

North Carolina

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 Career Ladder

There are three recognized levels of dental assistants in North Carolina. 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 Dental Assistant II (DA II)

2 Dental Assistant II in Training (DA II in Training)

1 Dental Assistant I (DA I)

State Radiography Requirements

To legally operate dental X-ray equipment and perform dental radiographic procedures in North Carolina, a dental assistant must meet the requirements shown below.

A dental assistant must:

1. Hold a current Cardiopulmonary Resuscitation (CPR) certification, AND
2.
 - a. Pass the national DANB Certified Dental Assistant (CDA) exam, OR
 - b. Successfully complete a course in dental radiology and the course's final examination. The course shall include at least 7 hours of didactic, lecture-based instruction and at least 14 hours of laboratory instruction. OR
 - c. Successfully complete a CODA-accredited dental assisting program

Functions NOT Permitted by Dental Assistants in North Carolina

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:

- 12, 33. Performing the placement or cementation of final restorations
- 35, 63. Placing periodontal or surgical dressing
49. Performing pulp vitality testing
70. Placing stainless steel crown on permanent or primary teeth
- Performing prophylaxis
- Performing periodontal screening
- Performing periodontal probing
- Performing subgingival exploration for or removal of hard or soft deposits
- Performing sulcular irrigation
- Performing comprehensive examination, diagnosis and treatment planning
- Performing surgical or cutting procedures on hard or soft tissues, including laser air abrasion or micro-abrasion procedures
- Placing or removing therapeutic sulcular nonresorbable agents
- Issuing prescription drugs, medications or work authorizations
- Performing the final placement or intraoral adjustment of a fixed or removable appliance
- Performing intraoral occlusal adjustments that affect function, fit or occlusion of any temporary or permanent restoration or appliance
- Performing direct pulp capping or pulpotomy
- Placing sutures
- Performing final placement or cementation of orthodontic bands or brackets
- Using a high speed handpiece intraorally
- Administering any anesthetic by any route except the administration of topically-applied agents intended to anesthetize only cutaneous tissue
- Inducing conscious sedation
- Using ultrasonic scalers for prophylaxis
- Applying antibiotic-coated materials
- Applying resorbable antimicrobial agents
- Performing root planing
- Applying oral cancer screening products
- Using laser fluorescence detectors in preparation for dentist's examination and diagnosis of cavities
- Applying resin infiltration treatment for incipient smooth surface lesions, following the dentist's diagnosis that the lesion is non-penetrable
- Performing cementation of endodontic posts
- Condensing amalgam
- Using a transcutaneous electrical nerve stimulation (TENS) unit
- Applying formocresol
- Performing curettage
- Performing oral brush biopsy
- Taking bite registration or elastometrics
- Placing eugenol wick in dry socket
- Fabricating or delivering sleep apnea appliance
- Applying silver diamine fluoride
- Removing, replacing, or torquing either impression or prosthetic implant abutments
- Administering any sedation or general anesthesia pharmacological agents, including drawing a dosage into a syringe



1 Dental Assistant I (DA I)

Requirements

Education, Training and Credential Requirements

A **Dental Assistant I (DA I)** is an individual who may perform basic supportive dental procedures under the direct control and supervision of a licensed dentist.

To qualify to **monitor patients under nitrous oxide**, a DA I must:

Successfully complete a North Carolina Board-approved seven-hour course in nitrous oxide-oxygen conscious sedation

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 Control and Supervision*

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| <ul style="list-style-type: none"> 5. Write laboratory work orders (Exact words must be dictated by the dentist) 12. Place amalgam in prep w/carrier 18. Apply topical fluoride 22. Expose radiographs (see requirements on previous page) 24. Oral hygiene instruction 37. Take pulse, blood pressure and temperature 39. Polish dentures (extraorally, upon instruction by the dentist and re-insertion by the dentist) | <ul style="list-style-type: none"> 56. Apply topical anesthetics/DentiPatch® 59. Monitor patients under nitrous oxide (see requirements above) <ul style="list-style-type: none"> • Write prescriptions (drugs); exact words must be dictated by the dentist • Perform extraoral adjustments of any temp. restoration or appliance (extraorally, upon instruction by the dentist and reinsertion by the dentist) |
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2 Dental Assistant II in Training (DA II in Training)

Requirements

Education, Training and Credential Requirements

A **Dental Assistant II in Training (DA II in Training)** is an individual who is participating in on-the-job training to become a DA II. Training consists of at least two years (3,000 hours) of chairside assisting, during which period the assistant may be trained and allowed to perform the functions of a DA II under the direct control and supervision of a NC licensed dentist.

