

Rhode Island

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 levels of dental assistants in Rhode Island. 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 DANB-Certified Assistant

1 Dental Assistant

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.

DAANCE Certified Maxillofacial Surgery Assistant

See page 156

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in Rhode Island, a dental assistant must:

1. Complete a course in dental radiography from an educational institution with a CODA-accredited program

Functions NOT Permitted by Dental Assistants in Rhode Island

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:

- 22. Exposure of radiographs without successful completion of required course in dental radiography (see "Radiography Requirement" above for requirements)
- 33, 51. Condensing and carving restorative materials in teeth, except temporary restoratives
- 46. Taking conventional/physical impressions for models upon which full or partial dentures, or permanent crowns, bridges, inlays, onlays, posts and cores will be fabricated
- Diagnosis and treatment planning
- Surgical procedures on hard or soft tissue
- Prescribing medications
- Administering injectable anesthetics
- Administering general anesthesia/deep sedation, moderate sedation and/or minimal sedation, or nitrous oxide plus medication
- Administering inhalants or inhalation conscious sedation agents
- Adjusting occlusion of fixed and removable prosthodontic appliances
- Final cementation of permanent crowns, bridges, inlays, onlays, and posts and cores; and insertion of final prosthesis
- Placement of sutures
- Perform direct pulp capping procedures
- Orthodontic arch wire detailing with the exception of minor adjustments to eliminate pain or discomfort
- Flush root canal
- Temporary wire ligation
- Use of a rotary instrument in the oral cavity unless licensed or certified under the provisions of the Rhode Island Dental Practice Act and the Rules and Regulations Pertaining to Dentists, Dental Hygienists and Dental Assistants (See also §2.10.2(A)(2)(b) of the Regulations in DANB's 2019 State Fact Booklet.)
- Oral prophylaxis
- Any irreversible intraoral procedure
- Any procedure listed specifically for dental hygienists:
 - Remove calculus, accretions and stains from both supragingival and subgingival tooth surfaces by scaling and root planing



1 Dental Assistant

Education, Training and Credential Requirements

Requirements

A dental assistant in Rhode Island may perform dental procedures under the supervision of a licensed dentist, as specified by the state dental practice act (see below).

All dental assistants practicing in a dental setting shall hold a current certificate of completion of an approved course in Basic Life Support (BLS) for the Healthcare Provider that includes a hands-on skill component and conforms to the current American Heart Association Guidelines Update for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) offered by any accredited agency approved by the Board.

Every dental assistant in Rhode Island must receive a minimum of one (1) hour per year of training in the CDC Infection Control Guidelines.

Allowable Functions

Allowable

Under Direct Supervision*

- Perform a final digital scan (with final inspection and approval of dentist)
- Reversible intraoral procedures as delegated by the dentist

DANB's Note on Allowable Dental Assisting Functions

In the state of Rhode Island, 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.

2 DANB-Certified Assistant

Education, Training and Credential Requirements

Requirements

To perform expanded functions in Rhode Island under the direct supervision of a licensed dentist, a dental assistant must be a DANB-Certified assistant, holding one of the following DANB national certifications: Certified Dental Assistant (CDA), Certified Orthodontic Assistant (COA), Certified Preventive Functions Dental Assistants (CPFDA), Certified Restorative Functions Dental Assistants (CRFDA), Certified Oral and Maxillofacial Surgery Assistant (COMSA) or Certified Dental Practice Management Administrator (CDPMA).

Note: Individuals who have passed a DANB certification exam but have not renewed certification are no longer DANB-Certified assistants.

In Rhode Island, DANB-Certified assistants may perform the expanded functions listed below provided they have graduated from a dental assisting education program that incorporated academic training in these procedures or completed academic clinical training to clinical competence.

Allowable Functions

Allowable

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*

- 6. Placing and/or removing retraction cord
- 9. Coronal polishing
- 18. Fluoride treatments
- 29. Placing and removing bonded orthodontic attachments and/or cementation or removal of orthodontic bands

- 40. Application of pit and fissure sealants
- Reversible intraoral procedures as delegated by the dentist
- All duties designated to dental assistants, under the same levels of required supervision

* **Direct Supervision:** The dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure(s)/duty(ies), remains in the dental office while the procedure(s)/duty(ies) are being performed, and examines the patient before his/her dismissal.



RHODE ISLAND

(DAANCE CERTIFIED MAXILLOFACIAL SURGERY ASSISTANT)

Updated by DANB 7/17/2026

DAANCE Certified Maxillofacial Surgery Assistant

Education, Training and Credential Requirements

To perform specified maxillofacial surgery assisting functions, an assistant must be licensed by the Rhode Island Board of Examiners in Dentistry as a DAANCE Certified Maxillofacial Surgery Assistant. To qualify for licensure, one must:

1. Be of good moral character
AND
2. Be eighteen (18) years or older
AND
3. Successfully complete an approved program for Dental Anesthesia Assistants National Certification Examination (DAANCE) accredited by the American Association of Oral and Maxillofacial Surgeons or its designated agency
AND
4. Be certified as a dental anesthesia assistant by the American Association of Oral and Maxillofacial Surgeons
AND
5. Complete a Board of Examiners in Dentistry-approved advanced cardiac life support (ACLS) course and hold current certification
AND
6. Be in good standing in each state in which he/she holds a license
AND
7. Submit application with required documentation to the Rhode Island Board of Examiners in Dentistry for licensure

Allowable Functions

Under Direct Visual Supervision*

- Follow instructions to prepare and assist in the administration of medications
- Adjust the rate of intravenous fluids infusion beyond a keep open rate
- Adjust an electronic device to provide medications, such as an infusion pump
- Assist with preparation/delivery/infusion/administration of emergency medications to a patient in order to assist the oral and maxillofacial surgeon in an emergency

Under Direct Supervision* by an oral and maxillofacial surgeon holding a valid general anesthesia/deep sedation permit

- Discontinue an intravenous line for a patient who has received intravenous medications, sedation, or general anesthesia
- Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open
- Make medications readily available for review, inspection and use by the oral and maxillofacial surgeon.

* **Direct Supervision:** The dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure(s)/duty(ies), remains in the dental office while the procedure(s)/duty(ies) are being performed, and examines the patient before his/her dismissal.

Direct visual supervision: Supervision by an oral and maxillofacial surgeon (with a permit to administer deep sedation and general anesthesia) by verbal command and under direct line of sight.

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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