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Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. TCA Section 4-5-205

Agency/Board/Commission:	Board of Dentistry
Division:	
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Revision Type (check all that apply):

- Amendment
 New
 Repeal

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables. Please enter only ONE Rule Number/Rule Title per row)

Chapter Number	Chapter Title
0460-01	General Rules
Rule Number	Rule Title
0460-01-.05	Continuing Education and C.P.R

Chapter Number	Chapter Title
0460-02	Rules Governing the Practice of Dentistry
Rule Number	Rule Title
0460-02-.06	Specialty Certification
0460-02-.07	Anesthesia and Sedation
0460-02-.11	Regulated Areas of Practice

Chapter Number	Chapter Title
0460-03	Rules Governing Practice of Dental Hygienists
Rule Number	Rule Title
0460-03-.09	Scope of Practice

Chapter Number	Chapter Title
0460-04	Rules Governing the Practice of Dental Assistants
Rule Number	Rule Title
0460-04-.04	Coronal Polishing Certification

Chapter Number	Chapter Title
0460-05	General Rules Governing Schools, Programs and Courses For Dentists, Dental Hygienists, and Registered Dental Assistants
Rule Number	Rule Title
0460-05-.03	Schools, Programs and Courses for the Registered Dental Assistant

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rule 0460-01-.05 Continuing Education and C.P.R. is amended by deleting the introductory language of subparagraph (1) (a) and substituting the following language, so that as amended, the new introductory language of subparagraph (1) (a) shall read:

- (a) Beginning January 1, 2003, each licensed dentist must successfully complete forty (40) hours of continuing education in courses approved by the Board during the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the licensure renewal year. At least two (2) hours of the forty (40) hour requirement shall pertain to chemical dependency education. Dentists who hold limited or comprehensive conscious sedation or deep sedation/general anesthesia permits must also obtain a minimum of four (4) hours of continuing education in the subject of anesthesia and/or sedation as required by rule 0460-02-.07(8)(c) as part of the required forty (40) hours of continuing education for dental licensure.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-112, and 63-5-117.

Rule 0460-02-.06 Specialty Certification is amended by deleting subparagraph (8) (c) in its entirety and substituting the following language, so that as amended, the new subparagraph (8) (c) shall read:

- (c) The Tennessee Board of Dentistry determines that the dental practice of Oral and Maxillofacial Surgery includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:
1. Rhinoplasty;
 2. Blepharoplasty;
 3. Rytidectomy;
 4. Submental liposuction;
 5. Laser resurfacing;
 6. Browlift, either open or endoscopic technique;
 7. Platysmal muscle plication;
 8. Dermabrasion;
 9. Otoplasty;
 10. Lip augmentation; and

11. Botox injections or future FDA approved neurotoxins.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-112, and 63-5-122.

Rule 0460-02-.07 Anesthesia and Sedation is amended by deleting subparagraph (4) (d) in its entirety and substituting the following language, so that as amended, the new subparagraph (4) (d) shall read:

- (d) All equipment for the administration of nitrous oxide must be designed specifically to guarantee that an oxygen concentration of no less than thirty percent (30%) can be administered to the patient.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-112, and 63-5-122.

Rule 0460-02-.07 Anesthesia and Sedation is amended by deleting subparagraph (5) (a) in its entirety and substituting the following language, so that as amended, the new subparagraph (5) (a) shall read:

- (a) The regulation and monitoring of this modality of treatment are the responsibility of the ordering dentist. The drugs used should carry a margin of safety wide enough to never render unintended loss of consciousness. If the administration is for antianxiety purposes, the appropriate initial dosing of a single enteral drug can be no more than the maximum recommended dose (MRD) of a drug that can be prescribed for non-monitored home use. The co-administration of nitrous oxide is allowed. If the MRD is exceeded then a limited conscious sedation permit is required.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-112, 63-5-122, and 63-5-124.

Rule 0460-02-.07 Anesthesia and Sedation is amended by deleting subpart (6) (a) 1. (ii) in its entirety and substituting the following language, so that as amended, the new subpart (6) (a) 1. (ii) shall read:

- (ii) Completion of a continuing education course which consists of a minimum of twenty four (24) hours of didactic instruction plus ten (10) clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-112, and 63-5-117.

Rule 0460-02-.07 Anesthesia and Sedation is amended by deleting part (6) (b) 5. in its entirety and substituting the following language, so that as amended, the new part (6) (b) 5. shall read:

5. Monitoring

- (i) Direct clinical observation of the patient must be continuous;
- (ii) Interval recording of blood pressure and pulse must occur;
- (iii) Oxygen saturation must be evaluated continuously by a pulse oximeter;
- (iv) The patient must be monitored during recovery by trained personnel until stable for discharge;

- (v) If monitoring procedures are prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented; and
- (vi) If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-112, and 63-5-124.

Rule 0460-02-.07 Anesthesia and Sedation is amended by deleting subparagraph (8) (b) in its entirety, and substituting the following language, and by adding new subparagraph (c), so that as amended, the new subparagraphs (8) (b) and (c) shall read:

- (b) Certify attendance every two (2) years at a board approved course comparable to ACLS or PALS and devoted specifically to the prevention and management of emergencies associated with conscious sedation or deep sedation/general anesthesia; and
- (c) Obtain a minimum of four (4) hours of continuing education in the subject of anesthesia and/or sedation as part of the required forty (40) hours of continuing education for dental licensure. ACLS or PALS certification shall not be included as any part of the required four (4) hours.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-112, and 63-5-117.

Rule 0460-03-.09 Scope of Practice is amended by deleting subparagraph (1) (ww) in its entirety, and substituting the following language, and by adding new subparagraph (xx), so that as amended the new subparagraphs (1) (ww) and (1) (xx) shall read as follows:

- (ww) The use of lasers for examination and/or for periodontal treatment under the supervision of a Tennessee licensed dentist.
- (xx) Other duties specifically approved by the Board at a regularly scheduled meeting of the Board.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-115, 63-5-116, and 63-5-124.

Rule 0460-03-.09 Scope of Practice is amended by deleting subparagraph (7) (l) in its entirety.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, and 63-5-115.

Rule 0460-04-.04 Coronal Polishing Certification is amended by deleting the introductory language of paragraph (2) but not its subparagraphs and substituting the following language, so that as amended, the new introductory language of paragraph (2) shall read:

- (2) Qualifications – To be considered for issuance of a coronal polishing certification, an applicant must be registered as a dental assistant in Tennessee prior to applying for admission to an education course in coronal polishing. The sequence of the certification process is as follows:

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-111, and 63-5-115.

Rule 0460-05-.03 Schools, Programs and Courses for the Registered Dental Assistant is amended by adding a new part (2) (c) 1. and renumbering the existing four (4) parts currently numbered as 1. through 4. to parts 2. through 5., so that as amended, the new part (2) (c) 1. shall read:

1. Only those students who are currently registered with the Board as dental assistants shall be allowed to attend the certification course.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-111, and 63-5-115.

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Jeffery M. Clark, DDS				X	
James L. Smith, DDS	X				
Ruth E. Bailey, DDS				X	
Randall Prince, DDS	X				
John M. Douglass, Jr. DDS	X				
Michael P. Tabor, DDS	X				
Lawrence Hsai, DMD				X	
Katherine H. Cherry, RDH	X				
Beth A. Casey, RDH	X				
Betty Gail Fox, RDA	X				
Agnes S. Young	X				

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Dentistry on 01/16/2009, and is in compliance with the provisions of TCA 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 11/26/2008

Notice published in the Tennessee Administrative Register on: 12/15/2008

Rulemaking Hearing(s) Conducted on: (add more dates). 1/16/2009

Date: 3/31/10

Signature: [Handwritten Signature]

Name of Officer: Shiva K. Bozarth

Deputy General Counsel

Title of Officer: Tennessee Department of Health

Subscribed and sworn to before me on: 3/31/10

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/7/2011

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

[Handwritten Signature]

Robert E. Cooper, Jr.

Attorney General and Reporter

10-19-10

Date

Department of State Use Only

Filed with the Department of State on: 10/20/10

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PUBLICATIONS

Effective on: 1/20/11

Tre Hargett by [Signature]
Tre Hargett
Secretary of State

Public Hearing Comments

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. §4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

PUBLIC HEARING COMMENTS
RULEMAKING HEARING
TENNESSEE BOARD OF DENTISTRY
JANUARY 16, 2009

The rulemaking hearing for the Tennessee Board of Dentistry was held on January 16, 2009 in the Department of Health Conference Center's Iris Room on the First Floor of the Heritage Place Building in MetroCenter, Nashville, Tennessee.

Thomas M. Miller, Assistant General Counsel presided over the meeting. The rulemaking hearing commenced at 2:30 p.m. and ended at 3:56 p.m.

Comments were made by Dr. Thomas Hadley, Dr. Nina Foley, and Anthony Carrozia referencing the need for using live patient experiences in the proposed 0460-02-.07(ii) and suggested the use of mannequins or other means of training. The board adopted the suggested changes.

Yarnell Beatty represented the Tennessee Medical Foundation, who opposed the language in 0460-02-.11(7) allowing dentists to use dermal fillers. The board voted to insert the words "FDA approved" in the proposed rule; however, kept the rest of the rule as written.

Dr. Reece of Vanderbilt addressed the dangers of dermal fillers. He also suggested changing the language of 0460-02-.06(8)(c)11 from "generic equivalent " to " future FDA approved neurotoxins." The board voted to accept this language change.

On June 11, 2010, the Board clarified the proposed language in 0460-02-.11(7) regarding the use of dermal fillers by general dentists. The Board stated that the use of dermal fillers under the proposed language would be limited to the oral cavity, maxillofacial area, and/or the adjacent and associated structures as referenced in T.C.A. § 63-5-108(a).

After further consideration at a subsequent meeting on September 16, 2010, the Board voted to delete the proposed language in 0460-02-.11(7) regarding the use of dermal fillers by general dentists because the language was too broad.

Regulatory Flexibility Addendum

Pursuant to Public Chapter 464 of the 105th General Assembly, prior to initiating the rule making process as described in § 4-5-202(a)(3) and § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

Regulatory Flexibility Analysis

- (1) The proposed rules do not overlap, duplicate, or conflict with other federal, state, or local government rules.
- (2) The proposed rules exhibit clarity, conciseness, and lack of ambiguity.
- (3) The proposed rules are not written with special consideration for the flexible compliance and/or requirements because the licensing boards have, as their primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulations.
- (4) The compliance requirements throughout the proposed rules are as “user-friendly” as possible while still allowing the Board to achieve its mandated mission in regulating its licensees. There is sufficient notice between the rulemaking hearing and the final promulgation of rules to allow services and providers to come into compliance with the proposed rules.
- (5) Compliance requirements are not consolidated or simplified for small businesses in the proposed rules for the protection of the health, safety and welfare of Tennesseans.
- (6) The standards required in the proposed rules are very basic and do not necessitate the establishment of performance standards for small businesses.
- (7) There are no unnecessary entry barriers or other effects in the proposed rules that would increase costs or stifle entrepreneurial activity or curb innovation.

STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

Name of Board, Committee or Council: Tennessee Department of Health, Board of Dentistry

Rulemaking hearing date: January 16, 2009

Types of small businesses that will be directly affected by the proposed rules:

These rule changes only affect licensed dentists, dental hygienists, and dental assistants. As such, these rules should not affect small businesses.

Types of small businesses that will bear the cost of the proposed rules:

These rule changes only affect licensed dentists, dental hygienists, and dental assistants. As such, these rules should not affect small businesses.

Types of small businesses that will directly benefit from the proposed rules:

These rule changes only affect licensed dentists, dental hygienists, and dental assistants. As such, these rules should not affect small businesses.

Description of how small business will be adversely impacted by the proposed rules:

These rule changes only affect licensed dentists, dental hygienists, and dental assistants. As such, these rules should not affect small businesses.

Alternatives to the proposed rule that will accomplish the same objectives but are less burdensome, and why they are not being proposed:

The Department of Health, Board of Dentistry does not believe there are less burdensome alternatives to the proposed rule amendments.

Comparison of the proposed rule with federal or state counterparts:

Federal: None

State: None

Impact on Local Governments

Pursuant to T.C.A. 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments." (See Public Chapter Number 1070 (<http://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

(Insert statement here)

These rule amendments are not expected to have any impact on local governments.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A)** A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

These rule amendments would accomplish the following:

Rule 0460-01-.05 – Continuing Education and CPR: Requires limited conscious or deep sedation permit holders to obtain a minimum of four hours of continuing education in the subject of anesthesia and/or sedation. This rule allows the training to be credited toward the current requirement of forty hours of continuing education. Presently, the rules do not require continuing education solely in the subject of anesthesia and/or sedation to maintain their permit.

Rule 0460-02-.06 – Specialty Certification: Brings the rule into alignment with existing Board policy in recognizing the use of Botox injections to be within the scope of practice of Oral and Maxillofacial Surgery, as the procedure is included in the curricula of accredited training programs for the specialty of Oral and Maxillofacial Surgery.

Rule 0460-02-.07 – Anesthesia and Sedation: Changes the rules to reflect the Guidelines for Anesthesia adopted October 7, 2007, by the American Dental Association (ADA). The changes require the equipment used to administer nitrous oxide deliver no less than 30% oxygen to the patient, an increase from the current rule requiring no less than 25% oxygen. Also requires the use of anti-anxiety medications to be used in dosages that will not render loss of consciousness to the patient. Usage at greater dosages would require the dentist to obtain a limited conscious sedation permit from the Board. These provisions are not in the current rules. Also modifies the initial qualification requirement for obtaining a conscious sedation permit from the Board to be consistent with the October 2007 ADA Guidelines for teaching Pain Control and sedation to Dentists and Dental Students. Additionally, if a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation. The current rules have no such provision. The final provision relates to the continuing education change reflected in Rule 0460-01-.05 above. Presently, the rules do not require continuing education solely in the subject of anesthesia and/or sedation to maintain their permit.

Rule 0460-03-.09 – Scope of Practice: Brings the rule into alignment with existing Board policy in recognizing the use of certain lasers to be safe and within the scope of practice of dental hygienists. Presently, the rules do not allow the use of lasers by dental hygienists.

Rule 0460-04-.04 – Coronal Polishing Certification: Removes the requirement for an applicant for enrollment into a certification program for coronal polishing to have been employed as a full time dental assistant for a minimum of one year before becoming eligible to apply. The proposed rule eliminates the one-year employment requirement but does require the applicant to be a registered dental assistant.

Rule 0460-05-.03 – Schools, Programs and Courses: Requires the dental assistant certification programs for coronal polishing to verify applicants are registered by the Board and to admit only registered applicants to the programs.

- (B)** A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

There is no federal or state law or regulation mandating the promulgation of these rule amendments.

- (C)** Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

Individuals most directly affected by these rule amendments are all current and future licensees.

- (D)** Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

There is no known opinion of the Attorney General or any judicial ruling which directly relates to these rule amendments

- (E)** An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

There is estimated to be no increase or decrease in revenues or expenditures because of these rule amendments.

- (F)** Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Dea Smith, Executive Director of the Board of Dentistry and Shiva Bozarth, Deputy General Counsel of the Department of Health possess substantial knowledge and understanding of the new rule amendments.

- (G)** Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Dea Smith, Executive Director of the Board of Dentistry and/or Shiva Bozarth, Deputy General Counsel of the Department of Health will explain the new rule amendments at a scheduled meeting of the Committee.