To begin receiving on-the-job training in DAII duties, a dental assistant must

1. Complete a 3-hour course in dental office emergencies **AND**
2. Complete a 3-hour course in sterilization and infection control

Note: The "DA II in training" functions are the same functions as allowed and listed on the next page for a DA II. A DA II in Training may not monitor patients under nitrous oxide, take radiographs, or coronal polish until he or she successfully completes the required courses in these topics.

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 Control and Supervision* (provided that the dentist first examined the patient and prescribed the procedure)

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| <ul style="list-style-type: none"> 6. Placing and removing gingival retraction cord 13. Removing sutures 14. Flushing, drying and temporarily closing root canals or pulpotomies 15. Placing and tying in or untying and removing orthodontic arch wires, ligature wires or lock pins 22. Exposing radiographs and cone beam images 27. Placing and removing rubber dams 29. Fitting (sizing) orthodontic bands or brackets 34. Placing cavity bases and liners 38. Measuring pulse, blood pressure, and temperature 39. Polishing removable appliances extra-orally 40. Applying sealants to teeth that do not require mechanical alteration prior to the application of such sealants | <ul style="list-style-type: none"> 42. Inserting interdental spacers 44. Taking impressions for study models and opposing casts that may be used for construction of temporary or permanent dental appliances, adjustable orthodontic appliances, nightguards and the repair of dentures or partials 45. Inserting matrix bands and wedges 47, 50, 54. Placing and removing temporary restorations 54, 61. Removing excess cement with hand scaler supragingivally 59. Monitoring patients under nitrous oxide (see requirements above) 62. Removing periodontal and surgical dressings <ul style="list-style-type: none"> • Cementing temporary restorations using temporary cement |
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Allowable functions for this level continued on next page

* **Direct Control and Supervision:** A dentist must be present in office when the act or function is being performed and must directly and personally supervise, examine, and evaluate the results.



Allowable Functions (for Dental Assistant II in Training), continued

Under Direct Control and Supervision* *(provided that the dentist first examined the patient and prescribed the procedure)*

- Applying acid etch materials and rinses
- Applying bonding agents
- Applying dentin desensitizing solutions
- Performing extraoral adjustments which affect function, fit, or occlusion of any restoration or appliance
- Initially forming and sizing orthodontic arch wires and placing arch wires after final adjustment and approval by the dentist
- Preparing and loading amalgam in carrier
- Using micro-etcher extra-orally
- Placing a throat shield in oropharynx during administration of general anesthesia
- Delivering dentures to patient for insertion, provided the dentist approves the denture placement
- Removing or replacing healing abutments or cover screws for implants that may be accessed supragingivally
- A DA II may perform all duties designated to a DA I under the same level of supervision

Under Supervision of a Public Health Hygienist *(working in a dental access shortage area)*

- Assist in the performance of clinical hygiene procedures performed under the direction of a dentist in accordance with conditions outlined in rule

*Direct Control and Supervision: A dentist must be present in office when the act or function is being performed and must directly and personally supervise, examine, and evaluate the results.



