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Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession

Chapter 1. General Provisions

§103. Evidence of Graduation

A.1. All applicants for a dental license shall furnish the board with satisfactory evidence of graduation from an accredited dental school, dental college, or educational program. An accredited dental school, dental college, or educational program shall be one that has been certified as accredited by the Commission on Dental Accreditation of the American Dental Association (CODA).

2. An applicant for a dental license who did not attend an accredited dental school or dental college must successfully complete a post-graduate CODA-approved program in either general dentistry or one of the board approved specialties listed in §122. The board may waive this requirement if the applicant meets with the board and is determined by the board to be qualified by other means to practice dentistry in this state.

a. An acceptable general dentistry post-graduate program shall consist of at least two complete, consecutive years of training in no more than two CODA-approved institutions or programs. The board does not accept an accumulation of incomplete programs to satisfy this requirement.

b. An acceptable specialty post-graduate program shall consist of at least two consecutive years at the same institution. The board does not accept an accumulation of programs which are less than two years in length to satisfy this requirement.

c. If granted a dental license, an applicant who fulfills his or her dental education requirement through a CODA-approved post-graduate program will be required to practice in only the field in which he or she obtained the two years of post-graduate training.

B. All applicants for a dental hygiene license shall furnish the board with satisfactory evidence of graduation from an accredited dental hygiene school, dental hygiene college, or educational program of at least two years in length.

C. The phrase *satisfactory evidence of graduation from an accredited dental school, dental college or educational program* shall mean receipt of satisfactory evidence from the dean of the applicant's school specifically stating that the applicant will indeed graduate within 90 days following the successful completion of a board-approved clinical licensing examination.

D. The president of the board shall withhold his signature on the license of the applicant pending receipt of satisfactory evidence of graduation before awarding the applicant's license to practice dentistry or dental hygiene in the state of Louisiana.

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, LR 10:88 (February 1984), amended by the Department of Health and Hospitals, Board of Dentistry, LR 24:1112 (June 1998), LR 26:488 (March 2000), LR 27:1890 (November 2001), LR 38:2770 (November 2012), repromulgated LR 39:87 (January 2013), amended LR 49:65 (January 2023).

§104. Display of License

A. All Louisiana licensees holding either a dental or dental hygiene license shall display their license in full and open view for all patients to observe along with all current renewal permits of said license.

B. All certificates or permits authorizing the administration of anesthesia, analgesia or sedation shall also be displayed in full and open view in close proximity to those licenses and renewal certificates required by this rule to be kept in open and full view for the public to observe.

C. When licensees provide dental services in more than one facility, a copy of those licenses and/or certificates shall suffice in place of the original and said copy shall be displayed in full and open view for all patients to see.

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 18:740 (July 1992).

§105. Restricted Licensees

All applicants for a restricted license must successfully complete the Louisiana State Board of Dentistry examination in jurisprudence within 60 days of receiving said license, except those licenses issued for less than one year.

B. All applicants for restricted licenses who are part of the faculty of the LSU system must submit with the restricted license application:

1. a certification from the LSU system showing that the applicant is or is expected to be a member of its faculty and verifying the competency of the applicant. The LSU system is responsible to notify the board as to any termination of employment of any faculty member or graduate student holding a restricted license; and

2. proof of completion of dental education;

a. if the applicant graduated from a dental school accredited by an accreditation agency that is recognized by the United States Department of Education, an original transcript showing such completion; or

b. if the applicant graduated from a dental school not accredited by an accredited agency that is recognized by the US Department of Education, an original or certified true copy of proof of completion of dental education in the form of a transcript or education evaluation report.

C. Restricted licenses may be issued to residents and/or graduate students in the LSU system or in other post-doctorate dental education programs in Louisiana that are accredited by an accredited agency that is recognized by the United States Department of Education, but those licenses are only valid during the time the applicant is a resident and/or graduate student in the LSU system or in the post-doctorate dental education program in which the resident/graduate student was enrolled when the restricted license was granted.

D. All applicants for restricted licenses who are enrolled in post-doctoral dental education programs must submit with the restricted license application:

1. a certification from the post-doctoral program showing that the applicant is or is expected to be enrolled in its program and verifying the competency of the applicant. The post-doctoral program is responsible to notify the board as to any termination of employment of any graduate student holding a restricted license; and

2. proof of completion of dental education;

a. if the applicant graduated from a dental school accredited by an accreditation agency that is recognized by the United States Department of Education, an original transcript showing such completion; or

b. if the applicant graduated from a dental school not accredited by an accredited agency that is recognized by the US Department of Education, an original or certified true copy of proof of completion of dental education in the form of a transcript or education evaluation report.

E. Oral surgery residents who attend medical school as a requirement of their residency training may keep their restricted license active during medical school, but may only work in the hospital, or its affiliates sponsoring the residency.

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 21:571 (June 1995), amended LR 22:23 (January 1996), LR 23:1529 (November 1997), LR 26:1612 (August 2000), repromulgated LR 27:1893 (November 2001), amended LR 38:2770 (November 2012), LR 46:950 (July 2020).

§106. Parental Consent

A. No dentist is to replace a tooth or part of a tooth or associated tissue by means of a filling, cap, or crown on any person under the age of 18 years without the prior consent of the minor's parent or guardian.

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 22:24 (January 1996).

§108. Levels and Definitions of Supervision

A. Licensed dentists who employ dental assistants, expanded duty dental assistants, and dental hygienists shall be responsible for the supervision of those employees' authorized duties. Authorized duties of dental assistants, expanded duty dental assistants, and dental hygienists may also be under the supervision of a licensed dentist who assumes responsibility for the treatment of that patient.

1. Direct Supervision. A licensed dentist personally diagnoses the condition to be treated; personally authorizes the procedures; is in the dental office or treatment facility during the performance of the authorized procedures; and, before dismissal of the patient, evaluates the performance of the dental assistant, expanded duty dental assistant, or dental hygienist.

2. General Supervision. The licensed dentist has authorized the procedures, which are being carried out by the dental hygienist in accordance with the dentist's treatment plan; however, the dentist is not required to be present in the dental office or treatment facility during the performance of the supervised procedures.

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 24:1112 (June 1998).

§110. Licensees Suffering Impairment Due to Alcohol or Substance Abuse

A. After considerable study and review of other state practices in regards to evaluation, diagnosis, prognosis, and treatment of licensees suffering impairment through chemical or drug abuse, the board shall hereby abide by the following procedures.

1. Where possible, a member of the Louisiana State Board of Dentistry may attend said intervention on either an official or unofficial basis according to his judgment in each particular case.

2. If the alleged impaired licensee fails to comply with the wishes and instructions of the intervention within seven days following said intervention, the board may order said alleged licensee into a properly equipped and board-approved facility for evaluation and, if necessary, treatment for the impairment, if same is proven positive. Should the evaluation prove that the licensee is not impaired, the cost of the evaluation shall be borne by the board. If the evaluation is positive for impairment, the cost for evaluation and all treatment thereof shall be borne by the licensee.

3. Should the alleged impaired licensee fail to comply with the order of the board relative to evaluation and treatment, formal proceedings may be brought against the alleged impaired licensee as soon as practicality dictates.

B. Any adverse action taken as a result thereof shall be reported to the National Practitioner Data Bank. However, if there is no action taken by the board in these matters, any required reporting to the National Practitioner Data Bank shall not be the responsibility of the Louisiana State Board of Dentistry.

C. If the impaired licensee has violated any other provisions of the Louisiana Dental Practice Act, said violation shall be prosecuted and any subsequent action taken thereof shall be reported to the National Practitioner Data Bank.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(2) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1112 (June 1998), amended LR 28:1776 (August 2002).

§112. Avoidance of Conflict of Interest by Board Members

A. No board member, during his or her term of office, shall simultaneously serve or hold the following appointive or elective offices in any local or statewide voluntary dental or dental hygiene association, organization, or society:

1. president;
2. president-elect;
3. vice-president;
4. secretary;
5. treasurer;
6. board of directors (elected or ex-officio);
7. peer review committee;
8. delegate or alternate delegate.

B. However, §112 shall not prohibit a board member from participating in any capacity relative to the administration of continuing education in any local or statewide voluntary dental association, organization, or society.

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 24:1113 (June 1998).

§113. Public Comment at Board Meetings

A. A public comment period shall be held at or near the beginning of each board meeting, or any other time deemed appropriate by the board president. Persons desiring to present public comments shall notify the board or its executive director prior to the beginning of the meeting. However, to assure that an opportunity is afforded all persons who desire to make public comments, the board president shall inquire at the beginning of the meeting if there are additional persons who wish to comment. The board president shall allot the time available for the public comments in an equitable manner among those persons desiring to comment, limiting each person to a maximum of three minutes, with the total comment period not to exceed 30 minutes. Each person making public comments shall identify himself and the group, organization or company, if any, he represents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:5.D and R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1776 (August 2002).

§114. Reinstatement of Licenses Revoked for Non-Payment

A. The board may reinstate a Louisiana dental or dental hygiene license which was revoked due to non-renewal provided that the former licensee:

1. has submitted the fully completed required application form with all supporting data and certification of competency of good character;
2. has paid all required fees;
3. has, if deemed necessary by the board, appeared for a personal interview before the board;
4. possesses a current certificate in the American Heart Association cardiopulmonary resuscitation health care provider course, the American Red Cross professional rescue course, or their equivalent; and
5. has complied with applicable provisions of §124.

B. Regardless of the former licensee's compliance with the foregoing and the requirements listed in §124, the board may refuse to reinstate a license for any of the following:

1. any material misrepresentation or omission in the application; or
2. any disciplinary action or sanctions taken against an applicant's license in another jurisdiction; or
3. any reason listed in R.S. 37:775, 37:776, or 37:777.

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 24:1113 (June 1998), amended LR 25:514 (March 1999), LR 41:1285 (July 2015).

§116. Reconsideration of Adverse Sanctions

A. Any person wishing to initiate an application for reconsideration of an adverse disciplinary decision of the board or consent decree must make the request in writing and it shall be received by the board at its office no later than 30 days prior to the next scheduled meeting of the board in order for it to be placed on the board agenda for consideration. The request for reconsideration of adverse sanctions shall be filed with the board in conformity with LAC 46:XXXIII.911.

B. The request for reconsideration should be accompanied by supporting documentation and other pertinent information demonstrating his/her professional and/or personal rehabilitation since the adverse disciplinary sanctions or decision of the board.

C. If timely received, the applicant's written request and all supporting documentation and/or information are delivered to the board's disciplinary committee which originally rendered the adverse decision to the applicant, and said committee shall determine if the applicant's request for reconsideration has substantial merit. In the course of the committee's review, if it deems necessary, it may require the applicant and all supporting references to appear in person before the committee for the purpose of affording the committee an opportunity to personally interview each

person. All expenses for the attendance of the applicant and his/her personal references shall be borne by the applicant. Because of the nature of the request, the committee may entertain it in executive session at the option of the applicant. Moreover, the committee shall prescribe time limitations for all speakers appearing before it and order such other considerations as will promote a fair and orderly review of the subject matter. After review of the documentation and completion of the interviews, if any, the committee will determine if the request for reconsideration has sufficient merit to warrant the committee's favorable recommendation to the full board. If the committee rules favorably to the applicant, then the applicant's entire request for reconsideration and all supporting documentation and/or information are forwarded to the full board for its further consideration at the next scheduled board meeting.

D. If the committee decides that the application is without substantial merit, it shall so inform the officers of the board and, thereafter, one officer shall be appointed to notify the applicant, in writing, of said unfavorable action. The applicant is not thereafter entitled to appear before the full board relative to this application; only applications which have been found to have substantial merit by the committee are to be submitted to the full board.

E. The full board, at its next meeting, may consider those applicants found by the committee to have substantial merit in open meeting if requested to do so by the applicant. In the absence of such request, the board shall entertain the matter in executive session. In the course of the board's review, if it deems necessary, it may require the applicant and all supporting references to appear in person before the board for the purpose of affording the board an opportunity to interview each person first hand. All expenses for the attendance of the applicant and his/her personal references shall be borne by the applicant. Moreover, the board shall prescribe time limitations for all speakers appearing before it and order such other considerations as will promote a fair and orderly meeting.

F. If the full board concurs with the favorable recommendations of the disciplinary committee, then the board shall decide upon the exact terms and conditions of any amendment, modification, or other change in the original decision rendered against the applicant. Thereafter, the applicant shall be notified, in writing, of the board's decision.

G. If the full board does not concur with the favorable recommendations of the disciplinary committee, then the board shall so notify the applicant in writing.

H. Any person desiring to file an application for a reconsideration with the board shall be permitted to do so only after 12 months following the board's decision or ratification of a consent decree and only once every 12 months thereafter, unless new and compelling information becomes available. If an application is denied, then that person must wait at least until the expiration of 12 months from the date appearing on the board's denial letter before submitting a subsequent application.

I. A licensee may request a reconsideration of adverse sanctions a maximum of three times for the same disciplinary matter. Any applications beyond this limit will be considered at the discretion of the board.

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 24:1113 (June 1998), amended LR 26:1612 (August 2000), repromulgated LR 27:1890 (November 2001), amended LR 27:1893 (November 2001), LR 36:63 (January 2010), LR 39:2278 (August 2013).

§120. Temporary Licenses and Permits Pending Normal Licenses

A. Temporary Licenses for Dentists. In order to protect the public and to avoid abuses of the exemption granted in R.S. 37:752(8), the board will not issue temporary dental licenses except to those applicants applying for a license by credentials under the provisions of R.S. 37:3651 upon their application and payment of applicable fees.

B. Temporary Licenses for Dental Hygienists. The board may issue temporary dental hygiene licenses to the following applicants:

1. those dental hygiene license by credentials applicants who have met all criteria specified in §706 prior to the next regularly scheduled board meeting and have requested and paid all fees associated with a temporary dental hygiene license; or

2. those dental hygiene license by credentials applicants who are applying under the provisions of R.S. 37:3651 upon their application and payment of applicable fees.

C. Under the provisions of R.S. 37:3651, military trained dentists or hygienists applying for a license by credentials who do not meet the practice requirements specified in §306.A.4.a-d or §706.A.4.a-b may apply for a temporary license in order to fulfill the practice requirements. Applicants must first apply for a license by credentials by meeting all other requirements listed in §306 or §706 and show their eligibility by providing the following documentation:

1. proof of good standing of current, nonrestricted license in another jurisdiction;

2. proof that there has been no disciplinary action against the applicant’s professional license in any jurisdiction;

3. proof of any military specialty training; and

4. proof of current active duty status and orders to be stationed in Louisiana; or

5. proof of honorable discharge within the 12 months immediately preceding the date of license by credentials application.

D. Under the provisions of R.S. 37:3651, the spouse of an active duty military member applying for a license by credentials who does not meet the practice requirements specified in §306.A.4.a-d or §706.A.4.a-b may apply for a temporary license in order to fulfill the practice requirements.

Applicants must first apply for a license by credentials by meeting all other requirements listed in §306 or §706 and show their eligibility by providing the following documentation:

1. proof of good standing of current, nonrestricted license in another jurisdiction;

2. proof that there has been no disciplinary action against the applicant's professional license in any jurisdiction;

3. proof of military member's current active duty status;

4. proof of current marriage to the active military member; and

5. proof of military member's orders to be stationed in Louisiana.

E. Any application for a temporary license shall be accompanied by the applicant's license by credentials application and applicable fees.

F. Temporary license holders must practice within the state of Louisiana.

G. Temporary licenses granted under this Section shall be issued for no longer than six months. The licensee must submit documentation of satisfaction of the practice requirement to renew any temporary license for a subsequent six-month period.

H. In no case shall a temporary dental license be valid for longer than three years.

I. In no case shall a temporary dental hygiene license be valid for longer than one year.

J. Temporary licenses may be revoked:

1. for any reason set forth in R.S. 37:776 or R.S. 37:777;

2. should the board deny the application for any reason set forth in §307 or §707; or

3. for failure to satisfactorily prove the licensee's practice in the state of Louisiana.

K. Permits Pending Normal Licenses. For applicants who qualify under the provisions of R.S. 37:3651 or R.S. 37:1751, a permit pending normal licensure may be issued if an application for full, normal licensure has been completed and the board is unable to issue a full license within 30 calendar days of receiving the completed application. The permit pending normal licensure is valid for 30 days and may be extended by the board beyond 30 days, but in no event beyond the next meeting of the board. The permit pending normal licensure expires automatically upon the occurrence of any one of the following:

1. 30 days have passed from the issuance of the permit pending normal license without an extension from the board; in no event may the permit pending normal licensure be extended beyond the next meeting of the board.

2. a determination by the board that the applicant is not qualified for a normal, permanent license.

3. the issuance of a normal, permanent license by the board.

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 24:1114 (June 1998), amended LR 26:1612 (August 2000), repromulgated LR 27:1893 (November 2001), amended LR 33:2652 (December 2007), LR 33:2652 (December 2007), LR 38:2771 (November 2012), LR 39:2279 (August 2013), LR 41:1285 (July 2015), LR 48:297 (February 2022).

§122. Scopes of Practice

A. The board approves any specialty of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full-time years and which program is accredited by a dental accreditation agency that is recognized by the United States Department of Education.

B. The board approves of the definition of the specialties listed in §122.A and as set forth in §301.D, and acknowledges that those definitions set forth the scope of practice of said specialties.

C. A licensed dentist is recognized as a specialist in Louisiana if the dentist meets the standards set forth below.

1. The board finds that terms implying that a dentist is a specialist in some field of dentistry are terms of art indicating that the dentist has completed an accredited postdoctoral educational program in that field of at least two years. Therefore, a licensed dentist seeking specialty recognition must have successfully completed a post-doctoral program in a specialty area of dentistry consisting of at least two full-time years and which is accredited by a dental accreditation agency that is recognized by the United States Department of Education.

2. The requirements of Paragraph C.1 of this Section shall not apply to otherwise-qualified specialists who have announced their ADA approved specialty prior to the date of initial promulgation of this Rule in 1998.

3. Specialists must provide the board with satisfactory documentation of their specialty training.

4. Specialists are required to limit their practice exclusively to the indicated specialty area(s) as defined by the board and its rules.

5. A specialist who wishes to practice general dentistry must be evaluated by the board in accordance with LAC 46:XXXIII.124 to determine the need of remediation prior to practicing general 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 24:1114 (June 1998), amended LR 28:1776 (August 2002), LR 28:2512 (December 2002), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017), LR 49:1382 (August 2023).

§124. Guidelines for Returning to Active Practice

A. Section 124 is intended to provide guidelines to enable the board to provide evaluation and remediation to dentists and dental hygienists who have not actively practiced their professions for a sufficient length of time for any reason which would justify various levels of remediation to assure the board that the dentist or dental hygienist is sufficiently qualified to again practice on the public. This Section applies whether or not a license has been inactivated.

B. In all cases where a dentist or dental hygienist has not practiced their profession due to a problem concerning unprofessional conduct, substance abuse, criminal activity, or other issues concerning moral turpitude, said dentist or dental hygienist may be assessed by a psychiatrist or psychologist of the board's choosing to determine remediability. The cost of the assessment shall be borne by the dentist or dental hygienist.

C. Evaluations of the diagnostic, clinical, and laboratory skills of the dentist or dental hygienist shall be evaluated by an entity of the board's choosing. The costs of the evaluation shall be borne by the dentist or dental hygienist. Evaluations may include, but not be limited to, comprehensive table examinations, written examinations, and clinical examinations. These examinations shall cover those areas of dentistry the board feels are necessary to have evaluated.

D. When a licensee has been inactive for a period of three months to one year, it is the prerogative of the board to have the licensee evaluated in any specific or all fields of dentistry or dental hygiene as deemed necessary by the board.

E. In all cases where a license has been suspended for a period of three months or more, the dentist or dental hygienist shall successfully complete a course in ethics as determined by the board in addition to any other requirements at the discretion of the board.

F. When a licensee has not practiced for one year or greater, an evaluation by a dentist and/or specialist appointed by the board shall be conducted. Varying degrees of remediation shall be determined by the board on a case-by-case basis. Areas of specific concern for general dentists are:

1. oral diagnosis/treatment planning;
2. dental materials;
3. operative dentistry;
4. fixed prosthodontics;
5. removable prosthodontics;
6. periodontics;
7. endodontics;
8. pain control/pharmacology;
9. nitrous oxide sedation;
10. cardiopulmonary resuscitation;
11. infection control;
12. OSHA regulations;
13. jurisprudence;
14. implantology;
15. ethics;
16. oral surgery;
17. orthodontics.

G. Specialists may be evaluated by other specialists in that field appointed by the board, or oral examinations, or written examinations.

H. Dental hygienists shall be evaluated on all areas of dental hygiene for which they are authorized to perform. These evaluations may be performed by written and/or clinical examinations.

I. When a license has been inactive for one year or greater, the licensee must submit to a fingerprint background check.

J. When a license has been inactive or a licensee has not practiced for one year or greater, the licensee will be required to successfully pass an examination administered by the board testing the licensee’s knowledge of the Louisiana Dental Practice Act and the jurisprudence affecting same. In addition, within 120 days of the reinstatement of a license or the licensee’s return to active practice, the licensee will be required to complete one-half of the continuing education requirement for relicensure as described in §§1611 and 1613. The continuing education courses shall include a board-approved cardiopulmonary resuscitation course.

K. In all cases, the board has the discretion to prescribe any course of remediation it deems fit and proper, including, but not limited to, requiring further education at a dental or dental hygiene school, participation in mini-residencies, or practicing only under the direct supervision of other licensed dentists.

