

Minnesota

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



MINNESOTA

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State Job Titles

State Career Ladder

There are three recognized levels of dental assistants in Minnesota. 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 Licensed Dental Assistant with Collaborative Practice Authorization

2 Licensed Dental Assistant (LDA)

1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in Minnesota, a dental assistant must:

1. Be a **Licensed Dental Assistant** (see requirements on the next page)
OR
2. Hold a limited radiology registration. To register, an applicant must:
 - a. Provide evidence of having completed a board-approved course on dental radiology, **AND**
 - b. Pass the DANB Radiation Health and Safety (RHS) exam or other board-approved nationally recognized radiation exam within the last 5 years, **AND**
 - c. Pass the Minnesota jurisprudence exam within the last 5 years, **AND**
 - d. Provide proof of current CPR certification, **AND**
 - e. Submit to a criminal background check, **AND**
 - f. Submit an application for Limited Radiology Registration to the Minnesota Board of Dentistry with accompanying fee and current government-issued identification

Note: A limited radiology registrant must maintain compliance with the most current infection control practices for a dental setting.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Minnesota

According to the Minnesota Board of Dentistry, "The State of Minnesota only recognizes permissive (allowable) expanded functions and not non-permissive (prohibited) expanded functions."

A dental assistant must not administer general anesthesia, deep sedation, moderate sedation or minimal sedation.



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

An unlicensed dental assistant in Minnesota may perform basic supportive dental procedures specified by the state dental practice act (see below) under the supervision of a licensed dentist or dental therapist.

The dentist is responsible for ensuring that the assistant:

- Completes and maintains consecutive and current CPR certification
- Complies with the most current infection control practices for a dental setting

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 Personal Supervision*

- 48. Retract a patient's cheek, tongue or other parts of tissue during a dental operation
- 48. Remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices
- 48, 56. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity during dental treatment
- Assist with the placement or removal of devices or materials for isolation purposes as directed by the dentist or dental therapist during treatment

Under Direct Supervision*

- 44, 46. take digital impressions
- take photographs extraorally and intraorally
- aid dental hygienists and licensed dental assistants in the performance of their delegated procedures

Under General Supervision*

- 18. An assistant without a license may apply fluoride varnish without the dentist or physician being present in the dental office or facility or on the premises if the licensed practitioner with prescribing authority has prior knowledge of and has consented to the procedure being performed and maintains appropriate patient records of the treatment.

Note: A licensed dental therapist may supervise dental assistants to the extent permitted in the collaborative management agreement, but may not supervise more than four Licensed Dental Assistants in any practice setting.

***General Supervision:** The supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

Indirect Supervision: The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the allied dental personnel.

Direct Supervision: The dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the allied dental personnel.

Personal Supervision: The dentist is personally operating on a patient and authorizes the allied dental personnel to aid in treatment by concurrently performing supportive procedures.



2

Licensed Dental Assistant

Education, Training and Credential Requirements

To earn status as a Licensed Dental Assistant in Minnesota, dental assistants must:

1. a. Graduate from a CODA-accredited dental assisting program in Minnesota approved by the Board **OR**
b. Graduate from a CODA-accredited program in a state other than Minnesota and, upon Minnesota Board review of curriculum, complete additional coursework **AND**
2. Pass the national DANB Certified Dental Assistant (CDA) exam within the past five years, **AND**
3. Pass the Minnesota Jurisprudence Exam within the past five years, **AND**
4. Provide proof of current CPR certification, **AND**
5. Submit to a criminal background check; **AND**
6. Apply for licensure to the Minnesota Board of Dentistry with accompanying fee and current government-issued identification

Note: On 9/5/2024, the Minnesota Board of Dentistry approved a rule variance to allow dental assistants to receive the LDA license without passing Minnesota's Dental Assistant State Licensing Exam (DASLE). The Board intends to enact a rule to permanently remove the DASLE requirement for licensure. A dental assistant who received and maintained registration in Minnesota prior to January 1, 2010, can continue to practice as a licensed dental assistant without completing any further requirements. The licensed dental assistant must submit the fee for an original license to the Minnesota Board at the time of renewal.

To **perform restorative procedures** listed under "Allowable Functions" below, a Licensed Dental Assistant must have completed a Board-approved course in these functions and have submitted proof of completion to the Minnesota Board of Dentistry.

To **administer local anesthesia**, a Licensed Dental Assistant must have completed the following:

1. at least one year of experience in general chairside dental assisting; **AND**
2. a board-approved didactic and clinical course at a CODA-accredited program that requires clinical competency in the administration of local anesthesia; **AND**
3. the American Board of Dental Examiners' Local Anesthesia Exam or any other board-approved, nationally recognized local anesthetic exam; **AND**
4. application for a local anesthesia certification through the Minnesota Board of Dentistry.

