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**IDAPA 19
TITLE 01
CHAPTER 01**

IDAPA 19 – IDAHO STATE BOARD OF DENTISTRY

19.01.01 – RULES OF THE IDAHO STATE BOARD OF DENTISTRY

000. LEGAL AUTHORITY (RULE 0).

This Chapter is adopted under the legal authority of Chapter 9, Title 54, Idaho Code. (7-1-93)

001. TITLE AND SCOPE (RULE 1).

These rules shall be cited as IDAPA 19.01.01, “Rules of the Idaho State Board of Dentistry.” These rules constitute the minimum requirements for licensure and regulation of dentists and dental hygienists. (7-1-93)

002. WRITTEN INTERPRETATIONS (RULE 2).

There are no written interpretations to these rules. (7-1-93)

003. ADMINISTRATIVE APPEALS (RULE 3).

All contested cases shall be governed by the provisions of IDAPA 04.11.01, “Idaho Rules of Administrative Procedure of the Attorney General,” and the Idaho Administrative Procedure Act, Chapter 52, Title 67, Idaho Code. (3-15-02)

004. INCORPORATION BY REFERENCE (RULE 4).

Pursuant to Section 67-5229, Idaho Code, this chapter incorporates by reference the following documents: (7-1-93)

01. Professional Standards. (3-29-12)

a. American Association of Oral and Maxillofacial Surgeons, Office Anesthesia Evaluation Manual, 8th Edition, 2012. (3-20-14)

b. Centers for Disease Control and Prevention, DHHS, Guidelines for Infection Control in Dental Health-Care Settings, 2003. (4-6-05)

c. American Dental Association, Principles of Ethics, Code of Professional Conduct and Advisory Opinions (ADA Code), January 2009. (4-7-11)

d. American Dental Hygienists’ Association, Code of Ethics for Dental Hygienists (ADHA Code), June 2009. (4-7-11)

e. American Dental Hygienists’ Association, Standards for Clinical Dental Hygiene Practice, March 10, 2008. (4-7-11)

02. Availability. These documents are available for public review at the Idaho State Board of Dentistry, 350 North 9th Street, Suite M-100, Boise, Idaho 83720. (3-29-12)

005. OFFICE INFORMATION (RULE 5).

The Board of Dentistry office is located at 350 North 9th Street, Suite M-100, Boise, Idaho. The mailing address is P.O. Box 83720, Boise, Idaho 83720-0021. The telephone number of the Board is (208) 334-2369, the fax number is (208) 334-3247. (3-30-07)

006. PUBLIC RECORDS ACT COMPLIANCE (RULE 6).

Board of Dentistry records are subject to the provisions of the Idaho Public Records Act, Title 74, Chapter 1, Idaho Code. (3-15-02)

007. -- 009. (RESERVED)

010. EXAMINATIONS (RULE 10).

Examinations may be completed solely by the Board or, at its discretion, the Board may participate in and accept an examining agent. Clinical examination results will be valid for Idaho licensure by examination for a period of five (5) years from the date of successful completion of the examination. (3-28-18)

011. APPLICATIONS (RULE 11).

Applications for license to practice dentistry or dental hygiene must be filed in the office of the Board of Dentistry, Boise, Idaho. The application must be accompanied by an unmounted photograph, bust only, taken within the year preceding the date of examination, and attested before a notary public. (3-18-99)

012. LICENSE AND APPLICATION FEES (RULE 12).

The license fees and application fees shall be as follows: (3-30-07)

01. Application Fees for Dentists: (7-1-91)

a. General: (3-18-99)

i. By examination -- three hundred dollars (\$300). (3-26-08)

ii. By credentials -- three hundred dollars (\$300). (3-20-14)

b. Specialty: (7-1-91)

i. By examination -- three hundred dollars (\$300). (3-26-08)

ii. By credentials -- three hundred dollars (\$300). (3-20-14)

02. Application Fees for Dental Hygienists: (7-1-91)

a. By examination -- one hundred fifty dollars (\$150). (3-26-08)

b. By credentials -- one hundred fifty dollars (\$150). (3-26-08)

03. Biennial License Fees for Dentists: (3-30-07)

a. Active -- three hundred seventy-five dollars (\$375). (3-26-08)

b. Inactive -- one hundred sixty dollars (\$160). (3-26-08)

c. Specialty -- three hundred seventy-five dollars (\$375). (3-26-08)

04. Biennial License Fees for Dental Hygienists: (3-30-07)

a. Active -- one hundred seventy-five dollars (\$175). (3-26-08)

b. Inactive -- eighty-five dollars (\$85). (3-26-08)

05. Application Fees for General Anesthesia and Moderate Sedation Permits: (4-7-11)

a. Initial Application -- three hundred dollars (\$300). (4-2-03)

b. Renewal Application -- three hundred dollars (\$300). (4-2-03)

c. Reinstatement Application -- three hundred dollars (\$300). (4-2-03)

013. FEES -- GENERAL (RULE 13).

A license shall not be issued or renewed unless the fee is paid. Application fees are not refunded. License fees shall be

prorated from date of licensure to the next successive license renewal date. (3-30-07)

014. EXAMINATION FOR GENERAL DENTAL LICENSES (RULE 14).

Pursuant to Section 54-918, Idaho Code, the Board shall conduct both written and clinical examinations of such duration and character and upon such subjects in dentistry as the Board shall determine to thoroughly test the fitness and ability of the applicant to practice dentistry in the state of Idaho. The Board may accept as meeting this requirement successful completion of an examination administered by the Board or its agent, and completion of supplementary examinations as the Board deems necessary to determine the competency of the applicant for licensure. Any exam conducted by the Board may include: (7-1-93)

01. Written Examination. Evidence of passing the National Board examination may be required of all candidates applying for a license to practice dentistry. Any other written examination will be specified by the Board. (7-1-93)

02. Clinical Examination. All applicants for license to practice general dentistry shall be required to pass a Board-approved clinical examination. (3-28-18)

015. EXAMINATION FOR DENTAL HYGIENE LICENSES (RULE 15).

Pursuant to Section 54-918, Idaho Code, the Board shall conduct both written and clinical examinations, which shall be of such duration and character and upon such subjects in dental hygiene as the Board shall determine to thoroughly test the fitness and ability of the applicants to practice dental hygiene in the state of Idaho. The Board may accept as meeting this requirement successful completion of an examination administered by the Board or its agent, and completion of supplementary examinations as the Board deems necessary to determine the competency of the applicant for licensure. Any examination conducted by the Board may include: (7-1-93)

01. Written Examination. Evidence of passing the National Board examination may be required of all candidates applying for a dental hygiene license. Any other written examination will be specified by the Board. (7-1-93)

02. Clinical Examination. All applicants for license to practice dental hygiene shall be required to pass a Board-approved clinical dental hygiene examination and a clinical local anesthesia examination. (3-29-17)

016. REQUIREMENTS FOR DENTAL LICENSURE (RULE 16).

Applicants for licensure to practice dentistry must furnish proof of graduation from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association at the time of graduation. (3-20-14)

017. REQUIREMENTS FOR DENTAL HYGIENE LICENSURE (RULE 17).

Applicants for licensure to practice dental hygiene must furnish proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association at the time of applicant's graduation. (3-20-14)

018. REQUIREMENT FOR CPR (RULE 18).

Applicants for initial licensure as a dentist, dental specialist, or dental hygienist shall provide written verification of current cardiopulmonary resuscitation (CPR) certification as a requirement for licensure. All practicing dentists, dental specialists, or dental hygienists must maintain current CPR certification. (3-29-17)

019. (RESERVED)

020. DENTAL HYGIENE LICENSURE BY CREDENTIALS (RULE 20).

Applications for dental hygiene licensure by credentials must be filed with the Board along with the following: (3-18-99)

