

**Vermont Board of Dental Examiners
Administrative Rules
Effective: January 15, 2010**

PART 1. GENERAL INFORMATION

- 1.1 Introduction
- 1.2 Duty to Inform
- 1.3 The Board's Purpose
- 1.4 Business Address
- 1.5 Board Members and Officers
- 1.6 Terms of Office
- 1.7 Contacting the Board
- 1.8 Regular, Special, and Emergency Meetings
- 1.9 Laws Governing the Board
- 1.10 Effect of Rules
- 1.11 Permitted Practices

PART 2. DEFINITIONS

- 2.1 Definitions

PART 3. GENERAL LICENSING and REGISTRATION INFORMATION

- 3.1 Need for a License or Registration
- 3.2 Where to Obtain Applications
- 3.3 Responsibility for Compliance with the Licensing Requirements
- 3.4 Decisions on Licensure and Renewal: Applicant's Right to a Written Decision
- 3.5 Applicant's Right to Appeal a Final Licensing Decision

PART 4. INFORMATION FOR DENTISTS

- 4.1 How to Obtain a License as a Dentist
- 4.2 Licensure by Examination
- 4.3 Testing Information
- 4.4 Previously Licensed, but Who Do Not Meet Active Practice Requirements
- 4.5 Licensure by Endorsement
- 4.6 PGY Licensed Experience: Endorsement, 5 Year Rule
- 4.7 Licensure by Licensed Experience, 5 Year Rule
- 4.8 Transient Practice Permit
- 4.9 Display of Dentist License
- 4.10 Maintaining a Dentist License
- 4.11 Active Practice/Continuing Education
- 4.12 Continuing Education Requirement
- 4.13 Approval of Continuing Education Programs
- 4.14 Verification Audits
- 4.15 Failure to Meet Active Practice/Continuing Education Requirement

4.16 Emergency Office Procedures

PART 5. SEDATION, ANALGESIA, ANESTHESIA: SPECIAL ENDORSEMENTS, INCIDENT REPORTS

- 5.1 Preamble
- 5.2 Incident Reports
- 5.3 Anesthesia Definitions and Guidelines
- 5.4 Subsection Regarding: Authorization to Administer Anesthesia or Certain Pharmaceuticals or Pharmacological Agents
- 5.5 When No Endorsement Required
- 5.6 Duty for Use of Pharmaceuticals
- 5.7 Endorsements Required
- 5.8 Conscious Sedation: Special Endorsement Required
- 5.9 Introduction To Conscious Sedation
- 5.10 Need for Conscious Sedation Endorsement
- 5.11 Application for Conscious Sedation Endorsement
- 5.12 Issuance of Endorsement
- 5.13 Facility and Personnel Requirements
- 5.14 Patient Risk Criteria
- 5.15 Monitoring Requirements
- 5.16 Conscious Sedation Protocols
- 5.17 Emergency Protocols
- 5.18 Records of Conscious Sedation Administration
- 5.19 Renewal of Conscious Sedation Endorsement: Continued Competence
- 5.20 Others Permitted to Administer Conscious Sedation: Certified Registered Nurse Anesthetists
- 5.21 Exemptions from Conscious Sedation Endorsement Requirement
- 5.22 Incident Reports
- 5.23 Conscious Sedation Provisions: Effective Date
- 5.24 General Anesthesia: Endorsement Required
- 5.25 Obtaining a General Anesthesia Endorsement
- 5.26 Prerequisites to Approval
- 5.27 Incident Reports
- 5.28 Exemption from General Anesthesia Endorsement Requirement
- 5.29 Renewal of Special Endorsements
- 5.30 Inspection of Dentist Offices

PART 6. INFORMATION FOR DENTAL HYGIENISTS

- 6.1 Dental Hygienist License
- 6.2 How to Become Licensed as a Dental Hygienist
- 6.3 Licensure by Examination
- 6.4 Testing Information
- 6.5 Vermont Rules and Statutes Examination
- 6.6 Licensure by Endorsement

- 6.7 Reserved
- 6.8 Transient Practice Permit
- 6.9 Local Anesthesia Privileges for Dental Hygienists
- 6.10 Anesthesia Endorsement
- 6.11 Maintaining Anesthesia Privileges
- 6.12 Dental Hygienists, Expanded Function Duties
- 6.13 Dental Hygienists, Expanded Functions Duties, Scope of Practice
- 6.14 Maintaining a Dental Hygienist License
- 6.15 Active Practice
- 6.16 Mandatory Continuing Education for Dental Hygienists
- 6.17 Documentation
- 6.18 Retention of Continuing Education Records
- 6.19 Verification of Compliance
- 6.20 Audits
- 6.21 Emergency Office Procedures
- 6.22 Dental Hygienist Licenses: Display

PART 7 INFORMATION FOR DENTAL ASSISTANTS

- 7.1 Dental Assistant Registration
- 7.2 Limitation on Practice
- 7.3 Duties of Dental Assistants
- 7.4 Three categories of dental assistants
- 7.5 How to Become Registered as a Traditional Dental Assistant
- 7.6 Traditional Dental Assistants, Scope of Practice
- 7.7 Traditional Dental Assistants, Limitations
- 7.8 How to Become Registered as a Certified Dental Assistant
- 7.9 Certified Dental Assistants, Scope of Practice
- 7.10 How to Become Registered as an Expanded Function Dental Assistant
- 7.11 Expanded Function Dental Assistants, Training
- 7.12 Expanded Function Dental Assistants, Scope of Practice
- 7.13 Dental Assistants, Radiographic Endorsement
- 7.14 Radiology Courses, Advisory
- 7.15 Dental Assistants, Certificate Display
- 7.16 Emergency Office Procedures
- 7.17 Renewal of Dental Assistant Registration
- 7.18 Dental Assistant Transient Practice Permit

PART 8. LICENSE or REGISTRATION RENEWALS, ALL PROFESSIONS

- 8.1 Renewing a License or Registration
- 8.2 Dentists
- 8.3 Dental Hygienists
- 8.4 Dental Hygienists Expanded Function Scope of Duties, Insufficient Active Practice
- 8.5 Traditional Dental Assistants, No Active Practice

- 8.6 Reinstating an Expired License or Registration
- 8.7 Lapsed Radiography Endorsement

PART 9 PROFESSIONAL STANDARDS, UNPROFESSIONAL CONDUCT

- 9.1 Change of Name, Address
- 9.2 Making and Resolving Complaints
- 9.3 Grounds for Discipline
- 9.4 Ethics Codes
- 9.5 Unauthorized Practice
- 9.6 Sanctions for Unprofessional Conduct
- 9.7 Supervising Dentist: Duty to Inform
- 9.8 Public Records

Part 10 RULES FOR DENTAL HYGIENISTS PRACTICING UNDER GENERAL SUPERVISION IN PUBLIC OR PRIVATE SCHOOLS OR PUBLIC OR PRIVATE INSTITUTIONS

- 10.1 Eligibility
- 10.2 General Supervision Agreement
- 10.3 Contents of the Agreement
- 10.4 Duration of Agreement
- 10.5 Agreement Filing and Retention
- 10.6 Approved Services
- 10.7 Additional Information

**Vermont Board of Dental Examiners
Administrative Rules
Effective: January 15, 2010
(Cite as BDE Rules x.y)**

PART 1. GENERAL INFORMATION

1.1 Introduction These rules are divided into general information for all professions regulated herein and individual sections for each of the professions governed: dentists, dental hygienists, and dental assistants. These rules also contain rules governing the practice areas of sedation, analgesia, anesthesia, and general supervision of dental hygienists in public or private schools or public or private institutions.

1.2 Duty to Inform It is the responsibility of each supervising dentist to inform each person hired to work in an office subject to these rules of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all

employees are properly licensed or registered and trained. A copy of these rules shall be readily available to all persons subject to these rules. All persons subject to these rules are reminded that 3 Vermont Statutes Annotated (V.S.A.) § 129a(6) includes within the definition of “unprofessional conduct” “[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.”

1.3 The Board's Purpose The State Board of Dental Examiners ("the Board") has been created and given powers by Vermont law. The Board's purpose is to protect the public health, safety, and welfare. The Board does this by setting standards for issuing licenses and registrations, by licensing and registering only qualified applicants, and regulating license and registration holders and their practices.

1.4 Business Address The Board's mailing address is the Office of the Secretary of State, Office of Professional Regulation, Board of Dental Examiners, National Life Bldg., North, FL2, Montpelier, VT 05620-3402 ("the Office"). Copies of these rules and more information about the Board and its requirements and procedures can be obtained by contacting the Office at 1-802-828-2363. This information may also be obtained from the Board's Web site at <http://vtprofessionals.org/>.