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*

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| <ul style="list-style-type: none">6. Place nonsurgical retraction material for gingival displacement45. Place and remove matrix systems and wedges47. Fabricate, place, replace cement and adjust temporary crowns or restorations54. Remove temporary restorations with hand instruments only<ul style="list-style-type: none">• Remove excess bond material from orthodontic appliances• Etch appropriate enamel surfaces before bonding of orthodontic appliances by dentist• Attach prefit and preadjusted orthodontic appliances• administer local anesthesia limited to supraperiosteal and field block injections as prescribed by a dentist [Requires certification in local anesthesia. See requirements above] | <ul style="list-style-type: none">• Remove fixed orthodontic bands and brackets• Remove bond material from teeth with rotary instruments after removal of orthodontic appliances• Administer nitrous oxide inhalation analgesia (only after a maximum dosage has been prescribed by a dentist for a specific patient) [Requires a course in the function presented by a CODA-accredited program if graduated from a dental assisting program prior to September 2, 2004]• Initiate and place intravenous line in preparation for intravenous medications and sedation [Requires a board-approved course in the function and certification by the board] |
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Under Indirect Supervision*

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| <ul style="list-style-type: none">9. Perform mechanical polishing to clinical crowns, not including the removal of calculus by instrumentation;12, 33, 51, 70. Perform restorative procedures limited to placing, contouring, and adjusting amalgam restorations, glass ionomers, and supragingival composite restorations (class I, II and V) on primary and permanent dentition; and adapting and cementing stainless steel crowns [Requires a board-approved course in the function]13. Remove sutures14. Dry root canals with paper points | <ul style="list-style-type: none">15. Place initial arch wires on orthodontic appliances; a dentist must select and, if necessary, adjust arch wires prior to placement27. Place and remove devices or materials for isolation purposes29. Preselect orthodontic bands35, 62. Place and remove periodontal dressings40, 49. Etch appropriate enamel surfaces and apply and adjust pit and fissure sealants59. Monitor a patient who has been induced by a dentist into nitrous oxide inhalation analgesia |
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Allowable functions for this level continued on next page

***General Supervision:** The supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

Indirect Supervision: The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the allied dental personnel.

Direct Supervision: The dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the allied dental personnel.

Personal Supervision: The dentist is personally operating on a patient and authorizes the allied dental personnel to aid in treatment by concurrently performing supportive procedures.



Allowable Functions (for Licensed 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 Indirect Supervision* (continued)

- 61. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only
- Apply topical medications including bleaching agents, desensitizing agents, and cavity varnishes as prescribed by a dentist
- Place cotton pellets and temporary restorative materials into endodontic access openings
- Maintain and remove intravenous lines *[Requires a board-approved course in the function and certification by the board]*
- Monitor a patient during preoperative, intraoperative and post-operative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors and capnography *[Requires a board-approved course in the function and certification by the board]*

Under General Supervision*

- 2. Complete preliminary charting of the oral cavity and surrounding structures with the exception of periodontal probing and assessment of the periodontal structures
- 15. Remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances
- 18. Apply topical fluoride, including foam, gel, or varnish
- 22. Take radiographs
- 37. Take vital signs such as pulse rate and blood pressure as directed by a dentist
- 42. Place and remove elastic orthodontic separators
- 44, 46. Take impressions and bite registration
- 50. Place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges
- Cut arch wires on orthodontic appliances
- Remove loose bands on orthodontic appliances
- Remove loose brackets on orthodontic appliances
- Recement intact temporary crowns or restorations
- Fabricate and deliver custom fitted trays.
- Take photographs extraorally or intraorally

Under Personal Supervision* of a General Anesthesia or Moderate Sedation Certificate Holder

- Concurrently perform supportive services if the dentist is personally treating a patient and authorizes the licensed dental assistant to aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line *[Requires board-approved course in the function and certification by the board]*

****Note:** At its November 18, 2020 meeting, the Policy Committee of the Minnesota Board of Dentistry determined that the taking of a digital scan is to be considered a digital impression and is therefore allowed under the scope of practice for Licensed Dental Assistants. The Committee additionally clarified that silver diamine fluoride is considered an application of topical fluoride and that Licensed Dental Assistants are permitted to perform this function under general supervision.

***General Supervision:** The supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

Indirect Supervision: The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the allied dental personnel.

Direct Supervision: The dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the allied dental personnel.

Personal Supervision: The dentist is personally operating on a patient and authorizes the allied dental personnel to aid in treatment by concurrently performing supportive procedures.



3 Licensed Dental Assistant with Collaborative Practice Authorization

Requirements

Education, Training and Credential Requirements

A Licensed Dental Assistant may be employed or retained by a health care facility, program, or nonprofit organization to perform specified dental assisting services without the patient first being examined by a licensed dentist, without a dentist's diagnosis or treatment plan, and without the dentist being present at the location where the services are being performed, if the Licensed Dental Assistant has:

1. Entered into a collaborative agreement with a licensed dentist, which must be part of a collaborative agreement established between a licensed dentist and a dental hygienist, that designates authorization for the services being provided by the dental assistant
AND
2. Documented completion of a course on medical emergencies within each continuing education cycle

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 General Supervision* of a Collaborating Dentist

2. Complete preliminary charting of the oral cavity and surrounding structures, except periodontal probing and assessment of the periodontal structure
9. Perform mechanical polishing to clinical crowns not including instrumentation
- 18, 40. Apply topical preventative agents, including fluoride varnishes and pit and fissure sealants
22. Take radiographs
24. Provide oral health promotion and disease prevention education
37. Take vital signs such as pulse rate and blood pressure
 - Obtain informed consent for treatments authorized by the collaborating dentist within the licensed dental assistant's scope of practice
 - Take photographs extraorally or intraorally

A licensed dentist may enter into a collaborative agreement with no more than two licensed dental assistants, unless otherwise authorized by the board.

***General Supervision:** The supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

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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