

Alaska

Allowable and Prohibited Duties for Dental Assistants

At-a-glance information includes a dental assisting career ladder and job titles, radiography requirements, education and exam requirements, delegable functions and supervision levels, and prohibited functions.

These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state's dental board annually or when changes occur regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state's dental board.



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- Appendix B: information about supervision levels for dental assistants



State Job Titles

State Career Ladder

There are two recognized levels of dental assistants in Alaska. See the following pages for details about requirements and allowed functions for each level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.



- 2 Dental Assistant *qualified in coronal polishing procedures/*
Dental Assistant *qualified in restorative functions*
- 1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

There are no radiography requirements for dental assistants in Alaska.

All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures delegated by and under the indirect supervision of an Alaska state-licensed dentist*.

**Note: A dental hygienist holding an advanced practice permit may also delegate to a dental assistant with a certificate in coronal polishing the exposure and development of radiographs under indirect supervision*

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Alaska

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

The following functions are not permitted by any level of dental assistant:

- 2. Perform preliminary charting and triage to formulate a dental hygiene assessment and dental hygiene treatment plan
- 20. Remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques
- 59. Administer and monitor nitrous oxide-oxygen conscious sedation
 - Remove marginal overhangs
 - Use local periodontal therapeutic agents
 - Perform nonsurgical periodontal therapy
 - Administer local anesthetic agents
 - Dental diagnosis, comprehensive treatment planning, and writing prescriptions for drugs
 - Writing authorizations for restorative, prosthetic, or orthodontic appliances
 - Operative or surgical procedures on hard or soft tissues
 - Other procedures that require the professional competence and skill of a dentist or licensed dental hygienist
 - Other procedures considered prophylactic, such as scaling (*per opinion issued at 8/25/2023 Board meeting*)



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in Alaska may perform basic supportive dental procedures specified by the state dental practice act (see below) under the supervision of a licensed dentist.

There are no education or training requirements for this level of dental assisting.

Allowable

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Indirect Supervision*

- 18. Apply topical preventive agents*
- 40. Apply pit and fissure sealants*

Note: A dental hygienist holding an advanced practice permit may delegate to a dental assistant with a certificate in coronal polishing the application of topical preventive agents under either **indirect or direct supervision and the placement of pit and fissure sealants under **direct supervision***

In Alaska, all dental assistants may:

- 22, 52. Expose and develop dental radiographs*
- Perform infection control and occupational safety procedures
- Perform other duties not specified by this state's dental practice act

2 Dental Assistant qualified in coronal polishing procedures / qualified in restorative functions

Requirements

Education, Training and Credential Requirements

To perform **coronal polishing procedures** in Alaska under the direct supervision of a licensed dentist, a dental assistant must hold a **certificate in coronal polishing**.

An applicant for certification must:

- I. a. Submit to the Alaska Board of Dental Examiners a complete, notarized application form **AND**
- b. Pay applicable fee **AND**
- c. Successfully complete a program of instruction approved by the Alaska Board of Dental Examiners

OR

- II. Be currently licensed or certified in another jurisdiction to perform coronal polishing and provide documentation to the board verifying the certificate and course taken to obtain that certification

To perform specified **restorative functions** in Alaska under the direct supervision of a licensed dentist, a dental assistant must hold a **certificate in restorative functions**.

To qualify, one must:

- I. Successfully complete a course offered by or under the auspices of a program accredited by the Commission on Dental Accreditation (CODA) or other equivalent course or program approved by the Alaska Board of Dental Examiners **AND**
- II. a. Pass the Western Regional Examining Board's restorative examination or other equivalent examination approved by the board within the five years preceding the dental assistant's certificate application
- OR**
- b. Have legal authorization from another state or jurisdiction to perform restorative functions

Note: The Alaska Board of Dental Examiners maintains a registry of dental assistants who hold certificates in coronal polishing and/or restorative functions.

Allowable

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Direct Supervision*

- 9. Coronal polishing on teeth without calculus, if the dental assistant holds the Alaska coronal polishing certificate

- 12, 33, 51. Placement of a restoration into a cavity prepared by a licensed dentist and the subsequent carving, contouring, and adjustment of the contacts and occlusion of the restoration, if the dental assistant holds the Alaska restorative functions certificate

***Direct Supervision:** "Direct supervision" means a dentist licensed in this state is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and, before dismissal of the patient, evaluates the performance of the dental assistant.

Indirect Supervision: "Indirect supervision" means a dentist licensed in this state is in the dental office, authorizes the procedures, and remains in the dental office while the procedures are being performed by the dental assistant.

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The numbered functions listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state's dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with bullets in the preceding charts are part of the state's practice act but are not specific matches to the functions that were included in the 2002-2005 study.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post- surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in arch wires
16. Demonstrate knowledge of ethics/ jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four- handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/ armamentaria setups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four- handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown

Appendix B: Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified five levels of supervision for allied dental personnel, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2010: 505) which is part of its *Current Policies*, last updated in 2020. Note that “allied dental personnel” refers to dental assistants, dental hygienists and dental laboratory technicians.

The five levels of supervision defined by the ADA are as follows:

Personal supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA’s “Comprehensive Policy Statement on Allied Dental Personnel” stipulates that intraoral expanded functions should be performed by allied dental personnel “under the supervision of a dentist.”

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance has not made any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA’s own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of the attached charts, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.

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