

# **RULES AND REGULATIONS**

PURSUANT TO TITLE 59 O.S. 328.1 ET SEQ.



**BOARD OF DENTISTRY  
STATE OF OKLAHOMA**

Revised  
July 1, 2010

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**[Authority:** 59 O.S. Section 328.4, 328.15; 75 O.S. Sections 302, 305, and 307]

**[Source:** Codified 5-22-91]

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**[Authority:** 59 O.S. Section 328.4, 328.15, 328.17; 75 O.S. Sections 302,]

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**RULES AND REGULATIONS  
TITLE 195. BOARD OF DENTISTRY**

**CHAPTER 1. Organization, Operation, and Purposes**

**195:1-1-1. Purpose**

The rules of this chapter describe the purpose and authority of the Board and set forth certain policies regarding the Board office, written communications with the Board, and public inspection of Board records.

**195:1-1-2. Board authority and purposes, composition and duties, quorum**

- (a) The Board of Governors of the Registered Dentists of Oklahoma being the statutory governing body of the Registered Dentists of Oklahoma and having its authority prescribed by the State Dental Act, Title 59 O.S. 328.1 et seq., incorporates, as its object and purpose, the said State Dental Act and specifically Section 328.2 thereof. This Board does therefore recognize and proclaim that the practice of dentistry in this State fundamentally affects the public health, safety and welfare of all the people of Oklahoma.
- (b) This Board of Governors composed of eleven (11) members is vested with powers and duties:
  - (1) to enforce the provisions of the State Dental Act;
  - (2) to perform the executive function of the organization;
  - (3) to examine all candidates for dental licenses;
  - (4) to inspect dental offices and dental laboratories;
  - (5) to establish minimum standards of dental care;
  - (6) to examine candidates for certification as dental hygienists;
  - (7) to issue dental laboratory permits upon appropriate application;
  - (8) to conduct hearings regarding complaints against dentists and dental hygienists and
  - (9) to exercise such disciplinary powers as are conferred by the State Dental Act.
- (c) A quorum of the Board of Governors will consist of a simple majority of the total Board membership.

**195:1-1-3. Rules promulgated by the Board**

In keeping with its authority and purposes, this Board has promulgated separate schedules of rules which are: Internal Operation and Procedure; Examination and Licensing of Dentists, Dental Hygienists, and Dental Specialists; Rules and Regulations for Dental Assistants, Dental

Hygienists, and Dentists; Official Board Interpretations and Declaratory Rulings and Resolutions; Public Rules of Hearings and Procedures of the Board.

**195:1-1-4. Board office**

The office of the Board of Governors of the Registered Dentists of Oklahoma is in Oklahoma City, Oklahoma. Regular office hours shall be maintained each day except Saturday and Sunday and any legal holiday established by statute or proclamation of the Governor.

**195:1-1-5. Written communications to the Board**

Every communication in writing to the Board shall be addressed to the Executive Secretary of the Board at the principal office unless the Board directs otherwise.

**195:1-1-6. Public inspection of certain records**

(a) All public records of the Board shall be made available for public inspection at the office during regular office hours. Copies of public records of the Board shall be made and certified upon pre-payment of the copying fee set forth in the fee schedule enacted by the board.

## **CHAPTER 2. Internal Operations and Procedures**

**195:2-1-1. Purpose**

The rules of this chapter set forth the procedure for the nomination and election of regular Board members as well as the procedures for the nomination and selection of advisory Board members. These rules also establish procedures for the registration of retired dentists and dentists in the Armed Forces. Finally, these rules provide for an annual Board meeting.

**195:2-1-2. Nominations, petitions, and elections of Board members**

- (a) **Return of petitions.** All petitions for nomination of Board members to be placed on the ballots must be returned personally or by certified mail to the Secretary of the Board.
- (b) **Balloting.** Balloting instructions and ballots will be mailed to members entitled to vote at least thirty (30) days before the meeting of the Board, when ballots are to be counted. A certain date, time limit for the ballots to be returned to the Office of the Board will be included in the balloting instructions. Ballot instructions and ballots will be mailed in plain Board envelopes with an enclosed return envelope addressed to the Office of the Board. Ballots will be numbered. A careful check of the record of membership, as of



the date ballots are mailed, will be made to verify that only those members entitled to vote will receive a ballot. There will be no evidence of the members name on the instructions for balloting or on the ballot. The Office of the Board will keep no record of the member receiving the numbered ballot. The sealed envelopes containing the ballots from the members will not be opened upon their return to the Office of the Board. The seal on the envelopes containing the ballots will be broken at the meeting of the Board, and the votes counted. Candidates whose names appear on the ballots, and their representatives, will be invited to be present when the seals are broken and the votes counted.

- (c) **Counting of ballots.** At the time of counting the ballots, the one receiving the highest number of votes cast will be declared the new Board Member from that district.
- (d) **Votes.** In case of a tie vote, a new ballot will be printed and sent to the eligible members listing only the names of those candidates who receive the highest number of votes.
- (e) **Oath of office.** A newly elected member of the Board must take the Oath of Office before he is officially seated on the Board. The Oath will be administered by the President as the first order of business of the new Board.

### **195:2-1-3. Appointment of Advisory Members**

- (a) The president shall have authority to appoint advisory members as he deems necessary, with Board approval.
- (b) The appointee shall assist only in an advisory capacity and shall not have a vote on matters acted upon by the Board.

### **195:2-1-4. Section Revoked**

### **195:2-1-5. Annual meeting of the Board**

The annual Meeting of the Board will be held in the second quarter, each calendar year. At this time reports of the proceedings of the Board since the last annual meeting, reports of officers, and committees, and recommendations of the Board shall be received. The newly elected or appointed Board Members will be installed and Board officers will be elected.

### **195:2-1-6. Annual registration fee for registered members in the Armed Services, and members retired from the practice of dentistry because of age or physical disability**

- (a) Should a registered person have held an Oklahoma license for twenty-five (25) years and have kept such license active by the paying of the annual registration fee, and should such person become physically disabled because of age or disability, and have retired from the practice of dentistry the annual registration fee will be waived and a renewal certificate issued without cost to the registered member. Such registered member must submit to the Secretary of the Board, a letter from the Board Member from that district, or a letter from the Secretary of his local Dental Society, that such disability has occurred. The waiver of fees may be continued so long as said retirement continues because of age or physical disability.
- (b) Each person entering the Armed Services will be charged a renewal fee in accordance with that charged to dentists licensed in Oklahoma and residing outside Oklahoma.

### **195:2-1-7. Fees**

Fees charged by the Board are hereby set as follows:

#### **(1) LICENSE, CERTIFICATE AND PERMIT APPLICATION FEES:**

- |  |          |
|--|----------|
| (A) License or Certificate by Examination              |          |
| (i) Dentist -  | \$200.00 |
| (ii) Dental Hygienist -                                | \$100.00 |
| (B) License or Certificate by Credentialing            |          |
| (i) Dentist -  | \$500.00 |
| (ii) Dental Hygienist -                                | \$150.00 |
| (C) Dental Speciality License by Examination -         | \$300.00 |
| (D) Dental Speciality License by Credentialing -       | \$500.00 |
| (E) Faculty Permit                                     |          |
| (i) Dentist -  | \$100.00 |
| (ii) Dental Hygienist -                                | \$50.00  |
| (F) Dental Intern Permit -                             | \$100.00 |
| (G) Temporary Certificate to Practice Dental Hygiene - | \$50.00  |
| (H) Dental Assistant permit for Expanded Duties -      | \$10.00  |
| (I) Permit to Operate a Dental Laboratory -            | \$20.00  |
| (J) General Anesthesia Permit Dentist -                | \$100.00 |
| (K) Conscious Sedation Permit Dentist -                | \$100.00 |

#### **(2) RE-EXAMINATION FEES:**

- |  |          |
|--|----------|
| (A) License or Certificate by Examination      |          |
| (i) Dentist -                                  | \$200.00 |
| (ii) Dental Hygienist -                        | \$100.00 |
| (B) Dental Specialty License by Examination -  | \$300.00 |
| (C) Theoretical or Written Only Re-Examination |          |
| (i) Dentist -                                  | \$10.00  |
| (ii) Dental Hygienist -                        | \$10.00  |

(3) ANNUAL RENEWAL FEES:

(A) Dentist -	\$150.00
(B) Dental Hygienist -	\$75.00
(C) Dental Specialty License -	\$150.00
(D) Faculty Permit	
(i) Dentist -	\$50.00
(ii) Dental Hygienist -	\$50.00
(E) Dental Intern Permit -	\$50.00
(F) Dental Assistant permit for Expanded Duties -	\$25.00
(G) Permit to Operate a Dental Laboratory -	\$20.00
(H) General Anesthesia permit Dentist -	\$100.00
(I) Conscious Sedation permit Dentist -	\$100.00

(4) PENALTY FEES FOR LATE RENEWAL OF LICENSE, CERTIFICATE OR PERMIT:

(A) Dentist -	\$100.00
(B) Dental Hygienist -	\$50.00
(C) Dental Specialty License -	\$100.00
(D) Dental Assistant Permit for Expanded Duties -	\$20.00
(E) Permit to Operate a Dental Laboratory -	\$20.00
(F) General Anesthesia Permit Dentist -	\$100.00
(G) Conscious Sedation Permit Dentist -	\$100.00

(5) OTHER FEES:

(A) Duplicate License -	\$10.00
(B) Duplicate Certificate, Permit or Registration -	\$10.00
(C) Certificate of Good Standing -	\$10.00
(D) Professional Entity Certification Letter -	\$5.00
(E) Professional Entity Registration or Update -	\$20.00
(F) Work Authorization Books -	\$7.00
(G) Preparation of list of Dentists, Dental Hygienists, Dental Assistants who hold a Permit for Expanded Duties, and holders of a permit to Operate a Dental Laboratory -	\$75.00
(All lists must be requested in writing noting the specific use of the list.)	
(H) Copies of Public Records - per page -	\$0.25

## **CHAPTER 3. Complaints, Investigations and Hearings**

### **195: 3-1-1. Purpose**

The rules of this chapter set forth the procedures followed by the board in investigating complaints and in conducting hearings.

#### **195:3-1-1.1. Definitions**

The following words, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

**“Act” or “Dental Act”** means the State Dental Act, Title 59 O.S. §§ 328.1 thru 328.51(a).

**“Board”** means the Board of Dentistry.

**“Complaint”** means a written statement of complaint filed with the Board which is investigated or to be investigated by the Board and which may result in a formal Statement of Complaint in an individual proceeding filed pursuant to Article II of the Administrative Procedures Act.

**“Hearing”** means the trial mechanism employed by the Board in an individual proceeding.

**“Individual proceeding”** means the formal process by which the Board takes administrative action against a person licensed by the Board.

**“License”** means a license issued by the Board.

**“Parties”** means the respondent and the special prosecutor for the Board.

**“Principal Administrative Officer”** means the Principal Administrative Officer of the Board.

**“Respondent”** means the person against whom an individual proceeding is initiated.

**“Review panel”** means two Board members assigned to investigate Complaints against persons licensed by the Board.

**“Staff”** means the personnel of the Board.

### **195:3-1-2. Investigations**

- (a) Any person may file a written and signed complaint with the Board alleging that another person has sought to practice or has illegally practiced dentistry or dental hygiene or has violated the Act or rules of the Board. The complaint need not be on any particular form but must be in writing and signed before it is presented to the Board representative for filing.
- (b) Upon receipt of a complaint, the President of the Board shall appoint two Board members to act as a review panel during the investigation of the complaint. The review panel members shall not be from the same geographical region as that of the person named in the complaint or have a pecuniary interest in the outcome of the complaint. The review panel shall conduct or cause to be conducted an investigation and may utilize investigators and attorneys to conduct or assist in conducting the investigation. During the investigation, the review panel and investigators and attorneys may use any investigative mechanism authorized in the Act.

### **195:3-1-3.1 Emergency hearing**

In the event the review panel determines that an emergency exists for which immediate action on a license is warranted, including but not limited to suspension or revocation, the review panel shall so advise the President of the Board. Upon concurrence of the President of the Board, the President may convene a special or emergency hearing of the Board pursuant to the Administrative Procedures Act of the Oklahoma Statutes to summarily take action on such license. A written statement of the allegations constituting the emergency shall be provided to the Board as soon as practicable before the hearing. Notice of the hearing and the written statement of allegations constituting the emergency shall be provided to the respondent as soon as practicable before an emergency hearing of the Board.

### **195:3-1-4. Statement of Complaint and notice of hearing; setting of hearing date, emergency hearings**

- (a) The Statement of Complaint issued by the Board shall set forth all allegations of violations of the Act, proposed sanctions and requests for costs and attorneys' fees. The Statement of Complaint shall be prepared by the attorney who assisted in the investigation, or if no attorney assisted in the investigation, by the attorney who will prosecute the respondent in a hearing before the Board.
- (b) At the time the Board accepts the recommendation of the review panel that an individual proceeding be commenced, the Board shall set a hearing date, which shall be no less than thirty (30) days after service of the Statement of Complaint on the respondent.
- (c) A "Notice of Hearing" shall be prepared by the Principal Administrative Officer and served on the respondent with the Statement of Complaint. The Notice of Hearing shall specify the time, place and nature of the hearing, the legal authority under which it is to be conducted and cite any relevant statutory provisions. Service of the Statement of Complaint and Notice of the Hearing may be in person or by certified mail. Service of the Notice of the Hearing shall be complete upon return to the Board of a card showing receipt of certified mail by the respondent or return to the Board of an affidavit of personal service.

#### **195:3-1-4.1. Matters prior to the hearing**

- (a) At the same time the respondent is served with the Statement of Complaint and notice of the hearing, the respondent and prosecuting attorney (parties) shall be served with a scheduling order. The scheduling order shall be prepared by the attorney advising the Board and approved by the President of the Board. The scheduling order shall advise the parties of the closing

date for the exchange of and filing of witness and exhibit lists, the discovery cut-off date, the cut-off date for the filing of dispositive motions and any other matters determined to be necessary. A prehearing conference date, set no less than fourteen (14) days prior to the hearing shall also be set in the scheduling order. Either party may file a written motion for modification of the scheduling order for good cause. The filing party must indicate whether the other party objects to the modification of the scheduling order.

- (b) Either party may file a written motion for a change in the hearing date. The motion shall state the amount of time desired and the reason or reasons for the request. The motion shall be filed no less than thirty (30) working days before the date of the action for which the motion is filed.
- (c) The President of the Board may decide motions for modification of the scheduling order or for change in the hearing date for good cause shown by one of the parties.
- (d) The President of the Board and the Board may utilize the services of an attorney on all matters arising prior to the hearing.

#### **195:3-1-4.2. Response to the complaint**

The respondent shall file a written response to the Complaint within twenty (20) days after the service of the Statement of Complaint and notice of hearing. The response shall include either an admission or denial of each material element of the Statement of Complaint.

#### **195:3-1-5. Subpoenas and discovery**

- (a) The parties may make written requests to the Board for the issuance of Subpoena or Subpoena Duces Tecum to persons desired as witnesses for depositions or for the hearing, and such Subpoenas Duces Tecum for the production of documents for discovery or the hearing. Such subpoenas shall be issued by the President of the Board in the name of the Board. The requestor shall furnish the names and addresses of all such witnesses. The Principal Administrative officer is hereby authorized to receive requests for subpoenas and issue the same over the Principal Administrative Officer's signature with the same force and effect as if it were signed and issued by the president of the Board.
- (b) Requests for admission, requests for the production of documents, requests for inspection of property and depositions shall be permitted prior to the hearing. Objections to discovery requests will be permitted as in civil actions in the State of Oklahoma. Any dispute to the discovery requests will be decided by the President of the Board.

