect pulp capping on permanent teeth;
 - (r) Indirect pulp capping on primary teeth;
 - (s) Suture removal;
 - (t) Minor adjustments and repairs of removable prosthetic devices;
 - (u) Atraumatic restorative therapy and interim restorative therapy;
 - (v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;
 - (w) Removal of space maintainers;
 - (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
 - (y) Other services as specified by the Oregon Board of Dentistry by rule.
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
- (a) Placement of temporary restorations;
 - (b) Fabrication of soft occlusal guards;
 - (c) Tissue reconditioning and soft reline;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.

(3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.

(4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.

(b) A dental therapist may supervise up to two individuals under this subsection.

SECTION 10. (1) A dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3 (1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry.

(2) A dental therapist shall purchase and maintain liability insurance as determined sufficient by the board.

(3) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

SECTION 11. A person licensed under section 3 of this 2021 Act is subject to the provisions of ORS 679.140.

SECTION 12. The Oregon Board of Dentistry shall adopt rules necessary to administer sections 2 to 12 of this 2021 Act. In adopting rules under this section, the board shall consult with dental therapists and organizations that represent dental therapists in this state.

SECTION 13. ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:

(1) “Dental assistant” means a person who, under the supervision of a dentist **or dental therapist**, renders assistance to a dentist, **dental therapist**, dental hygienist, dental technician or another dental assistant or who, under the supervision of a dental hygienist, renders assistance to a dental hygienist providing dental hygiene.

(2) “Dental hygiene” is that portion of dentistry that includes, but is not limited to:

(a) The rendering of educational, preventive and therapeutic dental services and diagnosis and treatment planning for such services;

(b) Prediagnostic risk assessment, scaling, root planing, curettage, the application of sealants and fluoride and any related intraoral or extraoral procedure required in the performance of such services; and

(c) Prescribing, dispensing and administering prescription drugs for the services described in paragraphs (a) and (b) of this subsection.

(3) “Dental hygienist” means a person who, under the supervision of a dentist, practices dental hygiene.

(4) “Dental technician” means a person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices that are returned to a dentist and inserted into the human oral cavity or that come in contact with its adjacent structures and tissues.

(5) “Dental therapist” means a person licensed to practice dental therapy under section 3 of this 2021 Act.

(6) “Dental therapy” means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under section 9 of this 2021 Act.

~~[(5)]~~ (7) “Dentist” means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

~~[(6)]~~ (8) “Dentist of record” means a dentist that either authorizes treatment for, supervises treatment of or provides treatment for a patient in a dental office or clinic owned or operated by an institution as described in ORS 679.020 (3).

~~[(7)(a)]~~ (9)(a) “Dentistry” means the healing art concerned with:

(A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tissues and structures; and

(B) The prescribing, dispensing and administering of prescription drugs for purposes related to the activities described in subparagraph (A) of this paragraph.

(b) “Dentistry” includes, but is not limited to:

(A) The cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of:

(i) Dental schools accredited by the Commission on Dental Accreditation of the American Dental Association;

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

~~[(8)]~~ (10) “Direct supervision” means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

~~[(9)]~~ (11) “Expanded practice dental hygienist” means a dental hygienist who performs dental hygiene services in accordance with ORS 680.205 as authorized by an expanded practice dental hygienist permit issued by the board under ORS 680.200.

~~[(10)]~~ (12) “General supervision” means supervision requiring that a dentist authorize the procedures by standing orders, practice agreements or collaboration agreements, but not requiring that

a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

[(11)] (13) "Indirect supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

SECTION 14. ORS 679.140 is amended to read:

679.140. (1) The Oregon Board of Dentistry may discipline as provided in this section any person licensed to practice dentistry in this state for any of the following causes:

(a) Conviction of any violation of the law for which the court could impose a punishment if the board makes the finding required by ORS 670.280. The record of conviction or a certified copy thereof, certified by the clerk of the court or by the judge in whose court the conviction is entered, is conclusive evidence of the conviction.

(b) Renting or lending a license or diploma of the dentist to be used as the license or diploma of another person.

(c) Unprofessional conduct.

(d) Any violation of this chapter or ORS 680.010 to 680.205, of rules adopted pursuant to this chapter or ORS 680.010 to 680.205 or of an order issued by the board.