1.5 Board Members and Officers The Board is composed of five dentists, two dental hygienists, and two public members all of whom reside in Vermont. The dentists are in active practice and have practiced in Vermont for at least five years. The dental hygienists are in active practice and have practiced in Vermont for at least three years. All members may serve two consecutive five year terms. Members are appointed by the Governor.

1.6 Terms of Office A chair, vice chair, and secretary are elected annually, usually in September or the Board's first meeting after September. Their duties are:

(a) The Chair calls Board meetings, presides at meetings and signs all certificates, vouchers and other official Board papers.

(b) The Vice Chair is authorized to act when the chair is not present or is unable to attend to the duties of office.

(c) The Secretary may, unless delegated to the OPR administrative staff, handle the Board's correspondence, take the minutes of meetings, certify transcripts of proceedings, sign all certificates, and inform the public and all members of Board meetings.

1.7 Contacting the Board Names of the Board members and officers may be obtained from the Office or the Board's Web site at <http://vtprofessionals.org/>. Members may be contacted through the Office.

1.8 Regular, Special, and Emergency Meetings

(a) The Board holds at least one regular meeting a year, but usually meets monthly. The chair or two other Board members may call a special or emergency meeting when it is necessary.

(b) A majority of the Board constitutes a quorum for all meetings. No formal action at any meeting may be taken unless a majority of the quorum votes in favor of the action. The Office can provide meeting dates and locations. Notice of meetings may usually be found online at <http://vtprofessionals.org/>.

1.9 Laws Governing the Board

(a) The Board is created by law, Title 26, V.S.A., Chapter 13, which establishes its responsibilities for setting standards, issuing licenses and regulating the profession. The statutes are online at <http://www.leg.state.vt.us/statutes/statutes2.htm>. In addition, the Board is subject to several other state laws such as the Administrative Procedure Act (Title 3, V.S.A., Chapter 25), the "Law of Professional Regulation" (Title 3, V.S.A., Sections 121-131), the "Right to Know Law" (Title 1, V.S.A., Sections 311-314), and the "Access to Public Records Law" (Title 1, V.S.A., Sections 315-320). These laws spell out the rights of applicants, license holders or members of the public.

(b) The Vermont Statutes Annotated contain the complete text of these laws. They can usually be found in any Town Clerk's office or public library. "Vermont Statutes Online" are also available at <http://www.leg.state.vt.us>. The Board's statutes and rules may be accessed through the Board's website at <http://vtprofessionals.org/>.

1.10 Effect of Rules

(a) The Board is authorized to make these rules under Title 26, V.S.A., Sections 767 and 804. These rules are approved by the Vermont Legislative Committee on Administrative Rules and have the effect of law and govern the Board's proceedings. Rules are made following the Administrative Procedure Act ("APA"). The Office of Professional Regulation ("Office") helps the Board to comply with the Act. Rules are reviewed and revised periodically. Rules regulating supervised practice of dental hygienists in public or private schools or public or private institutions will become effective only upon passage of an authorizing amendment to 26 V.S.A. § 854.

(b) Legislative changes from time to time may create inconsistencies between statutes and administrative rules. When rules and statutes conflict, the statutes govern.

1.11 Permitted Practices

(a) **Dentists: The following tasks may be performed by licensed dentists only:**

(1) Practices permitted by Chapter 13 of Title 26 including diagnosis, treatment planning and prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic or orthodontic appliances; or

(2) Surgical procedures on hard and soft tissues within or ancillary to them related to the treatment of the maxillofacial complex and any other intraoral

procedure that contributes to and results in an irreversible alteration to the oral anatomy.

(3) Dentists are responsible for general supervision of dental hygienists and “direct supervision” of dental hygienists where specifically required elsewhere in these rules.

(4) Dentists are responsible for the direct supervision of dental assistants.

(b) **Clarifications, Limitations on Scope of Practice, Dentists or Dental Hygienists:**

Oral prophylaxis, oral debridement, periodontal descriptions and charting, including periodontal probing and placement of subgingival chemotherapeutic agents shall be performed only by a licensed dentist or dental hygienist.

PART 2. DEFINITIONS

2.1 Definitions As used in these rules:

(a) “Active practice” -

1. “active practice” for dentists: means maintaining a valid license in good standing in this or another U.S. or Canadian jurisdiction and providing dental services to patients for at least 800 hours, or accumulating 100 continuing education credits (1 hour = 1 credit) approved by the Board in patient care related subjects during the previous five years. A combination of practice hours and continuing education hours in that ratio may be accepted in the discretion of the Board.

2. “active practice” for dental hygienists means practicing under a valid license in this or another U.S. or Canadian jurisdiction for no fewer than 50 hours in five years.

(A) Active practice for dental hygienists includes activities which the Board determines to be reasonably related to the retention of competency skills. These may include, but are not limited to traditional clinical practice or volunteer work at dental clinics, public health practice, teaching undergraduate or graduate education, teaching patient education or dental health education at schools, fairs, or meetings of dental professionals.

3. for dental assistants: there is no active practice requirement.

(b) “ACLS” - means Advanced Cardiac Life Support.

(c) “ADA” - means American Dental Association.

(d) “Board” - means State of Vermont Board of Dental Examiners.

(e) “CODA” - means Commission on Dental Accreditation of the American Dental Association.

(f) “CITA” means Council of Interstate Testing Agencies.

- (g) “CPR” - means Cardio-Pulmonary Resuscitation.
- (h) “CRDTS” - means Central Regional Dental Testing Service.
- (i) “CSE” - means Conscious Sedation Endorsement.
- (j) “DANB” - means Dental Assisting National Board.
- (k) “Direct Supervision” - means a dentist agreeing to procedures or treatment performed by appropriate personnel by being readily available at the dental facility for consultation or intervention.
- (l) “Director” - means the Director of the Office of Professional Regulation.
- (m) “Emergency Office Procedures” - means courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross, or courses which include a review of health conditions and factors which might produce emergencies. Acceptable courses will be consistent with current educational curricula in schools of dentistry and dental hygiene accredited by the Commission on Accreditation of the American Dental Association.
- (n) “General Supervision” - (1) in the office of a licensed dentist means a dentist with the responsibility to periodically examine patients, agreeing to procedures or treatment performed by appropriate personnel. The dentist must be available for consultation, but does not necessarily have to be physically present at the dental facility when providing general supervision.
 “General supervision” (2) in a public or private school or public or private institution means supervision by a dentist with no less than three years experience in accordance with a general supervision agreement as set forth in Part 10 of these rules. When providing general supervision the dentist must be available for consultation but does not have to be physically present at the site where dental hygiene services are provided.
- (o) “GAE” -means General Anesthesia Endorsement.
- (p) “Good standing” means that the professional holds a current, unrestricted license and has not been subject to disciplinary action resulting in a finding of unprofessional conduct within the previous five years.
- (q) “OPR” - means the Office of Professional Regulation.
- (r) “Office” - means the Office of Professional Regulation.
- (s) “PALS” - means Pediatric Advanced Life Support.
- (t) “PGY1” -means Post Graduate Year.
- (u) “NERB - means Northeast Regional Board of Dental Examiners.
- (v) “SRTA” - means Southern Regional Testing Agency.
- (w) “Supervising dentist” - means that dentist in a practice who is designated to ensure compliance with the licensing and registration requirements of these rules. The designation need not be formal and is not required to be reported to the Board. Each dentist in a practice is charged with ensuring that there is a designated supervising dentist. If no dentist has been designated as the supervising dentist, every dentist in the practice is responsible for ensuring compliance with the licensing and registration requirements of these rules.

- (x) “Unrestricted license” - means that the licensed or registered professional is not subject to a sanction following a completed disciplinary action which resulted in a finding of unprofessional conduct.
 - (y) “V.S.A.” - means Vermont Statutes Annotated.
 - (z) “WREB” - means Western Regional Examining Board.
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PART 3. GENERAL LICENSING and REGISTRATION INFORMATION

3.1 Need for a License or Registration No person may practice in Vermont as a dentist, dental hygienist or dental assistant unless licensed or registered by the Board as specified by these rules and the statutes governing these professions.

3.2 Where to Obtain Applications

(a) License or registration applications may be obtained by writing the Office at:

Vermont Secretary of State
Office of Professional Regulation
National Life Bldg., North, FL2
Montpelier, VT 05620-3402

(b) License or registration applications may also be obtained online at <http://vtprofessionals.org/> in the section dedicated to The Board of Dental Examiners.

(c) Submitted applications for licensure or registration must show that the applicant meets the prerequisites listed below for each profession.

3.3 Responsibility for Compliance with the Licensing Requirements

(a) Each supervising dentist must inform each person hired to work in a dental office of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered. If there is no designated supervising dentist, every dentist in the practice shares this duty.

(b) A copy of these rules shall be readily available to all persons subject to these rules.

(c) All persons subject to these rules are reminded that 3 V.S.A. § 129a(6) includes within the definition of “unprofessional conduct” “[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.”

