

Georgia

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 Georgia. 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 Expanded Duty Dental Assistant (EDDA)

1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

In order to legally operate dental x-ray equipment and perform dental radiographic procedures under the direct supervision of a licensed dentist in Georgia, a dental assistant must complete a minimum of six hours of instruction, in the content areas defined in the Georgia Department of Human Services' x-ray requirements*.

Instruction should begin within 30 days of initial employment and be completed no more than 90 days after employment begins. A record of training must be maintained by the employer.

A dental assistant who shows written proof of completed x-ray training is considered to have satisfied the requirements of the Department of Human Services.

**Note: The DALE Foundation's DANB RHS Review course meets the requirements of the Georgia Department of Community Health regulation 111-8-90-.04, X-Rays in the Healing Arts.*

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Georgia

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

- Utilize laser equipment and technology
- Utilize intraorally micro etching and/or air polishing equipment and technologies
- Any operations catalogued as dental hygiene treatments
- The administration of any medication or drugs given to a patient through phlebotomy and venipuncture procedures



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in Georgia may perform basic supportive dental procedures specified by the state dental practice act (see below) and by rule of the Georgia Board of Dentistry under the direct supervision of a licensed dentist.

A dental assistant must complete Georgia Board of Dentistry-approved training in phlebotomy, intravenous access, infection control, the handling of any associated medical or dental emergencies, and any other safety related topics required by the Board before performing **phlebotomy and venipuncture procedures**.

To use rubber cup prophylaxis (i.e., perform **coronal polishing****) on primary dentition, a dental assistant must complete a curriculum approved by the Georgia Board of Dentistry or a minimum of eight hours of on-the-job training in the provision of rubber cup prophylaxis by a dentist licensed to practice in Georgia.

During the administration of deep sedation/general anesthesia in the dental office or a site approved by the Board, all staff must be certified in cardiopulmonary resuscitation at the basic life support level given by a board-approved sponsor.

There are no other 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 Direct Supervision*

- 9. Use a rubber cup prophylaxis on a patient with primary dentition** (see note below)
- 13. Remove sutures (other than wire sutures)
- 14. Dry canals with absorbent points and place soothing medications (not to include endodontic irrigation); and place and remove temporary stopping with non-mechanical hand instruments only
- 15. Select, pre-size and seat orthodontic arch wires with brackets which have been placed by the dentist
- 15. Cut and tuck ligatures, remove ligatures and arch wires, remove loose or broken bands
- 22. Place and expose radiographs with such training as may be required by law
- 27. Place and remove rubber dams
- 29. Select and pre-size orthodontic bands which initially must be seated by the dentist
- 42. Place and remove pre-treatment separators
- 44. Make impressions diagnostic models and opposing models
- 45. Place matrix bands and wedges
- 47. Fabricate extraorally temporary crowns and bridges
- 47, 50. Cement temporary crowns and bridges with intermediate cement
- 50. Place intracoronal temporary restorations using intermediate cement
- 54. Remove temporary crowns and bridges seated with intermediate cement
- 56. Apply topical anesthetic
- 61. Remove visible excess cement from supramarginal areas of dental restorations and appliances with non-mechanical hand instruments
- 62. Remove periodontal dressing
- 69. Remove dry socket medication
 - Place drying and de-oiling agents prior to the cementation of permanent crowns and bridges
 - Place and take off a removable prosthesis with a pressure sensitive paste after the appliance has been initially seated by the dentist
 - Etch unprepared enamel
 - Polish the enamel and restorations of the anatomical crown through the use of a slow speed handpiece (not to exceed 10,000 rpm), rubber cup and polishing agent; this procedure shall be used only for the purpose of enamel preparation for: 1) Bleaching, 2) Cementation of fixed restorations, 3) Bonding procedures including supramarginal enamel restorations after removal of orthodontic appliances
 - Remove and re-cement loose bands that have previously been contoured and fitted by a dentist, but only after a dentist has examined the affected tooth and surrounded gingiva and found no evidence of pathology
 - Perform phlebotomy and venipuncture procedures (after Board-approved training in phlebotomy, intravenous access, infection control, the handling of any medical or dental emergencies associated with such procedures, and any other safety related topics required by the board is acquired)

**The Georgia Board of Dentistry has issued a policy addendum clarifying that "rubber cup prophylaxis" refers to coronal polishing.