L. Any dentist or dental hygienist who is authorized to return to active practice with restrictions or requirements on their license who do not completely satisfy said requirements or restrictions shall be subject to sanctions, including, but not limited to, revocation of their license whether or not a complaint has been received by the board.

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 25:511 (March 1999), amended LR 28:1776 (August 2002), LR 28:2512 (December 2002), LR 37:3515 (December 2011), repromulgated LR 38:355 (February 2012), amended LR 38:2771 (November 2012), LR 41:1285 (July 2015).

§128. Provisional Licensure for Dental Healthcare Workers Providing Gratuitous Services

A. The Board of Dentistry may grant a provisional license not to exceed 60 days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to the citizens of Louisiana:

1. the applicant is verified by the board to be in good standing in the state of licensure where the applicant is licensed;

2. the applicant provides satisfactory documentation to the board that the dental healthcare provider is assigned to provide gratuitous services;

3. the applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana; and

4. the treatment site is deemed appropriate by the board.

B. The Board of Dentistry may grant a provisional license not to exceed 60 days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to patients as part of a continuing education course in which the dental healthcare provider is enrolled as a participant and which services are provided as part of the continuing education course provided.

1. The applicant is verified by the board to be in good standing in the state of licensure where the applicant is licensed.

2. The applicant provides satisfactory documentation to the board that the dental healthcare provider is assigned to provide gratuitous services as part of a continuing education course that meets the requirements of LAC XXXIII.1615.

3. The applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana, except that the provider of the continuing education course may accept payment from the dental healthcare provider for the continuing education course.

C. The board may renew this provisional license for no more than an additional 60 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 32:1227 (July 2006), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017), LR 51:787 (June 2025).

§132. Administration of Botox and Dermal Fillers

A. The board does not issue permits for the administration of Botox or dermal fillers. The board does not regulate dental materials of any type. However, due to the rising utilization of these materials by dentists, the board sets forth the following requirements.

B. Before administering Botox or dermal fillers, a dentist must have either received satisfactory training in a dental institution accredited by the Commission on Dental Accreditation of the American Dental Association or successfully completed a continuing education course of instruction that includes at a minimum the following:

1. patient assessment and consultation for Botox and dermal fillers;

2. indications and contraindications for these techniques;

3. safety and risk issues for botulinum neurotoxin/dermal fillers injectable therapy;

4. proper preparation and delivery techniques for desired outcomes;

5. enhancing and finishing esthetic dentistry cases with dermal fillers;

6. botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;

7. knowledge of adverse reactions and management and treatment of possible complications;

8. patient evaluation for best esthetic and therapeutic outcomes;

9. integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans;

10. live patient hands-on training including diagnosis, treatment planning, and proper dosing and delivery of Botox and dermal fillers.

C. Botox and dermal fillers shall only be administered in dental offices using universal precautions as required by the Federal Centers for Disease Control.

D. All dental auxiliaries are prohibited from administering either Botox or dermal fillers.

E. Continuing education courses shall be approved or sponsored by one or more of the entities set forth in LAC 46:XXXIII.1615.

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 37:3513 (December 2011).

§134. Prescription Monitoring Program

A. Pursuant to R.S. 40:973(A), all dentists who have obtained a controlled dangerous substance license issued by the Board of Pharmacy shall automatically be enrolled in the Prescription Monitoring Program established in R.S. 40:1001 et seq.

B. A prescriber or his delegate shall access and review the patient's record in the Prescription Monitoring Program and review the patient's record at least every 90 days if the patient's course of treatment continues for more than 90 days. The requirement established in this Section shall not apply in the following instances.

1. The drug is prescribed or administered to a hospice patient or to any other patient who has been diagnosed as terminally ill.

2. The drug is prescribed or administered for the treatment of cancer-related chronic or intractable pain.

3. The drug is ordered or administered to a patient being treated in a hospital.

4. The Prescription Monitoring Program is inaccessible or not functioning properly due to an internal or external electronic issue. However, the prescriber or his delegate shall check the Prescription Monitoring Program once the electronic accessibility has been restored and note the cause for the delay in the patient's chart.

5. No more than a single seven-day supply of the drug is prescribed or administered to a patient.

C. Failure to comply with this Rule shall constitute a violation of R.S. 37:776(A)(6) and/or 37:776(A)(24) and may subject the dentist to punishment, penalty, sanction or remediation as provided for in the Dental Practice Act.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Dentistry, LR 44:45 (January 2018).

§136. Dental Records

A. Dental patients have the right to receive copies of their dental records and/or radiographs when requested in writing by the patient or his authorized representative. Patients or their authorized representative requesting copies of patient records and/or radiographs may be charged amounts set forth in R.S. 40:1165.1. The dental records and/or radiographs may be withheld pending payment of the amount set forth in R.S. 40:1165.1 if a payment request has been made by the dentist or custodian of the records within fifteen days of the request for dental records and/or radiographs.

B. Dental patients have the right to have copies of their dental records and/or radiographs sent to subsequent and/or concurrent treating health care providers when the request is made in writing by the patient, his authorized representative, or the subsequent/concurrent treating health care provider.

C. The Louisiana State Board of Dentistry (Board) has the right to receive copies of dental records and/or radiographs when requested by the Board in writing.

D. When Dental records and/or radiographs, of a patient are requested in writing by a patient, his authorized representative, a subsequent or concurrent treating health care provider or the board, the records must be made available within thirty days of the request, or within twenty days of a payment request as set forth in Subsection A of this Section.

E. Dental records produced pursuant to this Section must be legible. If there is handwriting that is illegible in the original records, the records produced must include a typed transcript of the illegible handwriting.

F. Radiographs produced pursuant to this Section must be diagnostic and must be able to be read without the use of proprietary software.

G. The treating dentist whose treatment is reflected in the records and/or radiographs requested pursuant to this Section is responsible for complying with this Section and may be sanctioned by the board if any part of this Section is violated. The treating dentist is responsible for assuring that the requirements of this Section are followed even if he has left the practice where the treatment was rendered and may be sanctioned by the board if any part of this Section is violated.

H. If the treating dentist whose treatment is reflected in the records and/or radiographs requested pursuant to this Section has left the practice where the treatment occurred, the dentist owner(s) of the practice in possession of the records and/or radiographs is responsible, along with the treating dentist, for complying with the requirements of this Section and may be sanctioned by the board if any part of this Section is violated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 51:1161 (August 2025).

Chapter 2. Teledentistry

§203. Teledentistry

1. Teledentistry is defined as the use of medical or dental information exchanged from one site to another via electronic communications to provide dental treatment or diagnosis, but does not include email or telephone exchanges between a provider and a patient with whom an in-person provider-patient relationship has been established.

2. Treatment or diagnosis of a patient via teledentistry is considered to occur at the location of the patient at the time of the treatment or diagnosis.

3. Treatment or diagnosis via teledentistry may be provided to patients in Louisiana only by a dentist who holds a license issued by the Board of Dentistry. The Louisiana licensed dentist need not be in Louisiana while providing the teledentistry services.

4. An exception to the requirement that the provider of teledentistry services to a patient in Louisiana hold a Louisiana license is when a Louisiana licensed dentist with an in-person relationship with a patient consults an expert with a valid dental license in another United States jurisdiction for advice regarding the patient's treatment or diagnosis; in this case the expert consulted need not have a Louisiana license.

5. The standard of care applicable to a provider of teledentistry services, including obtaining informed consent and record documentation, is no different from the standard of care required in traditional dentistry.

6. Direct supervision by a dentist of staff performing dental related tasks may not be done via teledentistry except as otherwise provided by §701 of these rules.

7. Controlled substances may not be prescribed via teledentistry except in emergency situations where the dentist determines:

a. That immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user, and

b. That no appropriate alternate treatment is available, including administration of a drug that is not a controlled substance.

In an emergency situation the prescription for a controlled substance must be limited to the amount adequate to treat the patient during the emergency period.

8. The provider of teledentistry services must provide his identity to the patient, his location at the time of the service, the location of the patient records produced as a result of the treatment, and information on how the patient can obtain copies of the records produced as a result of the treatment.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Dentistry, LR 47:236 (February 2021).

Chapter 3. Dentists

§301. Advertising and Soliciting by Dentists

A. Scope. This Section provides for advertising requirements in addition to those set forth in R.S. 37:774 and R.S. 37:775 for dentists licensed and practicing in this state. The provisions in this Section shall govern any and all forms of advertisements including but not limited to all forms of printed and electronic media and direct or telephone solicitations.

B. Identification of Licensee. All advertising in any medium must identify the Louisiana licensed dentist who sponsors or benefits from, and assumes total responsibility for, the advertisement. The term *identify* shall mean the use of the licensee's commonly used name or the name appearing on his dental license or renewal certificate, together with the current address and telephone number the licensee has on file with the board.

C. The board approves any specialty of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full-time years and which program is accredited by a dental accreditation agency that is recognized by the United States Department of Education.

D. Definitions

Advertisement and *Advertising*—any statement, oral or written, disseminated to or displayed before the public or any portion thereof with the intent of furthering the purpose, either directly or indirectly, of selling professional services, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services. The provisions of this Section shall apply to *advertising* of any nature regardless of whether it is in the form of paid advertising.

Dental Public Health—the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs, as well as the prevention and control of dental diseases on a community basis. Implicit in this definition is the requirement that the specialist have broad knowledge and skills in public health administration, research methodology, the prevention and control of oral diseases, the delivery and financing of oral health care, and the identification and development of resources to accomplish health goals.

Endodontics—the branch of dentistry that is concerned with the morphology, physiology, and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp; and associated periradicular condition.

Oral and Maxillofacial Radiology—the specialty of dentistry and the discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy, in a manner that minimizes risk to the patient, operator and the public, that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

Oral and Maxillofacial Surgery—the specialty of dentistry which includes the diagnosis, surgical, and adjunctive treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

Oral Pathology—the specialty of dentistry and discipline of pathology which 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 effect of these diseases. The practice of oral pathology includes research, diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations, and management of patients.

Orthodontics and *Dentofacial Orthopedics*—the area of dentistry concerned with the supervision, guidance, and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception, and treatment of all forms of malocclusion of the teeth and associated alterations of their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiological and aesthetic harmony among facial and cranial structures.

Pediatric Dentistry—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.

Periodontics—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; the maintenance of the health, function and esthetics of these structures and tissues; and the replacement of lost teeth and supporting structures by grafting or implantation of natural and synthetic devices and materials.

Prosthodontics—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 maxillofacial tissues using biocompatible substitutes.

E. Prohibition on Misrepresentative or Fraudulent Advertising. No dentist shall disseminate or cause the dissemination of any advertisement or advertising which is in any way fraudulent, false, deceptive, or misleading in form or content. Additionally, no dentist shall disseminate or cause the dissemination of any advertisement or advertising which:

1. contains misrepresentations of fact;

2. is likely to mislead or deceive because in its context or in the context in which it is presented it makes only a partial disclosure of relevant facts;

3. contains laudatory statements about the dentist or group of dentists;

4. is intended or likely to create false, unjustified expectations of favorable results;

5. relates to the quality of dental services provided as compared to other available dental services;

6. advertises any procedure mandated or prohibited by law, such as advertising that a dentist has “state of the art sterilization,” when state of the art sterilization is required of all dentists;

7. contains other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or to be deceived. For example, it is fraudulent, false, deceptive, and misleading for a dentist who utilizes a laser in his dental practice to advertise that the use of lasers is painless, heals faster, or provides better results than other dental procedures. However, a dentist may advertise that he treats patients with a laser in certain circumstances.

F. Advertising through or with Referral Services. Any dentist who advertises by, through or with a referral service shall be held responsible for the contents of such advertising, and all advertisements shall comply with this rule.

G. Disclosure of Area of Practice

1. Specialists must disclose their specialties in print larger than and/or bolder and noticeably more prominent than any service offered in their specialty or related area of dentistry.

2. Those dentists who have not completed a post-doctoral training program in an approved specialty of dentistry listed in §301.C must advertise their areas of practice in such a way that the public is not misled into believing that the dentist has met the educational requirements for the specialties listed.

3. Anyone not qualified for the specialties listed in §301.C must disclose "General Dentistry" or "Family Dentistry" in print larger and/or bolder and noticeably more prominent than any area of practice or service advertised.

4. Those group practices which include general dentists and specialists must list the phrase "General Dentistry and Specialty Practice" or "Family Dentistry and Specialty Practice" larger and/or bolder and noticeably more prominent than any service offered. All dentists associated with the group and their area of practice shall be listed.

H. Prohibition on Advertising Names of Persons Not Involved in Practice. Advertising which includes the name of a person who is neither actually involved in the practice of dentistry at the advertised location nor an owner of the practice being advertised is not permitted. However, to facilitate the smooth transition of a practice after its sale from one licensee to another, it is permissible to identify the previous owner in advertising by the new owner for a reasonable period of time not to exceed a period of 24 months. If a practice is being managed in transition following the death or disablement of a dentist, it is permissible to identify the deceased or disabled dentist in advertising for a period not to exceed 24 months following the death or disability of said dentist. This rule does not provide authority to use a previous owner's name in any advertising without first obtaining that licensee's or his legal representative's written permission to do so.

I. Advertisement of Fees and Discounted Services

1. An appropriate disclosure regarding advertised fees is necessary to protect the public so all procedures or devices which are advertised with fees must adequately describe the procedure or device in such a way that a layperson is not mislead. Proof of customary fee must be available if discounted fees are advertised, and the true fee from which the discount is taken must be in the advertisement also.

2. Any advertisement containing fee information shall contain a disclaimer statement that the fee is a minimum fee, and that the charges may increase depending on the treatment required, if any.

3. Any advertised fee for a dental service shall state a specified period during which the fee is in effect or that service shall remain available at or below the advertised fee for at least 90 days following the final advertisement for that service.

J. Appendages. In addition to those appendages required by law pertaining to one's business entity such as Professional Dental Corporation (P.C.) or Dental Limited Liability Company (L.L.C.), dentists may only use those abbreviations or appendages as specified under R.S. 37:771 or other degrees earned from accredited colleges or universities after their names. Fellowships, awards, membership in academies, or non-degreed boards may be spelled out in their entirety under

one's name, but not appended to the name so as to avoid confusion to the consumer. However, fellowships, awards, memberships in academies and non-degreed boards may be appended to names in newsletters which are not intended for publication or dissemination to the public but which remain peculiar to dentists or dental hygienists. An example is the "Pelican Pouch" which is a newsletter which goes out to members of the Academy of General Dentistry. It is permissible for persons to append "F.A.G.D." after their names in newsletters such as this.

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

HISTORICAL NOTE: Adopted by the Department of Health and Human Resources, Board of Dentistry, December 1970, amended 1971, amended and promulgated LR 13:179 (March 1987), amended by Department of Health and Hospitals, Board of Dentistry, LR 15:966 (November 1989), LR 18:739 (July 1992), LR 20:657 (June 1994), LR 21:567 (June 1995), LR 22:23 (January 1996), LR 22:1215 (December 1996), repromulgated LR 23:199 (February 1997), amended LR 23:1524 (November 1997), LR 25:509 (March 1999), LR 25:1476 (August 1999), LR 26:690 (April 2000), LR 27:1890 (November 2001), LR 28:1776 (August 2002), LR 28:2512 (December 2002), LR 30:2305 (October 2004), LR 32:243 (February 2006), LR 37:2150 (July 2011), LR 42:872 (June 2016), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017), LR 49:1382 (August 2023).

§304. Address of Dental Practice and Mailing Address

A. Each dentist shall inform the Louisiana State Board of Dentistry of his official mailing address and all office addresses at which the dentist practices dentistry within 30 days of changing his official mailing address or commencing practice at each location if the dentist practices for more than 30 days in a 1-year period at the new location.

B. Failure of a dentist to notify the board within 30 days of any change of official mailing address or office move or relocation will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

C. Within 30 days following the abandonment of any office located within Louisiana, all signs or references to the practice of dentistry at said former office by the dentist shall be removed. This pertains to all references whether attached or not attached to the abandoned premises. A licensee's failure to remove said signs in accordance with this Section will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

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 15:965 (November 1989), amended LR 18:739 (July 1992), LR 23:1525 (November 1997), LR 31:927 (April 2005), LR 42:59 (January 2016).

§306. Requirements of Applicants for Dental Licensure by Credentials

A. The board may issue a license by credentials in lieu of an examination administered by a board approved clinical licensing examination agency provided that the applicant provides to the board satisfactory documentation evidencing that the applicant:

1. meets all requirements set forth in R.S. 37:761 and 37:768, and LAC 46:XXXIII.103 and 1805;

2. has satisfactorily passed an examination administered by the Louisiana State Board of Dentistry testing the applicant's knowledge of the Louisiana Dental Practice Act and the jurisprudence affecting same;

3. currently possesses a nonrestricted license in another state as defined in R.S. 37:751(A)(2);

4. has been in active practice, while possessing a nonrestricted license in another state, by:

a. working full-time as a dentist at a minimum of 1,000 hours per year for the preceding three years before applying for licensure in Louisiana; or

b. working full-time in dental education as a teacher for a minimum of three years immediately prior to applying for licensure in Louisiana; or

c. having successfully completed a two-year general dentistry residency program, and applying for a Louisiana dental license by credentials within 180 days of his completion of the program; or

d. having successfully completed a residency program in one of the board-recognized dental specialties as defined in §301, and applying for a Louisiana dental license by credentials within 180 days of his completion of the program;

5. successfully completed an initial clinical licensure examination in a United States jurisdiction that included a hand skills assessment;

6. has not failed any clinical licensure examination a total of three or more times. This number includes the accumulation of all examinations taken regardless of the testing agency. This number excludes failures of clinical examinations taken prior to an applicant's final year of dental school. A make-up examination counts as an examination. This prohibition may be overcome if the applicant meets all of the other requirements of this Rule, including the successful completion of an initial licensure examination that included procedures on a live patient, and:

a. has been actively practicing with an unrestricted dental license for five years in another state as defined in R.S. 37:751(A)(2), has not had any discipline by the dental board in any state, and meets in person with the full board, and thereafter a majority of the full board votes to overcome this prohibition; or

b. following the last failure of a clinical licensure examination, completes a dental post-doctoral program of a minimum of one year which is accredited by an accreditation agency that is recognized by the United States Department of Education, meets in person with the full board, and thereafter a majority of the full board votes to overcome this prohibition;

7. is endorsed as being in good standing by the state board of dentistry in the state of current practice and all prior states of licensure and practice;

8. has no pending criminal charges against him/her;

9. has paid all nonrefundable costs and fees;

10. has fully completed the required application form with all supporting data and certification of competency and good character;

11. has submitted Drug Enforcement Administration registration certificate number and state narcotics license number in all states wherein same are held or have been held;

12. has submitted one recent passport type color photograph;

13. has accounted for all units of time since graduation from dental school;

14. has furnished three affidavits of recommendation from professional associates (unrelated to the applicant) who have knowledge of the applicant's ability to practice dentistry after the applicant's graduation from dental school;

15. has no physical or psychological impairments which would, in the judgment of the board, adversely affect his/her ability to practice dentistry;

16. has completed continuing education in compliance with the rules of all states in which he is currently licensed and practicing;

17. has, if deemed necessary by the board, appeared for a personal interview before the board;

18. has shown or provided a sworn affidavit that there are no unresolved complaints against him/her;

19. has provided satisfactory explanation of any and all malpractice insurance payments made on the behalf of the applicant or any of the applicant's employers; and

20. has shown that his/her professional liability insurance has never been revoked, modified, or nonrenewed.

B. Licensure by credentials shall be granted subject to the provisions of §307.A.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and (13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:739 (July 1992), amended LR 21:571 (June 1995), LR 22:23 (January 1996), LR 23:1528 (November 1997), LR 24:1114 (June 1998), LR 25:513 (March 1999), LR 26:692 (April 2000), LR 26:1612 (August 2000), repromulgated LR 27:1893 (November 2001), amended LR 28:1777 (August 2002), LR 30:2305 (October 2004), LR 31:927 (April 2005), LR 32:243 (February 2006), LR 33:846 (May 2007), LR 33:2652 (December 2007), LR 34:2564 (December 2008), repromulgated LR 35:67 (January 2009), amended LR 37:1405 (May 2011), LR 37:3515 (December 2011), repromulgated LR 38:355 (February 2012), amended LR 39:87 (January 2013), amended by the Department of Health, Board of Dentistry, LR 44:46 (January 2018), LR 48:299 (February 2022), LR 49:65 (January 2023).

§307. Criteria to be Utilized to Determine Professional Competence, Conduct and Ethics of an Applicant Seeking Licensure by Credentials

A. The following procedures shall be utilized by the board in determining the professional ability, conduct, and character of all applicants for a dental license in Louisiana by licensure by credentials:

1. information from the National Practitioner Data Bank and/or the American Association of Dental Examiners' Clearinghouse for Disciplinary Information;

2. questioning under oath;

3. drug testing if reasonable cause is presented;

4. background check for criminal or fraudulent activities or conduct reflecting upon one's professional conduct or ability;

5. the board reserves the right to conduct investigations into any and all information provided to satisfy statutory or regulatory requirements for licensure by credentials.

B. Regardless of the applicant's compliance with the foregoing and the requirements listed in §306, the board may refuse to issue a dental license based on the applicant's credentials for any of the following:

1. any material misrepresentation or omission in the application; or

2. any disciplinary action or sanctions taken against an applicant's license in another jurisdiction; or

3. any reason listed in R.S. 37:775 or R.S. 37:776.