- (H)** Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Dea Smith may be reached at the Department of Health, Health Related Boards, 227 French Landing, Suite 300, Nashville, Tennessee 37243, (615) 741-4540; Dea.Smith@tn.gov. Shiva Bozarth may be reached at the Department of Health, Office of General Counsel, Plaza One, Suite 210, 220 Athens Way, Nashville, Tennessee 37243, (615) 741-1611; Shiva.Bozarth@tn.gov.

- (I)** Any additional information relevant to the rule proposed for continuation that the committee requests.

Dea Smith, Executive Director of the Board of Dentistry and/or Shiva Bozarth, Deputy General Counsel of the Department of Health will provide any additional information requested by the Committee relative to the new rule amendments.

(Rule 0460-01-.04, continued)

receipt of the notification. If the applicant does not concur with the stated reason and the intent to revoke the license, the applicant shall have the right to proceed according to rule 0460-01-.04 (4) (b).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-111, and 63-5-124. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed August 26, 1980; effective December 1, 1980. Amendment filed October 13, 1983; effective November 14, 1983. Repeal filed September 24, 1987; effective November 8, 1987. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed December 5, 1994; effective February 18, 1995. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed April 10, 2001; effective June 24, 2001. Amendment filed August 4, 2009; effective November 2, 2009.

0460-01-.05 CONTINUING EDUCATION AND C.P.R.

(1) Continuing Education - Hours Required

~~(a) Beginning January 3, 2003, each licensed dentist must successfully complete forty (40) hours of continuing education in courses approved by the Board during the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the licensure renewal year. At least two (2) hours of the forty (40) hour requirement shall pertain to chemical dependency education.~~

(a) Beginning January 1, 2003, each licensed dentist must successfully complete forty (40) hours of continuing education in courses approved by the Board during the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the licensure renewal year. At least two (2) hours of the forty (40) hour requirement shall pertain to chemical dependency education. Dentists who hold limited or comprehensive conscious sedation or deep sedation/general anesthesia permits must also obtain a minimum of four (4) hours of continuing education in the subject of anesthesia and/or sedation as required by rule 0460-02-.07(8)(c) as part of the required forty (40) hours of continuing education for dental licensure.

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1. Example – To renew a license that expires in 2008, a dentist will attest on the renewal application that he/she completed forty (40) hours of continuing education from January 1, 2005 to December 31, 2006.
2. Example – To renew a license that expires in 2009, a dentist will attest on the renewal application that he/she completed forty (40) hours of continuing education from January 1, 2007 to December 31, 2008.
3. Example – To renew a license that expires in 2010, a dentist will attest on the renewal application that he/she completed forty (40) hours of continuing education from January 1, 2007 to December 31, 2008.

(b) Beginning January 3, 2003, each licensed dental hygienist must successfully complete thirty (30) hours of continuing education in courses approved by the Board during the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the licensure renewal year. At least two (2) hours of the thirty (30) hour requirement shall pertain to chemical dependency education.

(Rule 0460-01-.05, continued)

1. Example – To renew a license that expires in 2008, a dental hygienist will attest on the renewal application that he/she completed thirty (30) hours of continuing education from January 1, 2005 to December 31, 2006.
 2. Example – To renew a license that expires in 2009, a dental hygienist will attest on the renewal application that he/she completed thirty (30) hours of continuing education from January 1, 2007 to December 31, 2008.
 3. Example – To renew a license that expires in 2010, a dental hygienist will attest on the renewal application that he/she completed thirty (30) hours of continuing education from January 1, 2007 to December 31, 2008.
- (c) Beginning January 3, 2003, each registered dental assistant must successfully complete twenty-four (24) hours of continuing education in courses approved by the Board during the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the registration renewal year. At least two (2) hours of the twenty-four (24) hour requirement shall pertain to chemical dependency education.
1. Example – To renew a registration that expires in 2008, a dental assistant will attest on the renewal application that he/she completed twenty-four (24) hours of continuing education from January 1, 2005 to December 31, 2006.
 2. Example – To renew a registration that expires in 2009, a dental assistant will attest on the renewal application that he/she completed twenty-four (24) hours of continuing education from January 1, 2007 to December 31, 2008.
 3. Example – To renew a registration that expires in 2010, a dental assistant will attest on the renewal application that he/she completed twenty-four (24) hours of continuing education from January 1, 2007 to December 31, 2008.
- (d) New licensees and new registrants are exempt from the provisions of subparagraphs (1) (a), (1) (b), and (1) (c) during their initial two (2) calendar year (January 1 - December 31) cycle, starting with an odd-numbered year if it is the year of initial licensure or registration, or starting with the odd-numbered year if it precedes an even-numbered initial licensure or registration year.
1. Example – An individual whose new license or registration was granted in 2008 is exempt from the continuing education requirements for the period beginning January 1, 2007 and ending December 31, 2008.
 2. Example – An individual whose new license or registration was granted in 2009 is exempt from the continuing education requirements for the period beginning January 1, 2009 and ending December 31, 2010.
 3. Example – An individual whose new license or registration was granted in 2010 is exempt from the continuing education requirements for the period beginning January 1, 2009 and ending December 31, 2010.
- (e) The Board approves courses for only the number of hours contained in the course. The approved hours of any individual course will not be counted more than once in a continuing education cycle toward the required hourly total regardless of the number of times the course is attended or completed by any individual licensee.

(Rule 0460-01-.05, continued)

- (f) Each practitioner is responsible to attend only courses approved by the Board under Rule 0460-01-.05(3)(d) if credit for continuing education is desired unless prior approval under Rules 0460-01-.05(3)(b) and (e) has been obtained.
 - (g) Notwithstanding the provisions of subparagraph (3) (d), all continuing education courses intended to meet the requirements of Rules 0460-02-.07 (6) (a) 1. (ii), 0460-02-.07 (6) (a) 2. (ii), and 0460-02-.07 (8) (b) shall have prior approval by an Anesthesia Consultant as provided in Rule 0460-02-.07 (11).
- (2) Continuing Education. Proof of Compliance
- (a) The due date for successful completion of the required continuing education hours is December 31st of the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the licensure or registration renewal year.
 - (b) Each dentist, dental hygienist, and registered dental assistant must, on their biennial renewal application, attest to attendance and successful completion of the required continuing education hours and that such hours were obtained during the calendar years of report.
 - (c) Each dentist, dental hygienist, and registered dental assistant must retain independent documentation of attendance and completion of all continuing education courses. This documentation must be retained for a period of three (3) years from the end of the calendar year in which the course is completed. This documentation must be produced for inspection and verification, if requested in writing by the Board during its verification process.
 - (d) Further, it is the responsibility of the practitioner to obtain documentation in the form of a certificate indicating the name of the practitioner attending such course, title of the course taken, date of the course, number of hours obtained for attending the course, and verification of the approved organization sponsoring the course.
 - (e) Any practitioner who, on their biennial renewal application, attests to attendance and successful completion of the required continuing education which in any way is not true will be subject to disciplinary action pursuant to T.C.A. §§ 63-5-124 (a) (1), (2), (3), (7) and (18).
- (3) Continuing Education Course Approval - Courses to be offered for credit toward the continuing education requirement must, unless otherwise provided, receive prior approval from the Board.
- (a) Course approval procedure for course providers - Unless otherwise provided, all courses shall be offered within Tennessee.
 - 1. To obtain prior approval the course provider must have delivered to the Board's Administrative Office at least thirty (30) days prior to a regularly scheduled meeting of the Board that precedes the course, documentation which includes all of the following items which must be resubmitted if changes are made after receipt of approval from the Board:
 - (i) course description or outline.
 - (ii) names of all lecturers.
 - (iii) brief resume of all lecturers.

(Rule 0460-01-.05, continued)

- (iv) number of hours of educational credit requested.
 - (v) date of course.
 - (vi) copies of materials to be utilized in the course.
 - (vii) how verification of attendance is to be documented.
2. Under no circumstances shall continuing education courses be approved if the materials required by subparts (3) (a) 1. (i) through (3) (a) 1. (vii) are not received at least thirty (30) days prior to a regularly scheduled meeting of the Board at which approval is sought that precedes the course.
 3. Notwithstanding the provisions of subparagraph (3) (a), any clinic, workshop, seminar or lecture at national, regional, state and local meetings of dentists, dental hygienists, and dental assistants will be recognized for continuing education credit by the Board if
 - (i) the course provider has complied with the provisions of parts (3) (a) 1. and (3) (a) 2.; or
 - (ii) the course provider is exempt from needing prior approval as provided in subparagraph (3) (d).
 4. Notwithstanding the provisions of subparagraph (3) (a), out-of-state continuing education providers may seek course approval if they are a dental, dental hygiene, or dental assisting regulatory agency or association from a state that borders Tennessee; and
 - (i) the course provider has complied with the provisions of parts (3) (a) 1. and (3) (a) 2.; or
 - (ii) the course provider is exempt from needing prior approval as provided in subparagraph (3) (d).
- (b) Course approval procedure for individual licensees and registrants.
1. Any licensee or registrant may seek approval to receive credit for successfully completing continuing education courses by complying with the provisions of subparagraph (3) (a).
 2. To retain course approval, the licensee or registrant must submit a course evaluation form, supplied by the Board, to the Board's Administrative Office within thirty (30) days after successfully completing the course.
- (c) Continuing Education courses may be presented in any of the following formats:
1. Lecture.
 2. Audio or audiovisual - with successful completion of a written post experience examination to evaluate material retention if correspondence course.
 3. Correspondence - with successful completion of a written post experience examination to evaluate material retention.

(Rule 0460-01-.05, continued)

4. Any combination of the above.
- (d) The following courses and/or activities need not receive prior approval and shall constitute Board approved continuing education:
1. Courses sponsored or approved by any of the following organizations:
 - (i) American Dental Association or its Constituent or Component Societies.
 - (ii) Academy of General Dentistry or a State Affiliate.
 - (iii) American Dental Hygienists' Association or its Constituent or Component Societies.
 - (iv) Any National, Regional or State Academy or Association of any of the recognized specialty branches of dentistry listed in T.C.A. §63-5-112.
 - (v) National Dental Association or its Constituent or Component Societies.
 - (vi) National Dental Hygiene Association.
 - (vii) Capital City Dental Society.
 - (viii) American Dental Assistants' Association or its Constituent or Component Societies.
 - (ix) Tennessee Dental Hygienists Academy of Advanced Study.
 - (x) Tennessee Department of Health and its affiliated Metropolitan Health Departments, those being the Chattanooga/Hamilton County Health Department, the Davidson County Health Department, the Jackson-Madison County Health Department, the Knox County Health Department, the Memphis and Shelby County Health Department, and the Sullivan County Health Department.
 - (xi) Tennessee Emergency Management Agency (TEMA).
 - (xii) Federal Emergency Management Agency (FEMA).
 2. Educational courses sponsored by an accredited school of dentistry, dental hygiene, or dental assisting. If such course is taken for or assigned quarter or semester credit hours, three (3) semester hours or equivalent quarter hours shall be equivalent to fifteen (15) continuing education hours. No credits will be counted for courses failed.
 3. Five (5) hours of continuing education credit shall be granted for attendance at a state, regional or national dental meeting. A maximum of ten (10) continuing education credits may be earned in this category during the continuing education cycle that precedes the licensure or registration renewal year. These hours are in addition to any continuing education courses attended at any of those meetings.
 4. Participation at examinations
 - (i) Four (4) hours of continuing education credit shall be awarded each time a licensee participates as an examiner for S.R.T.A.

(Rule 0460-01-.05, continued)

- (ii) One (1) hour of continuing education credit shall be awarded each time a licensee participates as an examiner for the coronal polishing examination.
 - 5. Hour-for-hour of continuing education credit will be granted for courses in Advanced (ACLS) or Pediatric (PALS) Cardiac Life Support that are taught in accordance with the "Guidelines" of the American Heart Association or the American Red Cross or sponsored by the American Heart Association or the American Red Cross during the continuing education cycle that precedes the licensure or registration renewal year.
 - 6. Twenty (20) hours of continuing education credit will be awarded for authorship of publications relevant to the practice of dentistry (e.g., a book, a chapter of a book, or an article or paper published in a professional peer reviewed journal).
 - 7. Four (4) hours of continuing education credit shall be awarded, during each continuing education cycle that precedes the licensure or registration renewal year, to presenters for each hour of an initial presentation of a formal continuing education course that is a didactic and/or a participatory presentation to review or update knowledge of new or existing concepts and techniques. Hour-for-hour credit will be granted for repeat presentations. This category is limited to a maximum of twenty (20) hours continuing education credit during each continuing education cycle that precedes the licensure or registration renewal year.
 - (e) Individual Board members and the Board consultant are vested with the authority to approve continuing education courses submitted in compliance with this rule. All such approvals must be presented to the Board for ratification..
- (4) Cardio Pulmonary Resuscitation (CPR)
- (a) Each dentist, dental hygienist, and dental assistant must attest, check a box, and/or enter signature when applying for biennial renewal of licensure or registration, which indicates current training in basic CPR.
 - (b) The hours necessary to obtain or maintain C.P.R. may be counted as continuing education hours.
 - (c) Each dentist, dental hygienist and registered dental assistant must retain independent documentation of CPR training for a period of three (3) years from the end of the calendar year in which the training is received. Such proof must be produced for inspection and verification, if requested in writing by the Board during its verification process.
 - (d) The following organizations are approved by the Board for CPR training:
 - 1. The American Red Cross
 - 2. The American Heart Association
 - 3. Programs offered in hospital settings
 - 4. Any organization which receives approval of specially designed CPR courses from the Board after its review.
- (5) Waiver of Continuing Education And/Or CPR Training

(Rule 0460-01-.05, continued)

- (a) The Board may grant a waiver of the need to attend and complete the required hours of continuing education and/or the required CPR training if it can be shown to the Board that the failure to comply was not attributable to or was beyond the physical capabilities of the person seeking the waiver.
 - (b) Waivers will be considered only on an individual basis and may be requested by submitting the following items to the Board Administrative Office:
 1. A written request for a waiver which specifies what requirement is sought to be waived and a written and signed explanation of the reasons for the request.
 2. Any documentation which supports the reason for the waiver requested or which is subsequently requested by the Board.
 - (c) A waiver approved by the Board is effective for only the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the licensure renewal year for which the waiver is sought unless otherwise specified in writing by the Board.
 - (d) A dentist may not perform dental procedures if C.P.R. training is waived unless another dentist, a dental hygienist or dental assistant currently trained in C.P.R. is present within the confines of the dental office.
 - (e) The Board Consultant is authorized to grant or deny requests for waivers subject to subsequent Board ratification.
- (6) Continuing Education for Reactivation of Retired License or Registration - The continuing education hours obtained as a prerequisite for reactivation of licensure or registration may not be counted toward the continuing education hours required to be obtained before the licensee's or registrant's next biennial renewal.
- (a) Any dentist or dental hygienist who applies for reactivation of a license must comply with the following:
 1. If the license has been retired for less than two (2) years, the licensee must submit along with the reactivation request and application, proof or check a box/or enter signature on a Board form which indicates the attendance and completion of one half (½) the number of hours of approved dental-related continuing education required by subparagraphs (1) (a) and (1) (b) of this rule, all of which must have been earned in the twelve (12) months immediately preceding application for reactivation.
 2. If the license has been retired for a period of two (2) years or more, but less than five (5) years, the licensee must submit, along with the reactivation request and application, proof or check a box/or enter signature on a Board form which indicates the attendance and completion of twenty four (24) hours of Board-approved dental-related continuing education. The continuing education must include at least one (1) course which focuses on and serves as a clinical (in the mouth) refresher and must have been earned in the twelve (12) months immediately preceding application for reactivation. In addition, and at the sole discretion of the Board or its consultant, when information indicates a cause for concern about continued competency, the licensee may be required to contact one of the approved schools of dentistry/hygiene for an evaluation of current competency before reinstatement will be considered.