### **195:3-1-5.1. Prehearing conference**

- (a) The scheduled prehearing conference may be held by telephone if agreed to by the parties or ordered by the President of the Board.
- (b) The attorney advising the Board shall, in the absence of the President of the Board, preside at the prehearing conference.
- (c) The purpose of the prehearing conference is to ensure that all prehearing matters have been addressed, that the issues to be addressed at the hearing have been identified, that all discovery has been completed and that all matters necessary for the conduct of an orderly hearing have been addressed.
- (d) An estimated length of the hearing shall be provided by the parties to the President of the Board.

### **195:3-1-6. Procedure for hearings**

- (a) The hearing shall be conducted under the Administrative Procedures Act of the Oklahoma statutes and shall be presided over by the President of the Board, or the Vice-President in the absence of the President. In the event of the absence of both the president and the Vice-President, the President shall designate a member of the Board to preside at the hearing. The rules of evidence used during the hearing shall be those specified by the Administrative Procedures Act. Witnesses shall be sworn upon oath and are subject to cross-examination. The President of the Board shall rule upon the admissibility of evidence or objections thereto, or upon other motions or objections arising in the hearing. The rulings of the President, in all questions, shall be the rulings of the Board unless reversed or modified by a majority vote of the Board.
- (b) The Board may utilize the services and advice of its Attorney (serving as legal advisor) regarding any matter of evidence, law, or procedure in the conduct of the hearing. All decisions concerning objections or procedure shall be made by the presiding Board member. A Board Attorney shall act as Special Prosecutor for the Board although any Board member may inquire of any witness concerning matters deemed relevant and competent and not otherwise offered into evidence.
- (c) The Board shall admit and give probative effect all competent, relevant, and probative evidence, both oral and documentary, which tends to prove or disprove the allegations of the complaint. The board may exclude incompetent, irrelevant, immaterial and unduly repetitious evidence. The Board shall, insofar as possible, give effect to the fundamental rules of evidence recognized in courts of law. True copies of documents may be received if the original is unavailable. The Board is possessed of specialized knowledge, and

such knowledge will be utilized along with all the evidence in arriving at a decision, when the complaint or investigation involves questions calling for such specialized knowledge. The standard of proof upon the Board in such hearing is by clear and convincing evidence.

- (d) Whenever all the evidence has been presented, the respondent shall be afforded an opportunity to be heard in argument relative to the matters in issue.

#### **195:3-1-7. Issuance of final agency order**

After all parties involved in the individual proceeding have concluded their presentation, the Board shall deliberate, in executive session if desired. The Board shall vote in open session whether the Act was violated by the respondent. The Board shall make findings of fact and conclusions of law if it determines that the respondent violated the Act. If the Board finds that the Act was violated, the Board shall deliberate, in executive session if desired, to determine what, if any, sanctions shall be imposed upon the respondent. A final agency order will be prepared later in written form and mailed to respondent at his last known office address. The final agency order shall include separately stated Findings of Fact and Conclusions of Law and if respondent is found guilty of violations of the State Dental Act or enters his admissions thereof, the final agency order shall include the sanction or sanctions assessed. Appeals from the decision of the Board may be taken as provided by law.

#### **195:3-1-8. Record of hearing**

- (a) A record of all hearings shall be made. The record may be made by means of electronic, digital or stenographic means whichever the presiding officer designates. A transcript of the proceeding shall not be prepared except upon written application. The party requesting the transcript shall pay for its costs. Parties to any proceeding may have the proceeding transcribed by a court reporter at their own expense.
- (b) The record of the hearing and the file containing the pleadings, motions, final agency order and other administrative records will be maintained in a place designated by the Principal Administrative Officer of the Board. The tape recording audio or video or transcript of the proceeding shall be maintained for a period of one year. If the matter is on appeal, these records will be maintained until all appeals have been finally exhausted.
- (c) If the respondent desires a stenographic record at the hearing, he or she shall make arrangements for the court reporter to be present at the hearing. If the stenographic record is transcribed, a copy shall be provided to the other party and the Board at the respondent's expense.



### **195:3-1-9. Petition for promulgation, amendment, or repeal of rules**

All interested persons may request the Board to promulgate, amend or repeal a rule, such request to be made in writing and filed with the Principal Administrative Officer. The request shall set forth fully the reasons for its submission; the alleged need or necessity therefor; whether or not the proposal conflicts with any existing rule, and what, if any, statutory provisions are involved. Such request shall be considered by the Board at its next regular meeting or may be continued for further consideration to a subsequent meeting. Upon this preliminary consideration, if the Board approves the proposed change, notice will be given that at a subsequent Board meeting, such proposal will be formally considered for adoption. If however, the Board initially determines that the proposal or requests is not a necessary rule, amendment or repeal, the same will be refused and the decision reflected in the regular minutes of the Board.

### **195:3-1-10. Request for declaratory ruling**

(a) An individual or group may file a request with the Board for a declaratory ruling with respect to their application or enforcement of a rule or statute.

1. The request shall be in writing and signed by the individual or director of group seeking the ruling.
2. The request shall state the rule or statute involved.
3. The request shall contain a concise statement of fact for which the ruling is sought.

(b) The Board may consider the request at the next meeting. In the event the question has been resolved prior to a ruling, the individual filing the request shall be notified of the applicable ruling.

(c) The Board may defer action pending an investigation or hearing.

(d) The Board shall issue a written ruling or provide a written explanation to the individual filing the request as to why a ruling will not be issued.

(e) Unless otherwise specifically stated in the ruling, a ruling issued by the Board pursuant to the provisions of this Section shall constitute a precedent for the purpose of the subsequent ruling on the same question until revoked or overruled by either the Board or a court of competent jurisdiction.

(f) The Board rulings shall be indexed by the number of the statute or the rule for which the ruling interprets and shall be available for inspection by members of the public at the Board office.

## **CHAPTER 4. Catastrophic Health Emergency Plan**

### **195:4-1. Purpose**

The Board of Dentistry shall recognize a declared emergency and implement the existing Catastrophic Health Emergency Plan. All

alternative standards of care shall be authorized during an official declared emergency as directed by the Board of Dentistry. The Executive Director shall be responsible for coordination of the dental profession's response, maintenance of necessary dental databases and activation of an emergency "phone tree"

### **195:1-2. Recognition of dental providers**

Dentists, dental hygienists and dental assistants should be considered as "acting within the scope of his or her profession when providing all needed care during a declared local, state or national emergency", and should be allowed to perform services requested of them when working under the supervision of a dentist or physician.

## **CHAPTER 10. EXAMINATIONS AND LICENSING OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL SPECIALISTS**

### **Subchapter 1. Examination For Dentists**

#### **195:10-1-1. Purpose**

The rules of this subchapter set forth the application procedures for the Board's licensing examination for dentists. They also specify the subject matter of the examination and the passing score.

#### **195:10-1-2. Eligibility to take examination and application procedure**

All persons desiring to practice dentistry in the State of Oklahoma shall be required to pass satisfactorily an examination before receiving a license. An applicant, to be acceptable for examination for a license to practice dentistry in Oklahoma, must fulfill the following requirements:

- (1) Make application to the Board in writing. Forms are available upon request, from the Office of the Board.
- (2) Be twenty-one years of age or over.
- (3) Return the completed application, at least thirty (30) days prior to the announced dates for the examination. The application must be accompanied by a certified check or United States Postal Money Order to pay the examination fee as required by the Board, but not to exceed Two Hundred Dollars (\$200).
- (4) No application will be accepted less than thirty (30) days prior to the announced dates for the examination.
- (5) After the application has been processed and the applicant has been notified to appear before the Board for examination, and should

the applicant fail to appear for the examination, his or her file and fee will be considered forfeited. Should the applicant file for a subsequent examination, such applicant will be considered a new applicant, and the fee for such examination will be as for other new applicants. A new application must be submitted each time an applicant expresses a desire to be examined.

(6) If the applicant has not completed his or her last term in Dental School prior to making application, the Dean of the School should certify that he or she is a candidate for graduation, in order that the application can be processed. No applicant will be allowed to take the examination until the Secretary of the Board has in possession a photostatic copy of the applicant's diploma.

(7) Applicants who are licensed and practicing dentistry in another state must present with the application a photostatic copy of his or her degree and a statement or certificate signed by the Secretary of the State Dental Board of the state in which he or she is licensed that the applicant is engaged in the actual, lawful, practice of dentistry.

(8) The Board recognizes only those applicants who are students or graduates of Dental Schools in the United States or Canada, approved, conditionally, or provisionally approved by the Commission on Dental Accreditation of the American Dental Association, and the applicant must have or will receive a D.D.S. or D.M.D. Degree from that school.

(9) Applicant must attach a recent passport type photograph of self in place so designated on application blank.

(10) Applicant must present with application, a (official) transcript of his or her grades received during his or her academic years of training in dental school.

(11) Applicants shall be required to successfully complete Part I and Part II of the National Board (written theoretical) examination. Part I of the National Board examination shall be required prior to graduation from an accredited dental program. All dental applicants shall be required to complete Part II of the National Board examination within twenty-four (24) months of their date of graduation from an accredited dental program.

(12) Applicant will appear for personal interview, as requested by the Board.

(13) Applicants qualifying for regional examination recognized by the

Board who fail to make the required grade will not be issued a license, but may retake the examination specified in 59 O.S. Section 328.21 (F). The additional examinations will require a fee as set by the Board.

(14) Should an applicant fail the second clinical examination before further re-examination the Board may require evidence of additional education. After the third examination, the Board may deny the applicant further examination. Clinical examinations are recognized for a period of five-years.

(15) If the applicant successfully passes the examination and is licensed to practice dentistry in Oklahoma, he or she will be required to pay an annual registration fee each year, or his or her license will be cancelled as provided by law.

(16) A copy of the State Dental Act of Oklahoma and Rules and Regulations promulgated by the Board will be mailed to applicant with letter of notification acknowledging receipt of application.

(17) Applicants must show proof of malpractice insurance pertaining to acts performed at, during or for the clinical examination.

(18) Applicants must furnish their own patients, instruments, and materials.

(19) Address communications to the current address of the BOARD office.

### **195:10-1-3. Contents of examination**

The examination for a license to practice dentistry in Oklahoma will consist of:

#### **(1) Theoretical examination.**

(A) A theoretical examination which will be written and will usually consist of questions on the subjects of:

- (i) Operative Dentistry,
- (ii) Pharmacology, Prosthodontics,
- (iii) Oral Surgery/Anesthesia,
- (iv) Orthodontics/Pedodontics,
- (v) Oral Path/Radiology,
- (vi) Endodontics/Periodontics,
- (vii) Anatomic Sciences,
- (viii) Biochem/Physiology,
- (ix) Microbiology/Pathology, and
- (x) Dental Anatomy.

(B) A passing score will be required to be obtained on each subject of the theoretical examination or the applicant

will not be licensed to practice dentistry in the State of Oklahoma.

(C) The Board may accept results of the Joint Commission on National Dental Examinations in lieu of its theoretical examination.

**(2) Written examination on the State Dental Act and the Board's rules.**

A passing score as determined by the Board is required on a written examination on the State Dental Act of Oklahoma and the rules promulgated by the Board.

**(3) Clinical examination.**

(A) Clinical examinations may be conducted by a national or regional testing agency recognized by the Board or at times and places determined appropriate by the Board and depending upon numbers of applications received.

(B) A passing score must be obtained in the recognized clinical examination(s) to be eligible for licensure.

**Subchapter 3. Examination For Dental Hygienists**

**195:10-3-1. Purpose**

The rules of this subchapter set forth the application procedure for the Board's licensing examination for Dental Hygienists. They also specify the subject matter.

**195:10-3-2. Eligibility to take examination and application procedure**

All persons desiring to practice dental hygiene in Oklahoma shall be required to pass satisfactorily an examination before receiving a Certificate of Ability to practice. An applicant, to be acceptable for examination for a Certificate of Ability to practice dental hygiene in Oklahoma, must fulfill the following requirements:

- (1) Make application to the Board in writing. Forms are available upon request from the Office of the Board.
- (2) Applicant must be eighteen years of age or over.
- (3) Return the completed application at least thirty (30) days prior to the announced dates of the examination. The application must be accompanied by a Certified Check or United States Postal Money Order in an amount as set by the Board but not to exceed \$100.

- (4) No application will be accepted for processing less than thirty (30) days before the announced dates of the examination.
- (5) After an application has been processed and the applicant notified to appear before the Board for examination, and should the applicant fail to appear for the examination, his or her file and fee will not be returned, and the fee will be considered forfeited and any temporary permit terminated. Should the applicant file for a subsequent examination, such applicant will be considered a new applicant and the fee for such examination will be as for other new applicants. New applications must be submitted each time an applicant expresses a desire to be examined.
- (6) If the applicant has not completed his or her last term in Dental Hygiene School prior to making application, the Dean of the Dental School or Director of the Dental Hygiene School should certify that he or she is a candidate for graduation in order that the application can be processed. No applicant will be allowed to take the examination until the Secretary of the Board has in possession, a photostatic copy of his or her Dental Hygiene Certificate of Graduation or diploma.
- (7) An applicant who is not graduating from a Dental Hygiene School the year in which making application must present with the application a photostatic copy of his or her certificate and a statement or certificate signed by the Secretary of the State Dental Board of the state in which he or she is registered stating the applicant is in good standing.
- (8) The Board recognizes only those applicants who are students or graduates of a Dental Hygiene School in the United States or Canada approved, conditionally or provisionally approved by the Commission on Dental Accreditation of the American Dental Association, and the applicant must have, or will receive a Dental Hygiene Certificate from that school.
- (9) Applicant must attach a recent passport type photograph of self in place so designated on the application blank.
- (10) Applicant must present with application a transcript of grades received during his or her academic years of training in Dental Hygiene School.
- (11) Applicant will appear for personal interview, as requested by the Board.

- (12) Applicants must furnish their patients, instruments and material. Applicants must show proof of malpractice insurance pertaining to acts performed at, during or for the examination.
- (13) Applicants qualifying for an examination formulated and administered by the Board who fail to make the required grade will not be issued a Certificate of Ability, but may retake the examination. The additional examinations will require a fee as set by the Board.
- (14) Should an applicant fail the second clinical examination before further re-examination the Board may require evidence of additional education. After the third examination, the Board may deny the applicant further examination.
- (15) If the applicant successfully passes the examination and is granted a Certificate of Ability to practice dental hygiene in the State of Oklahoma, he or she will be required to pay an annual registration fee each year or his or her Certificate of Ability will be cancelled as provided by law.
- (16) A copy of the State Dental Act of Oklahoma and Rules and Regulations promulgated by the Board will be mailed to applicant with application.
- (17) All communications should be addressed to the current address of the BOARD OF DENTISTRY, Oklahoma City, Oklahoma.

### **195:10-3-3. Contents of examination**

The examination for a certificate of ability to practice dental hygiene in Oklahoma will consist of:

#### **(1) Theoretical examination.**

- (A) A written theoretical examination which will usually consist of questions on the subjects of:
  - (ii) General Anatomy,
  - (iii) Dental Anatomy,
  - (iv) Physiology,
  - (v) Histology,
  - (vi) Pathology
  - (vii) Radiology,
  - (viii) Chemistry,
  - (ix) Nutrition,
  - (x) Microbiology,
  - (xi) Pharmacology,
  - (xii) Dental Materials,

- (xiii) Preventive Dentistry
- (xiv) Local Anesthesia, and
- (xv) Community Dental Health, as applied to the functions a dental hygienist may carry out in practice

- (B) A passing score will be required to be obtained on the theoretical examination or applicant will not be granted a Certificate of Ability to practice Dental Hygiene in Oklahoma.
- (C) The Board may accept results of the Joint Commission on National Dental Examinations in lieu of its theoretical examination.

