

# **LOUISIANA STATE BOARD OF DENTISTRY**

## **Expanded Duty Dental Assistant Application for Certification Confirmation**

### **INSTRUCTIONS FOR APPLICANT**

Please complete and sign the following application, and return it to the Louisiana State Board of Dentistry along with each of the following:

- (1) check or money order payable to the Louisiana State Board of Dentistry in the amount of \$100.00
- (2) proof of successful completion of an expanded duty dental assistant program or course as defined in Louisiana Administrative Code (Title 46: Professional & Occupational Standards, Part XXXIII, Dental Health Professionals) Chapter 5, Section 503;
- (3) proof of completion of approved radiology course; and
- (4) copy of current C.P.R. certification card

Please return this completed application with all of the above enclosures to the following address:

**Louisiana State Board of Dentistry  
365 Canal Street  
Suite 2680  
New Orleans, Louisiana 70130**

Board office telephone number 504-568-8574  
Board office toll free 877-467-4488  
Board office fax 504-568-8598



# APPLICATION FOR EXPANDED DUTY DENTAL ASSISTANT CERTIFICATION CONFIRMATION

## FOR OFFICE USE ONLY

Certificate No. \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Date received \_\_\_\_\_ Payment \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Total check payment \$ \_\_\_\_\_  
 Signature of staff approving application \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Home Parish \_\_\_\_\_ Email address \_\_\_\_\_

|                 |      |       |     |
|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
| Home Address    | City | State | Zip |

### RADIOLOGY COURSE (mark course you completed and date; attach copy of certificate)

- LSU School of Dentistry Date of Completion \_\_\_\_\_
- University of Louisiana at Monroe Date of Completion \_\_\_\_\_
- Medcom—DR 102—California Date of Completion \_\_\_\_\_
- Bryman College—New Orleans Date of Completion \_\_\_\_\_

### EXPANDED DUTY DENTAL ASSISTANT COURSE (mark course you completed and date; attach copy of certificate)

- LSU School of Dentistry Date of Completion \_\_\_\_\_
- University of Louisiana at Monroe Date of Completion \_\_\_\_\_

CODA Approved Course: \_\_\_\_\_  
(If you have completed an EDDA course at LSU or ULM, please leave this blank)

### CPR (mark the course you completed and relevant dates; attach copy of current CPR card)

- American Heart Association (Healthcare Provider—C) Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_
- American Red Cross (Professional Rescue Course) Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_
- ASHI—BLS—CPR—PRO Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Equivalent Course of ARC and AHA Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please list names, license numbers and office addresses of each dentist that employs you. If you work for more than three dentists, please provide this information on a separate sheet of paper.

1) Name: \_\_\_\_\_ License #: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

|                     |      |       |     |
|---------------------|------|-------|-----|
| Street or P. O. Box | City | State | Zip |
|---------------------|------|-------|-----|

2) Name: \_\_\_\_\_ License #: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

|                     |      |       |     |
|---------------------|------|-------|-----|
| Street or P. O. Box | City | State | Zip |
|---------------------|------|-------|-----|

3) Name: \_\_\_\_\_ License #: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

|                     |      |       |     |
|---------------------|------|-------|-----|
| Street or P. O. Box | City | State | Zip |
|---------------------|------|-------|-----|

I certify that I have read the Louisiana Dental Practice Act in full, in particularly R.S. 37:751(A)(6), 37:792, and 37:792.1, and further, Louisiana Administrative Code (Title 46:Professional & Occupational Standards, Part XXXIII, Dental Health Professions) Chapter 5.

\_\_\_\_\_  
Applicant Signature Date

**\* \* \* NOTICE \* \* \***  
**APPROVED DENTAL ASSISTANTS**  
**RADIOLOGY COURSES**

**YOUR RADIOLOGY COURSE MUST BE ONE OF THE APPROVED COURSES LISTED BELOW.  
ATTACH COPY OF CERTIFICATE SHOWING COMPLETION OF COURSE TO YOUR  
APPLICATION.**

Listed below are the institutions presently approved by the Louisiana State Board of Dentistry offering radiology training courses for dental assistants in compliance with R.S. 37:792.