(Rule 0460-01-.05, continued)

3. All applicants who have been retired for a period of five (5) years or more must submit, along with the reactivation request and application, proof or check a box/or enter signature on a Board form which indicates the attendance and completion of twenty four (24) hours of Board approved dental-related continuing education. The continuing education must include at least one (1) course which focuses on and serves as a clinical (in the mouth) refresher and must have been earned in the twelve (12) months immediately preceding application for reactivation. In addition, the licensees shall be required to present themselves to one of the approved schools of dentistry/hygiene for an evaluation of current competency before reinstatement will be considered. Compliance with any educational recommendations of the evaluating school is required before reinstatement will be considered.
- (b) Any registered dental assistant who applies for reactivation of a registration must comply with the following:
1. If the registrant has been retired for less than two (2) years, the registrant must submit along with the reactivation request and application, proof or check a box/or enter signature on a Board form which indicates the attendance and completion of one-half (½) the number of hours of approved dental-related continuing education required by subparagraph (1) (c) of this rule, all of which must have been earned in the twelve (12) months immediately preceding application for reactivation.
 2. If the registrant has been retired for a period of two (2) years or more, but less than five (5) years, the registrant must submit, along with the reactivation request and application, proof or check a box/or enter signature on a Board form which indicates the attendance and completion of twelve (12) hours of continuing education as provided in subparagraph (1) (c) of this rule and must have been earned in the twelve (12) months immediately preceding application for reactivation.
 3. All applicants who have been retired for a period of five (5) years or more must submit, along with the reactivation request and application, proof or check a box/or enter signature on a Board form which indicates the attendance and completion of twenty-four (24) hours of continuing education as provided in subparagraph (1) (c) of this rule and must have been earned in the twelve (12) months immediately preceding application for reactivation.
- (c) The dentist, dental hygienist, or registered dental assistant who applies for reactivation of a license must also submit proof or check a box and/or enter signature on a Board form which indicates current training in CPR issued by a Board approved training organization. The hours required to obtain or maintain CPR training shall not constitute continuing education hours.
- (d) The Board, upon receipt of a written request and explanation, may waive or condition any or all of the continuing education or CPR requirements for reactivation of a retired license in emergency situations.
- (e) The Board Consultant is authorized to grant or deny requests for waivers subject to subsequent Board ratification.
- (7) Violations
- (a) Any dentist, dental hygienist, or dental assistant who falsely attests to attendance and completion of the required hours of continuing education and/or the CPR training

(Rule 0460-01-.05, continued)

- requirement may be subject to disciplinary action pursuant to T.C.A. §63-5-124(A)(1), (3), (7) and (18).
- (b) Any dentist, dental hygienist, or dental assistant who fails to obtain the required continuing education hours and/or CPR training may be subject to disciplinary action pursuant to T.C.A. §63-5-124(a)(1) and (18).
 - (c) Education hours obtained as a result of compliance with the terms of a settlement or Board Orders in any disciplinary action shall not be counted toward the continuing education hours required to be obtained during the two (2) calendar years (January 1st of an odd-numbered year through December 31st of the subsequent even-numbered year) that precede the licensure or registration renewal year.
- (8) Continuing education - In order to retain a limited or comprehensive conscious sedation or deep sedation/general anesthesia permit, a dentist must:
- (a) Maintain current certification in ACLS (a pediatric dentist may substitute PALS); or
 - (b) Certify attendance every two (2) years at a board approved course comparable to ACLS or PALS and devoted specifically to the prevention and management of emergencies associated with conscious sedation or deep sedation/general anesthesia.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-107, 63-5-105, 63-5-107, 63-5-107(c), 63-5-108, 63-5-112, 63-5-114, 63-5-115, 63-5-117, and 63-5-124. **Administrative History:** Original rule certified June 7, 1974. Repeal filed August 26, 1980; effective December 1, 1980. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed June 29, 1994; effective September 12, 1994. Amendment filed December 5, 1994; effective February 18, 1995. Amendment filed March 20, 1996; effective June 3, 1996. Amendment to rule filed October 9, 1997; effective December 23, 1997. Amendment filed February 9, 2000; effective April 24, 2000. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed June 13, 2003; effective August 27, 2003. Amendment filed June 18, 2003; effective September 1, 2003. Amendment filed July 22, 2003; effective October 10, 2003. Notice of Withdrawal to subparagraph (3)(c) filed and effective September 24, 2003. Amendment filed August 18, 2003; effective November 1, 2003. Amendment filed December 28, 2004; effective March 13, 2005. Amendment filed August 3, 2005; effective October 17, 2005. Amendment filed August 23, 2005; effective November 6, 2005. Amendment filed July 10, 2006; effective September 23, 2006. Amendments filed September 25, 2008; effective December 9, 2008. Amendment filed August 4, 2009; effective November 2, 2009.

0460-01-.06 DISCIPLINARY ACTIONS, CIVIL PENALTIES, PROCEDURES, ASSESSMENT OF COSTS, AND SUBPOENAS.

- (1) Upon a finding by the Board that a licensee or registrant has violated any provision of the Tennessee Dental Practice (T.C.A. §63-5-101 et seq.) or the rules promulgated pursuant thereto, the Board may impose any of the following actions separately or in any combination which is deemed appropriate to the offense:
- (a) Private Censure - This is a written action issued for minor or near infractions. It is informal and advisory in nature and does not constitute a formal disciplinary action.
 - (b) Public Censure or Reprimand - This is a written action issued for one time and less severe violations. It is a formal disciplinary action.
 - (c) Probation - This is a formal disciplinary action which places a licensee or registrant on close scrutiny for a fixed period of time. This action may be combined with conditions which must be met before probation will be lifted and/or which restrict activities during the probationary period.

(Rule 0460-02-.05, continued)

- (5) Applicant's who fail to successfully complete any of the examinations may apply for reexamination.
- (6) Oral examination may be required pursuant to rule 0460-01-.04.
- (7) The Board adopts as its own, the determination made by the regional testing agencies and the National Boards of the length of time that a passing score on their respective examinations will be effective for purposes of measuring competency and fitness for dental licensure; however, an applicant's test scores from any Board-approved examination as provided in subparagraph (1) (a) which were taken over five (5) years before application was made for licensure in Tennessee will be considered by the Board on a case by case basis after the applicant appears before the Board for an examination.
- (8) Applicants for licensure who have failed three (3) times the National Board or any Board-approved examination as provided in subparagraph (1) (a) must successfully complete a remedial course of post-graduate studies at a school accredited by the American Dental Association before consideration for licensure by the Board. The applicant shall cause the program director of the post-graduate program to provide written documentation of the content of such course and certify successful completion.
- (9) If an applicant has successfully completed a clinical board examination administered by another state and is applying for licensure pursuant to Rule 0460-02-.01 (3) (g), (h), or (i), it is that applicant's responsibility to submit documentation substantiating the appropriateness of such examination. The Board shall make the final decision to accept or reject such examination.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-110, 63-5-111, and 63-5-114. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed August 28, 2001; effective November 11, 2001. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed August 18, 2003; effective November 1, 2003. Amendment filed October 20, 2003; effective January 3, 2004. Amendment filed April 5, 2006; effective June 19, 2006.

0460-02-.06 SPECIALTY CERTIFICATION.

- (1) Recognized Specialties - The Board recognizes and will issue specialty certification in the following branches of dentistry:
 - (a) Dental Public Health;
 - (b) Endodontics;
 - (c) Oral and Maxillofacial Radiology;
 - (d) Oral and Maxillofacial Surgery;
 - (e) Oral and Maxillofacial Pathology;
 - (f) Orthodontics and Dentofacial Orthopedics;
 - (g) Pediatric Dentistry (Pedodontics);
 - (h) Periodontics;

(Rule 0460-02-.06, continued)

- (i) Prosthodontics.
- (2) Certification - To become certified as a specialist in a particular branch of dentistry an applicant must be licensed as a dentist in Tennessee except those persons eligible for licensure pursuant to rule 0460-02-.02, and comply with the following:
- (a) An applicant shall obtain a specialty application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office.
 - (b) An applicant shall submit the specialty certification application fee as provided in rule 0460-01-.02 (1).
 - (c) An applicant who is not certified as a specialist in another state shall have a letter sent directly from the secretary of the American Board of the particular specialty for which application is made, to the Board Administrative Office which indicates that the applicant is certified by the American Board in that specialty and that the applicant is in good standing. All such certificates approved by the Board may be accepted as sufficient for specialty certification in lieu of submitting proof of successful completion of a residency program in a specialty. Acceptance of such certificates is discretionary with the Board.
 - (d) An applicant shall submit any other documentation required by the Board after review of the application.
 - (e) An applicant who is certified as a specialist in another state whose requirements for specialty certification are substantially equivalent to those requirements in Tennessee shall have that state's licensing board send proof to the Board Administrative Office which indicates that the applicant is certified in that specialty and that the applicant is in good standing.
 - (f) Application review and decisions required by this rule are governed by rule 0460-01-.04.
- (3) Examination - All specialty applicants shall submit to an oral examination even if certification from an American Board in a specialty is accepted in lieu of submitting proof of successful completion of a residency program in a specialty.
- (4) Dental Public Health - The requirements for certification in this specialty shall be those required by the American Dental Association as regards its regulation of this specialty branch of dentistry.
- (5) Endodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Endodontics at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.
- (6) Oral and Maxillofacial Pathology - An applicant must submit certification of successful completion of two (2) years of postgraduate training in Oral Pathology or Oral and Maxillofacial Pathology at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by

(Rule 0460-02-.06, continued)

the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

- (7) Oral and Maxillofacial Radiology – An applicant must submit certification of successful completion of graduate study in Oral and Maxillofacial Radiology of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript or a notarized certificate of completion letter from the director of the program submitted directly from the school to the Board Administrative Office.
- (8) Oral and Maxillofacial Surgery.
- (a) An applicant must provide to the Board Administrative Office certification of successful completion of advanced study in Oral and Maxillofacial Surgery of four (4) years or more in a graduate school or hospital accredited by the Commission on Dental Accreditation (CODA) or the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative office.
- (b) Oral and Maxillofacial Surgery is the specialty area of the treatment of the oral cavity and maxillofacial area or adjacent or associated structures and their impact on the human body that includes the performance of the following areas of Oral and Maxillofacial Surgery, as described in the most recent version of the Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery of the American Association of Oral and Maxillofacial Surgeons:
1. Patient assessment;
 2. Anesthesia in outpatient facilities, as provided in T.C.A. §§ 63-5-105 (6) and 63-5-108 (g);
 3. Dentoalveolar surgery;
 4. Oral and craniomaxillofacial implant surgery;
 5. Surgical correction of maxillofacial skeletal deformities;
 6. Cleft and craniofacial surgery;
 7. Trauma surgery;
 8. Temporomandibular joint surgery;
 9. Diagnosis and management of pathologic conditions;
 10. Reconstructive surgery including the harvesting of extra oral/distal tissues for grafting to the oral and maxillofacial region; and
 11. Cosmetic maxillofacial surgery.

~~(c) The Tennessee Board of Dentistry determines that the dental practice of Oral and Maxillofacial Surgery includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:~~

(Rule 0460-02-.06, continued)

1. — ~~Rhinoplasty;~~
2. — ~~Blepharoplasty;~~
3. — ~~Rytidectomy;~~
4. — ~~Submental liposuction;~~
5. — ~~Laser resurfacing;~~
6. — ~~Browlift, either open or endoscopic technique;~~
7. — ~~Platysmal muscle plication;~~
8. — ~~Dermabrasion;~~
9. — ~~Otoplasty; and~~
10. — ~~Lip Augmentation.~~

(c) The Tennessee Board of Dentistry determines that the dental practice of Oral and Maxillofacial Surgery includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:

1. Rhinoplasty;
2. Blepharoplasty;
3. Rytidectomy;
4. Submental liposuction;
5. Laser resurfacing;
6. Browlift, either open or endoscopic technique;
7. Platysmal muscle plication;
8. Dermabrasion;
9. Otoplasty;
10. Lip augmentation; and
11. Botox injections or future FDA approved neurotoxins.

(d) Any licensee who lacks the following qualifications and nevertheless performs the procedures and surgery identified in subparagraph (c) shall be subject to discipline by the Board under T.C.A. § 63-5-124, including provisions regarding malpractice, negligence, incompetence or unprofessional conduct:

(Rule 0460-02-.06, continued)

1. Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and
 2. Has successfully completed a clinical fellowship, of at least one (1) continuous year in duration, in esthetic (cosmetic) surgery accredited by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or
 3. Holds privileges issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures.
- (e) The Board, pursuant to its authority under T.C.A. § 63-5-124, determines that performance of the surgery and procedures identified in subparagraph (c) without the qualifications set out above shall be considered unprofessional conduct and subject to discipline by the Board as such.
- (9) Orthodontics and Dentofacial Orthopedics - An applicant must submit, with the application form, documentation of successful completion of one (1) of the following:
- (a) Certification of successful completion of two (2) academic years of training in Orthodontics and Dentofacial Orthopedics in an approved Postgraduate Department of an accredited dental school, college or university. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.
 - (b) Certification of successful completion of an organized preceptorship training program in Orthodontics and Dentofacial Orthopedics approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the preceptorship training program, to be submitted directly from the school to the Board Administrative Office.
- (10) Pediatric Dentistry (Pedodontics) - An applicant must submit to the Board Administrative Office certification of successful completion of at least two (2) years of graduate or post graduate study in Pediatric Dentistry according to the following:
- (a) If such study is completed in whole or in part at a dental school, college or university, the graduate or postgraduate program must be approved by the Council on Dental Education of the American Dental Association.
 - (b) The graduate or postgraduate program need not lead to an advanced degree.
 - (c) The program of study may be pursued in hospitals or clinics or other similar institutions.
 - (d) One (1) academic year of graduate or postgraduate study will be considered as equivalent to one (1) calendar year.
 - (e) Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.
- (11) Periodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Periodontics at the university level in a program approved

(Rule 0460-02-.06, continued)

by the Commission on Dental Education of the American Dental Association and by the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.

- (12) Prosthodontics - An applicant must submit certification of successful completion of at least two (2) years of a postdoctoral education in Prosthodontics in a program approved by the Commission on Dental Accreditation of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative Office.
- (13) General Rules Governing Specialty Practice
- (a) Scope of Practice - Dentists certified in a specialty branch of dentistry must devote and confine a majority of their practice to the certified specialty only. Any specialty certified dentists who do not so confine their practice or who return to general practice must retire specialty certification on forms obtained from and submitted to the Board Administrative Office.
- (b) A current and active dental license issued by the Board is a prerequisite to the continued practice under any specialty certification.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-108, 63-5-110, 63-5-112, and 63-5-113.
Administrative History: Original rule filed December 11, 1992; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed December 7, 1998; effective February 20, 1999. Amendment filed April 10, 2001; effective June 24, 2001. Amendment filed August 18, 2003; effective November 1, 2003. Amendment filed November 17, 2003; effective January 31, 2004. Amendment filed June 18, 2004; effective September 1, 2004. Amendment filed July 21, 2004; effective October 4, 2004. Amendments filed December 28, 2004; effective March 13, 2005. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed July 10, 2006; effective September 23, 2006.

0460-02-.07 ANESTHESIA AND SEDATION.