(2) **Written examination on State Dental Act and Board's rules.**

A passing score as determined by the Board is required on a written examination on the State Dental Act of Oklahoma and Rules and Regulations promulgated by the Board.

(3) **Clinical examination.**

- (A) Clinical examinations may be conducted by a national or regional testing agency recognized by the Board or at times and places determined appropriate by the Board and depending upon numbers of applications received.
- (B) A passing score must be obtained in the recognized clinical examination(s) to be eligible for a certificate of ability to practice dental hygiene.

## **Subchapter 5. Reciprocity and Criteria Approval**

### **195:10-5-1. Purpose**

The rule set forth in this subchapter sets forth the criteria for licensure of dentists and dental hygienists who have been licensed in other states.

### **195:10-5-2. Requirements for reciprocal licensure**

(a) The Board of Dentistry of the State of Oklahoma pursuant to the State Dental Act may license without examination any person who has been duly licensed to practice dentistry or dental hygiene in any state or territory of the United States, if said person produces satisfactory evidence to the Board that he or she has the required education and training and is in good standing, and does meet every other requirement set forth in the State Dental Act and as may be set forth by this board.

(b) The applicant must:

- (1) Have been in active practice for at least five (5) years (two (2) for dental hygienists) immediately prior to making application (can include internship, residency, military, teaching, at the discretion of the Board).



- (2) Have completed required application form with all supporting data and certification of licensure in good standing from all states licensed.
  - (3) Have paid required fee (non-refundable).
  - (4) Have passed at least one practical examination for licensure that is equivalent to the examination required by Oklahoma.
  - (5) Have taken and passed the Oklahoma Jurisprudence Examination.
  - (6) Have completed or satisfied any other requirements as may be set by the Board.
  - (7) Have successfully completed the National Board examinations administered by the Joint Commission on National Dental Examinations.
  - (8) Meet all requirements of the State Dental Act.
  - (9) Submit proof of a Federal registration in good standing for prescribing, dispensing, or administering controlled dangerous substances, if applicant is a dentist.
  - (10) Submit recent color passport type photograph.
  - (11) Have all time units accounted for.
  - (12) Application must also include copy of diploma, National Board examination grades and transcript of dental and/or dental hygiene school grades.
  - (13) Three letters of recommendation from professional associates, i.e.: Associations, Boards, including letters from employers and associates listed under Practice History (Section 6 of the application). These letters should be mailed directly to the Board.
- (c) The applicant may be requested to appear for personal interview.

## **Subchapter 7. Issuance Of Temporary Licenses To Dental Hygienists, Faculty Permits, And Dental Intern Permits**

### **195:10-7-1. Purpose**

The rules set forth in this subchapter establish the procedure for applying for temporary licenses to practice dental hygiene, faculty permits, and dental intern permits. They also set forth the criteria for granting such temporary licenses.

### **195:10-7-2. Requirements for the issuance of temporary licenses**

Temporary licenses to practice dental hygiene may be issued by the Board at its discretion to Dental Hygienists under the following terms and conditions:

- (1) **Requirements for application.** An applicant for a temporary license to practice dental hygiene in Oklahoma shall file an

application with the Board to take the next clinical examination required by the Board. Applicant must enclose with his or her application:

- (A) National Board scores.
- (B) Copy of Dental Hygiene Certificate of diploma from an accredited dental hygiene program.
- (C) Submit a certificate verifying the results of the examination given to the applicant by the state or jurisdiction in which such applicant was heretofore issued a license to practice dental hygiene and a copy of the current license in good standing from the state.
- (D) Must furnish proof of active practice in the two years preceding application.
- (E) Must submit three (3) letters of recommendation.
- (F) Submit an official transcript of dental hygiene school.

- (2) **Issuance of a temporary license, expiration date.** After examination of the documents submitted with the application, if the Board finds that the applicant successfully passed the examination given by the other state or jurisdiction, is in good standing, and that the nature and extent of the examination given by the other state was equivalent to the clinical examination required by the Board, then the Board may issue to the applicant a temporary license to practice dental hygiene in the State of Oklahoma. Such temporary license shall expire as of the date the next clinical examinations required by the Board.
- (3) **Fee.** A fee as set by the Board shall be charged for the issuance of a temporary license.
- (4) **Examination on State Dental Act and Rules.** Applicants for a temporary license must come to the Board's office and pass a test regarding the content of the State Dental Act and Rules before a temporary license will be issued.
- (5) **Personal Interview.** Applicant may be requested to appear for personal interview with the Board and/or its designated agent.
- (6) The issuance of a temporary license gives said dental hygienist the same rights and privileges as a license in good standing, therefore, the responsibilities will be the same as one who holds a permanent license to practice dental hygiene; such dental hygienist will be liable and governed by all rules as one

who holds an active license in good standing to practice dental hygiene.

**195:10-7-3. Temporary permits for internships, residencies, and dentist Employed by the State Health Department and dental school or dental hygiene school faculty permits**

Permits for internships, residencies, dentists employed by the State Health Department, and dental school or dental hygiene school faculty members may be issued by the Board to non-licensed dentists. Requests for temporary permits must be submitted by the Department Head and an application must be filed with the Board the same as if applying to take the Board's examination, Fees for issuance of such permits will be as set by the Board not to exceed \$100. Each applicant must successfully complete examination over the State Dental Practice Act.

## **Subchapter 9. Recognition of Specialties**

**195:10-9-1. Purpose**

The rules of this subchapter set forth the specialties within the field of dentistry that are recognized by the Board.

**195:10-9-2. Specialties recognized by the Board and qualifying requirements**

The Board will, at its discretion, recognize only those specialties as approved by the Commission on Dental Accreditation of the American Dental Association (Title 59 O.S. 328.22). The following specialties are recognized and defined by the Board, and any dentist must fulfill the listed requirements to be allowed to take the examination.

**(1) Dental Public Health**

(A) **Definition:** 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 concern 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.

(B) **Requirements:** A two-year dental public health program must encompass a minimum of two academic years in duration or a one-year dental public health program must encompass a minimum of twelve (12) months in duration with the applicant's possession of the degree of M.P.H. or a comparable degree. The advanced study program shall be a school approved or provisionally

approved by the Commission on Dental Accreditation of the American Dental Association.

(2) **Endodontics**

(A) **Definition:** Endodontics is the branch 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.

(B) **Requirements:** Applicant must be a diplomate of the American Board of Endodontics or be certified as having successfully completed at least an eighteen-month graduate training program in endodontics, which is recognized and accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the American Association of Endodontists.

(3) **Oral and Maxillofacial Surgery.**

(A) **Definition:** 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.

(B) **Requirements:** Certificate of satisfactory completion of advanced training program in Oral Surgery approved by the Commission on Dental Accreditation of the American Dental Association and in a hospital approved by the Council on Hospital and Institutional Dental Service of the American Dental Association. This training program shall be for a minimum of three (3) years.

(4) **Oral and Maxillofacial Pathology.**

(A) **Definition:** Oral 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.

(B) **Requirements:** Two years or six quarters of graduate study in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.

(5) **Oral and Maxillofacial Radiology**

(A) **Definition:** 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.

(B) **Requirements:** Two years of graduate study in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.

(6) **Orthodontics and Dentofacial Orthopedics.**

(A) **Definition:** The diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orafacial structures.

(B) **Requirements:** A minimum of two academic years of graduate training in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.

(7) **Pediatric Dentistry.**

(A) **Definition:** 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.

(B) **Requirements:** Two academic years of graduate study in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.

(8) **Periodontics.**

(A) **Definition:** Periodontics is that 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.

(B) **Requirements:** Two academic years of graduate training in Periodontics in a school or other institution approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.

(9) **Prosthodontics.**

(A) **Definition:** Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes.

(B) **Requirements:** Successful completion of a two (2) year Prosthodontics Specialty Program resulting in a masters degree or certification approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.

## **Subchapter 11. Specialty Examinations**

### **195:10-11-1. Purpose**

The rules of this subchapter set forth the procedures governing applications for specialty examinations. These rules set forth the subject matter of these examinations.

### **195:10-11-2. Time of examinations**

Specialty examinations will be conducted in June of each year. At the discretion of the Board and upon receipt of a sufficient number of applications, specialty examinations may also be conducted in January.

### **195:10-11-3. Temporary licenses not issued**

No temporary licenses will be issued.

### **195:10-11-4. Significance of specialty license; limitations of practice**

The issuing of a specialist license by the Board is a special privilege granted to that member, which allows him to announce to the public that he is especially qualified in a particular branch of dentistry. Any member granted this special privilege must limit his practice to the specialty in which he is licensed.

### **195:10-11-5. Recognition of graduate education**

The Board will not recognize any graduate education except that which is obtained at a University level. Only advanced dental specialty educational programs accredited by the Commission on Dental Accreditation of the American Dental Association shall be recognized.

### **195:10-11-6. Reexamination**

An applicant who fails to achieve the required grade of 75% will not be issued a license but may take the examination at a subsequent date as announced by the Board. The applicant will be entitled to one additional examination for an additional fee. An applicant failing the examination on a second time may be re-examined, at the discretion of the Board. The fee for any subsequent examination will be the regular fee. After a third failure, the Board may deny applicant another examination or a specialty license.

### **195:10-11-7. The application for examination**

An applicant who has fulfilled the necessary requirements and desires to take the examination for licensure in a Specialty, must:

- (1) Make application to the Board in writing. Forms will be furnished and are available at the Office of the Board.
- (2) Return the completed application, with all supporting

documents attached thereto, at least thirty (30) days prior to the announced dates for the examination. The application must be accompanied by a certified check or postal money order for the required fee, not to exceed \$300. No application will be accepted for processing less than thirty (30) days prior to the announced dates for the examination.

- (3) Submit a certificate reflecting completion of an accredited advanced training program. If the applicant has not yet graduated, the program chair or department head must send a letter designating the date of completion. No applicant will be allowed to take the specialty examination unless an official letter is confirmed.

### **195:10-11-8. Failure to appear; subsequent examination**

After the application has been processed and the applicant has been notified to appear before the Board for examination, and should the applicant fail to appear for said examination, the file and fee will not be returned and the fee shall be considered forfeited. Should the applicant file for a subsequent examination, applicant will be considered a new applicant and the fee for such examination shall be as for other new applicants.

### **195:10-11-9. The Examination Committee**

- (a) The Specialty Examination Committee will consist of two or more members who are licensed in the Specialty in which the examination is being given, together with one or more Members of the Board. The Chairperson of the Committee will be a Dentist Member of the Board. All members of this Committee are to be appointed by the President of the Board. At the close of the examination, each Member of the Examination Committee will submit to the Board, a written report as to the passing or failing of the applicant.
- (b) If the Board elects to change the majority decision of the Examination Committee as to the passing or failing of the applicant, the Board will request the presence of the Members of the Examination Committee who are not Members of the Board to sit with the Board and discuss the examination. The Board hereby declares that the report of any Examination Committee is advisory only, and that it reserves the right in its discretion to adopt or reject such report. Only the Board shall designate the time and date or release the results of the examination. Specialty examiners shall not change the date, time, or content of examination.

### **195:10-11-10. The examination**

An applicant for licensure in a Specialty shall satisfactorily pass such examination as the Board may require. The examination will be both theoretical and practical.

(1) **Theoretical examination.** The theoretical examination shall be in writing and will include all the subjects that are pertinent to the Specialty in which the applicant desires to be licensed. Written examinations may be supplemented by oral examinations. The Board shall accept any and all test results from the respective American Board(s) regarding written examinations for all specialties. Written specialty examinations recognized by a regional testing agency may also be accepted as approved by the Board.

(2) **Practical examination.** The practical examination will be designed to test the applicant's knowledge and skill of all phases of diagnosis and treatment in the specialty in which the applicant desires to be licensed. This may consist of case reports, clinical procedures on patients, and laboratory work. The following practical examinations will be required in the respective specialties:

**(A) Endodontics.**

- (i) The presentation of ten cases, which were treated by the applicant, and which have follow-up radiographs.
- (ii) An oral and written examination.

**(B) Oral and Maxillofacial Surgery.**

- (i) Surgical anatomy of the Head and Neck with both written and oral examination on subjects relating to Oral Surgery.
- (ii) Applicant will furnish a list of fifteen (15) (within three (3) years) hospital cases (including case histories), certified by the Hospital Administrator, demonstrating diversities of experience in Oral Surgery.

**(C) Oral Pathology.**

- (i) An oral examination with a qualified pathologist as specified, required, and selected by the Board.
- (ii) A written microscopic and clinical examination.

**(D) Orthodontics.**

- (i) Applicants for examination must submit the following pretreatment and post-treatment record materials for two cases treated exclusively by the applicants: Cephalometric radiographs, Cephalometric analysis, study models, extraoral photographs (profile and front view) and general radiographs or panoramic radiographs. One case must be treated by extraction of first or second premolars. Mutilated cases and surgical cases are not eligible. Applicants enrolled in



a residency whose term is more than 24 months (or whose term is more than 30 days past the examination date in June) will be allowed to bring records of one case in progress in lieu of a completed case with case records as described for finished cases, provided that these cases have been treated solely by the applicant and have been in treatment at least 18 months.

- (ii) Applicant must be prepared to demonstrate his ability to construct appliances on models or typodont submitted by applicant.
- (iii) Applicant will be expected to diagnose and treatment plan cases provided by the Examining Committee.

**(E) Pediatric Dentistry.**

- (i) Evaluation of the oral and perioral soft and hard tissues of a child.
- (ii) Evaluation of the growth and development of a child and interceptive procedures as indicated.
- (iii) Oral disease prevention and control for a child. Operative procedures for a child including amalgam, composite, and stainless steel crowns.

**(F) Periodontics.**

- (i) Each applicant must submit two case reports that must be original, composed by the applicant, and of periodontal cases treated by the applicant. Both cases must have been treated within the last five (5) years. Both cases must document generalized moderate periodontitis (AAP Case Type III or greater) in both arches; there should be at least moderate bone loss. Cases must be of sufficient complexity to test the diagnostic and therapeutic competence of an expert in periodontics.
- (ii) The applicant will successfully complete an oral examination on periodontics and the cases be presented.
- (iii) The applicant will successfully complete a written examination of periodontics.
- (iv) Submit three (3) case reports which should include case histories, study models, before and after full mouth x-rays and photographic slides. These case reports must be of Periodontal cases diagnosed and treated by the applicant. At least two of the three cases should be of advanced Periodontal disease and each case must have at least eighteen teeth. The third case may be of a type such as ulcerative gingivitis or other mouth lesions.

**(G) Prosthodontics.**

- (i) All applicants must submit a patient history and treatment record of a patient for whom the required fabrication of at least two partial dentures involving both the maxilla and the mandible has been completed. One of the partial dentures must be fixed, replacing one or more teeth; and one must be removable, incorporating a unilateral or bilateral distal extension base.
- (ii) The applicant will successfully complete an oral examination on prosthodontics and the case presentation
- (iii) The applicant will successfully complete a written examination on prosthodontics. Types of various methods of oral physiotherapy and adjunctive tooth movement.
- (iv) Submit three (3) case reports which should include case histories, study models, before and after full mouth x-rays and photographic slides. These case reports must be of Periodontal cases diagnosed and treated by the applicant. At least two of the three cases should be of advanced Periodontal disease and each case must have at least eighteen teeth. The third case may be of a type such as ulcerative gingivitis or other mouth lesions

## **CHAPTER 15. DUTIES FOR DENTAL ASSISTANTS AND THE RULES REGULATING THE PRACTICE OF DENTAL HYGIENE**

### **195:15-1-1. Purpose**

The purpose of this Chapter is to set forth the duties and procedures that a dentist may properly delegate to dental assistants and the rules regulating the practice of dental hygiene.