3.4 Decisions on Licensure and Renewal: Applicant's Right to a Written Decision

(a) The Board will notify applicants in writing of all decisions concerning the granting or denial of a license or registration or renewal of either. If a license or registration or renewal of either is denied, the applicant will be given specific reasons and will also be informed of the right to appeal the Board's decision.

(b) In some instances the Board, or the Office on behalf of the Board, will issue a preliminary denial of licensure or renewal. This most often occurs when it appears from the application and accompanying documents that the applicant does not meet the qualifications for licensure. When this occurs, the applicant is notified of the right to file an appeal which is heard in a formal hearing by the Board. If the applicant does not appeal the preliminary denial within 30 days, the denial becomes final. At the hearing the burden of proof is on the applicant to show that the preliminary denial was in error, and that he or she is entitled under the statutes and rules to licensure. After that hearing the Board issues a written final decision. The decision will advise the applicant of how to file an appeal.

3.5 Applicant's Right to Appeal a Final Licensing Decision If the applicant is not satisfied with the Board's final decision denying a license or registration or renewal, after a formal hearing the applicant may appeal within 30 days of the date of the decision as provided by law. Further information about the appeal process may be obtained from the Office or at <http://vtprofessionals.org>.

PART 4. INFORMATION FOR DENTISTS

4.1 How to Obtain a License as a Dentist

(a) Qualifications for licensure as a dentist are set forth by 26 V.S.A. Chapter 13 §§ 801 through 805. 26 V.S.A. § 804 gives the Board authority to promulgate rules relating to 1) the qualifications of applicants; 2) conducting the examinations; and 3) granting licenses.

(b) Applications for a dental license may be obtained from the Office or online at <http://vtprofessionals.org>. An applicant shall submit a fully completed application form with all supporting documentation and the fee to the Office.

(c) An applicant may obtain a license as a dentist through one of the following three paths: examination, credentials (also referred to as "endorsement"), or licensed practice experience.

d) Regardless of route to licensure, each applicant shall:

- 1) have graduated from a school of dentistry or dental college accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) or, if the applicant has completed a program of dental education in an unregistered and unaccredited foreign dental school, evidence of successful

completion of a minimum of one year of study in a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association, resulting in the awarding of a dental degree (D.D.S. or D.M.D.) by that institution;
2) be at least 18 years of age and not in violation of these rules or statutes governing the profession;

4.2 Licensure by Examination The application and accompanying documents must show that the applicant:

(a) Is at least 18 years of age and not in violation of these rules or statutes governing the profession.

(b) Has graduated from a school of dentistry or dental college accredited by the Commission on Dental Accreditation of the American Dental Association or, if the applicant has completed a program of dental education in an unregistered and unaccredited foreign dental school, evidence of successful completion of a minimum of one year of study in a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association, resulting in the awarding of a dental degree (D.D.S. or D.M.D.) by that institution;

(c) Presents a certificate of the National Board of Dental Examiners; and

(d) Has passed every part of one of the following examinations:

- (1) the American Dental Licensing Exam (ADLEX) administered by the Northeast Regional Board (NERB);
- (2) the Central Regional Dental Testing Service Examination (CRDTS);
- (3) the Council of Interstate Testing Agencies (CITA);
- (4) the Southern Regional Testing Agency Examination (SRTA);
- (5) the Western Regional Examining Board Examination (WREB);
- (6) another regional or national clinical examination approved by the Board before the examination is taken, or;
- (7) has passed the board certifying examinations of the American Dental Association's recognized specialty boards.

(e) Has completed training in emergency office procedures required in Rule 2.1(m), and;

(f) Has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>.

4.3 Testing Information

(a) Information on the NERB may be obtained by writing to:

Office of the Secretary
Northeast Regional Board of
Dental Examiners

8484 Georgia Avenue, Suite 900
Silver Spring, MD 20910

(b) Information on the CRDTS may be obtained by writing to:

Central Regional Dental Testing Service
5200 Huntoon Street
Topeka, Kansas 66604

(c) Information on the SRTA may be obtained by writing to:

Southern Regional Testing Agency
1072 Laskin Road
Suite 203
Virginia Beach, Virginia 23451

(d) Information on the WREB may be obtained by writing to:

Western Regional Examining Board
10040 North 25th Avenue
No. 116
Phoenix, Arizona 85021

(e) Should changes occur after adoption of these rules, the Office should be able to provide up-dated contact information.

(f) If other regional board or national testing organizations are formed, the Board, at its discretion, may accept passage of their examinations as fulfilling the requirements of this rule.

(g) The Board will compare additional regional or national examinations and examination services to the ones listed before deciding whether other examinations should be approved.

(h) Applicants should check with the Board before taking an examination other than one specifically named herein to verify whether the examination has been approved by the Board.

4.4 Previously Licensed, but Who Do Not Meet Active Practice Requirements If the applicant meets all the requirements for licensure but has not actively practiced dentistry for five years or more, the applicant must:

a) successfully complete a clinical course approved by the Board which will assure competence to reenter dental practice. A course taken to satisfy this rule must be one offered by a CODA accredited dental school, or;

b) successfully complete the NERB, or the written portion of NERB and CRDTS, SRTA, WREB, or other examination as in Rule 4.3 immediately preceding the filing of the application.

c) successfully complete the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>.

4.5 Licensure by Endorsement

(a) The Board may issue a license to an applicant who meets the requirements of Rule 4.1(d) and:

- (1) is currently licensed to practice dentistry in any jurisdiction of the United States or Canada whose licensing requirements are deemed by the Board to be substantially equivalent to those of this state and;
- (2) is in good standing as verified to the Board by the licensing authority of that jurisdiction, and;
- (3) has been in active practice and;
- (4) has passed an examination administered by the Board testing the applicant's knowledge of Vermont laws and rules of the profession; and
- (5) has completed the emergency office procedure training as described in Rule 2.1(m).

(b) For purposes of determining active practice the Board may include periods of

- (1) dental practice within the military service,
- (2) teaching in an accredited dental school,
- (3) accredited dental residency programs, and
- (4) residency programs in American Dental Association recognized board specialties may be considered.

4.6 PGY Licensed Experience: Endorsement, 5 Year Rule

The Board may grant a license to a person licensed in a jurisdiction of the United States or Canada who obtained licensure through a CODA approved PGY1 residency program, rather than passing the examination required in Rule 4.3, if the Board in its discretion, determines:

- (a) that the applicant has been in practice full time of at least 1,200 hours per year for a minimum of five years, and is in good standing in all jurisdictions in which licensed;
- (b) that the applicant's practice experience or education overcomes any lesser licensing requirement of that other jurisdiction; and
- (c) that the applicant has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>, and;
- (d) met the requirements of 4.1(d).

4.7 Licensure by Licensed Experience, 5 Year Rule

(a) The Board may issue a license to an applicant who is currently licensed to practice dentistry in any jurisdiction of the United States or Canada whose licensing requirements are deemed by the Board to be not substantially equivalent to those of this state if:

- (1) the applicant meets the requirements of Rule 4.1(d);
- (2) the applicant is in good standing as verified to the Board by the licensing authorities of all jurisdictions in which licensed;
- (3) the applicant has been in practice full time of at least 1,200 hours per year for a minimum of five years before the application, and;
- (4) the Board in its discretion determines that the applicant's practice experience or education overcomes any lesser licensing requirement(s) of that other jurisdiction, and;
- (5) the applicant has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org>.

(b) For purposes of determining active practice the Board may include periods of:

- (1) dental practice within the military service,
- (2) teaching in an accredited dental school,
- (3) accredited dental residency programs, and
- (4) residency programs in American Dental Association recognized board specialties may be considered.

4.8 Transient Practice Permit A person who is not licensed in Vermont may obtain, without payment of a licensing fee, a transient practice permit from the Board to perform acts constituting the practice of dentistry, provided that:

- (a) The practice in Vermont does not exceed 10 days in any calendar year;
- (b) The person is licensed as a dentist in another jurisdiction of the United States or Canada which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and
- (c) The practice is for educational or volunteer purposes only.

4.9 Display of Dentist License The dental license or certificate, or a photo copy if the licensee practices at more than one location, must be conspicuously displayed in the licensee's place(s) of practice. Licensees may black out or cover their residence address if it appears on the license.

4.10 Maintaining a Dentist License The Board will renew a license when the dentist shows the active practice, continuing education, and emergency office procedures requirements set forth below have been met.

4.11 Active Practice Requirement In order to renew a license each dentist must maintain a license in good standing and engage in active practice, for at least 800 hours, or accumulate 100 continuing education credits approved by the Board in practice related subjects during the previous five years. A combination of practice hours

and continuing education hours in that ratio may be accepted in the discretion of the Board.

