

Oklahoma

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 Job Titles

State Career Ladder

There are two recognized levels of dental assistants in Oklahoma. 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.



2 Dental Assistant with expanded function permit

1 Dental Assistant

Other Levels

Other Specialized Dental Assistant Categories

This state allows dental assistants meeting requirements in the following specialized categories to perform sets of functions specific to those categories. See requirements and functions for these categories on the indicated pages.

Oral Maxillofacial Surgery Assistant See page 142

Radiography Requirements

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in Oklahoma, a dental assistant must obtain a permit from the Oklahoma Board of Dentistry.

To qualify, one must:

- I. Complete a course of study in radiation safety and protection, consisting of a minimum of four hours, approved by the OBD
- AND**
- II. Apply for a Radiation Safety permit from the OBD and pass a background check with criteria established by the OBD.

Prohibited

Functions NOT Permitted by Dental Assistants in Oklahoma

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:

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| <ul style="list-style-type: none"> 12, 33. Placement or removal of restorative materials in a human oral cavity 61. Removal of fully hardened cement with a high-speed handpiece • Diagnosis • Treatment planning • Prescription of medications • Surgery or the cutting or severance of hard and soft tissue • Final cementation of fixed prosthesis or delivery of a removable prosthesis • Administration of injectable local anesthesia or any other form of injectable including anesthesia including IV sedation | <ul style="list-style-type: none"> • Utilization of a laser, high-speed hand piece, power scaler, prophylax jet or ultrasonic • Adjustment of a prosthesis intraorally • Administration of nitrous oxide • Administration, evaluation or assessment of a level of anesthesia on a patient • Any procedure that may contribute to or result in an irreversible alteration of the human oral anatomy • An expanded duty (see list on the next page) when the dental assistant does not hold a current permit issued by the Oklahoma Board of Dentistry for the expanded duty • Those procedures allocated exclusively to dental hygienists or dentists |
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The following acts shall be regarded as practicing dentistry:

- | | |
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| <ul style="list-style-type: none"> • Representing oneself as treating or professing to treat by professional instructions or by advertising use of professional equipment or products • Removing human teeth • Repairing or filling cavities in human teeth | <ul style="list-style-type: none"> • Correcting or attempting to correct malposed teeth • Administering anesthetics, general or local • Treating deformities of the jaws and adjacent structures • Using x-ray and interpreting dental x-ray film |
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Prohibited functions continued on next page



Prohibited Duties

Functions NOT Permitted by Dental Assistants in Oklahoma, continued

The following acts shall be regarded as practicing dentistry (continued):

- Offering, undertaking or assisting by any means or methods, to remove stains, discolorations, or concretions from the teeth (does not preclude or prohibit the sale of any teeth whitening kit designed for self-administration as approved by the United States Food and Drug Administration)
- Operating or prescribing for any disease, pain, injury, deficiency, deformity, or any physical condition connected with the human mouth
- Taking impressions of the teeth and jaws
- Furnishing, supplying, constructing, reproducing, or repairing, or offering to furnish, supply, construct, reproduce, or repair, prosthetic dentures, sometimes known as plates, bridges, or other substitutes for natural teeth for the user or prospective user thereof
- Adjusting or attempting to adjust any prosthetic denture, bridge, appliance, or any other structure to be worn in the human mouth
- Diagnosing, making, and adjusting appliances to artificial casts of malposed teeth for treatment of the malposed teeth in the human mouth, without instructions
- Writing a laboratory prescription to a dental laboratory or dental laboratory technician for the construction, reproduction or repair of any appliance or structure to be worn in the human mouth
- Any other procedure otherwise defined in the State Dental Act requiring a valid license or permit to perform while the person does not hold such valid license or permit issued by the Board

No dental assistant shall perform any duty not authorized by Title 195, Chapter 15, of the Oklahoma Administrative Code or the State Dental Act.

1 Dental Assistant

Requirements

Education, Training and Credential Requirements

Every dental assistant in Oklahoma must obtain a Dental Assistant permit from the Board of Dentistry prior to beginning employment. To obtain a permit, one must

- I. Submit a completed application form and the required fee to the Oklahoma Board of Dentistry
- AND**
- II. Pass a background check with criteria established by the OBD.

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

A dental assistant must receive adequate office-based training by the supervisory dentist to ensure that the dental assistant is aware of all requirements and responsibilities of each duty to be performed.

Beginning January 1, 2020, every dental assistant receiving a permit shall complete an infection control course approved by the OBD within one year of the date of receipt of permit. Dental assistants holding permits prior to January 1, 2020 must complete an infection control course approved by the OBD before December 31, 2020.

