

Montana

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 two recognized (unlicensed) levels of dental assistant in Montana. See the following pages for details about requirements and allowed functions for this level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.



2 DANB Certified Dental Assistant (CDA)

1 Dental Auxiliary

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures under the **direct supervision** of a dentist in Montana, a dental assistant must:

1. Successfully complete the national DANB Radiation Health and Safety (RHS) exam or another board-approved exam. After successfully completing the DANB RHS exam, DANB will issue the dental assistant a DANB RHS certificate of knowledge-based competency. Dental assistants are not legally allowed to expose radiographs in Montana until they receive the RHS certificate from DANB or a certificate from another board-approved exam provider.
OR
2. Graduate from a CODA-accredited dental assisting, dental hygiene, or dental program.
OR
3. Be certified in dental radiography as a result of military experience.

To expose radiographs under the **general supervision** of a licensed dentist, a dental auxiliary must hold DANB's CDA certification.

Functions NOT Permitted by Dental Assistants in Montana

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 under any level of supervision*:

- 12, 33, 51. Placing, carving or condensing any permanent restorations
- 46. Taking final impressions of the involved arch for crowns, bridges, implant prosthesis, partial or complete dentures
 - Diagnosis and treatment planning
 - Cutting hard or soft tissue or extracting teeth
 - Prescribing any drugs
 - Administering or dispensing any drug, without the prior authorization of the supervising dentist
 - Administering intravenous and intramuscular injections or local anesthetic
 - Restorative, prosthetic, orthodontic, and other procedures that require the knowledge and skill of a dentist
 - Bonding or cementing any fixed prosthesis, including veneers, except for provisionals
 - Bonding or cementing orthodontic brackets or orthodontic appliances that would provide activation upon cementation
 - Placing sulcular medicinal or therapeutic materials
 - Periodontal probing
 - Metal based air polishing
 - Prophylaxis
 - Work authorizations

***Direct Supervision:** The provision of allowable functions by dental auxiliaries with the intent and knowledge of the dentist and while the supervising dentist is on the premises.

General supervision: The provision of allowable functions by dental auxiliaries provided to a current patient of record, with the intent and knowledge of the dentist licensed and residing in Montana. The supervising dentist need not be on the premises.



1 Dental Auxiliary

Requirements

Education, Training and Credential Requirements

A dental auxiliary in Montana may perform basic supportive dental procedures specified by the state dental practice act (see below) under the direct supervision of a licensed dentist.

To qualify, one must:

1. Graduate from a CODA-accredited dental assisting program
OR
2. Receive instruction and training by a licensed dentist

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 Direct Supervision*

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| 2. Collecting patient data | 45. Placing and removing matrices |
| 9. Coronal polishing | 47, 50, 54, 55. Placing and removing temporary restoration with hand instruments only |
| 13, 62. Removing sutures and dressings | 56. Applying topical anesthetic agents |
| 18. Applying topical fluoride agents | 59. Initiating, adjusting and monitoring nitrous oxide flow for a patient who has been prescribed and administered nitrous oxide by a licensed dentist |
| 22. Making radiographic exposures as prescribed by the supervising dentist (see "Radiography Requirements" on previous page) | 61. Removing excess cement from coronal surfaces |
| 24. Providing oral health instructions | • Polishing amalgam restorations |
| 27. Placing and removing rubber dams | • Digital capture of dental images |
| 40. Placing pit and fissure sealants | • Sodium bicarbonate air polishing |
| 44. Taking impressions for study or working casts | |

2 DANB Certified Dental Assistant (CDA)

Requirements

Education, Training and Credential Requirements

To perform duties under the **general supervision** of a licensed dentist, a dental auxiliary must:

Hold DANB Certified Dental Assistant (CDA) certification

Allowable

Allowable Functions

Under General Supervision*

22. Expose radiographs
40. Place pit and fissure sealants (*following an in-person comprehensive oral examination or periodic examination within the preceding 30 days*)
- Perform any duty that may be delegated to a dental auxiliary, excluding those duties prohibited under general supervision (see "Prohibited Duties" on previous page)
- Perform other intraoral procedures not requiring direct supervision

Under Direct Supervision*

- 12, 51. Polishing amalgam restorations
27. Placing and removing rubber dams
45. Placing and removing matrices
56. Applying topical anesthetic agents
59. Initiating, adjusting, and monitoring nitrous oxide flow for a patient who has been prescribed and administered nitrous oxide
- Applying silver diamine fluoride agents

***Direct Supervision:** The provision of allowable functions by dental auxiliaries with the intent and knowledge of the dentist and while the supervising dentist is on the premises.

***General supervision:** The provision of allowable functions by dental auxiliaries provided to a current patient of record, with the intent and knowledge of the dentist licensed and residing in Montana. The supervising dentist need not be on the premises.

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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