4.12 Continuing Education Requirement In addition to meeting the active practice requirement in subsection (a) above, a dentist must also document completion of 30 hours professional education which shall include emergency office procedures courses during the two-year licensing period preceding renewal. Except for emergency office procedures, this provision shall apply only to renewals after an applicant's initial two years of practice in Vermont.

4.13 Approval of Continuing Education Programs

(a) Standards - A program meets Board qualifications if it is a formal course of learning which contributes to the growth of professional knowledge and competence in providing patient care.

(b) The board will consider a continuing education course to be a “formal course of learning” if it meets the following criteria: The course is conducted by a qualified instructor who will be able to instruct and interact in any of the following formats:

- (1) Classroom Instruction - Traditional in-classroom, with instructor and student interaction and written materials;
- (2) Interactive Television which permits continuous mutual communication between the instructor and all students, continuous observation of the instructor by all students, and continuous observation of all students by the instructor;
- (3) Distance Courses /Online Delivery Distance education courses are defined as programs whereby instruction does not take place in a traditional classroom setting but rather through other media where teacher and student are apart but exchange between instructor and student by electronic means.
- (4) Self-study courses which conclude with an examination may be accepted.

(c) Case-by-case approval - Individual courses may be approved upon submitting to the Board a course outline, instructor qualifications, sponsoring organization, and dates of presentation. Advance approval is not required. The Board will not approve a course or program for continuing education credit if, in its discretion, the Board determines that the program does not contain sufficient educational content.

(d) Approved sponsors may include the ADA, ADHA, ADAA, and their constituent and component dental societies and associations, CODA accredited schools or programs, and home study programs sponsored by any of the above groups. Approved sponsors will also include any sponsor that has ADA, CERP, or AGD, PACE certification.

(e) Courses in practice management and financial management will be accepted if they contribute to the growth of professional knowledge and competence in providing patient care. Examples include, but are not limited to the following:

- (1) courses that promote communication among members of the dental team and between members of the dental team and patients;
- (2) ethics;

- (3) insurance billing and coding; and
- (4) proper patient record keeping.

(f) The Board considers that the following are among the subjects that do not contribute to the growth of professional knowledge and competence in providing patient care, and will not be approved by the Board for continuing education credit:

- (1) accounting and similar topics;
- (2) business administration or management;
- (3) cultural matters;
- (4) general office and computer skills;
- (5) memory training;
- (6) personal business and financial planning matters;
- (7) personal development;
- (8) personal health and recreation;
- (9) personal money management;
- (10) politics;
- (11) software for office use;
- (12) speed reading;
- (13) success training;
- (14) time management; and
- (15) web site development.

4.14 Verification Audits The Board may conduct random audits to verify completion of continuing education up to seven years after a license is renewed. Upon request by the Board, the licensee shall submit certificates of completion for all programs listed in the licensee's renewal application.

4.15 Failure to Meet Active Practice/Continuing Education Requirement A dentist who fails to meet the active practice/continuing education requirement will be refused renewal and must file an application and must successfully complete the examinations required by Rule 4.4.

4.16 Emergency Office Procedures Completion of a course in emergency office procedures as defined in Rule 2.1(m) is required for license renewal.

PART 5. SEDATION, ANALGESIA, ANESTHESIA: SPECIAL ENDORSEMENTS, INCIDENT REPORTS

5.1 Preamble The Board seeks to protect the public health, safety and welfare by adopting specific rules in the area of anesthesia and pain reduction. The Board recognizes the value of making comfortable dental services available to those who might otherwise postpone or avoid necessary dental care. It recognizes that there can

be some risk in the use of certain medications. By these rules the Board seeks to ensure that practitioners are adequately prepared to use such medications in their practice.

5.2 Incident Reports

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any incident which occurs in the dentist's office or outpatient facility during, or as a direct result of the administration of any anesthetic, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation, or sedation regardless of the route of administration, which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

5.3 Anesthesia Definitions and Guidelines

(a) “**Administering nitrous oxide analgesia**” means: the dispensing, applying, or offering of nitrous oxide analgesia to a dental patient.

(b) “**Anxiolysis**” means: the reduction of anxiety through the administration of pharmacological agent or agents. The administered dose should be within the guidelines for dosage on the manufacturer’s package insert, or using techniques taught by CODA approved programs. When anxiolysis is achieved, the patient

- (1) is conscious;
- (2) can and does respond to conversation appropriately without extra stimulation;
- and
- (3) is fully able to independently and continuously maintain an unimpeded airway.

(c) “**Conscious Sedation**” means a depressed level of consciousness achieved through the administration of a pharmaceutical/pharmacological agent or agents in which:

- (1) the patient retains the ability to independently and continuously maintain an airway;
- (2) the patient’s ability to comprehend questions and conversation and react appropriately is suppressed;
- (3) protective reflexes remain active; and
- (4) the patient is easily aroused.

(d) Techniques and pharmaceutical or pharmacological agents used to achieve conscious sedation must render unintended consequences unlikely. Doses shall be within the guidelines on the manufacture’s package insert or used according to techniques taught by CODA approved programs. Intravenous pharmaceutical or

pharmacological agents used to achieve conscious sedation are limited to those for which there is a reversal agent.

(e) Dentists who administer a pharmaceutical/pharmacological agent or agents with the intent to achieve conscious sedation in a patient and who do not possess a General Anesthesia Endorsement must obtain a Conscious Sedation Endorsement from the Board.

(f) **“Deep Sedation”** - Deep sedation is a controlled 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 verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof. **Deep sedation may not be employed without a General Anesthesia Endorsement issued by the board.**

(g) **“General Anesthesia”** - General anesthesia is a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof.

(h) **“Monitoring”** - For purposes of these rules, monitoring patients who have received analgesic or anesthetizing drugs or otherwise mind altering drugs means observing the patient and evaluating through clinical evaluation, electronic and mechanical means, recognizing adverse reactions or complications, and reporting any adverse reaction or complication to the supervising dentist, where applicable, immediately. The degree of monitoring necessary depends on the level of sedation or anesthesia achieved.

5.4 Subsection Regarding: Authorization to Administer Anesthesia or Certain Pharmaceuticals or Pharmacological Agents

5.5 When No Endorsement Required A dentist needs no special endorsement to employ the following:

(a) **Nitrous Oxide:** Use of nitrous oxide in a dental office does not require a special license or endorsement.

(1) Under direct supervision of a licensed dentist, registered dental assistants and licensed dental hygienists instructed and trained by the dentist may monitor nitrous oxide analgesia during a dental procedure. Administration of nitrous oxide analgesia, as well as prescription, initiation, and determination of nitrous oxide analgesia levels and release and discharge of the patient after administration of nitrous oxide analgesia, shall be performed by and shall be the responsibility of the supervising dentist.

(2) All individuals administering and monitoring nitrous oxide analgesia must, in addition to required emergency office procedures, have annual CPR training.

(b) **Local Anesthesia:** Administration of local anesthesia by dentists does not require a special endorsement from the Board.

(c) **Anxiolysis:** Dentists who administer a pharmaceutical/pharmacological agent or agents with intent to achieve a state of “anxiolysis” as defined in these rules do not require a specific Board endorsement of authority. This includes the prescription of orally-administered, rectally-administered, or nasally-administered sedatives by dentists for anxiolysis before treatment which may be supplemented by nitrous oxide.

5.6 Duty for Use of Pharmaceuticals As licensed professionals, dentists employing the above, or any pharmaceuticals, are responsible to assure that they possess sufficient knowledge of the proper use of medications to achieve analgesia, anxiolysis, sedation, or anesthesia. They must be able to respond if pharmaceuticals intended to achieve anxiolysis have unintended effects. If patients given anxiolysis medications go to the next level beyond anxiolysis, dentists must have the knowledge and resources to manage the effects of the medication.

5.7 Endorsements Required A Special Endorsement from the Board is required before use of Conscious Sedation or General Anesthesia.

5.8 Conscious Sedation: Special Endorsement Required

Dentists Who Do Not Have a General Anesthesia Endorsement and Who Wish to Employ Conscious Sedation as Defined by These Rules must Obtain a Conscious Sedation Privilege Endorsement from the Board.

5.9 Introduction To Conscious Sedation The administration of conscious sedation carries with it inherent risks and added responsibility for care of the patient. Titration of oral medication for the purposes of sedation is unpredictable. Improper or repeated dosing of orally administered sedative agents can result in an alteration in the state of consciousness beyond the intent of the practitioner. The administration of conscious sedation on an out-patient basis by dentists is, with appropriate safeguards, an accepted patient care modality.

5.10 Need for Conscious Sedation Endorsement

(a) Dentists who do not possess a general anesthesia endorsement under rules 5.24 - 5.26 herein and who wish to use pharmaceutical/pharmacological agents to achieve conscious sedation may do so only in compliance with the requirements of these rules.