- (1) Definitions
- (a) Advanced Cardiac Life Support (ACLS). A certification that means a person has successfully completed an advanced cardiac life support course offered by a recognized accrediting organization.
- (b) American Society of Anesthesiologists (ASA) Patient Physical Status Classification
1. ASA I - A normal healthy patient.
 2. ASA II - A patient with mild systemic disease.
 3. ASA III - A patient with severe systemic disease.
 4. ASA IV - A patient with severe systemic disease that is a constant threat to life.
 5. ASA V - A moribund patient who is not expected to survive without the operation.
 6. ASA VI - A declared brain-dead patient whose organs are being removed for donor purposes.

(Rule 0460-02-.07, continued)

7. E - Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA III-E).
- (c) Antianxiety premedication (anxiolysis). The prescription of pharmacologic substances for the relief of anxiety and apprehension.
 - (d) Certified Registered Nurse Anesthetist (CRNA). A registered nurse currently licensed by the Tennessee Board of Nursing who is currently certified as such by the American Association of Nurse Anesthetists.
 - (e) Conscious sedation. A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.
 - (f) Deep sedation. An induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.
 - (g) Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].
 - (h) General anesthesia. An induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.
 - (i) Health Care Provider Life Support. The skills necessary to administer cardiopulmonary resuscitation (CPR) for victims of all ages.
 - (j) Hospital. A hospital licensed by the Department of Health's Division of Health Care Facilities.
 - (k) Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.
 - (l) Nitrous oxide inhalation analgesia. The administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.
 - (m) Pediatric Advanced Life Support (PALS). A certification that means a person has successfully completed an pediatric advanced life support course offered by a recognized accrediting organization.
 - (n) 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)].
 - (o) Physician. A person licensed to practice medicine and surgery pursuant to Tennessee Code Annotated Title 63, Chapters 6 or 9.

(Rule 0460-02-.07, continued)

- (2) Permits required.
 - (a) No permit is required for the administration of nitrous oxide inhalation analgesia; however, dentists must comply with the provisions of 0460-02-.07 (4).
 - (b) No permit is required for the use of antianxiety premedication (anxiolysis); however, dentists must comply with the provisions of 0460-02-.07 (5).
 - (c) Dentists must obtain a permit to administer conscious sedation. A conscious sedation permit may be limited or comprehensive.
 - 1. A limited conscious sedation permit authorizes dentists to administer conscious sedation by the enteral and/or combination inhalation-enteral method.
 - 2. A comprehensive conscious sedation permit authorizes a dentist to administer conscious sedation by the enteral, combination inhalation-enteral or parenteral method.
 - 3. Children thirteen (13) and under
 - (i) Dentists who administer conscious sedation by any method to children thirteen (13) and under must have a comprehensive conscious sedation permit.
 - (ii) Agents used to produce conscious sedation/deep sedation/general anesthesia in children thirteen (13) years of age and under must be given under the direct supervision of the dentist.
 - 4. Dentists issued limited or comprehensive conscious sedation permits must comply with rule 0460-02-.07 (6).
 - (d) Dentists must obtain a permit to administer deep sedation/general anesthesia and comply with rule 0460-02-.07 (7).
- (3) Determination of degree of sedation
 - (a) The degree of sedation or consciousness level of a patient is the determinant for the application of these rules, not the route of administration. Determining the degree of sedation or level of consciousness of a patient is based upon:
 - 1. The type and dosage of medication that was administered or was proposed for administration to the patient;
 - 2. The age, physical size and medical condition of the patient receiving the medication; and
 - 3. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.
 - (b) In a proceeding of the board at which the board must determine the degree of sedation or level of consciousness of a patient, the board will base its findings on the provisions of subparagraph (a).
- (4) Nitrous oxide inhalation analgesia.

(Rule 0460-02-.07, continued)

- (a) Nitrous oxide may be administered by a licensed dentist or a licensed and properly certified dental hygienist under the direct supervision of a licensed dentist. The administering or supervising dentist must be on the premises at all times that nitrous oxide is in use.
 - (b) An authorized person must constantly monitor each patient receiving nitrous oxide. In addition to dentists, any licensed dental hygienist or registered dental assistant who has complied with rules 0460-03-.06 or 0460-04-.05 is an authorized person and may monitor patients who are receiving nitrous oxide.
 - (c) Monitoring nitrous oxide. Monitoring patients receiving nitrous oxide inhalation analgesia as an adjunct to dental or to dental hygiene procedures consists of continuous direct clinical observation of the patient and begins after the dentist or dental hygienist has initiated the analgesia. The dentist must be notified of any change in the patient which might indicate an adverse effect on the patient. Those certified in nitrous oxide monitoring may terminate the administration of nitrous oxide inhalation analgesia.
 - ~~(d) All equipment for the administration of nitrous oxide must be designed specifically to guarantee that an oxygen concentration of no less than twenty-five percent (25%) can be administered to the patient.~~
 - (d) All equipment for the administration of nitrous oxide must be designed specifically to guarantee that an oxygen concentration of no less than thirty percent (30%) can be administered to the patient.
 - (e) All equipment for the administration of nitrous oxide must be equipped with a scavenger system.
- (5) Antianxiety premedication (anxiolysis).
- ~~(a) The regulation and monitoring of this modality of treatment are the responsibility of the ordering dentist. The drugs used should carry a margin of safety wide enough to render unintended conscious sedation or loss of consciousness unlikely.~~
 - (a) The regulation and monitoring of this modality of treatment are the responsibility of the ordering dentist. The drugs used should carry a margin of safety wide enough to never render unintended loss of consciousness. If the administration is for antianxiety purposes, 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 non-monitored home use. The co-administration of nitrous oxide is allowed. If the MRD is exceeded then a limited conscious sedation permit is required.
 - (b) A dentist using antianxiety premedication must employ auxiliary personnel who are certified in Health Care Provider Life Support.
 - (c) All antianxiety premedications and all sedation techniques (except nitrous oxide and oxygen) used for children age thirteen (13) and under require a comprehensive conscious sedation permit.
- (6) Conscious sedation.
- (a) Dentists must obtain a permit from the Board of Dentistry to administer conscious sedation in the dental office. Conscious sedation permits are either limited or comprehensive.

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(Rule 0460-02-.07, continued)

1. To obtain a limited conscious sedation permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide proof of one (1) of the following:
 - (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training necessary to administer and manage enteral and/or combination inhalation-enteral conscious sedation, or
 - ~~(ii) Completion of a continuing education course which consists of a minimum of eighteen (18) hours of didactic instruction plus twenty (20) clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication.~~
 - (ii) Completion of a continuing education course which consists of a minimum of twenty four (24) hours of didactic instruction plus ten (10) clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation.

2. To obtain a comprehensive conscious sedation permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide proof of one (1) of the following:
 - (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training to administer and manage parenteral conscious sedation, or
 - (ii) Completion of a continuing education course consisting of a minimum of sixty (60) hours of didactic instruction plus the management of at least twenty (20) patients which provides competency in parenteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication, or
 - (iii) Possess on the effective date of this regulation a current valid intravenous conscious sedation permit issued by the board. Such dentist will be issued a new comprehensive conscious sedation permit and must comply with the general rules set forth in this regulation.

3. Dentists who provide conscious sedation for children must provide evidence of adequate training in pediatric sedation techniques and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.

4. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer conscious sedation must have a valid comprehensive conscious sedation permit.

5. A dentist may utilize a physician (MD or DO), who is a member of the anesthesiology staff of an accredited hospital, or a permitted dentist to administer conscious sedation in that dentist's office. Such person must remain on the premises of the dental facility until all patients given conscious sedation meet

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(Rule 0460-02-.07, continued)

discharge criteria. The office must comply with the general rules for conscious sedation, i.e. rule 0460-02-.07 (6) (b). A dentist utilizing such person and complying with these provisions does not require a conscious sedation permit.

(b) General rules for conscious sedation.

1. Physical facilities.

- (i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least two persons, to move freely about the patient.
- (ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.
- (iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.
- (iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.
- (v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.
- (vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.
- (vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.
- (viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.
- (ix) Inspections of the anesthesia equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

2. Personnel.

- (i) During conscious sedation at least one (1) person, in addition to the operating dentist, must be present.
- (ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in Health Care Provider Life Support.
- (iii) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.

(Rule 0460-02-.07, continued)

- (iv) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.
 - (v) Notwithstanding the provisions of part (iv), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.
3. Patient evaluation. Patients subjected to conscious sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may be simply a review of their current medical history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is indicated.
4. Dental records. The dental record must include:
- (i) A medical history including current medications and drug allergies;
 - (ii) Informed consent for the type of anesthesia used;
 - (iii) Baseline vital signs including blood pressure and pulse. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented;
 - (iv) A time-oriented anesthesia record which includes the drugs and dosage administered;
 - (v) Documentation of complications or morbidity; and
 - (vi) Status of the patient on discharge.
5. Monitoring.

- ~~(i) Direct clinical observation of the patient must be continuous.~~
 - ~~(ii) Interval recording of blood pressure and pulse must occur.~~
 - ~~(iii) Oxygen saturation must be evaluated continuously by a pulse oximeter.~~
 - ~~(iv) The patient must be monitored during recovery by trained personnel until stable for discharge.~~
 - ~~(v) If monitoring procedures are prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented.~~
- (i) Direct clinical observation of the patient must be continuous;
 - (ii) Interval recording of blood pressure and pulse must occur;
 - (iii) Oxygen saturation must be evaluated continuously by a pulse oximeter;
 - (iv) The patient must be monitored during recovery by trained personnel until stable for discharge;

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(Rule 0460-02-.07, continued)

- (v) If monitoring procedures are prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented; and
- (vi) If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation.

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6. Emergency management.

- (i) Written protocols must be established by the dentist to manage emergencies related to conscious sedation including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension, hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation.
- (ii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be provided and documented which include sessions on emergencies, life safety, medical equipment, utility systems, infection control, and hazardous waste practices.
- (iii) A cardiac defibrillator must be available.
- (iv) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.

7. Recovery and discharge.

- (i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.
- (ii) The dental office must develop specific criteria for discharge parameters for conscious sedation for both adult and pediatric patients.
- (iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible person.

(7) Deep sedation/general anesthesia.

- (a) Dentists must obtain a permit from the Board of Dentistry to administer deep sedation/general anesthesia in the dental office.

1. Obtaining the permit

- (i) To obtain a deep sedation/general anesthesia permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide certification of one (1) of the following:

(Rule 0460-02-.07, continued)

- (I) Successful completion of a minimum of one (1) year advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, 2000 edition, or its successor publication, or
 - (II) Proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the American Dental Association; or
 - (III) Proof of successful completion of a residency program in general anesthesia of not less than one (1) calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia or proof that the applicant is a Diplomate of the American Board of Dental Anesthesiology; or
 - (IV) Possess on the effective date of this regulation a current, valid general anesthesia permit issued by the board. Such dentists will be issued a new deep sedation/general anesthesia permit and must comply with the general rules set forth in this regulation.
- (ii) Dentists who provide deep sedation/general anesthesia for children must provide evidence of adequate training in pediatric sedation techniques, in general anesthesia, and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.
2. A dentist may utilize a physician (MD or DO), who is a member of an anesthesiology staff of an accredited hospital, or another dentist who holds a deep sedation/general anesthesia permit to administer deep sedation or general anesthesia in that dentist's office. Such person must remain on the premises of the dental facility until all patients given deep sedation or general anesthesia meet discharge criteria. The office must comply with the general rules for deep sedation/general anesthesia, i.e. rule 0460-02-.07 (7) (b). A dentist utilizing such person and complying with these provisions does not require a deep sedation/general anesthesia permit.
 3. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer deep sedation/general anesthesia must have a valid deep sedation/general anesthesia permit.
 4. A dentist who holds a deep sedation/general anesthesia permit may administer conscious sedation.
- (b) General rules for deep sedation/general anesthesia.
1. Physical facilities.
 - (i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least three (3) persons, to move freely about the patient.
 - (ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and

(Rule 0460-02-.07, continued)

provide a firm platform for the management of cardiopulmonary resuscitation.

- (iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.
- (iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.
- (v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.
- (vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.
- (vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.
- (viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.
- (ix) Inspections of the anesthesia equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

2. Personnel.

- (i) During deep sedation/general anesthesia at least two (2) persons, in addition to the operating dentist, must be present.
- (ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in Health Care Provider Life Support.
- (iii) When the same individual administering the deep sedation/general anesthesia is performing the dental procedure, there must be a second (2nd) individual trained in patient monitoring.
- (iv) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.
- (v) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.
- (vi) Notwithstanding the provisions of subpart (v), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.

3. Patient evaluation. Patients subjected to deep sedation/general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or

(Rule 0460-02-.07, continued)

medically stable individuals (ASA I, II) this may be simply a review of their current medical history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is indicated.

4. Dental records. The dental record must include:
 - (i) A medical history including current medications and drug allergies;
 - (ii) Informed consent for the type of anesthesia used;
 - (iii) Baseline vital signs including blood pressure, pulse and temperature. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition the reason(s) should be documented;
 - (iv) A time-oriented anesthesia record which includes the drugs and dosage administered and an interval recording of blood pressure and pulse;
 - (v) Documentation of complications or morbidity; and
 - (vi) Status of the patient on discharge.
5. Monitoring.
 - (i) Direct clinical observation of the patient must be continuous;
 - (ii) Interval recording of blood pressure and pulse must occur;
 - (iii) Oxygen saturation must be monitored continuously by pulse oximeter;
 - (iv) Continuous EKG monitoring with electrocardioscope must occur;
 - (v) Respirations must be monitored for intubated patients by auscultation of breath sounds or end tidal CO₂;
 - (vi) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, body temperature must continuously be monitored; and
 - (vii) The patient must be monitored during recovery by trained personnel until stable for discharge.
6. Emergency management.
 - (i) Written protocols must be established by the dentist to manage emergencies related to deep sedation/general anesthesia including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension, hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation.
 - (ii) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, protocols to treat the malignant hyperthermia must be established.