C. False or fraudulent statements or material omission will result in suspension or revocation of licensure if discovered after issuance of a license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:740 (July 1992), amended LR 39:88 (January 2013).

§308. Licensure by Credentials for Those Applicants Possessing D.D.S., D.M.D. and/or M.D. Degrees

A. The board shall issue a license to an applicant without the necessity of further examination except as required by R.S. 37:761, if it is determined that the applicant meets the requirements of §306 of this Chapter or:

1. is a graduate, with either a D.D.S. or D.M.D., of an accredited dental school or college or of a dental department of a university approved by the board and accredited by the Commission on Dental Accreditation of the American Dental Association; and

2. is licensed to practice dentistry in another state as defined in R.S. 37:751(A)(l); and

3. has successfully completed a graduate training program in a recognized specialty branch of dentistry; or has completed a residency in general dentistry as recognized by the American Dental Association; and

4. is currently duly licensed to practice medicine in this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:740 (July 1992).

§310. Transportation Provided to Patients by Dentists

A. When transportation is provided to a patient by a dentist, or his agent, for the purpose of providing dental care to that patient, transportation must be provided for all subsequent follow-up treatments for the patient until all diagnosed treatment is completed. The dentist must keep written documentation for a minimum of three years following the initial visit by the patient evidencing his providing of transportation and/or his offer to provide transportation. An offer to provide transportation shall contain a signature by the patient, or the patient's parent or guardian, showing that they accepted or declined the offer of transportation for dental care. Lack of documentation shall be prima facie evidence that the offer to provide transportation was not made by the dentist.

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 21:573 (June 1995).

§313. Portable and Mobile Dentistry

A. Definitions

Mobile Dental Clinic or *Mobile Dental Unit*—any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another using fixed dental equipment and plumbing.

Mobile Operator—a dentist licensed in Louisiana who has registered a Mobile Dental Clinic or Mobile Dental Unit with the dental board pursuant to these rules and who provides dental services in a Mobile Dental Clinic or Mobile Dental Unit either directly and/or through Louisiana licensed dentist associates.

Mobile Operator Permit—an authorization given to a Louisiana licensed dentist for the physical use of a mobile dental clinic or mobile dental unit in which to provide dental services. One mobile operator permit is required for each mobile clinic regardless of the number of dentists who practice in the clinic.

Operation—the activity conducted by Mobile or Portable Operators.

Operator—a licensed Louisiana dentist that has a current Mobile or Portable Operator Permit.

Portable Dental Clinic—the use of portable dental delivery equipment which is set-up on site to provide dental services at locations other than a Mobile Dental Clinic or Mobile Dental Unit and other than a dental office and uses non-fixed dental equipment and plumbing.

Portable Operator—a dentist licensed in Louisiana providing dental services at a location other than a mobile dental clinic or mobile dental unit and other than a fixed dental office either directly and/or through Louisiana licensed dentist associates. One portable operator permit is required for each set of portable dental equipment regardless of the number of dentists who work in the portable dental clinic.

Portable Operator Permit—an authorization given to a Louisiana licensed dentist to provide dental services at locations other than a Mobile Dental Clinic or Mobile Dental Unit and other than a dental office. The Portable Operator Permit is required of the owner of the Operation and does not apply to any dentist employed or contracted with the owner of the Operation.

B. Exemptions

1. Exempt from the requirements of these regulations for portable or mobile dentistry and for the use of a *mobile dental clinic*, *mobile dental unit*, or *portable dental clinic* are all federal, state, or local governmental agencies.

2. Dentists licensed to practice in Louisiana who have not registered with the board to operate a mobile dental facility or a portable dental operation may provide dental services through the use of dental instruments, materials, and equipment taken out of a dental office without registering if the service is provided as emergency treatment for their patients of record.

3. The services are limited to dental sealants, screenings, cleanings, radiographs, and fluoride treatments provided that such services are performed at no charge to the patient, the patient’s parent or guardian, or any third-party payor.

4. Dentist licensed to practice in Louisiana who limit their mobile or portable practice to taking impressions and delivering mouthguards and removable dentures.

C. Application and Criteria for Permit

1. To operate mobile or portable operations a dentist must be licensed in Louisiana, in good standing with the dental board, and must have a mobile operator permit, a portable operator permit, or both.

2. A dentist licensed in Louisiana desiring to obtain a *mobile operator permit* from the dental board in order to provide dental services in a *mobile dental clinic* or *mobile dental unit*, shall apply to the dental board for a *mobile operator permit* on an application form to be provided by the dental board and by providing evidence of compliance with the requirements of this section and paying all appropriate fees.

3. A dentist licensed in Louisiana desiring to obtain a *portable operator permit* to provide dental services at locations other than his office, shall apply to the dental board for a *portable operator permit* on an application form to be provided by the dental board and by providing evidence of compliance with the requirements of this section and paying all appropriate fees.

4. All mobile or portable operations must conform to all existing and applicable Dental Practice Act rules and

regulations, federal, state, and local laws, regulations, and ordinances including those relative to radiographic equipment, flammability, construction, sanitation, zoning, OSHA regulations, and applicable Federal Centers for Disease Control Guidelines and Prevention, Louisiana Department of Health and Hospital regulations including those for medical waste transportation, and the applicant possesses any applicable parish and city licenses or permits to operate the unit.

5. Each mobile dental clinic or mobile dental unit shall have:

a. ready access to a ramp or lift if necessary;

b. a properly functioning sterilization system;

c. ready access to an adequate supply of potable water;

d. ready access to toilet facilities if necessary;

e. a covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials;

f. an emergency kit available at all times;

g. portable oxygen available at all times;

h. medical waste disposal consistent with CDC guidelines;

i. properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality;

j. suction equipment to maintain the current prevailing standard of care.

6. Each *portable dental clinic* shall have:

a. ready access to an adequate supply of potable water;

b. a covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials;

c. an emergency kit available at all times;

d. portable oxygen available at all times;

e. medical waste disposal consistent with CDC guidelines;

f. a properly functioning sterilization system;

g. properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality;

h. suction equipment to achieve a minimum level of three cubic feet per minute.

7. The *mobile dental clinic*, mobile dental unit, or portable dental clinic shall be inspected in a timely fashion by a dental board member or a staff evaluator prior to receiving approval to operate.

8. During operations the mobile dental clinic, mobile dental unit, or portable dental clinic shall prominently display all applicable licenses and permits in compliance with §104 of these rules. These documents may be kept in a notebook labeled Licenses and Permits. Copies of licenses and permits are acceptable.

9. Transferability. Neither the mobile or portable permits are transferable.

10. Renewal. Mobile or portable permits expire at the same time as the operator's dental license but shall be renewed at the time the operator renews his or her dental license by completing the renewal form and paying all applicable fees.

D. Record Keeping. The operator or operation shall maintain an official business or mailing and actual, physical address of record which shall not be a post office box except where mail is deliverable to a post office box only and a 24 hour emergency telephone number which shall be filed with the board. The dental board shall be notified within 30 days of any change in the address of record. All written or printed, or electronic documents available from or issued by the operator or operation shall contain the official address of record of the operator or operation. When not in transit, all dental and official records, printed or electronic shall be maintained or available at the official office address of record, in conformity with all record-keeping requirements.

E. Practice Standards

1. All *operators* and dentists providing care in *mobile dental clinics*, *mobile dental units*, or *portable dental clinics* shall maintain and uphold the prevailing standard of dental care.

2. Anesthesia in all operations shall be limited to local anesthetics only.

3. An *operator* or *operation* must have communication facilities immediately available which will enable the *operator* thereof to contact necessary parties in the event of a medical or dental emergency including 911 capabilities.

4. An *operator* or *operation* which accepts a patient and provides preventative treatment, including prophylaxis, radiographs, and fluoride shall make appropriate referrals for follow-up treatment when indicated in the dentist’s professional judgment and is subject to the prevailing standard of dental care.

5. An *operator* or *operation* must ensure that all dental services are provided in a clean, sanitary place, and in compliance with applicable Federal Centers for Disease Control and Prevention Guidelines, the Dental Practice Act and regulations, federal, state, and local laws, regulations, and ordinances including those relative to radiographic equipment, flammability, construction, sanitation, zoning, Louisiana Department of Health and Hospital regulations including those for medical waste transportation, and the applicant possesses any applicable parish and city licenses or permits to operate the unit.

6. An *operator* shall identify and advise the dental board within 30 days of any personnel change relative to all licensed dentists and dental hygienists, associated with the provision of dental services by providing their full names, addresses, telephone numbers, and license numbers.

7. At all times the mobile or portable dental activities shall be under the supervision of the dentist with the *operator* permit or any dentist working in that practice subject to direct and general supervision stipulations found in §701. Any dentist or dental hygienist rendering services shall be licensed and in good standing with the dental board.

8. Although the *operator* and *operation* is responsible for providing emergency follow-up care, the *operator* or *operation* must certify and provide the dental board a copy of a written agreement for emergency follow-up care for patients treated at said locations and the agreement is to include identification of and arrangements for treatment in a dental facility which is permanently established within 25 miles of the treatment site. When the *operator* has demonstrated no emergency facility is available within the area, the board may grant a distance waiver of this rule to promote and foster access to dental care.

9. When analogue radiographs are to be made by the operator or operation, a lead apron which includes a thyroid collar shall be utilized and adequate protection for the x-ray technician shall be utilized. The lead apron is not necessary when the radiographs are digital.

F. Cessation of Operations

1. Upon cessation of the operation, the *operator* shall notify the dental board within 30 days of the last day of *operation* in writing of the final disposition of patient records and charts.

2. If the *operation* is sold, a new registration application must be filed with the board.

3. Upon choosing to discontinue practice or services, the *operator* or *operation* shall notify within 30 days all patients where and how they may obtain their dental records.

4. The *operator* or *operation* shall make reasonable arrangements with the active patients of the operation for the transfer of the patients' records, including radiographs or diagnostic quality copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.

5. As used in this section "active patient" applies and refers to a person whom the *operation* has examined, treated, cared for, or otherwise consulted with during the two-year period prior to discontinuation of practice, or moving.

G. Consent Forms for Minors. No services may be performed on minors without a signed consent form from the parent or guardian, which includes the following:

1. a statement that if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider;

2. a statement that a parent or guardian may attend all dental visits and the form provides a telephone number and address where the parent or guardian can contact the operator's office if they wish to be at the school, facility or site when the minor is being treated. If the parent or guardian contacts the operator's office requesting to be present at the dental visit when their child is being treated, then the operator shall notify the parent or guardian when dental care is to be rendered so the parent or guardian can be present. If the parent or guardian requests to be present, but does not appear at the site where the treatment is being provided no dental care shall be rendered to that patient;

3. a telephone number for emergency services;

4. the telephone number of the parent or guardian. If the parent or guardian fails to include a contact phone number, then no dental services can be provided to that minor;

5. the consent form shall be provided in duplicate in order for the parent or guardian to be provided a copy;

6. confirmation that the patient, parent or legal guardian further understands treatment through such mobile dental or portable dental providers may affect future Medicaid and insurance benefits for the patient for one year;

7. a conspicuous statement that the parent or guardian should contact the operator at the operator's toll free number if the parent or guardian has any questions whatsoever regarding the information provided or the consent form to be signed. The operator shall make a notation in the patient's chart regarding all questions and answers between the two parties.

H. Information for Patients

1. All consent forms shall include but not be limited to the following:

a. a complete listing of all procedures which may be performed by the operator which shall include a description of the risks and potential complications;

b. a description of all behavior management procedures which may be involved in the provision of dental treatment, and those risks associated with such dental treatment or course of dental treatment, which would ordinarily have been disclosed under the same or similar circumstances by dentists with the same or similar training and experience. The parent or guardian should be encouraged to call the operator if he or she has any questions concerning any of the above. All questions must be answered in a satisfactory manner. A check box or similar feature should appear by each type of procedure listed and appropriate instructions provided so that a parent or guardian may give permission for treatment of a minor to include only those procedures specifically chosen from the list and the behavior management procedures;

c. a statement encouraging the parent or guardian to be present during the treatment of the patient in order to assist the dentist, if necessary, with behavior management;

d. a notation that treatment cannot be rendered on a minor patient unless his or her medical history has been updated within the past six months. A space on the consent form shall include a place for the parent to list any medical or dental problems which the patient may have;

e. an explanation of the notice of the operator's privacy practices which shall be in conformity with all federal and state laws.

2. When appropriate, during or at the conclusion of each patient's visit to the operation, the patient shall be provided with an information sheet and a copy shall be mailed to the patient's home. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long-term care facility or school.

3. The information sheet as required herein shall include the following:

a. 24-hour toll free as well as an in-state telephone number and address where the parent, guardian, or patient can contact the operator's office for questions or emergency dental care;

b. the name of the dentist who provided services;

c. a description of the treatment rendered;

d. referral information if necessary;

e. post-operative instructions as necessary.

I. Standards for Equipment

1. The equipment and supplies shall be of a type and condition that allows the dentist providing dental services to meet the prevailing standard of dental care.

2. The equipment and supplies shall be subject to inspection by any dental board member, staff member or agent of the dental board.

J. Inspection of Mobile and Portable Operations

1. Inspections of *mobile dental clinics*, *mobile dental units*, or a *portable operator* location of service may be conducted by any dental board member, staff member, or agent of the dental board.

2. The dental board shall be provided with a list of all sites, including addresses where the operator shall conduct mobile or portable activities, at the time the permit is applied for and it shall be updated as necessary every 30 days.

K. Disposal of Infectious Waste. An *operator* or *operation* must handle and dispose of all waste in accordance with §1001 of the board's rules. The transporting of any biohazardous wastes shall be done in compliance with the Louisiana Department of Health and Hospital regulations for the handling and transportation of medical waste.

L. Non-resident Management and Administration Rules

1. An administrative company shall not be permitted to perform any duties or services that are exclusively a Louisiana licensed dentist's responsibility under the Louisiana Dental Practice Act, including the following:

(a) Division of fees or other remuneration or consideration with any person not licensed to practice dentistry in Louisiana, or an agreement to divide and share fees received for dental services with any non-dentists in return for referral of patients to the licensed dentists, whether or not the patient or legal representative is aware of the arrangement. However, this Paragraph shall not forbid dentists licensed in Louisiana from practicing in a partnership or professional corporation and sharing professional fees or forbid a dentist licensed in Louisiana from employing another dentist licensed in Louisiana. In addition, no dentist licensed in Louisiana shall share professional fees with a dentist whose license is either suspended or revoked during said period of suspension or revocation.

and R.S. 37:776(A)(10) which provides as follows:

(a) Employing, procuring, inducing, aiding, or abetting a person not licensed or registered as a dentist to engage in the practice of dentistry or to possess an ownership interest of any kind in a dental practice, but the person practiced upon shall not be an accomplice, employer, procurer, inducer, aider, or abettor within the meaning of this provision.

2. The *operator* must provide to the board proof that the administrative company is authorized to conduct business in the State and has a valid Certificate of Good Standing issued by the Louisiana Secretary of State.

3. An administrative company shall not be permitted to perform any duties or services that are exclusively a Louisiana licensed dentist's responsibility under the Louisiana Dental Practice Act, including the following:

a. own a mobile or portable dental practice;

b. provide dental care;

c. determine what dental services should or should not be offered to a patient;

d. establish infection control procedures and standards;

e. determine patient charges and collection policies;

f. determine when a patient should or should not be referred and where the patient shall be referred;

g. establish HIPAA standards;

h. select and employ associated dentists and dental staff.

M. Miscellaneous Provisions

1. All dental health care providers of mobile or portable dentistry shall wear in a conspicuous place on their person a name tag identifying them and their position (D.D.S., R.D.H., EDDA, or D.A.).

2. All mobile or portable dentistry providers shall have written protocols for each of the following areas which shall be kept at the operator's office and with all applicable licenses and permits:

a. sterilization procedures, including where dedicated and observable sterilization areas are located;

b. transportation of all waste materials, instruments and equipment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), and Act 429 of the Regular Legislative Session of 2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 36:2035 (September 2010), amended LR 37:1406 (May 2011), LR 42:59 (January 2016), LR 50:684 (May 2024).

§316. Disclosure of Financial Interest by Referring Dental Health Care Provider

A. This rule is authorized and mandated by R.S. 37:1744 and R.S. 37:1745 and a violation of §316 will constitute a violation of either R.S. 37:776.A.(24) or R.S. 37:777.A.(18).

B. No dental health care provider shall make referrals outside the same group practice as that of the referring dental health care provider to any licensed health care facility, or provider of health care goods and services, including, but not limited to, providers of clinical laboratory services, diagnostic services, medicinal suppliers, and therapeutic services when the referring dental health care provider has a financial interest served by such referrals, unless in advance of any such referral, the referring dental health care provider discloses to the patient, in writing, the existence of such financial interest. Nothing herein shall be construed to allow any Louisiana dentist or dental hygienist to violate R.S. 37:776(A)(9) or 37:777(A)(15), which prohibits patient referrals in return for the payment of something of value, except as provided therein, whether or not the arrangement is first disclosed, in writing, to the patient.

C. *Financial Interest*—a significant ownership or investment interest established through debt, equity, or other means and held by a dental health care provider or a member of a dental health care provider's immediate family, or any form of direct or indirect remuneration for referral.

D. It shall be a violation of §316 for any licensee to enter into any arrangement or scheme, including cross-referral arrangements, if the licensee knows, or should know, that he or she has a principal purpose of insuring referrals by the licensee to a particular entity, which referral, if made directly by the licensee, would be a violation of §316.

E. Notwithstanding any other law to the contrary, any dental health care provider who violates the provisions of §316 shall refund all such sums received in payment for the goods and services furnished or rendered without disclosure of financial interest. Such a refund shall be paid to the individual patient, third-party payor, or other entity which made the payment.

F. Any violation of §316 constitutes grounds for the suspension or revocation of a license in addition to any other fines or restrictions on a dental license commensurate with the circumstances.

G. A dental healthcare provider may make a referral of a patient outside the dental healthcare provider's group practice for provision of healthcare items or services by other healthcare providers in which the referring dental healthcare provider has a financial interest as defined in Subsection C of this Section provided that the dental healthcare provider discloses in advance to the patient his/her financial interest. This disclosure must be in writing and shall be furnished to the patient, or the patient's authorized representative, prior to or at the time of making the referral, and shall include:

1. the dental healthcare provider's name, address, and telephone number;

2. the name and address of the healthcare provider to whom the patient is being referred by the dental healthcare provider;

3. the nature of the items or services which the patient is to receive from the healthcare provider to which the patient is being referred; and

4. the existence and nature of the dental healthcare provider's financial interest in the healthcare provider to which the patient is being referred.

H. The form of the disclosure required in this Section may include a signed acknowledgment by the patient or the patient's authorized representative that the required disclosure has been given.

I. Notice to a patient given substantially in the form of "Disclosure of Financial Interest" form prescribed in the Appendix to this rule shall be presumptively deemed to satisfy the disclosure requirements of this Section.

J. Proportionate return on investment payments or distributions by an entity representing a direct return on investment based upon a percentage of ownership shall not be deemed a payment prohibited by R.S. 37:1745.B or by §316 of these rules, provided that:

1. the amount of payment to an investor in return for the investment interest is directly proportional to the amount or value of the capital investment (including the fair market value of any pre-operational services rendered) of that investor;

2. the terms on which an investment was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity must be no different from the terms offered to other investors;

3. the terms on which an investment was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity must not be related to the previous or expected volume of referrals, items or services furnished, or the amount of business otherwise generated from that investor to the entity;

4. there is no requirement that an investor make referrals to, be in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity as a condition for becoming or remaining an investor;

5. the entity or any investor does not market or furnish the entity's items or services to investors differently than to non-investors; and

6. the entity does not loan funds to or guarantee a loan for an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity if the investor uses any part of such loan to obtain the investment interest.

K. General Exceptions. Any payment, remuneration, practice or arrangement which is not prohibited by or unlawful under §1128B(b) of the federal Social Security Act (act), 42 U.S.C. §1320a-7b(b), as amended, with respect to health care items or services for which payment may be made under Title XVII or Title XIX of the act, including those payments and practices sanctioned by the secretary of the United States Department of Health and Human Services, through the Office of Inspector General, pursuant to §1128B(b)(3)(E) of the Act, through regulations promulgated at 42 CFR §1001.952, as the same may hereafter be amended, shall not be deemed a payment prohibited by R.S. 37:1745.B or by §316 of these rules with respect to health care items or services for which payment may be made by any patient or private or governmental payor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and mandated by R.S. 37:1744.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 23:1527 (November 1997), amended LR 25:512 (March 1999), LR 27:1891 (November 2001), LR 28:1777 (August 2002).

§320. Required Inventories

A. The purpose of §320 is to supplement R.S. 37:794, "Dispensing of Controlled Substances; Records."

B. All licensees handling controlled substances in schedules I, II, III, IV, or V shall prepare a complete and accurate inventory of each such substance in his or her possession or under his or her control. All licensees will have records open for inspection by the Department of Health and Hospitals, the Drug Enforcement Administration, and the Louisiana state Board of Dentistry.

C. This inventory shall list a common or established name of each such controlled substance.

D. If the controlled substances are in dosage unit form, it will fully identify the form (e.g., amphetamine sulfate, 10 mg. tablets), and record the number of dosage units. If the controlled substance is in an ingredient in a powder, crystalline, liquid, bead, or other form, this inventory will fully identify the form (e.g., dextroamphetamine sulfate, elixir, 5 mg. per 5 ml.) and record the amount of each form.