(b) No Dentist may employ a pharmacological agent or agents with the intent of achieving conscious sedation without first obtaining from the Board an endorsement of authority to employ conscious sedation. The endorsement shall be maintained with the dentist's license.

5.11 Application for Conscious Sedation Endorsement A licensed dentist seeking conscious sedation administration privileges shall file an application with the Board, on the form provided by the Office. Applicants must submit:

(a) Documentation of satisfactory completion of a conscious sedation training program provided under the auspices of a dental school or program accredited by the Commission on Dental Accreditation of the ADA. The program must:

- (1) include a minimum of 60 hours of didactic and clinical study including training in conscious sedation, physical evaluation, venipuncture, technical administration;
- (2) include training in recognition and management of complications and emergencies;
- (3) include documented clinical experience in managing compromised airways and certification of competency in airway management from the program director;
- (4) include training in monitoring patient vital signs to assure expertise in interpretation of those signs and appropriate reaction to them;
- (5) contain additionally supervised experience in providing conscious sedation including successful management of parenteral conscious sedation for no fewer than 20 patients;
- (6) be given in an organized sequence of study administered by one entity; and
- (7) be completed in less than two calendar years or as part of a CODA accredited dental specialty training program; or

(b) Certification by an CODA accredited school showing that the applicant has completed a course of training in conscious sedation while a student in an accredited school of dentistry or through postgraduate training which meets the requirements of the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry; or

(c) Conscious Sedation Endorsement Based on Endorsement from Another Jurisdiction: documentation showing that he or she is a licensed dentist in good standing in a jurisdiction of the United States or Canada having conscious sedation standards substantially equivalent to those of this state; or

(d) **for those treating children under 12 years of age**, documentation of appropriate training, in pediatric sedation techniques according to the guidelines of the American Academy of Pediatric Dentistry and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems; and

(e) A signed affidavit certifying that the dentist:

- 1) understands the requirements of these rules; and

2) will use a properly staffed and equipped facility as defined in rule 5.13 of this Section for the administration of conscious sedation.

5.12 Issuance of Endorsement

(a) When the applicant has shown compliance with the rules, the Board will issue a conscious sedation endorsement. The endorsement, unless renewed with the biennial renewal, will expire at the end of the licensing period.

(b) The Board, in its discretion, may waive some or all of the Rule 5.11(a) training requirement upon the applicant's showing adequate initial training in conscious sedation in a CODA approved program, and treatment of a minimum of 10 patients in the preceding two years before the application (Rule 5.19(a)(2)), which assures the Board that the applicant has the current ability to employ conscious sedation with safety.

5.13 Facility and Personnel Requirements

(a) **Facility Requirements:** A dentist employing conscious sedation may do so only in a properly equipped facility which shall include at a minimum:

- 1) Sphygmomanometer, stethoscope, and pulse oximeter,
- 2) A positive pressure oxygen delivery system with full face masks and connectors capable of delivering to the sedated patient oxygen under positive pressure, plus a back up system;
- 3) emergency drugs and equipment appropriate to the medications administered including drugs appropriate to address emergencies and drugs appropriate for ACLS or PALS;
- 4) suction equipment;
- 5) an emergency back up light source system that will permit safe termination of any procedure under way; and
- 6) a defibrillator.

(b) Staffing Requirements:

(1) In addition to the dentist or other professional permitted under these rules to administer pharmaceuticals to achieve conscious sedation, there must be a minimum of one assistant licensed or registered under Chapter 13 of Title 26 who possesses a current certification in cardio pulmonary resuscitation and is capable of assisting with procedures, problems and emergencies incident to the administration of such sedation.

(2) A licensed or registered dental assistant or dental hygienist trained in airway management must remain with the patient until the patient's escort arrives, and the patient is able to maintain a patent airway unassisted.

5.14 Patient Risk Criteria

(a) Conscious sedation may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA).

(b) Conscious sedation shall not be provided in a dental office for patients in ASA risk category V.

(c) Patients in ASA risk categories Class III and Class IV shall only be provided conscious sedation:

- (1) by an oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category and any special monitoring requirements that may be necessary; or
- (2) by a dentist with a conscious sedation endorsement after consultation with the patient's primary care physician or other medical specialist regarding potential risk and special monitoring requirements that may be necessary.

5.15 Monitoring Requirements

To minimize risks to patients, a dentist who uses conscious sedation shall:

- (a) Ensure that monitoring of a patient under conscious sedation begins prior to the administration of sedation, and takes place continuously during the procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer conscious sedation shall remain on the premises until the patient is responsive and discharged;
- (b) Ensure that monitoring includes:
 - (1) continuous direct clinical observation of the patient;
 - (2) interval recording of blood pressure and pulse;
 - (3) continuous evaluation of oxygen saturation; and
 - (4) additional devices such as EKG for monitoring when dictated by the medical needs of the patient;
- (c) Ensure that alarms on devices used for monitoring are enabled.

5.16 Conscious Sedation Protocols

The dental office shall develop written protocols for sedation of dental patients addressing the following:

- (a) preoperative patient evaluation and selection prior to conscious sedation,
- (b) informed consent,
- (c) sedation monitoring procedures,
- (d) sedation record keeping procedures, and
- (e) patient discharge assessment.

5.17 Emergency Protocols

(a) The dental office shall develop written protocols for sedation-related emergencies addressing the following:

- (1) Laryngospasm,
- (2) Bronchospasm,
- (3) Aspiration of emesis,
- (4) Angina Pectoris,
- (5) Myocardial infarction,
- (6) Hypotension,

- (7) Hypertension,
- (8) Cardiac arrest,
- (9) Hyperventilation,
- (10) Hypoventilation,
- (11) Convulsions,
- (12) Allergic and toxic reaction, and
- (13) Airway occlusion by foreign body.

(b) Training to educate assistants with respect to these protocols must be provided to all sedation team assistants and updated periodically.

5.18 Records of Conscious Sedation Administration The following records shall be made for each administration of conscious sedation:

- (a) relevant medical history of the patient;
- (b) consent for administration of conscious sedation prior to the performance of any procedure and administration of any drugs;
- (c) preoperative, intra operative and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation where the level of patient cooperation and/or medical/physical limitations of the patient allows; and
- (d) drugs and dosages of drugs used during the operative procedure, and times of their administration over the course of the procedure.

5.19 Renewal of Conscious Sedation Endorsement: Continued Competence At the time of license renewal, a dentist who wishes to renew the conscious sedation endorsement shall:

- (a) provide documentation of:
 - (1) 6 hours of continuing education in conscious sedation during the licensing period; and
 - (2) treatment of a minimum of ten patients in the preceding two years. In cases where the renewal occurs less than two years after the conscious sedation endorsement was initially issued, the Board may waive all or part of this requirement.
- (b) provide documentation of current, successful completion of an Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) training as appropriate. This training may be applied toward the continuing education requirement in this rule.

5.20 Others Permitted to Administer Conscious Sedation: Certified Registered Nurse Anesthetists

(a) A dentist who holds a valid conscious sedation endorsement from the board may permit a Certified Registered Nurse Anesthetist (CRNA) to administer conscious

sedation. Use of a Certified Registered Nurse Anesthetist does not relieve the dentist of responsibility for the patient.

(b) A dentist who does not hold a conscious sedation endorsement may not have a CRNA administer conscious sedation.

5.21 Exemptions from Conscious Sedation Endorsement Requirement A dentist does not need to hold a conscious sedation endorsement when conscious sedation is administered by:

(a) another assisting dentist, who possesses one; or

(b) a physician anesthesiologist.

(c) "Physician" for purposes of this section means a physician who is licensed to practice medicine and all of its branches under the laws of Vermont and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center, or is an anesthesiologist.

(d) Administration of conscious sedation under the exemption sections above is permitted only in facilities which meet the equipment and staffing requirements of these rules.

5.22 Incident Reports

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any mortality, or other incident which occurs in the dentist's office or outpatient facility during, or as a direct result of, the administration of any anesthesia, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation or sedation regardless of the route of administration, and which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

5.23 Conscious Sedation Provisions: Effective Date Effective January 1, 2007 no dentist shall administer a pharmaceutical agent or agents to induce conscious sedation without first obtaining a conscious sedation endorsement or general anesthesia endorsement from the Board.

5.24 General Anesthesia: Endorsement Required Dentists who employ general anesthesia must obtain a Special Endorsement from the Board.

5.25 Obtaining a General Anesthesia Endorsement The Board will issue a General Anesthesia Endorsement to authorize qualified dentists to administer general anesthesia, parenteral deep sedation, and parenteral sedation, and parenteral conscious sedation in dental offices.

