

Iowa

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



State Career Ladder

There are four recognized levels of dental assistants in Iowa. 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.



- 4 Registered Dental Assistant (RDA) *trained in Level 2 expanded functions*
- 3 Registered Dental Assistant (RDA) *trained in Level 1 expanded functions*
- 2 Registered Dental Assistant (RDA)
- 1 Dental Assistant Trainee

State Radiography Requirements

To expose radiographs in Iowa, a dental assistant must hold an active radiography qualification issued by the Iowa Dental Board (IDB) and a dentist must provide general supervision. To earn dental radiography qualification, one must:

- I.
 - a. Be a Dental Assistant Trainee, Non-Registered Dental Assistant or Registered Dental Assistant **OR**
 - b. Be a graduate of an accredited dental assisting program **OR**
 - c. Be a nurse who holds an active Iowa nursing license and has completed on-the-job training **OR**
 - d. Be a dental assistant in another state within the previous five years with clinical experience taking dental radiographs

AND
- II. Provide proof of successful completion of education, clinical training and examination in dental radiography within the five years prior to application (*The education and clinical training may be completed on the job as a dental assistant, as part of an accredited dental assisting program, or through DANB.*)
- AND**
- III. Provide proof that he or she successfully completed an exam in the area of dental radiography (*The following exams meet this requirement: the board's examination for dental assistants, which includes sections on infection control/hazardous materials, radiography, and jurisprudence; a board-approved examination in the area of dental radiography; DANB's RHS exam; an examination in the area of dental radiography administered by accredited dental assisting programs; or a board-approved CE course in the area of dental radiography, which includes a posttest examination at completion.*)
- AND**
- IV. Apply to the IDB for XDA: Radiography Qualification for Non-Registered Dental Assistants or Licensed Nurses or QDA: Registered Dental Assistant with a Radiography Qualification.

Note: A dental assistant trainee must be 18 years of age to perform dental radiography.

Dental Assistant Trainees may also engage in on-the-job training in dental radiography pursuant to 650-22.3(136C,153). Trainees are all individuals who are engaging in on-the-job training to meet the requirements for registration and who are learning the necessary skills under the personal supervision of a licensed dentist. After the dentist attests to training and competency in dental radiography, the dental assistant must submit an application for a qualification in dental radiography.

Categories of Dental Assistants

- **XDA: Radiography Qualification for Non-Registered Dental Assistants or Licensed Nurses**
 - o Allowed to take x-rays
- **Non-Registered Dental Assistants — No Radiography Qualification**
 - o Permitted to take x-rays as follows:
 - While in a practical course of training; or
 - If a radiography qualification has been issued to the dental assistant
- **RDA: Registered Dental Assistant — No Radiography Qualification**
 - o Not allowed to take x-rays
- **QDA: Registered Dental Assistant with a Radiography Qualification**
 - o Allowed to take x-rays

Functions NOT Permitted by Dental Assistants in Iowa

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

- 20. Removal of any plaque, stain, or hard natural material except by toothbrush, floss or rubber cup coronal polish, or removal of any calculus
- Diagnosis, examination, treatment planning, or prescription,

including prescription for drugs and medicaments or authorization for restorative, prosthodontic or orthodontic appliances

- Surgical procedures on hard and soft tissues within the oral cavity and any other intraoral procedure that contributes to or results in an irreversible alteration to the oral anatomy
- Administration of local anesthesia
- Procedures that require the professional judgment and skill of a dentist



1 Dental Assistant Trainee

Requirements

Education, Training and Credential Requirements

Dental assistant trainees are individuals who are engaging in on-the-job training to meet the requirements for registration and who are learning the necessary skills while employed in a dental office under the personal supervision of a licensee or registrant as delegated by a licensed dentist.

A Dental Assistant Trainee must successfully complete on-the-job training and examinations in the areas of infection control, hazardous materials, and jurisprudence to meet requirements for dental assisting. Dentists must document the timeframe that a dental assistant was under training, and when the dentist determined that the dental assistant achieved competency. Documentation should be maintained in the office and made available upon request.

Allowable

Allowable Functions

Under Personal Supervision*

All Dental Assistant Trainees who are engaging in on-the-job training to meet the requirements for registration and are learning the necessary skills are considered to be under the personal supervision of a licensed dentist, licensed dental hygienist or registered dental assistant.

