

# Michigan

## 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.



### INSIDE:

- State requirements and functions chart
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants



State Job Titles

## State Career Ladder

There are two recognized levels of dental assistants in Michigan. See the following pages for details about requirements and allowed functions for each level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.



2 Registered Dental Assistant (RDA)

1 Unregistered Dental Auxiliary (UDA)

State Radiography Requirements

## State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Michigan, a dental assistant must successfully complete a course in dental radiography that is substantially equivalent to a course taught in a CODA-accredited program.

Prohibited Duties

## Functions NOT Permitted by Dental Assistants in Michigan

*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 to be delegated or assigned to any level of dental assistant unless authorized by rules or code:

- 46. Taking impressions for any purpose other than study or opposing models
  - Diagnosing, or prescribing for, any of the following: disease, pain, deformity, deficiency, injury, or physical condition
  - Cutting of hard and soft tissue
  - Removal of any of the following: accretions, stains, or calculus deposits
  - Deep scaling
  - Root planing
  - Any intra-oral restorative procedures
  - Administration of any of the following: local anesthesia, nitrous oxide analgesia, or acupuncture
  - Irrigation and medication of root canals, try-in of cones or points, filing, or filling of root canals
  - Permanent cementation of any restoration or appliance
  - A licensee shall not delegate an act, task, or function to a dental assistant if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee

## 1 Unregistered Dental Auxiliary (UDA)

Requirements

### Education, Training and Credential Requirements

A UDA in Michigan may perform basic supportive dental procedures (see below) specified by administrative rules under the direct or general supervision of a licensed dentist.

Before a dentist may delegate a function to a UDA, the UDA must:

- I. Submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification in accordance to AHA standards earned within the previous two years, AND
- II. Submit proof of at least 1 hour of training in infection control, which must include sterilization of hand pieces, personal protective equipment, and the CDC's infection control guidelines.

A licensee may delegate to an unlicensed dental auxiliary otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision.

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 Assignment\*

22. Operating dental radiographic equipment (see "Radiography Requirements" on previous page)

- Providing commonly accepted emergency procedures

#### Under Direct Supervision\*

1. 2. Inspecting and charting the oral cavity using a mouth mirror and radiographs including the classifying of occlusion †
15. Placing, removing, and replacing orthodontic elastic or wire separators, arch wires, elastics, and ligatures
18. Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride application. UDAs may not place sealants †
24. Providing nutritional counseling for oral health and maintenance †
29. Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners †
44. Taking impressions for intraoral appliances including bite registrations †
46. Taking digital scans for final restorations or intra-oral appliances
54. Temporarily cementing and removing temporary crowns and bands †
  - Dispensing aligners
  - Polishing assigned teeth with a slow-speed rotary hand piece immediately before an acid etch procedure †
  - Etching and placing adhesives before placement of orthodontic brackets and attachment for aligners †
  - Removing orthodontic bands, brackets, and adhesives with non-tissue cutting hand instruments only. Use of high-speed rotary instruments is not in the scope of practice of a UDA, RDA, or RDH.

#### Under General Supervision\*

26. Instructing in the use and care of dental appliances
29. Trial sizing of orthodontic bands
44. Taking impressions or digital scans for study and opposing models and matrices for temporary crowns and bridges.
56. Applying nonprescription topical anesthetic solutions

‡ *A dentist shall delegate these procedures to a UDA only if the UDA has successfully completed an in-person or virtual training with performance evaluations on these functions*

**\*Assignment:** A dentist has designated a patient of record upon whom services are to be performed and describes the procedures to be performed. The dentist need not be physically present in the office at the time the procedures are being performed

**Direct Supervision:** A dentist complies with all of the following: designates a patient of record upon whom the procedures are to be performed and describes the procedures to be performed; examines the patient before prescribing the procedures to be performed and upon completion of the procedures; and is physically present in the office at the time the procedures are being performed.

**General Supervision:** A dentist complies with both of the following: designates a patient of record upon whom services are to be performed; and is physically present in the office at the time the procedures are being performed.