5.26 Prerequisites to Approval An applicant must demonstrate that he or she:

(a) has a properly staffed and equipped facility, as set forth in the current edition of the Office Anesthesia Evaluation Manual of the American Association of Oral and Maxillofacial Surgeons; and

(b) has either completed a minimum of 12 months of advanced clinical training in anesthesiology and related academic subjects (or the equivalent) beyond the undergraduate dental school level in a training program, as set forth in Part II of the current edition of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry of the American Dental Association; or

(c) is a diplomate of the American Board of Oral and Maxillofacial Surgery, is a fellow or member of the American Association of Oral and Maxillofacial Surgeons, or is a fellow of the American Dental Society of Anesthesiology or has successfully completed a CODA accredited oral and maxillofacial surgery residency program.

5.27 Incident Reports

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any mortality, or other incident which occurs in the dentist's office or outpatient facility during, or as a direct result of the administration of any anesthesia, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation, or sedation regardless of the route of administration, which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis, or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

5.28 Exemption from General Anesthesia Endorsement Requirement The General Anesthesia Endorsement requirement does not apply to dentists administering general anesthesia, parenteral deep sedation, or parenteral conscious sedation in a hospital setting with supervision by an physician or dentist credentialed by the hospital to provide anesthesia services.

5.29 Renewal of Special Endorsements A special endorsement must be renewed every two years at the same time as license renewal. A special endorsement which is not renewed lapses on the expiration date. In cases where the renewal occurs less than two years after the general anesthesia endorsement was initially issued, the Board may waive all or part of the renewal requirement.

5.30 Inspection of Dentist Offices The Board may as it deems appropriate inspect a licensee's facility, equipment, and staff. Such inspection shall be conducted by a person or team appointed by the Board or office.

PART 6. INFORMATION FOR DENTAL HYGIENISTS

6.1 Dental Hygienist License This license allows a person to practice dental hygiene in Vermont. It includes the dental hygienist who is practicing expanded function dental assisting duties or administering local anesthesia by endorsement.

6.2 How to Become Licensed as a Dental Hygienist There are two ways to qualify for a license as a dental hygienist, licensure by examination, licensure by endorsement.

6.3 Licensure by Examination To qualify by examination, the applicant must file a written application (obtained from the Office or online), showing that the applicant:

- (a) Is at least 18 years old; and
- (b) Has graduated from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association;
- (c) Presents a certificate of the National Board of Dental Examiners;
- (d) Has completed the emergency office procedure training required in Rule 6.21; and
- (e) Has passed the Northeast Regional Board Examination ("NERB") or the Central Regional Dental Testing Service Examination ("CRDTS") or a successor regional or national examination approved by the board before the examination is taken.

6.4 Testing Information

- (a) Information on the NERB may be obtained by writing:
 - Office of the Secretary
 - Northeast Regional Board of Dental Examiners
 - 8484 Georgia Avenue, Suite 900
 - Silver Spring, MD 20910

- (b) Information of the CRDTS may be obtained by writing:
 - Central Regional Dental Testing Service, Inc.
 - 1725 SW Gage Blvd.

Topeka, KS 66604-3333

(c) Should changes occur after adoption of these rules, the Office should be able to provide up-dated contact information.

6.5 Vermont Rules and Statutes Examination The applicant must successfully complete the Vermont dental statutes and rules examination which is available from the office or on line and submit it with the application.

6.6 Licensure by Endorsement To qualify by endorsement, the applicant must file an application (obtained from the Office or online), showing that the applicant:

(a) Is currently licensed in a jurisdiction of the United States or Canada with requirements of education and examination which are substantially equivalent to those currently in effect in Vermont;

(b) Is currently in good standing and has not been disciplined in any jurisdiction where the applicant has been licensed, or has been fully reinstated after having been disciplined;

(c) Has completed the emergency office procedure training required in Rule 6.21.

(d) The applicant must successfully complete the Vermont dental statutes and rules examination which is available from the office or on line and submit it with the application.

6.7 Reserved

6.8 Transient Practice Permit A person who is not licensed in Vermont may obtain a transient practice permit from the Board to perform acts constituting the practice of dental hygiene, provided that:

(a) The practice in Vermont does not exceed 10 days in any calendar year;

(b) The person is licensed as a dental hygienist in a jurisdiction of the United States or Canada which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and

(c) The practice is for educational or volunteer purposes only.

6.9 Local Anesthesia Privileges for Dental Hygienists A licensed dental hygienist may qualify for a special endorsement and may undertake the administration of local anesthesia upon:

(a) satisfactorily completing a course of study of at least 24 hours of instruction or three eight-hour days of instruction in a formal program in expanded function dental hygiene sponsored by an institution accredited by the Commission on Dental Accreditation of the American Dental Association. The course must

include didactic and clinical studies in the administration of block and infiltration anesthesia. The curriculum must include:

- (1) Medical history evaluation procedures,
- (2) Understanding pharmacology of local anesthesia and vasoconstrictors,
- (3) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents,
- (4) Indications and contraindications for administration of local anesthesia,
- (5) Selection and preparation of the armamentaria and record keeping for administering various local anesthetic agents,
- (6) Medical and legal management of complication,
- (7) Recognition and management of post-injection complications and management of reactions to injections,
- (8) Proper infection control techniques with regard to local anesthesia and proper disposal of sharps,
- (9) Methods of administering local anesthetic agents, with emphasis on:
 - (A) Technique,
 - (B) Minimal effective dosage,
- (10) A certificate of course completion and a copy of the syllabus must be provided to the Board.

(b) Successfully completing the written examination in the administration of local anesthesia authorized by the Board.

(c) Administration of local anesthesia may occur as provided by statutes and these rules.

6.10 Anesthesia Endorsement A dental hygienist in good standing and who has been licensed and trained to administer local anesthesia in any jurisdiction of the U.S. or Canada having substantially equivalent standards may qualify for a special endorsement to perform that function by presenting written documentation of such licensure and training to the Board.

6.11 Maintaining Anesthesia Privileges A dental hygienist may maintain local anesthesia privileges by administering at least 50 local anesthetic injections during the previous five years. Otherwise, a dental hygienist must satisfy the Board of competence to administer local anesthesia by successfully completing a course of three or more eight-hour days of instruction. The course must include didactic and clinical studies in the administration of block and infiltration anesthesia and must meet the curriculum requirements of Rule 6.9(a) above.

6.12 Dental Hygienists, Expanded Function Duties

(a) A licensed dental hygienist may qualify for registration as an expanded function dental assistant and may perform the expanded function dental assisting duties for which the dental hygienist has been trained in a formal program in expanded function dental assisting accredited by the Commission on Dental Accreditation of the American Dental Association.

(b) A dental hygienist trained as an expanded function dental assistant may be registered by substantiating the adequacy of training.

6.13 Dental Hygienists, Expanded Functions Duties, Scope of Practice Dental hygienists performing expanded function duties must limit the expanded duties to those for which the dental hygienist is trained within the limits of Vermont rules.

6.14 Maintaining a Dental Hygienist License To maintain a license as a dental hygienist, the licensee must meet the active practice, continuing education (Rule 6.16), and emergency office procedures requirements.

6.15 Active Practice If the applicant has not met the dental hygiene active practice requirement immediately preceding application or renewal, the applicant must successfully complete the NERB or CRDTS or other examination approved by the Board.

6.16 Mandatory Continuing Education for Dental Hygienists

(a) During each full licensing period, licensed dental hygienists must satisfactorily complete 12 hours continuing education as prescribed below. Effective after the 2009 renewal: dental hygienists must satisfactorily complete 18 hours of continuing education as provided below.

(b) **Exception:** New licensees will not be required to submit evidence of continuing education, except emergency office procedures required by Rule 6.21, until the first full two-year renewal period following initial licensure.

(c) Documentation of continuing education shall be presented to the Board upon request.

(d) **Types of Education:** Nine credits or hours must be taken in clinical or didactic dental or dental hygiene subject areas. Effective after the 2009 renewal: 15 credits or hours must be taken in clinical or didactic dental or dental hygiene subject areas. The remaining three credits or hours may be taken in non-scientific areas appropriate to the practice of dental hygiene.

(e) One hour of continuing education credit shall be given for each hour of attendance at lectures, seminars, or other similar programs. Home study course credit will be determined by the course sponsor based upon the reasonable amount of time necessary to cover course material.

(f) Credit hours obtained during a renewal period shall not be applied to any succeeding renewal period.

(g) Approved course sponsors shall include:

- (1) American Dental Hygienist's Association (ADHA),

- (2) American Dental Association (ADA),
- (3) Constituent and component state dental hygiene associations and constituent and component state dental societies,
- (4) Academy of General Dentistry,
- (5) Dental or dental hygiene teaching institutions accredited by the Commission on Dental Accreditation (CODA) of the ADA,
- (6) Home study courses sponsored by any of the organizations or institutions listed in subparagraphs 1 through 5 above.

6.17 Documentation Licensees must obtain an authenticated document of attendance from the course sponsor. The document of attendance shall include:

- (a) Participant's name,
- (b) Title or subject area of course,
- (c) Course sponsor,
- (d) Date and location of course,
- (e) Number of lecture and clinical or laboratory participation hours.

