

DRAFT NEBRASKA DEPARTMENT OF  
02-21-2018 HEALTH AND HUMAN SERVICES 172 NAC 53

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TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE  
CHAPTER 53 LICENSURE OF DENTAL ASSISTANTS

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TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE  
CHAPTER 53 LICENSURE OF DENTAL ASSISTANTS

**001. SCOPE AND AUTHORITY.** These regulations govern the licensure of dental assistants under the Dentistry Practice Act and the Uniform Credentialing Act (UCA).

**002. DEFINITIONS.** For purposes of these regulations, definitions in the Uniform Credentialing Act (UCA), the Dentistry Practice Act, and the following definitions are hereby adopted.

002.01 COMPLETE APPLICATION. An application that contains all of the information requested on the Department approved application, with attestation to its truth and completeness, and that is submitted with all required fees and documentation.

002.02 CORONAL POLISHING. To polish all exposed tooth surfaces with a rubber cup or brush driven by a conventional slow-speed hand piece.

002.03 CREDENTIALLED IN ANOTHER JURISDICTION. Holding a credential that, as defined in Neb. Rev. Stat. § 38-121, authorizes the individual to engage in a profession or occupation which would otherwise be unlawful from the District of Columbia or any state, territory, or possession of the United States of America.

002.05 MILITARY SERVICE OR SERVED IN THE REGULAR ARMED FORCES. Full-time duty in the active military service of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause.

002.06 OFFICIAL TRANSCRIPT. A transcript issued by and under the original seal of the educational institution.

**002.07 DENTAL PROSTHESIS**—Any device or appliance replacing one or more missing teeth and/or, if required, associated structures.

**002.07 (A) FINAL PROSTHESIS:**

**002.07 (B)(1) FIXED PROSTHESIS**—Non-removable dental prosthesis which is solidly attached to abutment teeth, roots or implants.

**002.07 (B)(2) FIXED-REMOVABLE PROSTHESIS**—Combined prosthesis, one or more parts of which are fixed, and the other(s) attached by devices which allow their detachment, removal and reinsertion.

002.07 (B)(3) REMOVABLE PROSTHESIS—Complete or partial prosthesis, which after an initial fitting by a dentist, can be removed and reinserted by the patient.

002.07 (B) INTERIM PROSTHESIS—A provisional prosthesis designed for use over a limited period of time, after which it is to be replaced.

**003. INITIAL CREDENTIAL.** To receive a license, an applicant must submit a complete application and meet the requirements for a license set out in statute and in this regulation.

**003.01 DENTAL ASSISTANT LICENSURE REQUIREMENTS.**

003.01(A) QUALIFICATION. An applicant may qualify for licensure based on experience or education.

(i) Applicants applying for an initial license on the basis of experience assisting a dentist must submit employment, staffing records, or other reports from the employer demonstrating 1,500 hours of experience; or (ii) Applicants applying for an initial license on the basis of graduation from an accredited dental assisting program or on education, training, or service completed while in military service must submit an official transcript or evidence of such education, training, or service. An official transcript from a dental assisting program accredited by the American Dental Association Commission on Dental Accreditation, showing the graduation date must be sent directly to the Department from the originating program or institution. Upon presentation of satisfactory evidence that the education, training, or service completed by an applicant for a credential while a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state is substantially similar to the education required for the credential, the Department, with the recommendation of the board, will accept such education, training, or service toward the minimum standards for the credential.

All applicants must submit documentation of a high school diploma or its equivalent.

**003.01(B) EXAMINATION.**

(i) Pass the certified dental assistant examination administered by the Dental Assisting National Board with a minimum scaled score of 400 on each component or board approved equivalent examination; and (ii) Pass the jurisprudence examination with an average score of 75% or above.

Examination scores from the Dental Assisting National Board or other board approved testing agency must be sent directly to the Department.

**003.01(C) CREDENTIAL IN ANOTHER JURISDICTION INFORMATION.** An applicant must report any credential held or previously held by the applicant to provide health services, health related services, or environmental services in Nebraska or in any other jurisdiction. Such information must include:

- (i) The jurisdiction where each credential was issued;
- (ii) The credential number;
- (iii) The type of credential; and

(iv) The date of issuance and the expiration date of each credential, if any. The applicant must have a certification of each credential submitted by the issuing agency to the Department.