01. Graduation. Proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association at the time of applicant's graduation. (7-1-92)

02. National Board Examination. Evidence of successful completion of the National Board of Dental Hygiene. Any other written examinations will be specified by the Board. (3-18-99)

- 03. Cardiopulmonary Resuscitation.** Evidence of current CPR certification. (7-1-92)
- 04. Local Anesthesia.** Applicants who are currently licensed in another jurisdiction to practice local anesthesia must submit evidence of satisfactory completion of a Board-approved examination. (3-20-14)
- 05. Provisional License.** Applicants who meet all the requirements to be licensed by credentials, but who have not completed a Board-approved local anesthesia examination, may be provisionally licensed to practice without local anesthesia for a period of not more than one (1) year. Within that year, the applicant must pass a local anesthesia examination approved by the Board. (3-18-99)
- 06. Interview.** At the Board's discretion, applicants may be required to appear for a personal interview conducted by the Board. (3-18-99)
- 021. -- 024. (RESERVED)**
- 025. PROVISIONAL LICENSURE (RULE 25).**
This type of license may be granted at the Board's discretion to applicants who meet the following requirements: (3-18-99)
- 01. Active Practice.** Active practice within the previous two (2) years. (7-1-93)
- 02. Current Licensure.** Current licensure in good standing in another state. (7-1-93)
- 03. Evidence.** Evidence that the applicant has not failed an exam given by the Board or its agent. (3-18-99)
- 04. Provisional License.** The provisional license shall be valid for the period of time specified on the provisional license which shall not exceed one (1) year from the date of issuance. (4-2-03)
- 05. Additional.** Any additional requirements as specified by the Board. (3-18-99)
- 026. -- 027. (RESERVED)**
- 028. VOLUNTEER DENTAL HYGIENE SERVICES (RULE 28).**
A person holding an unrestricted active status dental hygienist's license issued by the Board may provide dental hygiene services in an extended access oral health care setting without being issued an extended access dental hygiene license endorsement under the following circumstances: (3-28-18)
- 01. Extended Access Oral Health Care Setting.** The dental hygiene services must be performed in an extended access oral health care setting under the supervision of a dentist who has issued written orders to the dental hygienist; (3-28-18)
- 02. Dental Hygiene Services Performed.** The dental hygiene services performed shall be limited to oral health screening and patient assessment, preventive and oral health education, preparation and review of health history, non-surgical periodontal treatment, oral prophylaxis, the application of caries preventive agents including fluoride, the application of pit and fissure sealants with recommendation that the patient will be examined by a dentist; (3-20-14)
- 03. Volunteers.** The dental hygienist must perform the dental hygiene services on a volunteer basis and shall not accept any form of remuneration for providing the services; and (3-30-07)
- 04. Volunteer Time Limit.** The dental hygienist may not provide dental hygiene services under this provision for more than five (5) days within any calendar month. (3-30-07)
- 029. DENTAL HYGIENISTS - LICENSE ENDORSEMENTS (RULE 29).**
Subject to the provisions of the Dental Practice Act, Chapter 9, Title 54, Idaho Code, and these rules, the Board may

grant license endorsements to qualified dental hygienists as follows: (4-6-05)

01. Extended Access Dental Hygiene Endorsement. Upon application, the Board may grant an extended access dental hygiene endorsement to a person holding an unrestricted active status dental hygienist's license issued by the Board who provides satisfactory proof that all of the following requirements are met: (3-20-14)

a. The person has been licensed as a dental hygienist during the two (2) year period immediately prior to the date of application for an extended access dental hygiene endorsement; (4-6-05)

b. For a minimum of one thousand (1000) total hours within the previous two (2) years, the person has either been employed as a dental hygienist in supervised clinical practice or has been engaged as a clinical practice educator in an approved dental hygiene school; (4-6-05)

c. The person has not been disciplined by the Board or another licensing authority upon grounds that bear a demonstrable relationship to the ability of the dental hygienist to safely and competently practice under general supervision in an extended access oral health care setting; and (3-28-18)

d. Any person holding an unrestricted active status dental hygienist's license issued by the Board who is employed as a dental hygienist in an extended access oral health care setting in this state shall be granted an extended access dental hygiene endorsement without being required to satisfy the experience requirements specified in this rule. (3-28-18)

02. Extended Access Dental Hygiene Restorative Endorsement. Notwithstanding any other provision of these rules, a qualified dental hygienist holding an extended access dental hygiene restorative endorsement may perform specified restorative functions under the direct supervision of a dentist in an extended access oral health care setting. Permissible restorative functions under this endorsement shall be limited to the placement of a restoration into a tooth prepared by a dentist and the carving, contouring and adjustment of the contacts and occlusion of the restoration. Upon application, the Board may grant an extended access dental hygiene restorative endorsement to a person holding an unrestricted active status dental hygienist's license issued by the Board who provides satisfactory proof that the following requirements are met: (3-28-18)

a. The person has successfully completed the Western Regional Examining Board's restorative examination or an equivalent restorative examination approved by the Board; or (3-30-07)

b. The person holds an equivalent restorative permit in another state as of the date of endorsement application which required successful completion of the Western Regional Examining Board's restorative examination or an equivalent restorative examination approved by the Board for its issuance; and (3-30-07)

c. The person has not been disciplined by the Board or another licensing authority upon grounds that bear a demonstrable relationship to the ability of the dental hygienist to safely and competently practice under in an extended access oral health care setting. (3-28-18)

03. Renewal. Upon payment of the appropriate license fee and completion of required continuing education credits specified for a dental hygiene license endorsement, a person meeting all other requirements for renewal of a license to practice dental hygiene shall also be entitled to renewal of a dental hygiene license endorsement for the effective period of the license. An endorsement shall immediately expire and be cancelled at such time as a person no longer holds an unrestricted active status dental hygienist's license issued by the Board or upon a person's failure to complete the required continuing education credits. (3-30-07)

030. DENTAL HYGIENISTS - PRACTICE (RULE 30).

Subject to the provisions of the Dental Practice Act, Chapter 9, Title 54, Idaho Code, dental hygienists are hereby authorized to perform the activities specified below: (4-6-05)

01. General Supervision. A dental hygienist may perform specified duties under general supervision as follows: (4-6-05)

a. Oral prophylaxis (removal of stains and plaque biofilm and if present, supragingival and/or

- subgingival calculus); (3-20-14)
- b.** Medical history assessments and intra-oral and extra-oral assessments (including charting of the oral cavity and surrounding structures, taking case histories and periodontal assessment); (4-11-06)
 - c.** Developing patient care plans for prophylaxis, non-surgical periodontal therapy and supportive and evaluative care in accordance with the treatment parameters set by supervising dentist; (4-11-06)
 - d.** Root planing; (4-11-06)
 - e.** Non-surgical periodontal therapy; (4-11-06)
 - f.** Closed subgingival curettage; (4-11-06)
 - g.** Administration of local anesthesia; (4-6-05)
 - h.** Removal of marginal overhangs (use of high speed handpieces or surgical instruments is prohibited); (4-6-05)
 - i.** Application of topical antibiotics or antimicrobials (used in non-surgical periodontal therapy); (4-6-05)
 - j.** Provide patient education and instruction in oral health education and preventive techniques; (3-20-14)
 - k.** Placement of antibiotic treated materials pursuant to dentist authorization; (3-29-17)
 - l.** Administration and monitoring of nitrous oxide/oxygen; and (3-29-17)
 - m.** All duties which may be performed by a dental assistant. (3-20-14)
- 02. Indirect Supervision.** A dental hygienist may perform specified duties under indirect supervision as follows: (4-6-05)
- a.** All dental hygienist duties specified under general supervision; and (4-6-05)
 - b.** Such other duties as approved by the Board. (4-11-06)
- 03. Direct Supervision.** A dental hygienist may perform specified duties under direct supervision as follows: (4-6-05)
- a.** Use of a laser restricted to gingival curettage and bleaching; (4-6-05)
 - b.** All dental hygienist duties specified under general and indirect supervision; and (4-6-05)
 - c.** Such other duties as approved by the Board. (4-11-06)
- 031. DENTAL HYGIENISTS - PROHIBITED PRACTICE (RULE 31).**
Subject to the provisions of the Dental Practice Act, Chapter 9, Title 54, Idaho Code, and these rules, a dental hygienist may not perform certain specified duties. (4-6-05)
- 01. Prohibited Duties.** A dental hygienist is prohibited from performing the duties specified below: (4-6-05)
 - a.** Definitive diagnosis and dental treatment planning; (4-6-05)
 - b.** The operative preparation of teeth for the placement of restorative materials; (4-6-05)