No allowable functions are specified in the state practice act, with the exception of on-the-job training in dental radiography for trainees 18 years of age or older (see "State Radiography Requirements" on previous page for additional requirements).

DANB's Note on Allowable Dental Assisting Functions

In the state of Iowa, all dental assistants may:

- 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.

*Direct Supervision: The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room or the dentist is not present in the treatment facility but is able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.

General Supervision: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided. If a dentist will not be present, the following requirements shall be met: (1) patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment; (2) the dental assistant must consent to the arrangement; (3) basic emergency procedures must be established and in place, and the dental assistant must be capable of implementing these procedures; and (4) the treatment to be provided must be prior-prescribed by a licensed dentist and must be entered in writing in the patient record.

Personal Supervision: A licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.

Public Health Supervision: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient's first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.



2 Dental Assistant and Registered Dental Assistant

Education, Training and Credential Requirements

To qualify as a Dental Assistant in Iowa, one must:

- I.
 - a. Work in a dental office as a dental assistant trainee (see requirements on previous page) until competency is achieved as determined by the supervising dentist **OR**
 - b. Work as a dental assistant in another state, district or territory within five years prior to the date of application **OR**
 - c. Graduate from an accredited dental assisting program

AND

- II. Pass required exams in infection control/hazardous materials and jurisprudence; exams approved for this purpose are: those exams or CE courses with posttest exams approved by the IDB; those administered by accredited dental assisting programs, or the DANB ICE exam (if taken after June 1, 1991); the IDB may require applicants with exam scores older than five years to retest

AND

- III. Hold current CPR certification that included a hands-on component

AND

- IV. Apply to IDB for registration as a dental assistant (optional)

*A dental assistant may seek **registration by verification** if the person is currently licensed or registered as a dental assistant in at least one other jurisdiction that has a scope of practice substantially similar to that of Iowa.*

The applicant must submit a completed application for registration and fee, verification form completed by the licensing authority that issued applicant's license, proof of successful completion of jurisprudence exam, disciplinary record, criminal record, and documents related to scope of practice in the other state. Applicants who satisfy all requirements except for passing jurisprudence exam may be issued a temporary registration.

Note: Effective July 1, 2025, HF805 removes the requirement for dental assistants to register with the state in order practice in Iowa. Registration continues to be an option for those who are interested. Proposed regulations to implement the statutory changes are pending.

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 Direct Supervision*

2. Preliminary charting of existing dental restorations and teeth
9. Removal of plaque, stain, or hard natural or synthetic material by toothbrush, floss, or rubber cup coronal polish
30. During intraoral procedures, assist the dentist in performing duties assigned by the dentist
35. Placement of periodontal dressings
49. Testing pulp vitality
63. Placement and removal of dry socket medication
 - Glucose testing
 - Phlebotomy

Under Public Health Supervision* in a public or private school, public health agencies, hospitals or the armed forces (and subject to additional conditions set forth in Iowa Administrative Code 650-20.16)

- 22, 52. Dental radiography (see "Radiography Requirements" on previous page)
48. Intraoral suctioning
 - Use of a curing light
 - Use of an intraoral camera
 - All extraoral duties

Under General Supervision*

- 22, 52. Dental radiography (see "Radiography Requirements" on p. 59)
48. Intraoral suctioning
 - Use of a curing light
 - Use of an intraoral camera
 - Intraoral digital imaging
 - All extraoral duties

Allowable

***Direct Supervision:** The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room or the dentist is not present in the treatment facility but is able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.

General Supervision: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided. If a dentist will not be present, the following requirements shall be met: (1) patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment; (2) the dental assistant must consent to the arrangement; (3) basic emergency procedures must be established and in place, and the dental assistant must be capable of implementing these procedures; and (4) the treatment to be provided must be prior-prescribed by a licensed dentist and must be entered in writing in the patient record.

Personal Supervision: A licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.

Public Health Supervision: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient's first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.



3 Dental Assistant trained in Level 1 expanded functions

Requirements

Education, Training and Credential Requirements

To perform Level 1 expanded functions, a Dental Assistant must complete a Board-approved training program and receive a certificate of completion in each Level 1 expanded function performed.

To qualify for Level 1 expanded function training, a dental assistant must:

- I. Be a graduate of a CODA-accredited dental assisting program
OR
II. Hold current DANB certification
OR
III. Have a minimum of three months of clinical practice as a dental assistant
OR
IV. Have a minimum of three months of clinical practice as a dental assistant in a state that does not require registration

A dentist may delegate to dental assistants only those expanded function procedures in which training has been successfully completed.

