

Massachusetts

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 three recognized levels of dental assistants in Massachusetts. 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 Certified Assistant (CA) or Formally Trained Dental Assistant (FTDA)

1 Dental Assistant Trained on the Job (OJT)

State Radiography Requirements

To take dental radiographs under the supervision of a dentist, a dental assistant must

- I. a. Be an on-the-job trained Dental Assistant (OJT), **AND**
- b. Complete a course in radiological techniques and safeguard, **AND**
- c. Pass the DANB Radiation Health and Safety (RHS) exam or other exam approved by the Massachusetts Board of Registration in Dentistry, within one year of the course completion

OR

- II. a. Be a Massachusetts Expanded Function Dental Assistant (EFDA), Certified Assistant (CA), or Formally Trained Dental Assistant (FTDA), **AND**
- b. Successfully complete a course with a curriculum that complies with Commission on Dental Accreditation (CODA) standards for radiological techniques and safeguards in dentistry

Functions NOT Permitted by Dental Assistants in Massachusetts

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:

- 2. Perform and record charting of the oral cavity and surrounding structures, including but not limited to existing dental restorations, lesions, and periodontal probing depths
- 20. Perform sub-gingival and supra-gingival scaling
- 29. Perform final positioning and attachment of orthodontic bonds and bands
- 46. Take final impressions for fixed and removable prosthetic restoration of teeth or oral structures
- 49. Perform pulp testing
 - Perform final diagnoses and treatment planning
 - Perform surgical or cutting procedures on hard or soft tissue
 - Prescribe or parenterally administer drugs or medicaments
 - Prescribe dental lab work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth
 - Operate high speed rotary instruments in the mouth
 - Perform pulp-capping procedures
 - Perform final cementation of crowns and bridges
 - Perform preliminary evaluation to determine needed dental hygiene services
- Make referrals to dentist, physicians and other practitioners in consultation with a dentist
- Conduct dental screenings
- Evaluate radiographs for provision of dental hygiene services
- Perform minor emergency denture adjustments in nursing homes or other residential or long-term care facilities
- Perform minor emergency dental adjustments
- Administer local anesthesia
- Perform gross debridement and/or scaling and root planing
- Perform root planing and curettage
- Prepare and perform oral cytological smears or studies
- Use diagnostic and periodontic non-cutting lasers
- Perform polishing of amalgam restorations
- Perform micro disk identification applications
- Perform periodontal charting
- Irrigate root canals



1 Dental Assistant Trained on the Job (OJT)

Education, Training and Credential Requirements

To qualify as a Dental Assistant Trained on the Job (OJT), one must:

- I. Be 18 years of age or older, of good moral character, and not licensed as a dentist or dental hygienist
AND
- II. Complete a course in CDC Guidelines
AND
- III. Hold current certification in CPR/AED for the Professional Rescuer from the American Red Cross or BLS from the American Heart Association
AND
- IV. Apply to the Massachusetts Board of Registration in Dentistry for registration
AND
- V. Take and pass the Massachusetts Board's ethics and jurisprudence exam

Note: A person who is at least 18 years of age and who has not previously been licensed as a dental assistant, dental hygienist, or dentist may undergo unlicensed on-the-job training for a one-time period of up to six consecutive months. Prior to commencing training, the prospective dental assistant must complete a course in CDC Guidelines and must submit a notice of intent to the MA Board of Registration in Dentistry containing information required by the Board.

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 Immediate Supervision*

- 12, 33. Place restorative materials in tooth for condensation and finishing by the dentist
- 34. Apply cavity varnish, liner(s) and bonding agents
- 43. Select and adapt stainless steel crowns or other pre-formed crown for insertion by dentist
- 44, 64. Take impressions for study casts and bite registrations, including for identification purposes, night guards and custom fluoride and bleaching trays pursuant to a dentist's prescription or order
- 44, 64. Take impressions for athletic mouth guards
- 45. Place and remove matrix bands
- 47. Fabricate provisional restorations intraorally
- 47, 54. Cement and remove temporary crowns and bridges
- 50. Place temporary restorations (not including temporization of in-lays, on-lays, crowns and bridges) to provide palliative treatment
- 58. Removal of implant healing caps/cover screws for restorative procedures
- 59. Assist or monitor nitrous oxide analgesia
- 61. Remove excess cement and bonding agents from bridges and appliances with hand instruments
- 68. Perform minor emergency palliative orthodontic adjustments to eliminate pain and discomfort
 - Place and remove wedges
 - Insert and/or perform minor adjustment of night mouth guards, athletic mouth guards and custom fluoride trays
 - Apply bleaching agents and activate with a non-laser non-curing device