003.01(D) ADVERSE ACTIONS. The applicant must report all disciplinary actions, adverse actions, denials, denial of right to take a credentialing examination, or other actions against a credential in any state or jurisdiction, including, not limited to:

- (i) Voluntary surrenders or voluntary limitations;
- (ii) Prior refusals to issue or renew a credential;
- (iii) Any disciplinary actions or denials of a credential; and
- (iv) An explanation for an adverse action or denial.

003.01(E) CONVICTIONS. If the applicant has been convicted of any misdemeanor or felony the following information and documentation must be submitted to the Department:

- (i) A list of all misdemeanor and felony conviction(s);
- (ii) A copy of the court record, which includes charges and disposition for each conviction;
- (iii) An explanation from the applicant of the events leading to the conviction(s) (what, when, where, why) and a summary of the actions the applicant has taken to address the behaviors or actions related to the conviction(s);
- (iv) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
- (v) The applicant may be requested to submit additional documentation such as police reports, additional court record information, and a current addiction or mental health evaluation, if the conviction involved a drug related offense which occurred within the last 5 years or if the conviction involved an alcohol related offense within the last 3 years.

003.01(F) PRACTICE STATEMENT. A statement that the applicant has not practiced as a licensed dental assistant or expanded function dental assistant in Nebraska before submitting the application; or if the applicant has practiced as a licensed dental assistant or expanded function dental assistant in Nebraska before submitting the application a statement of the number of days practiced and the name and location of practice.

**004. REMEDIAL COURSE.** To apply for a remedial course, the applicant must submit a complete application to the Department and meet the requirements for approval set out in statute and these regulations. If an applicant has failed on two occasions to pass a regional or state practical examination, that applicant is required to complete a remedial course in dental assisting approved by the board before the Department will consider the results of the third examination as valid.

004.01 INFORMATION AND DOCUMENTATION. The applicant may obtain an application from the Department or construct an application that must contain the following:

- (A) Description of the subject matter of the remedial course. Subject matter for the remedial course must cover the content included in the section(s) of the regional or state practical examination that the applicant failed;
- (B) Name, title, and qualifications (vitae or resume) of faculty member providing the remedial instruction;
- (C) Number of hours of didactic instruction; number of hours of clinical

instruction; number of hours under direct supervision, and total number of hours in the remedial course. The remedial course must include at least 15 hours of didactic and clinical instruction, of which 10 hours must be under the direct supervision of the faculty member providing the remedial instruction;

(D) Written plan of evaluation for the remedial course, indicating the method of evaluation;

(E) Statement bearing the school seal from the institution providing the remedial instruction indicating that the remedial course meets the criteria for approval; and

(F) Signature of the faculty member providing the remediation and date.

**005. RENEWAL OF LICENSE.** An applicant who wants to renew a license to practice as a dental assistant must, prior to the expiration date, submit a complete application and demonstrate compliance with continuing education requirements and of meeting the requirements set out in statute and this regulation.

**005.01 RENEWAL APPLICATION.** The applicant must provide documentation that the applicant:

(A) Has met the continuing education requirements specified in 172 NAC 53 or has requested a waiver if the applicant meets the requirements for a waiver; and

(B) Has not, since the last renewal of the credential, committed any act which would be grounds for action against a credential as specified in the Uniform Credentialing Act and 172 NAC 53, or if an act(s) was committed, provide an explanation of all such acts.

**005.02 DOCUMENTATION.** The applicant must submit the following documentation with the application:

**005.02(A) OTHER CREDENTIAL INFORMATION.** If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the name of the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;

**005.02(B) DISCIPLINARY ACTION.** A list of any disciplinary action(s) taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;

**005.02(C) DENIAL.** If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial; and

**005.02(D) CONVICTION INFORMATION.** If the applicant has been convicted of a felony or misdemeanor since his or her last renewal or during the time period since initial credentialing if such occurred within the previous two years, the applicant must submit to the Department:

(i) A list of all misdemeanor or felony convictions;

(ii) A copy of the court record, which includes charges and disposition for each conviction;

(iii) An explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors or actions related to the convictions;

- (iv) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
- (v) The applicant may be requested to submit additional documentation such as police reports, additional court record information, and a current addiction or mental health evaluation, if any conviction involved a drug related offense which occurred within the last 5 years or if the conviction involved an alcohol related offense within the last 3 years.