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.

Level 1 Expanded Functions

Under Direct Supervision*

- 6. Placement and removal of gingival retraction
29. Placement, bonding, and removal of provisional orthodontic restorations as follows: (a) Placement or bonding of orthodontic brackets and bands or provisional orthodontic appliances following review of the fit and function by the supervising dentist; and (b) Removal of adhesive, orthodontic brackets and bands, or provisional orthodontic appliances using nonmotorized hand instrumentation
34. Applying cavity liners and bases and desensitizing agents
46. Taking final impressions
47, 50. Fabrication, temporary cementation, and removal of provisional restorations following review of the fit and function by the supervising dentist, and temporary recementation of provisional restorations
50. Placement of temporary restorative materials following preparation of the tooth by a dentist;
• Applying bonding systems, which may include the placement of the attachments used in clear aligner systems, following review of the fit and function by the supervising dentist
• Extraoral adjustment to acrylic dentures without making any adjustments to the prosthetic teeth
• Tissue conditioning (soft reline only)

Under General Supervision*

- 59. Monitoring patients receiving nitrous oxide inhalation analgesia, which may include increasing oxygen levels as needed, pursuant to the following: (a) a dentist shall induce a patient and establish maintenance level; (b) a dental assistant may make adjustments that decrease the nitrous oxide concentration during the administration of nitrous oxide; (c) a dental assistant may turn off oxygen delivery at the completion of the dental procedure
• Taking occlusal registrations
• Removal of any adhesives using nonmotorized hand instrumentation
• Recementation of provisional restorations

*Direct Supervision: The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room or the dentist is not present in the treatment facility but is able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.
General Supervision: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided. If a dentist will not be present, the following requirements shall be met: (1) patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment; (2) the dental assistant must consent to the arrangement; (3) basic emergency procedures must be established and in place, and the dental assistant must be capable of implementing these procedures; and (4) the treatment to be provided must be prior-prescribed by a licensed dentist and must be entered in writing in the patient record.
Personal Supervision: A licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.
Public Health Supervision: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient's first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.



4 Dental Assistant trained in Level 2 expanded functions

Requirements

Education, Training and Credential Requirements

To perform **Level 2 expanded functions**, a Registered Dental Assistant must complete a **Board-approved training program in each Level 2 expanded function procedure** to be performed and receive a **certificate of completion**. To be eligible for approval, Level 2 expanded function training must be offered through the University of Iowa College of Dentistry or a program accredited by CODA.

Before beginning Level 2 training, dental assistants must complete all prerequisites established by the accredited school for the Level 2 training to be completed.

A dentist may delegate to dental assistants only those expanded function procedures in which training has been successfully completed.

Note: Effective July 1, 2025, HF805 removes the requirement for dental assistants to register with the state in order practice in Iowa. Registration for dental assistants performing expanded functions is an option for those who are interested. Proposed regulations to implement the statutory changes are pending

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.

Level 2 Expanded Functions:

Under Direct Supervision*

- 12, 51. Placement and shaping of amalgam following preparation of a tooth by a dentist
- 33. Placement and shaping of adhesive restorative materials following preparation of a tooth by a dentist
- 40. Placement of sealants
- 70. Fitting of stainless steel crowns on primary posterior teeth, and cementation after fit verification by the dentist
 - Polishing of adhesive restorative material using a slow-speed handpiece

***Direct Supervision:** The dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room or the dentist is not present in the treatment facility but is able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.

General Supervision: The dentist has examined the patient and has delegated services to be provided by a registered dental assistant, which are limited to extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided. If a dentist will not be present, the following requirements shall be met: (1) patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment; (2) the dental assistant must consent to the arrangement; (3) basic emergency procedures must be established and in place, and the dental assistant must be capable of implementing these procedures; and (4) the treatment to be provided must be prior-prescribed by a licensed dentist and must be entered in writing in the patient record.

Personal Supervision: A licensee or registrant is physically present in the room to oversee and instruct all services of the dental assistant trainee as delegated by a licensed dentist.

Public Health Supervision: (1) The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient's first being examined by a licensed dentist; (2) The dentist is not required to provide future dental treatment to patients served under public health supervision; (3) The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and (4) The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.

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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