Under supervision of a dentist holding a deep sedation/general anesthesia permit*

- Assist in anesthesia administration, including patient monitoring (must be appropriately trained and hold current certification in BLS for the Healthcare Provider)

Under Direct Supervision*

- 6. Place and remove gingival retraction materials
 - 13. Remove sutures
 - 15. Place and remove orthodontic arch wires
 - 18. Apply anti-cariogenic agents, including fluoride varnish
 - 24. Provide oral health instruction
 - 27. Place and remove dental dams
 - 29. Preliminary intraoral fit of bands
 - 42. Place and remove orthodontic separators
 - 44. Take impressions for orthodontic retainers
 - 50. Place cotton pellets and temporary restorative materials into endodontic openings
 - 56. Apply topical anesthetic agents
 - 61. Remove excess cement and bonding agents from orthodontic appliances with hand instruments
 - Record dental screenings
 - Record charting of the oral cavity and surrounding structures, including but not limited to dental restorations, lesions and periodontal probing depths
 - Preliminary oral fit of arch wire
 - Apply desensitizing agents
 - Select size of headgear
 - Etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist
 - Place elastics and ligature wires
 - Remove fixed orthodontic appliances
- See note on page 81 for information about delegation of administering COVID-19 tests to dental assistants.*

Under General Supervision*

- 22. Expose radiographs (*see "Radiography Requirements" on prior page*)
- 37. Take and record vital signs
- 48. Retract lips, cheek, tongue and other oral tissue parts
- 48. Irrigate and aspirate the oral cavity
 - Review medical and dental history and consult when necessary with medical practitioner
 - Take intraoral photographs

Requirements

Allowable

***Immediate Supervision:** Supervision of dental procedures by a licensed dentist, who remains in the dental facility, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, evaluates the treatment rendered.

Direct Supervision: Supervision of dental procedures based on instructions given by a licensed dentist who remains in the dental facility while procedures are being performed by the auxiliary.

General Supervision: Supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.



2

Certified Assistant (CA) or Formally Trained Dental Assistant (FTDA)

Requirements

Education, Training and Credential Requirements

To qualify as a Certified Assistant (CA), one must:

- I. Be at least 18 years of age and of good moral character
AND
- II. Hold any of the following national DANB certifications: CDA, COA, CPFDA or CRFDA; or certification from another Board-approved certifying body at the time of registration
AND
- III. Hold current certification in CPR/AED for the Professional Rescuer from the American Red Cross or BLS from the American Heart Association
AND
- IV. Apply to the Massachusetts Board of Registration in Dentistry for registration
AND
- VI. Take and pass the Massachusetts Board's ethics and jurisprudence exam

To qualify as a Formally Trained Dental Assistant (FTDA), one must:

- I. Be 18 years of age or older and of good moral character
AND
- II. Complete a dental assisting program accredited by CODA or authorized, approved, accredited, licensed or certified by the Massachusetts Department of Higher Education (DHE), or the New England Association of Schools and Colleges (NEASC) or complete a state-approved vocational dental assisting program
AND
- III. Hold current certification in CPR/AED for the Professional Rescuer from the American Red Cross or BLS from the American Heart Association
AND
- IV. Apply to the Massachusetts Board of Registration in Dentistry for registration.
AND
- V. Take and pass the Massachusetts Board's ethics and jurisprudence exam

Allowable

Allowable Functions (for Certified Assistant and Formally Trained Assistant)

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

Under Immediate Supervision*

- 12, 33. Place restorative materials in tooth for condensation and finishing by the dentist
- 34. Apply cavity varnish, liner(s) and bonding agents
- 43. Select and adapt stainless steel crowns or other pre-formed crown for insertion by dentist
- 50. Place temporary sedative restorations/fillings (CA only; FTDA is not allowed to perform this function)
- 54, 55. Remove temporary restorations with hand instruments
- 58. Removal of implant healing caps/cover screws for restorative procedures
- 59. Assist or monitor nitrous oxide analgesia
- 70. Place stainless steel crowns
 - Place temporary soft liners in a removable prosthesis (FTDA; CA may perform under immediate supervision)
 - Obtain endodontic cultures (FTDA; CA may perform under direct supervision)

Under supervision of a dentist holding a deep sedation/general anesthesia permit

- Assist in anesthesia administration, including patient monitoring (must be appropriately trained and hold current certification in BLS for the Healthcare Provider)