**006. CONTINUING EDUCATION.** On or before the March 1st of each even-numbered year, each dental assistant holding an active license in the State of Nebraska must complete at least 30 hours of acceptable continuing education hours during the preceding 24-month period. A licensed dental assistant is responsible for maintaining certificates or records of continuing education.

**006.01 ACCEPTABLE CONTINUING EDUCATION TOPICS.** The following are acceptable continuing education activities:

- (A) State and National meetings, i.e. a meeting of the local, state, or American Dental Association; local, state, or American Dental Assistants Association; local, state, or American Dental Hygiene Association; or educational programs sponsored by the recognized specialty groups of the American Dental Association.
- (B) Nebraska Dental Assistant Association state, local, and study club meetings.
- (C) Formal education courses which relate directly to the practice of dental assisting.
- (D) College or University-sponsored courses in continuing education in dental assisting.
- (E) Licensee acting as table clinician or lecturer to licensed dental assistants or licensee attending table clinics;
- (F) Home study with testing mechanism. If there is not a testing mechanism or certificate of completion, the licensee must submit an abstract or resume of the material covered to the Board of Dentistry. The abstract or resume must be written by only the licensee and will be reviewed by members of the board's subcommittee on continuing education;
- (G) Direct clinical observation;
- (H) Initial Cardiopulmonary Resuscitation (CPR) certification or CPR recertification;
- (I) Faculty overseeing student dental assistant or expanded function dental assisting clinics;
- (J) Dental public health continuing education;
- (K) Ethics and professionalism continuing education;
- (L) Well-being (substance abuse) continuing education;
- (M) Infection Control continuing education;
- (N) Practice Management continuing education;
- (O) Presentation or development of a continuing education program for dental assistants by a licensee;
- (P) Expanded functions for which a permit is held;

**006.02 NO PRE-APPROVAL.** The Board of Dentistry does not pre-approve continuing education programs or activities.

006.03 CONTINUING EDUCATION WORKSHOP OR PROGRAM CRITERIA. To be considered acceptable for continuing education, a workshop or program must meet the following criteria:

- (A) Be at least 50 minutes in duration;
- (B) Objectives must relate to the practice of dental assisting or expanded function dental assisting as applicable to the license;
- (C) Presenters of programs must be qualified by education, experience or training;
- (D) Must be open to all dental assistants licensed by Nebraska who meet the pre-requisites for the program; and
- (E) The provider must have a process for verifying attendance and issue a certificate of attendance. Each certificate must include the following:
  - (i) Program name;
  - (ii) Name of the participant and his or her license number;
  - (iii) Provider's name;
  - (iv) Date the program began and ended; and
  - (v) Number of hours received by the licensee.

006.04 CRITERIA FOR A HOME STUDY PROGRAM. To be considered acceptable, a home study program must meet the following criteria:

- (A) Objectives must relate to the practice of dental assisting as applicable to the license;
- (B) Must have a post-test or other method of assessment which verifies that the licensee completed the program; and
- (C) Author(s) of home study programs must meet the following qualifications:
  - (i) Have experience in the content and subject matter;
  - (ii) Have expertise in teaching and instructional methods suitable to subject presented; and
  - (iii) Have suitable academic qualifications, certification credentials, or experience for subject presented;

006.05 CREDIT HOUR CALCULATIONS. Subject to the credit number limitations set out in this regulation a licensed dental assistant may receive credit for acceptable continuing education activities. Credits earned in excess of thirty hours in a 24-month renewal period do not carry over into the following period.

- (A) A maximum of 10 hours each in the renewal period may be obtained through home study or for initial cardiopulmonary resuscitation certification.
- (B) A maximum of 2 hours each in the renewal period may be obtained as a table clinician or lecturer or for direct clinical observation.
- (C) A maximum of 4 hours each in the renewal period may be obtained for cardiopulmonary resuscitation re-certification or practice management continuing education.
- (D) A maximum of 5 hours each in the renewal period may be obtained for faculty overseeing student dental assistant or expanded function dental assisting clinics, dental public health continuing education activities, well-being (substance abuse) continuing education activities or ethics and professionalism continuing education activities.