(Rule 0460-02-.07, continued)

- (iii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be provided and documented which include sessions on emergencies, life safety, medical equipment, utility systems, infection control, and hazardous waste practices.
 - (iv) A cardiac defibrillator must be available.
 - (v) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.
7. Recovery and discharge.
- (i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.
 - (ii) The dental office must develop specific criteria for discharge parameters for deep sedation/general anesthesia for both adult and pediatric patients.
 - (iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible adult.
- (8) Continuing education. In order to maintain a limited or comprehensive conscious sedation or deep sedation/general anesthesia permit, a dentist must:
- (a) Maintain current certification in ACLS (a pediatric dentist may substitute PALS); or
 - ~~(b) Certify attendance every two (2) years at a board approved course comparable to ACLS or PALS and devoted specifically to the prevention and management of emergencies associated with conscious sedation or deep sedation/general anesthesia.~~
 - (b) Certify attendance every two (2) years at a board approved course comparable to ACLS or PALS and devoted specifically to the prevention and management of emergencies associated with conscious sedation or deep sedation/general anesthesia; and
 - (c) Obtain a minimum of four (4) hours of continuing education in the subject of anesthesia and/or sedation as part of the required forty (40) hours of continuing education for dental licensure. ACLS or PALS certification shall not be included as any part of the required four (4) hours.
- (9) Reporting injury or mortality.
- (a) A written report shall be submitted to the board by the dentist within thirty (30) days of any anesthesia-related incident resulting in patient injury or mortality, which occurred when the patient was under the care of the dentist and required hospitalization. In the event of patient mortality, concurrent with a sedation or anesthesia-related incident, this incident must be reported to the board within two (2) working days, to be followed by the written report within thirty (30) days.
 - (b) A written report shall include:
 - 1. Description of dental procedure;

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(Rule 0460-02-.07, continued)

2. Description of preoperative physical condition of the patient;
 3. List of the drugs and dosages administered;
 4. Detailed description of techniques utilized in administering the drugs;
 5. Description of adverse occurrence to include:
 - (i) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in the patient;
 - (ii) Treatment instituted on patient; and
 - (iii) Response of the patient to treatment; and
 6. Description of the patient's condition on termination of any procedure undertaken.
- (10) Permit process (limited conscious sedation, comprehensive conscious sedation, deep sedation/general anesthesia).
- (a) To obtain a limited or comprehensive conscious sedation permit or deep sedation/general anesthesia permit, a dentist must apply on an application form provided by the board and submit the appropriate fee as established by the board.
 - (b) The applicant must submit acceptable proof to the Board:
 1. For a limited conscious sedation permit:
 - (i) That the educational requirements of 0460-02-.07 (6) (a) 1. are met; and
 - (ii) Compliance with general rules 0460-02-.07 (6) (b).
 2. For a comprehensive conscious sedation permit:
 - (i) That the educational requirements of 0460-02-.07 (6) (a) 2. are met; and
 - (ii) Compliance with general rules 0460-02-.07 (6) (b).
 3. For a deep sedation/general anesthesia permit:
 - (i) That the educational requirements of 0460-02-.07 (7) (a) have been met; and
 - (ii) Compliance with general rules 0460-02-.07 (7) (b).
 - (c) A permit must be renewed every two (2) years by payment of the appropriate renewal fee as established by the board and by certification of the continuing education requirement [0460-02-.07 (8)] and by certification of compliance with the general rules for conscious sedation [0460-02-.07 (6) (b)] or deep sedation/general anesthesia [0460-02-.07 (7) (b)].
- (11) Anesthesia Consultants
- (a) In addition to the Board Consultant and his/her duties, as provided in Rule 0460-01-.03, Anesthesia Consultants shall be appointed by the board to assist the board in the

(Rule 0460-02-.07, continued)

administration of this rule. All Anesthesia Consultants shall be licensed to practice dentistry in Tennessee and shall all hold current, valid comprehensive conscious sedation or deep sedation/general anesthesia permits.

- (b) The Anesthesia Consultants shall be:
1. A periodontist;
 2. A pediatric dentist;
 3. A general dentist; and
 4. Two (2) oral and maxillofacial surgeons.
- (c) The Anesthesia Consultants shall advise the Board of Dentistry regarding the continuing education courses, to be approved by the Board, to satisfy the requirements in subpart (6) (a) 1. (ii), item (6) (a) 2. (i) (II) and subparagraph (8) (b).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-108, 63-5-115, 63-5-122, and 63-5-124.
Administrative History: Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 18, 2003; effective May 4, 2003. Amendment filed December 28, 2004; effective March 13, 2005. Amendment filed July 10, 2006; effective September 23, 2006. Amendment filed September 25, 2008; effective December 9, 2008.

0460-02-.08 LICENSURE RENEWAL. All licensed dentists must renew their licenses to be able to legally continue in practice. Licensure renewal is governed by the following:

- (1) Renewal application
- (a) The due date for licensure renewal is the last day of the month in which a licensee's birthday falls pursuant to the Division of Health Related Boards "birthdate renewal system" contained on the renewal certificate as the expiration date.
- (b) Methods of Renewal
1. Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:

www.tennesseeanytime.org
 2. Paper Renewals - For individuals who have not renewed their license online via the Internet, a renewal application form will be mailed to each individual licensed by the Board to the last address provided to the Board. Failure to receive such notification does not relieve the licensee from the responsibility of meeting all requirements for renewal.
- (c) A license issued pursuant to these rules is renewable by the expiration date. To be eligible for renewal an individual must submit to the Division of Health Related Boards on or before the expiration date the following:
1. A completed renewal application form.
 2. The renewal and state regulatory fees as provided in Rule 0460-01-.02.

(Rule 0460-03-.08, continued)

requested prior to the expiration of one (1) year from the date of retirement, the Board may require payment of the late renewal fee and past due licensure renewal and state regulatory fees as provided in rule 0460-01-.02(2).

- (c) If requested, after review by the Board or a designated Board member or the Board consultant, appear before the Board, a Board member or the Board consultant for an interview regarding continued competence in the event of licensure retirement in excess of two (2) years.
- (d) Comply with the continuing education provisions of rule 0460-01-.05(6) applicable to reactivation of retired licenses.

(3) Application review and decisions required by this rule shall be governed by rule 0460-01-.04.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-117, and 63-5-129. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed August 21, 2002; effective November 4, 2002.

0460-03-.09 SCOPE OF PRACTICE. Licensed Dental Hygienists may only practice under direct and/or general supervision in the employment of a licensed dentist consistent with the provisions of T.C.A. Title 63, Chapter 5.

- (1) Delegable or Assignable Procedures – In addition to those duties of the licensed dental hygienist which are commonly recognizable by the dental profession for safe performance, pursuant to T.C.A. § 63-5-108 a licensed dental hygienist may perform the following duties which are assigned or delegated to the licensed dental hygienist by the employer dentist:
 - (a) The removal of all hard and soft deposits and stains from the human teeth to the depth of the gingival sulcus, polishing natural and restored surfaces of teeth, performing clinical examination of teeth and surrounding tissues for diagnosis by the dentist, and performing other such procedures as may be delegated by the dentist consistent with the provisions of T.C.A. Chapter 5, Title 63.
 - (b) Prophylaxis.
 - (c) The application of sealants.
 - (d) The exposure of radiographs, including digital, of the mouth, gums, jaws, teeth or any portion thereof for dental diagnosis.
 - (e) The application of topical fluorides.
 - (f) The instruction of patients in dietary principles.
 - (g) Demonstration of oral hygiene procedures and oral health care regimen.
 - (h) The taking and recording of a patient's blood pressure, pulse, temperature, and medical history and charting of oral conditions.
 - (i) The serving as chairside assistant.
 - (j) The maintenance of instrument and operatory infection control
 - (k) The preparation of instrument trays

(Rule 0460-03-.09, continued)

- (l) The placement and removal of matrices for restoration.
- (m) The removal of cement from restorations and bands.
- (n) The removal of sutures and staples.
- (o) The fabrication, placement and removal of temporary restorations.
- (p) The placement and removal of rubber dam.
- (q) The placement and removal of socket dressings.
- (r) The placement and removal of periodontal dressings.
- (s) The taking of dental plaque smears.
- (t) The taking of alginate impressions for any purpose other than permanent restorations.
- (u) The removal of ligature and arch wires.
- (v) Bending, selecting and pre-sizing arch wires and placing arch wires after final adjustment and approval by the dentist.
- (w) The selection, prefitting, cementation, curing, and removing of orthodontic bands or brackets.
- (x) The placement and removal of pre-treatment separators.
- (y) Removal of loose or broken bands or brackets.
- (zz) Placement of springs on wires.
- (aa) Placement of hooks on brackets.
- (bb) Placement of chain elastics on brackets.
- (cc) Ligation of arch wires to brackets.
- (dd) Packing and removing retraction cord, with or without vasoactive chemicals, for restorative dental procedures.
- (ee) Removal of excess cement from the surfaces of the teeth.
- (ff) The placement of amalgam in prepared cavities for condensation by the dentist.
- (gg) Placement of cavity bases and liners.
- (hh) Sulcular irrigation with antimicrobial agents only when prescribed by the employer/supervising dentist.
- (ii) Application of desensitizing agents.
- (jj) Application of topical anesthetic and anti-inflammatory agents.
- (kk) Placement of antibiotic-treated materials, if prescribed.

(Rule 0460-03-.09, continued)

- (ll) Application of tooth conditioners for bonding.
 - (mm) Selecting and pre-fitting of stainless steel crowns or other pre-formed crowns for insertion by the dentist.
 - (nn) The taking of oral cytologic smears
 - (oo) Performing pulp testing.
 - (pp) Packing of pulpotomy paste.
 - (qq) Drying canals with absorbent paper points.
 - (rr) Calling in prescriptions to the pharmacist as instructed by the employer/dentist.
 - (ss) Fitting, adjusting and cementation of correctional appliances.
 - (tt) Wound care as directed.
 - (uu) Irrigating extraction site.
 - (vv) Placement of exposure chains and attachments.
 - ~~(ww) Other duties specifically approved by the Board at a regularly scheduled meeting of the Board.~~
 - (ww) The use of lasers for examination and/or for periodontal treatment under the supervision of a Tennessee licensed dentist.
 - (xx) Other duties specifically approved by the Board at a regularly scheduled meeting of the Board.
- (2) Dental hygienists may perform delegable procedures for patients of record of their employer dentist who reside in nursing homes pursuant to the following protocol:
- (a) A letter from the employer dentist must be entered in both the dentist's and the nursing home's patient records which includes all of the following:
 1. Patient's name;
 2. Facility name;
 3. Procedures to be performed including the frequency of services if on a regular basis and unchanged;
 4. Family or patient consent if possible;
 5. Patient's physician's consent;
 6. Consent of facility supportive staff to aid hygienist if needed.
 7. Consent of facility for registered nurse or physician to be available upon code.
 - (b) If any major variation of this protocol is required, approval of the Board must be obtained pursuant to rule 0460-01-.03(4)(b)3.(vi).

(Rule 0460-03-.09, continued)

- (3) Under the direct supervision of a licensed dentist, licensed dental hygienists may perform services including, but not limited to, root planing and subgingival curettage.
- (4) Administration and/or monitoring of nitrous oxide sedation must be under the direct supervision of a licensed dentist, and the licensed dental hygienist must possess certification pursuant to Rule 0460-03-.06.
- (5) Administration of local anesthesia must be under the direct supervision of a licensed dentist who, at that time, is physically present at the same office location. The licensed dental hygienist must possess certification pursuant to Rule 0460-03-.12.
- (6) Performance of restorative or prosthetic functions must be under the direct supervision of a licensed dentist, and the licensed dental hygienist must possess certification pursuant to Rule 0460-03-.10.
- (7) Prohibited Procedures - In addition to the duties defined as the practice of dentistry by T.C.A. § 63-5-108, licensed dental hygienists are not permitted to perform the following:
 - (a) Comprehensive examination, diagnosis and treatment planning;
 - (b) Surgical or cutting procedures on hard or soft tissue, including laser, air abrasion or micro-abrasion procedures, except curettage or root planing;
 - (c) Fitting, adjusting, and placement of prosthodontics appliances;
 - (d) Issuance of prescription medications or medications not authorized by Rule 0460-03-.09 (1), or work authorizations;
 - (e) Performance of direct pulp capping, pulpotomy, and other endodontic procedures not authorized by T.C.A. § 63-5-108 or Rule 0460-03-.09 (1);
 - (f) Approving the final occlusion;
 - (g) Placement of sutures;
 - (h) Administration of conscious sedation or general anesthesia.
 - (i) Administration of local anesthesia on patients without certification as provided in Rule 0460-03-.12.
 - (j) Administration or monitoring of nitrous oxide without certification as provided in Rule 0460-03-.06;
 - (k) Use of a high-speed handpiece intraorally;
 - ~~(l) Utilization of laser equipment and technology in the course of the performance of their duties unless specifically authorized by T.C.A. § 63-5-108 or Rule 0460-03-.09 (1). Only dentists licensed by the Tennessee Board of Dentistry shall be authorized to perform procedures involving laser technology.~~
- (8) In no event shall a licensed dental hygienist perform dental services inconsistent with T.C.A. § 63-5-108. Licensed dental hygienists who perform procedures not delegable pursuant to this rule or procedures specifically prohibited by T.C.A. § 63-5-108 or who perform procedures without the direct supervision of a dentist, or who administer or monitor nitrous oxide without certification or who perform restorative or prosthetic functions without certification are in

(Rule 0460-03-.09, continued)

violation of the rules governing those procedures, and may be subject to disciplinary action pursuant to T.C.A. § 63-5-116.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-108, 63-5-115, and 63-5-116. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed September 17, 2003; effective December 1, 2003. Amendments filed August 3, 2005; effective October 17, 2005. Amendments filed October 12, 2007; effective December 26, 2007. Amendment filed September 25, 2008; effective December 9, 2008.

0460-03-.10 RESTORATIVE AND PROSTHETIC CERTIFICATIONS.

- (1) Dental hygienists who have a minimum of two (2) years continuous full-time employment within the past three (3) years in a dental practice as a licensed dental hygienist are eligible for admission to Board-approved certification courses in restorative and/or prosthetic functions. A licensed dental hygienist must complete a Board-approved certification course in restorative or prosthetic functions and obtain the appropriate certification, issued by the Board, before he/she can perform restorative or prosthetic functions on any patient.
- (2) Certification in restorative or prosthetic functions is only valid as long as the licensed dental hygienist has a current license to practice dental hygiene. If the license expires or is retired, the certification is also considered expired or retired and the dental hygienist may not perform restorative or prosthetic functions until the license is reinstated or reactivated.
- (3) Licensed dental hygienists who possess a certification in restorative or prosthetic functions shall prominently display their current renewal certificate at their place of employment.
- (4) Licensed dental hygienists with certification in restorative or prosthetic functions may perform restorations or prosthetic functions only under the direct supervision and full responsibility of a licensed dentist.
- (5) Prohibited Procedures – The following procedures are prohibited for all dental hygienists, including those who have certification in restorative or prosthetic functions:
 - (a) Restorative Functions
 1. Diagnosing need for restorations;
 2. Preparation/Cutting of the tooth or soft tissue;
 3. Modifying existing structure;
 4. Removal of caries, bases or liners; and
 5. Use of high-speed handpieces intraorally.
 - (b) Prosthetic Functions
 1. Diagnosing need for any prosthetic appliance;
 2. Establishing vertical dimension of occlusion and interocclusal records;
 3. Delivering and/or adjusting appliance; and
 4. Use of high-speed handpieces intraorally.

(Rule 0460-03-.08, continued)

requested prior to the expiration of one (1) year from the date of retirement, the Board may require payment of the late renewal fee and past due licensure renewal and state regulatory fees as provided in rule 0460-01-.02(2).

- (c) If requested, after review by the Board or a designated Board member or the Board consultant, appear before the Board, a Board member or the Board consultant for an interview regarding continued competence in the event of licensure retirement in excess of two (2) years.
 - (d) Comply with the continuing education provisions of rule 0460-01-.05(6) applicable to reactivation of retired licenses.
- (3) Application review and decisions required by this rule shall be governed by rule 0460-01-.04.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-117, and 63-5-129. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed August 21, 2002; effective November 4, 2002.

0460-03-.09 SCOPE OF PRACTICE. Licensed Dental Hygienists may only practice under direct and/or general supervision in the employment of a licensed dentist consistent with the provisions of T.C.A. Title 63, Chapter 5.