#### **195:15-1-1.1. Definitions**

The following words and terms, when used in this Chapter, shall have the following meanings, unless the context clearly indicates otherwise:

**“Advanced procedure”** means a dental procedure for which a dental hygienist has received special training in a course of study approved by the Board.

**“Dental hygiene”** means the science and practice of the promotion of oral health and prevention and treatment of oral disease through the provision of educational, therapeutic, clinical and preventive services.

**“Direct supervision”** is defined by Title 59 O.S. Section 328.3 (State Dental Act).

**“Expanded duty”** means a dental procedure for which a dental

assistant has received special training in a course of study approved by the Board.

**“General supervision”** is defined by Title 59 O.S. Section 328.3 (State Dental Act).

**“Indirect supervision”** is defined by Title 59 O.S. Section 328.3 (State Dental Act).

**“Patient”** or **“patient of record”** means an individual who has given a medical history, and has been examined and accepted for dental care by a dentist.

**“Supervision”** means direct supervision, indirect supervision, or general supervision.

**195:15-1-2.      Responsibility of employing dentist for dental hygienists and dental assistants**

Every dentist who employs one or more dental hygienists or dental assistants has the primary responsibility to ensure that the dental hygienists or dental assistants do not perform any procedure or duty except as authorized by this Chapter or the State Dental Act. No dentist shall delegate to a dental hygienist or dental assistant, nor shall any dental hygienist or dental assistant perform, any procedure or duty not authorized by this Chapter or the State Dental Act.

**195:15-1-3.      Duties that may be delegated to dental assistants**

- (a) It is the determination of the Board that many duties performed by a dental assistant are of a nature which do not require formal training or a permit from the Board in order to protect the health, safety, and welfare of the public. Except as otherwise provided in 195:15-1-4 and 195:15-1-5, a dentist may delegate to a dental assistant any duty for which the dental assistant has received adequate office-based training by the supervisory dentist to ensure that the dental assistant is properly aware of all requirements and responsibilities of each duty to be performed.
- (b) Duties delegated to a dental assistant may be performed only on a patient of record and only under the direct supervision of a dentist.

**195:15-1-4.      Expanded duty permits for dental assistants; fees**

- (a) It is the determination of the Board that certain duties may be performed by a dental assistant who has satisfactorily completed a

course of study regarding the performance of such duties. Applicants who successfully complete recognized expanded duty training at a formal dental assisting program approved by the Board and the Commission on Dental Accreditation of the American Dental Association shall be eligible for permits. Pursuant to paragraph 9 of subsection B of 59 O.S., Section 328.15, the Board hereby establishes four (4) expanded duty permits for dental assistants with definitions, requirements, and course guidelines as follows:

(1) Radiation Safety.

(A) Definition: A dental assistant holding this expanded duty permit may expose intra-oral and extraoral radiographs.

(B) Requirement: Satisfactory completion of a course of study in radiation safety and protection, consisting of a minimum of seven (7) hours, approved by the Board. After satisfactory completion of the course of study, each applicant shall submit written verification from the applicant's current employing dentist attesting to competent clinical experience. All applications shall contain both signatures of the employing dentist and the student.

(C) Course Guidelines:

(i) Minimum standards for courses to train dental assistants to expose intra-oral and extraoral radiographs are as follows:

(I) The instruction level shall meet level 4 of the Board's Guide to Curriculum Development for Expanded Duties.

(II) Courses shall be taught by licensed dentists, licensed dental hygienists or dental assistants who have been issued expanded duty permits in radiation safety by the Board. Further, instructors shall have a minimum of one year of experience exposing radiographs.

(III) The course shall be a minimum of seven (7) hours in length for the instructional portion.

(IV) Expanded duty permits will require a clinical portion in which each student shall complete 200 radiographs, no more than five can be panoramic, as certified by employing dentist.

(ii) The course shall be designed and conducted to provide each student with a thorough knowledge about the exposure of radiographs. Upon completion of the course, students shall be able to apply this knowledge to expose radiographs

- safely as instructed.
- (iii) The instruction portion of the course shall include instruction in:
    - (I) Radiation physics;
    - (II) Radiation biology;
    - (III) Radiation health, safety and protection;
    - (IV) Radiographic films and film quality;
    - (V) Principles of radiographic techniques;
    - (VI) Darkroom and processing techniques;
    - (VII) Film mounting.
  - (iv) Students shall be provided a course outline setting forth materials to be presented in the course and evaluation criteria established by the course provider for the course.
  - (v) At one point during the course and upon completion of the class, students shall be evaluated by the course presenters by written examination. The examination shall cover the didactic portion of the course. Each student's written examinations shall be maintained by the course provider for a minimum period of one (1) year following completion of the examination. Each course provider shall, prior to beginning a course, allow a member of the Board or its designee to review the examination. The passing grade is set at 70%.
  - (vi) Each course provider shall, within thirty (30) days after completion of a course, submit to the Board a list of the names of each of the students at the course and each student's final grade in the course.
  - (vii) The course provider shall create and maintain records on each student, including test score for a one (1) year period. The director of the educational portion of the program shall sign a statement in the scholastic record attesting to the student's proficiency in the expanded duty.
  - (viii) Courses offered pursuant to this rule are subject to unannounced audits by the Board. Any Board member or designee of the Board shall be provided full access to course materials or the classroom or clinic during instruction. Failure to provide access pursuant to this provision may subject the provider to invalidation of course results.

- (2) Coronal Polishing/Topical Fluoride.
- (A) Definition: A dental assistant holding this expanded duty permit may:
- (i) polish coronal surfaces of teeth, or prepare teeth for band cementation or bonding of brackets utilizing a slow speed rotary hand piece and rubber cup or brush (examination for calculus and scaling must be done by a dentist or dental hygienist), and
  - (ii) apply topical fluoride and desensitizing agents.
- (B) Requirement: Satisfactory completion of a course of study, including a clinical component, in coronal polishing and the application of topical fluoride and desensitizing agents, consisting of a minimum of fourteen (14) hours, approved by the Board.
- (C) Course Guidelines:
- (i) For the purposes of this section, training necessary to prepare teeth for band cementation is accomplished by proper training in coronal polishing, as set forth in this section. Training for coronal polishing and applying topical fluoride and desensitizing agents shall be undertaken only in a single course which complies with all provisions of this section. Minimum standards for courses to train dental assistants to perform coronal polishing or to apply topical fluoride or desensitizing agents are as follows:
    - (I) The course shall be open only to applicants with a minimum of one year of active chair side experience as a dental assistant, of which no less than six (6) months shall be in any one practice.
    - (II) The instruction level shall meet level 4 of the Board's Guide to Curriculum Development.
    - (III) The course shall be taught by licensed dentists, licensed dental hygienists or dental assistants who have been issued expanded duty permits in coronal polishing/topical fluoride or preparing teeth for band cementation by the Board. Dental assistants shall not conduct didactic portions of the class, but may undertake clinical training or evaluation.
    - (IV) The course shall be a minimum of fourteen (14) hours in length for the instructional portion.
  - (ii) The course shall be designed and conducted to provide each student the ability to manipulate

polishing instruments correctly and remove all plaque and extrinsic stains that do not require scaling from the exposed surfaces of teeth without trauma to the teeth or gingiva. The course shall further provide each student with necessary knowledge about currently accepted topical fluoride and desensitizing agents and the ability to apply such fluoride agents to accomplish caries prevention.

- (iii) The didactic portion of the course shall include instruction in:
  - (I) Principles of plaque and stain formation;
  - (II) The clinical appearance of plaque, intrinsic and extrinsic stains and calculus (removal of calculus and scaleable stains shall be accomplished only by a dentist or dental hygienist);
  - (III) The clinical appearance of clean and polished teeth;
  - (IV) Tooth morphology and the anatomy of the oral cavity as they relate to the retention of plaque, stain and polishing techniques;
  - (V) Principles of selecting abrasives and polishing agents and their effect on tooth structure and restorative materials;
  - (VI) Principles of polishing, including the selection and care of the armamentarium, instrumentation techniques and precautions, including the care of the mouth with fixed or removable prostheses and/or orthodontic appliances;
  - (VII) Principles of aseptic technique, including the sterilization of instruments, sanitation of equipment, and control of disease transmission;
  - (VIII) Principles of selecting and applying disclosing agents, including armamentarium, technique and precautions;
  - (IX) Principles of the preparation of teeth and the oral cavity for fluoride application;
  - (X) The reaction of fluorides with tooth structure;
  - (XI) Available fluoride agents;
  - (XII) Principles of the preparation and storage of fluoride agents;
  - (XIII) Principles of application techniques, including the selection and care of armamentarium, the isolation of teeth, adaptation of trays, techniques and precautions.

- (iv) The clinical portion of the course shall include hands on experience in:
  - (I) Identifying calculus, plaque, and intrinsic and extrinsic stains;
  - (II) Polishing exposed surfaces of teeth;
  - (III) Applying disclosing agents to the exposed surface of teeth;
  - (IV) Evaluating the extent of plaque and stain removal;
  - (V) Maintaining the polishing armamentarium;
  - (VI) Maintaining aseptic techniques;
  - (VII) Applying various fluoride agents;
  - (VIII) Applying various desensitizing agents.
- (v) Students shall be provided a course outline setting forth materials to be presented in the course and evaluation criteria by the course provider for the course.
- (vi) The course shall include jurisprudence aspects, as follow:
  - (I) Legal limitations of dental assistants;
  - (II) Limitations on assistant services;
  - (III) Penalties for violation of the State Dental Act or rules of the Board;
  - (IV) Mechanisms by which a person can report violations of the State Dental Act or rules of the Board to the Board.
- (vii) The course provider shall conduct clinical experience of at least two (2) hours, including at least a one-half hour demonstration by an instructor. The clinical experience shall include all significant portions of the didactic instruction. Student/Faculty ratio shall be no greater than 1-6 on all clinical requirements.
- (viii) Upon completion of the course, students shall be evaluated by written examination. The examination shall cover the didactic portion of the course. The passing grade is set at 70%. A student who fails the examination may retake the examination no more than two (2) times. In the event a student takes the examination three (3) times and fails each time, the student shall not sit for the examination for a period of one (1) year. At that time, the student may retake the course and retake the examination pursuant to this rule. Results of the examination shall be retained by the course provider for a minimum period



of one (1) year following successful completion of the examination. Each course provider shall, prior to beginning a course, allow a member of the Board or its designee to review the examinations.

- (ix) Each course provider shall, within thirty (30) days after completion of a course, submit to the Board a list of the names of each of the students at the course and each student's final grade in the course.
- (x) The course provider shall create and maintain records on each student, including test score of clinical testing, in the clinical test for a one (1) year period. The director of the educational portion of the program shall sign a statement in the scholastic record attesting to the student's proficiency in the expanded duty.
- (xi) Courses offered pursuant to this section are subject to unannounced audits by the Board. Any Board member or designee shall be provided full access to course materials or the classroom or clinic during instruction. Failure to provide access may subject the course provider to invalidation of course results.

(3) Sealants.

- (A) Definition: A dental assistant holding this expanded duty permit may place pit and fissure sealants.
- (B) Requirement: Satisfactory completion of a course of study in the placement of pit and fissure sealants, consisting of a minimum of twelve (12) hours, approved by the Board. A dental assistant must hold a current expanded duty permit in Coronal Polishing/Topical Fluoride prior to enrolling in a course of study in the placement of pit and fissure sealants.
- (C) Course Guidelines:

- (i) Minimum standards to train dental assistants in the placement of pit and fissures sealants are as follows
  - (I) The instruction level shall meet level 4 of the Board's Guide to Curriculum Development for Expanded Duties.
  - (II) Courses shall be taught by licensed dentists or dental hygienists. Instructors shall have a minimum of one year clinical experience in the placement of pit and fissure sealants.
  - (III) The course shall be a minimum of twelve (12) hours in length.

- (IV) Expanded duty permits will require a clinical portion in which each student shall complete pit and fissure sealants on at least four teeth on at least one patient.
- (V) Each applicant who completes the clinical portion will be required to submit verification from employing dentist that he/she has completed eight additional sealants on patients under the direct supervision in a dental office. Verification shall be submitted within one year of completion of the course.
- (VI) Applicants shall have a minimum of one year clinical experience as a dental assistant.
- (ii) The Course shall be designed to provide the student with a thorough knowledge of placement of pit and fissure sealants.
- (iii) The didactic portion of the course shall include instruction in
  - (I) Indication/contraindications for sealants;
  - (II) Preparation of teeth for sealants;
  - (III) Proper isolation of teeth for sealants;
  - (IV) Education of patient and/or parent regarding sealants;
  - (V) Dental materials;
  - (VI) Infection control;
  - (VII) Tooth anatomy; and
  - (VIII) Armamentarium;
- (iv) The clinical portion of the course shall include:
  - (I) Patient assessment;
  - (II) Proper tooth isolation and preparation for sealants;
  - (III) Infection control;
  - (IV) Evaluation of proper technique in the placement of sealants;
  - (V) Evaluation by instructors of completed sealants; and
  - (VI) Patient education;
- (v) The clinical experience shall be at least five (5) hours, including a one (1) hour demonstration by an instructor. The clinical experience shall include all applicable portions of the didactic instruction. Each student shall complete eight sealants on

eight additional teeth Student/faculty ratio shall be no greater than 1-6 on all clinical requirements.

- (vi) Upon completion of the course, students shall be evaluated by written examination. The passing grade is set at 70%. A student who fails the examination may retake the examination no more than two (2) times. In the event a student takes the examination three (3) times and fails, the student shall not sit for the examination again for at least one (1) year. At that time the student may retake the course and retake the examination pursuant to this rule.
- (vii) Each course provider shall, within thirty (30) days after completion of a course, submit to the Board a list of the names of each student attending the course and each student's final grades.
- (viii) The course provider shall create and maintain records on each student, including all test scores for one (1) year. The director of the educational program shall sign a statement in the scholastic record attesting to the student's proficiency in the expanded duty.
- (ix) Courses offered pursuant to this section are subject to unannounced audits by the Board. Any Board member or designee shall be provided full access to course materials or the classroom or clinic during instruction. Failure to provide access may subject the course provider to invalidation of course results.

(4) Nitrous Oxide.

(A) Definition: A dental assistant holding this expanded duty permit may assist a dentist or a dental hygienist who holds an advanced procedure permit in the administration of nitrous oxide.

(B) Requirement: Satisfactory completion of a course of study in nitrous oxide administration, consisting of a minimum of twelve (12) hours, approved by the Board.

(C) Course Guidelines:

- (i) The courses shall be open only to applicants with a minimum of one (1) year of active experience as a dental assistant.
- (ii) The instruction shall meet level 3 of the Board's Guide to Curriculum Development.
- (iii) The course shall be taught by licensed dentists or licensed dental hygienists with a minimum of one

- (1) year experience in teaching advanced education in comprehensive pain and anxiety control and with one (1) year of clinical experience in nitrous oxide administration.
- (iv) The minimum course length shall be twelve (12) hours.
- (v) The ratio of faculty to student shall be no greater than 1 to 10.
- (vi) The course shall be designed and conducted to provide the student with detailed knowledge of nitrous oxide oxygen inhalation sedation and its use in dentistry. Upon successful completion of the course, the student shall be trained to assist in the administration of nitrous oxide in an office setting safely and as needed.
- (vii) The didactic portion of the course shall include:
  - (I) The history, philosophy and psychology of nitrous oxide-oxygen inhalation sedation;
  - (II) Definition and descriptions of the physiological and psychological aspects of pain and anxiety;
  - (III) A description of the stages of drug induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and unconscious state;
  - (IV) The anatomy and physiology respiration;
  - (V) The pharmacological and physiological effects of nitrous oxide for analgesia and sedation, study in nitrous oxide administration, consisting of a minimum of twelve (12) hours, approved by the Board.