- c. The intraoral placement or carving of restorative materials unless authorized by issuance of an extended access restorative license endorsement; (3-20-14)
- d. Administration of any general anesthesia, minimal sedation, or moderate sedation; (4-7-11)
- e. Final placement of any fixed or removable appliances; (4-6-05)
- f. Final removal of any fixed appliance; (4-6-05)
- g. Cutting procedures utilized in the preparation of the coronal or root portion of the tooth; (4-6-05)
- h. Cutting procedures involving the supportive structures of the tooth; (4-6-05)
- i. Placement of the final root canal filling; (4-6-05)
- j. Final impressions of any type, including digital, of any tissue-bearing area, whether hard or soft tissue; (3-20-14)
- k. Occlusal equilibration procedures for any prosthetic restoration, whether fixed or removable; and (3-20-14)
- l. Final placement of prefabricated or cast restorations or crowns. (3-20-14)

032. -- 034. (RESERVED)

035. DENTAL ASSISTANTS - PRACTICE (RULE 35).

- 01. Direct Supervision.** A dental assistant may perform specified activities under direct supervision as follows: (4-6-05)
- a. Recording the oral cavity (existing restorations, missing and decayed teeth); (4-6-05)
 - b. Placement of topical anesthetic agents (prior to administration of a local anesthetic by a dentist or dental hygienist); (4-6-05)
 - c. Removal of excess bonding material from temporary and permanent restorations and orthodontic appliances (using hand instruments or contra-angle handpieces with disks or polishing wheels only); (4-6-05)
 - d. Expose and process radiographs; (4-6-05)
 - e. Make impressions for preparation of diagnostic models, bleach trays, fabrication of night guards, temporary appliances, temporary crowns or bridges; (3-20-14)
 - f. Record diagnostic bite registration; (4-6-05)
 - g. Record bite registration for fabrication of restorations; (4-6-05)
 - h. Provide patient education and instruction in oral hygiene and preventive services; (4-6-05)
 - i. Placement of cotton pellets and temporary restorative materials into endodontic access openings; (4-6-05)
 - j. Placement and removal of arch wire; (4-6-05)
 - k. Placement and removal of orthodontic separators; (4-6-05)

- l.** Placement and removal of ligature ties; (4-6-05)
 - m.** Cutting arch wires; (4-6-05)
 - n.** Removal of loose orthodontic brackets and bands to provide palliative treatment; (4-6-05)
 - o.** Adjust arch wires; (4-6-05)
 - p.** Etching of teeth prior to placement of restorative materials; (4-6-05)
 - q.** Etching of enamel prior to placement of orthodontic brackets or appliances by a Dentist; (4-6-05)
 - r.** Placement and removal of dental dam; (3-28-18)
 - s.** Placement and removal of matrices; (4-6-05)
 - t.** Placement and removal of periodontal pack; (4-6-05)
 - u.** Removal of sutures; (4-6-05)
 - v.** Application of cavity liners and bases; (4-6-05)
 - w.** Placement and removal of gingival retraction cord; and (3-20-14)
 - x.** Application of topical fluoride agents. (3-20-14)
- 02. Prohibited Duties.** Subject to other applicable provisions of these rules and of the Act, dental assistants are hereby prohibited from performing any of the activities specified below: (7-1-93)
- a.** Definitive diagnosis and treatment planning. (4-6-05)
 - b.** The intraoral placement or carving of permanent restorative materials. (3-20-14)
 - c.** Any irreversible procedure using lasers. (3-20-14)
 - d.** The administration of any general or local injectable anesthetic. (3-20-14)
 - e.** Any oral prophylaxis (removal of stains and plaque biofilm and if present, supragingival and/or subgingival calculus). (3-20-14)
 - f.** Use of an air polisher. (3-20-14)
 - g.** Any intra-oral procedure using a high-speed handpiece, except to the extent authorized by a Certificate of Registration or certificate or diploma of course completion issued by an approved teaching entity. (4-6-05)
 - h.** The following expanded functions, unless authorized by a Certificate of Registration or certificate or diploma of course completion issued by an approved teaching entity and performed under direct supervision: (4-6-05)
 - i.** Fabrication and placement of temporary crowns; (4-6-05)
 - ii.** Perform the mechanical polishing of restorations; (7-1-93)
 - iii.** Initiating, regulating and monitoring the administration of nitrous oxide/oxygen to a patient; (4-7-11)

- iv. Application of pit and fissure sealants; (7-1-93)
- v. Coronal polishing (removal of plaque biofilm and stains from the teeth using an abrasive agent with a rubber cup or brush). (3-20-14)
- vi. Use of a high-speed handpiece only for the removal of orthodontic cement or resin. (3-20-14)

03. Expanded Functions Qualifications. A dental assistant may be considered Board qualified in expanded functions, authorizing the assistant to perform any or all of the expanded functions described in Subsection 035.02.h. upon satisfactory completion of the following requirements: (3-29-17)

a. Completion of Board-approved training in each of the expanded functions with verification of completion of the training to be provided to the Board upon request by means of a Certificate of Registration or other certificate evidencing completion of approved training. The required training shall include adequate training in the fundamentals of dental assisting, which may be evidenced by: (4-6-05)

- i. Current certification by the Dental Assisting National Board; or (7-1-93)
- ii. Successful completion of Board-approved curriculum in the fundamentals of dental assisting; or (3-29-12)
- iii. Successfully challenging the fundamentals course. (7-1-93)

b. Successful completion of a Board-approved competency examination in each of the expanded functions. There are no challenges for expanded functions. (3-18-99)

04. Curriculum Approval. Any school, college, institution, university or other teaching entity may apply to the Board to obtain approval of its course curriculum. Before approving such curriculum, the Board may require satisfactory evidence of the content of the instruction, hours of instruction, content of examinations or faculty credentials. (3-29-17)

05. Other Credentials. Assistants, who have completed courses or study programs in expanded functions that have not been previously approved by the Board, may submit evidence of the extent and nature of the training completed, and, if in the opinion of the Board the same is at least equivalent to other Board-approved curriculum, and demonstrates the applicant's fitness and ability to perform the expanded functions, the Board may consider the assistant qualified to perform any expanded function(s). (3-29-12)

036. -- 039. (RESERVED)

040. UNPROFESSIONAL CONDUCT (RULE 40).

A dentist or dental hygienist shall not engage in unprofessional conduct in the course of his practice. Unprofessional conduct by a person licensed under the provisions of Title 54, Chapter 9, Idaho Code, is defined as, but not limited to, one (1) of the following: (3-20-14)

01. Fraud. Obtaining fees by fraud or misrepresentation, or over-treatment either directly or through an insurance carrier. (7-1-93)

02. Unlicensed Practice. Employing directly or indirectly any suspended or unlicensed dentist or dental hygienist to practice dentistry or dental hygiene as defined in Title 54, Chapter 9, Idaho Code. (7-1-93)

03. Unlawful Practice. Aiding or abetting licensed persons to practice dental hygiene or dentistry unlawfully. (7-1-93)

04. Dividing Fees. A dentist shall not divide a fee for dental services with another party, who is not a partner or associate with him in the practice of dentistry, unless: (7-1-93)