(E) A minimum of 2 hours in the renewal period must be obtained in infection control continuing education.

(F) A minimum of 2 hours in the renewal period must be obtained in each area for which a licensee holds an expanded function permit. A minimum of 3 hours in the renewal period must be obtained in restorative materials or procedures if the licensee holds an expanded function permit.

(G) Credit may be claimed only for actual time in attendance and only for the time which meets the criteria for a continuing education activity.

006.06 WAIVERS UPON RENEWAL OF A LICENSE. To be considered for a waiver of an applicable requirement upon renewal, the licensee must meet the following requirements:

006.06(A) MILITARY SERVICE. The Department may waive continuing education requirements if a licensee has served in the regular armed forces of the U.S. during part of the credentialing period immediately preceding the renewal date.

006.06(B) FIRST LICENSED. The Department waives continuing education requirements for individuals who were first credentialed within the 24-month period immediately preceding the renewal date.

006.07 AUDIT OF CONTINUING EDUCATION REQUIREMENTS. The Department or the board may biennially select, in a random manner, a sample of the renewal applications for audit of continuing education requirements or military status. Each credential holder selected for audit must produce documentation of the continuing education activities or military status within 30 days.

## **007. DISCIPLINARY ACTIONS**

007.01 GROUNDS FOR ACTION AGAINST A CREDENTIAL OR PERMIT. A dental assistant license or a dental assistant expanded function permit may be denied, refused renewal, or have other disciplinary measures taken against it for grounds specified in Neb. Rev. Stat. § 38-178.

007.02 UNPROFESSIONAL CONDUCT. Unprofessional conduct includes but is not limited to acts set out in Neb. Rev. Stat. § 38-179 and the following:

(A) Exercising influence on the patient or client in such a manner as to exploit the patient or client for the financial gain of the applicant, credential holder or permit holder or of a third party, which includes, but is not limited to, the promotion or sale of services, goods, appliances, or drugs;

(B) Refusing to provide professional service to a person because of such person's race, creed, color, sex, national origin, disability or familial status;

(C) Providing dental assisting or expanded function dental assisting services contrary to the current statutes and regulations;

(D) Failure to furnish the board, its inspectors or representatives, information legally requested by the board or the Department;

(E) Any departure from or failure to conform to the ethics of the dental profession;

(F) Misrepresentation of material facts in applying for or procuring a renewal of a credential or permit;

(G) Misrepresenting one's credentials in an application submitted to a prospective employer;



(H) Disruptive behavior as manifested by the credential holder's aberrant behavior which interferes with patient care or could reasonably be expected to interfere with patient care, including, but not limited to, the following:

- (i) Outbursts of rage or violent behavior;
- (ii) Throwing of instruments, records, or objects;
- (iii) Insulting comments to a patient, patient's family, dental staff, or other healthcare professionals;
- (iv) Striking or assaulting a patient, patient's family, dental staff or healthcare professionals; or
- (v) Poor hygiene;

(I) Refusal to cooperate or failure to furnish requested information during a licensing or discipline investigation by the Department; and

(J) Any violation of other Nebraska statutes or regulations governing the profession.

**008. PROHIBITED SERVICES.** An assistant, Licensed Dental Assistant or Expanded Function Dental Assistant is prohibited from performing the following clinical services:

- (A) Diagnosis and treatment planning;
- (B) Surgery on hard or soft tissue;
- (C) Administering general anesthetics;
- (D) Any other irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist;

(E) Any intra-oral procedure, **excluding non-radiation digital scans that do not require manipulation of soft tissue**, which would lead to the fabrication of a **Final Prosthesis** (unless holding the **Fixed or Removable Prosthodontics Permit**); and

(F) Placing or contouring of a final restoration (unless holding the **Expanded Function Dental Assistant Restorative I or II Permit**)

### **009 - CATEGORIES OF PRACTICE FOR LICENSED DENTAL ASSISTANTS**

(A) Upon completion of a course **and testing** approved by the Board, the following functions delegable to a Licensed Dental Assistant to perform under indirect supervision, the duties listed below by category. The supervising dentist shall check all procedures before dismissing the patient. Must meet all the requirement for licensure.

