

Illinois

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
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants



[†] DANB has not received confirmation that the information in this state's overview has been reviewed and approved by the appropriate state office. The charts in this volume contain summaries reflecting DANB's understanding of the state dental practice act and administrative rules. For authoritative information, please contact this state's dental board (contact information is on the last page of this volume).

State Job Titles

State Career Ladder

There are three recognized levels of dental assistants in Illinois. 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.



- 3 Expanded Function Dental Assistant (EFDA)
- 2 Dental Assistant *qualified in expanded functions*
- 1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

There are no radiography requirements for dental assistants in Illinois.

All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Illinois

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:

- 20. Removal of calculus from teeth
- 20. Performing supragingival or subgingival scaling
- 34. Applying cavity bases
- 46. Taking of material or digital scans for final impressions for the fabricating of prosthetic appliances, crowns, bridges, inlays, onlays or other restorative or replacement dentistry
- 49. Performing pulp vitality tests
 - Diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structures
 - Removal of, restoration of or addition to the hard or soft tissues of the oral cavity except for the placing, carving, and finishing of amalgam restorations and placing, packing, and finishing composite restorations by dental assistants who have had additional formal education and certification as outlined in statute
 - Any and all correction of malformation of teeth or of the jaws
 - Administration of anesthetics except for monitoring of nitrous oxide, minimal sedation, moderate sedation, deep sedation and general anesthesia after completion of an approved training program
- The operative procedure of dental hygiene consisting of oral prophylactic procedures except for coronal polishing or pit and fissure sealants, as specified
- Making denture adjustments
- Permanently cementing permanent crowns or bridges
- Permanently re-cementing permanent crowns or bridges that have come loose
- Placement of any chemotherapeutic agent for the management of periodontal disease
- Cementing bands and/or bonding brackets
- Air polishing
- Inter-oral use of a high-speed hand piece
- Use of a laser to remove tissue
- Placement or removal of implant prosthetic components and prostheses, including but not limited to the placement or removal of healing abutments, implant supported provisionals, components used in final impression procedures, and final prostheses, which include abutment, crowns, fixed and fixed detachable prostheses and fixed detachable prostheses during recare appointments.



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in Illinois 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 Supervision*

- Any authorized or prescribed services or procedures for which the dental assistant is considered competent by the supervising dentist as a result of on-the-job training
- After being authorized by a dentist, remove loose, broken, or irritating orthodontic appliances on a patient of record for the purpose of eliminating pain or discomfort

DANB's Note on Allowable Dental Assisting Functions

In the state of Illinois, all dental assistants may:

- Expose, process and evaluate dental radiographs
- Perform infection control and occupational safety procedures
- Perform other duties not specified by this state's dental practice act

At this time, DANB cannot list all allowable dental assisting functions for each state because some states' dental practice acts outline very specific allowable functions, while others outline only prohibited functions and some contain minimal or no regulation of dental assisting duties.

*Supervision: A dentist must authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental assistant before dismissal of the patient. The dentist does not need to be present at all times in the treatment room.



2 Dental Assistant *qualified in expanded functions*

Coronal Scaling and Intracoronal Temporization

Restorative (Amalgams, Composites and Interim Restorations)

Coronal Polishing, Sealants, Monitor Nitrous, Monitor Sedation

Education, Training and Credential Requirements

To perform expanded functions under the supervision of a licensed dentist in Illinois, a dental assistant must meet state requirements for each of the desired expanded functions, as outlined below.

To qualify to perform **coronal scaling** and intracoronal temporization of a tooth** under the direct supervision of a dentist, a dental assistant must:

- I. Have at least 2,000 hours of direct clinical patient care experience
- AND**
- II. Complete an approved coronal polishing course prior to taking coronal scaling course
- AND**
- III. Complete a structured training program in coronal scaling and intracoronal temporization of a tooth provided by an educational institution (such as a dental school, dental hygiene or dental assisting program), an approved CE provider, or a statewide dental or dental hygienist association approved by the Department, that includes:
 - minimum 32 hours of didactic and clinical manikin or human subject instruction in specified content
 - an outcome assessment exam that demonstrates competency
 - completion of 6 full-mouth scaling procedures, observed and approved by supervising dentist (if training not from a CODA-accredited dental assisting program)
 - issuance of a certificate of completion (kept on file at the dental office)