(C) Course Guidelines:

- (i) The courses shall be open only to applicants with a minimum of one (1) year of active experience as a dental assistant.
- (ii) The instruction shall meet level 3 of the Board's Guide to Curriculum Development
- (iii) The course shall be taught by licensed dentists or licensed dental hygienists with a minimum of one (1) year experience in

- teaching advanced education in comprehensive pain and anxiety control and with one (1) year of clinical experience in nitrous oxide administration.
- (iv) The minimum course length shall be twelve (12) hours.
  - (v) The ratio of faculty to student shall be no greater than 1 to 10.
  - (vi) The course shall be designed and conducted to provide the student with detailed knowledge of nitrous oxide oxygen inhalation sedation and its use in dentistry. Upon successful completion of the course, the student shall be trained to assist in the administration of nitrous oxide in an office setting safely and as needed.
  - (vii) The didactic portion of the course shall include:
    - (I) The history, philosophy and psychology of nitrous oxide oxygen inhalation sedation;
    - (II) Definition and descriptions of the physiological and psychological aspects of pain and anxiety;
    - (III) A description of the stages of drug induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and unconscious state;
    - (IV) The anatomy and physiology of respiration;
    - (V) The pharmacological and physiological effects of nitrous oxide for analgesia and sedation, including physical properties, action, side effects, absorption, excretion and toxicity;
    - (VI) The advantages and disadvantages of inhalation sedation with nitrous oxide;
    - (VII) The management of reaction to, or complications of nitrous oxide;
    - (VIII) Matters regarding patient status assessment, including:
      - a. Taking and reviewing a thorough health history, including vital signs;

- b. Implications of health history problems related to sedation;
  - c. Indications and contraindications of conscious sedation;
- (IX) The description and use of inhalation sedation equipment;
- (X) Introduction of nitrous oxide to the patient;
- (XI) Precautions for the successful introduction of nitrous oxide to the patient;
- (XII) Dosages and needs of the patient;
- (XIII) Patient monitoring, specifically to include vital signs and reflexes related to consciousness;
- (XIV) Possible reaction to nitrous oxide;
- (XV) Return of the patient to pre-sedation status and instructions for post-operative care;
- (XVI) Hazards of nitrous oxide to the patient and operator;
- (XVII) The recognition, prevention and management of complications and life threatening situations related to nitrous oxide;
- (XVIII) Legal considerations of nitrous oxide; and
- (XIX) The introduction to potential health hazards of trace anesthetics and proposed techniques for the elimination thereof.
- (viii) The clinical portion of the course shall include:
  - (I) Patient status assessment;
  - (II) Use of various nitrous oxide machines;
  - (III) Introduction of nitrous oxide to the patient;
  - (IV) Monitoring of the patient;
  - (V) Return of the patient to pre-sedation status;
  - (VI) Post-operative care of the patient and provision of instructions to the patient; and
  - (VII) C.P.R.
- (ix) The clinical experience shall be at least two (2) hours, including at least a one-half hour demonstration by an instructor. The clinical experience shall include all

significant portions of the didactic instruction. When not medically inappropriate, each student shall be afforded the opportunity to experience the effects of nitrous oxide. Student/faculty ratio shall be no greater than 1-10 on all clinical requirements.

- (x) Upon completion of the course, students shall be evaluated by written examination. The examination shall cover the didactic portion of the course. The passing grade is set at 70%. A student who fails the examination may retake the examination no more than two (2) times. In the event a student takes the examination three (3) times and fails each time, the student shall not sit for the examination for a period of one (1) year. At that time, the student may retake the course and retake the examination pursuant to this rule. Results of the examination shall be retained by the course provider for a minimum period of one (1) year following successful completion of the examination. Each course provider shall, prior to beginning a class, allow a member of the Board or its designee to review the examinations.
- (xi) Each course provider shall, within thirty (30) days after completion of a course, submit to the Board a list of the names of each of the students at the course and each student's final grade in the course.
- (xii) The course provider shall create and maintain records on each student, including test score of clinical testing, in the clinical test for a one (1) year period. The director of the educational portion of the program shall sign a statement in the scholastic record attesting to the student's proficiency in the expanded duty. (b) An application by a dental assistant for an expanded duty permit shall be made on a form prescribed by the Board, which shall be accompanied by the fees set forth in 195:2-1-7. (c) Except as provided in (e), an expanded duty permit shall be automatically revoked if the holder thereof fails to secure an annual renewal of the permit within three (3) months from the 31st day of December of each year. (d) The expanded duties specified in (a) may be performed by a dental assistant only on a patient of record and only under the direct supervision of a dentist. (e) Expanded duty permits for Radiation Safety need not be renewed. (f) Dental assistants performing

expanded duties shall prominently display the expanded duty permit at their place of employment. (g) All students who successfully complete expanded duty courses shall have one (1) year to secure a permit. Failure to submit an application within one (1) year from the date of the course shall result in the student being denied a permit and required to retake the approved expanded duty course. (h) All expanded duty permit holders shall provide proof of current CPR provided by the American Heart Association/Health Care Provider Level or the American Red Cross/Professional Rescuer.

#### **195:15-1-5. Duties not assignable to dental assistants**

A dentist shall not delegate to a dental assistant, nor shall a dental assistant perform, any of the following procedures and duties:

- (1) Diagnosis;
- (2) Treatment planning;
- (3) Prescription of medications;
- (4) Final placement or removal of orthodontic brackets and bands;
- (5) Removal of fully hardened cement;
- (6) Surgery or the cutting or severance of hard and soft tissue;
- (7) Placement or adjustment of any removable or fixed prosthesis;
- (8) Placement or removal of restorative materials in a human oral cavity;
- (9) Administration of injectable local anesthesia;
- (10) Utilization of a laser;
- (11) Administration of nitrous oxide;
- (12) Any procedure that may contribute to or result in an irreversible alteration of the human oral anatomy;
- (13) An expanded duty as set forth in 195:15-1-4, when the dental assistant does not hold a current permit issued by the Board for the expanded duty; and
- (14) Those procedures allocated exclusively to dental hygienists by 195:15-1-6 or the State Dental Act.

#### **195:15-1-6. Procedures that may be delegated to dental hygienists**

- (a) Dental hygienists, having been issued a certificate of ability by the Board, which is a license to practice dental hygiene in the State of Oklahoma, may provide dental hygiene services pursuant to their education, which has a minimum of two academic years of dental



hygiene curriculum, and has been accredited by the Commission on Dental Accreditation of the American Dental Association.

(b) A dentist may delegate to a licensed and registered dental hygienist the following procedures:

- (1) The procedures and expanded duties authorized for dental assistants as set forth in 195:15-1-3 and 195:15-1-4.;
- (2) The procedures set forth in 59 O.S., Section 328.34;
- (3) Health history assessment pertaining to dental hygiene;
- (4) Dental hygiene examination and the charting of intra-oral and extra-oral conditions, which include periodontal charting, dental charting, and classifying occlusion;
- (5) Dental hygiene assessment and treatment planning for procedures authorized by the supervisory dentist;
- (6) Prophylaxis, which means the removal of calcareous deposits, stains, accretions, or concretions from the supragingival and subgingival surfaces of the teeth utilizing instrumentation by scaler or periodontal curette on the crown and root surfaces of human teeth, including rotary or power driven instruments. (This section shall not be construed to prohibit the use of a rubber cup or brush on the crowns of human teeth by a dental assistant, who holds a current expanded duty permit for Coronal Polishing/Topical Fluoride issued by the Board.);
- (7) Periodontal scaling and root planing;
- (8) Dental hygiene nutritional and dietary evaluation;
- (9) Placement of subgingival prescription drugs for prevention and treatment of periodontal disease;
- (10) Soft tissue curettage;
- (11) Placement of temporary fillings;
- (12) Removal of overhanging margins;
- (13) Dental implant maintenance;
- (14) Removal of periodontal packs, and;
- (15) Polishing of amalgam restorations.

(c) The procedures specified in (b) may be performed by a dental hygienist only on a patient of record and only under the supervision of a dentist. The level of supervision, whether direct, indirect or general, shall be at the discretion of the supervisory dentist.

(d) Except as provided in 195:15-1-4, the procedures specified in (b), (2) through (15) may be performed only by a dental hygienist or a dentist.

(e) A dental hygienist shall not own or operate an independent practice of dental hygiene.

### **195:15-1-6.1. Advanced procedures for dental hygienists**

- (a) It is the determination of the Board that certain procedures may be performed by a dental hygienist who has satisfactorily completed a course of study regarding the performance of such procedures. Pursuant to 59 O.S., Section 328.34, the Board hereby establishes two (2) advanced procedures for dental hygienists with definitions, requirements, and course guidelines as follows:

(1) Nitrous Oxide.

- (A) Definition: A dental hygienist authorized by the Board to perform this advanced procedure may administer nitrous oxide.
- (B) Requirement: Satisfactory completion of a course of study in nitrous oxide analgesia, consisting of a minimum of 12 hours, approved by the Board.
- (C) Course Guidelines:
  - (i) Minimum standards for courses to train dental hygienists to administer nitrous oxide are as follows:
    - (I) The instruction level shall meet level 3 of the Board's Guide to Curriculum Development for Advanced Procedures.
    - (II) Instruction shall be provided in a properly equipped setting and under the supervision of an education program approved by the Board.
    - (III) The minimum length of the course shall be 12 hours.
    - (IV) The faculty-student ratio of not in excess of 1 to 10 for clinical and laboratory training shall be maintained.
    - (V) The course shall train students in basic C.P.R. This requirement may be waived for students with current C.P.R. training.
    - (VI) Each student shall be provided at least 15 minutes of contact with each patient during clinical training.
    - (VII) Faculty shall be qualified licensed dentists or licensed dental hygienists with at least one year of advanced education in comprehensive pain and anxiety control.
    - (VIII) When not medically inappropriate, each student shall be afforded the opportunity to experience the effects of nitrous oxide.
    - (IX) The course provider shall create and maintain records on each student, including test score of clinical testing, in the clinical test for a one (1) year period. The director of the educational

portion of the program shall sign a statement in the scholastic record attesting to the student's proficiency in advanced procedures.

- (ii) The course shall be designed and conducted to provide each student with a thorough knowledge of nitrous oxide-oxygen inhalation sedation and its use in dentistry. Upon completion of the course, each student shall be able to apply this knowledge to administer nitrous oxide-oxygen inhalation to dental patients as indicated.

- (iii) The course instruction shall include:

- (I) Background information, including:

- a. A history of nitrous oxide-oxygen inhalation sedation;
- b. Instruction in the philosophy and psychology of nitrous oxide-oxygen inhalation sedation;
- c. Instruction in the definitions and descriptions of the physiological and psychological aspects of pain and anxiety;
- d. Instruction of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness with special emphasis made in the distinction between the conscious and unconscious state;
- e. Instruction on the anatomy and physiology of respiration;
- f. Instruction on the pharmacology and physiological effects of nitrous oxide as used as analgesia. This instruction shall include among other things, its physical properties, effects, action, side effects, absorption, excretion, and toxicity;
- g. Instruction in the advantages and disadvantages of inhalation sedation with nitrous oxide.

- (II) Students shall be trained in aspects of patients assessment, to include:

- a. Taking and reviewing a thorough health history;
- b. Taking the patient's vital signs;
- c. Evaluating implications of the use of nitrous oxide based upon the patient's health history;

- d. Evaluating the indications and contraindications of nitrous oxide.
- (III) Students shall be trained in the proper administration of nitrous oxide, to include:
  - a. The description and use of inhalation equipment;
  - b. The introduction of nitrous oxide to a patient;
  - c. Precautions for the successful introduction of nitrous oxide to a patient;
  - d. Patient monitoring, with particular attention made to monitoring patient vital signs and reflexes related to consciousness;
  - e. Determining dosages and needs of a patient;
  - f. Possible reactions of patients under nitrous oxide;
  - g. How to return a patient to pre-sedation status and instruction in post-operative care;
  - h. Hazards of nitrous oxide sedation for the patient and operator;
  - i. The recognition, prevention and management of complications and life threatening situations involving nitrous oxide;
  - j. Potential health hazards of trace anesthetics and techniques for the elimination of trace anesthetics.
- (IV) Students shall be instructed in pertinent legal aspects of the administration of nitrous oxide sedation.
- (V) The clinical experience of the course shall include:
  - a. Assessment of the patient's status;
  - b. The use of different types of nitrous oxide-oxygen machines;
  - c. Introduction of sedation to a patient;
  - d. Monitoring the patient;
  - e. Returning the patient to pre-sedation status;
  - f. Post operative care of the patient and instruction to the patient.
- (iv) Upon completion of the course, students shall

be evaluated by course presenters by written examination. The examination shall cover both the didactic and clinical portions of the course. The passing grade is set at 70%. Each student's written examination shall be maintained by the course provider for a minimum of one (1) year following the completion of the examination. Each course provider shall, prior to beginning a course, allow a member of the Board or its designee to review the examination.

- (v) Each course provider shall, within thirty (30) days after completion of a course, submit to the Board a list of the names of each student at the course and each student's final grade in the course.
- (vi) Courses offered pursuant to this rule are subject to unannounced audits by the Board. Any Board member or designee of the Board shall be provided full access to course materials or the classroom or clinic during instruction. Failure to provide access pursuant to this provision may subject the provider to invalidation of course results.

(2) Local Anesthesia.

(A) Definition: A dental hygienist authorized by the Board to perform this advanced procedure may administer local anesthesia.

(B) Requirement: Satisfactory completion of a course of study in local anesthesia, consisting of a minimum of 20 ½ hours, approved by the Board.

(C) Course Guidelines:

- (i) Minimum standards for courses to train dental hygienists to administer local anesthesia are as follows:
  - (I) The instruction level shall meet level 4 of the Board's Guide to Curriculum Development for Expanded Functions.
  - (II) Instruction shall be provided in a properly equipped setting and under the supervision of an educational program approved by the Board.
  - (III) The course shall train students in basic C.P.R. This requirement may be waived for students with current C.P.R. training.
  - (IV) The course provider shall conduct formal clinical testing of the student's ability to perform the advanced procedure involved. A Board proctor shall be allowed by the course provider to attend

the course the first time it is offered and at random times, as determined by the Board, thereafter.