(e) Engaging in or permitting the performance of unacceptable patient care by the dentist or by any person working under the supervision of the dentist due to a deliberate or negligent act or failure to act by the dentist, regardless of whether actual injury to the patient is established.

(f) Incapacity to practice safely.

(2) "Unprofessional conduct" as used in this chapter includes but is not limited to the following:

(a) Obtaining any fee by fraud or misrepresentation.

(b) Willfully betraying confidences involved in the patient-dentist relationship.

(c) Employing, aiding, abetting or permitting any unlicensed personnel to practice dentistry [or], dental hygiene **or dental therapy**.

(d) Making use of any advertising statements of a character tending to deceive or mislead the public or that are untruthful.

(e) Impairment as defined in ORS 676.303.

(f) Obtaining or attempting to obtain a controlled substance in any manner proscribed by the rules of the board.

(g) Prescribing or dispensing drugs outside the scope of the practice of dentistry or in a manner that impairs the health and safety of an individual.

(h) Disciplinary action by a state licensing or regulatory agency of this or another state regarding a license to practice dentistry, dental hygiene, **dental therapy** or any other health care profession when, in the judgment of the board, the act or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the licensee or applicant to practice dentistry [or], dental hygiene **or dental therapy** in accordance with the provisions of this chapter. A certified copy of the record of the disciplinary action is conclusive evidence of the disciplinary action.

(3) The proceedings under this section may be taken by the board from the matters within its knowledge or may be taken upon the information of another, but if the informant is a member of the board, the other members of the board shall constitute the board for the purpose of finding judgment of the accused.

(4) In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice dentistry in this state, the current teachings at accredited dental schools, relevant technical reports published in recognized dental journals and the desirability of reasonable experimentation in the furtherance of the dental arts.

(5) In disciplining a person as authorized by subsection (1) of this section, the board may use any or all of the following methods:

(a) Suspend judgment.

(b) Place a licensee on probation.

(c) Suspend a license to practice dentistry in this state.

- (d) Revoke a license to practice dentistry in this state.
- (e) Place limitations on a license to practice dentistry in this state.
- (f) Refuse to renew a license to practice dentistry in this state.
- (g) Accept the resignation of a licensee to practice dentistry in this state.
- (h) Assess a civil penalty.
- (i) Reprimand a licensee.
- (j) Impose any other disciplinary action the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty.

(6) If the board places any person upon probation as set forth in subsection (5)(b) of this section, the board may determine and may at any time modify the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public and for the purpose of the rehabilitation of the probationer or both. Upon expiration of the term of probation, further proceedings shall be abated by the board if the person holding the license furnishes the board with evidence that the person is competent to practice dentistry and has complied with the terms of probation. If the evidence fails to establish competence to the satisfaction of the board or if the evidence shows failure to comply with the terms of the probation, the board may revoke or suspend the license.

(7) If a license to practice dentistry in this state is suspended, the person holding the license may not practice during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated by the board if the board finds, based upon evidence furnished by the person, that the person is competent to practice dentistry and has not practiced dentistry in this state during the term of suspension. If the evidence fails to establish to the satisfaction of the board that the person is competent or if any evidence shows the person has practiced dentistry in this state during the term of suspension, the board may revoke the license after notice and hearing.

(8) Upon receipt of a complaint under this chapter or ORS 680.010 to 680.205, the board shall conduct an investigation as described under ORS 676.165.

(9) Information that the board obtains as part of an investigation into licensee or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving licensee or applicant conduct is confidential as provided under ORS 676.175. Notwithstanding ORS 676.165 to 676.180, the board may disclose confidential information regarding a licensee or an applicant to persons who may evaluate or treat the licensee or applicant for drug abuse, alcohol abuse or any other health related conditions.

(10) The board may impose against any person who violates the provisions of this chapter or ORS 680.010 to 680.205 or rules of the board a civil penalty of up to \$5,000 for each violation. Any civil penalty imposed under this section shall be imposed in the manner provided in ORS 183.745.

(11) Notwithstanding the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee, the board may:

(a) Proceed with any investigation of, or any action or disciplinary proceedings against, the dentist [*or*], dental hygienist **or dental therapist**; or

(b) Revise or render void an order suspending or revoking the license.