- a.** The patient consents to employment of the other party after a full disclosure that a division of fees

will be made; (7-1-93)

b. The division is made in proportion to the services performed and responsibility assumed by each dentist or party. (7-1-93)

05. Prescription Drugs. Prescribing or administering prescription drugs not reasonably necessary for, or within the scope of, providing dental services for a patient. A dentist may not prescribe or administer prescription drugs to himself. A dentist shall not use controlled substances as an inducement to secure or maintain dental patronage or aid in the maintenance of any person's drug addiction by selling, giving or prescribing prescription drugs. (3-28-18)

06. Harassment. The use of threats or harassment to delay or obstruct any person in providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of Title 54, Chapter 9, Idaho Code, or the Board's Rules, or to aid in such compliance. (7-1-93)

07. Discipline in Other States. Conduct himself in such manner as results in a suspension, revocation or other disciplinary proceedings with respect to his license in another state. (3-18-99)

08. Altering Records. Alter a patient's record with intent to deceive. (7-1-93)

09. Office Conditions. Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession in the state of Idaho and current recommendations of the American Dental Association and the Centers for Disease Control as referred to in Section 004. (7-1-93)

10. Abandonment of Patients. Abandonment of patients by licensees before the completion of a phase of treatment, as such phase of treatment is contemplated by the customary practice and standards of the dental profession in the state of Idaho, without first advising the patient of such abandonment and of further treatment that is necessary. (7-1-93)

11. Use of Intoxicants. Practicing dentistry or dental hygiene while under the influence of an intoxicant or controlled substance where the same impairs the dentist's or hygienist's ability to practice dentistry or hygiene with reasonable and ordinary care. (7-1-93)

12. Mental or Physical Illness. Continued practice of dentistry or dental hygiene in the case of inability of the licensee to practice with reasonable and ordinary care by reason of one (1) or more of the following: (7-1-93)

a. Mental illness; (7-1-93)

b. Physical illness, including but not limited to, deterioration through the aging process, or loss of motor skill. (7-1-93)

13. Consent. Revealing personally identifiable facts, data or information obtained in a professional capacity without prior consent of the patient, except as authorized or required by law. (3-18-99)

14. Scope of Practice. Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities that the licensee knows or has reason to know that he or she is not competent to perform. (3-18-99)

15. Delegating Duties. Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows, or with the exercise of reasonable care and control should know, that such a person is not qualified by training or by licensure to perform them. (3-18-99)

16. Unauthorized Treatment. Performing professional services that have not been authorized by the patient or his legal representative. (3-18-99)

17. Supervision. Failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a licensed professional. (7-1-93)

18. Legal Compliance. Failure to comply with any provisions of federal, state or local laws, statutes, rules, and regulations governing or affecting the practice of dentistry or dental hygiene. (3-29-12)

19. Exploiting Patients. Exercising undue influence on a patient in such manner as to exploit a patient for the financial or personal gain of a practitioner or of a third party. (7-1-93)

20. Misrepresentation. Willful misrepresentation of the benefits or effectiveness of dental services. (7-1-93)

21. Disclosure. Failure to advise patients or their representatives in understandable terms of the treatment to be rendered, alternatives, and disclosure of reasonably anticipated fees relative to the treatment proposed. (3-18-99)

22. Sexual Misconduct. Making suggestive, sexual or improper advances toward a patient or committing any lewd or lascivious act upon or with a patient. (7-1-93)

23. Patient Management. Use of unreasonable and/or damaging force to manage patients, including but not limited to hitting, slapping or physical restraints. (7-1-93)

24. Compliance With Dentist Professional Standards. Failure by a dentist to comply with professional standards applicable to the practice of dentistry, as incorporated by reference in this chapter. (3-29-12)

25. Compliance With Dental Hygienist Professional Standards. Failure by a dental hygienist to comply with professional standards applicable to the practice of dental hygiene, as incorporated by reference in this chapter. (3-29-12)

26. Failure to Provide Records to a Patient or Patient's Legal Guardian. Refusal or failure to provide a patient or patient's legal guardian legible copies of dental records. Failure to provide a patient or patient's legal guardian with records under Subsection 040.26 within five (5) business days shall be considered unprofessional conduct. A patient or patient's legal guardian may not be denied a copy of his records for any reason, regardless of whether the person has paid for the dental services rendered. A person may be charged for the actual cost of providing the records but in no circumstances may a person be charged an additional processing or handling fee or any charge in addition to the actual cost. (3-20-14)

27. Failure to Cooperate With Authorities. Failure to cooperate with authorities in the investigation of any alleged misconduct or interfering with a Board investigation by willful misrepresentation of facts, willful failure to provide information upon request of the Board, or the use of threats or harassment against any patient or witness to prevent them from providing evidence. (3-20-14)

28. Advertising. Advertise in a way that is false, deceptive, misleading or not readily subject to verification. (3-29-17)

041. PATIENT RECORDS (RULE 41).

01. Individual Records. Each licensee shall have prepared and maintained an accurate record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include: (3-29-17)

a. Name and address of patient and, if a minor, name of guardian; (3-29-17)

b. Date and description of examination and diagnosis; (3-29-17)

c. An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or

- “SOAP” (Subjective Objective Assessment Plan) or their equivalent. (3-29-17)
- d. Date and description of treatment or services rendered; (3-29-17)
 - e. Date and description of treatment complications; (3-29-17)
 - f. Date and description of all radiographs, study models, and periodontal charting; (3-29-17)
 - g. Health history; and (3-29-17)
 - h. Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed. (3-29-17)
- 02. Charges and Payments.** Each dentist shall have prepared and maintained an accurate record of all charges and payments for services including source of payments. (3-29-17)
- 03. Record Retention.** Each dentist shall maintain patient records as long as practicable, but in no event less than seven (7) years from the date of last entry unless: (3-29-17)
- a. The patient requests the records be transferred to another dentist who shall maintain the records. (3-29-17)
 - b. The dentist gives the records to the patient; or (3-29-17)
 - c. The dentist transfers the dentist’s practice to another dentist who shall maintain the records. (3-29-17)
- 042. INFECTION CONTROL (RULE 42).**
In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association. Additionally, licensees must comply with the following requirements: (3-29-17)
- 01. Gloves.** Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving. (3-29-17)
 - 02. Masks and Eyewear.** Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely. (3-29-17)
 - 03. Instrument Sterilization.** Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized. (3-29-17)
 - 04. Sterilizing Devices Testing.** Heat sterilizing devices shall be tested for proper function by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated. Testing results shall be retained by the licensee for the current calendar year and the two (2) preceding calendar years. (3-29-17)
 - 05. Non-Critical Surfaces.** Environmental surfaces that are contaminated by blood or saliva shall be disinfected with an EPA registered hospital disinfectant. (3-29-17)
 - 06. Clinical Contact Surfaces.** Impervious backed paper, aluminum foil, or plastic wrap should be used to cover surfaces that may be contaminated by blood or saliva. The cover shall be replaced between patients. If barriers are not used, surfaces shall be cleaned and disinfected between patients by using an EPA registered hospital disinfectant. (3-29-17)
 - 07. Disposal.** All contaminated wastes and sharps shall be disposed of according to any governmental requirements. (3-29-17)

043. -- 044. (RESERVED)

045. LICENSURE OF DENTAL SPECIALISTS (RULE 45).

01. Requirements for Specialty Licensure. Each applicant shall have a general license for the practice of dentistry in the state of Idaho or another state. Any applicant who desires to be licensed in one (1) of the Board recognized specialties, which include and are limited to Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics, must be a graduate of and hold a certificate from both a dental school and a Graduate Training Program that are accredited by the Commission on Dental Accreditation of the American Dental Association. (3-29-10)