- (V) The course provider shall create and maintain records on each student, including test score of clinical testing, in the clinical test for a one (1) year period. The director of the educational portion of the program shall sign a statement in the scholastic record attesting to the student's proficiency in advanced procedures.
  - (VI) The minimum length of the course shall be 20 1/2 hours of instruction.
  - (VII) Each student in the course shall perform at least 5 patient infiltration and ten mandibular block injections on patients.
  - (VIII) When not medically inappropriate, each student shall be afforded the opportunity to experience the effects of local anesthesia.
  - (IX) A faculty-student ratio of not in excess of 1 to 6 shall be maintained for clinical instruction.
  - (X) Faculty shall be licensed dentists and licensed dental hygienists who are currently employed or have been employed in a dental or dental hygiene school and have experience in teaching this advanced procedure.
- (ii) The course shall be designed and conducted to provide each student with a thorough knowledge of local anesthesia and local anesthetic injection techniques and their uses in dental hygiene. Upon completion of the course, each student shall be able to apply this knowledge to safely administer local anesthetics to dental patients as indicated.
  - (iii) Course instruction shall include:
    - (I) Background information, including:
      - a. Introduction and objectives of the course;
      - b. History of local anesthesia;
      - c. Instruction in the philosophy and psychology of the use of local anesthesia;
      - d. A review of the physiology of nerve conduction;
      - e. A review of regional anatomy;
      - f. A survey of local anesthetic agents on nerve conduction;

- g. A review of the metabolism and excretion of local anesthetics;
  - h. Instruction on the toxicity of local anesthetic drugs;
  - i. Instruction on the clinical manifestations of toxic reactions;
  - j. Instruction on the treatment of toxic reactions;
  - k. Instruction on allergic reactions to local anesthetic drugs;
  - l. Instruction on the clinical manifestations of allergic reactions;
  - m. Instruction on the treatment of allergic reactions to local anesthetics;
  - n. Instruction regarding vasoconstrictor drugs used in local anesthetics;
  - o. Instruction on the clinical manifestations of toxic reactions to vasoconstrictor drugs used in local anesthesia;
  - p. Instruction on the treatment of toxic reactions to vasoconstrictors used in local anesthesia;
  - q. Instruction on drug interactions related to local anesthesia; and
  - r. Instruction on the technical aspects of syringe and cartridge care.
- (II) Students shall be trained in aspects of patient status assessment to include:
- (a) Taking and recording a thorough health history, including vital signs;
  - (b) Assessing the implications of health history problems related to local anesthesia;
  - (c) Evaluating the indications and contraindications for the use of local anesthesia drugs.
- (III) Students shall be trained in the proper administration of local anesthesia, including:
- a. The use of syringes;
  - b. The selection of anesthetic solutions;
  - c. The identification of anatomic landmarks;
  - d. The application of proper depth;
  - e. The insertion of the needle to the proper depth;

- f. Performing an aspiration technique;
  - g. The depositing of the anesthetic solution at the proper rate;
  - h. Maintaining a sterile field throughout a procedure;
  - i. Accurately evaluating the effectiveness of an anesthetic;
  - j. Reinjecting when necessary;
  - k. Estimating the highest safe dosage of local anesthesia according based upon the weight and/or age of the patient.
- (IV) Students shall be instructed in pertinent legal aspects of the administration of local anesthetics.
- (V) The clinical experience of the course shall include:
- a. Evaluating the patient's health status;
  - b. Taking the patient's vital signs;
  - c. Administering local anesthetic infiltrations;
  - d. Administering local anesthetic nerve blocks;
  - e. Monitoring the patient's physical status while under the effects of local anesthetics;
- (VI) Course work shall be provided in post-anesthetic care.
- (iv) Upon completion of the course, students shall be evaluated by course presenters by written examination. The examination shall cover both the didactic and clinical portions of the course. The passing grade is set at 70%. Each student's written examination shall be maintained by the course provider for a minimum of one (1) year following the completion of the examination. Each course provider shall, prior to beginning a course, allow a member of the Board or its designee to review the examination.
- (v) Each course provider shall, within thirty (30) days of completion of a course, submit to the Board a list of the names of each student at the course and each student's final grade in the course.
- (vi) Courses offered pursuant to this rule are subject to unannounced audits by the Board. Any Board member or designee of the Board shall be provided full access to course materials or the classroom or clinic during



instruction. Failure to provide access pursuant to this provision may subject the provider to invalidation of course results

- (b) An application by a dental hygienist for authorization to perform an advanced procedure shall be made on a form prescribed by the Board.
- (c) The advanced procedures specified in (a) may be performed by a dental hygienist only on a patient of record and only under the direct or indirect supervision of a dentist.
- (d) The advanced procedures specified in (a) may be performed only by a dental hygienist who is authorized by the Board or a dentist.
- (e) Advanced procedures permitted for dental hygienists who graduate from accredited dental hygiene programs in Oklahoma which provide Board approved instruction, will automatically be authorized after licensure.

#### **195:15-1-8. Guide to curriculum development for expanded duties or advanced procedures**

The following levels of instruction are hereby established by the Board for use in the development of curricula for courses in advanced procedures for dental hygienists and expanded duties for dental assistants:

- (1) Level 1 courses shall include lectures to provide familiarization with techniques, materials used, application limitations and/or contraindications.
- (2) Level 2 courses shall include lectures and demonstrations which, in addition to instruction at level 1, shall include at least one practical demonstration sufficient to allow each student to observe and recognize the successful completion of the subject task.
- (3) Level 3 courses shall include lectures, demonstrations and laboratory work which, in addition to instruction at level 2, require performance by the student of the subject task to a satisfactory level such as will assure the health, safety and welfare of patients. Performance of laboratory work shall be made without regard to time expended to necessary repetitions. The course provider shall provide manikins made for such laboratory work or provide or require students to provide live subjects as patients.
- (4) Level 4 courses shall include lectures, demonstrations, laboratory work and clinical work which, in addition to instruction at level 3, shall require the student to perform the subject task in a clinical setting sufficient to prove the student's ability to perform the task with reasonable skill and safety.

#### **195:15-1-9. Committee on Allied Dental Education**

- (a) A Committee on Allied Dental Education is hereby established. The Committee appointments, composition, and recommendations require

approval by the Board.

- (b) All written requests by dental hygienists and dental assistants shall be submitted to the Committee on Allied Dental Education or the Board to determine if completed courses outside the state are equivalent to courses as set forth by these rules. Oklahoma courses defined by these rules shall be waived and additional training shall not be required for those out of state dental hygienists and dental assistants who submit equivalent training approved by the Board.
- (c) All course providers shall submit written requests on approved forms including all course content as specified herein. Authorization will be issued to only those students who complete Board approved courses.

### **195:15-1-10. Dental Hygiene Advisory Committee**

- (a) A Dental Hygiene Advisory Committee is hereby established to advise the Board of Dentistry on matters relating to dental hygiene. This committee shall have the following functions:
  - (1) Develop and propose recommendations to the Board regarding the education, examination, licensure, and regulation of dental hygienists.
  - (2) Advise the Board in rulemaking regarding dental hygiene.
  - (3) Hold meetings at least annually or no more than quarterly.
- (b) The Dental Hygiene Advisory Committee shall be composed of members as follows:
  - (1) The one (1) current dental hygiene member of the Board.
  - (2) Four (4) dental hygienists at large.
- (c) Members of this committee shall be appointed by the Board and serve a term of three-years. Appointments shall be made so that approximately one-third of the committee is re-appointed at any given time.

## **CHAPTER 16. Micropigmentation Supervision Rules**

### **195:16-1-1. Purpose**

The purpose of this chapter is to set forth the duties and responsibilities of a dentist or specialty dentist electing to employ a medical micropigmentologist according to provisions set forth in Title 63 O.S., Section 1-1450 et seq.

#### **195:16-1-1.1. Definitions**

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

**“Board”** means the Oklahoma Board of Dentistry.

**“Dentist”** means a graduate of an accredited dental college who has been issued a license by the Board to practice dentistry or a specialty in a particular branch of dentistry recognized by the Board.

**“Direct Supervision”** means that the supervising dentist is present in the office before, during and after the procedure and includes the authorization and evaluation of the procedure with the doctor/patient relationship remaining intact.

**“Medical Micropigmentologist”** means a person credentialed according to the provisions of Title 63 O.S., Section 1-1450 et seq. enacted June 2001.

**“Patient”** means any person undergoing a micropigmentation procedure in a dental office.

**“Records”** means a health history form and a proper legal consent form maintained in the dental office on each patient.

**“Supervise”** means to oversee for direction. Supervision implies that there is appropriate referral, consultation and collaboration between the supervisor and the supervised with the doctor/patient relationship remaining intact.

**195:16-1-2. Responsibility of the dentist supervising a medical micropigmentologist**

- (a) To be eligible to serve as a supervising dentist for a medical micropigmentologist a dentist shall meet the following criteria:
  - (1) Have possession of a full and unrestricted license to practice dentistry or a specialty in a particular branch of dentistry in Oklahoma.
  - (2) The supervising dentist shall be in full time practice with a minimum of twenty (20) hours per week of direct patient contact.
- (b) Medical micropigmentation procedures may only be undertaken within the context of an appropriate doctor/patient relationship wherein a proper patient record shall be maintained for three-years after the procedure has been completed.
- (c) The employment of a medical micropigmentologist requires direct supervision by the supervising dentist.
- (d) A supervising dentist or a certified micropigmentologist in a dental office shall only perform medical micropigmentation procedures on the hard and soft tissues of the oral and maxillofacial region. Medical micropigmentation procedures outside the oral and maxillofacial region in a dental office are prohibited.

### **195:16-1-3. Local anesthesia**

A person who performs medical micropigmentation under the direct supervision of a dentist shall not perform local anesthesia unless they also possess a local anesthesia advanced procedure permit as set forth in 195:15-1-6.1. A registered nurse licensed in good standing with the Oklahoma Board of Nurse Registration may perform infiltrations only as prescribed in Title 59, Section 567.1 et. seq. or OAC 485.

### **195:16-1-4. Restriction**

A dentist may not, at any time, directly supervise more than two micropigmentologists in his dental office. For the purposes of this rule a micropigmentologist is a separate person from that of a dental assistant or a dental hygienist.

## **CHAPTER 20. Rules Governing The Administration Of Anesthesia**

### **195:20-1-1. Purpose**

The rules of this chapter set forth the requirements for dentists and facilities when specific sedation or anesthesia is administered.

### **195:20-1-2. Definitions**

The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise. These words and terms are as defined in the Guidelines for “Teaching the Comprehensive Control of Pain and Anxiety in Dentistry,” approved by the American Dental Association.

**“Analgesia”** means the diminution or elimination of pain in the conscious patient. The conscious patient is defined as one with intact protective reflexes; including the ability to maintain an airway, and who is capable of rational response to questions or command.

**“Anxiolysis”** means the diminution or elimination of anxiety.

**“Certified Registered Nurse Anesthetist (CRNA)”** means any person who holds a valid license to practice as a registered nurse in Oklahoma and who administers anesthesia under the supervision of a licensed dentist as defined by the Oklahoma Board of Nursing Practice Act (Title 59 O.S. Section 567.1 et.seq.).

**“Combination inhalation-enteral conscious sedation” (combined conscious sedation)** means conscious sedation using inhalation and enteral agents except when the only intent is anxiolysis.

**“Conscious sedation”** means a minimally depressed level of consciousness that retains the patient’s ability to independently and

continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or combination thereof. The caveat that loss of consciousness should be unlikely is a particularly important aspect of the definition of conscious sedation, and the drugs and techniques utilized should carry a margin of safety wide enough to render unintended loss of consciousness highly unlikely.

**“Deep sedation”** means a controlled state of depressed consciousness, accompanied by partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

**“Direct Supervision”** means the dentist responsible for the sedation/anesthesia procedure shall be physically present in the office and shall be continuously aware of the patient’s physical status and well being.

**“Enteral”** means any technique of administration in which the agent is absorbed through the gastrointestinal tract (oral, rectal, sublingual).

**“General anesthesia”** means a controlled state of unconsciousness, accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

**“Parenteral”** means a technique of administration in which the drug bypasses the gastrointestinal tract and includes intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO).

### **195:20-1-3.1 Pediatric conscious sedation utilizing enteral methods (oral, rectal, sublingual)**

(a) **Required training.** Every dentist who administers pediatric conscious sedation using enteral methods (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages to dental patients ages twelve (12) years and under must satisfy at least one of the following requirements:

- (1) Has accrued a minimum of sixteen (16) hours training in enteral conscious sedation techniques given by a faculty member of a recognized teaching institution or hospital, or must have participated in an education program approved by the Board. Didactic and clinical training shall follow the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, a publication of the American Dental Association. These sixteen (16) hours are in addition to those accrued completing certification or re-certification in

Basic Life Support (BLS) for Health Care Providers by the American Heart Association.

- (2) Currently holds a provider permit in the state of Oklahoma to administer conscious sedation utilizing parenteral method or to provide general anesthesia (to include deep sedation).
- (3) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery or pediatric dentistry at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the Board.
- (4) Satisfactory completion of a general practice residency or other advanced education in a general dentistry program approved by the Board.
- (5) Licensed dentists in the state of Oklahoma who have provided pediatric conscious sedation utilizing enteral methods to dental patients ages twelve (12) years and under in a safe, competent, ethical, and effective manner in the past. Such dentists will be grandfathered for one year from the time this rule takes effect on July 1, 2002. The required training ((a) 1,2,3, or 4) shall be completed and/or submitted for permit application prior to July 1, 2003.
- (b) **Permit for Dentists.** No dentist shall administer pediatric conscious sedation using enteral methods (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages for dental patients ages twelve (12) and under unless such dentist possesses a permit or authorization issued by the Oklahoma Board of Dentistry for the administration of pediatric conscious sedation using enteral methods. Application for such permit will be made to the Board on the prescribed form. A successful credentials review will result in a notification that a formal evaluation can be scheduled. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.
- (c) **Current training.** A dentist who holds a permit for pediatric enteral conscious sedation shall satisfy all of the following:
  - (1) Current certification in Basic Life Support (BLS).
  - (2) At least one (1) assistant involved in the procedure currently certified in Basic Life Support for Health Care Providers by the American Heart Association.
  - (3) Complete every three (3) years at least six (6) hours of courses related to the administration of sedation and medical emergencies. These six (6) hours are in addition to those accrued completing certification or re-certification in BLS.
- (d) **Facility Permit Inspections.** Each facility of every dentist who authorizes the administration of pediatric enteral conscious sedation (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages in his or her office to dental patients ages

twelve (12) years and under shall successfully pass inspection by a consultant or consultants appointed by the Board. This will include an evaluation of the facility's equipment and personnel and will follow the American Dental Association's Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry. This evaluation will be on a prescribed form approved by the Board and be available to the applicant for review prior to a request for an inspection. Such dentist is permitted to work with or employ:

- (1) A dentist holding a valid pediatric enteral conscious sedation permit.
- (2) A dentist holding a valid parenteral conscious sedation permit.
- (3) A dentist holding a valid general anesthesia permit.
- (4) A Certified Registered Nurse Anesthetist licensed to practice in the State of Oklahoma, provided the dentist who directly supervises the CRNA satisfies the requirements stated in 195:20-1-3(f).
- (5) A licensed and trained Allopathic or Osteopathic physician on the anesthesia staff of a hospital accredited by the State of Oklahoma and currently certified in Advanced Cardiac Life Support (ACLS) by the American Heart Association. He or she must personally administer the pediatric conscious sedation using enteral methods and remain on the premises of the dental facility until a full evaluation of the dental patient prior to discharge to a responsible adult is complete.

- (e) **Provider Permit Inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages shall successfully pass inspection by a consultant or consultants appointed by the Board. This evaluation will be completed on a prescribed form approved by the Board and be available to the applicant for review prior to an inspection. This form shall follow the American Dental Association Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry. New provider permit applicants will not be required to demonstrate the administration of pediatric enteral conscious sedation to a minor patient in the presence of an evaluation team unless requested to do so at the Board's discretion. In the case of a mobile or portable dentist provider, all inspections of that provider shall be conducted in the office of an Oklahoma licensed dentist where pediatric enteral conscious sedation is administered.



(f) **Direct Supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages to dental patients by a CRNA provided the following requirements are satisfied:

- (1) Hold a valid pediatric conscious sedation by enteral methods provider permit as described in 195:20-1-3(d).
- (2) Hold a valid facility permit as described in 195:20-1-3(d).