To **place, carve and finish amalgam restorations; place, pack and finish composite restorations; and place interim restorations** under the direct supervision of a dentist, a dental assistant must:

- I. Pass approved coronal polishing course and approved dental sealants course (prior to taking restorative training program)
- AND**
- II. a. Successfully complete a structured training program meeting the requirements outlined in statute provided by an educational institution accredited by CODA **OR**
- b. Have at least 4,000 hours of clinical patient care experience and successfully complete a structured training program meeting the requirements outlined in statute provided by a statewide dental association approved by the Illinois Department of Financial and Professional Regulation (IDFPR)
- AND**
- III. Maintain on file at the dental office the certificate of completion of the required training program, which must be made available to IDFPR upon request

To perform **coronal polishing, place pit and fissure sealants, monitor patients under nitrous oxide, or monitor patients under sedation**, a dental assistant must:

- I. Be at least 18 years of age
- AND**
- II. a. Complete 1,000 hours of clinical dental assisting experience **OR**
- b. Complete a CODA-accredited dental assisting program **OR**
- c. Hold a current national DANB Certified Dental Assistant (CDA) certification
- AND**
- III. a. Complete approved course addressing the expanded function in question, subject to specific didactic and clinical requirements **OR**
- b. Provide proof of completion of an approved dental assisting program that contained the expanded function in the curriculum

Note: For nitrous, sedation, and anesthesia monitoring, dental assistants must maintain basic life support certification intended for healthcare providers (BLS) that includes evaluation of hands-on skills and a written exam.

Requirements

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 Supervision**

- 20. Perform coronal scaling (using hand instruments) above the gum line, supragingivally, on the clinical crown of the tooth only on patients 17 years of age or younger who have an absence of periodontal disease and who are not medically compromised or individuals with special needs**
- Perform intracoronal temporization of a tooth (using hand instruments)

Under Direct Supervision*

- 12, 51. Placing, carving, and finishing amalgam restorations
- 33. Place, pack, and finish composite restorations
- 50. Place interim restorations

Under Supervision**

- 9. Coronal polishing
- 40. Application of pit and fissure sealants
- 59. Monitor the patient while nitrous oxide is being administered
- Monitor a patient under minimal sedation, moderate sedation, deep sedation or general anesthesia
- All duties designated to Dental Assistants, under the same level of required supervision

** *Coronal scaling shall only be utilized on patients who are eligible for Medicaid or who are uninsured and whose household income is not greater than 300% of the federal poverty level*

Allowable

***Supervision:** A dentist must authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental assistant before dismissal of the patient. The dentist does not need to be present at all times in the treatment room.



3 Expanded Function Dental Assistant

Requirements

Education, Training and Credential Requirements

To perform specified expanded functions in Illinois and hold oneself out as an Expanded Function Dental Assistant, a dental assistant must complete required training in each of the allowed expanded functions. To qualify, a dental assistant must:

- I.
 - a. Complete training in the expanded functions from an approved continuing education sponsor **OR**
 - b. Complete training in the expanded functions from a dental assistant training program accredited by the Commission on Dental Accreditation **OR**
 - c. Complete a training course approved by the Illinois Department of Financial and Professional Regulation
- AND**
- II. Complete and maintain Basic Life Support certification, proof of which must be kept on file with the supervising dentist

Note: The Illinois General Assembly passed a law in the 2017 legislative session authorizing the creation of an Expanded Function Dental Assistant who may perform the functions listed below. The Illinois General Assembly further amended the law in 2018. The Illinois Department of Financial and Professional Regulation (IDFPR) is in the process of developing rules to implement this new law.

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 Supervision*

- 9, 40. Coronal polish and pit and fissure sealants**
- 46. Take material or digital scans for final impressions†
- 12, 33, 51. Place, carve, and finish amalgam restorations and place, carve, and finish composite restorations**
- 20. Perform coronal scaling (using hand instruments)**
- 49. Perform pulp vitality test‡
- 59. Start the flow of oxygen and monitoring of nitrous oxide-oxygen analgesia‡
 - Perform intracoronal temporization of a tooth (using hand instruments)

** As allowed pursuant to requirements summarized on the previous page

‡ After completing a training program that includes either didactic objectives or clinical skills and functions that demonstrate competency

*Supervision: A dentist must authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental assistant before dismissal of the patient. The dentist does not need to be present at all times in the treatment room.

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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