## Registered Dental Assistant (RDA)

### Education, Training and Credential Requirements

To become licensed as a Registered Dental Assistant (RDA) in the state of Michigan, one must:

- I. Be of good moral character, **AND**
- II. Receive a degree or certificate from a CODA-accredited educational program (Note: Individuals who earned the RDA credential prior to March 22, 2004 must complete additional expanded functions training courses before performing the functions marked with \*\* or ‡ below.), **AND**
- III. Pass a board-approved written and clinical exam, **AND**
- IV. Submit proof of current certification in BLS or ACLS for healthcare providers with a hands-on component from an agency or organization that grants certification in accordance with AHA standards earned within the previous two years, **AND**
- V. Complete two hours of implicit bias training within the five years prior to registration, **AND**
- VI. Complete a one-time training in identifying victims of human trafficking, **AND**
- VII. Complete the fingerprinting/criminal background check process, **AND**
- VIII. Apply for a license to the Michigan Board of Dentistry

*Additionally, to receive an RDA license, an applicant must demonstrate a working knowledge of the English language. See Section R.338.7002b of the Michigan Administrative Rules for further details.*

Requirements

### Allowable Functions for Registered 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 Direct Supervision\*

- 12, 51. Placing, condensing and carving amalgam restorations<sup>‡</sup>
- 13. Removing sutures
- 29. Cementing orthodontic bands or initial placement of orthodontic brackets and attachments for aligners
- 33. Placing Class I resin bonded restorations, occlusal adjustment, finishing and polishing with non-tissue cutting slow-speed rotary hand pieces<sup>‡</sup>
- 46. Taking final impressions for indirect restorations and prosthesis including bite registration, intra-oral imaging, and in-office fabrication of restorations<sup>‡</sup>
- 59. Assisting and monitoring the administration of nitrous oxide analgesia by a dentist or RDH\*\* (The levels must be preset by the dentist or RDH and must not be adjusted by the RDA except in case of an emergency, in which case the RDA may turn off the nitrous oxide and administer 100% oxygen. As used in this subdivision, "assisting" means setting up equipment and placing the face mask. Assisting does not include titrating and turning the equipment on or off, except in the case of an emergency in which circumstances the RDA may turn off the nitrous oxide and administer 100% oxygen)
- Removing orthodontic bands, brackets, and adhesives with hand instruments only. Use of high-speed rotary instruments is not in the scope of practice of a UDA, RDA, or RDH
- Applying and dispensing in-office bleaching products

#### Under General Supervision\*

- 6. Placing and removing nonepinephrine retraction cords or materials\*\*
- 14. Drying endodontic canals with absorbent points\*\*
- 34. Applying cavity liners and bases\*\*
- 44. Taking impressions for intraoral appliances including bite registrations\*\*
- 45. Placing and removing matrices and wedges\*\*
- 46. Taking digital scans for final restorations or intra-oral appliances
- 49. Preliminary examination including performing pulp vitality testing\*\*
  - Before cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations
  - Applying desensitizing agents\*\*
  - Etching and placing adhesives before placement of orthodontic brackets and attachments for aligners\*\*

#### Under Assignment\*

- 1, 2. Inspecting and charting the oral cavity using a mouth mirror and radiographs including the classifying of occlusion
- 15. Placing, removing, and replacing orthodontic elastic or wire separators, arch wires, elastics, and ligatures
- 18, 40. Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications
- 22. Operating of dental radiographic equipment (see "Radiography Requirements" on page 84)
- 24. Instructing in the use and care of dental appliances
- 27. Placing and removing dental dam
- 29. Trial sizing of orthodontic bands
- 29, 47, 54. Temporarily cementing and removing temporary crowns and bands
- 44. Taking impressions or digital scans for study and opposing models and matrices for temporary crowns and bridges
- 47. Fabricating temporary restorations, temporary crowns, and temporary bridges
- 50, 54. Placing a nonmetallic temporary restoration with non-tissue cutting instruments
- 56. Applying nonprescription topical anesthetic solution
- 61. Removing excess temporary cement from supragingival surfaces of a tooth with hand instruments only
  - Polishing assigned teeth with a slow-speed rotary handpiece immediately before an acid etch procedure
  - Polishing and contouring of sealants with a slow-speed rotary hand piece immediately following a procedure for occlusal adjustment
  - Providing nutritional counseling for oral health and maintenance
  - Providing commonly accepted medical emergency procedures
  - Dispensing orthodontic aligners

*‡RDAs must first complete an approved course followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a criterion-based assessment instrument before performing these functions*

*\*\*RDAs must first complete an approved course before performing these functions*

Allowable

**\*Assignment:** A dentist has designated a patient of record upon whom services are to be performed and describes the procedures to be performed. The dentist need not be physically present in the office at the time the procedures are being performed

**Direct Supervision:** A dentist complies with all of the following: designates a patient of record upon whom the procedures are to be performed and describes the procedures to be performed; examines the patient before prescribing the procedures to be performed and upon completion of the procedures; and is physically present in the office at the time the procedures are being performed.

**General Supervision:** A dentist complies with both of the following: designates a patient of record upon whom services are to be performed; and is physically present in the office at the time the procedures are being performed.

# 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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