

New York

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 categories of dental assistants in New York. See the following pages for details about requirements and allowed functions for each category. Numbers for each category are provided for internal reference and do not correspond to specific state designations.



2 Registered Dental Assistant

1 Dental Assistant with a Limited Permit

State Radiography Requirements

There are no radiography requirements for dental assistants in the state of New York.

All dental assistants may legally operate routine oral radiography and panoramic radiographic dental equipment under the supervision of a licensed dentist.

A dental assistant may operate conebeam computed tomography (CBCT) equipment under the direct supervision of a dentist after demonstrating satisfactory completion of a training program approved by the Department of Health or provided by the manufacturer.

Functions NOT Permitted by Dental Assistants in New York

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 category of dental assistant:

- 2. Charting caries and periodontal conditions as an aid to diagnosis by the dentist
- 9. Polishing teeth, including existing restorations
- 35. Placing periodontal dressings
- 40. Applying pit and fissure sealants
- 61. Removing excess cement from surfaces of the teeth
 - Diagnosing
 - Performing surgical procedures
 - Performing irreversible procedures
 - Performing procedures that would alter the hard or soft tissue of the oral and maxillofacial area
 - Performing bleaching services
 - Removing calcareous deposits, accretions and stains, including scaling and planing of exposed root surfaces indicated for complete prophylaxis
 - Applying topical agents indicated for a complete dental prophylaxis
 - Applying a topical medication not related to a complete dental prophylaxis
 - Such dental supportive services that a Registered Dental Assistant would not reasonably be qualified to perform based upon meeting the New York requirements for licensure as a Registered Dental Assistant and/or obtaining additional legally authorized experience in practicing as a Registered Dental Assistant.



1 Dental Assistant with a Limited Permit

Requirements

Education, Training and Credential Requirements

A person who has completed a dental assisting program or an alternative course of study in dental assisting acceptable to the New York State Education Department (see details under “*Registered Dental Assistant: Education, Training and Credentialing Requirements*” below) may apply for a limited (one-year) permit prior to taking and passing the required exams. A limited permittee may perform all tasks designated to Registered Dental Assistants, under the direct personal supervision of a licensed dentist. The permit expires after one year and may be renewed for an additional year.

Allowable

Allowable Functions

Dental assistants with a limited permit may perform all tasks designated to Registered Dental Assistants listed below, under the direct personal supervision of a licensed dentist. The permit expires after one year and may be renewed for an additional year.

2 Registered Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in the state of New York must be licensed as a Registered Dental Assistant in order to perform **supportive services** under the direct supervision of a licensed dentist.

To be licensed as a Registered Dental Assistant in the state of New York, one must:

- I. Be at least 18 years of age
AND
- II. Be a high school graduate or its equivalent
AND
- III. Be of good moral character as determined by the New York State Education Department.
AND
- IV. Successfully complete one of the two education options listed below:
 - a. an approved one-year course of study in dental assisting in a degree-granting institution or a board of cooperative educational services program that includes at least 200 hours of clinical experience **OR**
 - b. an alternate course of study in dental assisting acceptable to the New York State Education Department that includes at least 1,000 hours of relevant work experience in accordance with the Commissioner’s regulations.**AND**
- V. Successfully complete one of the two exam pathways listed below:

PATHWAY I: Pass all three components of the national DANB Certified Dental Assistant (CDA) Exam: Radiation Health and Safety (RHS), Infection Control (ICE), and General Chairsides (GC) **OR**

PATHWAY II: Pass the New York Professional Dental Assisting (NYPDA) exam along with DANB’s RHS and ICE component exams, either separately or together through the New York Combination Exam: NYPDA, ICE, and RHS .

AND
- VI. Apply for licensure from the New York State Education Department after completing all of the above requirements

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 Personal Supervision*

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| <ul style="list-style-type: none">13. Remove sutures placed by a licensed dentist18. Apply topical anticariogenic agents to the teeth18. Apply topical fluoride varnish22. Take x-rays24. Provide patient education27. Place and remove rubber dams29. Select and prefit orthodontic bands37. Take preliminary medical histories and vital signs to be reviewed by the dentist42. Place and remove temporary separating devices44. Take impressions for study casts or diagnostic casts44. Take impressions for space maintainers, orthodontic appliances and occlusal guards | <ul style="list-style-type: none">45. Place and remove matrix bands47. Select and prefit provisional crowns47, 50, 54, 55. Place and remove temporary restorations54. Remove temporary cement62. Remove periodontal dressings<ul style="list-style-type: none">• Apply desensitizing agents to the teeth• Place orthodontic ligatures• Remove orthodontic arch wires and ligature ties• Other dental supportive services authorized by the licensed dentist while the Registered Dental Assistant is under the direct personal supervision of the licensed dentist, provided that such other dental supportive services are not excluded |
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***Direct Personal Supervision:** Instructions are given by a licensed dentist, in the course of a procedure, who remains in the dental office where the supportive services are being performed, personally diagnoses the condition to be treated, personally authorizes the procedures, and before dismissal of the patient, who remains the responsibility of the licensed dentist, evaluates the services performed by the dental assistant.

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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