E. This inventory shall be placed on the record separate from other business, professional, or required records. This record shall be prepared, dated, and signed by the dentist under whose control the controlled substances are placed.

F. The record shall be kept for a period of at least two years from the date of preparation. Inventory records shall be prepared in accordance with the provisions of §320.F every two years on the anniversary date of the initial inventory. These inventories may coincide with the dentist's regular fiscal inventory, provided that he maintains his records of receipt, distribution, and dispensing in such a manner as to facilitate complete accounting for his or her handling of controlled substance (perpetual inventory control).

G. Any dentist failing to comply with the above conditions shall be deemed to have violated R.S. 37:776(A)(24) and R.S. 37:794.

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 25:512 (March 1999).

§322. Expungement of Disciplinary Actions

A. A dentist may apply for the expungement of advertising violations provided:

1. a period of five years has elapsed from the date the consent decree was executed by the board president or order issued after a disciplinary hearing;

2. the dentist has not had any subsequent disciplinary actions of any kind taken against him by the board or any other licensing or certifying agency since the initial advertising violations in question;

3. has no disciplinary actions or investigations pending at the time of request;

4. the board will retain all records relative to the expunged advertising violations, and they may use same in connection with future disciplinary proceedings, if any.

B. A dentist may apply for the expungement of a first time CDC inspection violation provided:

1. a period of three years has elapsed from the date the consent decree was executed by the board president or order issued after a disciplinary hearing;

2. the dentist has not had any subsequent disciplinary actions of any kind taken against him by the board or any other licensing or certifying agency since the initial CDC inspection violation in question;

3. has no disciplinary actions or investigations pending at the time of request;

4. the board will retain all records relative to the first violation, and it may use same in connection with future disciplinary proceedings, if any.

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 33:2562 (December 2007), amended by Department of Health, Board of Dentistry, LR 46:1676 (December 2020), repromulgated LR 47:42 (January 2021), amended LR 48:2292 (September 2022).

Chapter 4. Fees and Costs

Subchapter A. General Provisions

§401. Scope of Chapter

A. The rules of this Chapter prescribe the fees and costs payable to and recoverable by the board with respect to the various services and functions performed by the board for or on behalf of the applicants for licensure, certification or registration, the holders of licenses and certificates issued by the board and the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988).

§403. Form of Payment Required

A. With the exception of nonrestricted dental and dental hygiene license and permit renewal fees, payments to the board of fees or costs shall be made in U.S. funds in the form of a check, a certified check, a cashier's check or a money order.

B. Nonrestricted dentists and all dental hygienists shall pay license and permit renewal fees to the board in U.S. funds in the form of a check, a certified check, a cashier's check, a money order, or a credit card.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988), amended LR 37:3515 (December 2011), repromulgated LR 38:355 (February 2012).

§405. Payments Nonrefundable

A. Except as may be expressly provided by these rules, all fees and costs paid to the board shall be nonrefundable in their entirety. All licenses renewed for two years shall be paid in full whether the licensee intends to retire within the two-year period or not.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988), amended LR 24:1115 (June 1998).

§407. Dishonored Checks

A. In addition to the amount of fees and costs elsewhere prescribed in this Chapter, a handling fee of $50 shall be payable to the board by any person who, in payment of fees or costs, tenders to the board any check or other instrument which is dishonored or marked as an NSF check by the financial institution against which it is written or drawn. The handling fee shall be paid to the board within the notified period of time.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988).

§409. Term of License; Renewal

A. All nonrestricted licenses shall be renewed biennially and will expire on December 31 of each calendar year of the renewal period. License renewal notifications are to be mailed by the board to licensed dentists and dental hygienists at their last known mailing address as indicated in the board files.

B. All restricted dental licenses shall expire annually on June 30. Restricted license renewal notifications are to be sent to the dentists' employing dental school or facility.

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 14:791 (November 1988), amended LR 23:1529 (November 1997), LR 37:3515 (December 2011), repromulgated LR 38:355 (February 2012).

Subchapter B. General Fees and Costs

§411. Miscellaneous Fees and Costs

A. For providing the services indicated, the following fees shall be payable in advance to the board:

1. photocopies of documents, per page—$0.50;

2. certification of document as true copy—$5.00;

3. certification of document as official record—$5.00;

4. certification of good standing for licensee—$25.00;

5. official list of all licensed dentists—$500.00;

6. official list of all licensed dental hygienists—$500.00;

7. up to one-half of an official list of all licensed dentists or all licensed dental hygienists—$250.00;

8. handling and mailing costs, per page—$1.00;

9. bound copy of Dental Practice Act—$35.00;

10. unbound copy of Dental Practice Act—$25;

11. preapproval of advertising—$150 per advertisement or per page of a website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:792 (November 1988), amended LR 19:207 (February 1993), LR 28:1778 (August 2002), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017).

Subchapter C. Fees for Dentists

§413. Scope of Subchapter

A. The rules of this Subchapter prescribe the fees and costs applicable to the licensing, certification and registration of dentists.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988).

§415. Licenses, Permits, and Examinations (Dentists)

A. For processing applications for licensure, permits, and examinations, the following non-refundable fees shall be payable in advance to the board:

1. examination and licensing of dental applicant—$750:

a. licensing of dental applicants who have successfully completed an examination administered by another jurisdiction which is accepted by the board—$300;

2. temporary dental license—$100;

3. issuance of a restricted dental license (excluding advanced education students and dental residents)—$200;

4. biennial renewal fee for dental license—$540;

5. annual renewal fee for restricted dental license (excluding advanced education students and dental residents)—$150;

6. replacement or duplicate dental license, certificate, temporary permit—$50;

7. delinquency fee in addition to renewal fee for any dental license—$250;

8. reinstatement of a license which has been suspended, revoked or which has lapsed by non renewal—$500;

9. restricted dental license, advanced education students and dental residents:

a. for period July 1-December 31—$100;

b. for each full year (January 1-December 31) thereafter—$200;

c. for period January 1-June 30—$100;

10. dental application and licensure by credentials (nonrefundable)—$2,000;

11. application and permitting for general or moderate anesthesia permit—$400;

12. application and permitting for nitrous oxide permit—$50;

13. renewal of general moderate anesthesia permit—$200;

14. renewal of nitrous oxide anesthesia permit—$50;

15. biennial application and permit for mobile or movable dental office—$400;

16. criminal history background check—$100;

17. clinical licensing examination makeup fee per portion—$150;

18. retired volunteer dental license—$50;

19. expungement of first-time advertising violation—$500;

20. application and permitting for mobile or movable dental office—$250;

21. annual fee to support well-being program—$25.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:792 (November 1988), amended LR 16:566 (June 1990), LR 18:741 (July 1992), LR 23:1526 (November 1997), LR 24:1115 (June 1998), LR 25:1478 (August 1999), LR 26:691 (April 2000), LR 28:1778 (August 2002), LR 32:243 (February 2006), LR 33:846 (May 2007), LR 34:2564 (December 2008), repromulgated LR 35:68 (January 2009), amended LR 37:2150 (July 2011), LR 37:3515 (December 2011) repromulgated LR 38:356 (February 2012), amended LR 39:89 (January 2013), LR 39:2278 (August 2013), Department of Health, Board of Dentistry, LR 43:955 (May 2017).

Subchapter D. Fees for Dental Hygienists

§417. Scope of Subchapter

A. The rules of this Subchapter prescribe the fees and costs applicable to the licensing, certification and registration of dental hygienists.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:792 (November 1988).

§419. Licenses, Permits and Examinations (Dental Hygienists)

A. For processing applications for licensure, permits, and examinations, the following fees shall be payable in advance to the board:

1. examination and licensing of dental hygienist applicant—$250:

a. licensing of dental hygiene applications who have successfully completed an examination administered by another jurisdiction which is accepted by the board—$150;

2. temporary dental hygienist permit—$100;

3. biennial renewal fee for dental hygienists—$220;

4. replacement or duplicate dental hygienist license, certificate, temporary permit—$50;

5. delinquency fee in addition to renewal fee for any dental hygienist license—$100;

6. reinstatement of a dental hygienist license which has been suspended, revoked, or which has lapsed by non-renewal—$250;

7. dental hygiene application and licensure by credentials (nonrefundable)—$800;

8. examination and permitting of dental hygiene applicants for administration of local anesthesia—$50;

9. renewal fee for dental hygienists' administration of local anesthesia—$50;

10. criminal history background check —$100;

11. clinical licensing examination makeup fee per portion—$50;

12. examination and permitting of dental hygiene applicants for administration of nitrous oxide inhalation analgesia—$50;

13. renewal fee for dental hygienists administration of nitrous oxide inhalation analgesia—$50;

14. annual fee to support well-being program—$15;

15. retired volunteer hygiene license—$35.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760 (8), R.S. 37:768, and R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:792 (November 1988), amended LR 16:566 (June 1990), LR 18:741 (July 1992), LR 23:1527 (November 1997), LR 24:1115 (June 1998), LR 25:1478 (August 1999), LR 26:691 (April 2000), LR 28:1778 (August 2002), LR 32:243 (February 2006), LR 33:846 (May 2007), LR 34:2564 (December 2008), repromulgated LR 35:68 (January 2009), amended LR 37:590 (February 2011), LR:37:2151 (July 2011), LR 39:2278 (August 2013), LR 48:299 (February 2022).

Subchapter E. Fees for Expanded Duty Dental Assistant

§420. Certificate Confirmation and Reconfirmation Fees

A. For processing applications for certificate confirmations, the following fees shall be payable in advance to the board:

1. initial certificate confirmation fee—$100;

2. certificate reconfirmation fee $25.

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 19:207 (February 1993), amended LR 34:2564 (December 2008), repromulgated LR 35:68 (January 2009), amended LR 43:955 (May 2017).

Subchapter F. Adjudication Proceedings Costs

§421. Subpoenas

A. For issuance of a subpoena or subpoena duces tecum with respect to an administrative hearing, a fee of $15 shall be payable by the respondent to the board, but not by the board, in addition to the witness fees prescribed by law [see R.S. 49:956(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 14:791 (November 1988), amended LR 25:509 (March 1999).

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.

C. 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:

1. apply cavity liners, excluding capping of exposed pulpal tissue;

2. place, wedge or remove matrices for restoration by the dentist;

3. place and remove periodontal dressings;

4. 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 ($N_20/0_2$) 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 sealants; 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. Confirmation of Expanded Duty Dental Assistant Certification

A. Unless exempt in accordance with §501.C, no assistant may perform expanded duties unless the assistant has first registered with the board and received a certificate confirmation of the assistant’s expanded duty dental assistant status from the board.

B. In order to receive a certificate confirmation, the assistant must provide to the board all of the following:

1. evidence of successful completion of a board approved EDDA course;

2. evidence of current approved BLS certification;

3. evidence of successful completion of a board approved radiology course;

4. completed certificate confirmation application; and

5. the appropriate fee listed in Chapter 4 of these rules.

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 41:1284 (July 2015).

§505. Expanded Duty Dental Assistant Certificate Confirmation Fee and Reconfirmations; Display of Certificate

A. Expanded duty dental assistants shall be charged an initial certification confirmation fee. A certificate shall be reconfirmed biennially and will expire on December 31 of each calendar year of the renewal period. 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.

C. Expanded duty dental assistant certificates become inactive following the failure of the holder to pay the reconfirmation fee by December 31. The expanded duty dental assistant may reactivate the certificate by paying the reconfirmation fee.

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), amended LR 33:2652 (December 2007), amended by the Department of Health, Board of Dentistry, LR 43:955 (May 2017).

§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)(7) 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 interest 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), amended LR 41:1284 (July 2015).

§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, LR 27:1892 (November 2001).

Chapter 6. Dentists Employing Nurses

§601. Authorized Duties

A. A dentist employing a registered nurse may assign any duty which the nurse is not prohibited from performing under:

1. the Nurse Practice Act, R.S. 37:911, et seq.; or

2. the Dental Practice Act, R.S. 37:751, et seq., as either may be amended from time to time.

B. Nothing herein contained shall be construed as empowering the Louisiana State Board of Dentistry to regulate nurses or the practice of nursing.

C. In the event of any conflict between the provisions of this rule and the provisions of the Nurse Practice Act, the provisions of the Nurse Practice Act shall prevail.

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

HISTORICAL NOTE: Promulgated by Department of Health and Hospitals, Board of Dentistry, LR 16:507 (June 1990).

Chapter 7. Dental Hygienists

§701. Authorized Duties

A. Dental hygienists are expressly authorized to perform the procedure referred to as an *oral prophylaxis,* which is defined as the removal of plaque, calculus and stains from the exposed and unexposed surfaces of the teeth by scaling and polishing as a preventive measure for the control of local irritational factors.

B. A person licensed to practice dentistry in the state of Louisiana may delegate to any dental hygienist any chairside dental act which said dentist deems reasonable, using sound professional judgment. Such act must be performed properly and safely on the patient. Furthermore, the act must be under the direct on-premises supervision of the treating dentist. A dentist may not delegate to a dental hygienist:

1. comprehensive examination or diagnosis and treatment planning;

2. a surgical or cutting procedure on hard or soft tissue including laser and micro abrasion reduction of tooth material;

3. the prescription of a drug, medication, or work authorization;

4. the taking of an impression for a final fixed or removable restoration or prosthesis;

5. the final placement and intraoral adjustment of a fixed appliance;

6. the final placement and intraoral or extraoral adjustment of a removable appliance;

7. the making of any intraoral occlusal adjustment;

8. the performance of direct pulp capping or pulpotomy;

9. the placement or finishing of any final restoration except for the polishing of an amalgam restoration;

10. 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; and

11. the administration of parenteral, intravenous (IV), or any general anesthetic agent.

C. The delegating dentist shall remain responsible for any dental act performed by a dental hygienist.

D. Registered dental hygienists may not hold themselves out to the public as authorized to practice dentistry.

E. In accordance with Act 744 of the regular session of the Louisiana Legislature, effective June 29, 2006, dental hygienists may work under the general supervision of dentists licensed to practice in the state of Louisiana.

F. Under general supervision, a dental hygienist may provide to patients of record, for not more than five consecutive business days, all dental hygiene services (except the administration of nitrous oxide inhalation or local anesthesia, and root planing which must be under direct supervision) if all of the following conditions are satisfied:

1. the dental hygienist has at least one year of full time practice of dental hygiene;

2. the dental hygienist has current CPR certification and complies with the established protocols for emergencies which the supervising dentist has established;

3. the supervising dentist has examined the patient of record not more than nine months prior to the date that the dental hygienist provides the dental hygiene services;

4. the dental hygienist provides dental hygiene services to the patient of record in accordance with a written treatment protocol prescribed by the supervising dentist for the patient;

5. the patient of record is notified in advance of the appointment that the supervising dentist will be absent from the location;

6. no licensed dental hygienist, under general supervision, may delegate or supervise any dental hygiene duties for an expanded duty dental assistant; and

7. the dentist is responsible for all actions of the dental hygienist during treatment of patients under general supervision;

8. dental hygienists may perform light enhanced teeth whitening procedures such as Zoom® under general supervision.

G. The following limitations also apply to the practice of dental hygiene under general supervision.

1. No entity may employ dental hygienists to provide treatment for patients of record under general supervision other than:

a. a public institution that has supervision by a Louisiana licensed dentist;

b. a nonprofit entity that meets the statutory, regulatory and program requirements for grantees supported under Section 330 of the Public Health Service Act (42 U.S.C. §254b or its successor) and that has supervision by a Louisiana licensed dentist;

c. a school that has supervision by a Louisiana licensed dentist, or

d. an office owned by a dentist or group of dentists licensed in Louisiana.

2. No duly licensed and registered dentist shall supervise more than two dental hygienists under general supervision at any one time.

3. No duly licensed and registered dentist shall supervise a dental hygienist for more than five consecutive business days or for more than 20 total days in any calendar year. These limits do not apply to a hygienist working at a school or public institution.

4. No patient can be seen twice consecutively under general supervision.

5. An examination fee must not be charged if a patient is seen under general supervision.

H. Notwithstanding the above sections, a dental hygienist licensed in Louisiana may perform radiographs, oral prophylaxis, place sealants and place fluoride varnish without a Louisiana licensed dentist being physically present in the clinic if all of the following conditions are met:

1. The dental hygienist is employed by one of the following entities and is performing the radiographs, oral prophylaxis, sealants and/or the fluoride varnish as part of his employment with that entity:

a. A government agency.

b. A nonprofit entity that meets the statutory, regulatory and program requirements for grantees supported under Section 330 of the Public Health Service Act (42 U.S.C. §254b or its successor).

c. A nonprofit entity providing the radiographs, oral prophylaxis, sealants and/or the fluoride varnish which receives no compensation for the provided service.

2. The radiographs, oral prophylaxis, sealants and/or the fluoride varnish are done in one of the following settings:

a. A public elementary or middle school in which 50 percent or more of students are economically disadvantaged or meeting with Community Eligibility Provision (CEP) requirements under the Louisiana Department of Education and is in a parish with a parish-wide geographic Dental Health Professional Shortage Area (HPSA) scores above 15.

b. A fixed clinic of a nonprofit entity that meets the statutory, regulatory, and program requirements for grantees supported under Section 330 of the Public Health Service Act (42 U.S.C. §254b or its successor) that does not have a dentist employed by it and is in a parish with a parish-wide geographic Dental Health Professional Shortage Area (HPSA) scores above 15.

3. A Louisiana licensed dentist is providing direct supervision via teledentistry and reviews exams being done by the hygienist and images of the patient's oral cavity via the teledentistry connection. Unless restricted by bandwidth considerations, the teledentistry must be contemporaneous (synchronist). If bandwidth prohibits contemporaneous viewing by the dentist, non-contemporaneous (asynchronist) viewing of the patient may be employed, but the dentist must review the exam before the patient is dismissed from the clinic on the day of treatment.

4. Oral health education involving the benefits of sealants, fluoride varnish, and fluoridated water is provided to the patient or patient's representative.

5. All patients who are deemed to need additional treatment are referred to a dentist and follow up is done to confirm that the patient has obtained treatment and, if treatment has not been obtained, to re-urge the patient or his representatives to obtain treatment.

6. The patient or his representatives must give informed consent to the use of teledentistry in the supervision of the dental hygienist.

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 14:791 (November 1988), amended LR 15:965 (November 1989), LR 19:206 (February 1993), LR 22:22 (January 1996), LR 22:1217 (December 1996), LR 24:1116 (June 1998), LR 27:1892 (November 2001), LR 32:2056 (November 2006), LR 37:590 (February 2011), LR 37:1406 (May 2011), amended by the Department of Health, Board of Dentistry, LR 43:48 (January 2017), LR 44:2007 (November 2018), LR 47:237 (February 2021).

§702. General Supervision in Nursing Homes

A. Notwithstanding the limits in §701 on dental hygienists working under general supervision, a dental hygienist may work under the general supervision of a dentist in a licensed nursing home, as defined by R.S. 40:2009.2, if:

1. the dental hygienist has at least five years of full-time practice of dental hygiene;

2. the dental hygienist is employed by a Louisiana licensed dentist;

3. the dental hygienist has taken six hours of continuing education on medical emergencies within the last two years or during the hygienist's last preceding licensure cycle; and

4. the dental hygienist has current CPR certification and complies with the established protocols for emergencies which the supervising dentist has established.

B. A dental hygienist who qualifies under the preceding section is entitled to be referred to as a Public Health Dental Hygienist, and will have no limit on the number of days the hygienists may work under general supervision in a licensed nursing home but must adhere to all of the other restrictions and requirements set forth in Rule 701 except Rule 701.F.5.

C. The limit of a dentist supervising no more than two dental hygienists under general supervision shall not apply to Public Health Dental Hygienists working at a licensed nursing home.

D. The limitation in Rule 701 that a patient many not be seen twice consecutively under general supervision shall not apply to Public Health Dental Hygienists working at a licensed nursing home; however, the requirement that the supervising dentist has examined the patient of record not more than nine months prior to the date that the dental hygienist provides the dental hygiene services is still applicable.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Dentistry, LR 48:2566 (October 2022).

§703. Address of Employment and Mailing Address

A. Each dental hygienist shall inform the Louisiana State Board of Dentistry of his or her official mailing address and all office addresses at which the dental hygienist is employed as a dental hygienist and the name of the employing dentist. Failure of a dental hygienist to notify the board within 30 days of a change in the mailing address or address of employment as a dental hygienist and the name of the new employing dentist will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

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 15:966 (November 1989), amended LR 31:927 (April 2005).

§705. Prohibition against Illegal Conduct by Dental Hygienists

A. Dental hygienists are prohibited from engaging in any conduct, in connection with their practice of dental hygiene, which is prohibited by law.

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 14:791 (November 1988).