(g) **Restrictions.** No dentist providing pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages to dental patients ages twelve (12) years and under shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness and would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of conscious sedation stated in section 195:20-1-2. Oral administration of all short acting medications including but not limited to Versed7 (Midazolam HCL) and Actiqâ (oral transmucosal fentanyl) shall be performed on the dental premise only. Prescriptions for these drug therapies intended for at home pre-medication shall be prohibited.

(h) **Exceptions.**

- (1) The administration of nitrous oxide and oxygen with or without local anesthesia to patients of any age does not require this permit.
- (2) A dentist providing enteral conscious sedation or minor tranquilizers in anxiolytic dosages to any dental patients ages thirteen (13) years and older is not required to have an enteral conscious sedation permit. However, the minimum standards for dentists utilizing enteral conscious sedation as described in 195:20-1-7 shall apply.

#### **195:20-1-4. Conscious sedation utilizing parenteral methods**

(a) **Required training.** Every dentist who administers conscious sedation using parenteral methods (includes intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO)) for dental patients must satisfy at least one of the following requirements:

- (1) Has accrued a minimum of sixty (60) hours training in parenteral conscious sedation techniques given by a faculty member of a recognized teaching institution or hospital, or must have participated in an education program approved by the Board. Didactic and clinical training shall



follow the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, a publication of the American Dental Association.

- (2) Currently hold a permit in the State of Oklahoma to provide general anesthesia (to include deep sedation).
- (3) Completion of an American Dental Association Commission on Dental Accreditation approved advanced dental education program which includes at least sixty (60) hours of comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation.

(b) **Permits for dentists.** No dentist shall administer conscious sedation using parenteral methods for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Dental Board for the administration of conscious sedation using parenteral methods. Application for such permit will be made to the Board on the prescribed form. A successful credentials review will result in a notification that a formal evaluation can be scheduled. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.

(c) **Current training.** A dentist who holds a permit for parenteral conscious sedation shall satisfy all of the following:

- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
- (2) Two (2) assistants involved in the procedure currently certified in Basic Life Support for Health Care Providers by the American Heart Association.
- (3) Complete every three (3) years at least six (6) hours of courses related to the administration of sedation, anesthesia or medical emergencies in the dental office. These six (6) hours are in addition to those accrued completing certification or re-certification in BLS and ACLS or PALS.

(d) **Facility permit inspections.** Each facility of every dentist who authorizes or directly supervises the administration of parenteral conscious sedation in his or her office shall successfully pass inspection by a consultant or consultants appointed by the Board. This will include an evaluation of the facility's equipment and personnel and will follow the American Dental Association's Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in

Dentistry. This evaluation will be on a prescribed form approved by the Board and available to the applicant for review prior to a request for an inspection. A written list of all monitors, emergency equipment, drugs, and other materials which the mobile or portable anesthesia provider agrees to have available at all times while administering parenteral conscious sedation in this facility will be required at the time of inspection. The dentist holding a facility permit can work with or employ:

- (1) A dentist holding a valid parenteral conscious sedation permit.
- (2) A dentist holding a valid general anesthesia provider permit.
- (3) A Certified Registered Nurse Anesthetist licensed to practice in the State of Oklahoma, provided the dentist who directly supervises the CRNA satisfies the requirements stated in 195:20-1-4(f).

(e) **Provider permit inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers parenteral conscious sedation shall successfully pass inspection by a consultant or consultants appointed by the Board. This evaluation will be completed on a prescribed form approved by the Board and available to the applicant for review prior to an inspection. This form shall follow the American Dental Association Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry. New permit applicants will be required to demonstrate the administration of parenteral conscious sedation to a patient in the presence of an evaluation team. In the case of a mobile or portable dentist provider, all inspections of that provider shall be conducted in the office of an Oklahoma licensed dentist where parenteral conscious sedation is administered. At least fifty percent (50%) of the inspection team shall be composed of a like trained dentist, unless the dentist to be inspected waives the provision.

(f) **Direct supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of parenteral conscious sedation to patients by a CRNA provided the following requirements are satisfied:

- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
- (2) Complete every three (3) years at least eighteen (18) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. Hours accrued completing certification or re-certification

in BLS and ACLS or PALS shall be accepted towards completion of this eighteen (18) hour requirement.

(3) Hold a valid facility permit as described in 195:20-1-4(d).

(g) **Restrictions.** No dentist providing parenteral conscious sedation shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness and would likely render a patient deeply sedated, generally anesthetized, or otherwise not meeting the conditions of the definition of conscious sedation as stated in section 195: 20-1-2.

#### **195:20-1-5. General anesthesia (to include deep sedation)**

(a) **Required training.** Every dentist who administers general anesthesia or deep sedation must meet one of the following requirements:

- (1) A minimum of two years of post-doctoral training in anesthesiology as described by the American Dental Association in Part II of Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry.
- (2) A dentist with one year of post-doctoral training in anesthesiology with a current general anesthesia permit will be grandfathered,
- (3) Specialty certification in oral and maxillofacial surgery.
- (4) Certification as a fellow in Anesthesia by the American Dental Society of Anesthesiology.

(b) **Permit for dentists.** No dentist shall administer general anesthesia (including deep sedation) for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Board for the administration of general anesthesia (including deep sedation). Application for such permit will be made to the Board on the prescribed form. A successful credentials review will result in a notification that a formal evaluation can be scheduled. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.

(c) **Current training.** A dentist who holds a permit to provide general anesthesia (including deep sedation) shall satisfy all of the following:

- (1) Current certification in Basic Life Support (BLS) and Advanced Life Support (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
- (2) Two (2) assistants involved in the procedure currently

certified in Basic Life Support for Health Care Providers by the American Heart Association.

- (3) Complete every three years at least six (6) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. These hours are in addition to those accrued completing certification or re-certification in BLS and ACLS or PALS.

- (d) **Facility permit inspections.** Each facility of every dentist who authorizes or directly supervises the administration of general anesthesia (to include deep sedation) in his or her office shall successfully pass inspection by a consultant or consultants appointed by the Board. This will include an evaluation of the facility's equipment and personnel and will follow the American Dental Association's Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual". This evaluation will be on a prescribed form approved by the Board and available to the applicant for review prior to a request for an inspection. A written list of all monitors, emergency equipment, drugs, and other materials which the mobile or portable anesthesia provider agrees to have available at all times while administering general anesthesia in this facility will be required at the time of inspection. The dentist holding a facility permit can work with or employ:

- (1) A dentist holding a valid general anesthesia provider permit.
- (2) A Certified Registered Nurse Anesthetist licensed to practice in the State of Oklahoma, provided the dentist who directly supervises the CRNA satisfies the requirements stated in 195:20-1-5(f).

- (e) **Provider permit inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers general anesthesia (including deep sedation) shall successfully pass inspection by a consultant or consultants appointed by the Board. This evaluation will be completed on a prescribed form approved by the Board and available to the applicant for review prior to an inspection. This form shall follow the ADA Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual". New permit applicants will be required to demonstrate the administration of general anesthesia (including deep sedation) to a patient in the presence of an evaluation team. In the case of a

mobile or portable dentist provider, all inspections of that provider shall be conducted in the office of an Oklahoma licensed dentist where general anesthesia (including deep sedation) is administered. At least fifty percent (50%) of the inspection team shall be composed of a like trained dentist unless the dentist to be inspected waives the provision.

(f) **Direct supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of general anesthesia (including deep sedation) to patients by a CRNA provided that the following requirements are satisfied:

- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric “Advanced Life Support (PALS) by the American Heart Association.
- (2) Complete every three (3) years at least eighteen (18) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. Hours accrued completing certification or re-certification in BLS and ACLS or PALS shall be accepted towards completion of this eighteen (18) hour requirement.
- (3) Hold a valid facility permit as described in 195:20-1-4(d).

**195:20-1-7. Minimal standards for dentists utilizing enteral conscious sedation (oral, rectal, sublingual)**

- (a) Every dentist who utilizes enteral conscious sedation (oral, rectal, sublingual) shall be responsible for all aspects of the procedure as outlined in Part I, Section V of the American Dental Association Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists. This shall include careful patient evaluation and informed consent prior to the start of any sedation procedure. Continuous monitoring of oxygenation, ventilation, and circulation with documentation of all procedures, drugs, and agents on an appropriate time-oriented anesthesia record shall be completed for each patient. The dentist performing the sedation is required to be in the patient’s presence at all times during the procedure. No provider shall have more than one (1) patient under any form of sedation at the same time, exclusive of recovery. Supervised recovery and complete evaluation of the patient prior to discharge to a responsible adult is required. Minimal monitoring equipment shall include **blood pressure apparatus** (manual or automatic) and a **pulse oximeter**.

- (b) The anesthesia provider is responsible for the anesthetic management, adequacy of the facility, and treatment of emergencies associated with administration of enteral conscious sedation, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.\_

**195:20-1-8. Minimal standards for dentists utilizing conscious sedation by parenteral methods**

- (a) Every dentist who utilizes conscious sedation by parenteral methods shall be responsible for all aspects of the procedure as outlined in Part I, Section V of the American Dental Association Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists. This shall include careful patient evaluation and informed consent prior to the start of any sedation procedure. Continuous monitoring of oxygenation, ventilation, and circulation with documentation of all procedures, drugs, and agents on an appropriate time-oriented anesthesia record shall be completed for each patient. The dentist performing the sedation is required to be in the patient's presence at all times during the procedure. No provider shall have more than one (1) patient under any form of sedation at the same time, exclusive of recovery. Supervised recovery and complete evaluation of the patient prior to discharge to a responsible adult is required. Minimal monitoring equipment shall include **blood pressure apparatus** (manual or automatic) **pulse oximeter**, and **electrocardiograph** (adult patients). A defibrillator is recommended per ACLS protocol.
- (b) The anesthesia permit provider is responsible for the anesthetic management, adequacy of the facility, and treatment of emergencies associated with administration of parenteral conscious sedation, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

**195:20-1-9. Minimal standards for dentists utilizing general anesthesia or deep sedation**

- (a) Every dentist who utilizes general anesthesia or deep sedation shall be responsible for all aspects of the procedure as outlined in Part I, Section V in the American Dental Association Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for dentists and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual." This shall include careful patient evaluation and informed consent prior to the start of any anesthetic procedure. Continuous monitoring of oxygenation, ventilation, and circulation with documentation of all procedures,

drugs, and agents on an appropriate time-oriented anesthesia record shall be completed for each patient. A device capable of measuring body temperature should be readily available, if needed, during the administration of deep sedation/general anesthesia. When agents implicated in precipitating malignant hyperthermia are utilized, continual monitoring of body temperature must be performed. The dentist performing the anesthesia is required to be in the patient's presence at all times during the procedure. No provider shall have more than one patient under any form of sedation or anesthesia at the same time, exclusive of recovery. Supervised recovery and complete evaluation of the patient prior to discharge to a responsible adult is required. Minimal monitoring equipment shall include blood pressure apparatus (manual or automatic), pulse oximeter, end-tidal carbon dioxide monitor (intubated patients), temperature monitor, electrocardiograph, and a defibrillator.

- (b) The anesthesia permit provider is responsible for the anesthetic management, adequacy of the facility, and treatment of emergencies associated with the administration of general anesthesia, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

#### **195:20-1-10. Application for permits**

- (a) In order to receive a permit to administer (provider permit), authorize (facility permit), or be directly supervised by a CRNA (facility permit) parenteral conscious sedation or general anesthesia (including deep sedation), the dentist must apply on the prescribed form to the Board, and pay any required fee. No permit shall be required for any type of sedation or anesthesia by any dentist in a hospital licensed by the state of Oklahoma or an accredited ambulatory surgery unit. In the event the Board deems the application or evaluation unsatisfactory, a written explanation documenting the deficiencies and suggested remedies shall be forwarded to the applicant within twenty-one (21) days. The Board may issue a permit based on documentation that deficiencies have been corrected; or the Board may require a formal re-evaluation. The dentist holding such permit shall be subject to review at the discretion of the Board. The Board shall re-inspect all permit holders every five (5) years. Observation of a sedation or anesthetic procedure shall not routinely be performed during the re-inspection of provider permits.
- (b) The Board shall renew the permit annually upon payment of the required renewal fee as specified herein, unless the holder is informed in writing that a re-evaluation of his credentials or facility is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such factors as it deems pertinent including, but



not limited to, patient complaints or reports of adverse occurrences. Observation of one or more sedation or anesthetic procedures may be required.

#### **195:20-1-11. Temporary permits**

A temporary permit may be granted to dentists to administer or authorize parenteral conscious sedation or general anesthesia and deep sedation. The granting of such permit shall be based upon an evaluation of the applicant's educational qualifications, and shall, at the Board's discretion, be valid for up to one hundred twenty (120) days. At this time, a new temporary permit may be issued. Only permanent permits may be issued to the applicant after this time.

#### **195:20-1-12. Adverse occurrences**

All licensees engaged in the practice of dentistry in the State of Oklahoma must submit a complete report to the Board of any fatality occurring during the practice of dentistry or the discovery of the death of a patient whose death is causally related to the practice of dentistry by the licensee within a period of thirty (30) days from such occurrence.

#### **195:20-1-13. Inspection schedule**

The Board shall randomly divide all current permit holders into five (5) equal groups. The groups shall then be designated as Group 1, Group 2, Group 3, Group 4 and Group 5. Group 1 shall be inspected no later than December 31, 2000, Group 2 no later than December 31, 2001, Group 3 no later than December 31, 2002, Group 4 no later than December 31, 2003, and, Group 5 no later than December 31, 2004. Thereafter, each permit holder shall be re-inspected every five (5) years.

#### **195:20-1-14 Anesthesia Advisory Committee**

(a) An Anesthesia advisory Committee shall be formed to advise the Board concerning the administration of anesthesia and sedation. This Committee shall have the following functions:

- (1) Advise the Board in rulemaking regarding anesthesia and sedation;
- (2) Submit names of dentists to the Board for its consideration in appointing provider permit and facility inspectors;
- (3) Formulate and revise checklists for provider permits and facility inspections for the Board's consideration;
- (4) Hold meetings at least annually and no more than quarterly.

(b) The Anesthesia Advisory Committee shall be composed of:

- (1) One (1) dentist who holds a general anesthesia provider permit;
- (2) One (1) dentist who holds a conscious sedation provider



- permit;
- (3) One (1) dentist provider permit holder at large;
- (4) One (1) current dentist member of the Board;
- (5) One (1) dentist who holds a pediatric conscious sedation provider permit.

(c) Members of this committee shall be appointed by the Board and serve a term of three years. Appointments shall be made so that approximately one-third of the committee is re-appointed each year.

## **CHAPTER 25. Rules For Continuing Dental Education**

### **195:25-1-1. Purpose**

The rules of this chapter set forth the requirements for continuing education for dentists and dental hygienists.

### **195:25-1-2. Continuing education required**

- (a) Pursuant to Title 59 O.S. 328.15 (11), the Board shall require continuing education as a prerequisite for renewal of registration of dentists and dental hygienists. Any course is acceptable that contributes to updating and maintaining the knowledge and skills of the dentist and dental hygienist in the treatment of the individual dental patient.
- (b) Courses directly related to provision of services and patient care shall be considered for credit. Courses dealing substantially with other subjects of professional concern are outside the scope of the continuing dental education program. Such courses or programs would include money management, investments, and professional organizational business meetings. However, the Board may allow exception as specified in Category D.
- (c) Proof of CPR course provided by the American Heart Association/Health Care Provider Level or the American Red Cross/Professional Rescuer shall be required for every licensed dentist and dental hygienist once in each three (3) year reporting cycle. Courses for the Professional Rescuer sponsored by the American Safety and Health Institute and Programs sponsored by the Veterans Administration or Armed Forces shall also be recognized for approval.
- (d) Proof of a course in Ethics shall be required for every licensed dentist and dental hygienist once in each three (3) year reporting cycle. Courses shall be given hour for hour credit. Dentists and dental hygienists may obtain continuing education in ethics from any designated category.