University of Louisiana at Monroe  
700 University Avenue  
Monroe, Louisiana 71209  
318.342.1621

Louisiana State University School of Dentistry  
1100 Florida Avenue  
New Orleans, Louisiana 70119  
504.941.8193  
504.941.8403 (fax)

Ascension College  
320 E. Ascension Street  
Gonzales, Louisiana 70737  
225.647.6609

Medcom, Inc.  
Correspondence Course and Video Tape  
DR-102  
6060 Phyllis Drive  
Cypress, California 90630  
714.891.1443  
800.877.1443

Eastern College  
3321 Hessmer Avenue  
Suite 200  
Metairie, Louisiana 70002  
504.885.3353

Corinthian Schools, Inc.  
Bryman College  
2322 Canal Street  
New Orleans, Louisiana 70119  
504.822.4500

**§751. Definitions; licensure; presumption**

- A. As used in this Chapter:
  - (1)-(5) . . . . .
  - (6) “Expanded duty dental assistant” means a person who is employed by a licensed practicing dentist and has passed an expanded function for dental assistants course approved by the Louisiana State Board of Dentistry that shall not consist of less than thirty classroom hours, or who has graduated from a dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association provided the program teaches functions as provided for LAC 46:XXXIII.502 and 503. An expanded duty dental assistant may perform any functions authorized by the Louisiana State Board of Dentistry for an expanded duty dental assistant under the direct, on-premises supervision, direction, and responsibility of the dentist.

**§792. Dental x-ray functions by dental assistants; qualifications**

- A. Any dental assistant employed by a licensed dentist on the effective date of this Section and for a period of at least one year prior to the effective date of this Section shall be deemed to be authorized to take dental x-rays.
- B. Any dental assistant who does not meet the employment criteria set forth in R.S. 37:792(A) shall attend and successfully complete a course in x-ray function and safety approved by the Louisiana State Board of Dentistry within six months after commencement of employment by a licensed dentist. Any such assistant shall be deemed to be authorized to take dental x-rays only upon compliance with this Subsection.
- C.
  - (1) The dentist employer shall certify to the board that any dental assistant employed by him either:
    - (a) Meets the employment criteria set forth in R. S. 37:792(A), or that the assistant has attended and completed a course in dental x-ray function and safety, or
    - (b) That the assistant has not attended such course but has been employed less than six months.
  - (2) Such certification shall be required upon renewal of any dental license by the dentist.
- D. A dental assistant shall perform all dental x-ray functions solely under the direct supervision of a licensed dentist and on the premises of the dental office.

Added by Acts 1980, No. 481, §1, eff. September 1, 1984.

**§792.1 Duties of a dental assistant and an expanded duty dental assistant**

- A. A dental assistant may perform only those duties in accordance with rules promulgated by the board, and then only under the direct on-premises supervision, direction, and responsibility of the dentist who employs him or her or a dentist who assumes responsibility for the treatment of that patient, and as ordered by the dentist.
- B. An expanded duty dental assistant shall perform only those duties which are in accordance with rules promulgated by the board, and then only under the direct, on-premises supervision, direction, and responsibility of the dentist who employs him or her or a dentist who assumes responsibility for the treatment of that patient, and as ordered by the dentist.
- C. A licensed dentist is prohibited from:
  - (1) Delegating an act to an individual who, by order of the board, is prohibited from performing the dental procedure.
  - (2) Delegating the performance of any of the following procedures to a person not licensed as a dentist or dental hygienist:
    - (a) Removal of calculus, deposits, or accretions from the natural and restored surfaces of exposed teeth and restoration in the human mouth.
    - (b) Root planing or smoothing of roughened root surfaces or exposed teeth.
    - (c) Any other procedure the delegation of which is prohibited by the rules of the board.
- D. The board shall promulgate rules and regulations in accordance with the provisions of this Section, regarding the dental procedures that may be appropriately delegated by the dentist, including a determination as to which delegated dental procedures require competency testing before a person may perform the procedure and establish training requirements.
- E. Any dental procedure that is delegated by a dentist to a dental assistant may also be delegated to a dental hygienist.

This Act shall become effective on August 1, 1993.

## **Chapter 5. Dental Assistants**

### **§501. Authorized Duties**

A. A dental assistant is one who is employed by and works in the office of a licensed, practicing dentist and performs the duties authorized by the Louisiana State Board of Dentistry under the direct on-premises supervision, direction and responsibility of the dentist.

B. A dental assistant may only perform the following under the direct on-premises supervision of the dentist who employs her or him as directly ordered by the dentist:

1. serve as the dentist's chair side assistant;
2. take and develop dental radiographs and intra-oral photographs;
3. take and record pulse, blood pressure and temperature;
4. apply:
  - a. non-aerosol topical anesthetics;
  - b. topical fluorides following prophylaxis by a dentist or dental hygienist;
  - c. desensitizing agents;
  - d. non-endodontic oxygenating agents;
5. chart existing restorations and missing teeth, floss teeth and make preliminary inspections of the mouth and teeth with a mouth mirror and floss only;
6. give intra-oral instructions and demonstrations on oral hygiene procedures;
7. receive removable prostheses for cleaning or repair work;
8. remove cement from dental restorations and appliances, with hand instruments, limited to the clinical crown;
9. make dental plaque smears;
10. place or remove preformed crowns or bands for determining size only when recommended by the dentist and only under his or her supervision;
11. place or remove ligatures, cut and tuck ligatures, remove tension devices and any loose or broken bands or arch wires;
12. place a removable retaining device in the mouth of a patient;
13. remove final impressions;
14. apply and remove rubber dams;
15. make preliminary study model impressions and opposing model impressions;
16. fabricate and remove interim crowns or bridges (interim meaning temporary while permanent restoration is being fabricated);
17. condition teeth prior to placement of orthodontics bands or brackets;
18. place or remove temporary orthodontic separating devices;
19. remove sutures, post-extraction dressing and surgical ligature ties
20. Exception: A dental assistant who has been employed by a licensed, practicing dentist and has worked as a dental assistant prior to July 30, 1992, may continue performing the following duties without registering as an expanded duty dental assistant. These duties must also be performed under the direct, on-premises supervision of the dentist:
  - a. apply cavity liners, excluding capping of exposed pulpal tissue;
  - b. place, wedge or remove matrices for restoration by the dentist;
  - c. place and remove periodontal dressings;
  - d. place and remove retraction cords.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Dentistry (October 1970), amended LR 2:186 (June 1976), LR 7:586 (November 1981), amended by Department of Health and Hospitals, Board of Dentistry, LR 15:965 (November 1989), LR 16:505 (June 1990), LR 19:205 (February 1993), LR 32:243 (February 2006)

### **§502. Authorized Duties of Expanded Duty Dental Assistants**

A. A person licensed to practice dentistry in the state of Louisiana may delegate to any expanded duty dental assistant any chairside dental act that said dentist deems reasonable, using sound professional judgment. Such act must be performed properly and safely on the patient and must be reversible in nature. Furthermore, the act must be under the direct supervision of the treating dentist. However, a dentist may not delegate to an expanded duty dental assistant:

1. periodontal screening and probing, or subgingival exploration for hard and soft deposits and sulcular irrigations;
2. the removal of calculus, deposits or accretions from the natural and restored surfaces of teeth or dental implants in the human mouth using hand, ultrasonic, sonic, or air polishing instruments;
3. root planing or the smoothing and polishing of roughened root surfaces using hand, ultrasonic, or sonic instruments;
4. placement and removal of antimicrobial agents;
5. comprehensive examination or diagnosis and treatment planning;
6. a surgical or cutting procedure on hard or soft tissue including laser and micro abrasion reduction of tooth material;
7. the prescription of a drug, medication, or work authorization;
8. the taking of an impression for a final fixed or removable restoration or prosthesis;
9. the final placement and intraoral adjustment of a fixed appliance;
10. the final placement and intraoral or extraoral adjustment of a removable appliance;
11. the making of any intraoral occlusal adjustment;
12. the performance of direct pulp capping or pulpotomy;
13. the placement or finishing of any final restoration;
14. the final placement of orthodontic bands or brackets except in indirect bonding procedures in which the dentist has either performed the final placement of the brackets on the model or when the dentist has written a detailed prescription to the laboratory for placement of the bracket;
15. the administration of a local anesthetic, parenteral, intravenous (IV), inhalation sedative agent or any general anesthetic agent.

B. The delegating dentist shall remain responsible for any dental act performed by an expanded duty dental assistant.

C. Certified expanded duty dental assistants may not hold themselves out to the public as authorized to practice dentistry or dental hygiene.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:205 (February 1993), amended LR 21:569 (June 1995), LR 22:1217 (December 1996), LR 24:1115 (June 1998), LR 25:1476 (August 1999), LR 26:1612 (August 2000), repromulgated, LR 27:1894 (November 2001).

### **§503. Guide to Curriculum Development for Expanded Duty Dental Assistants**

A. Cognitive Objectives. Before becoming registered to perform expanded duty dental assistant functions, dental assistants should be tested on the reasons for doing these procedures, the criteria for correct performance of these procedures, and the effects of improper performance of these procedures. The dental assistant shall be familiar with the state Dental Practice Act and the rules and regulations governing dental auxiliaries. This testing shall be included within at least 30 hours of instruction.