3 Dental Assistant II (DA II)

Education, Training and Credential Requirements

To perform expanded functions under the direct supervision of a licensed dentist in North Carolina, one must be classified as a **Dental Assistant II (DA II)**. To qualify, one must:

1. Hold a current Cardiopulmonary Resuscitation (CPR) certification
AND
2. **a.** Complete a CODA-accredited dental assisting program **OR**
b. Complete one school year or longer in a CODA-accredited dental hygiene program **OR**
c. Complete a dental assistant program offered through a branch of the U.S. armed forces at the Medical Education & Training Campus that includes a clinical rotation providing dental assisting for live patients **OR**
d. Pass the national DANB Certified Dental Assistant (CDA) exam **OR**
e. Complete full-time employment as a DA I for 2 years of the preceding 5, consisting of at least 3,000 total and complete a 3-hour course in dental office emergencies and complete a 3-hour course in sterilization and infection control and, after completing these courses and CPR certification, receive training in any dental delivery setting and perform the functions of a DA II under the direct control and supervision of a licensed dentist

To qualify to **perform coronal polishing**, a DA II must:

Successfully complete a course in coronal polishing identical to that taught in a CODA-accredited dental assisting program, or by a licensed NC hygienist or dentist of least 7 hours and meeting content requirements established by the North Carolina Board

To qualify to **monitor patients under nitrous oxide**, a DA II must:

Successfully complete a North Carolina Board-approved 7-hour course in nitrous oxide-oxygen conscious sedation

Note: At its April 8, 2021 meeting, the North Carolina Board of Dental Examiners opined that a foreign trained dentist may serve as a Dental Assistant II, provided that their credentials are verified by the supervising dentist.

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 Control and Supervision* (provided that the dentist first examined the patient and prescribed the procedure)

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| <ol style="list-style-type: none"> 6. Placing and removing gingival retraction cord 9. Polishing the clinical crown (Using a hand-held brush and appropriate polishing agents or a combination of a slow-speed handpiece [not to exceed 10,000 rpm] with an attached rubber cup or bristle brush and appropriate polishing agents) (see requirements above) 13. Removing sutures 14. Flushing, drying and temporarily closing root canals or pulpoto-mies 15. Placing and tying in or untying and removing orthodontic arch wires, ligature wires or lock pins 22. Exposing radiographs and cone beam images 27. Placing and removing rubber dams 29. Fitting (sizing) orthodontic bands or brackets 34. Placing cavity bases and liners 38. Measuring pulse, blood pressure, and temperature 39. Polishing removable appliances extra-orally 40. Applying sealants to teeth that do not require mechanical alter-ation prior to the application of such sealants 42. Inserting interdental spacers 44. Taking impressions for study models and opposing casts that may be used for construction of temporary or permanent dental appliances, adjustable orthodontic appliances, nightguards and the repair of dentures or partials | <ol style="list-style-type: none"> 45. Inserting matrix bands and wedges 47, 50, 54. Placing and removing temporary restorations 54, 61. Removing excess cement with hand scaler supragingivally 59. Monitoring patients under nitrous oxide (see requirements on previous page) 62. Removing periodontal and surgical dressings • Cementing temporary restorations using temporary cement • Applying acid etch materials and rinses • Applying bonding agents • Applying dentin desensitizing solutions • Performing extraoral adjustments which affect function, fit, or occlusion of any restoration or appliance • Initially forming and sizing orthodontic arch wires and placing arch wires after final adjustment and approval by the dentist • Preparing and loading amalgam in carrier • Using micro-etcher extra-orally • Placing a throat shield in oropharynx during administration of general anesthesia • Delivering dentures to patient for insertion, provided the dentist approves the denture placement • Removing or replacing healing abutments or cover screws for implants that may be accessed supragingivally • A DA II may perform all duties designated to a DA I under the same level of supervision |
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Under Supervision of a Limited Supervision Hygienist (when treatment is provided to children in an authorized school-based program and ordered by a licensed dentist, subject to conditions outlined in rule)

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| <ul style="list-style-type: none"> • Assist in providing oral hygiene instruction • Assist in applying sealants • Assist in applying topical fluorides | <ul style="list-style-type: none"> • Assist in applying fluoride varnishes • Assist while the Limited Supervision Hygienist is performing prophylaxis |
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Under Supervision of a Public Health Hygienist (working in a dental access shortage area)

- Assist in the performance of clinical hygiene procedures performed under the direction of a dentist in accordance with conditions out-lined in rule

*Direct Control and Supervision: A dentist must be present in office when the act or function is being performed and must directly and personally supervise, examine, and evaluate the results.

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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