Under Direct Supervision*

- 6. Place and remove gingival retraction materials
- 40. Apply and adjust dental sealants
- 45. Place and remove matrix bands
- 47. Fabricate provisional restorations intraorally
- 50. Place cotton pellets and temporary restorative materials into endodontic openings
- 61. Remove excess cement and bonding agents from bridges and appliances (including orthodontic appliances) with hand instruments
 - Record dental screenings
 - Record charting of the oral cavity and surrounding structures, including but not limited to dental restorations, lesions and periodontal probing depths
 - Apply desensitizing agents
 - Place and remove wedges
 - Apply bleaching agents and activate with non-laser non-curing device
 - Preliminarily fit crowns to check contacts, adjust occlusion on crowns inside the mouth (CA only; FTDA is not allowed to perform this function)
 - Place temporary soft liners in a removable prosthesis (CA; FTDA may perform under immediate supervision)
 - Obtain endodontic cultures (CA; FTDA may perform under immediate supervision)

See note on next page for information about delegation of administering COVID-19 tests to dental assistants.

Allowable functions for this level continued on next page

***Immediate Supervision:** Supervision of dental procedures by a licensed dentist, who remains in the dental facility, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, evaluates the treatment rendered.

Direct Supervision: Supervision of dental procedures based on instructions given by a licensed dentist who remains in the dental facility while procedures are being performed by the auxiliary.

General Supervision: Supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.



Allowable Functions (for Certified Assistant and Formally Trained Assistant), continued

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

Under General Supervision*

- 9. Polish teeth, after dentist or dental hygienist has determined that teeth are free of calculus, with slow-speed hand piece
- 13. Remove sutures
- 15. Place and remove orthodontic arch wires
- 18. Apply anti-cariogenic agents, including fluoride varnish
- 22. Expose radiographs (See "Radiography Requirements" on p. 78)
- 24. Provide oral health instruction
- 27. Place and remove dental dams
- 29. Preliminary intraoral fit of bands 35, 62. Place and remove periodontal dressings
- 37. Take and record vital signs
- 48. Irrigate and aspirate the oral cavity
- 42. Place and remove orthodontic separators
- 44, 64. Take impressions for study casts and bite registrations, including for identification purposes, night guards, and custom fluoride and bleaching trays pursuant to a dentist's prescription or order
- 44. Take impressions for orthodontic retainers
- 44, 64. Take impressions for athletic mouth guards
- 47, 54. Cement and remove temporary crowns and bridges
- 48. Retract lips, cheek, tongue and other oral tissue parts
- 50. Place temporary restorations (not including temporization of inlays, on-lays, crowns and bridges) to provide palliative treatment
- 56. Apply topical anesthetic agents
- 68. Perform minor emergency palliative orthodontic adjustments to eliminate pain and discomfort
 - Insert and/or perform minor adjustment of night mouth guards, athletic mouth guards and custom fluoride trays
 - Preliminary oral fit of archwire
 - Select size of headgear
 - Etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist
 - Place elastics and ligature wires
 - Remove fixed orthodontic appliances
 - Remove excess cement and bonding agents from orthodontic appliances with hand instruments
 - Re-cement and adjust intact temporary restorations intraorally
 - Review medical and dental history and consult when necessary with medical practitioner
 - Take intraoral photographs
 - Perform dietary screening for dental disease prevention and control

Allowable

Note

Note: At its September 16, 2020 meeting, the Massachusetts Board of Registration in Dentistry voted to permit licensed dental assistants to administer COVID-19 tests under the direct supervision of a licensed dentist and that such actions falls within their permissible scope of practice.

*Immediate Supervision: Supervision of dental procedures by a licensed dentist, who remains in the dental facility, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, evaluates the treatment rendered.

Direct Supervision: Supervision of dental procedures based on instructions given by a licensed dentist who remains in the dental facility while procedures are being performed by the auxiliary.

General Supervision: Supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.