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*

- Any duty for which the dental assistant has received adequate office-based training by the supervisory dentist to ensure that the dental assistant is properly aware of all requirements and responsibilities of each duty to be performed

DANB's Note on Allowable Dental Assisting Functions

In the state of Oklahoma, all dental assistants may:

- Perform infection control and occupational safety procedures
- Perform other duties not specified by this state's dental practice act

At this time, DANB cannot list all allowable dental assisting functions for each state because some states' dental practice acts outline very specific allowable functions, while others outline only prohibited functions and some contain minimal or no regulation of dental assisting duties.

*Direct Supervision: A supervisory dentist is in the dental office or treatment facility and, during the appointment, personally examines the patient, diagnoses any conditions to be treated, and authorizes the procedures to be performed by a dental assistant or oral maxillofacial surgery assistant. The supervising dentist is continuously on site and physically present in the dental office or treatment facility while the procedures are being performed and, before dismissal of the patient, evaluates the results of the dental treatment.

Direct visual supervision: The supervisory dentist has direct ongoing visual oversight which shall be maintained at all times during any procedure authorized to be performed by a dental assistant or an oral maxillofacial surgery assistant.



2 Dental Assistant with expanded function permit

Education, Training and Credential Requirements

To perform expanded functions in Oklahoma under the direct supervision of a licensed dentist, a dental assistant or oral maxillofacial surgery assistant must obtain a permit from the Oklahoma Board of Dentistry (OBD) for each expanded duty he or she desires to perform.

Available permits are:

Radiation Safety and Protection. See the "Radiography Requirements" on page 139.

Coronal Polishing and Topical Fluoride. An applicant must successfully complete a Board-approved course in this function, including two hours of didactic education and six hours of a clinical training, including demonstration, in coronal polishing and the application of topical fluoride and desensitizing agents.

Pit and Fissure Sealants. An applicant must complete a Board-approved course of study in this function, consisting of a minimum of 6 hours to include 1 hour of didactic training and 5 clinical hours of training.

Assisting in the administration of nitrous oxide. An applicant must successfully complete a Board-approved course of study in this function, consisting of a minimum of 12 hours. Applicants must have a current BLS certification prior to beginning this course.

Vaccinations, venipuncture, and phlebotomy. An applicant must complete a Board-approved phlebotomy certification program or course, which must include a minimum of four hours of safe-needle and bloodborne pathogens procedures under the guidelines of the CDC.

Elder care and public health. An applicant must have a minimum of two (2) years of active dental assisting practice.

A dental assistant who holds an **out-of-state dental assistant permit with expanded duties** may apply for credentialing and reciprocity for a dental assistant permit including any expanded duty by demonstrating that he or she has:

- I. Held a valid dental assistant permit in another state for a minimum of two years and is in good standing
AND
- II. Held a valid expanded duty in another state for a minimum of one year
AND
- III. Completed an educational class for the expanded duty and that the dental assistant been providing this treatment to dental patients while working as a dental assistant in a dental office for a minimum of one year.

Any person having **served in the military as a dental assistant** shall receive credentialing and reciprocity for expanded functions by providing:

- I. Proof of military service in excess of two years with any certifications or training in the expanded function areas
AND
- II. Verification from the commanding officer of the medical program or the appropriate supervisor stating that the dental assistant provided the expanded functions on patients in the military dental facility for a minimum of one year within the past five years.

Requirements

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*

- 9. Polish coronal surface of teeth, or prepare teeth for band cementation or bonding of brackets utilizing a slow speed rotary handpiece and prophylaxis/polishing cup or brush, polishing agent and the polishing is not prophylaxis (examination for calculus and scaling must be done by a dentist or dental hygienist)
- 18. Apply topical fluoride and desensitizing agents. A dental assistant may not use a prophyl jet or any other instrument unless approved by the Board
- 22. Expose intraoral and extraoral radiographs
- 40. Place pit and fissure sealants
- 59. Monitor and assist in the administration of nitrous oxide; a dental assistant may turn on oxygen, but the level and adjustment of nitrous oxide can only be determined and administered by the dentist or hygienist; a dental assistant may adjust the level of nitrous oxide

- at the verbal direction of a dentist under direct supervision; patients utilizing nitrous oxide must be visually monitored at all times
- Assist a dentist while the dentist administers anesthesia and assess the patient's level of sedation; no dental assistant shall administer, evaluate or assess a level of anesthesia on a patient
- Administer vaccinations or draw blood for a platelet rich plasma procedure (PRP) or other testing under the direct supervision of a dentist
- All duties designated to Dental Assistants, under the same level of required supervision

Under General Supervision

- A dental assistant with a permit in elder care and public health may assist a dental hygienist while providing treatment in specified healthcare and long-term care facilities under the general supervision of the supervising dentist

Allowable

***Direct Supervision:** A supervisory dentist is in the dental office or treatment facility and, during the appointment, personally examines the patient, diagnoses any conditions to be treated, and authorizes the procedures to be performed by a dental assistant or oral maxillofacial surgery assistant. The supervising dentist is continuously on site and physically present in the dental office or treatment facility while the procedures are being performed and, before dismissal of the patient, evaluates the results of the dental treatment.