#### **1. Fixed Prosthodontics Permit**

- A. Place retraction cord/material in preparation for fixed prosthodontic impressions or **non-radiation digital scans**; and
- B. Making final impressions for the fabrication of any final fixed dental prosthesis.

#### **2. Removable Prosthodontics Permit**

- A. Placement of temporary soft liners in a final removable dental prosthesis;
- B. Extra-oral adjustments of removable dental prosthesis during and after insertion; and
- C. Making final impressions for the fabrication of any final removable dental prosthesis.

#### **3. Pediatric Fixed Permit**

A. fit and cement/bond crowns on deciduous teeth

#### **4. Monitor and Administer Nitrous Oxide Analgesia Permit**

A. To achieve previous baseline of a patient of record.

**5. Competency** (taken from existing coronal polishing Regs) The course shall include written and clinical examinations for the purpose of determining competency of the dental assistant, demonstrating the necessary skills and proficiency related to the function of the Permit. Upon successful completion of the course, the sponsoring institution will provide the attendee with written verification of competency.

009.2 Reciprocity for Out of State Applicants for Licensed Dental Assistant Permits- After obtaining a Nebraska Dental Assisting License, an applicant must submit proof of successful completion of an appropriate education course, specific to the Permit being applied for, from a program that is accredited by the American Dental Association Commission on Dental Accreditation CODA.

### **010 - CATEGORIES OF PRACTICE FOR EXPANDED FUNCTION DENTAL ASSISTANTS**

(A) After proof of at least one thousand five hundred hours of experience as a Licensed Dental Assistant, a Licensed Dental Assistant may take a course approved by the Board to perform the functions under indirect supervision listed below by category as an Expanded Function Dental Assistant. The supervising dentist shall check all procedures before dismissing the patient. The expanded functions Permit must be displayed in plain view in any facility where the dental hygienist will be providing expanded functions prior to delegation of expanded functions to that dental hygienist.

#### **1. Restorative I Permit**

- A. Places liners, bases and varnishes;
- B. Placing, condensing, and carving amalgam for Class I, V, and VI restorations; restorations; and
- D. Minor palliative care of dental emergencies (place sedative filling).

#### **2. Restorative II Permit** - must hold a current Restorative I Permit;

- A. Placing, condensing, carving, and finishing amalgam for Class II restorations;
- B. Placing and finishing composite/Glass ionomer for Class II, III, IV restorations.

#### **3. Testing/Assessment** –

(a) For a Restoration Permit I, a proctored practical exam placing a liner, a base and two (2) designated restorations on a dental model and evaluated by an examiner.

(b) For a Restoration II Permits, a proctored practical exam placing two (2) designated restorations on a dental model and evaluated by an examiner.

(c) The Board of Dentistry shall approve a pool of dental examiners consisting of licensed NE dentists experienced in conducting dental licensure exams. Proctors and examiners shall be selected from this pool for Permit I and II.

(d) For either Permit, a passing score conducted by CRDTS or another regional exam would be acceptable.

#### **4. Reciprocity for Out of State Applicants**

(a) Successful completion of a state or regional equivalent exam for the above Permits approved by the Board of Dentistry.

(b) To be eligible to sit for a Nebraska Permit exam, after obtaining a Nebraska Dental Assisting License, submit proof of successful completion of an appropriate education course, specific to the Permit being applied for, from a program that is accredited by the American Dental Association Commission on Dental Accreditation CODA.

### **0011. CRITERIA FOR APPROVAL OF COURSES ON CORONAL POLISHING PROCEDURES AND FOR DENTAL X-RAYS FOR DENTAL ASSISTANTS.**

0011.01 APPROVED COURSE CRITERIA FOR CORONAL POLISHING. To obtain approval as a coronal polishing course the course must be:

- (A) Part of an accredited dental assisting training program or offered at a program accredited by the American Dental Association Commission on Dental Accreditation;
- (B) Led by an instructor of the course who is qualified by education and experience; and
- (C) Held for a minimum of 14 contact hours of coronal polishing instruction to include 10 hours of didactic instruction and 4 hours of clinical participation.