6.18 Retention of Continuing Education Records Documents pertaining to continuing education programs attended shall be retained by the licensee for seven years.

6.19 Verification of Compliance Compliance with continuing education requirement shall be verified by the licensee's signature on the license renewal form.

6.20 Audits The Board may audit licensees for compliance with the continuing education requirement. The auditing procedure shall be as follows:

- (a) A letter will be sent by the Board requesting the licensee to provide within 30 days photocopies of authenticated documents of attendance obtained from course sponsors.
- (b) Documentation submitted will be examined by the Board.
- (c) If the documentation submitted fulfills all of the requirements of this section, the Board will send a letter confirming compliance to the licensee.
- (d) If the documentation submitted does not fulfill all of the requirements of this section, the discrepancy must be justified or corrected within 90 days.

6.21 Emergency Office Procedures

- (a) All dental hygienists licensed or registered in the State of Vermont shall as a condition of every biennial license or registration renewal show evidence of having completed a course in emergency office procedures defined in Rule 2.1(m).
- (b) Only one emergency office procedure course may count toward continuing education requirements for any licensing period.

6.22 Dental Hygienist Licenses: Display Once licensed or registered, the dental hygienist license or a photo copy if the licensee practices at more than one location, must be conspicuously displayed in the licensee's place(s) of practice. Licensees may black out or cover their residence address if it appears on the license.

PART 7 INFORMATION FOR DENTAL ASSISTANTS

7.1 Dental Assistant Registration. This registration allows a person to practice as a dental assistant in Vermont. A dental assistant assists the dentist in providing care directly to the patient.

7.2 Limitation on Practice A dental assistant may perform duties in the office of any licensed dentist consistent with these rules, and in public or private schools or public or private institutions under the supervision of a licensed dentist. The performance of any intraoral tasks by a dental assistant shall be under the direct supervision of a dentist.

7.3 Duties of Dental Assistants The specific duties dental assistants may perform are based upon:

- (a) Their education;
- (b) Their experience; and
- (c) An agreement with the employing dentist whose goal as a team is to promote the efficiency and reduce the cost of dental services in the state consistent with the highest possible standards of dental care.

7.4 Three categories of dental assistants There are three categories of dental assistants:

- (a) Traditional Dental Assistants
- (b) Certified Dental Assistants
- (c) Expanded Function Dental Assistants

7.5 How to Become Registered as a Traditional Dental Assistant All persons employed as traditional dental assistants in a dental office must register with the Board. A person who has not previously registered with the Board and who is hired to be a dental assistant must register within 30 days of the first day of employment. Any person employed as a traditional dental assistant in a dental office in this state is subject to these rules immediately upon commencing such employment.

7.6 Traditional Dental Assistants, Scope of Practice A traditional dental assistant who is not a graduate of a CODA accredited program may perform all extraoral duties in the dental office or dental clinic which are assigned by the dentist. During intraoral procedures, the traditional dental assistant may assist the dentist or clinical staff as

assigned by the dentist. The traditional dental assistant may take radiographs under a special endorsement of the registration.

7.7 Traditional Dental Assistants, Limitations A traditional dental assistant not a graduate of a CODA accredited dental assisting program may not perform coronal polishing or apply dental sealants until the traditional dental assistant has worked as a traditional dental assistant for at least six consecutive months.

7.8 How to Become Registered as a Certified Dental Assistant

(a) A person may become registered as a certified dental assistant if the person is certified by the Dental Assisting National Board. A traditional dental assistant who has already obtained radiology privileges may register as a certified dental assistant upon successfully completing the Dental Assisting National Board (DANB) examination.

(b) Certification must be renewed in accordance with DANB requirements. Certified Dental Assistants whose certification status has changed, for any reason, must notify the Board of the change in status within 30 days of the change.

7.9 Certified Dental Assistants, Scope of Practice Except as limited by statute, for example 26 V.S.A. § 864, a certified dental assistant may perform all the duties for which the certified dental assistant has received training.

7.10 How to Become Registered as an Expanded Function Dental Assistant A certified dental assistant or a licensed dental hygienist who has successfully completed a formal program in expanded function duties at a program accredited by the Commission on Dental Accreditation of the American Dental Association may be registered as an expanded function dental assistant.

7.11 Expanded Function Dental Assistants, Training The training program shall have the minimal requirements of 50 hours of didactic training and five weeks of clinical training, followed by six weeks of field training in dental offices, all under supervision of the faculty of the accredited school or its designates.

7.12 Expanded Function Dental Assistants, Scope of Practice

(a) An expanded function dental assistant may perform those functions for which the certified dental assistant or licensed dental hygienist has been trained upon becoming employed by a licensed dentist.

(b) As permitted by statute and these rules an expanded function dental assistant may perform the dental duties for which he or she is trained.

7.13 Dental Assistants, Radiographic Endorsement The Board will issue a radiographic endorsement to an applicant who:

(a) is at least 18 years of age; and

(b) has within the previous ten years, successfully completed a didactic and clinical or practical radiology course provided by a school accredited by the Commission on Dental Accreditation of the American Dental Association. A student enrolled in a radiology course may take radiographs necessary to course completion, in the office of the employing or supervising dentist, but in no event more than 100 radiographs; and

(c) has documented six months lawful employment as a dental assistant, or,

(d) has a radiography endorsement from another U.S. or Canadian jurisdiction having substantially equivalent standards to those of this state.

7.14 Radiology Courses, Advisory Potential applicants, especially those new to Vermont, should be aware that acceptable radiology courses are not frequently offered in Vermont. Finding and taking an acceptable radiology course in another jurisdiction may shorten or eliminate any delay before a radiologic endorsement can be issued.

7.15 Dental Assistants, Certificate Display Dental assistant registration certificates or a photo copy if the dental assistant practices at more than one location, must be conspicuously displayed in the registrant's place(s) of practice. Dental Assistants may black out or cover their residence address if it appears on the certificate.

7.16 Emergency Office Procedures All dental assistants, shall complete emergency office procedures training required in Rule 7.17 within six months of their date of hire.

7.17 Renewal of Dental Assistant Registration All dental assistants shall as a condition of every registration renewal complete a course in emergency office procedures. The Board will accept the following types of courses as satisfying this requirement:

(a) courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross; or

(b) courses which include a review of health conditions and factors which might produce emergencies. Acceptable courses will be consistent with current educational curricula in schools of dentistry and dental hygiene accredited by the Commission on Accreditation of the American Dental Association.

7.18 Dental Assistant Transient Practice Permit A person who is not registered in Vermont may obtain a transient practice permit from the Board to perform acts constituting the practice of dental assisting, provided that:

(a) The practice in Vermont does not exceed 10 days in any calendar year;

(b) The person is registered or certified as a dental assistant in another state which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and

(c) The practice is for educational or volunteer purposes only.

PART 8. LICENSE or REGISTRATION RENEWALS, ALL PROFESSIONS

8.1 Renewing a License or Registration

(a) Licenses and registrations must be renewed before they expire. The expiration date is stated on the license or registration certificate. Before the expiration date, the Office will mail a renewal application and notice of the renewal fee. Evidence of having taken a course in emergency office procedures as required by these rules must accompany the renewal application. A license or registration which is not renewed will be considered as lapsed as of the expiration date.

(b) Dentists and dental hygienists must verify compliance with license renewal requirements before the license will be renewed.

8.2 Dentists A dentist who has not engaged in active practice as defined above will be refused renewal and must successfully complete the examinations for licensure specified in 4.4 before the renewal is granted.

8.3 Dental Hygienists A dental hygienist who has not fulfilled the continuing education requirement above may be required to complete the continuing education requirements for the immediate preceding licensing period before renewal.

8.4 Dental Hygienists Expanded Function Scope of Duties, Insufficient Active Practice A dental hygienist with expanded function duties who has not met continuing education requirements must complete the continuing education requirements for the immediate preceding licensing period before renewal, meet all DANB requirements and re-certify as a certified dental hygienist.

8.5 Traditional Dental Assistants, No Active Practice Traditional dental assistants have no active practice requirement.

8.6 Reinstating an Expired License or Registration If a license or registration has expired because it was not renewed on time, the licensee may apply for reinstatement, meet all reinstatement requirements, and pay the renewal fee for the current renewal period and late penalty.

8.7 Lapsed Radiography Endorsement A registrant applying to reinstate dental radiography privileges after a lapse of ten years must successfully complete an approved radiography course.

PART 9 PROFESSIONAL STANDARDS, UNPROFESSIONAL CONDUCT

9.1 Change of Name, Address Licensees and registrants must notify the Office promptly of any changes in name or address. Failure to comply with this provision can result in unlicensed practice, late fees, and unprofessional conduct charges.