(12)(a) The board may continue with any proceeding or investigation for a period not to exceed four years from the date of the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee; or

(b) If the board receives a complaint or initiates an investigation within that four-year period, the board's jurisdiction continues until the matter is concluded by a final order of the board following any appeal.

(13) Withdrawing the application for license does not close any investigation, action or proceeding against an applicant.

SECTION 15. ORS 679.170 is amended to read:

679.170. [*No person shall*] **A person may not:**

(1) Sell or barter, or offer to sell or barter, any diploma or document conferring or purporting to confer any dental degree, or any certificate or transcript made or purporting to be made, pursuant to the laws regulating the license and registration of dentists.

(2) Purchase or procure by barter, any [such] diploma, certificate or transcript **described in subsection (1) of this section**, with intent that it be used as evidence of the holder's qualification to practice dentistry, or in fraud of the laws regulating [such] **the practice of dentistry**.

(3) With fraudulent intent, alter in a material regard any [such] diploma, certificate or transcript **described in subsection (1) of this section**.

(4) Use or attempt to use any [such] diploma, certificate or transcript **described in subsection (1) of this section**, which has been purchased, fraudulently issued, counterfeited or materially altered, either as a license or color of license to practice dentistry, or in order to procure registration as a dentist.

(5) Willfully make a false written or recorded oral statement to the Oregon Board of Dentistry in a material regard.

(6) Within 10 days after demand made by the board, fail to respond to the board's written request for information or fail to furnish to the board the name and address of all persons practicing or assisting in the practice of dentistry in the office of such person at any time within 60 days prior to the notice, together with a sworn statement showing under and by what license or authority such person and employee are and have been practicing dentistry.

(7) Employ or use the services of any unlicensed person, to practice dentistry [or], dental hygiene **or dental therapy**, except as permitted by ORS 679.025, 679.176 and 680.010 to 680.205.

SECTION 16. ORS 679.250 is amended to read:

679.250. The powers and duties of the Oregon Board of Dentistry are as follows:

(1) To, during the month of April of each year, organize and elect from its membership a president who shall hold office for one year, or until the election and qualification of a successor.

(2) To authorize all necessary disbursements to carry out the provisions of this chapter, including but not limited to, payment for necessary supplies, office equipment, books and expenses for the conduct of examinations, payment for legal and investigative services rendered to the board, and such other expenditures as are provided for in this chapter.

(3) To employ such inspectors, examiners, special agents, investigators, clerical assistants, assistants and accountants as are necessary for the investigation and prosecution of alleged violations and the enforcement of this chapter and for such other purposes as the board may require. Nothing in this chapter shall be construed to prevent assistance being rendered by an employee of the board in any hearing called by it. However, all obligations for salaries and expenses incurred under this chapter shall be paid from the fees accruing to the board under this chapter and not otherwise.

(4)(a) To conduct examinations of applicants for license to practice dentistry [and], dental hygiene **and dental therapy** at least twice in each year.

(b) In conducting examinations for licensure, the board may enter into a compact with other states for conducting regional examinations with other board of dental examiners concerned, or by a testing service recognized by such boards.

(5) To meet for the transaction of other business at the call of the president. A majority of board members shall constitute a quorum. A majority vote of those present shall be a decision of the entire board. The board's proceedings shall be open to public inspection in all matters affecting public interest.

(6) To keep an accurate record of all proceedings of the board and of all its meetings, of all receipts and disbursements, of all prosecutions for violation of this chapter, of all examinations for license to practice dentistry, with the names and qualifications for examination of any person examined, together with the addresses of those licensed and the results of such examinations, a record of the names of all persons licensed to practice dentistry in Oregon together with the addresses of all such persons having paid the license fee prescribed in ORS 679.120 and the names of all persons whose license to practice has been revoked or suspended.

(7) To make and enforce rules necessary for the procedure of the board, for the conduct of examinations, for regulating the practice of dentistry, and for regulating the services of dental hygienists and dental auxiliary personnel not inconsistent with the provisions of this chapter. As part of such rules, the board may require the procurement of a permit or other certificate. Any permit issued may be subject to periodic renewal. In adopting rules, the board shall take into account all relevant factors germane to an orderly and fair administration of this chapter and of ORS 680.010 to 680.205, the practices and materials generally and currently used and accepted by persons licensed to practice dentistry in this state, dental techniques commonly in use, relevant technical reports published in recognized dental journals, the curriculum at accredited dental schools, the desirability of reasonable experimentation in the furtherance of the dental arts, and the desirability of providing the highest standard of dental care to the public consistent with the lowest economic cost.

