New hygiene laser advanced procedure information:

The Board has received many questions regarding the laser advanced procedure for hygienists. The statute went into effect July 1, 2023, however, the rules are set to go into effect September 1, 2023. License renewal begins October 1, 2023 through December 31, 2023. The Board will have a grace period for lasers advanced procedures through January 1, 2024. This will allow time for hygienists to submit documentation to the Board to have this advanced procedure added to their 2024 license. If you are a hygienist that has been using a laser within the guidelines as listed by the rules in excess of two years, your supervising dentist may sign an affidavit as to your proficiency and you will be grandfathered in. Please fill out the application and submit it as soon as possible. The rules with the additional advanced procedures have been posted on the Boards website since November of 2022, and were on the agenda at the November 2022, January and March Board meetings for discussion and voting also. The Boards duty is to protect the public. Additionally, the Board is committed to continually review all of the statutes and rules regularly as dental practice evolves with new technology and procedures. The Board welcomes any written suggestions.
Therapeutic Use of Lasers Application

$10 check or money order- THE BOARD CANNOT ACCEPT CASH

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK

Dental Hygienist Name ________________________________ OK RDH # __________
Current Mailing Address ________________________________________________
City ________________________________ State ____ Zip __________
Daytime Phone Number ________________ Email Address ______________________

Please see the new Rule below. Your course will have to be approved by the Allied Health Committee and/or the Board.

1) Therapeutic Use of Lasers

(a) A hygienist may apply for an Advanced Procedure permit for the therapeutic use of lasers under the direct/indirect supervision of a dentist.

(b) Definition: A hygienist with an advanced procedure permit to use a laser may be used, but limited to soft tissue decontamination, sulcular bacterial reduction, tissue disinfection.

(c) Requirements:

1. The hygienist must successfully complete an educational program as approved by the Board on laser use that is a minimum of 8 hours and includes both didactic and live, in-person clinical simulation training;

2. A certificate of successful course completion from the dental laser training entity shall be submitted to the Board of Dentistry.

   (i.) A hygienist may use the laser within the scope of hygiene practice;
   (ii.) A laser may not be used for the intentional cutting of hard or soft issue;
   (iii.) All lasers must be used in accordance with accepted safety guidelines and approved by the United States Federal Drug Administration for use in dentistry.
   (iv.) When utilizing a laser pursuant to this Rule, at a minimum, the type of laser, settings used and details of procedures performed, must be documented in the patient’s record.

➢ Proof of an 8 hour or more course
➤ Copy of Course outline if course has not already been approved by the Board
➤ Affidavit by supervising dentist stating hygienist has been using laser for over 2 years

**IMPORTANT:** Please be aware that the Committee requires the above documentation and if you do not submit the above documentation, there is no guarantee the Committee will be able to make a recommendation to the Board. Your request will be reviewed at the next regularly scheduled Committee meeting, which are typically 1-3 weeks prior to the Board Meetings. You will be notified in writing once the committee has made a recommendation and the Board approves such recommendation.

**OR**

**AFFIDAVIT OF DENTIST**

I, ___________________________ do hereby attest that ___________________________, the listed Registered Dental Hygienist has been competently using a laser two or more years within my dental office. All information or statements made on this form(s) or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement on any part of this form(s) may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act 59 O.S. §328.32.(A)(2), as well as other laws under the State of Oklahoma.

<table>
<thead>
<tr>
<th>Dentist Name and License Number Printed Clearly</th>
<th>Dentist Signature</th>
<th>Date</th>
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______________________________
Dental Hygienist Signature

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**FOR COMMITTEE USE ONLY:**

Date Reviewed: __________________ Date Notified: __________________

Recommendation: ___________________________________________________

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