§706. Requirements of Applicants for Licensure by Credentials (Hygienists)

A. The board may issue a license by credentials in lieu of an examination administered by a board-approved clinical licensing examination agency provided that the applicant provides to the board satisfactory documentation evidencing that the applicant:

1. meets all requirements set forth in R.S. 37:764 and 37:768, and LAC 46:XXXIII.103 and 1805;

2. has satisfactorily passed an examination administered by the Louisiana State Board of Dentistry testing the applicant's knowledge of the Louisiana Dental Practice Act and the jurisprudence affecting same;

3. currently possesses a nonrestricted license in another state as defined in R.S. 37:751(A)(2);

4. has been in active practice, while possessing a nonrestricted license in another state, by:

a. working full-time as a dental hygienist at a minimum of 1,000 hours per year for the preceding year before applying for licensure in Louisiana; or

b. working full-time in dental hygiene education as a teacher for a minimum of one year immediately prior to applying for licensure in Louisiana;

5. successfully completed an initial clinical licensure examination in a United States jurisdiction that included a hand skills assessment;

6. has not failed any clinical licensure examination a total of three or more times. This number includes the accumulation of all examinations taken regardless of the testing agency. A make-up examination counts as an examination. This prohibition may be overcome if the applicant meets all of the other requirements of this Rule, including the successful completion of an initial licensure examination that included procedures on a live patient, and has been actively practicing with an unrestricted license for five years in another state as defined in R.S. 37:751(A)(2), has not had any discipline by any dental board and meets in

person with the full board, and thereafter the full board votes with a majority to overcome this prohibition;

7. is endorsed as being in good standing by the state board of dentistry in the state of current practice and all prior states of licensure and practice;

8. has no pending criminal charges against him/her;

9. has paid all nonrefundable costs and fees;

10. has fully completed the required application form with all supporting data and certification of competency and good character;

11. has submitted one recent passport type color photograph;

12. has accounted for all units of time since graduation from dental hygiene school;

13. has furnished three affidavits of recommendation from professional associates (unrelated to the applicant) who have knowledge of the applicant's ability to practice dental hygiene after the applicant's graduation from dental hygiene school;

14. has no physical or psychological impairments which would, in the judgment of the board, adversely affect his/her ability to practice dentistry;

15. has completed continuing education in compliance with the rules of all states in which he is currently licensed and practicing;

16. has, if deemed necessary by the board, appeared for a personal interview before the board;

17. has shown or provided a sworn affidavit that there are no unresolved complaints against him/her;

18. has provided satisfactory explanation of any and all malpractice insurance payments made on the behalf of the applicant or any of the applicant's employers; and

19. has shown that his/her professional liability insurance has never been revoked, modified, or nonrenewed.

B. Licensure by credentials shall be granted subject to the provisions of §707.A.

AUTHORITY NOTE: Promulgated in accordance with R. S. 37:760(8) and R.S. 37:768.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:737 (July 1992), amended LR 21:570 (June 1995), LR 22:23 (January 1996), LR 24:1117 (June 1998), LR 25:513 (March 1999), LR 26:692 (April 2000), LR 26:1613 (August 2000), repromulgated LR 27:1894 (November 2001), amended LR 28:1778 (August 2002), LR 33:846 (May 2007), LR 33:2652 (December 2007), LR 34:2564 (December 2008), repromulgated LR 35:68 (January 2009), amended LR 39:88 (January 2013), amended by the Department of Health, Board of Dentistry, LR 44:46 (January 2018), LR 49:65 (January 2023).

§707. Criteria to be Utilized to Determine Professional Competence, Conduct and Ethics of an Applicant Seeking Licensure by Credentials

A. The following procedures shall be utilized by the board in determining the professional ability, conduct, and character of all applicants for a dental hygiene license in Louisiana by licensure by credentials:

1. information from the National Practitioner Data Bank and/or the American Association of Dental Examiners' Clearinghouse for Disciplinary Information;

2. questioning under oath;

3. drug testing if reasonable cause is presented;

4. background check for criminal or fraudulent activities or conduct reflecting upon one's professional conduct or ability;

5. the board reserves the right to conduct investigations into any and all information provided to satisfy statutory or regulatory requirements for licensure by credentials.

B. Regardless of the applicant's compliance with the foregoing and the requirements listed in §706, the board may refuse to issue a dental hygiene license based on the applicant's credentials for any of the following:

1. any material misrepresentation or omission in the application; or

2. any disciplinary action or sanctions taken against an applicant's license in another jurisdiction; or

3. any reason listed in R.S. 37:775 or R.S. 37:777.

C. False or fraudulent statements or material omission will result in suspension or revocation of licensure if discovered after issuance of a license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:738 (July 1992), amended LR 39:89 (January 2013).

§708. Advertising by Dental Hygienists

A. Dental hygienists may advertise their practice of dental hygiene provided it is in conjunction with advertising by a dentist who employs him or her. No individual advertisement by a dental hygienist is allowed.

B. Dental hygienists may use the appendage "R.D.H." or other degrees earned from accredited colleges or universities after their names. Fellowships, awards, membership in academies, or nondegreed boards may be spelled out in their entirety under one's name, but not appended to the name so as to avoid confusion to the consumer.

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 22:23 (January 1996).

§710. Administration of Local Anesthesia for Dental Purposes

A. After satisfying the board of his or her competence to administer local anesthesia, a licensed dental hygienist may qualify for a special endorsement to administer local anesthesia for dental procedures under the direct on-premises supervision of a licensed dentist.

B. Competence to administer local anesthesia must be demonstrated to the board by successful completion of a course of study of at least 32 hours of instruction in a formal program in administration of local anesthesia sponsored by an institutional program accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the board. A certificate of course completion and a copy of the syllabus must be submitted to the board for approval. The course must include didactic studies and clinical experience in the administration of long buccal, maxillary and mandibular infiltration anesthesia, mental block anesthesia, lingual nerve block, inferior alveolar nerve block anesthesia, medical history and physical evaluation of the patient, and the prevention, diagnosis, and management of medical emergencies which can be encountered in the dental patient. A minimum of 20 satisfactory injections is required.

C. The curriculum for required study must include, but is not necessarily limited to:

1. medical history evaluation procedures;

2. physical evaluation;

3. CPR certification in accordance with board rules;

4. understanding pharmacology of local anesthesia and vasoconstrictors;

5. local anesthesia, didactic, and clinical course:

a. anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;

b. indications and contraindications for administration of local anesthesia;

c. selection and preparation of the armamentaria and record keeping for administering various local anesthetic agents;

d. medical and legal management complications;

e. recognition and management of post-injection complications and management of reactions to injections;

f. proper infection control techniques with regard to local anesthesia and proper disposal of sharps;

g. methods of administering local anesthetic agents with emphasis on:

i. technique;

(a). aspiration;

(b). slow injection; and

ii. minimum effective dosage;

6. medical emergency, prevention, diagnosis, and management.

D. The applicant must pass the board approved written examination in the administration of local anesthesia, depending upon the circumstances, if deemed necessary by the board.

E. A dental hygienist who has been licensed and trained in a course equivalent to §710.B and C to administer local anesthesia in another state may qualify, at the discretion of the board, to be permitted to administer local anesthesia in Louisiana by presenting written documentation of such licensure and training to the board and documentation of experience. Factors to be considered are whether the dental hygienist had satisfactorily completed a course at a dental hygiene school approved by the Commission on Dental Accreditation or by having successfully completed a continuing education course in local anesthesia comparable to the requirements set forth in §710.B and C.

F. The permit to administer local anesthesia shall expire with the expiration of the dental hygienist's license to practice dental hygiene.

G. A licensed dental hygienist who has demonstrated competence to the satisfaction of the board may qualify for a special endorsement and may undertake the administration of local anesthesia by:

1. providing satisfactory documentation via affidavit provided by the board evidencing the administration of local anesthesia for a period of not less than six months upon a minimum of fifty patients with no adverse complications;

2. substantiating the adequacy of training via affidavit provided by the board in the administration of local anesthesia; and

3. agreeing in writing via affidavit provided by the board to administer local anesthesia as provided by these rules.

H. Any hygienist who is not certified by the state of Louisiana in local anesthesia and who performs such a procedure is subject to severe sanctions up to and including revocation of his/her license. The dentist under whose instructions he/she performed the procedure will be subject to severe sanctions up to and including revocation of the dentist's 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, LR 24:1292 (July 1998), amended LR 25:1476 (August 1999), LR 26:1613 (August 2000), repromulgated LR 27:1894 (November 2001), amended LR 27:1892 (November 2001), LR 28:1779 (August 2002), LR 30:2306 (October 2004), LR 33:847 (May 2007), LR 42:58 (January 2016), LR 49:65 (January 2023).

§712. Nitrous Oxide Inhalation Analgesia

A. After satisfying the board of his or her competence to administer nitrous oxide inhalation analgesia, a licensed dental hygienist may qualify for a special endorsement to

administer nitrous oxide inhalation analgesia for dental procedures under the direct on-premises supervision of a licensed dentist who currently holds a personal permit for the administration of nitrous oxide or higher level of anesthesia in an office location at which there currently exists an office permit for the administration of nitrous oxide or higher level of anesthesia.

B. No dental hygienist shall use nitrous oxide inhalation analgesia unless said dental hygienist has received authorization by the board evidenced by receipt of a permit from the board.

C. In order to receive authorization the dental hygienist must show and produce evidence that he/she complies with the following provisions:

1. completion of a board-approved course which conforms to American Dental Association guidelines as described in §1503 of these rules; and

2. provide proof of current certification in cardiopulmonary resuscitation, Course "C," Basic Life Support for the Healthcare Provider as defined by the American Heart Association, or its equivalent.

D. The permit to administer nitrous oxide inhalation analgesia shall expire with the expiration of the dental hygienist's license to practice 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 37:1407 (May 2011), amended LR 42:58 (January 2016).

Chapter 8. Complaints, Investigation, and Informal Resolution

§801. Complaints and Investigation

A. Complaints to the board about licensees or about individuals practicing without a license must be in writing to be considered by the board. Complaints, other than complaints involving advertising violations, must also be signed by the person filing the complaint. However, the board president has the discretion to accept an anonymous complaint or oral complaint when the complaint, in the board president's judgement with the agreement of one other board member, appears to indicate a significant potential for harm to the public. The board shall keep a record of the number of complaints per year, other than advertising complaints, that were accepted despite being anonymous and/or oral. This record of the number of anonymous and/or oral complaints accepted shall be kept in accordance with the board's record retention schedule, and shall be considered a public record, although details about the complaints are not public records and shall remain privileged and confidential pursuant to applicable statutes. Complaints can come from any source, including but not limited to the general public, board members and governmental agencies or their contractors.

B. When a complaint is received by the board, the complaint is sent for investigation to a committee of one or more board members. This committee is called the Disciplinary Oversight Committee (hereinafter referred to as the "DOC"). The DOC generally consists of three board members chosen by the executive director of the board, but may consist of as few as one member. The board member from the same district as the licensee being investigated is not eligible to serve on the DOC. The board president is also not eligible to serve on the DOC during his term.

C. If for any reason, through recusal or otherwise, there are not enough board members to form a three-person DOC, the board president may appoint any Louisiana-licensed dentists and/or hygienists to serve on the DOC. The only restriction on the licensees to be appointed is that their home address in the board records not be within the same board electoral district as the home address of the licensee being investigated, if the subject of the investigation is a licensee.

D. The board president has discretion regarding whether to request a response from the subject of the complaint prior to sending the complaint to the DOC. If a response is requested, the subject of the complaint shall be given a reasonable amount of time under the circumstances to respond, and if the subject of the complaint responds, the response, along with the complaint and/or a summary of the allegations, shall be sent to the DOC.

E. The subject of the complaint will be provided with a copy of the complaint no later than the date on which the complaint is provided to the DOC unless the board president, in his discretion, determines that:

1. providing the complaint to the subject would jeopardize a board investigation, in which case a copy of the complaint will be provided once the board president determines that providing the complaint would no longer jeopardize any investigation, but in any event, no later than the date of any informal hearing on the matter; or

2. the board president, in his discretion feels that there is good cause to keep the identity of the complainant confidential, in which case a detailed summary of the facts of the complaint shall be provided, withholding any information that might reveal the identity of the complainant.

F. The board president may choose to have some preliminary investigation done prior to sending the matter to the DOC. Generally, this would include, but is not limited to, obtaining patient records for the DOC to review.

G. The complaint, a response from the licensee if one is requested and received, and any investigative materials gathered by the board, are sent to each member of the DOC. Each member then reviews the materials and conducts any research that he feels is appropriate, then makes a recommendation on how he believes the board should proceed in the matter. The recommendation is provided by the DOC member to the executive director of the board. Once all of the recommendations from the DOC member(s) are received by the executive director, the executive director informs the board president of the recommendations. Taking the recommendations into consideration, the board president chooses a course of action for the board.

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 42:56 (January 2016), amended LR 42:872 (June 2016).

§803. Recommendations by the Disciplinary Oversight Committee (DOC)

A. If the subject of the complaint is a licensee or a former licensee, the recommendations of the Disciplinary Oversight Committee ("DOC") can include, but are not limited to, any of the following:

1. send the licensee a letter of concern. This letter of concern is not considered a sanction; it is sent when there is concern that there may have been a violation, but it is not clear that there has been a violation. The letter of concern is not made public, but is kept in the board records for future reference;

2. additional investigation by the board. If additional investigation is determined by the board president to be appropriate, then the board conducts additional investigation, after which the matter, along with the additional investigation materials, is sent back to the DOC for a second recommendation, which is again provided for determination to the board president;

3. informal resolution via correspondence. The licensee may, via correspondence, be offered an informal settlement of the matter;

4. informal dentist-to-dentist conference. The licensee may be offered the opportunity to meet with members of the DOC on an informal basis to discuss the allegations in the complaint;

5. formal adjudication. If formal adjudication is chosen, a new committee is formed to hear the charges against the licensee and formal charges are filed;

6. take no action against the licensee;

7. refer the complainant to the Louisiana Dental Association's voluntary peer review program and take no action against the licensee;

8. ask a court for injunctive relief. If a former licensee is practicing without a license, this option to ask a court to enjoin the licensee from practicing, along with all of the above options, is available;

9. refer to the authorities for criminal charges.

B. If the complaint is against a non-licensee who has never held a Louisiana license, the recommendations of the DOC can include, but are not limited to any of the following:

1. take no action against the subject of the complaint;

2. asking a court for injunctive relief;

3. refer to the authorities for criminal charges.

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 42:56 (January 2016).

§805. Informal Dentist-to-Dentist Meeting

A. If during the investigative phase of matter the option of an informal dentist-to-dentist meeting is chosen by the board, the licensee shall be invited via a correspondence to the informal meeting to meet on an informal basis with the members of the DOC to discuss issues raised by the complaint.

B. The licensee has the option to make an electronic recording of the informal meeting. If the licensee chooses this option, the board is allowed to make its own recording. If the licensee does not choose this option, no recording is to be made. Only electronic recordings are allowed. Due to the informal nature of the meeting, a court reporter or transcriptionist is not allowed in the meeting.

C. The discussions that take place during the informal meeting shall not be used against the licensee if the matter later goes to a formal hearing, unless the licensee chooses the option of electronically recording the meeting, in which case the board will make its own copy of the meeting and will use anything said during the meeting at any subsequent formal proceeding.

D. The meeting is voluntary. The licensee is not required to attend.

E. The meeting is strictly dentist-to-dentist; only the licensee and the DOC members are eligible to be present in the room during the informal meeting.

F. Although only dentists are allowed in the room during the meeting, if the licensee wishes, at any time during the meeting, he may pause the meeting so he can consult his attorney, who is allowed to be present at the board during the meeting, or to call an attorney.

G. The DOC does not have the power to sanction the licensee. It only makes recommendations to the board about how to proceed. If the matter goes to a formal hearing, a second committee will be appointed. Only the second committee has the power to sanction. However, the DOC may attempt to negotiate a settlement with the licensee, which, if agreed to, becomes final and valid only after ratification by the full board. If the full board declines to ratify the settlement, the matter goes back to the DOC for further recommendations.

H. If the licensee and the DOC members negotiate a settlement, the licensee may, but will not be required to, sign the settlement on the same day as the informal meeting. The licensee will be allowed, if he chooses, to take a draft of the settlement home to think about it or to consult an attorney rather than to sign on the day of the informal meeting. If the licensee chooses the option of taking the draft home, he shall be granted at least three business days to consider the settlement offer.

I. If a negotiated settlement occurs during the informal meeting and the licensee is offered a consent decree to settle the matter, prior to the licensee signing the consent decree, the board shall turn over whatever evidence in its possession at

the time that it would intend to put into evidence at a formal hearing, if there were to be a formal hearing.

J. If the matter is resolved, subject to board approval, through a consent decree negotiated at the informal meeting or as the result of the informal meeting, the consent decree is treated as a final action by the board, as set forth in R.S. 37:780(B), if ratified by the entire board.

K. If the matter is not resolved to the satisfaction of all parties at the informal meeting, or in the time period after the informal meeting that the licensee has been given to consider a proposed settlement, then, after the board member(s) assigned to conduct the informal meeting have reported to the president of the board, the latter may then determine whatever further action, if any, he deems necessary, including but not limited to formal adjudication.

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 42:57 (January 2016).

Chapter 9. Formal Adjudication

§901. Scope of Chapter

A. The rules of Chapter 9 govern the board's initiation and adjudication of administrative complaints providing cause under law for the suspension or revocation, of a license issued by the board, imposition of probation on or other disciplinary action against persons holding licenses, permits, certifications, or registrations issued by the board, applicants therefor, or any non-licensed person illegally practicing dentistry or dental hygiene. The rules of Chapter 9 are promulgated in order to supplement the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and the Dental Practice Act, R.S. 37:751 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760 (4), (5), and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Dentistry, LR 13:178 (March 1987), amended by the Department of Health and Hospitals, Board of Dentistry, LR 19:1317 (October 1993), amended LR 25:511 (March 1999).

§903. Initiation of Proceedings

A. When determined by the president that a formal adjudication is warranted, proceedings to adjudicate an administrative enforcement action shall be initiated by serving the complaint filed in accordance with §905 of this Chapter. Service of the complaint on the licensee may be accomplished by personal delivery to the licensee by an agent of the board, or delivery by certified U.S. Mail return receipt requested or courier at the most current mailing address of the licensee as indicated in the official records of the board. This complaint may be signed by either the president or a board member or employee designated by the president. Said notice shall name the accused licensee as respondent.

B. If the public health, safety, and/or welfare imperatively requires emergency action, the board, through its president, may order an interim suspension of a dental or dental hygiene license pending formal disciplinary proceedings, as provided in R.S. 49:961(C). The president shall appoint one or more board members to hear the evidence in support of an immediate interim suspension and to make recommendations to the board president, who shall thereafter issue whatever order of interim suspension pending formal adjudication as is warranted by the circumstances.

C. When determined by the president that a formal adjudication is warranted, the board president shall appoint a committee of three or more board members to hear and rule on the charges. This committee is referred to as the Disciplinary Committee, and no board member who served on the Disciplinary Oversight Committee during the investigatory phase of the matter being brought to formal adjudication shall be eligible to serve on the Disciplinary Committee. The board president and any member of the board residing in the same board electoral district as the individual charged shall be ineligible to sit as a member of the Disciplinary Committee. The president shall appoint one member of the Disciplinary Committee to serve as its chairman.

D. If for any reason, through recusal or otherwise, there are not enough board members to form a three-person Disciplinary Committee, the board president may appoint any Louisiana licensed dentists and/or hygienists to serve on the Disciplinary Committee. The only restriction on the licensees to be appointed is that their home address in the board records not be within the same board electoral district as the home address of the licensee being investigated, if the subject of the investigation is a licensee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1317 (October 1993), amended LR 22:1218 (December 1996), LR 27:1892 (November 2001), LR 39:2752 (October 2013), LR 42:57 (January 2016).

§905. Complaint

A. The complaint shall set forth, in separately numbered paragraphs, a concise statement of the material facts and matters alleged and to be proven by the board including the facts giving rise to the board's jurisdiction over the respondent, the facts constituting legal cause under law for administrative action against the respondent, and the statutory or regulatory provisions alleged to have been violated by respondent. The complaint shall conclude with a description of the administrative sanctions or other relief which may be imposed by the board and shall bear the name, address and telephone number of complaint counsel engaged by the board to prosecute the adjudication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry LR 19:1318 (October 1993).

§907. Notice of Hearing

A. Upon the filing of an administrative complaint pursuant to §903 and §905 of this Chapter, the board shall

schedule the complaint for hearing before the committee not fewer than 45 days nor more than 180 days thereafter; provided, however, that such time may be lengthened or shortened as the board determines may be necessary or appropriate to protect the public interest or upon motion of the complaint counsel or respondent pursuant to a showing of proper grounds. In the event that the respondent's license, permit, certification, or registration has been suspended by the board pending hearing, pursuant to R.S. 49:961(C), formal adjudication of the complaint shall be noticed and scheduled not more than 45 days after the filing of the complaint; provided, however, that such time may be lengthened or shortened as the board determines may be necessary or appropriate to protect the public interest or upon motion of the complaint counsel or respondent pursuant to a showing of proper grounds.

B. A written notice accompanied by the complaint of the time, date, and place of the scheduled hearing regarding the matters set forth in the complaint shall be sent to the respondent by personal delivery to the licensee by an agent of the board, or delivery by certified U.S. Mail return receipt requested or courier at the most current mailing address of the licensee as indicated in the official records of the board. This notice shall include a statement of the legal authority and jurisdiction under which the hearing is to be held and shall be accompanied by a certified copy of the administrative complaint. In the event respondent fails to answer within the prescribed time, or the time as extended, the factual allegations contained within the administrative complaint shall be deemed admitted and proven by clear and convincing evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1318 (October 1993), amended LR 22:25 (January 1996), LR 25:1476 (August 1999), LR 27:1892 (November 2001), LR 39:2752 (October 2013).