(8) Upon its own motion or upon any complaint, to initiate and conduct investigations of and hearings on all matters relating to the practice of dentistry, the discipline of licensees, or pertaining to the enforcement of any provision of this chapter. In the conduct of investigations or upon the hearing of any matter of which the board may have jurisdiction, the board may take evidence, administer oaths, take the depositions of witnesses, including the person charged, in the manner provided by law in civil cases, and compel their appearance before it in person the same as in civil cases, by subpoena issued over the signature of an employee of the board and in the name of the people of the State of Oregon, require answers to interrogatories, and compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation or to the hearing. In all investigations and hearings, the board and any person affected thereby may have the benefit of counsel, and all hearings shall be held in compliance with ORS chapter 183. Notwithstanding ORS 676.165, 676.175 and 679.320, if a licensee who is the subject of an investigation or complaint is to appear before members of the board investigating the complaint, the board shall provide the licensee with a current summary of the complaint or the matter being investigated not less than five days prior to the date that the licensee is to appear. At the time the summary of the complaint or the matter being investigated is provided, the board shall provide to the licensee a current summary of documents or alleged facts that the board has acquired as a result of the investigation. The name of the complainant or other information that reasonably may be used to identify the complainant may be withheld from the licensee.

(9) To require evidence as determined by rule of continuing education or to require satisfactory evidence of operative competency before reissuing or renewing licenses for the practice of dentistry [or], dental hygiene **or dental therapy**.

(10) To adopt and enforce rules regulating administration of general anesthesia and conscious sedation by a dentist or under the supervision of a dentist in the office of the dentist. As part of such rules, the board may require the procurement of a permit which must be periodically renewed.

(11) To order an applicant or licensee to submit to a physical examination, mental examination or a competency examination when the board has evidence indicating the incapacity of the applicant or licensee to practice safely.

SECTION 17. Section 1, chapter 716, Oregon Laws 2011, is amended to read:

Sec. 1. (1) The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care. The authority may approve a pilot project that is designed to:

(a) Operate for three to five years or a sufficient amount of time to evaluate the validity of the pilot project;

(b) Evaluate quality of care, access, cost, workforce and efficacy; and

(c) Achieve at least one of the following:

(A) Teach new skills to existing categories of dental personnel;

(B) Develop new categories of dental personnel;

(C) Accelerate the training of existing categories of dental personnel; or

- (D) Teach new oral health care roles to previously untrained persons.
- (2) The authority shall adopt rules:
 - (a) Establishing an application process for pilot projects;
 - (b) Establishing minimum standards, guidelines and instructions for pilot projects; and
 - (c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:
 - (A) The process used to evaluate the progress and outcomes of the pilot project;
 - (B) The baseline data and information to be collected;
 - (C) The nature of program data that will be collected and the methods for collecting and analyzing the data;
 - (D) The provisions for protecting the safety of patients seen or treated in the project; and
 - (E) A statement of previous experience in providing related health care services.
- (3) The authority shall seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.
- (4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry *[or]*, dental hygiene **or dental therapy** without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority.
 - (b) A person practicing dentistry *[or]*, dental hygiene **or dental therapy** without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.
- (5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 *[of this 2011 Act]*, **chapter 716, Oregon Laws 2011**.

SECTION 18. (1) Sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, by sections 13 to 17 of this 2021 Act become operative on January 1, 2022.

(2) The amendments to section 3 of this 2021 Act by section 3a of this 2021 Act become operative on January 1, 2025.

(3) The Oregon Board of Dentistry may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary to enable the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, and section 3 of this 2021 Act by sections 3a and 13 to 17 of this 2021 Act.

SECTION 19. This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.

Passed by House April 27, 2021

Repassed by House June 23, 2021

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

.....
Tina Kotek, Speaker of House

Passed by Senate June 22, 2021

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2021

Approved:

.....M.,....., 2021

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2021

.....
Shemia Fagan, Secretary of State

GENERAL INFORMATION ON MOTIONS:

How are Motions Presented?