02. Application. Application for license to practice a recognized dental specialty must be filed in the office of the Board of Dentistry, Statehouse Mail, Boise, Idaho. The application must be attested before a notary public. (7-1-93)

03. Examination. Specialty licensure in those specialties recognized may be granted solely at the discretion of the Idaho State Board of Dentistry. An examination covering the applicant's chosen field may be required and, if so, will be given by the Idaho State Board of Dentistry or its agent. Applicants who have met the requirements for licensure as a specialist may be required to pass an examination as follows: (3-29-10)

a. Applicants who have passed a general licensure examination acceptable to the Board may be granted specialty licensure by Board approval. (3-29-10)

b. Applicants who have passed a general licensure examination not acceptable to the Board may be required to pass a specialty examination. (3-29-10)

c. Applicants who are certified by the American Board of that particular specialty as of the date of application for specialty licensure may be granted specialty licensure by Board approval. (3-29-10)

04. Limitation of Practice. No dentist shall announce or otherwise hold himself out to the public as a specialist unless he has first complied with the requirements established by the Idaho State Board of Dentistry for such specialty and has been issued a specialty license authorizing him to do so. Any individual granted a specialty license must limit his practice to the specialty(s) in which he is licensed. (3-20-04)

046. SPECIALTY ADVERTISING (RULE 46).

The Board recognizes and licenses the following specialty areas of dental practice: Dental Public Health; Endodontics; Oral and Maxillofacial Pathology; Oral and Maxillofacial Radiology; Oral and Maxillofacial Surgery; Orthodontics; Pediatric Dentistry; Periodontics; and Prosthodontics. The specialty advertising rules are intended to allow the public to be informed about recognized dental specialties and specialization competencies of licensees and to require appropriate disclosures to avoid misperceptions on the part of the public. (3-29-17)

01. Recognized Specialty License. An advertisement shall not state that a licensee is a specialist, or specializes in a recognized specialty area of dental practice, or limits his practice to any recognized specialty area of dental practice unless the licensee has been issued a license in that specialty area of dental practice by the Board. Use of words or terms in advertisements such as "Endodontist," "Pedodontist," "Pediatric Dentist," "Periodontist," "Prosthodontist," "Orthodontist," "Oral and Maxillofacial Pathologist," "Oral Pathologist," "Oral and Maxillofacial Radiologist," "Oral Radiologist," "Oral and Maxillofacial Surgeon," "Oral Surgeon," "Specialist," "Board Certified," "Diplomate," "Practice Limited To," and "Limited To Specialty Of" shall be prima facie evidence that the licensee is holding himself out to the public as a licensed specialist in a specialty area of dental practice. (3-29-17)

02. Disclaimer. A licensee who has not been licensed by the Board in a recognized specialty area of dental practice may advertise as being qualified in a recognized specialty area of dental practice so long as each such advertisement, regardless of form, contains a prominent, clearly worded disclaimer that the licensee is "licensed as a general dentist" or that the specialty services "will be provided by a general dentist." Any disclaimer in a written advertisement shall be in the same font style and size as that in the listing of the specialty area. (3-29-17)

03. Unrecognized Specialty. A licensee shall not advertise as being a specialist in or as specializing in any area of dental practice which is not a Board recognized and licensed specialty area unless the advertisement, regardless of form, contains a prominent, clearly worded disclaimer that the advertised area of dental practice is not recognized as a specialty area of dental practice by the Idaho Board of Dentistry. Any disclaimer in a written advertisement shall be in the same font style and size as that in the listing of the specialty area. (3-29-17)

047. -- 049. (RESERVED)

050. CONTINUING EDUCATION FOR DENTISTS (RULE 50).

Renewal of any active dental license will require evidence of completion of continuing education or volunteer dental practice that meets the following requirements: (3-29-17)

01. Number of Credits. All active dentists shall acquire thirty (30) credits of verifiable continuing education in each biennial renewal period. One (1) credit is defined as one (1) hour of instruction. One (1) of the credits must be related to use of the Idaho Prescription Monitoring Program (PMP). (3-29-17)

02. Nature of Education. Continuing education must be oral health/health-related for the professional development of a dentist. (3-29-17)

03. Volunteer Practice. A dentist holding an active status license issued by the Board shall be allowed one (1) credit of continuing education for every two (2) hours of verified volunteer dental practice performed during the biennial renewal period up to a maximum of ten (10) credits. (3-29-17)

04. Prorated Credits. Any person who becomes licensed as an active dentist during any biennial renewal period shall be required at the time of the next successive license renewal to report a prorated amount of continuing education credits as specified by the Board. (3-29-17)

05. Documentation. In conjunction with license renewal, the dentist shall provide a list of continuing education credits obtained and verification of hours of volunteer dental practice performed and certify that the minimum requirements were completed in the biennial renewal period. (3-30-07)

051. CONTINUING EDUCATION FOR DENTAL HYGIENISTS (RULE 51).

Renewal of any active dental hygiene license or dental hygiene license endorsement will require evidence of completion of continuing education or volunteer dental hygiene practice that meets the following requirements. (3-29-17)

01. Requirements for Renewal of an Active Status Dental Hygiene License: (4-6-05)

a. All active dental hygienists shall acquire twenty-four (24) credits of verifiable continuing education in each biennial renewal period. One (1) credit is defined as one (1) hour of instruction. (3-29-12)

b. Continuing education must be oral health/health-related education for the professional development of a dental hygienist. (3-20-14)

c. A dental hygienist holding an active status license issued by the Board shall be allowed one (1) credit of continuing education for every two (2) hours of verified volunteer dental hygiene practice performed during the biennial renewal period up to a maximum of ten (10) credits. (3-30-07)

d. Any person who becomes licensed as an active dental hygienist during any biennial renewal period shall be required at the time of the next successive license renewal to report a prorated amount of continuing education credits as specified by the Board. (3-30-07)

02. Requirements for Renewal of an Extended Access Dental Hygiene License Endorsement. In addition to any other continuing education requirements for renewal of a dental hygiene license, a person granted an extended access dental hygiene license endorsement shall complete four (4) credits of verifiable continuing education in each biennial renewal period in the specific practice areas of medical emergencies, local anesthesia, oral pathology,

care and treatment of geriatric, medically compromised or disabled patients and treatment of children. Any person who is issued an extended access dental hygiene license endorsement during any biennial renewal period shall be required at the time of the next successive license renewal to report a prorated amount of those continuing education credits required under this section as specified by the Board. (3-20-14)

03. Documentation. In conjunction with license and endorsement renewal, the dental hygienist shall provide a list of continuing education credits obtained and verification of hours of volunteer dental hygiene practice performed and certify that the minimum requirements were completed in the biennial renewal period. (3-30-07)

052. -- 053. (RESERVED)

054. DEFINITIONS (RULE 54).

For the purposes of these anesthesia rules, the following terms will be used, as defined below: (4-11-06)

01. Methods of Anxiety and Pain Control. (4-11-06)

a. Analgesia shall mean the diminution or elimination of pain. (4-7-11)

b. Local anesthesia shall mean the elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug. (4-7-11)

c. Minimal sedation shall mean a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation. (4-7-11)

d. Moderate sedation shall mean a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. (4-7-11)

e. Deep sedation shall mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. (4-7-11)

f. General anesthesia shall mean a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. (4-7-11)

02. Sedation Terms. (4-11-06)

a. Advanced Cardiac Life Support (ACLS) shall mean an advanced cardiac life support course or a pediatric advanced life support course offered by a recognized accredited organization. (4-11-15)

b. Monitor or monitoring shall mean the direct clinical observation of a patient during the administration of anesthesia by a person trained to observe the physical condition of the patient and capable of assisting with emergency or other procedures. (4-11-06)

c. Operator shall mean the supervising dentist or another person who is authorized by these rules to induce and administer the proper level of anesthesia/sedation. (4-11-15)

d. Titration shall mean the administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment. (4-7-11)

e. Maximum recommended dose (MRD) shall mean maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use. (3-20-14)

f. Incremental dosing shall mean administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD). (4-7-11)

g. Supplemental dosing during minimal sedation shall mean a single additional dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed one and one-half times (1.5x) MRD on the day of treatment. (4-7-11)