§909. Response to Complaint; Notice of Representation

A. Within 15 days of service of the complaint, or such longer time as the committee, on motion of the respondent may permit, the respondent may answer the complaint, admitting or denying each of the allegations of fact and of law set forth therein. Any matters admitted by respondent shall be deemed proved and established for purposes of adjudication. In the event that respondent does not file a response to the complaint, all matters asserted therein shall be deemed admitted.

B. Any respondent may be represented in an adjudication proceeding before the board by an attorney at law duly admitted to practice in this state. Upon receipt of service of a complaint pursuant to this Chapter, or thereafter, a respondent who is represented by legal counsel with respect to the proceeding shall, personally or through such counsel, give written notice to the board of the name, address and telephone number of such counsel. Following receipt of proper notice of representation, all further notices, complaints, subpoenas, orders or other processes related to the proceeding shall be served on respondent through his or her designated counsel of record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1318 (October 1993), amended LR 27:1892 (November 2001).

§911. Pleadings; Motions; Service

A. All pleadings, motions or other papers permitted or required to be filed with the board shall be filed by personal delivery at or by mail to the office of the board or by email, in digital format, to the board. Pleadings, motions and other papers filed in pending adjudication proceedings shall certify that, by the same method of delivery, the same be concurrently served upon complaint counsel designated by the complaint, if filed by or on behalf of respondent, or upon respondent, through counsel of record if any, if filed by complaint counsel.

B. All such pleadings, motions or other papers shall be submitted on plain white, letter size (8 1/2 inches by 11 inches) bond, with margins of at least one inch on all sides and text double-spaced except as to quotations and other matters customarily single-spaced, shall bear the caption of the case as it appears on the complaint and shall include the certificate of the attorney or person making the filing that service of a copy of the same has been effected in the manner prescribed by §911.A.

C. The board may refuse to accept for filing any pleading, motion or other paper not conforming to the requirements of this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1318 (October 1993), amended LR 39:2278 (August 2013).

§913. Prehearing Motion

A. Motions for continuance of hearing, for dismissal of the proceeding and all other prehearing motions shall be filed not later than 30 days following service of the complaint on the respondent or 15 days prior to the hearing, whichever is earlier. Each prehearing motion shall be accompanied by a memorandum which shall set forth a concise statement of the grounds upon which the relief sought is based and the legal authority therefor. A motion may be accompanied by an affidavit as necessary to establish facts alleged in support of the motion. Within 10 days of the filing of any such motion and memorandum or such shorter time as the board may order, the board's president, through complaint counsel, may file a memorandum in opposition to or otherwise setting forth the board president's position with respect to the motion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1318 (October 1993).

§915. Motions for Continuance of Hearing

A. A motion for continuance of hearing shall be filed within the delay prescribed by §913 of these rules, provided that the board may accept the filing of a motion for continuance at any time prior to hearing upon a showing of good cause not discoverable within the time otherwise provided for the filing of prehearing motions.

B. A scheduled hearing may be continued by the disciplinary hearing committee chairman (chairman) only upon a showing by respondent or complaint counsel that there are substantial legitimate grounds that the hearing should be continued balancing the right of the respondent to a reasonable opportunity to prepare and present a defense to the complaint and the board's responsibility to protect the public health, safety and welfare. Except in extraordinary circumstances evidenced by verified motion or accompanying affidavit, the board will not ordinarily grant a motion to continue a hearing that has been previously continued upon motion of the same party.

C. If an initial motion for continuance is not opposed, it may be granted by the executive director of the board, the board president or the chairman.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1319 (October 1993), amended LR 23:1528 (November 1997).

§917. Disposition of Prehearing Motions

A. Any prehearing motion for continuance of hearing shall be referred for decision to the chairman for ruling. The chairman, in his discretion, may refer any prehearing motion to the entire hearing panel for disposition, and any party aggrieved by the decision on a prehearing motion may request judicial review by the Civil District Court for the Parish of Orleans.

B. Prehearing motions shall ordinarily be ruled upon by the chairman or the hearing panel, as the case may be, on the papers filed, without hearing. On the written request of respondent or of complaint counsel, however, and on demonstration that there are good grounds therefor, the chairman may grant opportunity for hearing, by oral argument, on any prehearing motion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1319 (October 1993).

§919. Subpoenas for Hearing

A. Upon request of the respondent or complaint counsel and in compliance with the requirements of this Section, the president, a board member or the executive director shall sign and issue subpoenas in the name of the board requiring the attendance and giving of testimony by witnesses and the production of books, papers, and other documentary evidence at an adjudication hearing.

B. No subpoena shall be issued unless and until the party who wishes to subpoena the witness first deposits with the board a sum of money sufficient to pay all fees and expenses to which a witness in a civil case is entitled pursuant to R.S. 13:3661 and R.S. 13:3671, in addition to those fees required by LAC 46:XXXIII.421. Witnesses subpoenaed to testify before the board only to an opinion founded on special study or experience in any branch of science, or to make scientific or professional examinations, and to state the results thereof, shall receive such additional compensation from the party who wishes to subpoena such witnesses as may be fixed by the hearing panel with reference to the value of the time employed and the degree of learning or skill required.

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 19:1319 (October 1993), amended LR 22:25 (January 1996).

§921. Prehearing Conference

A. In any case of adjudication noticed for hearing, counsel for respondent and complaint counsel may agree, or the chairman may require, that a prehearing conference be held among such counsel, or together with the board's independent counsel appointed pursuant to §923.D of this Chapter, for the purpose of simplifying the issues for hearing and promoting stipulations as to facts and proposed evidentiary offerings which will not be disputed at hearing.

B. Following such prehearing conference the parties shall, and without such conference the parties may by agreement, reduce to writing a prehearing stipulation which shall include:

1. a brief statement by complaint counsel as to what such counsel expects the evidence to be presented against respondent to show;

2. a brief statement by respondent as to what the evidence and arguments in defense are expected to show;

3. a list of the witnesses to be called by complaint counsel and by respondent, together with a brief general statement of the nature of testimony each such witness is expected to give;

4. any stipulations which the parties may be able to agree upon concerning undisputed claims, facts, testimony, documents, or issues; and

5. an estimate of the time required for the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1319 (October 1993).

§923. Conduct of Hearing; Record

A. Unless otherwise requested by the respondent, adjudication hearings shall be conducted in closed session. The provisions of this Paragraph do not apply to non-licensed persons named defendant(s) in a disciplinary administrative adjudication.

B. At an adjudication hearing, opportunity shall be afforded to complaint counsel and respondent to present evidence on all issues of fact and argument on all issues of law and policy involved, to call, examine and cross-examine witnesses, and to offer and introduce documentary evidence and exhibits as may be required for a full and true disclosure of the facts and disposition of the complaint.

C. Unless stipulation is made between the parties, and approved by the chairman, providing for other means of recordation, all testimony and other proceedings of an adjudication shall be recorded by a certified stenographer who shall be retained by the board to prepare a written transcript of such proceedings.

D. During and before an adjudication hearing, the chairman shall rule upon all evidentiary objections and other procedural questions, but in his discretion may consult with the entire hearing panel in executive session. At any such time, the hearing panel may be assisted by legal counsel, retained by the board for such purpose, who is independent of complaint counsel and who has not participated in the investigation or prosecution of the case. If the board or hearing panel is attended by such counsel, the chairman may delegate to such counsel ruling on evidentiary objections and other procedural issues raised during the hearing.

E. The record in a case of adjudication shall include:

1. the administrative complaint and notice of hearing, respondent's response to the complaint, if any, subpoenas issued in connection with discovery in the case or hearing of the adjudication, and all pleadings, motions, and intermediate rulings;

2. evidence received or considered at the hearing;

3. a statement of matters officially noticed except matters so obvious that statement of them would serve no useful purpose;

4. offers of proof, objections, and rulings thereon;

5. proposed findings and exceptions, if any;

6. the decision, opinion, report or other disposition of the case made by the board.

F. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5), and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1319 (October 1993), amended LR 25:1477 (August 1999).

§925. Evidence

A. In an adjudication hearing, the board, or the designated hearing panel thereof, may give probative effect to evidence which possesses probative value commonly accepted by reasonably prudent men in the conduct of their affairs. Effect shall be given to the rules of privilege recognized by law. The board or hearing panel may exclude incompetent, irrelevant, immaterial, and unduly repetitious evidence. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.

B. All evidence, including records and documents in the possession of the board which complaint counsel desires the board to consider, shall be offered and made a part of the record, and all such documentary evidence may be received in the form of copies or excerpts, or by incorporation by reference. The materials so incorporated shall be available for examination by the respondent before being received in evidence.

C. Notice may be taken of judicially cognizable facts and of generally recognized technical or scientific facts within the board's dental knowledge. The board's dental experience, technical competence and technical knowledge may be utilized in the evaluation of the evidence.

D. Any member of the board serving as chairman in an adjudication hearing shall have the power to and shall administer oaths or affirmations to all witnesses appearing to give testimony, shall regulate the course of the hearing, set the time and place for continued hearings, fix the time for the filing of briefs and other documents, if any are required or requested, may direct the parties to appear and confer to consider simplification of the issues, and shall rule upon all motions filed by respondent or the board after the filing of the initial complaint upon respondent.

E. Except as otherwise governed by the provisions of these rules, adjudication hearings before the board shall be governed by the Administrative Procedure Act insofar as the same may be applied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1320 (October 1993).

§927. Informal Disposition

A. The hearing panel may make informal disposition, by default, consent order, agreement, settlement, or otherwise of any adjudication pending before it. A consent order, agreement, or settlement shall be evidenced by a document which shall be reduced to writing, signed by the licensee, before two witnesses, and thereafter submitted to the board president for his signature. The approval of the agreement shall thereafter be placed on the agenda of the next board meeting, considered for ratification, and, if so ratified, be given full force and effect and become a final action by the board, as set forth in R.S. 37:780(B). If not ratified, it shall have no force and effect.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1320 (October 1993).

§929. Decisions; Notice

A. The final decision of the board in an adjudication proceeding shall be in writing, include findings of fact and conclusions of law, and signed by the chairman on behalf and in the name of the board.

B. Upon issuance of a final decision, a certified copy thereof shall promptly be served upon respondent's counsel of record, or upon respondent personally in the absence of counsel, by first class mail. The day after mailing of the decision shall be considered as the date of service on the respondent.

AUTHORITY NOTE: Promulgated in accordance with R. S. 37:760 (4), (5), and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1320 (October 1993), amended LR 25:1477 (August 1999).

§931. Rehearings

A. A decision by the board in a case of adjudication shall be subject to rehearing, reopening, or reconsideration by the board pursuant to written motion filed with the board within 10 days from service of the decision on respondent. A motion for rehearing, reopening, or reconsideration shall be made and served in the form and manner prescribed by §911 and shall set forth the grounds upon which such motion is based, as provided by §931.B.

B. The board may grant rehearing, reopening, or reconsideration if it is shown that:

1. the decision is clearly contrary to the law and the evidence;

2. the respondent has discovered since the hearing evidence important to the issues which he or she could not have with due diligence obtained before or during the hearing;

3. other issues not previously considered ought to be examined in order to properly dispose of the matter; or

4. there exists other good grounds for further consideration of the issues and the evidence in the public interest.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1320 (October 1993).

Chapter 10. Infectious Waste Management

§1001. Handling and Disposing of Infectious Waste

A. The Louisiana State Board of Dentistry has accepted, in principal, the July, 1988 recommendations of the American Dental Association, Division of Scientific Affairs, on Dental Office Infectious Waste Management and adopts the following regulations in connection therewith.

B. Wastes generated in a dental office which are to be considered infectious, and are to be handled and disposed of with special precautions, include the following:

1. sharp items, such as needles, disposable syringes and scalpel blades;

2. human tissues, including extracted teeth;

3. blood, suctioned fluids or other liquid waste.

C. The proper method for handling and disposing of sharp items is as follows.

1. All sharp items should be placed intact in puncture-resistant containers for disposal.

2. The containers should be labeled with a biological hazard tag.

3. The labeled containers should be placed in impervious plastic bags before disposing of them in a sanitary landfill. Alternatively, as an additional step, the dentist may prepare a slurry of gypsum plaster, pour it into the container and allow it to harden to encase the sharp objects in the set plaster. The container may then be disposed of in sturdy, impervious plastic bags as appropriate for other solid waste materials.

D. The proper method of handling and disposing of human tissues is as follows.

1. Human tissue may be handled in the same manner as sharp items.

2. Alternatively, human tissues may be incinerated or autoclaved prior to disposal. Extracted teeth containing metal restorations should not be autoclaved prior to disposal because of the possible release of potentially harmful vapors, such as mercury vapor.

3. Human tissues and extracted teeth not placed in a fixative and submitted for pathological examination may be placed in a chemical agent for sterilization.

4. Human tissue, if handled in the same manner as sharp items, should be labeled with a biological hazard tag. If stored prior to incineration or being autoclaved, the containers holding such wastes should also be labeled with biological hazard tags. After incineration or autoclaving, the remaining waste is no longer infectious and any container holding such remaining waste would not require any labeling as a biological hazard.

E. The proper method for handling and disposing of blood, suctioned fluids or other liquid waste is as follows.

1. Blood, suctioned fluids or other liquid wastes may be carefully poured into a drain connected to a sanitary sewer system.

2. All bottles or other containers used to collect blood, suctioned fluids or other liquid wastes for disposal should be labeled with a biological hazard tag or symbol.

F. Other solid waste materials contaminated with blood or other body fluids, such as gloves, masks, wipes, paper drapes and surface covers, do not require special precautions. These materials should be placed in sealed, sturdy, impervious plastic bags to prevent human contact with them,

and disposal should be in the same manner as with other solid wastes.

G. All dentists shall comply with the foregoing regulations in identifying, handling and disposing of infectious waste material.

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

HISTORICAL NOTE: Promulgated by Department of Health and Hospitals, Board of Dentistry, LR 16:506 (June 1990).

Chapter 12. Transmission Prevention of Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus

§1201. Scope of Chapter

A. As authorized and mandated by R.S. 37:1747, the rules of this Chapter prescribe practice and reporting requirements for dental health care providers including, but not limited to, dentists and dental hygienists to protect the public from the risk of the transmission of the Hepatitis B virus (HBV), Hepatitis C virus (HCV), and the Human Immunodeficiency Virus (HIV) to patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:741 (July 1992), amended LR 21:572 (June 1995).

§1202. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

AIDS—acquired immune deficiency syndrome, as determined by the Federal Centers for Disease Control.

Board—Louisiana State Board of Dentistry.

Dental Health Care Provider—any dentist, dental hygienist, or other personnel working under the supervision of a dentist in a dental health care setting who may perform exposure-prone procedures during patient care.

Disinfect—to inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g. bacterial endospores) on inanimate objects.

Exposure-Prone Procedure—an invasive procedure in which there is an increased risk of percutaneous injury to the practitioner by virtue of digital palpation of a needle tip or other sharp instrument in a body cavity or the simultaneous presence of the practitioner's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a significant risk of contact between the blood or body fluids of the dental health care provider and the blood or body fluids of the patient.

Function Ancillary to an Invasive Procedure—the preparation, processing, or handling of blood, fluids, tissues or instruments which may be introduced into or come into contact with any body cavity, internal organ, subcutaneous tissue, submucosal tissue, mucus membrane or percutaneous wound of the human body in connection with the performance of an invasive procedure.

HBV—the Hepatitis B Virus.

HBV Seronegative—a condition where one has been HBV seropositive but is no longer infectious under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Directors, or where one has never been infected with HBV.

HBV Seropositive—a condition where one has developed antigens sufficient to diagnosis seropositivity to HBV evidencing infectability under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Directors.

HCV—the Hepatitis C virus.

HCV Seronegative—a condition where one has been HCV seropositive but is no longer infectious under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Directors, or where one has never been infected with HCV.

HCV Seropositive—a condition where one has developed antigens sufficient to diagnose seropositivity to HCV evidencing infectability under the criteria of the Federal Centers for Disease Control or the Association of State Territorial Public Health Laboratory Directors.

HIV—any strain of the human immunodeficiency virus.

HIV Seropositive—a condition where one has developed antibodies sufficient to diagnose seropositivity to HIV under the criteria of the Federal Centers for Disease Control or of the Association of State and Territorial Public Health Laboratory Directors.

Invasive Procedure—any surgical or other diagnostic or therapeutic procedure involving manual or instrumental contact with or entry into any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous membrane, or percutaneous wound of the human body.

Standard Precautions—those generally accepted infection control practices defined by the Federal Centers for Disease Control as *standard precautions* in addition to proper hygiene by the dental health care provider; the use of personal protective equipment including, but not limited to, gloves, masks, eye protection, and gowns; proper cleaning and decontamination of patient care equipment; cleaning and disinfection of environmental surfaces and injury prevention through engineering controls or safer work practices.

Sterilization—the process by which all forms of microorganisms within an environment are totally destroyed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:741 (July 1992), amended LR 21:572 (June 1995), LR 40:1006 (May 2014).

§1203. Standard Precautions

A. All dental health care providers shall strictly observe recognized standard precautions as currently recommended by the Federal Centers for Disease Control to minimize the

risk of transmission of HBV, HCV or HIV or other blood borne pathogens during any patient encounter with a patient's bodily fluids.

B. In the event that the Federal Centers for Disease Control issue a new version of their recommendations for standard precautions, the board will take into consideration the nature of the changes to those recommendations and establish a reasonable period of time in which dental health care providers must comply with any new or altered recommendations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:742 (July 1992), amended LR 21:572 (June 1995), LR 40:1006 (May 2014).

§1204. Investigations

A. In order to ensure compliance with this Chapter, the board shall conduct random announced inspections upon providing 48-hour notice. Notice may be provided by verbal, written, telephone or with other telecommunication means. Refusal by any licensee of access to licensee's premises for the purpose of conducting said inspection shall constitute a violation of R.S. 37:776(A)(24) and R.S. 37:775(6).

B. Unannounced inspections of dental offices may be conducted when bona fide complaints have been received regarding non-adherence to Federal Centers for Disease Control guidelines or other issues involving sanitation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1746-1747 and R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:742 (July 1992), amended LR 30:2306 (October 2004).

§1205. Prohibitions and Restrictions

A. Except as may be permitted pursuant to §1207.G and §1210 of this Chapter, a dental health care provider who is seropositive for HBV, HCV, or HIV, or who otherwise knows or should know that he or she carries and is capable of transmitting HBV, HCV, and HIV, shall not thereafter perform or participate directly in an exposure-prone procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:742 (July 1992), amended LR 21:572 (June 1995).

§1206. Sterilizer Monitoring Log and Record Retention

A. Each and every sterilizer utilized in a dental practice shall be monitored in accordance with the recommendations of the Federal Centers for Disease Control including those recommendations designated as strongly recommended and required. A written log of the monitoring shall be produced and maintained by the dentist. The log should include the date of the test, the method of the monitoring, the manufacturer and type of the monitoring system as well as the name of the individual performing the monitoring.

B. The written log and all records of sterilizer monitoring shall be maintained for a period of two years from the date of the last test. The records of sterilizer monitoring shall include any and all documentation for the purchase of testing materials or kits and reports of each test conducted. The records shall be subject to inspection and review during an inspection conducted in accordance with LAC 46:XXXIII.1204. The board may request such documentation from licensees selected at random.

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 40:1529 (August 2014).

§1207. Self-Reporting

A. Any dental health care provider who in the course of practice may at any time undertake to perform or participate in an exposure-prone procedure and who is or becomes HBV seropositive, HCV seropositive, or HIV seropositive shall be required to give notice of such seropositivity to the board in accordance with the provisions of this Section.

B. Within 90 days of the effective date of this Chapter, any dental health care provider who has previously been verified as being HBV seropositive, HCV seropositive, or HIV seropositive shall give notice of such diagnosis to the board on a reporting form supplied by the board.

C. Within 10 days from the date on which a dental health care provider has been verified as being HBV seropositive, HCV seropositive, or HIV seropositive, the dental health care provider shall give notice of such diagnosis to the board on a reporting form supplied by the board which shall be mailed to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.

D. An applicant for licensure as a dental health care provider who at the time of application is verified as being HBV seropositive, HCV seropositive, or HIV seropositive shall acknowledge such diagnosis in his or her written application to the board.

E. Aforementioned reporting forms will be provided to each licensee with his or her license and additionally with his or her biennial license renewal application, or upon request.

F. The seropositive dental health care provider must submit to evaluation within 15 working days of his notification by the board ordering said dental health care provider to be examined by experts selected by the board, and those experts must complete and submit their reports to the executive director of the board with 15 days following their examination.

G. Reports from two physicians and two laboratories evidencing change in the dental health care provider's serostatus shall be submitted to the executive director for the board evaluation of the change of serostatus when any dental health care provider previously verified as HBV seropositive or HCV seropositive who becomes HBV seronegative or HCV seronegative.

H. Any dental health care provider or applicant for licensure who is required under this Section to report his/her HBV, HCV, or HIV seropositive status and fails or neglects to provide notice as set forth in this Section shall be deemed in

violation of R.S. 37:776(A)(1), (3), (7), (12), (16), (17), (20) and (24), and subject to sanctions associated therewith.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:743 (July 1992), amended LR 21:573 (June 1995), LR 28:1779 (August 2002).

§1208. Confidentiality of Reported Information

A. Reports and information furnished to the board pursuant to §1207 of this Chapter and records of the board relative to such information shall not be deemed public records, but shall be deemed and maintained by the board as confidential and privileged and shall not be subject to disclosure by means of subpoena in any judicial, administrative or investigative proceeding; provided that such reports, information and records may be disclosed by the board as necessary for the board to investigate or prosecute alleged violations of this Chapter.