- (1) Delegable or Assignable Procedures – In addition to those duties of the licensed dental hygienist which are commonly recognizable by the dental profession for safe performance, pursuant to T.C.A. § 63-5-108 a licensed dental hygienist may perform the following duties which are assigned or delegated to the licensed dental hygienist by the employer dentist:
 - (a) The removal of all hard and soft deposits and stains from the human teeth to the depth of the gingival sulcus, polishing natural and restored surfaces of teeth, performing clinical examination of teeth and surrounding tissues for diagnosis by the dentist, and performing other such procedures as may be delegated by the dentist consistent with the provisions of T.C.A. Chapter 5, Title 63.
 - (b) Prophylaxis.
 - (c) The application of sealants.
 - (d) The exposure of radiographs, including digital, of the mouth, gums, jaws, teeth or any portion thereof for dental diagnosis.
 - (e) The application of topical fluorides.
 - (f) The instruction of patients in dietary principles.
 - (g) Demonstration of oral hygiene procedures and oral health care regimen.
 - (h) The taking and recording of a patient's blood pressure, pulse, temperature, and medical history and charting of oral conditions.
 - (i) The serving as chairside assistant.
 - (j) The maintenance of instrument and operator infection control
 - (k) The preparation of instrument trays

(Rule 0460-03-.09, continued)

- (l) The placement and removal of matrices for restoration.
- (m) The removal of cement from restorations and bands.
- (n) The removal of sutures and staples.
- (o) The fabrication, placement and removal of temporary restorations.
- (p) The placement and removal of rubber dam.
- (q) The placement and removal of socket dressings.
- (r) The placement and removal of periodontal dressings.
- (s) The taking of dental plaque smears.
- (t) The taking of alginate impressions for any purpose other than permanent restorations.
- (u) The removal of ligature and arch wires.
- (v) Bending, selecting and pre-sizing arch wires and placing arch wires after final adjustment and approval by the dentist.
- (w) The selection, prefitting, cementation, curing, and removing of orthodontic bands or brackets.
- (x) The placement and removal of pre-treatment separators.
- (y) Removal of loose or broken bands or brackets.
- (zz) Placement of springs on wires.
- (aa) Placement of hooks on brackets.
- (bb) Placement of chain elastics on brackets.
- (cc) Ligation of arch wires to brackets.
- (dd) Packing and removing retraction cord, with or without vasoactive chemicals, for restorative dental procedures.
- (ee) Removal of excess cement from the surfaces of the teeth.
- (ff) The placement of amalgam in prepared cavities for condensation by the dentist.
- (gg) Placement of cavity bases and liners.
- (hh) Sulcular irrigation with antimicrobial agents only when prescribed by the employer/supervising dentist.
- (ii) Application of desensitizing agents.
- (jj) Application of topical anesthetic and anti-inflammatory agents.
- (kk) Placement of antibiotic-treated materials, if prescribed.

(Rule 0460-03-.09, continued)

- (ll) Application of tooth conditioners for bonding.
 - (mm) Selecting and pre-fitting of stainless steel crowns or other pre-formed crowns for insertion by the dentist.
 - (nn) The taking of oral cytologic smears
 - (oo) Performing pulp testing.
 - (pp) Packing of pulpotomy paste.
 - (qq) Drying canals with absorbent paper points.
 - (rr) Calling in prescriptions to the pharmacist as instructed by the employer/dentist.
 - (ss) Fitting, adjusting and cementation of correctional appliances.
 - (tt) Wound care as directed.
 - (uu) Irrigating extraction site.
 - (vv) Placement of exposure chains and attachments.
 - ~~(ww) Other duties specifically approved by the Board at a regularly scheduled meeting of the Board.~~
 - (ww) The use of lasers for examination and/or for periodontal treatment under the supervision of a Tennessee licensed dentist.
 - (xx) Other duties specifically approved by the Board at a regularly scheduled meeting of the Board.
- (2) Dental hygienists may perform delegable procedures for patients of record of their employer dentist who reside in nursing homes pursuant to the following protocol:
- (a) A letter from the employer dentist must be entered in both the dentist's and the nursing home's patient records which includes all of the following:
 1. Patient's name;
 2. Facility name;
 3. Procedures to be performed including the frequency of services if on a regular basis and unchanged;
 4. Family or patient consent if possible;
 5. Patient's physician's consent;
 6. Consent of facility supportive staff to aid hygienist if needed.
 7. Consent of facility for registered nurse or physician to be available upon code.
 - (b) If any major variation of this protocol is required, approval of the Board must be obtained pursuant to rule 0460-01-.03(4)(b)3.(vi).

(Rule 0460-03-.09, continued)

- (3) Under the direct supervision of a licensed dentist, licensed dental hygienists may perform services including, but not limited to, root planing and subgingival curettage.
- (4) Administration and/or monitoring of nitrous oxide sedation must be under the direct supervision of a licensed dentist, and the licensed dental hygienist must possess certification pursuant to Rule 0460-03-.06.
- (5) Administration of local anesthesia must be under the direct supervision of a licensed dentist who, at that time, is physically present at the same office location. The licensed dental hygienist must possess certification pursuant to Rule 0460-03-.12.
- (6) Performance of restorative or prosthetic functions must be under the direct supervision of a licensed dentist, and the licensed dental hygienist must possess certification pursuant to Rule 0460-03-.10.
- (7) Prohibited Procedures - In addition to the duties defined as the practice of dentistry by T.C.A. § 63-5-108, licensed dental hygienists are not permitted to perform the following:
 - (a) Comprehensive examination, diagnosis and treatment planning;
 - (b) Surgical or cutting procedures on hard or soft tissue, including laser, air abrasion or micro-abrasion procedures, except curettage or root planing;
 - (c) Fitting, adjusting, and placement of prosthodontics appliances;
 - (d) Issuance of prescription medications or medications not authorized by Rule 0460-03-.09 (1), or work authorizations;
 - (e) Performance of direct pulp capping, pulpotomy, and other endodontic procedures not authorized by T.C.A. § 63-5-108 or Rule 0460-03-.09 (1);
 - (f) Approving the final occlusion;
 - (g) Placement of sutures;
 - (h) Administration of conscious sedation or general anesthesia.
 - (i) Administration of local anesthesia on patients without certification as provided in Rule 0460-03-.12.
 - (j) Administration or monitoring of nitrous oxide without certification as provided in Rule 0460-03-.06;
 - (k) Use of a high-speed handpiece intraorally;
 - ~~(l) Utilization of laser equipment and technology in the course of the performance of their duties unless specifically authorized by T.C.A. § 63-5-108 or Rule 0460-03-.09 (1). Only dentists licensed by the Tennessee Board of Dentistry shall be authorized to perform procedures involving laser technology.~~
- (8) In no event shall a licensed dental hygienist perform dental services inconsistent with T.C.A. § 63-5-108. Licensed dental hygienists who perform procedures not delegable pursuant to this rule or procedures specifically prohibited by T.C.A. § 63-5-108 or who perform procedures without the direct supervision of a dentist, or who administer or monitor nitrous oxide without certification or who perform restorative or prosthetic functions without certification are in

(Rule 0460-03-.09, continued)

violation of the rules governing those procedures, and may be subject to disciplinary action pursuant to T.C.A. § 63-5-116.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-108, 63-5-115, and 63-5-116. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed September 17, 2003; effective December 1, 2003. Amendments filed August 3, 2005; effective October 17, 2005. Amendments filed October 12, 2007; effective December 26, 2007. Amendment filed September 25, 2008; effective December 9, 2008.

0460-03-.10 RESTORATIVE AND PROSTHETIC CERTIFICATIONS.

- (1) Dental hygienists who have a minimum of two (2) years continuous full-time employment within the past three (3) years in a dental practice as a licensed dental hygienist are eligible for admission to Board-approved certification courses in restorative and/or prosthetic functions. A licensed dental hygienist must complete a Board-approved certification course in restorative or prosthetic functions and obtain the appropriate certification, issued by the Board, before he/she can perform restorative or prosthetic functions on any patient.
- (2) Certification in restorative or prosthetic functions is only valid as long as the licensed dental hygienist has a current license to practice dental hygiene. If the license expires or is retired, the certification is also considered expired or retired and the dental hygienist may not perform restorative or prosthetic functions until the license is reinstated or reactivated.
- (3) Licensed dental hygienists who possess a certification in restorative or prosthetic functions shall prominently display their current renewal certificate at their place of employment.
- (4) Licensed dental hygienists with certification in restorative or prosthetic functions may perform restorations or prosthetic functions only under the direct supervision and full responsibility of a licensed dentist.
- (5) Prohibited Procedures – The following procedures are prohibited for all dental hygienists, including those who have certification in restorative or prosthetic functions:
 - (a) Restorative Functions
 1. Diagnosing need for restorations;
 2. Preparation/Cutting of the tooth or soft tissue;
 3. Modifying existing structure;
 4. Removal of caries, bases or liners; and
 5. Use of high-speed handpieces intraorally.
 - (b) Prosthetic Functions
 1. Diagnosing need for any prosthetic appliance;
 2. Establishing vertical dimension of occlusion and interocclusal records;
 3. Delivering and/or adjusting appliance; and
 4. Use of high-speed handpieces intraorally.

(Rule 0460-04-.02, continued)

December 1, 1980. New rule filed December 11, 1991; effective January 25, 1992. Amendment filed June 29, 1994; effective September 12, 1994. Amendment filed December 5, 1994; effective February 18, 1995. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 9, 2000; effective April 24, 2000. Amendment filed March 14, 2001; effective May 28, 2001. Amendment filed April 10, 2002; effective June 24, 2002. Amendments filed March 17, 2006; effective May 31, 2006. Amendment filed October 12, 2007; effective December 26, 2007.

0460-04-.03 REPEALED.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-108, 63-5-111, and 63-5-115. **Administrative History:** Original rule certified June 7, 1974. Repeal filed August 26, 1980; effective December 1, 1980. New rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed December 16, 2005; effective March 1, 2006. Repeal filed October 12, 2007; effective December 26, 2007.

0460-04-.04 CORONAL POLISHING CERTIFICATION. Dental assistants who, pursuant to this rule and T.C.A. § 63-5-108 (d), receive certification to perform coronal polishing may only do so under the restrictions contained in this rule.

- (1) Definition - Coronal Polishing shall mean the polishing of the enamel and restorations on the clinical crown of human teeth by utilizing a combination of a polishing agent and a slow speed handpiece, a prophy angle, a rubber cup, or any home care cleaning device.

~~(2) **Qualifications** – To be considered for issuance of a coronal polishing certification, an applicant must have been employed as a full time dental assistant for a minimum of one (1) year prior to applying for admission to an education course in coronal polishing and has registered as a dental assistant in Tennessee, or be a current certified dental assistant, as defined in Rule 0460-01-.01, who has one (1) year of clinical experience in another state and who is currently a Tennessee registered dental assistant. The sequence of the certification process is as follows:~~

- (2) **Qualifications** – To be considered for issuance of a coronal polishing certification, an applicant must be registered as a dental assistant in Tennessee prior to applying for admission to an education course in coronal polishing. The sequence of the certification process is as follows:
 - (a) An applicant must apply for and successfully complete an educational course, as provided in this rule, as a prerequisite for admission to the examination; or
 - (b) An applicant who has successfully completed a coronal polishing course in another state which was approved by the board in the other state, which the Board consultant has determined as equivalent to the Board-approved course in Tennessee, is eligible to apply directly to the Board for admission to the examination. If a certification or permit was issued by the other state, verification of the certificate or permit must be received directly from the other board. The information regarding content of the course and proof of completion must be sent directly from the course provider to the Board's administrative office.
 - (c) After successful completion of the educational course or the course determined to be equivalent, an applicant must apply forty-five (45) days prior to the examination to be admitted to the examination as provided in this rule and submit proof of current certification in cardiopulmonary resuscitation.
 - (d) After successful completion of the examination, the Board Administrative Office will award an applicant a coronal polishing certificate.

(Rule 0460-04-.04, continued)

- (3) Retention of Certification - Certification for coronal polishing is only valid as long as the registered dental assistant has a current registration. If the registration expires or is retired, the certification is also considered expired or retired, and the dental assistant may not engage in coronal polishing until the registration is reinstated or reactivated.
- (4) The Examination
 - (a) The clinical portion of the examination shall be administered by a member of the Board or the Dental Assisting National Board, Inc. (DANB) or another meaningfully credentialed testing agency designated in advance by the Board and shall be conducted in an educational institution. The written portion of the examination can be administered by the testing agency, a Board member, or a Board representative. By adopting such examinations, the Board deems fulfilled the requirements set forth in T.C.A. § 63-5-108 (d) that the clinical and didactic examination be administered by the Board. The Board interprets "administered by the Board" to mean "adopted by the Board" for purposes of this section.
 - (b) The examination shall be conducted as soon as is practicable after the conclusion of each educational course and shall be governed in format, content and subject matter by the testing agency. Applicants must provide a patient for the clinical portion of the examination.
 - (c) The passing score for the written portion of the examination is seventy-five (75). The clinical portion of the exam shall be graded on a pass/fail basis by the testing agency.
 - (d) An applicant must submit the examination fee as provided in Rule 0460-01-.02 (3) each time the applicant takes the examination.
 - (e) An applicant who fails to successfully complete the examination after the third (3rd) attempt must begin the certification process over again.
 - (f) An applicant must file a new application for each examination to be taken and submit a new examination fee as provided in Rule 0460-01-.02 (3).
- (5) Registered Dental Assistants, who have also successfully completed a comparable assistant training program in another state in coronal polishing, are eligible to apply directly to the Board for coronal polishing certification without additional training.
- (6) Supervision
 - (a) Any time a dental assistant is allowed to perform coronal polishing after receiving certification, the employer dentist must be physically on the office premises at all times during the polishing and must also:
 1. Examine each patient immediately prior to the polishing to determine health, calculus and scalable stain free and to certify the need for coronal polishing; and
 2. Examine each patient immediately after the polishing is completed to evaluate the results.
 - (b) A dental assistant may not perform coronal polishing for patients who have not been examined immediately prior to being assigned for polishing.
- (7) Application review and decisions required by this rule shall be governed by Rule 0460-01-.04.

(Rule 0460-04-.04, continued)

Authority: T.C.A. §§4-3-1011, 4-5-202, 4-5-204, 63-5-105, 63-5-108, 63-5-111, and 63-5-115.

Administrative History: Original rule certified June 7, 1974. Repeal filed August 26, 1980; effective December 1, 1980. New rule filed December 11, 1991; effective January 25, 1992. Amendment filed December 5, 1994; effective February 18, 1995. Amendment filed October 17, 1995; effective December 31, 1995. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed June 18, 2003; effective September 1, 2003. Amendment filed September 17, 2003; effective December 1, 2003. Amendment filed October 12, 2007; effective December 26, 2007. Amendment filed September 25, 2008; effective December 9, 2008.

0460-04-.05 NITROUS OXIDE CERTIFICATION. Dental assistants may not administer nitrous oxide to patients but may monitor nitrous oxide sedation (as defined in rule 0460-02-.07) upon becoming certified pursuant to the following process:

- (1) A dental assistant must be currently registered, pursuant to Rule 0460-04-.02, by the Board in order to be eligible to attend a certification course in monitoring nitrous oxide and/or qualify for certification.
- (2) To be eligible for certification, the registered dental assistant must successfully complete a Board-approved nitrous oxide monitoring certification course, or have successfully completed a comparable training course in another state, or be currently enrolled in an ADA-accredited or Board-approved program which offers this course as part of their curriculum. Once eligible for certification, the registered dental assistant shall not monitor nitrous oxide until certification has been issued by the Board.
- (3) If the registered dental assistant completed a nitrous oxide monitoring course in another state which was approved by the board in the other state, the Board consultant must determine the course to be equivalent to the Board-approved course in Tennessee. The information regarding content of the course and proof of completion must be sent directly from the course provider to the Board's administrative office. If a certification or permit was issued by the other state, verification of the certificate or permit must be received directly from the other board. Once eligible for certification, the registered dental assistant shall not monitor nitrous oxide until certification has been issued by the Board.
- (4) Nitrous oxide monitoring certification shall be added to the registration of the registered dental assistant, if the registered dental assistant has successfully completed a Board-approved certification course and notification of completion has been submitted to the Board's Administrative Office by the course director on a form provided by the Board.
- (5) Registered dental assistants with nitrous oxide monitoring certification shall only monitor patients under the direct supervision of a licensed Tennessee dentist. This assistant shall not monitor more than one (1) patient at a time and shall physically remain with the patient at all times.
- (6) Registered dental assistants with nitrous oxide monitoring certification are not permitted to administer nitrous oxide. This assistant is only permitted to adjust the dosage or terminate the nitrous oxide at the specific direction and under the protocol of the supervising dentist or in cases of patient distress.
- (7) Registered dental assistants with nitrous oxide monitoring certification shall prominently display their current registration certificate, which is received upon registration and renewal, at their place of employment.
- (8) Certification in monitoring nitrous oxide is only valid as long as the registered dental assistant has a current registration. If the registration expires or is retired, the certification is also considered expired or retired and the dental assistant may not monitor nitrous oxide until the registration is reinstated or reactivated.