03. Routes of Administration. (4-11-06)

a. Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sublingual). (4-11-06)

b. Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface. (4-7-11)

c. Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)]. (4-7-11)

d. Transdermal. A technique of administration in which the drug is administered by patch or iontophoresis through skin. (4-7-11)

e. Transmucosal. A technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal. (4-7-11)

055. MINIMAL SEDATION (RULE 55).

Persons licensed to practice dentistry in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer minimal sedation to patients of sixteen (16) years of age or older. When the intent is minimal sedation, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. In cases where the patient weighs less than one hundred (100) pounds, or is under the age of sixteen (16) years, minimal sedation may be administered without a permit by use of nitrous oxide, or with a single enteral dose of a sedative agent administered in the dental office. (3-29-17)

01. Patient Safety. The administration of minimal sedation is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of moderate sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of moderate sedation, deep sedation or general anesthesia. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation, except as described in Section 055 of these rules. Notwithstanding any other provision in these rules, a dentist shall initiate and regulate the administration of nitrous oxide/oxygen when used in combination with minimal sedation. (3-20-14)

02. Personnel. At least one (1) additional person currently certified in Basic Life Support for Healthcare Providers must be present in addition to the dentist. (4-7-11)

056. LOCAL ANESTHESIA (RULE 56).

Persons licensed to practice dentistry and dental hygiene in accordance with the Idaho Dental Practice Act and these

rules are not required to obtain a permit to administer local anesthesia to patients. Dental offices in which local anesthesia is administered to patients shall, at a minimum, have and maintain suction equipment capable of aspirating gastric contents from the mouth and pharynx, a portable oxygen delivery system including full face masks and a bag-valve mask combination capable of delivering positive pressure, oxygen-enriched ventilation to the patient, a blood pressure cuff of appropriate size and a stethoscope. (4-11-06)

057. NITROUS OXIDE/OXYGEN (RULE 57).

Persons licensed to practice dentistry and dental hygiene and dental assistants certified in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer nitrous oxide/oxygen to patients. Nitrous oxide/oxygen when used in combination with other sedative agents may produce an alteration of the state of consciousness in a patient to the level of moderate sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of moderate sedation, deep sedation or general anesthesia. (4-7-11)

01. Patient Safety. In connection with the administration of nitrous oxide/oxygen, a dentist shall: (4-7-11)

- a. Evaluate the patient to insure that the patient is an appropriate candidate for nitrous/oxygen; and (4-7-11)
- b. Insure that any patient under nitrous/oxygen shall be continually monitored; and (4-7-11)
- c. Insure that a second person shall be on the office premises who can immediately respond to any request from the person administering the nitrous/oxygen. (4-7-11)

02. Required Facilities and Equipment. Dental offices in which nitrous oxide/oxygen is administered to patients shall, at a minimum and in addition to emergency medications, maintain appropriate facilities and have equipment on site for immediate use as follows: (4-7-11)

- a. A nitrous oxide delivery system with a fail-safe system that is maintained in working order: (3-20-14)
 - i. A functioning device that prohibits the delivery of less than thirty percent (30%) oxygen; or (4-7-11)
 - ii. An appropriately calibrated and functioning in-line oxygen analyzer with audible alarm; and (4-7-11)
- b. An appropriate scavenging system must be available; and (4-7-11)
- c. A positive-pressure oxygen delivery system suitable for the patient being treated. (4-7-11)

03. Personnel. For nitrous oxide/oxygen administration, personnel shall include: (4-7-11)

- a. An operator; and (4-11-06)
- b. An assistant currently certified in Basic Life Support for Healthcare Providers. (4-7-11)
- c. Auxiliary personnel must have documented training in Basic Life Support for Healthcare Providers, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The dentist and all office personnel must participate in periodic reviews of office emergency protocol. (4-7-11)

058. EMERGENCY MEDICATIONS OR DRUGS (RULE 58).

01. Emergency Medications or Drugs. The following emergency medications or drugs are required in all sites where anesthetic agents of any kind are administered: (3-29-17)

- a. Anti-anaphylactic agent; (3-29-17)
- b. Antihistaminic; (3-29-17)
- c. Aspirin; (3-29-17)
- d. Bronchodilator; (3-29-17)
- e. Coronary artery vasodilator; and (3-29-17)
- f. Glucose. (3-29-17)

059. (RESERVED)**060. MODERATE SEDATION (RULE 60).**

Dentists licensed in the state of Idaho cannot administer moderate sedation in the practice of dentistry unless they have obtained the proper moderate sedation permit from the Idaho State Board of Dentistry. A moderate sedation permit may be either enteral or parenteral. A moderate enteral sedation permit authorizes dentists to administer moderate sedation by either enteral or combination inhalation-enteral routes of administration. A moderate parenteral sedation permit authorizes a dentist to administer moderate sedation by any route of administration. A dentist shall not administer moderate sedation to children under sixteen (16) years of age and one hundred (100) pounds unless they have qualified for and been issued a moderate parenteral sedation permit. (3-29-12)

01. Training Requirements for a Moderate Sedation Permit. To qualify for a moderate sedation permit, a dentist applying for a permit shall provide proof that the dentist has completed training in the administration of moderate sedation to a level consistent with that prescribed by the Board within the five (5) year period immediately prior to the date of application for a moderate sedation permit. The five (5) year requirement regarding the required training for a moderate sedation permit shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. Qualifying training courses must be sponsored by or affiliated with a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or be approved by the Board of Dentistry. The training program shall include the following: (3-30-18)T

- a. Course objectives: (3-30-18)T
 - i. List and discuss the advantages and disadvantages of moderate sedation; (3-30-18)T
 - ii. Discuss prevention, recognition and management of complications associated with moderate sedation; (3-30-18)T
 - iii. Administer moderate sedation to patients in a clinical setting in a safe and effective manner; (3-30-18)T
 - iv. Discuss the abuse potential, occupational hazards and other untoward effects of the agents utilized to achieve moderate sedation; (3-30-18)T
 - v. Describe and demonstrate the technique of intravenous access, intramuscular injection and other parenteral techniques; (3-30-18)T
 - vi. Discuss the pharmacology of the drug(s) selected for administration; (3-30-18)T
 - vii. Discuss the precautions, indications, contraindications and adverse reactions associated with the drug(s) selected; (3-30-18)T
 - viii. Administer the selected drug(s) to dental patients in a clinical setting in a safe and effective manner; (3-30-18)T

- ix. List the complications associated with techniques of moderate sedation; (3-30-18)T
- x. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for the prevention and management of emergency situations; (3-30-18)T
- xi. Discuss principles of advanced cardiac life support or an appropriate dental sedation/anesthesia emergency course equivalent; (3-30-18)T
- xii. Demonstrate the ability to manage emergency situations; and (3-30-18)T
- xiii. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended. (3-30-18)T
- b.** Course Content: (3-30-18)T
 - i. Historical, philosophical and psychological aspects of anxiety and pain control; (3-30-18)T
 - ii. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations; (3-30-18)T
 - iii. Use of patient history and examination for ASA classification, risk assessment and pre-procedure fasting instructions; (3-30-18)T
 - iv. Definitions and descriptions of physiological and psychological aspects of anxiety and pain; (3-30-18)T
 - v. Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state; (3-30-18)T
 - vi. Review of pediatric and adult respiratory and circulatory physiology and related anatomy; (3-30-18)T
 - vii. Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications; (3-30-18)T
 - viii. Indications and contraindications for use of moderate sedation; (3-30-18)T
 - ix. Review of dental procedures possible under moderate sedation; (3-30-18)T
 - x. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs and reflexes related to consciousness; (3-30-18)T
 - xi. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters; (3-30-18)T
 - xii. Prevention, recognition and management of complications and emergencies; (3-30-18)T
 - xiii. Description and use of moderate sedation monitors and equipment; (3-30-18)T
 - xiv. Discussion of abuse potential; (3-30-18)T
 - xv. Intravenous access: anatomy, equipment and technique; (3-30-18)T
 - xvi. Prevention, recognition and management of complications of venipuncture and other parenteral techniques; (3-30-18)T