1. Obtaining the floor
 - a. **Committee Members address the Chair by saying, "Madam Chair or Chair Martinez".**
 - b. Wait until the Chair recognizes you.
2. Make Your Motion
 - a. Speak in a clear and concise manner.
 - b. Always state a motion affirmatively. Say, **"I move that we..."** rather than, "I move that we do not..."
3. Wait for Someone to Second the Motion.
4. Another member will second your motion or the **Chair will call for a second.**
5. If there is no second to the motion it is lost.
6. **The Chair restates the Motion. The Chair will say, "It has been moved and seconded that we ..."** Thus placing your motion before the committee for consideration and action.
 - a. The committee then either debates your motion, or may move directly to a vote.
 - b. Once your motion is presented to the membership by the Chair it becomes "assembly property", time for discussion on the matter- and cannot be changed without the consent of the members.
 - c. The time for you to speak in favor of your motion is at this point in time, rather than at the time you present it.
 - d. The Mover is always allowed to speak first.
 - e. **All comments and debate must be directed to the Chair.**
 - f. The Mover may speak again only after other speakers are finished, **unless called upon by the Chair.**
7. Putting the Question to the Committee
 - a. **The Chair asks, "Any more discussion on the matter/motion?"**
 - b. If there is no more discussion, a vote is taken.
 - c. **The Chair asks those in favor to say, "aye", those opposed to say "no".**
 - d. Vote clearly and loud enough for staff to record the vote accurately.
 - e. **The Chair will confirm the vote and the outcome.**

OBD Board Meeting Dates:

Oct 22, 2021

Dec 17, 2021

Feb 25, 2022

April 22, 2022

June 17, 2022

Aug 19, 2022

At the August 20, 2021 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Committee named the “Dental Therapy Rules Oversight Committee” per ORS 679.280, to create, amend, review and discuss the implementation of dental therapy rules with the passage of HB 2528 (2021). This historic piece of legislation was signed by Governor Kate Brown on July 19, 2021.

This new Committee is being created because the OBD seeks a dedicated and focused group of committee members to draft new dental therapy rules in a deliberate, fair and equitable manner for the OBD to consider. This Committee will also consider cost of compliance and racial justice issues as well with the development of these rules.

The Dental Therapy Rules Oversight Committee shall be comprised of three current OBD Board Members, one who will serve as the Chair of the Committee.

The Committee shall include three representatives from the Oregon dental therapy community or organizations that represent dental therapists in Oregon. The Committee members must reside or work in Oregon and the OBD President will select the three members if more than three people volunteer to serve on this Committee. Ideally, Oregon licensed dental therapists will serve on this Committee in the future once licenses are issued.

The Committee shall include one representative from the Oregon Health Authority, ideally the Dental Director or their designee. This is to leverage their experience with dental pilot projects.

The Committee will also include one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists’ Association and the Oregon Dental Assistants Association.

All Committee meetings will be held virtually unless conditions allow for safe in person meetings. All OBD Committee and Board meetings are public meetings.

The Legislature requires that the OBD adopt rules necessary to administer certain provisions of the new legislation. In adopting rules, the board shall consult with dental therapists and organizations that represent dental therapists in Oregon.

The public, dental therapy communities and all interested parties can take part in the implementation of the new dental therapy rules as they will be subject to the OBD’s public rulemaking process.

Chair, Yadira Martinez, RDH - OBD Representative
Sheena Kansal, DDS - OBD Representative
Jennifer Brixey - OBD Representative
Kaz Rafia, DDS OHA - Representative
Brandon Schwindt, DMD - ODA Representative
Amy Coplen, RDH - ODHA Representative
Ginny Jorgensen, CDA - ODAA Representative
Miranda Davis, DDS - DT Representative
Kari Douglass - DT Representative
Jason Mecum - DT Representative

Inaugural meeting held October 7, 2021 from 5 pm – 7 pm
Second meeting held November 10, 2021 from 5 pm - 7 pm
Third meeting held December 8, 2021 from 5 pm - 7 pm
Fourth meeting held January 19, 2022 from 5 pm - 7 pm
Fifth meeting scheduled for February 23, 2022 from 5 pm - 7 pm