#### **Existing Regulations**

**005 CORONAL POLISHING.** A dental auxiliary is hereby authorized, under the indirect supervision of a licensed dentist, to polish all exposed tooth surfaces with a rubber cup or brush driven by a conventional slow-speed hand piece, but they shall not be authorized to do so on or after January 1, 1997, unless they have met the following requirements:

005.01 Attained the age of eighteen (18); and

005.02 One of the following:

005.02A Have graduated from a dental assisting training program which is accredited by the American Dental Association (ADA) and includes a coronal polishing course; or

005.02B Have one (1) year (a minimum of 1500 hours) of clinical work experience as a dental assistant and have successfully completed a course in polishing procedures which is approved by the Board and Department.

005.03 Criteria for Approval of a Course on Polishing Procedures for Dental Assistants.

005.03A The institution administering the course on coronal polishing must be accredited by the American Dental Association;

005.03B The course must have a minimum of fourteen (14) contact hours of instruction to include ten (10) hours of didactic instruction and four (4) hours of clinical participation;

005.03C The didactic course content must include, but not be limited to, instruction in dental anatomy and physiology of the hard and soft tissues of the deciduous and permanent oral facial complex, the correct management of the hard and soft tissues during coronal polishing procedures, demonstration of appropriate patient and operator positions, instruction in universal precautions and infection control, laboratory exercises utilizing manikins or extracted teeth,

indications and contraindications for coronal polishing, armamentarium, and principles of polishing agents;

005.03D The clinical course content must include, but not be limited to, four (4) contact hours of rotary coronal polishing on a minimum of two (2) patients;

005.03E The course shall include written and clinical examinations for the purpose of determining competency of the dental assistant, demonstrating the necessary skills and proficiency to perform coronal polishing; and

005.03F Upon successful completion of the course, the sponsoring institution will provide the attendee with written verification of competency.

0011.02 APPROVED COURSE CRITERIA FOR DENTAL X-RAY. To obtain approval as a dental x-ray course the course must be:

(A) Part of an accredited dental assisting training program or offered at a program accredited by the American Dental Association Commission on Dental Accreditation;

(B) Led by an instructor of the course who is qualified by education and experience; and

(C) Held for no less than 16 hours of classroom instruction on dental x-rays;

0011.03 COURSE CHANGES. All entities with approved courses shall keep the Board informed of any changes in course objectives and content at the time such change occurs; and

0011.04 CONDITIONS OF APPROVAL. Courses that fail to meet or continue to meet criteria for approval of a course may be denied or rescinded upon recommendation by the Board.

### Existing Regulations

004 DENTAL ROENTGENOGRAMS. Any licensed dental hygienist, by virtue of training and professional ability, is hereby authorized, under the supervision of a licensed dentist, to take dental roentgenograms. Any other dental auxiliary is hereby authorized under the supervision of a licensed dentist to take dental roentgenograms, but they shall not be authorized to do so, on or after January 1, 1973, unless they have satisfactorily completed a course in dental radiology approved by the Board and the Department.

### 0012. CRITERIA FOR APPROVAL OF CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION FOR DENTAL ASSISTANTS TO MONITOR AND FOR LICENSED DENTAL ASSISTANTS TO ADMINISTER NITROUS OXIDE.

0012.01 APPROVED COURSE CRITERIA FOR CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION.

(a) To monitor nitrous oxide under indirect supervision by a licensed dentist, the dental assistant must hold current certification in healthcare cardiopulmonary resuscitation (CPR) accredited by the American Heart Association, American Red Cross, or equivalent certification approved by the board.

(b) To administer nitrous oxide under indirect supervision by a licensed dentist, the Licensed dental assistant with the Nitrous Oxide Permit must hold current certification in

healthcare cardiopulmonary resuscitation (CPR) accredited by the American Heart Association, American Red Cross, or equivalent certification approved by the board.

### **013 - EXPANDED FUNCTIONS COURSE PROVIDERS.**

(A) The board may approve Licensed Dental Assistant or Expanded Functions Dental Assistant course providers that satisfy the following minimum criteria:

1. Uses course curriculum approved by the board;
2. Demonstrates that faculty at each course include at least one (1) dentist and that the student to faculty ratios do not exceed the number stated in CODA accreditation standards.
3. Demonstrates that adequate faculty calibration occurs to ensure that educational standards are maintained;
4. Demonstrates that adequate testing, monitoring, and evaluation is in place to assure that graduates have attained competent skills of the component concepts in a laboratory setting; and
5. Demonstrates that mechanisms are in place to provide the board with data on the outcomes of expanded functions duty dental assisting training by reporting on follow-up blind surveys of Expanded Functions Dental Assistant and supervising dentists.