- xvii. Description and rationale for the technique to be employed; and (3-30-18)T
- xviii. Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems. (3-30-18)T
- c. Hours of instruction: (3-30-18)T
 - i. For a moderate enteral sedation permit, the applicant must provide proof of training with a minimum of twenty-four (24) hours of instruction plus management of at least ten (10) adult case experiences by the enteral and/or enteral-nitrous oxide/oxygen route. These ten (10) cases must include at least three live clinical dental experiences managed by participants in groups no larger than five (5). The remaining cases may include simulations and/or video presentations, but must include one experience in returning a patient from deep to moderate sedation. (3-30-18)T
 - ii. For a moderate parenteral sedation permit, the applicant must provide proof of training with a minimum of sixty (60) hours of instruction, plus management of at least twenty (20) patients by the intravenous route. (3-30-18)T

02. Advanced Cardiac Life Support. Applicants for a moderate sedation permit must provide verification of current certification in Advanced Cardiac Life Support or Pediatric Advanced Life Support, whichever is appropriate for the patient being sedated. (3-30-18)T

03. General Requirements for Moderate Enteral and Moderate Parenteral Sedation Permits. The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs and protocol for patient rescue. Evaluators appointed by the Idaho State Board of Dentistry will periodically assess the adequacy of the facility and competence of the anesthesia team. (3-30-18)T

- a. Facility, Equipment and Drug Requirements. The following facilities, equipment and drugs shall be available for immediate use during the sedation and recovery phase: (4-11-15)
 - i. An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two (2) individuals to freely move about the patient; (4-11-15)
 - ii. An operating table or chair that permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support; (4-11-15)
 - iii. A lighting system that permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure; (4-11-15)
 - iv. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure; (4-11-15)
 - v. An oxygen delivery system with adequate full-face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system; (4-11-15)
 - vi. A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room; (4-11-15)
 - vii. A sphygmomanometer, pulse oximeter, oral and nasopharyngeal airways, supraglottic airway devices, and automated external defibrillator (AED); and (4-11-15)
 - viii. Emergency drugs including, but not limited to, pharmacologic antagonists appropriate to the drugs

used, bronchodilators, and antihistamines. (4-11-15)

ix. Additional emergency equipment and drugs required for moderate parenteral sedation permits include precordial/pretracheal stethoscope or end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants. (3-29-17)

b. Personnel. For moderate sedation, the minimum number of personnel shall be two (2) including: (4-7-11)

i. The operator; and (10-1-87)

ii. An assistant currently certified in Basic Life Support for Healthcare Providers. (4-7-11)

iii. Auxiliary personnel must have documented training in basic life support for healthcare providers, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The dentist and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction. (4-11-15)

c. Pre-sedation Requirements. Before inducing moderate sedation, a dentist shall: (4-11-15)

i. Evaluate the patient's medical history and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation; (4-11-15)

ii. Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; (4-11-15)

iii. Obtain written informed consent from the patient or patient's guardian for the sedation; and (4-11-15)

iv. Maintain an anesthesia record, and enter the individual patient's sedation into a case/drug log. (4-11-15)

d. Patient Monitoring. Patients shall be monitored as follows: (4-11-15)

i. Patients must be continuously monitored using pulse oximetry. The patient's blood pressure, heart rate, and respiration shall be recorded every five (5) minutes during the sedation and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. These recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored; (3-29-17)

ii. During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation; (4-11-15)

iii. A dentist shall not release a patient who has undergone moderate sedation except to the care of a responsible third party; (4-11-15)

iv. The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: vital signs are stable, patient is alert and oriented, and the patient can ambulate with minimal assistance; and (4-11-15)

v. A discharge entry shall be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. (4-11-15)

e. Sedation of Other Patients. The permit holder shall not initiate sedation on another patient until the

previous patient is in a stable monitored condition and in the recovery phase following discontinuation of their sedation. (4-11-15)

f. Permit Renewal. Before the expiration date of a permit, the Board will, as a courtesy, mail notice for renewal of permit to the last mailing address on file in the Board's records. The licensee must return the completed renewal application along with the current renewal fees prior to the expiration of said permit. Failure to submit a renewal application and permit fee shall result in expiration of the permit and termination of the licensee's right to administer moderate sedation. Failure to submit a complete renewal application and permit fee within thirty (30) days of expiration of the permit shall result in cancellation of the permit. A licensee whose permit is canceled due to failure to renew within the prescribed time is subject to the provisions of Paragraph 060.03.g. of these rules. Renewal of the permit will be required every five (5) years. Proof of a minimum of twenty-five (25) credit hours continuing education in moderate sedation which may include training in medical/office emergencies will be required to renew a permit. A fee shall be assessed to cover administrative costs. In addition to the continuing education hours, a dentist must: (3-29-17)

i. For a moderate enteral sedation permit, maintain current certification in basic life support for healthcare providers or advanced cardiac life support; (4-11-15)

ii. For a moderate parenteral sedation permit, maintain current certification in advanced cardiac life support. (3-20-14)

g. Reinstatement. A dentist may make application for the reinstatement of a canceled or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's cancellation or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in moderate sedation for each year subsequent to the date upon which the permit was canceled or surrendered. A fee for reinstatement shall be assessed to cover administrative costs. (3-29-17)

061. GENERAL ANESTHESIA AND DEEP SEDATION (RULE 61).

Dentists licensed in the state of Idaho cannot use general anesthesia or deep sedation in the practice of dentistry unless they have obtained the proper permit from the Idaho State Board of Dentistry by conforming with the following conditions: (4-7-11)

01. Requirements for a General Anesthesia and Deep Sedation Permit. A dentist applying for a permit to administer general anesthesia or deep sedation shall provide proof that the dentist: (4-11-15)

a. Has completed an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with Part IV.C of the American Dental Association's "Guidelines for the Use of Sedation and General Anesthesia by Dentists" within the five (5) year period immediately prior to the date of application for a permit. The five (5) year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the date of application; and (4-7-11)

b. Current Certification in Advanced Cardiac Life Support or Pediatric Advanced Life Support, whichever is appropriate for the patient being sedated. (3-29-17)

02. General Requirements for General Anesthesia and Deep Sedation Permits. The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of general anesthesia or deep sedation and providing the equipment, drugs and protocol for patient rescue. Evaluators appointed by the Idaho State Board of Dentistry will periodically assess the adequacy of the facility and competence of the anesthesia team. The Board adopts the standards incorporated by reference in Section 004 of these rules, as set forth by the American Association of Oral and Maxillofacial Surgeons in their office anesthesia evaluation manual. (4-11-15)

a. Facility, Equipment and Drug Requirements. The following facilities, equipment and drugs shall be available for immediate use during the sedation and recovery phase: (4-11-15)