(Rule 0460-05-.02, continued)

- (h) Failure to adhere to the rules governing the certification course or to provide access to inspection, pursuant to subparagraph (5) (c) of this rule, may subject the course provider and students to invalidation of the course results and withdrawal of course approval issued by the Board.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-108, 63-5-115, and 63-5-116.
Administrative History: Original rule certified June 7, 1974. Amendment filed August 26, 1980; effective December 1, 1980. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Repeal filed February 12, 1996; effective April 27, 1996. New rule filed September 17, 2003; effective December 1, 2003. Amendments filed August 3, 2005; effective October 17, 2005. Amendment filed October 12, 2007; effective December 26, 2007. Amendment filed September 25, 2008; effective December 9, 2008.

0460-05-.03 SCHOOLS, PROGRAMS AND COURSES FOR THE REGISTERED DENTAL ASSISTANT.

(1) Registered Dental Assisting Programs.

(a) Board-Approved Programs.

- 1. Reserved.
- 2. Reserved.

(b) ADA-Accredited Programs.

- 1. Reserved.
- 2. Reserved.

(2) Certification Course in Coronal Polishing

(a) Application for Board Approval – The owner and/or director of a certification course in coronal polishing shall make application for approval to operate that course of study on forms to be provided by the Board. The completed application must be received by the Board's office at least thirty (30) days prior to the next regularly scheduled meeting of the Board in order for the Board to review the application. The owner and/or director of the certification course will be notified in writing of the Board's action(s). This section shall also apply to all dental assisting schools.

(b) Retention of Approval.

- 1. The certification course shall maintain strict compliance with all minimum standards for admissions, facilities, instructor(s), equipment, and curriculum as set forth in its rule, as amended/may be amended, in order to obtain and/or retain Board approval.
- 2. The certification course shall be subject to on-site inspections by representatives of the Board and/or required to complete such paper surveys, as requested.
- 3. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location, directorship, and/or

(Rule 0460-05-.03, continued)

instructors. A new certificate of approval will be issued in the event of change in either ownership or directorship of the course.

4. Certificates of approval shall be issued for one (1) year and shall expire on December 31st of any given year.
 5. At least thirty (30) days prior to the commencement of the course, the approved course shall submit the name(s) of the Tennessee dentist(s) who will be teaching the course, the date of the course, and the location of the course to the Board's Administrative Office.
- (c) Minimum Standards for Admissions, Facilities, Instructor(s), Equipment, and Curriculum.
1. Only those students who are currently registered with the Board as dental assistants shall be allowed to attend the certification course.
 42. The course shall be taught at an educational institution, defined as a school of dentistry, dental hygiene, or dental assisting, or a clinical facility approved by the Board which provides for proper patient care, including access to medication and equipment for the management of emergencies.
 23. The course shall be taught in its entirety by a dentist who is licensed in good standing by the Tennessee Board of Dentistry. The dentist/clinical instructor may employ and/or utilize licensed dental hygienists to assist during the clinical portion of the course.
 34. The clinical instructor-to-student ratio must be one instructor to six students (1:6) for the clinical portion of the course.
 45. The certification course shall consist of fourteen (14) hours of study over a two (2) day period. The course syllabus must be approved by the Board and meet the following requirements:
 - (i) Didactic - The didactic portion of the course shall include instruction in all of the following subject matters:
 - (I) Principles of plaque and stain formation;
 - (II) The clinical appearance of plaque, intrinsic and extrinsic stains and calculus (removal of calculus and scaleable stains shall be accomplished only by a dentist or licensed dental hygienist);
 - (III) The clinical appearance of clean and polished teeth;
 - (IV) Tooth morphology and the anatomy of the oral cavity as they relate to the retention of plaque, stain and polishing techniques;
 - (V) Principles of selecting abrasives and polishing agents and their effect on tooth structure and restorative materials;
 - (VI) Principles of polishing, including the selection and care of the armamentarium, instrumentation techniques and precautions,

(Rule 0460-05-.03, continued)

- including the care of the mouth with fixed or removable prostheses and/or orthodontic appliances;
- (VII) Principles of aseptic technique, including the sterilization of instruments, sanitation of equipment, and control of disease transmission;
 - (VIII) Principles of selecting and applying disclosing agents, including armamentarium, technique and precautions;
 - (IX) Principles of the preparation of teeth and the oral cavity for fluoride application;
 - (X) The reaction of fluorides with tooth structure;
 - (XI) Available fluoride agents;
 - (XII) Principles of the preparation and storage of fluoride agents; and
 - (XIII) Principles of application techniques, including the selection and care of armamentarium, the isolation of teeth, adaptation of trays, techniques and precautions.
- (ii) Clinical - The course provider shall conduct clinical experience of at least two (2) hours duration, which shall include at least a one-half (½) hour demonstration by an instructor. The clinical portion shall include all significant parts of the didactic portion and hands-on experience in the following:
- (I) Identifying calculus, plaque, and intrinsic and extrinsic stains;
 - (II) Polishing exposed surfaces of teeth;
 - (III) Applying disclosing agents to the exposed surface of teeth;
 - (IV) Evaluating the extent of plaque and stain removal;
 - (V) Maintaining the polishing armamentarium;
 - (VI) Maintaining aseptic techniques;
 - (VII) Applying various fluoride agents; and
 - (VIII) Applying various desensitizing agents.
- (iii) The course shall include jurisprudence aspects, as follows:
- (I) Limitations of the practice of dental assisting in accordance with the statutes and rules of the Board;
 - (II) Limitations on dental assistant services;
 - (III) Penalties for violation of the Dental Practice Act or Rules of the Board of Dentistry; and

(Rule 0460-05-.03, continued)

- (IV) Mechanisms by which a person can report violations of statutes and/or rules of the Board of Dentistry.
 - (d) The clinical instructor shall provide a copy of the syllabus to the student before or at the beginning of each course. The syllabus shall set forth the materials to be presented in the course and the evaluation criteria to be utilized by the clinical instructor to determine successful completion of the certification course.
 - (e) Upon completion of the course, students shall be evaluated by written examination. The examination shall cover the didactic portion of the course. The passing grade for the course is set at seventy-five percent (75%). A student who fails the examination may retake the examination two (2) additional times before having to repeat the course in order to retake the examination.
 - (f) A letter, attesting to successful completion of the course and test score(s) for each student, must be sent to the Board's Administrative Office within thirty (30) days of completion of the certification course, to qualify the dental assistant for admission to the Board's Coronal Polishing Examination.
 - (g) The school offering the coronal polishing certification course will issue continuing education credit hours for the course.
 - (h) Failure to adhere to the rules governing the certification course or to provide access to inspection, pursuant to Rule 0460-05-.03 (2) (b), may subject the course provider and students to invalidation of course results and withdrawal of course approval by the Board.
- (3) Certification Course for Sealant Application
 - (a) Application of Rules - This section shall apply to both Tennessee ADA accredited and Board-approved dental assistant programs, as well as any other individual or entity which desires to establish such a certification course to admit and educate students who are currently registered dental assistants.
 - (b) All courses/entities (with the exception of dental assisting programs whose certification course is a part of their standard curriculum) shall have a procedure in place to ensure that the eligibility (current registration) of applicants is verified and documented, prior to allowing the applicant to attend the certification course.
 - (c) Application for Board Approval - The owner and/or director of a certification course in sealant application shall make application for approval to operate that course of study on forms to be provided by the Board. The completed application must be received by the Board's Office at least thirty (30) days prior the next regularly scheduled Board meeting in order for the Board to review the application. The course provider will be notified in writing of the Board's action(s). This section shall also apply to all dental assisting programs which choose to offer the certification course as a part of their curriculum.
 - (d) Retention of Approval.
 - 1. The certification course shall maintain strict compliance with all minimum standards for admissions, facilities, instructor(s), equipment and curriculum, as

(Rule 0460-05-.03, continued)

set forth in these rules and as they may from time to time be amended, in order to obtain and/or retain Board approval.

2. The certification course shall be subject to on-site inspections by representatives of the Board and/or required to complete such paper surveys, as requested.
 3. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location, directorship, and/or instructors. A new certificate of approval will be issued in the event of change in either ownership or directorship of the course.
 4. Certificates of approval shall be issued for one (1) year and shall expire on December 31st of any given year.
 5. At least thirty (30) days prior to the commencement of the course, the approved course shall submit the name(s) of the Tennessee dentist(s) who will be teaching the course, the date of the course, and the location of the course to the Board's Administrative Office.
- (e) Minimum Standards for Admissions, Facilities, Instructor(s), Equipment, and Curriculum.
1. The certification course shall admit only those students who have been verified by the course as having a current registration issued by the Tennessee Board of Dentistry.
 2. The course shall be taught at an educational institution, defined as a school of dentistry, dental hygiene, or dental assisting, or a clinical facility approved by the Board which provides for proper patient care, including access to medication and equipment for the management of emergencies.
 3. The course shall be taught in its entirety by a dentist who is licensed in good standing by the Tennessee Board of Dentistry. The dentist/clinical instructor may employ and/or utilize licensed dental hygienists to assist during the clinical portion of the course.
 4. The class size shall be limited to forty (40) students, and the clinical instructor-to-student ratio must be one (1) instructor to eight (8) students (1:8) for the clinical portion of the course.
 5. The certification course shall consist of a minimum of six (6) hours of study of which at least four (4) hours must be clinical. The course syllabus must be approved by the Board and meet the following requirements:
 - (i) Didactic - The didactic portion of the course shall include instruction in all of the following subject matters:
 - (I) Indication/contraindications for sealants;
 - (II) Preparation of teeth for sealants;
 - (III) Proper isolation and moisture control of teeth for sealants, including rubber dam, dri-angles, cotton rolls, and retractors;

(Rule 0460-05-.03, continued)

- (IV) Education of patient and/or parent regarding sealants;
 - (V) Sealant materials, including light curing, self curing, and coloring;
 - (VI) Acid etching, including proper use and negative aspects;
 - (VII) Infection control;
 - (VIII) Tooth anatomy, including fossa, pit, fissure, groove, and occlusion;
and
 - (IX) Armamentarium.
- (ii) Clinical - The course provider/instructor shall conduct clinical experience for a minimum of four (4) hours. The clinical portion of the course shall include instruction in each of the following areas:
- (I) Patient assessment;
 - (II) Proper tooth isolation and preparation for sealants;
 - (III) Infection control;
 - (IV) Evaluation of proper technique in the placement of sealants;
 - (V) Evaluation by instructors of completed sealants and occlusion; and
 - (VI) Patient education, including self checks and regular dental examinations.
- (f) The course shall require a clinical portion in which each student shall complete pit and fissure sealants on at least four (4) sealable teeth on one (1) or more patients. All necessary materials and instruments shall be provided by the student.
- (g) Upon completion of the course, students shall be evaluated by written examination. The passing grade is set at seventy-five percent (75%). A student who initially fails the examination may retake the examination no more than two (2) times. In the event a student takes the examination a total of three (3) times and fails, the student shall be required to retake the course and retake the examination.
- (h) Upon completion of the course, students must successfully seal (4) four teeth to pass the course. The course instructor must verify that the student has passed the clinical examination.
- (i) The course instructor shall, within thirty (30) days after completion of a course, complete and submit a form to be provided by the Board, which lists the student's numerical grade(s) and verifies that the student has passed the clinical portion of the examination. The instructor shall submit a form for each student who successfully completes the course to the Board's Administrative Office.
- (j) The school offering the sealant application certification course will issue continuing education credit hours for the course.

(Rule 0460-05-.03, continued)

- (k) Failure by the certification course to adhere to the rules governing the certification course or to provide access to inspection, pursuant to Rule 0460-05-.03 (3) (d), may subject the course provider and students to invalidation of course results and withdrawal of course approval by the Board.

(4) Certification Course in Monitoring Nitrous Oxide

- (a) Application of Rules - This section shall apply to both Tennessee ADA accredited and Board-approved dental assistant programs, as well as any other individual or entity which desires to establish such a certification course to admit and educate students who are currently registered dental assistants.

- (b) Application for Board Approval - The owner and/or director of a certification course in monitoring nitrous oxide shall make application for approval to operate that course of study on forms to be provided by the Board. The completed application must be received in the Board's Office at least thirty (30) days prior to the next regularly scheduled Board meeting in order for the Board to review the application. The owner and/or director of the certification course will be notified in writing of the Board's action. This section shall also apply to all ADA-accredited and board-approved dental assisting programs.

- (c) Retention of Approval.

1. The certification course, whether offered independently or as a part of the curriculum taught by a dental assisting program, shall maintain strict compliance with all minimum standards for admissions, facilities, instructor(s), equipment, and curriculum as set forth in this rule, as amended/may be amended, in order to obtain and/or retain Board approval.
2. The certification course shall be subject to on-site inspections by representatives of the Board and/or required to complete such paper surveys, as requested.
3. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location, directorship, and/or instructors. A new certificate of approval will be issued in the event of change in either ownership or directorship of the course.
4. Certificates of approval shall be issued for one (1) year and shall expire on December 31st of any given year.

- (d) Minimum Standards for Admissions, Facilities, Instructor(s), Equipment, and Curriculum.

1. The certification course shall admit only those registered dental assistants who are currently registered, pursuant to Rule 0460-04-.01 (2), or are currently enrolled in an ADA-accredited or board approved program which offers this course as a part of their curriculum. It is the responsibility of the course owner/director to ensure that only currently registered dental assistants are admitted to the course.
2. The certification course shall be taught by a Tennessee licensed dentist or a licensed dental hygienist with nitrous oxide administration certification and a minimum of three (3) years clinical experience in utilizing administration of nitrous oxide and education in comprehensive pain and anxiety control. The

(Rule 0460-05-.03, continued)

instructor/dentist may employ and/or utilize anesthesiologists, pharmacologists, internists, and/or cardiologists who are licensed in Tennessee as instructors to assist the instructor/dentist in the teaching of the course.