Direct visual supervision: The supervisory dentist has direct ongoing visual oversight which shall be maintained at all times during any procedure authorized to be performed by a dental assistant or an oral maxillofacial surgery assistant.

General supervision: The supervisory dentist has diagnosed any conditions to be treated within the past thirteen (13) months, has personally authorized the procedures to be performed by a dental hygienist, and will evaluate the results of the dental treatment within a reasonable time as determined by the nature of the procedures performed, the needs of the patient, and the professional judgment of the supervisory dentist. General supervision may only be used to supervise a hygienist and may not be used to supervise an oral maxillofacial surgery assistant or dental assistant except as provided by law.



Oral Maxillofacial Surgery Expanded Duty

Education, Training and Credential Requirements

To perform specified oral maxillofacial surgical assisting functions in Oklahoma, one must hold an Oral Maxillofacial Surgery Expanded Duty permit. To qualify, one must:

- I. Pass a background check with criteria established by the Oklahoma Board of Dentistry
AND
- II. Be supervised by a licensed oral maxillofacial surgeon, dentist, or pediatric dentist who holds a parenteral or general anesthesia permit with a current Oklahoma license,
AND
- III. Be employed and complete a minimum of six months of training under the direct supervision of a licensed oral maxillofacial surgeon prior to starting the DAANCE program (see below)
AND
- IV. Complete the Dental Anesthesia Assistant National Certification Examination (DAANCE) program provided by the American Association of Oral Maxillofacial Surgeons (AAOMS)
AND
- V. Hold valid BLS certification,
AND
- VI. Complete a standardized course approved by the OBD including a minimum of four hours of didactic training that includes the required content,
AND
- VII. Complete an infection control course approved by the Board,
AND
- VIII. Meet any other requirements established by the OBD
AND
- IX. Apply to the OBD for an Oral Maxillofacial Surgery Expanded Duty permit

An oral maxillofacial surgery expanded duty permit shall be considered a temporary training permit until all of the training requirements have been completed and approved by the OBD. A temporary training permit shall not be extended beyond two years.

Note: The OBD's anesthesia committee may make a recommendation to the OBD for an oral maxillofacial surgery expanded duty permit holding a temporary training permit to substitute training received from another state university, dental school or technical training institute or training acquired in a surgery center or hospital while working under the authority of a licensed physician, to qualify as a partial substitute for the requirements to attain an oral maxillofacial surgery expanded duty permit.

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*

- Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia
- Draw up and prepare medications

Under Direct Visual Supervision*

- Follow instructions of the oral surgeon while acting as an accessory hand on behalf of the oral surgeon that is administering** the medication and actively treating the patient.
- Follow instructions of the oral surgeon to adjust the rate of intravenous fluids to maintain or keep the line patent or open and adjust an electronic device to provide medications such as an infusion pump
- Assist the oral surgeon by reading, recording vital signs of a patient receiving deep sedation or general anesthesia; provided, only an oral surgeon may assess the level of sedation

****Note:** "Administer" means to have the sole responsibility for anesthesia care, including determining medicines to be used and the dosage, timing, route of delivery and administration of medication and the assessment of the level of anesthesia and monitoring the physiological results of such care; provided, only an oral surgeon or dentist possessing a current general anesthesia permit may administer or assess the level of sedation or general anesthesia and monitor the results of such care.

Requirements

Allowable

***Direct Supervision:** A supervisory dentist is in the dental office or treatment facility and, during the appointment, personally examines the patient, diagnoses any conditions to be treated, and authorizes the procedures to be performed by a dental assistant or oral maxillofacial surgery assistant. The supervising dentist is continuously on site and physically present in the dental office or treatment facility while the procedures are being performed and, before dismissal of the patient, evaluates the results of the dental treatment.

Direct visual supervision: The supervisory dentist has direct ongoing visual oversight which shall be maintained at all times during any procedure authorized to be performed by a dental assistant or an oral maxillofacial surgery 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.

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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