

Arkansas

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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- State requirements and functions chart
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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 Arkansas. 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 Registered Dental Assistant (RDA)

1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

In order to legally operate dental x-ray equipment and perform dental radiographic procedures in Arkansas, a dental assistant must be an RDA who holds a permit for radiography from the Arkansas State Board of Dental Examiners.

To obtain this permit, one must:

- I. a. Hold a current national DANB Certified Dental Assistant (CDA) certification **OR**
- b. Graduate from a CODA-accredited dental assisting program **OR**
- c. Successfully complete and submit a certificate of completion of a radiography course approved by the Board

AND

- II. Hold current Basic Life Support-level CPR certificate

AND

- III. Apply for registration to the Arkansas State Board of Dental Examiners

AND

- IV. Successfully complete the Arkansas jurisprudence exam

Note: A dental assistant holding a current radiography permit dated prior to 11/1/11 will not be required to complete an approved radiography course unless he or she is operating an imaging machine other than conventional flat film radiography, such as cone-beam computed axial tomography (CT) scan.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Arkansas

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

- 20. Scaling, root planing and curettage
- 29. Final placement of orthodontic brackets
- 33. Placement, seating, or removal of any final or permanent restorations
 - Diagnosis and treatment planning
 - Surgical or cutting procedures on hard or soft tissue
 - Prescription, injection, inhalation, and parenteral administration of drugs (except where permitted by the Arkansas Board)
 - Any procedure that contributes to or results in irreversible alteration of the oral anatomy
 - Those functions relegated to a dental hygienist:
 - 9. Using air driven electric, sonic, ultrasonic, or otherwise powered scalers or polishers (except by dental assistants possessing an expanded duties permit for polishing)
 - Oral examination
 - Oral prophylaxis
 - Placing medicaments into the sulcus or periodontal pockets, for periodontal disease
 - Place silver diamine fluoride



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

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

Training in standard precautions and other infection control standards required by OSHA and as recommended by the CDC and set forth in Arkansas rule shall be provided to all dental healthcare personnel by the employer upon initial employment prior to direct patient care, whenever new tasks are assigned which effects the level of occupational exposure, and at least annually.

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

Allowable

Allowable Functions

Under Personal Supervision*

- Any reversible dental task or procedure assigned by the supervising dentist that does not require a permit or the professional skills of a licensed dentist or licensed dental hygienist

2 Registered Dental Assistant

Requirements

Education, Training and Credential Requirements

A Registered Dental Assistant in Arkansas is an individual who holds a permit from the Arkansas State Board of Dental Examiners (ASBDE) to perform one or more of the expanded functions listed below.

To be issued a permit for any of the expanded functions (except Sedation Monitoring, which has additional requirements), one must:

- I.
 - a. Hold a current national DANB Certified Dental Assistant (CDA) certification **OR**
 - b. Graduate from a CODA-accredited dental assisting program **OR**
 - c. Complete an ASBDE-approved course in the desired expanded function(s) **OR**
 - d. Receive on-the-job training from an Arkansas licensed dentist

AND

- II. Hold current Basic Life Support-level CPR certificate

AND

- III. Provide proof of competency in the desired expanded function(s) and apply for registration to the ASBDE

AND

- IV. Successfully complete the Arkansas jurisprudence exam

Sedation monitoring: Hold a current permit for nitrous oxide administration, hold current CPR certification, hold current DANB CDA certification (or be a Registered Dental Assistant, RN or LPN), successfully complete the American Association of Oral and Maxillofacial Surgeons Anesthesia Assistant's training program or a Board-approved equivalent course within the two years immediately preceding application, apply to the ASBDE for registration, and successfully complete the Arkansas jurisprudence exam.

Note: To renew a permit to perform expanded functions, Registered Dental Assistants must provide the ASBDE proof of completing two hours of continuing education in infection control every two years.

Allowable

Allowable Functions

Under Personal Supervision*

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| <ol style="list-style-type: none"> 9. Perform coronal polishing** 22. Operate dental radiographic equipment** 40. Place sealants (if the dental assistant holds a coronal polishing permit) 59. Induce and monitor nitrous oxide/oxygen analgesia** | <ul style="list-style-type: none"> Monitor patients who are under deep sedation or general anesthesia only in offices where the dentist is permitted to perform those services** All duties designated to Dental Assistants, under the same level of required supervision |
|---|---|

** A dental assistant must obtain a permit in each of these expanded duties before performing the duty; see requirements for each corresponding permit above.

*Personal Supervision: The dentist is in the office or treatment facility, has personally diagnosed the condition to be treated, has personally authorized the procedures, remains in the office or treatment facility while the procedures are being performed, and evaluates the performance of the Dental Assistant before the dismissal of the patient.

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADA/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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