*Direct Supervision: A dentist licensed in Georgia is in the dental office or treatment facility, personally diagnoses 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 dental assistant and, before dismissal of the patient, evaluates the performance of the dental assistant.



2 Expanded Duty Dental Assistant (EDDA)

Requirements

Education, Training and Credential Requirements

To perform **expanded functions** under the direct supervision of a licensed dentist in Georgia, a dental assistant must earn status as an **Expanded Duty Dental Assistant (EDDA)**.

To qualify as an EDDA, one must:

- I. Hold a high school diploma or its equivalent

AND

- II. Hold a current Cardiopulmonary Resuscitation (CPR) certification

AND

- III. Provide a certificate documenting successful completion of a Georgia Board-approved course pertaining to the specific expanded duties outlined in that certificate. (A national DANB Certified Dental Assistant [CDA] certification is one of the ways by which an assistant may qualify to enroll in a Georgia Board-approved course.)

Note: Only those expanded duties that are listed on the certificate(s) may be performed by an EDDA.

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*

- 6. Packing and removing retraction cord, as prescribed by the dentist, so long as said cord is used solely for restorative dental procedures
- 15. Band, select, and pre-size arch wires and place arch wires after final adjustment and approval by the dentist
- 18. Apply topical anticariogenic agents
- 29. Select, pre-fit, cement, cure, and remove ortho bands or brackets
- 34. Place cavity liner, base or varnish over unexposed pulp
- 35. Place periodontal dressing
- 35. Redressing (not initial placement of dressing) and removing dressing from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of dressing from the alveolar socket in a diagnosed case of post-operative osteitis
- 37. Take and record vital signs
- 40. Apply pit and fissure sealants, and primer and bonding agents to etched enamel or dentin; and light-cure with a fiber-optic light source (not to include a laser device)
- 42. Place and remove pre-treatment separators
- 43. Size and fit stainless steel crowns on a primary tooth only
- 44. Make impressions to be used to repair a damaged prosthesis or to fabricate a night guard (bruxism or muscle relaxation appliance); or for passive orthodontic appliances (all adjustments must be performed extraorally; final adjustments must be made by the dentist)
- 47. Intraoral fabrication of temporary crowns and bridges (all such adjustments must be performed extraorally)
- 59. Monitor the administration of nitrous oxide/oxygen; turn off nitrous oxide/oxygen at the completion of the dental procedure and make adjustments to the level of nitrous oxide/oxygen, but only following the specific instructions of the dentist
 - Apply desensitizing agents to root surfaces of teeth and prepared dentinal surfaces of teeth prior to cementation of temporary restorations and crowns, bridges or inlays
 - Changing of bleaching agent, following initial applications by the dentist, during the bleaching process of vital and non-vital teeth after the placement of a rubber dam; and applying the fiber-optic light source of a curing light for activation of the bleach (not to include a laser device)
 - Re-bond brackets after a licensed dentist has examined the affected tooth and surrounding gingiva and found no evidence of pathology
 - Remove bonded brackets with hand instruments only
 - Apply primer and bonding agents to etched enamel or dentin, and light cure with fiber-optic light source (not to include use of a laser device)
 - Perform face bow transfer
 - Place springs on wires
 - Place hooks on brackets
 - Remove loose or broken bonds
 - Remove ligature and arch wires
 - Digital scans for fabrication of orthodontic appliances and models
 - All duties designated to dental assistants, under the same levels of required supervision

*Direct Supervision: A dentist licensed in Georgia is in the dental office or treatment facility, personally diagnoses 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 dental assistant and, before dismissal of the patient, evaluates the performance of the dental assistant.

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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