

Maine

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 Career Ladder

There are two recognized levels of dental assistants in Maine. 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 Unlicensed Person

2 Expanded Function Dental Assistant (EFDA)

State Radiography Requirements

To practice dental radiography in Maine under the general supervision of a licensed dentist or independent practice dental hygienist, an individual must be licensed as a Dental Radiographer by the Maine Board of Dental Practice.

To qualify, an individual must:

1. Be at least 18 years of age **AND**
2. Hold a high school diploma or its equivalent **AND**
3. Hold current BLS certification **AND**
4. a. Complete a course in dental radiologic technique and safety, which included a dental radiography exam, approved by the Maine Board of Dental Practice, **OR**
b. Successfully complete an examination in dental radiologic technique and safety approved by the Board*
AND
5. Successfully complete (grade of 90 percent) the Maine Board of Dental Practice's jurisprudence exam **AND**
6. Submit an application and pay applicable fee to the Maine Board of Dental Practice

*Note: DANB's Radiation Health and Safety (RHS) exam meets this requirement.

Effective 5/23/25, PL 25, c. 83 for EFDA Scope of Practice eliminates the requirement that an expanded function dental assistant must be separately licensed as a dental radiographer and instead provides for exposing and processing radiographs under the assistant's scope of practice.

Functions NOT Permitted by Dental Assistants in Maine

The following functions are not permitted by an Expanded Function Dental Assistant (EFDA):

- Complete or limited examination, diagnosis or treatment planning
- Surgical or cutting procedures of hard or soft tissue
- Prescribing drugs, medicaments or work authorizations
- Pulp capping, pulpotomy or other endodontic procedures
- Placement and intraoral adjustments of fixed or removable prosthetic appliances
- Administration of local anesthesia, parenteral or inhalation sedation or general anesthesia

1 Unlicensed Person

Education, Training and Credential Requirements

A dentist in Maine may delegate to an unlicensed person activities related to dental care and treatment that are delegated by custom and usage as long as those activities are under the supervision and control of the dentist and as long as those activities do not require a license.

Dentists must ensure that all dental personnel complete Basic Life Support for Healthcare Providers (BLS) certification and maintain current BLS certification when utilizing, administering, or monitoring local anesthesia, nitrous oxide analgesia, minimal sedation, moderate sedation, deep sedation, or general anesthesia.

Licensees must provide training, if responsible for hiring and/or supervising staff, to ensure that staff are trained upon employment/supervision, and at least annually thereafter, to implement emergency protocols.

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 a Dentist's Supervision and Control

- Activities related to dental care and treatment that are delegated by custom and usage

Note: A licensee may delegate the use of lasers and digital equipment when both the supervising licensee and the individual subject to the supervision obtain proper training on the use of the device.



2 Expanded Function Dental Assistant (EFDA)

Education, Training and Credential Requirements

To practice expanded function dental assisting under the direct supervision of a licensed dentist in Maine, an individual must be licensed as an Expanded Function Dental Assistant (EFDA).

To qualify, one must:

1. a. Be at least 18 years of age **AND**
b. Hold current BLS certification **AND**
c. Pass the jurisprudence exam administered by the Maine Board of Dental Practice with a grade of 90 percent **AND**
d. Hold a high school diploma or its equivalent **AND**
e. Hold current DANB CDA certification **or** hold an active dental hygiene license in good standing under the laws of Maine or another jurisdiction, **AND**
f. Successfully complete training in a school or program in expanded function dental assisting approved by the Maine Board of Dental Practice, **AND**
g. Submit an application and pay applicable fee to the Maine Board of Dental Practice for EFDA licensure

OR

To qualify for licensure by endorsement, one must:

2. a. Be at least 18 years of age **AND**
b. Provide verification of current certification in BLS, **AND**
c. 1. Provide evidence of holding a substantially equivalent license in another jurisdiction, including verification of all licenses in good standing under which the applicant practiced in the three years preceding application, documentation of the laws and rules of all jurisdictions in which the applicant practiced during the three years preceding application, and a resume/curriculum vitae describing practice during the three years preceding application, **OR**
2. Provide evidence of substantially similar qualifications, including all application materials required for initial licensure as an EFDA (see EFDA licensure requirements above), **AND**
d. Submit an application, along with all required materials, and pay applicable fee to the Maine Board of Dental Practice

Note: Effective 5/23/25, PL 25, c. 83 for EFDA Scope of Practice eliminates the requirement that an expanded function dental assistant must be separately licensed as a dental radiographer and instead provides for exposing and processing radiographs under the assistant's scope of practice.

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.

Please note: The following list of allowable functions for EFDAs is reproduced as closely as possible from Title 32, Chapter 143, Section 18373 of the Maine Revised Statutes. Any differences in language between the lists reproduced here and those found in statute are inadvertent. Please consult the State's official copy of the statute at <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> to verify the accuracy of any information presented here.

Under General Supervision* (As listed in 32 MRS §18373(1))

6. Place and remove gingival retraction cord.
- 9, 33. Supragingival polishing using a slow-speed rotary instrument and rubber cup
- 12, 33. Place and contour amalgam, composite and other restorative materials prior to the final setting or curing of the material
18. Apply topical fluorides recognized for the prevention of dental caries
29. Size, place and cement or bond orthodontic bands and brackets with final inspection by the dentist
33. Contour or finish restorative materials using a high-speed, power-driven handpiece or instrument
34. Apply cavity liners and bases as long as: 1) the dentist has ordered the cavity liner or base; and 2) the dentist has checked the cavity liner or base prior to the placement of the restoration
40. Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement
 - Apply supragingival desensitizing agents to an exposed root surface and/or dentinal surface of teeth
 - Apply Curodont
 - Apply silver diamine fluoride

***Direct Supervision:** The supervision required of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least identify or diagnose the condition to be treated and authorize the treatment procedure prior to implementation.

General Supervision: The supervision of those tasks and procedures that do not require the physical presence of the supervisor in the practice setting while procedures are being performed but do require the tasks and procedures to be performed with the prior knowledge and consent of the supervisor.

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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