

# Nebraska

## 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 Job Titles

## State Career Ladder

There are four recognized levels of dental assistants in Nebraska. 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.



4 Expanded Function Dental Assistant (EFDA)

3 Licensed Dental Assistant (LDA)

2 Dental Assistant *qualified in coronal polishing*

1 Dental Assistant

State Radiography Requirements

## State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Nebraska, a dental assistant must:

- I. Successfully complete a two-day course approved by the Nebraska Board of Dentistry and the Nebraska Department of Health and Human Services Regulation and Licensure
- OR**
- II. Pass the national DANB Certified Dental Assistant (CDA) exam
- OR**
- III. Successfully complete a dental assisting course from a CODA-approved technical program or community college which provides training in dental radiography as part of its curriculum

Prohibited Duties

## Functions NOT Permitted by Dental Assistants in Nebraska

*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:

- Cutting of hard and soft tissue
- Irreversible procedures
- Restorative dentistry
- Making a dental diagnosis
- Fabricating a treatment plan
- Any task or procedure that requires the professional skill or judgment of a licensed dentist or licensed hygienist



## 1 Dental Assistant

Requirements

### Education, Training and Credential Requirements

A dental assistant in Nebraska may perform basic supportive dental procedures specified by the state dental practice act (see below) under the supervision of a licensed dentist. There are no education or training requirements for this level of dental assisting.

Dental assistants who assist in the administration of general anesthesia, deep sedation, moderate sedation or minimal sedation must be currently certified in basic life support skills (BLS) or the equivalent.

To monitor nitrous oxide, a dental assistant must hold current certification in healthcare cardiopulmonary resuscitation (CPR) from a course accredited by the American Heart Association, American Red Cross, or an equivalent certification approved by the Board of Dentistry.

Allowable

### Allowable Scope 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 Indirect Supervision\*

25, 57. Provide infection control practices which meet the national standards for dental facilities as outlined by the Centers for Disease Control Summary of Infection Prevention Practices In Dental Settings as published October of 2016

56. Place topical local anesthesia

59. Monitor nitrous oxide (see requirements above)

- Complete any task or procedure that does not require the professional skill or judgment of a licensed dentist or licensed hygienist, excluding prohibited tasks

#### Under General Supervision\*

22. Take X-rays (see "Radiography Requirements" on previous page)

## 2 Dental Assistant *qualified in coronal polishing*

Requirements

### Education, Training and Credential Requirements

To perform coronal polishing procedures under the indirect supervision of a licensed dentist in Nebraska, a dental assistant must:

I. Graduate from a CODA-accredited dental assisting program which includes a coronal polishing course

**OR**

II. Complete one year (1,500 hours minimum) of clinical work experience as a dental assistant and a Nebraska Board-approved course in polishing procedures

Allowable

### Allowable Scope 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 Indirect Supervision\*

9. Perform coronal polishing procedures

\*Indirect Supervision: The licensed dentist authorizes the procedure to be performed by a dental auxiliary and is physically present on the premises when such procedure is being performed.

General Supervision: The directing of activities of a dental auxiliary by a licensed dentist, not construed to require the physical presence of the supervisor when directing such activities



### 3 Licensed Dental Assistant

Requirements

#### Education, Training and Credential Requirements

To qualify as a Licensed Dental Assistant in Nebraska, one must:

- I. Hold a high school diploma or equivalent  
**AND**
- II. a. Graduate from a CODA-accredited dental assisting program **OR**  
b. Complete one year (1,500 hours minimum) of dental assisting experience in the five years preceding application  
**AND**
- III. Pass DANB's CDA Certification or an equivalent exam approved by the Nebraska Board of Dentistry  
**AND**
- IV. Pass a jurisprudence exam approved by the Board  
**AND**
- V. Apply to the Dept. of Health and Human Services for an LDA license

*To perform selected functions, an LDA must complete education and testing approved by the Nebraska Board of Dentistry and earn a permit in each function (see "Allowable Functions" below).*

*Note: Under the Nebraska Uniform Credentialing Act, an applicant must be of good character and at least 19 years of age to be issued an LDA license.*

Allowable

#### Allowable Scope 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 Indirect Supervision\*

- 46. Take dental impressions for fixed prostheses (*with successful completion of an approved course and permit in the function*)
  - 46. Take dental impressions and make minor adjustments for removable prostheses (*with successful completion of an approved course and permit in the function*)
  - 59. Monitor and administer nitrous oxide analgesia (*with successful completion of an approved course and permit in the function*)
  - 70. Cement prefabricated fixed prostheses on primary teeth (*with successful completion of an approved course and permit in the function*)
- successful completion of an approved course and permit in the function)*
- All procedures authorized for an unlicensed dental assistant
- Note: At the September 23, 2022 meeting of the Nebraska Board of Dentistry, the board opined that an LDA may not switch a healing abutment with a scan body for the final scan.*

### 4 Expanded Function Dental Assistant

Requirements

#### Education, Training and Credential Requirements

To qualify as an Expanded Function Dental Assistant in Nebraska, one must:

- I. Hold a valid, current license as an LDA  
**AND**
- II. Complete a minimum of 1,500 hours of work experience as an LDA  
**AND**
- III. Complete board approved courses and acceptable clinical exams in expanded function dental assisting as approved by the Board  
**AND**
- IV. Pass a jurisprudence exam approved by the Board  
**AND**
- V. Apply to the Dept. of Health and Human Services for the applicable EFDA permit

Allowable

#### Allowable Scope 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 Indirect Supervision\*

- 12, 33, 51. Place restorative level one simple restorations (one surface)
- 12, 33, 51. Place restorative level two complex restorations (multiple surfaces)

*Note: At the September 23, 2022 meeting of the Nebraska Board of Dentistry, the board opined that with appropriate training, an expanded function dental assistant may take digital impressions for fixed prosthetics.*

\***Indirect Supervision:** The licensed dentist authorizes the procedure to be performed by a dental auxiliary and is physically present on the premises when such procedure is being performed.  
**General Supervision:** The directing of activities of a dental auxiliary by a licensed dentist, not construed to require the physical presence of the supervisor when directing such activities

# 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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