**~~014. EXPANDED FUNCTION PERMIT.~~** ~~To receive a permit to practice an expanded function an applicant must submit a complete application and meet the requirement for a permit set out in statute and in this regulation.~~

~~014.01 DOCUMENTATION OF EXPERIENCE.~~ ~~Submit employment or staffing records or other reports from the employer demonstrating 1,500 hours of experience as a licensed dental assistant.~~

~~014.01(A) MILITARY SERVICE.~~ ~~Upon presentation of satisfactory evidence that the education, training, or service completed by an applicant for a credential while a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserve of any state, or the naval militia of any state is substantially similar to the education required for the credential, the Department, with the recommendation of the appropriate board, will accept such education, training, or service toward the minimum standards for the credential.~~

~~014.02 EDUCATION.~~ ~~Submit documentation of successful completion of an approved course for the expanded function permit that has been requested.~~

~~014.03 EXAMINATION SCORES.~~ ~~Examination scores must be sent directly to the Department from the Central Regional Dental Testing Service or other board approved testing agency.~~

~~014.03(A) SIMPLE RESTORATION FOR ONE SURFACE.~~ ~~Applicants applying for the expanded function of Simple Restoration for One Surface must obtain a score of 75% or greater on the practical examination on simple restoration for one surface administered by the Central Regional Dental Testing Service or any other comparable regional or state practical examination approved by the Board of Dentistry.~~

~~014.03(B) COMPLEX RESTORATION FOR MULTIPLE SURFACES. Applicants applying for the expanded function of Complex Restoration for Multiple Surfaces must obtain a score of 75% or greater on the practical examination on complex restoration for multiple surfaces administered by the Central Regional Dental Testing Service or any other comparable regional or state practical examination approved by the Board of Dentistry.~~

**015. REINSTATEMENT.** This section applies to applicants previously licensed or permitted in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska license or permit. To reinstate a license or permit, an applicant must submit a complete application, meet the requirements for a license or permit set out in statute and this regulation, and provide the following information and documentation:

015.01 CREDENTIAL IN ANOTHER JURISDICTION INFORMATION. If the applicant holds a credential in another jurisdiction, the information set out in 172 NAC 53-003.01(E).

015.02 EXPLANATION AND ACTIONS TAKEN. If making an application following voluntary surrender or disciplinary action, information relating to what actions applicant has taken to address the reasons that caused the action.

015.03 CONTINUING EDUCATION. Documentation that the applicant has met the continuing education requirements specified in 172 NAC 53-006 within the 24 months immediately preceding submission of the application.

015.04 COMPETENCY. Documentation that the applicant met one of the following:

- (A) Practicing either dental assisting for at least 1,000 hours within the three years immediately preceding the date of the application;
- (B) Passing the examination administered by the Dental Assisting National Boards (DANB) or any other regional or state practical examination that the Board of Dentistry determines is comparable to such examination within the 3 years immediately preceding the date of the application;
- (C) Passing a competency assessment approved by the board;
- (D) If applying to reinstate an expanded function permit:

(1) Has obtained the required continuing education directly related to the expanded function.

(2) Has submitted documentation of completing the course and passing any required examination within the past 5 years or documentation of completing a refresher course; and

015.05 PRACTICE STATEMENT. A statement that the applicant has not practiced as a licensed dental assistant or expanded function dental assistant in Nebraska before submitting the application; or if the applicant has practiced as a licensed dental assistant or expanded function dental assistant in Nebraska before submitting the application a statement of the number of days practiced and the name and location of practice; and

015.06 CONDUCT. A statement that the applicant has not committed any act which would be grounds for action against a credential as specified in 172 NAC 53-007 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such acts.

**016. NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An applicant may not translate his or her own documents.

**017. WITHDRAWN APPLICATIONS.** An applicant for a dental assistant license or expanded function dental assistant license may request to withdraw the application. A request to withdraw an application will be granted:

- (A) When the application is incomplete; or
- (B) When the request for withdrawal is received within five business days of the receipt of a completed application.

**018. FEES.** Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.