B. The identity of the seropositive practitioner or applicant for licensure who has reported their status as being HBV, HCV, or HIV seropositive pursuant to §1207 of this Chapter shall be maintained in confidence by the board on all matters pertaining to the HBV, HCV, and HIV diseases, and shall not be disclosed to any other party, except as may be necessary in the investigation or prosecution of suspected violations of this Chapter, necessary for the evaluation and monitoring of the physical and psychological condition of the seropositive practitioner or applicant for licensure, or as allowed by R.S. 40:1300.14.

C. Provided that the identity of self-reporting practitioners and applicants seeking licensure is not disclosed, the provisions of this Section shall not be deemed to prevent disclosure by the board of statistical data derived from such reports, including, without limitation, the number and licensure class of those who have reported themselves as HBV, HCV, or HIV seropositive and their geographical distribution.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:743 (July 1992), amended LR 21:573 (June 1995).

§1209. Advertisement of HBV, HCV or HIV Status Prohibited

A. No licensee may advertise within the state of Louisiana his/her HBV, HCV or HIV status or whether the dental office or environment is free of HBV, HCV or HIV.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:743 (July 1992), amended LR 21:573 (June 1995).

§1210. Authorization to Practice; Expert Review Panel

A. Dental health care providers who are HBV, HCV or HIV seropositive shall not perform exposure-prone procedures unless and until they have provided proper notice as required by this Chapter; submitted to periodic physical and psychological evaluations by board-appointed expert review panel, and have received authorization to practice and perform procedures as determined by said appointed panel. The panel shall serve as a consultant on a case-by-case determination of whether a procedure, when performed by a particular dental health care provider, does not pose a danger to the public. The panel must timely report any adverse or detrimental changes in the physical or psychological condition of the dental health care provider to the board. Following receipt of any and all such reports, the board shall have the right and the duty to re-evaluate the authorized procedures being practiced by the dental health care provider and may revise same or revoke same in its entirety if said report shows a change in the dental health care provider's physical or psychological condition which may affect the safety of the public.

B. Upon receipt of an adverse report from the panel, the board must review and evaluate said report, within 15 days of receipt of same, and take any and all necessary action to protect the safety of the public.

C. Licensees who are HBV or HCV seropositive may be authorized to continue practice without the necessity of receiving authorization from an expert review panel. This determination will be made by the board's committee on HIV/HBV/HCV on a case-by-case determination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:743 (July 1992), amended LR 21:573 (June 1995), LR 25:1477 (August 1999).

Chapter 13. Dental Laser and Air Abrasion Utilization

§1301. Requirements

A. A laser capable of the removal of hard or soft tissue may be employed in the treatment of a dental patient only by a licensed dentist.

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 19:334 (March 1993), amended LR 29:2074 (October 2003).

§1302. Procedures

A. American National Standards Institute standards for laser safety must be followed.

B. Use of the laser must be in accordance with scientifically accepted treatment.

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 19:334 (March 1993), amended LR 29:2074 (October 2003).

§1303. Approval of Training

A. Prior to commencing use of the laser for dental purposes, a dentist must obtain appropriate training for the laser being utilized.

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 19:334 (March 1993), amended LR 29:2074 (October 2003).

§1305. Air Abrasion Units

A. Utilization of air abrasion units by licensed dental hygienists and dental auxiliaries is prohibited. However, this does not prevent the utilization of air polishing units by licensed dental hygienists.

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 19:334 (March 1993), amended LR 24:1117 (June 1998), LR 25:1477 (August 1999), LR 26:1613 (August 2000), repromulgated LR 27:1894 (November 2001).

Chapter 14. Rulemaking, Declaratory Opinions and Rules

§1401. Scope of Chapter

A. The rules of this Chapter govern the board's processes to consider petitions from interested persons relative to the adoption, amendment, or repeal of a rule or the request for the issuance of a declaratory order or ruling in accordance with the Administrative Procedure Act.

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 19:1322 (October 1993), amended LR 24:1117 (June 1998), LR 25:1477 (August 1999).

§1403. Forms

A. All petitions, whether requesting the adoption, amendment, repeal, applicability of a rule, statutory provision, or order of the board or the request for the issuance of a declaratory order or ruling shall be submitted on plain white, letter size (8 1/2" by 11") bond; with margins of at least one inch on all sides and text double-spaced except as to quotations and other matter customarily single-spaced; shall bear the name, address, and phone number of the person requesting the action; and shall also state the complete and full name of each person(s), organization, or entity the requestor represents along with sufficient information to identify and fully describe said person(s), organization, or entity.

B. The petition relative to rules shall fully and succinctly state the reasons for the requested action, and what results, if any, would be expected from such action, and an estimate of any expenditures or increases in revenue reasonably expected if said rule is adopted, amended, or repealed.

C. All petitions for declaratory orders or rulings shall set forth the specific statute or rule and the pertinent factual circumstances, as well as those reasons in support of or in opposition to the issue presented.

D. All petitions or documents filed with the board pursuant to this Rule shall be served upon the board in conformity with LAC 46:XXXIII.911. The petition or document filed pursuant to this Rule shall be received by the board no later than 30 days prior to the next scheduled meeting of the board in order for it to be placed on the board agenda for consideration.

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 19:1322 (October 1993), amended LR 24:1117 (June 1998), LR 25:1477 (August 1999), LR 39:2278 (August 2013).

§1405. Exceptions

A. The board may refuse to accept for filing any petition not conforming to the requirements of this Section, except upon a showing of good cause by the requestor at the time the requestor's petition is received by the board.

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 19:1322 (October 1993).

Chapter 15. Anesthesia/Analgesia Administration

§1501. Scope of Chapter

A. The rules of this Chapter govern the administration of anesthesia/analgesia by persons licensed to practice dentistry in the state of Louisiana to dental patients. The rules of this Chapter are promulgated in order to supplement the provisions of the Dental Practice Act, R.S. 37:751 et seq., particularly R.S. 37:793.

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 20:658 (June 1994).

§1502. Types of Permits

A. The board issues two types of permits for sedation and/or general anesthesia:

1. personal permits;
2. office permits.

B. In order for anyone to perform any type of sedation or general anesthesia beyond minimal sedation or nitrous oxide analgesia in conjunction with dental procedures in a dental office or in any facility in which dentistry is being performed, an office permit must have been issued by the board for that location, subject to the exceptions in R.S. 37:793(H). The office permit must be for the level of sedation or general anesthesia equal to or higher than the level to be performed.

No office or personal permit is required for minimal sedation and no office permit is required for nitrous oxide analgesia.

C. In order to perform any type of sedation or general anesthesia beyond minimal sedation, or to perform nitrous oxide analgesia or sedation, a dentist must hold a personal permit equal to or higher than the level of sedation or general anesthesia to be performed. Additionally, in order to perform any type of moderate sedation or greater on children under the age of 13, the permit received by the dentist must have a pediatric certification as provided for in §1504.

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 42:53 (January 2016), amended by Department of Health, Board of Dentistry, LR 46:1676 (December 2020), repromulgated LR:47 42 (January 2021).

§1503. Personal Permits for Sedation/Anesthesia

A. The board issues the following types of personal permits for sedation and/or general anesthesia, listed in order from lowest to highest level:

1. nitrous oxide inhalation permit;

2. moderate sedation;

3. general anesthesia/deep sedation.

B. In order to receive a personal permit, the dentist must show proof of completion of a training program pertaining to the level of permit sought, as described below.

1. In order to receive personal permit to administer nitrous oxide sedation, the dentist must show proof to the board of completion of a course on nitrous oxide sedation that consists of a minimum of 14 hours of didactic instruction, plus six clinically-oriented experiences during which competency in nitrous oxide sedation techniques is demonstrated.

2. In order to receive a personal permit to administer moderate sedation, the dentist must show proof to the board of completion of a course on moderate parenteral sedation that includes:

a. a minimum of 60 hours of instruction plus the administration of sedation for at least 20 individually managed patients;

b. certification of competence in moderate sedation techniques;

c. certification of competence in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications;

d. provision by course director or faculty of additional clinical experience if participant competency has not been achieved in time allotted;

e. records of instruction and clinical experiences (i.e., number of patients managed by each participant in each modality/route) that are maintained and available for participant review.

3. In order to receive a personal permit to administer general anesthesia/deep sedation, the dentist must show proof to the board of having completed an advanced education program accredited by the Commission on Dental Accreditation that provided training in deep sedation and general anesthesia.

C. If the training program described in Subsection B of this Section was completed five years or more before the application for the personal permit is made, the board may, in its discretion, through the chairman of its anesthesia committee, issue the requested permit if the licensee has been legally and safely providing sedation/anesthesia at the level of the requested permit in another state since completing the program.

D. In addition to the requirements of Subsection B, in order to receive or renew any personal sedation/general anesthesia permit or a nitrous oxide analgesia/sedation permit, the licensee must provide proof of current certification in cardiopulmonary resuscitation, course "C", basic life support for the health care provider as defined by the American Heart Association, or its equivalent.

E. In addition to the requirements of Subsections B and D, in order to receive or renew a personal moderate sedation permit or a personal deep sedation/general anesthesia permit, the licensee must provide proof of current certification in advanced cardiac life support as defined by the American Heart Association or its equivalent. The board will only accept an ACLS course which includes a practical component which is personally attended. If a dentist's practice is restricted to treating only children, the certification in pediatric life support (PALS) described in §1504.A.4 will suffice as a substitute for ACLS.

F. Licensees who have received permits to administer sedation or anesthesia prior to the effective date of this Rule and whose permits are still valid are exempt from the training program requirements in Subsection B upon renewal of their permits.

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 42:53 (January 2016), amended by the Department of Health, Board of Dentistry, LR 43:955 (May 2017), LR 45:1761 (December 2019).

§1504. Pediatric Certification for Personal Permits

A. In order to receive a pediatric certification for a personal permit:

1. a dentist shall have completed a pediatric or oral and maxillofacial surgery advanced education program accredited by the Commission on Dental Accreditation that provided training in the level of sedation allowed by the permit requested; or

2. in addition to completing the training requirements set forth in §1503, the dentist shall have completed an additional training course consisting of 8 hours of didactic pediatric sedation training specific to the level of the permit

being sought and 10 cases of pediatric sedation involving the highest level of sedation allowed by the permit sought; or

3. the training program meeting the requirements set forth in §1503 was pediatric-specific;

4. in addition to the above requirements, in order to receive or renew a personal permit with a pediatric certification, the licensee must provide proof of current certification in pediatric life support (PALS), or its equivalent. The board will only accept a PALS course which includes a practical component which is personally attended. If a dentist's practice is restricted to treating only children under the age of 13, the PALS certification will suffice as a substitute for the ACLS required in §1503.E. If a dentist's practice is not restricted to treating only children, in order to receive a permit with a pediatric certification, both PALS and ACLS certifications are required.

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 42:54 (January 2016), amended by the Department of Health, Board of Dentistry, LR 43:956 (May 2017).

§1508. Oral Administration of Drugs for Sedation

A. Oral administration of drugs used to induce sedation beyond minimal sedation shall be performed on the dental premises only. Oral administration of drugs for sedation for children under the age of 13, regardless of the level of sedation targeted, shall be performed on the dental premises only.

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 42:54 (January 2016).

§1509. Third-Party Sedation/Anesthesia

A. Sedation and/or general anesthesia may be performed in a dental office in conjunction with dental work when the dentist utilizes the services of a third-party Louisiana-licensed physician who specializes in anesthesiology, a third-party Louisiana-licensed certified registered nurse anesthetist, or a Louisiana-licensed dentist with an appropriate sedation permit for the level of anesthesia to be achieved provided that the third-party anesthetist must remain on the premises of the dental facility until any patient given sedation is recovered.

B. In order to utilize a third-party to administer sedation and/or anesthesia as described in Subsection A, a dentist must obtain an office permit for each office location at which a third-party anesthetist will be administering sedation or anesthesia, subject to the exceptions in R.S. 37:793(H). This permit will only be issued after an office inspection by the board to assure that the office meets the minimum requirements for facilities, personnel and equipment for sedation/anesthesia procedures. Additionally, the dentist who is performing the dental work but not performing the sedation/general anesthesia must have current certification in advanced cardiac life support (ACLS) as described in §1503.E and, if children are to be sedated, must also have current certification in pediatric life support (PALS) as described in §1504.A.4. If a dentist's practice is restricted to treating only children, the certification in pediatric life support (PALS) described in §1504.A.4 will suffice as a substitute for ACLS.

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 42:54 (January 2016), amended by the Department of Health, Board of Dentistry, LR 43:48 (January 2017), LR 49:1383 (August 2023).

§1510. Moderate Sedation

A. In order to administer moderate sedation, the dentist shall:

1. comply with all requirements of this Chapter;

2. utilize a working pulse oximeter on patients;

3. maintain a proper record keeping mechanism in addition to a controlled substance log; and

4. utilize an accurate scale on pediatric patients (anyone under the age of 13).

B. Drugs for enteral moderate sedation must be administered in a dental office and the patient must be observed by a qualified office staff member with training and credentials to perform the specific tasks concomitant with the procedure being administered. For both enteral and parenteral moderate sedation, continuous monitoring with pulse oximetry must be initiated with early signs of moderate sedation and continued until the patient is alert. A precordial, pretracheal stethoscope must be available to assist intraoperatively in the monitoring of heart and respiratory rates. A sphygmomanometer shall be immediately available and utilized as needed throughout the procedure. Drugs for anxiolysis/minimal sedation in adults may be administered off premises prior to the dental procedure.

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 42:55 (January 2016), amended by the Department of Health, Board of Dentistry, LR 43:956 (May 2017).

§1511. Required Facilities, Personnel and Equipment for Sedation Procedures

A. The following are minimum requirements for facilities and equipment that must be available for use with sedation procedures, other than minimal sedation by means other than nitrous oxide inhalation.

1. The dental operatory where sedation procedures are performed must be large enough to accommodate the patient adequately on a dental chair and to permit an operating team consisting of three individuals to move about the patient.

2. The dental chair must permit the patient to be positioned so that the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for performing cardiopulmonary resuscitation should it become necessary.

3. There must be a lighting system which is adequate to permit evaluation of the patient's skin and mucosal color.

4. There must be suction equipment which permits aspiration of the oral and pharyngeal cavities. A back-up suction device which can operate at the time of a general power failure must be available for moderate and deep sedation procedures and for general anesthesia.

5. There must be an oxygen delivery system with adequate full-face masks and appropriate connectors capable of delivering a positive pressure oxygen supply to the patient.

6. Nitrous oxide equipment should:

a. conform to all requirements as established by the Council on Dental Materials and Devices of the American Dental Association;

b. provide a maximum of 100 percent and never less than 20 percent oxygen concentration at appropriate flow rates;

c. have a functional fail-safe system;

d. utilize a scavenger system in working condition;

e. be free of any obvious leaks, such as those indicated by hissing sounds or poor connections or tears of the delivery tubing or reservoir bag.

7. Ancillary equipment must be available in the operatory where the moderate sedation, deep sedation or general anesthesia procedure is being performed, must be maintained in good operating condition, and must include the following:

a. oral airways;

b. tonsillary or pharyngeal-type suction device adaptable to all office outlets;

c. sphygmomanometer of appropriate size for the patient and stethoscope;

d. adequate equipment for the establishment of an intravenous infusion;

e. pulse oximeter;

f. equipment to monitor partial pressure of carbon dioxide when moderate sedation, deep sedation, or general anesthesia is administered;

g. working electrocardiograph and defibrillator when general anesthesia, deep sedation or moderate is utilized.

8. There must be emergency equipment and drugs available in an emergency kit or crash cart which is immediately available to the dental operatory where the sedation procedure, other than minimal sedation or sedation by nitrous oxide inhalation, is being performed. These kits must include the necessary drugs and equipment to resuscitate a non-breathing unconscious patient and sustain life while the patient is being transported. There should be a list in each kit of the contents and a record of when the contents were checked. The following drugs should be available in the kit:

a. epinephrine;

b. vasopressor;

c. corticosteroid;

d. bronchodilator;

e. appropriate drug antagonists;

f. antihistaminic;

g. anticholinergic;

h. coronary artery vasodilator;

i. anticonvulsant;

j. oxygen; and

k. 50 percent dextrose or other antihypoglycemic.

B. Personnel

1. The authorized dentist must ensure that every patient receiving nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is constantly attended.

2. Direct supervision by the authorized dentist is required when nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is being administered.

3. When nitrous oxide inhalation analgesia is being administered, one dentist or auxiliary who is currently certified in basic life support must be available to assist the dentist or dental hygienist in an emergency.

4. When moderate sedation is being administered one auxiliary who is currently certified in basic life support must be available to assist the dentist in an emergency.

5. When deep sedation or general anesthesia is being administered two auxiliaries who are currently certified in basic life support must be available to assist the dentist in an emergency.

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 42:55 (January 2016), amended by the Department of Health, Board of Dentistry, LR 43:956 (May 2017), amended by the Department of Health, Board of Dentistry, LR 43:1964 (October 2017), LR 44:1010 (June 2018).

§1515. Hospitals and Outpatient Surgical Centers; Exemption

A. Office permits for the administration of anesthesia are not required when the procedure is being performed in a hospital or outpatient surgical center approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

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 31:927 (April 2005).

Chapter 16. Continuing Education Requirements

§1601. Scope of Chapter

A. The rules of this Chapter govern the board's minimum continuing education requirements for relicensure and recertification of dentists and dental hygienists as authorized by R.S. 37:760(13), and provides for record keeping, penalties, reporting, exemptions, approved courses of instruction, and all related matters. Except where noted, these rules shall apply equally to dentists and dental hygienists.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8)(13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994).

§1603. Effective Date

A. Beginning January 1, 1995, dentists and dental hygienists licensed to practice in the state of Louisiana, in addition to other requirements, shall complete the minimum hours of continuing education set forth in this Chapter during each renewal period in order to renew or have recertified their licenses, permits or certificates necessary to practice dentistry or dental hygiene in this state. These continuing education requirements also apply to all dentists and dental hygienists licensed to practice in Louisiana, but are practicing outside of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8)(13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994), amended LR 26:489 (March 2000).

§1605. Penalties

A. Failure to comply with the requirements of this Chapter may be grounds for disciplinary action against the licensee under R.S. 37:776(A), (3), (24) for dentists, and R.S. 37:777(3), (18) for dental hygienists setting forth cause for the non-issuance, suspension, revocation, or imposition of restrictions on one's license to practice dentistry or dental hygiene, and/or imposition of a fine as set forth in R.S. 37:780(B).

B.1. All continuing education not completed on time shall be completed no later than August of the following calendar year and shall not count toward the continuing education requirements of the subsequent renewal period.

2. A second violation of the continuing education requirements may be reported to the National Practitioner Data Bank, whereas the first violation will not.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), (13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994), amended LR 39:2277 (August 2013).

§1607. Exemptions

A. Continuing education requirements, other than the three-hour opioid management course listed in §1611.A.3 and the cardiopulmonary resuscitation course listed in §1611.F, shall not apply to:

1. dentists enrolled in full-time post-graduate specialty training;

2. dental hygienists enrolled in full-time post-graduate training;

3. dentists renewing their license for the first time;

4. dental hygienists renewing their license for the first time.

5. dentists holding a retired volunteer dental license pursuant to R.S. 37:761.1 who work fewer than 250 hours per calendar year during the renewal period; however, if the dentist holding the retired volunteer dental license maintains a sedation permit, the requirements of §1611.H still apply.

B. In the event of unusual circumstances or special hardship, the board may excuse licensees from continuing education requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and (13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994), amended LR 24:1117 (June 1998), LR 26:1613 (August 2000), repromulgated LR 27:1894 (November 2001), amended LR 41:1284 (July 2015), amended by the Department of Health, Board of Dentistry, LR 44:46 (January 2018), LR 45:1762 (December 2019), LR 48:2292 (September 2022).

§1609. Reporting and Record Keeping

A. Upon renewal of a dental or dental hygiene license, the licensee must list on a form provided by the board the date, location, sponsor, subject matter and hours completed during the past renewal period of continuing education courses. The licensee must attest to the truthfulness of his report by executing his signature where required on the reporting form.

B. The licensee shall retain satisfactory documentation such as certificates of attendance as may be necessary to document completion of the required number of continuing education hours. The board will not give credit unless the licensee can prove attendance at the course and, therefore, shall obtain and retain certificates of attendance. With cause, the board may request such documentation. Without cause the board may request such documentation from licensees selected at random.

C. Each dentist and dental hygienist shall maintain records of his/her continuing education for three calendar years following the calendar year in which the course was completed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), (13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994), amended LR 26:489 (March 2000), LR 28:2512 (December 2002).

§1611. Continuing Education Requirements for Relicensure of Dentists

A. Unless exempted under §1607, each dentist shall complete a minimum of 30 hours of continuing education

during each renewal period for the renewal of his/her license to practice dentistry by taking courses approved as set forth in §1615 in the following amounts:

1. 20 hours of personally attended clinical courses pertaining to the actual delivery of dental services to patients;

2. 10 hours of clinical courses pertaining to the actual delivery of dental services to patients that may be done in person, online or via correspondence; if done online or via correspondence the courses must require the successful completion of a written examination at the conclusion of the course;

3. 3 of the 30 hours listed in Paragraphs 1 and 2 of this Subsection must include an opioid management course which includes training on drug diversion, best practice prescribing of controlled substances or appropriate treatment for addiction. Successful completion of this three-hour requirement once during a dentist's career shall satisfy this requirement in full. A dentist can become exempt from this requirement by submitting to the board a certification form attesting that he has not prescribed, administered, or dispensed a controlled dangerous substance during the entire renewal period.