B. The following is a model outline for the expanded duty dental assistant course. The hours are to be allocated by the instructor in accordance with current law:

1. introduction: what is an expanded duty dental assistant?;
2. jurisprudence: legal duties of auxiliaries; limitation of auxiliary services; responsibility of dentists for all service provided under dentist's supervision; responsibility of auxiliaries to perform only those functions that are legally delegated; penalties for violation of Dental Practice Act; and mechanism to report to the board violations of dentists and/or auxiliaries;
3. infection control and prevention of disease transmission; dental assistants' responsibilities in upholding universal barrier techniques; and OSHA rules;
4. handling dental emergencies;
5. charting;
6. oral anatomy; morphology of the teeth; and medical and dental history for the dentist's review (vital signs, drug evaluation, medical laboratory reports, ascertaining the patient's chief dental problem);
7. overview of dental materials: cavity liners, temporary crown materials, periodontal dressings, post-surgical packs and acid-etch materials;
8. coronal polishing: rationale, materials, techniques and contraindications;
9. lab on coronal polishing and performance evaluation; half of the lab period shall be spent practicing on typodonts while the second half shall be spent practicing on partners;
10. lecture on use of gingival retraction cords; types of cords placement; and removal of cords;

11. lab on placement and removal of retraction cords; and performance evaluation-lab period shall be practicing on mannequins;

12. lab on placement of cavity liners; placement of temporary restorations; fabrications and placement of temporary crowns; placement of periodontal dressings; placement of post-surgical packs; performance of acid-etch techniques; placement and removal of wedges and matrices; and performance evaluation;

13. lecture on monitoring nitrous oxide/oxygen (N<sub>2</sub>O/O<sub>2</sub>) sedation;

14. Cardiopulmonary Resuscitation Course "C," Basic Life Support for Health Care Providers as defined by the American Heart Association or the Red Cross Professional Rescue Course; this course may count for three hours of instruction provided this course has been successfully completed within six months prior to certification;

15. clinical exam instructions;

16. clinical and written exams;

17. lecture on the placement of pit and fissure sealants;

18. Lab on placement of pit and fissure sealant; performance evaluation lab shall be practicing on typodonts.

C. All applicants for expanded duty dental assistant certificate confirmation must successfully complete a course in x-ray function and safety approved by the Louisiana State Board of Dentistry. Any dental assistant who may have been grandfathered in 1984 with the amendment to R.S. 37:792 must still take a radiology course as described herein in order to seek the certificate confirmation as an expanded duty dental assistant.

AUTHORITY NOTE: Promulgated in accordance with R. S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:205 (February 1993), amended LR 22:22 (January 1996), LR 24:1115 (June 1998), LR 26:1613 (August 2000), repromulgated, LR 27:1894 (November 2001).

#### **§504. Authorized Providers of Instruction for Expanded Duty Dental Assistant Courses**

A. Louisiana State University School of Dentistry and University of Louisiana at Monroe School of Dental Hygiene; or

B. Louisiana state schools of allied health science including vocational technical schools in affiliation with Louisiana State University School of Dentistry and University of Louisiana Monroe School of Dental Hygiene; or

C. Designated dentists, and/or dental hygienists, and/or EDDAs under the direction of the institutions listed in §504.A and B provided they have been legally trained to serve as instructors and have had a minimum of five years experience as a dental assistant;

D. The board reserves the right to randomly monitor any and all courses given under Chapter 5.

AUTHORITY NOTE: Promulgated in accordance with R. S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:205 (February 1993), amended LR 25:510 (March 1999), LR 28:1778 (August 2002).

#### **§505. Expanded Duty Dental Assistant Certificate Confirmation Fee and Reconfirmations**

A. Expanded duty dental assistants shall be charged an initial certification confirmation fee. A certificate reconfirmation fee shall be renewed no more than once in every three calendar years. Said fees shall be determined according to Chapter 4 of these rules.

B. All expanded duty dental assistants are required to display their certificate confirmations in a conspicuous place to be seen by all patients seen by the expanded duty dental assistant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:206 (February 1993); LR 33:2652 (December 2007).

#### **§507. High School Diploma Requirement**

Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1116 (June 1998).

#### **§508. Dental Assistants Graduating from Dental Assisting Schools Approved by the Commission on Dental Accreditation**

A. Since the inception of R.S. 37:751 (A) (6) defining an expanded duty dental assistant as a graduate from a dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association, many changes in technology and dental materials have taken place, and in the interests of the protection of the public those persons seeking expanded duty dental assistant status and who have graduated from CODA accredited schools, must comply with the following:

1. Present satisfactory documentation from their dental assisting school evidencing training in all functions which expanded duty dental assistants are allowed to perform. If their training is inadequate, they must undergo remediation in a program approved by the board; or
2. Complete a full expanded duty dental assistant program approved by the Louisiana State Board of Dentistry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760 (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1778 (August 2002).

**§ 512. Sanctions**

A. Any dental assistant or expanded duty dental assistant who administers nitrous oxide inhalation anesthesia is subject to severe sanctions for practicing dentistry without a license. The dentist under whose instructions he or she performed the procedure will be subject to severe sanctions up to and including revocation of his or her dental license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR27:1892 (November 2001).