

Connecticut

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.



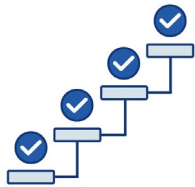
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State Career Ladder

There are two recognized levels of dental assistants in Connecticut. 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.



1 Dental Assistant

2 Expanded Function Dental Assistant (EFDA)

State Radiography Requirements

In order to legally operate dental x-ray equipment and perform dental radiographic procedures in Connecticut, a dental assistant must pass either:

1. The national DANB Radiation Health and Safety (RHS) exam **OR**
2. A radiation health and safety competency assessment administered by a dental education program in the state that is accredited by the ADA's Commission on Dental Accreditation, (e.g. University of Connecticut's School of Dental Medicine's Radiation Health & Safety Competency Assessment).

NOTE: On May 14, 2026, Gov. Ned Lamont signed HB5514, which amends *CT Gen Stat §20-112a* to add that a dentist who delegates the taking of dental x-rays by the dental assistant will assume responsibility for such procedure, but need not remain on-site in the dental office or treatment facility. The new law is effective October 1, 2026.

Functions NOT Permitted by Dental Assistants in Connecticut

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:

- 44, 46. The taking of any impression of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating any appliance or prosthesis
- Diagnosis for dental procedures or dental treatment
 - Prescribing of drugs or medications that require the written or oral order of a licensed dentist or physician
 - Administration of local, parenteral, inhalation or general anesthetic agents in connection with any dental operative procedure
 - The cutting or removal of any hard or soft tissue or suturing
 - The practice of dental hygiene as defined in the Connecticut Dental Practice Act



1 Dental Assistant

Education, Training and Credential Requirements

Requirements

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

All dental assistants must provide records demonstrating successful performance on DANB's Infection Control (ICE) exam or an infection control competency assessment administered by a CODA-accredited dental education program in Connecticut, (e.g. University of Connecticut's School of Dental Medicine Infection Control Competency Assessment). Dental assistants have fifteen months from the start of employment to receive on-the-job training by a licensed dentist to prepare for and pass the exam or competency assessment.

Allowable Functions

Allowable

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*

- | | |
|---|--|
| 18. Provision of fluoride varnish treatments | 44. Taking of impressions for study models |
| 22. Taking of dental x-rays (see "Radiography Requirements" on previous page) | • A licensed dentist may delegate to dental assistants such dental procedures as he/she may deem advisable |

2 Expanded Function Dental Assistant

Education, Training and Credential Requirements

Requirements

To perform expanded functions under the direct or indirect supervision of a licensed dentist in Connecticut, a dental assistant must earn Expanded Function Dental Assistant (EFDA) status. To qualify, one must:

1. Maintain current DANB Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) certification **AND**
2. Successfully complete an expanded function dental assistant program at a higher education institution accredited by the Commission on Dental Accreditation (CODA) that includes educational courses related to didactic and laboratory preclinical objectives and at least four hours of education in ethics and professional standards for dental professionals and a comprehensive clinical exam administered by the higher education program at the conclusion of the program **AND**
3. Pass DANB's Certified Preventive Functions Dental Assistant (CPFDA) certification exam and DANB's Certified Restorative Functions Dental Assistant (CRFDA) certification exam

All Expanded Function Dental Assistants must provide records demonstrating successful performance on DANB's Infection Control (ICE) exam or an infection control competency assessment administered by a CODA-accredited dental education program in Connecticut, (e.g. University of Connecticut's School of Dental Medicine Infection Control Competency Assessment). Dental assistants have fifteen months from the start of employment to receive on-the-job training by a licensed dentist to prepare for and pass the exam or competency assessment.

Allowable Functions

Allowable

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 or Indirect Supervision*

9. Coronal polishing, provided the procedure is not represented or billed as prophylaxis
- 12, 33, 34, 50, 51. The placing, finishing and adjustment of temporary restorations and longterm individual fillings, capping materials and cement bases
24. Oral health education for patients
40. Dental sealants

Under Direct Supervision*

44. Taking alginate impressions of teeth for use in study models, orthodontic appliances, whitening trays, mouth guards or fabrication of temporary crowns
56. Administration of topical anesthetic prior to the administration of local anesthetic by a dentist or dental hygienist

***Direct supervision:** A licensed dentist has authorized certain procedures to be performed on a patient by a dental assistant or an expanded function dental assistant with such dentist remaining onsite in the dental office or treatment facility while such procedures are being performed by the dental assistant or expanded function dental assistant and that, prior to the patient's departure from the dental office, such dentist reviews and approves the treatment performed by the dental assistant or expanded function dental assistant

Indirect supervision: A licensed dentist is in the dental office or treatment facility, has personally diagnosed the condition, planned the treatment, authorized the procedures to be performed and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant or expanded function dental assistant and evaluates the performance of the dental assistant or expanded function 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.

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

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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