### **195:25-1-3. Hours required for dentists**

The requirement for continuing education for Oklahoma licensed dentists

will be sixty (60) credit hours for every three (3) year reporting period. The first reporting period will begin July 1, 1980 through June 30, 1983.

**195:25-1-4. Hours required for dental hygienists**

The requirement for continuing education for Oklahoma licensed dental hygienists will be thirty (30) credit hours for every three (3) year reporting period. The first reporting period beginning on July 1, 1980 through June 30, 1983.

**195:25-1-5. Credits for initial reporting period**

Continuing education credits obtained from January 1, 1980 may be applied toward the initial reporting period requirement.

**195:25-1-6. Requirement for new graduates**

The continuing education requirements for new graduates (dentists and dental hygienists) will begin July 1, of the calendar year following their year of graduation.

**195:25-1-7. Categories of continuing education**

At least 50% of the continuing education requirement must be from category A and/or B. Not more than 50% of the requirement can be obtained from Category C. Continuing education must come from designated categories. A description of the categories of education programs is outlined below:

**(1) Category A.**

- (A) Formalized structured learning situations at colleges or universities at regular undergraduate or college course levels will be allowed one (1) hour credit for each hour in attendance. Regular university or college courses are evaluated at semester hour, i.e.: A dentally related three (3) hour college credit course will be allowed three (3) hours of continuing education credit.
- (B) Any university may co-sponsor a program within the State of Oklahoma. They must send a copy of the letter to the Board.
- (C) Programs sponsored by the Veterans Administration or Armed Forces, given at a government facility will be granted hour for hour credit without university co-sponsorship.

**(2) Category B.**

- (A) Formalized Meetings:  
Meetings of the following recognized groups will be granted hour for hour credit for the scientific portions of their programs:
  - (i) National professional organizations and their

- components
- (ii) University sponsored professional Alumni clinical meetings
- (iii) Organized Dental or Dental Hygiene Study Club Meetings
- (iv) Seminars—sponsored by recognized Dental/Dental Hygiene constituent societies
- (B) Advanced Study:

Graduate study, internships, residencies, Dentists or hygienists engaged in acceptable full-time programs will fulfill their continuing education requirements for each calendar year in which they are actively participating in such programs by nature of these activities, and will have no additional formal requirements for that year. However, persons so engaged must notify the Board.

### **(3) Category C.**

(A) Publishing Papers – Presenting clinics – Lecturing-Teaching: these activities will be granted six (6) hour credit for each hour of the original presentation, and hour for hour credit for additional presentation of the same material. Full or part-time teaching will receive credit for the semester credit hours. One (1) hour credit can be recorded for every 18 hours of clinical instruction.

(B) Self-Instructional Programs – Study Tapes-Correspondence Programs: These programs will be granted hour for hour credit. Only 50% of the total requirement may be obtained through this category. The dentists or dental hygienists must submit a certificate of registration from the sponsoring institution, organization or study club or have the participation in the course verified by the sponsoring agency in a manner specified by the Board Continuing Education Committee to be considered for approval.

(C) Volunteer Service- Licensees who donate their expertise for the dental care and treatment of indigent and needy persons shall be granted hour for hour credit for up to ten (10) hours for a dentist and five (5) hours for a dental hygienist within a reporting cycle. Dentists and dental hygienists must submit proof of actual volunteer work from a recognized entity approved by the Board. Volunteer service submitted for credit shall not receive or have the expectation to receive any payment or compensation, either direct or indirect, for any dental

care or treatment rendered.

**(4) Category D.**

Exceptions: Exceptions will be considered at the discretion of the Board.

(A) No more than six (6) hours of the sixty (60) hour requirement for dentists can be from practice management type courses.

(B) No more than three (3) hours of the thirty (30) hour requirement for dental hygienists can be from practice management type courses.

**195:25-1-8. Procedure for reporting continuing education hours**

- (a) Form for reporting. Continuing education credits shall be reported by dentists and dental hygienists on a form specified and furnished by the Board.
- (b) Time for forwarding form. Forms must be forwarded to the Board office. All continuing education reporting shall occur at the discretion of the licensee either annually or at the end of the three (3) year reporting period.
- (c) Hours beyond requirement. Continuing education hours acquired beyond the requirement cannot be credited to the next reporting period. Hours acquired in excess of the requirement will not be reported or maintained.
- (d) Requirement for individuals licensed in the midst of a reporting cycle. Those individuals who are licensed in the midst of a reporting cycle will have a pro-rated requirement, beginning July 1 following the date of licensure. Dentists must accumulate twenty (20) hours per year and dental hygienists ten (10) hours per year until the end of the reporting period. All pro-rated licensees shall submit continuing education forms annually.
- (e) Random audits shall be conducted as directed by the Board at the end of the reporting period. An audit shall require documentation to match the information submitted to the Board on the continuing education form.

**195:25-1-9. Monetary fine for failing to report continuing education hours**

All licensed dentists or dental hygienists who fail to submit the prerequisite number of hours during the reporting period(s) ending on June 30<sup>th</sup> shall receive a monetary fine. The Board shall send a certified notice to all dentists and dental hygienists who fail to comply with the requirement sixty (60) days after the June 30 ending date of the reporting period. A monetary fine of one thousand dollars (\$1000.00) for dentists and five hundred dollars (\$500.00) for dental hygienists shall be assessed

for failing to submit the required continuing education. All monetary fines shall be paid by certified check or money order to the Board of Dentistry on or before December 1<sup>st</sup> of the year the continuing education is due. Failure to submit the monetary fine shall result in the failure to secure a renewal certificate pursuant to 59 O.S. Section 328.41.

## **CHAPTER 30. Rules On Annual Registration Of Dispensers Of Dangerous Drugs**

### **195:30-1-1. Purpose**

The rules of this chapter establish procedures for the annual registration as dispensers of persons licensed to practice dentistry in this State who desire to dispense dangerous drugs, as authorized by provisions of 59 O.S. Sections 355.1 and 355.2.

### **195:30-1-2. Statutory citations**

Citations to statutes in the rules of this chapter refer to the most recent codifications of the statute.

### **195:30-1-3. Definitions**

The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise. Masculine words shall include the feminine and neuter, and the singular includes the plural.

**“Board”** means the Board of Governors of Registered Dentists of Oklahoma, and includes the Executive Secretary/Director of the Board unless the context indicates otherwise.

**“Dangerous drugs”** means any drug intended for use by people which, because of its toxicity or other potentiality for harmful effects, or the method of its use, or the collateral measures necessary for its use, is not safe for use except under the supervision of a practitioner licensed by law to administer such drugs. This shall include all drugs upon which the manufacturer or distributor has, in compliance with federal law and regulations, placed the following: “Caution-Federal Law prohibits dispensing without prescription.”

**“Dentist”** means a professionally trained individual who has fulfilled the educational requirements and is a graduate of an accredited dental school and who has been licensed by the Board to administer to the general public through the practice of dentistry.

**“Dispense”** means to deliver, sell, distribute, leave with, give away, dispose of, or supply.

**“Dispenser”** means a dentist registered with the Board pursuant to these rules to dispense dangerous drugs.

**“Professional samples”** means complimentary drugs packaged in accordance with federal and state statutes and regulations and provided to a dentist free of charge by manufacturers or distributors and distributed free of charge in such package by the dentist to his patients.

#### **195:30-1-4. Dispensing dangerous drugs**

- (a) **Dispensing only by dentist.** Except as provided for in 59 O.S., 353.1 et seq., only a dentist, who is with the Board pursuant to this chapter, may dispense dangerous drugs to his patients, and only for the expressed purpose of serving the best interest, and promoting the welfare of his patients.
- (b) **Labelling requirements.** The dangerous drugs shall be dispensed in an appropriate container to which a label has been affixed. Such label shall include the name and office address of the dentist, date dispensed, name of patient, directions for administration, prescription number, the trade or generic name, and the quantity and strength, not meaning ingredients, of the drug therein contained; provided, this requirement shall not apply to compounded medicines.195:30-1-5.

#### **195:30-1-5. Record keeping**

- (a) **Record of dangerous drugs dispensed.** A dentist shall keep a suitable book, file or record in which shall be preserved for a period of not less than five (5) years a record of every dangerous drug compounded or dispensed by the dentist.
- (b) **Records to be maintained separate from other records.** A dentist shall maintain said book, file or record separate from all other records.
- (c) **Board inspection of records.** A dentist shall allow the Board or the Board’s agent to inspect and copy said book, file or record whenever requested by the Board.

#### **195:30-1-6. Annual registration; fee**

- (a) **Registration with Board.** A dentist desiring to dispense dangerous drugs shall register as a dispenser annually with the Board.
- (b) **Registration forms.** The Board shall provide registration forms. A dentist may obtain a registration form from the Board’s office.
- (c) **Registration as a dispenser.** A dentist desiring to register as a dispenser shall file a completed registration form at the Board’s office on or before the first day of January of each year following the year in which the dentist initially registers as a dispenser.

- (d) **Registration fee.** At the time a dentist files a completed registration form he shall pay to the Board a fee sufficient to cover the cost of processing the registration in an amount to be determined by the Board.

#### **195:30-1-7. Exemptions**

A dentist who dispenses professional samples to his patients shall be exempt from the provisions of this chapter if:

- (1) The dentist furnishes the professional sample to the patient in the package provided by the manufacturer;
- (2) No charge is made to the patient;
- (3) An appropriate record is entered in the patient's chart.

#### **195:30-1-9. Violations**

- (a) **Penalties.** A dentist who violates the provisions of 59 O.S., Sections 355 et seq., or the rules of this chapter, shall be subject to disciplinary action by the Board including but not limited to revocation of license, suspension, probation or public or private reprimand, as provided in 59 O.S., Section 328.32.
- (b) **Procedure.** Any disciplinary action for violation of 59 O.S., Section 355 et seq., or the rules of this chapter, shall be conducted according to the provisions of 59 O.S., Sections 328.32, 328.43, 328.45, 328.46, any applicable rules of the Board, and any applicable provisions of the Administrative Procedures Act.

### **CHAPTER 35. Infection Control**

#### **195:35-1-1. Purpose**

The purpose of rules contained herein is to establish proper sterilization, disinfection, and other infection control procedures in the practice of dentistry. Failure of a dental health care worker to practice and maintain these procedures constitutes a significant danger to public health and safety. Any violation of the rules regarding infection control in this chapter and applicable statutes, rules, or regulations that may be incorporated by reference herein or that may apply otherwise through federal or state mandate or regulation shall be considered a failure to safeguard the public interest and thus shall constitute, at a minimum, negligence in the performance of dental services and failure to use proper diligence in the conduct of dental practice.

#### **195:35-1-2. Definitions**

The following words or terms, when used in this chapter, shall have the

following meaning, unless the context clearly indicates otherwise.

**“Barrier techniques”** means the use of protective items against infection transmission during any intraoral or invasive procedure to include appropriate gloves for the procedure performed. This definition shall include protective eye wear and nasal/oral masks when “splash” splatter, or aerosol of body fluids is possible or expected.

**“Dental Health Care Worker”** means a dentist or dental specialist, dental hygienist, dental assistant, dental laboratory technician, dental student, dental hygiene student, or dental assisting student.

**“Disinfection”** means the partial elimination of active growth stage bacteria and the inactivation of some viruses. The potential for infection remains after disinfection, including infection with M tuberculosis, hepatitis A virus (HAV) and hepatitis B virus (HBV). The human immunodeficiency virus (HIV) may also remain active following disinfection.

**“Sterilization”** means a process by which all forms of life within a defined environment are completely destroyed.

### **195:35-1-3. Required sterilization and disinfection**

- (a) Sterilization is required for all surgical and other instruments that may be used intra orally or extra orally, where these instruments may be used invasively in penetration of soft tissue, bone, or other hard tissue. Other non-surgical instruments, such as plastic instruments, that may come in contact with tissue must be disinfected with a solution that is tuberculocidal.
- (b) All instruments subject to sterilization must undergo at least one of the following procedures:
  - (1) Steam autoclave
  - (2) Chemical vapor autoclave
  - (3) Dry-heat oven
  - (4) Ethylene oxide
  - (5) Chemical sterilant (used in concentrations and time periods approved by the manufacturer)
- (c) Sterilization equipment and its adequacy shall be tested and verified on a regular basis.
- (d) Following a dental procedure, all instrumentation and equipment that may have become contaminated with blood, saliva, or tissue debris must be, at a minimum, disinfected and preferably sterilized before utilization for patient care.
- (e) Prior to sterilization, all instruments must be free of any visible debris and must be either scrubbed thoroughly with a detergent and water solution or debrided in an ultrasonic cleaning device.



- (f) Oral prosthetic appliances and devices from a dental laboratory must be washed with a detergent and water solution, rinsed, disinfected, and rinsed before the appliance or device is placed into a patient's mouth.
- (g) Disposable (non-resterilizable) items, including but not limited to gloves, needles, intravenous fluids, intravenous administration tubing, intravenous catheters/needles, and like items, shall not be used in the treatment of more than one patient.
- (h) All items contaminated by body fluids during patient care must be treated as biohazardous material. All contaminated single-use items must be disposed of through established Occupational Safety and Health Administration (OSHA) guidelines for such disposal. Teeth or tissue fragments to be used for microscopic, testing, or educational purposes must be sterilized prior to use. Such tissues must be handled and stored as biohazardous material until sterilization is performed.

#### **195:35-1-4. Dental health care workers**

- (a) All dental health care workers shall comply with the following:
  - (1) The universal precautions; recommended for dentistry by the Centers for Disease Control and Prevention (CDC);
  - (2) The Guidelines on HIV Infected Health Care Workers adopted by the State Department of Health; and
  - (3) The Guidelines on Hepatitis B Infected Health Care Workers adopted by the State Department of Health in the care, handling, and treatment of patients in the dental office or other setting where dental procedures of any type may be performed.
- (b) All dental health care workers who have infected or exudative lesions or weeping dermatitis shall:
  - (1) Refrain from contact with equipment, devices and appliances that may be used for or during patient care, where such contact holds potential for blood or body fluid contamination, and
  - (2) Refrain from all patient care and contact; until the condition(s) resolves.

#### **195:35-1-5. Assessment and practice management of HIV and HBV infected dental health care workers**

- (a) A dental health care worker who is subject to the counsel and prescribed conditions for practice of the State Department of Health Advisory Committee for HIV and/or HBV Infected Health Care Workers (henceforth known as the Advisory Committee), and who is allowed to continue to practice in whole or in

part, shall comply with all terms and conditions of the Advisory Committee's determinations and conditions for practice.

- (b) A dental health care worker who experiences a break in a barrier technique while treating a patient is required to temporarily cease treatment until the barrier technique can be fully restored. If bleeding or body fluid exposure to the patient presents a continued potential exposure after barrier techniques restoration, the dental health care worker must cease further direct contact with or treatment of the patient and shall be responsible for arranging for completion of the procedure being performed on the patient.
- (c) Following a break in a barrier technique, a dental health care worker who exposes the mucous membrane or non-intact skin of a patient to his or her blood shall undergo HIV and HBV surface antigen testing and ensure that the patient is notified of the exposure. The patient must be notified of the dental health care worker's test results, observing the provisions of the Oklahoma Public Health Code regarding confidentiality of communicable disease test results.
- (d) A dental health care worker infected with HIV or HBV must notify the State Epidemiologist or his designee when a risk exposure noted in (c) has occurred.

## NOTES

## NOTES