3. The certification course shall consist of a minimum of five (5) hours of study. The course syllabus must be approved by the Board and this didactic course shall be designed and conducted to provide the student with detailed knowledge of nitrous oxide – oxygen inhalation sedation, its use in dentistry, and the health hazards and abuse potential of nitrous oxide. This didactic course shall include instruction in all of the following subject matters:
 - (i) The history, philosophy, psychology of nitrous oxide-oxygen inhalation sedation;
 - (ii) Definitions and descriptions of the physiological and psychological aspects of pain and anxiety;
 - (iii) Description of the stages of drug induced central nervous system depression, through all levels of consciousness and unconsciousness, with special emphasis on the difference between the conscious and unconscious state;
 - (iv) Anatomy and physiology of respiration;
 - (v) Pharmacological and physiological effects of nitrous oxide, including physical properties, action, side effects, absorption, excretion, and toxicity;
 - (vi) Advantages and disadvantages of inhalation sedation with nitrous oxide;
 - (vii) Management of reaction to, or complications with nitrous oxide;
 - (viii) Patient status assessment including:
 - (I) Taking and reviewing vital signs;
 - (II) Reflexes related to consciousness;
 - (III) Possible reactions to nitrous oxide;
 - (ix) Instruction for post-operative care;
 - (x) Recognition, prevention and management of complications and life-threatening situations related to nitrous oxide;
 - (xi) Demonstration and use of inhalation sedation equipment;
 - (xii) Legal considerations of nitrous oxide use;
 - (xiii) Discussion of sexual phenomena and hallucinatory effects reported with nitrous oxide;
 - (xiv) Discussion of the potential for abuse of nitrous oxide;

(Rule 0460-05-.03, continued)

- (xv) Recommended techniques for reducing occupational exposure to nitrous oxide; and
 - (xvi) Introduction of potential health hazards of trace anesthetics and proposed techniques for elimination thereof, including, but not limited to, recommendations and guidelines from the Centers for Disease Control (CDC) or the Occupational, Health, and Safety Administration (OSHA).
- (e) Upon completion of the course, students shall be evaluated by written examination. The passing grade shall be seventy-five percent (75%). If the student initially fails the written examination, the exam may be taken no more than two (2) additional times before the course must be retaken and the exam retaken. The examination shall be developed and administered by the course director/instructor in such a manner as to determine competency for the monitoring of nitrous oxide.
 - (f) The certification course, or dental assisting school, will issue continuing education credit hours for the course.
 - (g) The director/instructor of the certification course shall, within thirty (30) days after course completion or upon graduation from the dental assisting school, complete a form, provided by the Board, for each student to attest to the student's successful completion of the course and the student's examination grade. The completed form(s) shall be submitted directly to the Board's Office by the director/instructor.
 - (h) Failure to adhere to the rules governing the certification course or to provide access to inspection, pursuant to Rule 0460-05-.03 (4) (c), may subject the course provider and students to invalidation of the course results and withdrawal of course approval issued by the Board.
- (5) Certification Course in Expanded Restorative Functions
- (a) Application for Board Approval – The director of a certification course in expanded restorative functions shall make application for approval to operate that course of study on forms to be provided by the Board. The completed application must be received in the Board's administrative office at least thirty (30) days prior to the next regularly scheduled Board meeting in order for the Board to review the application. The director of the certification course will be notified in writing of the Board's action(s).
 - (b) Retention of Approval.
 - 1. The certification course must be taught at an educational institution as defined in part (5) (c) 2. of this rule and shall maintain strict compliance with all minimum standards for admissions, facilities, instructor(s), equipment, and curriculum as set forth in this rule, as amended/may be amended, in order to obtain and/or retain Board approval.
 - 2. The certification course shall be subject to on-site inspections by representatives of the Board and/or required to complete such paper surveys, as requested.
 - 3. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location, directorship, and/or instructors. A new certificate of approval will be issued in the event of change in directorship of the course.

(Rule 0460-05-.03, continued)

4. Certificates of approval shall be issued for two (2) years and shall expire on December 31st every two (2) years.
- (c) Minimum Standards for Admissions, Facilities, Instructor(s), Equipment, and Curriculum.
1. The certification course shall admit only those registered dental assistants who are currently registered, pursuant to Rule 0460-04-.02, and who submit proof of a minimum of two (2) years continuous full-time employment within the past three (3) years in a dental practice as a registered dental assistant.
 2. The course shall be taught at an educational institution, defined as a school of dentistry or a school which offers a specialty program in a recognized specialty branch of dentistry.
 3. The certification course shall be taught by one (1) or more Tennessee licensed dentists who are faculty members at an accredited school of dentistry.
 4. The clinical instructor-to-student ratio must be one (1) instructor to eight (8) students (1:8).
 5. The certification course shall consist of a minimum of ninety-six (96) hours of study over a three (3) week period.
 6. The course syllabus shall be approved by the Board and the course shall be designed and conducted to provide the student with detailed knowledge of restorative functions. The clinical experience must be provided under the supervision of qualified faculty, and the students must be evaluated for competency. The didactic and clinical portion of the course shall include instruction in all of the following subject matters:
 - (i) First Week – The first (1st) week of the course must be a minimum of thirty-two (32) hours in length and a written and/or clinical competency examination is to be administered at the end of the week regarding:
 - (I) Dental morphology and occlusion;
 - (II) Dental materials, hazardous materials and product safety;
 - I. Amalgam;
 - II. Composite;
 - III. Glass Ionomer; and
 - IV. Mercury.
 - (III) Principles of cavity preparation on anterior and posterior class I, II, III, IV, and V teeth;
 - (IV) Instrumentation for all restorations;
 - (V) Liners and bases, types and placement;

(Rule 0460-05-.03, continued)

- (ii) Second Week – The second (2nd) week of the course must be a minimum of thirty-two (32) hours in length and a written and/or clinical competency examination regarding items (I) through (V) is to be administered at the end of the week. No high-speed handpiece is to be used in the course, only a slow-speed handpiece:
 - (I) Isolation and rubber dam placement;
 - (II) Caries;
 - (III) Selection and placement of matrix retainers;
 - (IV) Laboratory on insertion, packing and carving (finishing) of amalgam;
 - (V) Insertion, packing and carving (finishing) of amalgam;
 - (iii) Third Week – The third (3rd) week of the course must be a minimum of thirty-two (32) hours in length and a written and/or clinical competency examination regarding items (I) through (III) is to be administered at the end of the week. No high-speed handpiece is to be used in the course, only a slow-speed handpiece:
 - (I) Insertion, packing and carving (finishing) of amalgam;
 - (II) Laboratory on insertion, packing and carving (finishing) of composite and glass ionomers;
 - (III) Insertion, packing and carving (finishing) of composite and glass ionomers;
 - (iv) In addition to the weekly competency examinations required by subparts (i), (ii) and (iii), each student must pass a clinical examination regarding insertion, packing and carving (finishing) of amalgam prior to taking the comprehensive competency examination required by subpart (vi).
 - (v) Each student must pass the competency examination on the material covered each week before continuing to the material for the next week. Students who do not pass the competency examination may be offered remediation before the start of the next week.
 - (vi) Passage of a comprehensive competency examination on all material covered in the course is required at the end of the course. This examination shall be both written and clinical.
- (d) The instructor shall provide a copy of the syllabus to the student before or at the beginning of each course, setting forth the materials to be presented in the course and the evaluation criteria to be utilized by the clinical instructor to determine successful completion of the certification course.
 - (e) The passing grade on each competency examination is set at seventy-five percent (75%). If the student initially fails any competency examination, the exam may be taken no more than one (1) additional time before the entire course must be retaken and the exam retaken. The examination shall be developed and administered by the

(Rule 0460-05-.03, continued)

course instructors in such a manner as to determine competency for the restorative functions.

- (f) The director/instructor of the certification course shall, within thirty (30) days after course completion, complete a form, provided by the Board, for each student to attest to the student's successful completion of the course and the student's examination grade. The completed forms shall be submitted directly to the Board's Office by the director/instructor.
 - (g) The certification course will issue continuing education credit hours for the course.
 - (h) Failure to adhere to the rules governing the certification course or to provide access to inspection, pursuant to Rule 0460-05-.02 (5) (b), may subject the course provider and students to invalidation of the course results and withdrawal of course approval issued by the Board.
- (6) Certification Course in Expanded Prosthetic Functions
- (a) Application for Board Approval – The director of a certification course in expanded prosthetic functions shall make application for approval to operate that course of study on forms to be provided by the Board. The completed application must be received in the Board's administrative office at least thirty (30) days prior to the next regularly scheduled Board meeting in order for the Board to review the application. The director of the certification course will be notified in writing of the Board's action(s).
 - (b) Retention of Approval.
 - 1. The certification course must be taught at an educational institution as defined in part (6) (c) 2. of this rule and shall maintain strict compliance with all minimum standards for admissions, facilities, instructor(s), equipment, and curriculum as set forth in this rule, as amended/may be amended, in order to obtain and/or retain Board approval.
 - 2. The certification course shall be subject to on-site inspections by representatives of the Board and/or required to complete such paper surveys, as requested.
 - 3. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location, directorship, and/or instructors. A new certificate of approval will be issued in the event of change in directorship of the course.
 - 4. Certificates of approval shall be issued for two (2) years and shall expire on December 31st every two (2) years.
 - (c) Minimum Standards for Admissions, Facilities, Instructor(s), Equipment, and Curriculum.
 - 1. The certification course shall admit only those registered dental assistants who are currently registered, pursuant to Rule 0460-04-.02, and who submit proof of a minimum of two (2) years continuous full-time employment within the past three (3) years in a dental practice as a registered dental assistant.

(Rule 0460-05-.03, continued)

- II. Quadrant; and
 - III. Individual.
- (ii) Second Week – The second (2nd) week of the course must be a minimum of thirty-two (32) hours in length and a competency examination is to be administered at the end of the week regarding:
- (I) Gingival retraction;
 - (II) Mechanisms of gingival retraction;
 - (III) Types and size of cord;
 - (IV) Pharmacology of medicaments used and the techniques for placement;
 - (V) Practice placement;
 - (VI) Techniques of making impressions;
 - (VII) Laboratory practice for fixed impressions including infection control;
 - (VIII) Temporary restorations and laboratory technique for each;
 - I. Aluminum;
 - II. Polycarbonate; and
 - III. Custom.
 - (IX) Fabrication, polishing and placement of temporary restorations;
 - I. Anterior; and
 - II. Posterior.
- (iii) Each student must pass the competency examination on the material covered before continuing to the material for the next week. Students who do not pass the competency examination may be offered remediation; and
- (iv) Passage of a comprehensive competency examination on all material covered in the course is required at the end of the course.
- (d) The instructor shall provide a copy of the syllabus to the student before or at the beginning of each course, setting forth the materials to be presented in the course and the evaluation criteria to be utilized by the clinical instructor to determine successful completion of the certification course.
- (e) The passing grade on each competency examination is set at seventy-five percent (75%). If the student initially fails any competency examination, the exam may be taken no more than one (1) additional time before the entire course must be retaken and the exam retaken. The examination shall be developed and administered by the

(Rule 0460-05-.03, continued)

course instructors in such a manner as to determine competency for the prosthetic functions.

- (f) The director/instructor of the certification course shall, within thirty (30) days after course completion, complete a form, provided by the Board, for each student to attest to the student's successful completion of the course and the student's examination grade. The completed forms shall be submitted directly to the Board's Office by the director/instructor.
 - (g) The certification course will issue continuing education credit hours for the course.
 - (h) Failure to adhere to the rules governing the certification course or to provide access to inspection, pursuant to Rule 0460-05-.03 (6) (b), may subject the course provider and students to invalidation of the course results and withdrawal of course approval issued by the Board.
- (7) Certification Course in Dental Radiology
- (a) Application of Rules – This section shall apply to both Tennessee ADA accredited and Board-approved dental assistant programs, as well as any other individual or entity which desires to establish such a certification course to admit and educate students who are currently registered dental assistants.
 - (b) Application for Board Approval – The owner and/or director of a certification course in dental radiology shall make application for approval to operate that course of study on forms to be provided by the Board. The completed application must be received in the Board's Office at least thirty (30) days prior to the next regularly scheduled Board meeting in order for the Board to review the application. The owner and/or director of the certification course will be notified in writing of the Board's action. This section shall also apply to all ADA accredited and Board-approved dental assisting programs.
 - (c) Retention of Approval.
 - 1. The certification course, whether offered independently or as a part of the curriculum taught by a dental assisting program, shall maintain strict compliance with all minimum standards for admissions, facilities, instructor(s), equipment, and curriculum as set forth in this rule, as amended/may be amended, in order to obtain and/or retain Board approval.
 - 2. The certification course shall be subject to on-site inspections by representatives of the Board and/or required to complete such paper surveys, as requested.
 - 3. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location, directorship, and/or instructors. A new certificate of approval will be issued in the event of change in either ownership or directorship of the course.
 - 4. Certificates of approval shall be issued for one (1) year and shall expire on December 31st of any given year.
 - (d) Minimum Standards for Admissions, Facilities, Instructor(s), Equipment and Curriculum.

(Rule 0460-05-.03, continued)

1. The certification course shall admit only those registered dental assistants who are currently registered pursuant to Rule 0460-04-.01 (2), or are currently enrolled in an ADA-accredited or Board-approved program which offers this course as a part of its curriculum. It is the responsibility of the course owner/director to ensure that only currently registered dental assistants are admitted to the course.
2. The certification course shall be taught by a dentist who is licensed in good standing by the Tennessee Board of Dentistry. The dentist/clinical instructor may employ and/or utilize licensed dental hygienists or registered dental assistants certified in dental radiology to assist during the clinical portion of the course.
3. The class shall be limited to forty (40) students and the clinical instructor-to-student ratio must be no less than one (1) instructor to eight (8) students (1:8) for the clinical portion of the course.
4. The certification course shall consist of a minimum of fourteen (14) hours of study. The course syllabus must be approved by the Board and this didactic course shall be designed and conducted to provide the student with detailed knowledge of dental radiology including radiation health and safety and its application to dentistry. The course shall include instruction in all of the following subject matters:
 - (i) Expose and evaluate
 - (I) Select appropriate radiographic technique.
 - (II) Select appropriate radiographic film to examine, view, or survey conditions, teeth or landmarks.
 - (III) Select appropriate equipment for radiographic techniques.
 - (IV) Select patient management techniques before, during and after radiographic exposures.
 - (ii) Radiation Safety
 - (I) Patient.
 - (II) Operator.
 - (iii) Quality Assurance
 - (I) Identify exposure errors and ways to avoid these errors in future exposures.
 - (II) Identify processing errors and ways to avoid these errors.
 - (III) Correctly mount and label radiographs for diagnostic assessment.
- (e) Upon completion of the course, students shall be evaluated by written examination. The passing grade shall be seventy percent (70%). If the student initially fails the written examination, the exam may be taken no more than two (2) additional times before the course must be retaken and the exam retaken. The examination shall be

(Rule 0460-05-.03, continued)

developed and administered by the course director/instructor in such a manner as to determine competency in dental radiology.

- (f) The certification course, or dental assisting school, will issue continuing education credit hours for the course.
- (g) The director/instructor of the certification course shall, within thirty (30) days after course completion or upon graduation from the dental assisting school, complete a form, provided by the Board, for each student to attest to the student's successful completion of the course and the student's examination grade. The completed forms shall be submitted directly to the Board's Office by the director/instructor.
- (h) Failure to adhere to the rules governing the certification course or to provide access to inspection, pursuant to Rule 0460-05-.03 (7) (c), may subject the course provider and students to invalidation of the course results and withdrawal of course approval issued by the Board.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-108, 63-5-115, and 63-5-116.
Administrative History: Original rule certified June 7, 1974. Amendment filed August 26, 1980; effective December 1, 1980. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Repeal filed February 12, 1996; effective April 27, 1996. New rule filed September 17, 2003; effective December 1, 2003. Amendment filed August 3, 2005; effective October 17, 2005. Amendment filed October 12, 2007; effective December 26, 2007. Amendment filed September 25, 2008; effective December 9, 2008.