9.2 Making and Resolving Complaints

(a) The Board follows the complaint procedure of the Office of Professional Regulation. Copies of the procedure and more information about the complaint process may be obtained from the Office or online at <http://vtprofessionals.org/>.

(b) Under 3 V.S.A. § 127(c), a person may be imprisoned for up to one year or fined up to \$5,000.00, or both for practicing without a valid license or registration.

9.3 Grounds for Discipline

(a) 3 V.S.A. § 129a defines unprofessional conduct for all professions including those governed by these rules. Whenever its provisions are in conflict or overlap with the statutes specifically governing these professions, or these rules, the provisions which provide greater safety to the public shall apply. Chapter 13 of Title 26 of the Vermont Statutes contains specific definitions of unprofessional conduct for the professions subject to these rules.

(b) 3 V.S.A. § 129a and 26 V.S.A. § 809 specify certain acts which constitute unprofessional conduct. Those statutes are not the only basis of discipline. Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession, 3 V.S.A. § 129a(3), also constitutes unprofessional conduct.

(c) Unprofessional conduct includes failure to practice competently. 3 V.S.A. § 120a(b). Failure to practice competently includes performing treatments or providing services which one is not qualified to perform, or which are beyond the scope of one's education, training, capabilities, experience, or scope of practice. This means that persons subject to these rules, when presented with an unfamiliar or complicated treatment challenge, have a duty to acquire necessary skill or knowledge to treat a patient. This may mean consulting with another professional before treating the patient. If acquiring sufficient skill and knowledge to competently treat the patient is not possible, the professional has a duty to refer the patient to another professional qualified to treat the patient.

9.4 Ethics Codes The Ethics Codes of the American Dental Association and the American Dental Hygienists' Association can provide guidance to the Board of Dental Examiners as it is called upon to determine the meaning of the statutes and rules governing the profession, as well as unprofessional conduct. The Board may refer to the Codes for guidance when possible.

9.5 Unauthorized Practice The Board also has authority to decide complaints of unauthorized practice as indicated in 3 V.S.A. § 127.

9.6 Sanctions for Unprofessional Conduct Among the possible disciplinary actions the Board may impose against the license of a dentist, dental hygienist, or dental assistant after a finding of unprofessional conduct are:

- (a) denial of licensure or registration or renewal;
- (b) warnings or reprimands;
- (c) suspension for a period of time to be determined by the Board;
- (d) revocation;
- (e) limitations on practice;
- (f) setting conditions for practice or resumption of practice;
- (g) denial of reinstatement; or,
- (h) imposition of a civil penalty of up to \$1,000 for each instance of unauthorized practice, unprofessional conduct, or violation not related to patient care.

9.7 Supervising Dentist: Duty to Inform

(a) It is the responsibility of each supervising dentist to inform each person hired to work of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered.

(b) A copy of these rules shall be readily available to all persons subject to these rules. All persons subject to these rules are reminded that 3 V.S.A. § 129a(6) includes within the definition of “unprofessional conduct” “[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.”

9.8 Public Records All Board decisions on disciplinary complaints are public records. Unprofessional Conduct decisions are available online or from the office.

Part 10 RULES FOR DENTAL HYGIENISTS PRACTICING UNDER GENERAL SUPERVISION IN PUBLIC OR PRIVATE SCHOOLS OR PUBLIC OR PRIVATE INSTITUTIONS

The following rules shall apply to dental hygienists practicing under general supervision in public or private schools or public or private institutions as permitted under 26 V.S.A. § 854.

10.1 Eligibility Dental hygienists who have a minimum of three years licensed clinical practice experience and have been in good standing for three years before entering the agreement are permitted to provide services as authorized in a General Supervision Agreement between the dental hygienist and dentist licensed and in good standing in Vermont.

10.2 General Supervision Agreement

(a) A general supervision agreement (agreement) is a written document signed by the dental hygienist being supervised and the dentist providing general supervision. Both must be in good standing with the Board of Dental Examiners.

(b) The agreement authorizes the dental hygienist who is providing dental hygiene services in a public or private school or institution under the general supervision of a dentist to provide specific hygiene services agreed to between the dentist and dental hygienist. The agreement sets forth the responsibilities of the dentist and dental hygienist.

(c) The dental hygienist shall practice according to the parameters of the agreement.

(d) The variable terms of the agreement can be modified at any time in writing. Modifications must then be signed by both parties.

(e) A supervision agreement template is available on line at <http://vtprofessionals.org>.

10.3 Contents of the Agreement The agreement shall contain the following provisions:

Responsibilities of Supervising Dentist and Dental Hygienist:

“The parties agree that:

- (1) The dental hygienist will practice according to the parameters set forth in this agreement.
- (2) The dentist providing general supervision must be available for consultation but is not required to be physically present at the site where dental hygiene services are provided.
- (3) The dental hygienist working under this agreement and supervising dentist agree to maintain communication and consultation with each other.
- (4) The dental hygienist will provide the dentist opportunities to review patient records as requested.
- (5) The dentist will review the records of patients treated by the dental hygienist from the beginning of general supervision. Reviews will include records of all patients seen. Reviews must occur no less than once every 6 (six) months at a minimum. The dentist may determine the need for and conduct more frequent reviews. Subsequent reviews of records need only encompass patients seen since the last review.

(6) Limitation on treatment:

(A) When the patient’s dental condition requires services beyond what the dental hygienist can provide, the dental hygienist will advise or refer the patient to obtain dental or other care.

(B) For patients who have been treated by a dental hygienist under general supervision and who since treatment began have not been seen or examined by a dentist in 24 months, the hygienist should

inform the patient or guardian that an examination by a dentist **is strongly recommended.**

(7) The dental hygienist will ensure that patient records are properly maintained and comply with applicable state or federal laws.

(8) Authorized services. The agreement must contain a listing of the dental hygiene services that are authorized. The dental hygienist may provide only the services authorized by the agreement. A list of approved dental hygiene services which may be included in the supervision agreement is contained in Rule 10.6.

(9) Consent Form

(a) The dental hygienist will, as appropriate, obtain written consent from the patient, parent or guardian on a form that may include:

“I understand that the records for services provided by the dental hygienist will be reviewed by a Vermont licensed dentist providing the dental hygienist general supervision.

I understand that treatment I receive from the dental hygienist is limited in scope. It does not take the place of a regular dental examination or treatment by a licensed dentist.

I understand that the dental hygienist will refer _____ (me, my child [name of patient]) for treatment by a dentist or other medical professional when a dental condition requires treatment beyond what the dental hygienist can provide.”

(b) If a school or institution uses its own consent form for medical or dental hygiene services provided at its facilities, the dental hygienist shall then document reasonable efforts to ensure that the consent form used by the school or institution provides an equivalent notice, and that patients, parents or guardians are aware of the information in the consent form above.

10.4 Duration of Agreement Unless modified before, this agreement shall expire on _____ (not more than one year after effective date.)

10.5 Agreement Filing and Retention

(a) A copy of the agreement shall be sent to:

The Board of Dental Examiners
Vermont Secretary of State
Office of Professional Regulation

National Life Bldg., North, FL2
Montpelier, VT 05620-3402

(b) The dentist and dental hygienist shall retain copies of supervision agreements for seven years.

10.6 Approved Services

The following hygiene services are approved by the Board of Dental Examiners for use in public and private schools and institutions and approved for use in the agreement:

The dental hygienist under this agreement is authorized to:

- (a) interview patients and record complete medical and dental histories;
- (b) take and record the vital signs of blood pressure, pulse and respiration;
- (c) perform oral inspection and record all conditions identified;
- (d) perform complete periodontal charting and charting of existing dental restorations;
- (e) provide the patient information so that the patient may be referred for or seek necessary follow up dental care;
- (f) provide dental health education and oral hygiene instructions;
- (g) assess the patient's treatment needs and provide the assessment to the patient;
- (h) after determining their necessity;
 - (1) expose and process radiographs;
 - (2) apply fluoride varnish and/or fluoride to control caries;
 - (3) apply desensitizing agents to teeth;
 - (4) apply sealants;
- (i) regardless of periodontal case type classification, **provide in appropriate circumstances when there are no medical contra-indications:**
 - (1) prophylaxis adult;
 - (2) prophylaxis child;
 - (3) full mouth debridement to enable comprehensive evaluation and diagnosis;
- (j) Provide, for patients with mild periodontitis; (Defined as: gingival edema, bleeding upon probing, and/or suppuration, up to 1/4 loss of supporting periodontal tissues and no more than class 1 (incipient) furcation involvement. Pocket depths of 6 mm. or less.)
 - (1) periodontal maintenance;
 - (2) periodontal scaling and root planing.

10.7 Additional Information Practitioners are reminded that the Board's web site <http://vtprofessionals.org> may have additional information regarding general supervision in public and private schools and institutions.