- i. An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two (2) individuals to freely move about the patient; (4-11-15)
 - ii. An operating table or chair that permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support; (4-11-15)
 - iii. A lighting system that permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure; (4-11-15)
 - iv. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device that will function in the event of a general power failure; (4-11-15)
 - v. An oxygen delivery system with adequate full-face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system; (4-11-15)
 - vi. A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room; (4-11-15)
 - vii. A sphygmomanometer, precordial/pretracheal stethoscope, end-tidal carbon dioxide monitor, pulse oximeter, oral and nasopharyngeal airways, supraglottic airway devices, intravenous fluid administration equipment, and automated external defibrillator (AED); and (4-11-15)
 - viii. Emergency drugs including, but not limited to, pharmacologic antagonists appropriate to the drugs used, vasopressors, bronchodilators, antihistamines, and anticonvulsants. (4-11-15)
- b.** Personnel. For general anesthesia or deep sedation, the minimum number of personnel shall be three (3) including: (4-7-11)
- i. A qualified operator to direct the sedation; and (4-11-15)
 - ii. Two (2) additional individuals who have current certification in Basic Life Support for the Healthcare Provider. (4-7-11)
 - iii. When the same individual administering the deep sedation or general anesthesia is performing the dental procedure, one (1) of the additional appropriately trained team members must be designated for patient monitoring. (4-7-11)
- c.** Pre-sedation Requirements. Before inducing general anesthesia or deep sedation, a dentist shall: (4-11-15)
- i. Evaluate the patient's medical history and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation; (4-11-15)
 - ii. Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; (4-11-15)
 - iii. Obtain written informed consent from the patient or patient's guardian for the sedation; and (4-11-15)
 - iv. Maintain an anesthesia record, and enter the individual patient's sedation into a case/drug log. (4-11-15)

d. Patient Monitoring. Patients shall be monitored as follows: (4-11-15)

i. Patients must be continuously monitored using pulse oximetry and end-tidal carbon dioxide monitors. The patient's blood pressure, heart rate, and respiration shall be recorded every five (5) minutes during the sedation, and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. These recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation or general anesthesia shall be continuously monitored; (3-29-17)

ii. During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from general anesthesia and deep sedation; (4-11-15)

iii. A dentist shall not release a patient who has undergone general anesthesia, deep sedation or moderate sedation except to the care of a responsible third party; (4-11-15)

iv. The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: vital signs are stable, patient is alert and oriented, and the patient can ambulate with minimal assistance; and (4-11-15)

v. A discharge entry shall be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. (4-11-15)

e. Sedation of Other Patients. The permit holder shall not initiate sedation on another patient until the previous patient is in a stable monitored condition and in the recovery phase following discontinuation of their sedation. (4-11-15)

03. Moderate Sedation. A dentist holding a permit to administer general anesthesia or deep sedation under this rule may also administer moderate sedation. (4-7-11)

04. Permit Renewal. Before the expiration date of a permit, the Board will, as a courtesy, mail notice for renewal of permit to the last mailing address on file in the Board's records. The licensee must return the completed renewal application along with the current renewal fees prior to the expiration of said permit. Failure to submit a renewal application and permit fee shall result in expiration of the permit and termination of the licensee's right to administer moderate sedation. Failure to submit a complete renewal application and permit fee within thirty (30) days of expiration of the permit shall result in cancellation of the permit. A licensee whose permit is canceled due to failure to renew within the prescribed time is subject to the provisions of Subsection 061.05 of these rules. Renewal of the permit will be required every five (5) years. Proof of a minimum of twenty-five (25) credit hours of continuing education in general anesthesia or deep sedation and proof of current certification in Advanced Life Support will be required to renew a permit. A fee shall be assessed to cover administrative costs. (3-29-17)

05. Reinstatement. A dentist may make application for the reinstatement of a canceled or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's cancellation or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in general anesthesia or deep sedation for each year subsequent to the date upon which the permit was canceled or surrendered. A fee for reinstatement shall be assessed to cover administrative costs. (3-29-17)

062. USE OF OTHER ANESTHESIA PERSONNEL (RULE 62).

A dentist who does not hold an anesthesia permit may perform dental procedures in a dental office on a patient who receives anesthesia induced by an anesthesiologist, a certified registered nurse anesthetist (CRNA), or another dentist with an anesthesia permit as follows: (3-29-10)

01. Personnel and Equipment Requirements. The dentist shall have the same personnel, facilities, equipment, and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided. (3-29-10)

02. Patient's Condition Monitored Until Discharge. The qualified anesthesia provider who induces anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. The anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures. (3-29-10)

03. Use of Services of a Qualified Anesthesia Provider. A dentist who intends to use the services of a qualified anesthesia provider shall notify the Board in writing of his intent. Such notification need only be submitted once every licensing period. (3-29-10)

04. Advertising. A dentist who intends to use the services of a qualified anesthesia provider may advertise the service provided so long as each such advertisement contains a prominent disclaimer that the service "will be provided by a qualified anesthesia provider." (3-29-10)

063. INCIDENT REPORTING (RULE 63).

Dentists shall report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom sedation was administered. (4-7-11)

064. SUSPENSION, REVOCATION OR RESTRICTION OF ANESTHESIA PERMIT (RULE 64).

The Board may, at any time and for just cause, institute proceedings to revoke, suspend, or otherwise restrict an anesthesia permit issued pursuant to Sections 060 and 061 of these rules. If the Board determines that emergency action is necessary to protect the public, summary suspension may be ordered pending further proceedings. Proceedings to suspend, revoke or restrict a permit shall be subject to applicable statutes and rules governing administrative procedures before the Board. (3-18-99)

065. DETERMINATION OF DEGREE OF SEDATION BY THE BOARD (RULE 65).

In any matter under review or in any proceeding being conducted in which the Board must determine the degree of central nervous system depression, the Board may base its findings or conclusions on, among other matters, the type, and dosages, and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status. (4-11-15)

066. TELEHEALTH SERVICES (RULE 66).

Definitions applicable to these rules are those definitions set forth in the Idaho Telehealth Access Act and in Section 54-5703, Idaho Code. (3-28-18)

01. Licensure and Location. Any dentist or dental hygienist who provides any telehealth services to patients located in Idaho must hold an active Idaho license issued by the Idaho State Board of Dentistry for their applicable practice. Dentists who provide any telehealth services must physically practice within seventy-five (75) miles of the patient's location. (3-28-18)

02. Additional Requirements. In addition to the requirements set forth in Section 54-5705, Idaho Code, during the first contact with the patient, a provider licensed by the Idaho State Board of Dentistry who is providing telehealth services shall: (3-28-18)

a. Verify the location and identity of the patient; (3-28-18)

b. Disclose to the patient the provider's identity, their current location and telephone number and Idaho license number; and (3-28-18)

c. Obtain appropriate consents from the patient after disclosures regarding the delivery models and treatment methods or limitations, including a special informed consent regarding the use of telehealth technologies. (3-28-18)

03. Standard of Care. A provider providing telehealth services to patients located in Idaho must

comply with the applicable Idaho community standard of care. The provider shall be personally responsible to familiarize themselves with the applicable Idaho community standard of care. If a patient's presenting symptoms and conditions require a physical examination in order to make a diagnosis, the provider shall not provide diagnosis or treatment through telehealth services unless or until such information is obtained. (3-28-18)

04. Informed Consent. In addition to the requirements of Section 54-5708, Idaho Code, evidence documenting appropriate patient informed consent for the use of telehealth technologies must be obtained and maintained at regular intervals consistent with the community standard of care. Appropriate informed consent should, at a minimum, include the following terms: (3-28-18)

- a.** Verification. Identification of the patient, the provider and the provider's credentials; (3-28-18)
- b.** Telehealth Determination. Agreement of the patient that the provider will determine whether or not the condition being diagnosed and/or treated is appropriate for telehealth services; (3-28-18)
- c.** Security Measures Information. Information on the security measures taken with the use of telehealth technologies, such as encrypting data, password protected screen savers and data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy and notwithstanding such measures; (3-28-18)
- d.** Potential Information Loss. Disclosure that information may be lost due to technical failures. (3-28-18)

067. -- 999. (RESERVED)

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