B. Continuing education ordered as a result of disciplinary matters shall not serve as credit for mandatory continuing education unless specifically authorized in a consent decree or in an order issued by the board.

C.1. Past and present dentist members of the Louisiana State Board of Dentistry are allowed four hours of continuing dental education credit for each meeting of the American Association of Dental Examiners Boards attended by said past or present dentist member.

2. Current dentist members of the Louisiana State Board of Dentistry are allowed one hour of continuing dental education credit for each meeting of the Board attended by said current member.

3. Dentists are allowed to receive 3.5 hours of personally attended clinical continuing dental education for service on a Medical Review Panel established pursuant to La. R.S. 40:1231.8 or La. R.S. 40:1237.2. No more than 7 hours of continuing dental education may be credited for service on a Medical Review Panel annually.

D. No credit will be given for activities directed primarily to persons preparing for licensure in Louisiana.

E. Dentists who are on staffs of hospitals accredited by the Joint Commission on Accreditation of Health Care Organizations may receive continuing education credit for those continuing education courses provided by said hospital.

F. Dentists will be awarded three clinical credit hours for successful completion of cardiopulmonary resuscitation course "C", basic life support for healthcare providers as defined by the American Heart Association or the Red Cross professional rescue course. When being audited for compliance with cardiopulmonary resuscitation course completion, a photocopy of the CPR card evidencing successful completion of the course for each year shall be appended to the form.

G.1. Dentists who successfully complete certification courses in advanced cardiac life support continuing education will be awarded up to 16 hours of clinical continuing dental education. However, dentists completing the shorter recertification course in advanced cardiac life support will be awarded 3 hours of clinical continuing dental education.

2. Dentists who successfully complete the certification courses in pediatric advanced cardiac life support continuing education will be awarded up to 14 hours of clinical continuing dental education. However, dentists completing the shorter recertification course in PALS will be awarded 6 hours of clinical continuing dental education.

H. In order to renew permits for the administration of general anesthesia or moderate sedation, each full licensee shall complete an in person adult sedation course of a minimum of 6 hours pertinent to the level of their sedation permit no less than once every license period, with this requirement only beginning in the second renewal period after the permit is issued. If the permit has a pediatric certification, then the aforementioned 6 hours must address pediatric sedation. If the permit holder has a pediatric certification, the permit holder must take both the adult and the pediatric sedation courses for a total of 12 in-person hours. If the permit holder has a pediatric certification and sedates only persons below the age of 13, and signs a certification to that effect, then only the 6 hour in-person pediatric sedation course is necessary. These hours will count towards the requirement of §1611.A.1. The CPR, ACLS, and PALS courses required in §§1503 and 1504 do not count toward the requirements set forth in this Section. Recertification for deep sedation or general anesthesia as required by the American Association of Oral and Maxillofacial Surgeons every five years shall satisfy this requirement.

I. Dentists successfully completing the calibration training for the administration of the clinical licensing examination administered by a testing agency approved of by the board may be awarded up to 20 hours of clinical continuing education per each renewal period.

J. Louisiana licensed dentists shall be eligible for three hours of clinical continuing education for treating a donated dental service patient (pro bono) from a Louisiana State Board of Dentistry approved agency. The maximum number of hours will be no more than six in any two-year biennial renewal period, and verification of treatment from the agency is mandatory in order to obtain these continuing education credits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and (13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994), amended LR 21:569 (June 1995), LR 22:24 (January 1996), LR 22:1216 (December 1996), LR 23:1526 (November 1997), LR 24:1117 (June 1998), LR 25:510 (March 1999), LR 26:489 (March 2000), LR 30:2307 (October 2004), LR 32:244 (February 2006), LR 35:1237 (July 2009), LR 36:2038 (September 2010), LR 37:2151 (July 2011), LR 37:3515 (December 2011), repromulgated LR

38:356 (February 2012), amended LR 38:817 (March 2012), LR 38:1959 (August 2012), LR 39:1282 (May 2013), amended by the Department of Health, Board of Dentistry, LR 43:956 (May 2017), amended by the Department of Health, Board of Dentistry, LR 44:47 (January 2018), LR 50:210 (February 2024), LR 51:787 (June 2025), LR 52:685 (May 2026).

§1613. Continuing Education Requirements for Relicensure of Dental Hygienists

A. Unless exempted under §1607, each dental hygienist shall complete a minimum of 20 hours of continuing education during each renewal period for the renewal of his/her license to practice dental hygiene by taking courses approved as set forth in §1615 in the following amounts:

1. 12 hours of personally-attended clinical courses pertaining to the actual delivery of dental or dental hygiene services to patients;

2. 8 hours of clinical courses pertaining to the actual delivery of dental or dental hygiene services to patients that may be done in person, online or via correspondence; if done online or via correspondence the courses must require the successful completion of a written examination at the conclusion of the course.

B. Continuing education ordered as a result of disciplinary matters shall not serve as credit for mandatory continuing education unless specifically authorized in a consent decree or in an order issued by the board.

C. Dental hygienists are allowed continuing education credit for courses sponsored and/or approved for dentist's continuing education.

D.1. Past and present dental hygiene members of the Louisiana State Board of Dentistry are allowed four hours of continuing dental hygiene education credit for each meeting of the American Association of Dental Examiners Boards attended by said past or present dental hygiene member.

2. Current dental hygiene members of the Louisiana State Board of Dentistry are allowed one hour of continuing dental education credit for each meeting of the Board attended by said current member.

3. Hygienists are allowed to receive 3.5 hours of personally attended clinical continuing dental education for service on a Medical Review Panel established pursuant to La. R.S. 40:1231.8 or La. R.S. 40:1237.2. No more than 7 hours of continuing dental education may be credited for service on a Medical Review Panel annually.

E. No credit will be given for activities directed primarily to persons preparing for licensure in Louisiana.

F. Dental hygienists who are on staffs of hospitals accredited by the Joint Commission on Accreditation of Health Care Organizations may receive continuing education credit for those continuing education courses provided by said hospital.

G. Dental hygienists will be awarded three clinical credit hours for successful completion of cardiopulmonary resuscitation course "C," basic life support for healthcare providers as defined by the American Heart Association or the Red Cross professional rescue course. When being audited for compliance with cardiopulmonary resuscitation course completion, a photocopy of the CPR card evidencing successful completion of the course for each year shall be appended to the form.

H. Dental hygienists who successfully complete a continuing education course as set forth in §710, Administration of Local Anesthesia for Dental Purposes, will be awarded 72 hours of clinical continuing dental hygiene education. However, these hours may not be carried over to a subsequent renewal period and will count only toward the renewal of their license during the period in which they attended the course.

I. Dental hygienists successfully completing the calibration training for the administration of the clinical licensing examination administered by the Council of Interstate Testing Agencies (CITA) may be awarded up to 12 hours of clinical continuing education per each renewal period.

J. Louisiana licensed dental hygienists shall be eligible for two hours of clinical continuing education for treating a donated dental service patient (pro bono) from a Louisiana State Board of Dentistry approved agency. The maximum number of hours will be no more than four in any two-year biennial renewal period, and verification of treatment from the agency is mandatory in order to obtain these continuing education credits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and (13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994), amended LR 21:570 (June 1995), LR 22:24 (January 1996), LR 22:1217 (December 1996), LR 23:1526 (November 1997), LR 24:1118 (June 1998), LR 25:510 (March 1999), LR 26:489 (March 2000), LR 30:2307 (October 2004), LR 32:245 (February 2006), LR 35:1237 (July 2009), LR 36:2039 (September 2010), LR 39:86 (January 2013), amended by the Department of Health, Board of Dentistry, LR 44:47 (January 2018), LR 51:788 (June 2025), LR 52:685 (May 2026).

§1615. Approved Courses

A. Courses sponsored or approved by the following organizations shall be accepted by the board:

1. American Dental Association and its affiliate associations and societies;

2. American Dental Hygienists' Association and its affiliate associations and societies;

3. Academy of General Dentistry courses when set forth on official documentation;

4. American Academy of Dental Hygiene courses when set forth on official documentation;

5. National Dental Association and its affiliate societies;

6. American Association of Dental Boards;

7. colleges and universities with dental programs which are accredited by the Commission on Dental Accreditation of the American Dental Association when continuing education courses are held under their auspices;

8. armed services and veterans' administration dental departments;

9. national, state and district associations and/or societies of all specialties in dentistry recognized by the board, and study clubs approved by said specialty societies;

10. American Heart Association as a provider of cardiopulmonary resuscitation courses (Course "C" Basic Life Support for the Health Care Provider);

11. the American Red Cross as a provider of the cardiopulmonary resuscitation course Red Cross professional rescue course;

12. the Accreditation Council for Continuing Medical Education (ACCME).

B. The following standards represent minimum criteria to which component societies, as referred to in §1615.A.7 of this rule, should adhere to if they wish the board to allow the participants to receive continuing education credits.

1. Each sponsoring organization will be responsible for developing its own specific policies for accreditation of continuing education programs and/or activities, and awarding credit hours. These policies must be filed with the board. Satisfactory documentation evidencing approval of continuing education courses must be kept by the sponsoring or approving organization on file for a minimum of four years after the presentation of the course.

2. The program shall be under the continuous guidance of an administrative authority and/or individual responsible for its quality, content, and ongoing conduct.

a. Each program or activity must have specific educational objectives or goals that relate to the dental as well as the overall health care needs of the public and/or the interest and needs of the dental profession. The content of the program will be directed at achieving the stated objectives or goals.

b. The instructor or instructors in charge of the program or activity must be qualified by education to provide instruction in the relevant subject matter.

c. Facilities selected for each activity must be appropriate to accomplish:

i. the educational methods being used;

ii. the stated educational objectives or goals.

C. Clinical credit will be given to programs dealing with the mechanical delivery of dental services as well as those addressing biological and psychological aspects of therapy such as pharmacology, nutrition, behavioral modification, etc., which are pertinent to the restoration and maintenance of oral health.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), and (13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:662 (June 1994), amended LR 22:24 (January 1996), LR 24:1118 (June 1998), LR 35:1238 (July 2009), LR 38:817 (March 2012), LR 45:1762 (December 2019), LR 47:1496 (October 2021).

Chapter 17. Licensure Examination

§1701. Scope of Chapter

A. This Chapter shall describe all procedures relative to the administration of the clinical licensing examinations for persons wishing to practice dentistry or dental hygiene in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1118 (June 1998).

§1707. Religious Obligations

A. There will be no exceptions relative to religious obligations in the conducting of the clinical licensing examinations of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1119 (June 1998).

§1709. Examination of Dentists

A. An applicant shall be entitled to take the examinations required in this Section to practice dentistry in this state if such applicant:

1. is 18 years of age or older;

2. is of good moral character;

3. is a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, if any, or any other nationally-recognized accrediting agency; and

4. has successfully completed the National Board of Dental Examiners dental examination.

B. To be licensed as a dentist in this state, an applicant for initial licensure must successfully complete the following:

1. a written examination on the jurisprudence and ethics of the state regulating the practice of dentistry; and

2. the Louisiana state Board of Dentistry approved clinical examination. This examination will be named by the board and this approval may be changed or amended as deemed necessary by the board.

C. Examination scores are valid for initial licensure for five years following the candidate's successful completion of an accepted licensing examination. The examination accepted by the Board of Dentistry for initial licensure by examination is the American Board of Dental Examiners (ADEX) dental examination.

D. The board is expressly authorized to utilize the services of other licensed dentists to facilitate the examination.

E. No clinical licensing examination may be conducted in the state of Louisiana without the written permission from the Louisiana state Board of Dentistry. For permission to be granted, the agency conducting the examination must have at least four current members of the Louisiana state Board of Dentistry participating in the clinical licensing examination.

F. Notwithstanding any other law to the contrary or any examination manual of any of the testing agencies listed in Subsection C of this Section, no candidate for licensure in the state of Louisiana will be granted same if said candidate has failed any clinical licensing examination for a total of three times. This number includes the accumulation of all examinations taken regardless of the testing agency. This number excludes failures of clinical examinations taken prior to an applicant's final year of dental school. A make-up examination counts as an examination. This prohibition may be overcome if the applicant meets all of the other requirements of this Section, including the successful completion of one of the examinations listed in Subsection C of this Section and:

1. has been actively practicing with an unrestricted dental license for five years in another state as defined in R.S. 37:751(A)(2), has not had any discipline by the dental board in any state, and, if deemed necessary, meets in person with the full board; or

2. following the last failure of a clinical licensure examination, completes a dental post-doctoral program of a minimum of one year which is accredited by an accreditation agency that is recognized by the United States Department of Education and, if deemed necessary, meets in person with the full board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1119 (June 1998), amended LR 28:2513 (December 2002), LR 33:2654 (December 2007), LR 37:1407 (May 2011), LR 37:2151 (July 2011), LR 37:3516 (December 2011), repromulgated LR 38:356 (February 2012), amended LR 38:1959 (August 2012), LR 39:86 (January 2013), LR 39:1282 (May 2013), LR 40:783 (April 2014), amended by the Board of Dentistry, LR 42:1622 (October 2016), amended by the Department of Health, Board of Dentistry, LR 44:48 (January 2018), LR 49:1383 (August 2023), LR 51:788 (June 2025), LR 52:41 (January 2026).

§1711. Examination of Dental Hygienists

A. An applicant shall be entitled to take the examinations required in this Section to practice dental hygiene in this state if such applicant:

1. is 18 years of age or older;

2. is of good moral character;

3. is a graduate of a dental hygiene college or school approved by the board or accredited by the Commission on Accreditation of the American Dental Association or its successor agency; and

4. has successfully completed the national board dental hygiene examination as administered by the American Dental Association.

B. To be licensed as a dental hygienist in this state, an applicant must successfully complete the following:

1. a written examination on the jurisprudence and ethics of the state regulating the practice of dental hygiene; and

2. the clinical examination administered by the Louisiana state Board of Dentistry approved testing agency. This agency will be named by the board and this relationship may be changed or amended as deemed necessary by the board.

C. Examination scores are valid for initial licensure for three years following the candidate's successful completion of an accepted licensing examination. The examination accepted by the Louisiana state Board of Dentistry for initial licensure by examination is the American Board of Dental Examiners (ADEX) dental hygiene examination.

D. The board is expressly authorized to utilize the services of other licensed dentists to facilitate the examination.

E. No clinical licensing examination may be conducted in the state of Louisiana without the written permission from the Louisiana State Board of Dentistry. For permission to be granted, the agency conducting the examination must have at least four current members of the Louisiana State Board of Dentistry participating in the clinical licensing examination.

F. Notwithstanding any other law to the contrary or any examination manual of any of the testing agencies, no candidate for licensure in the state of Louisiana will be granted same if said candidate has failed any clinical licensing examination for a total of three times. This number includes the accumulation of all examinations taken regardless of the testing agency. A make-up examination counts as an examination. This prohibition may be overcome if the applicant meets all of the other requirements of this Rule, including the successful completion of an initial licensure examination that included procedures on a live patient, has been actively practicing with an unrestricted *Louisiana Administrative Code* August 2023 48 license for five years in another state as defined in R.S. 37:751(A)2 and, if deemed necessary, meets in person with the full board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1119 (June 1998), amended LR 28:1779 (August 2002), LR 33:2654 (December 2007), LR 37:1407 (May 2011), LR 37:2151 (July 2011), LR 37:3516 (December 2011), repromulgated LR 38:356 (February 2012), amended LR 38:1960 (August 2012). amended by the Department of Health, Board of Dentistry, LR 42:1662 (October 2016), amended by the Department of Health, Board of Dentistry, LR 44:48 (January 2018), LR 51:788 (June 2025), LR 52:42 (January 2026).

Chapter 18. Criminal History Records Information

§1801. Scope of Chapter

A. The rules of this Chapter govern the collection and use of criminal history records information in connection with applications for an initial license, renewal, or reinstatement of a license of a dentist or dental hygienist in conformity with R.S. 37:763.1.

AUTHORITY NOTE: Promulgated in accordance with R.S. and 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1779 (August 2002).

§1803. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

Applicant—an individual who has made application to the board for the issuance or reinstatement of any license, permit, certificate, or registration which the board is authorized by law to issue.

Board—the Louisiana State Board of Dentistry.

Bureau—the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections.

Criminal History Record Information—information collected by the bureau or the Federal Bureau of Investigation of the United States Department of Justice or an individual consisting of detentions, indictments, bills of information, or any formal criminal charges and any disposition arising therefrom, including sentencing, criminal correctional supervision and release. *Criminal history record information* does not include information collected for intelligence or investigatory purposes nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.

FBI—the Federal Bureau of Investigation of the United States Department of Justice.

Licensure or *License*—any license, permit, certification, or registration which the board is authorized by law to issue.

AUTHORITY NOTE: Promulgated in accordance with R.S. and 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1779 (August 2002).

§1805. Criminal History Record Information Requirement

A. As a condition for eligibility for the issuance of an initial license or the reinstatement of any license, an applicant must submit to the board such number of full sets of fingerprints, other identifiable information, and fees and costs as may be incurred by the board in requesting or obtaining criminal history record information, in the form and manner prescribed in §1809.

B. The board will use the fingerprints to request and obtain criminal history record information relative to the applicant as provided in R.S. 37:763.1.

C. The application of an applicant who fails to comply with the requirements set forth in §1805.A shall be deemed incomplete and shall not be considered by the board unless and until such requirements have been satisfied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1779 (August 2002).

§1807. Effect of Application

A. The submission of an application for licensure to the board shall constitute and operate as an acknowledgement and authorization by the applicant to any state or federal agency, including, but not limited to, the bureau and the FBI, to disclose and release to the board any and all state, national, or foreign criminal history record information; the submission of an application for licensure to the board shall equally constitute and operate as a consent by the applicant for disclosure and release of such information and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

B. The submission of an application for licensure to the board shall constitute and operate as an acknowledgement and authorization by the applicant to the board's utilization of criminal history record information to determine his or her suitability and eligibility for licensure, and whether just cause exists for the board to refuse to issue, suspend, revoke, or impose probationary or other terms, conditions, or restrictions on any license held or applied for by an applicant in the state of Louisiana for violation of any of the causes specified by R.S. 37:776 or R.S. 37:777, and the board's rules respecting any such health care provider as set forth in LAC 46:XXXIII.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1780 (August 2002).

§1809. Procedural Requirements

A. In conformity with the substantive requirements of §1805, an application for licensure, whether initial, by credential, or reinstatement to the board, shall be accompanied by each of the following:

1. two or such other number of fully completed fingerprint record cards, containing all identifiable information requested, as well as certified sets of fingerprints which have been affixed by a sheriff, police officer, or other law enforcement personnel;

2. a check in the amount of no less than $100 in satisfaction of the fees and costs incurred by the board to process fingerprint cards and to request and to receive criminal history record information.

B. Fingerprint cards and instructions pertaining thereto will be supplied by the board with an application. Such cards

and instructions may also be obtained upon written request directed to the office of the board.

C. An applicant shall be responsible for any increase in the amounts specified in §1809.A.2, which may be assessed by any state or federal agency, including, but not limited to, the bureau and the FBI, or for the fees and costs which may be incurred by the board in requesting and obtaining criminal history record information. An applicant shall also be responsible for payment of any processing fees and costs resulting from a fingerprint card being rejected by any state or federal agency, including, but not limited to, the bureau and the FBI.

D. All background check results shall be valid for a period of six months or until the license is issued, whichever is earlier.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1780 (August 2002), amended LR 39:86 (January 2013), LR 40:1006 (May 2014).

§1811. Falsification of Criminal Record Information

A. An applicant who denies the existence or extent of criminal history record information on an application, which is discovered by information, records, or documentation provided by the bureau, FBI, or any other state, national, or foreign jurisdiction shall, in addition to the potential disqualification of licensure for any of the causes specified in §1807.B, be deemed to have provided false, misleading, or deceptive information, or false sworn information on an application for licensure, and to have engaged in unprofessional conduct, providing additional cause for the board to suspend or revoke, refuse to issue, or impose probationary or other restrictions on any license held or applied for by an applicant in the state of Louisiana culpable of such violation, pursuant to R.S. 37:776.A.(3) or R.S. 37:777.A.(3).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1780 (August 2002).

§1813. Confidentiality of Criminal History Record Information

A. Criminal history record information obtained by the board pursuant to R.S. 37:763.1 and the rules of this Chapter, which is not already a matter of public record or to which the privilege of confidentiality has not otherwise been waived or abandoned, shall be deemed nonpublic and confidential information, restricted to and utilized exclusively by the board, its officers, members, investigators, employees, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure. Criminal history record information shall not, except with the written consent of the applicant or by the order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency, provided, however, that any such information or documents which are admitted into evidence and made part of the administrative record in any adjudicatory proceeding before the board shall become public records upon the filing of a petition for judicial review of the board's final decision therein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1780 (August 2002).

§1815. Exceptions to Criminal History Information Requirement

A. The criminal history record information requirements prescribed by this Chapter shall not be applicable to a dentist or dental hygienist applicant who seeks:

1. a visiting dentist or dental hygienist temporary permit, issued in accordance with LAC 46:XXXIII.120.

B. The criminal history record information requirements prescribed by §§1801-1813 may be waived in such instances as the board, in its discretion, may deem necessary or appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1781 (August 2002).