3 Expanded Function Dental Assistant

Requirements

Education, Training and Credential Requirements

To qualify as an Expanded Function Dental Assistant (EFDA), one must:

- I. Be 18 years of age or older and of good moral character
AND
II. Hold any of the following national DANB certifications: CDA, COA, CPFDA or CRFDA; or certification from another Board-approved certifying body at the time of registration
AND
III. Complete a formal program in the Massachusetts delegable expanded functions at a CODA-accredited program
AND
IV. Hold current certification in CPR/AED for the Professional Rescuer from the American Red Cross or BLS from the American Heart Association
AND
V. Apply to the Massachusetts Board of Registration in Dentistry for registration
AND
VI. Take and pass the Massachusetts Board's ethics and jurisprudence exam

Note: As of spring 2024, the Massachusetts Board of Registration in Dentistry has temporarily stopped issuing EFDA licenses; the Board has formed a workgroup to revisit the requirements for licensure as an EFDA

Allowable

Allowable Functions (for Expanded Function Dental Assistant)

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

Under Immediate Supervision*

- 12, 33. Place restorative materials in tooth for condensation and finishing by the dentist
14 Dry root canals with paper points
34. Apply cavity varnish, liner(s) and bonding agents
43. Select and adapt stainless steel crowns or other pre-formed crown for insertion by dentist
58. Removal of implant healing caps/cover screws for restorative procedures
59. Assist or monitor nitrous oxide analgesia
• Assist in anesthesia administration, including patient monitoring (must be appropriately trained and hold current certification in BLS for the Healthcare Provider)

Under Direct Supervision*

- 6. Place and remove gingival retraction materials
12, 51 Place and condense amalgam restorations
33. Place and finish composite restorations
51. Carve, contour, adjust amalgam restorations
70. Place stainless steel crowns
• Record dental screenings
• Record charting of the oral cavity and surrounding structures, including but not limited to dental restorations, lesions and periodontal probing depths
• Apply bleaching agents and activate with non-laser non-curing device
• Obtain endodontic cultures
• Preliminarily fit crowns to check contacts, adjust occlusion on crowns inside the mouth
• Place temporary soft liners in a removable prosthesis

Under General Supervision*

- 9. Polish teeth, after dentist or dental hygienist has determined that teeth are free of calculus, with slow-speed hand piece
13. Remove sutures
15. Place and remove orthodontic arch wires
18. Apply anti-cariogenic agents, including fluoride varnish
22. Expose radiographs (see "Radiography Requirements" on page 78)
24. Provide oral health instruction
27. Place and remove dental dams
29. Preliminary intraoral fit of bands
35, 62. Place and remove periodontal dressings
37. Take and record vital signs
40. Apply and adjust dental sealants
42. Place and remove orthodontic separators
44. Take impressions for study casts and bite registrations, including for identification purposes, night guards and custom fluoride and bleaching trays pursuant to a dentist's prescription or order
44. Take impressions for orthodontic retainers
44,64. Take impressions for athletic mouth guards
45. Place and remove matrix bands
47. Fabricate provisional restorations intraorally
47,54. Cement and remove temporary crowns and bridges
48. Irrigate and aspirate the oral cavity
48. Retract lips, cheek, tongue and other oral tissue parts
50. Place temporary restorations (not including temporization of inlays, on-lays, crowns and bridges) to provide palliative treatment
50. Place cotton pellets and temporary restorative materials into endodontic openings
50. Place temporary sedative restorations/fillings

Allowable functions for this level continued on next page

*Immediate Supervision: Supervision of dental procedures by a licensed dentist, who remains in the dental facility, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, evaluates the treatment rendered.

Direct Supervision: Supervision of dental procedures based on instructions given by a licensed dentist who remains in the dental facility while procedures are being performed by the auxiliary.

General Supervision: Supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.



Allowable Functions (for Expanded Function Dental Assistant), continued

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

Under General Supervision*

54, 55. Remove temporary restorations with hand instruments

56. Apply topical anesthetic agents

61. Remove excess cement and bonding agents from bridges and appliances (including orthodontic appliances)with hand instruments

68. Perform minor emergency palliative orthodontic adjustments to eliminate pain and discomfort

- Re-cement and adjust intact temporary restorations intraorally
- Apply desensitizing agents
- Place and remove wedges
- Insert and/or perform minor adjustment of night mouth guards, athletic mouth guards and custom fluoride trays
- Preliminary oral fit of arch wire
- Select size of headgear
- Etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist
- Place elastics and ligature wires

- Remove fixed orthodontic appliances
- Take intra-oral photographs
- Review medical and dental history
- Perform dietary screening for dental disease prevention and control
- Adjust dentures on the tissue side to eliminate tissue irritation

Allowable

*Immediate Supervision: Supervision of dental procedures by a licensed dentist, who remains in the dental facility, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, evaluates the treatment rendered.

Direct Supervision: Supervision of dental procedures based on instructions given by a licensed dentist who remains in the dental facility while procedures are being performed by the auxiliary.

General Supervision: Supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.

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.

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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