

Tennessee

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 three recognized levels of dental assistants in Tennessee. 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 Registered Dental Assistant (RDA) qualified to perform expanded functions

2 Registered Dental Assistant (RDA)

1 Practical Dental Assistant

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures under the direct supervision of a licensed dentist in Tennessee, a dental assistant must hold a certificate in dental radiology from the Tennessee Board of Dentistry. To qualify, one must:

I. Be a Registered Dental Assistant (see requirements on the pages that follow)

AND

II. a. Successfully complete a Tennessee Board-approved radiology certification course (to qualify, one must be a current Tennessee RDA) **OR**

b. Successfully complete a comparable training program in dental radiology in another state **OR**

c. Be enrolled in a CODA-accredited or Board-approved dental assisting program that offers a dental radiology course as part of its curriculum **OR**

d. Hold current DANB Certified Dental Assistant (CDA) certification **OR**

e. Pass the Radiation Health and Safety (RHS) component of the DANB CDA exam

AND

III. Apply to the Tennessee Board of Dentistry for state certification in dental radiology

Functions NOT Permitted by Dental Assistants in Tennessee

The following functions are not permitted by any level of dental assistant:

- Examination, diagnosis and treatment planning
- Surgical or cutting procedures on hard or soft tissue, including laser, air abrasion or micro-abrasion procedures, including curettage or root planing
- Fitting, adjusting and placement of prosthodontic appliances
- Issuance of prescription medications, medications not authorized by Tennessee law or Board of Dentistry rules, or work authorizations
- Performance of direct pulp capping, pulpotomy and other endodontic procedures not authorized by Tennessee law or Board of Dentistry rules
- Approve the final occlusion
- Placement of sutures
- Administration of local anesthesia, nitrous oxide, conscious sedation, or general anesthesia
- Use of a high-speed handpiece intraorally
- Utilization of laser equipment and technology
- Diagnosing of the need for restorations
- Preparation/cutting of the tooth or soft tissue
- Modifying existing structure
- Removal of caries, bases and liners
- Diagnosing need for any prosthetic appliance
- Establishing vertical dimension of occlusion and interocclusal records
- Delivering and/or adjusting appliance
- Expose radiographs without state certification (as indicated above)
- Expanded restorative or prosthetic functions without certification (as indicated on the pages that follow)
- Perform coronal polishing without state certification (as indicated on the pages that follow)
- Apply sealants without state certification (as indicated on the pages that follow)
- Monitoring nitrous oxide without state certification (as indicated on the pages that follow)



1 Practical Dental Assistant

Requirements

Education, Training and Credential Requirements

A Practical Dental Assistant is an auxiliary employee of a licensed dentist(s) who is receiving practical chairside dental assisting training from a licensed dentist(s) or is a dental assistant student in an educational program accredited by the Commission on Dental Accreditation (CODA).

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*

- 2, 37. The taking and recording of a patient's blood pressure, pulse, temperature, and medical history, and charting of oral conditions
- 3. Calling in prescriptions to the pharmacist as instructed by the employer/dentist
- 6. Packing and removing retraction cord, with or without vasoactive chemicals, for restorative dental procedures
- 12. The placement of amalgam in prepared cavities for condensation by the dentist
- 13. The removal of sutures and staples
- 14. Drying canals with absorbent paper points
- 15. Bending, selecting and pre-sizing arch wires and placing arch wires after final adjustment and approval by the dentist
- 15. Placement of chain elastics on brackets
- 15. Placement of exposure chains and attachments
- 18. The application of topical fluorides
- 24. The instruction of patients in dietary principles
- 24. Demonstration of oral hygiene procedures and oral health care regimen
- 25. The maintenance of instrument and operatory infection control
- 27. The placement and removal of rubber dam
- 29. The selection, prefitting, cementation, curing and removing of orthodontic bands or brackets
- 34. Placement of cavity bases and liners
- 35, 62. The placement and removal of periodontal dressings
- 41. The preparation of instrument trays
- 42. Placement and removal of pre-treatment separators
- 43. Selecting and pre-fitting of stainless steel crowns or other preformed crowns for insertion by the dentist
- 44, 46. The taking of alginate impressions or any purpose other than permanent restorations
- 45. The placement and removal of matrices for restoration
- 48. Irrigating extraction site
- 49. Performing pulp testing
- 50, 55. The fabrication, placement and removal of temporary restorations
- 52. The processing of radiographs, including digital, of the mouth, gums, jaws, teeth or any portion thereof for dental diagnosis
- 56. The application of topical anesthetics
- 61. Removal of cement excess from supragingival surface of teeth by hand instruments only
- 61. The removal of cement from restorations and bands
- 63, 69. The placement and removal of socket dressings
 - The taking of dental plaque smears
 - The removal of ligature and arch wires
 - Wound care as directed
 - Placement of springs on wires
 - Placement of hooks on brackets
 - Ligation of arch wires to brackets
 - The taking of oral cytologic smears
 - Removal of loose or broken bands or brackets
 - The application of desensitizing agents
 - Application of tooth conditioners for bonding
 - Packing of pulpotomy paste
 - Fitting, adjusting and cementation of correctional appliances
 - Other duties specifically approved by the Board at a regularly scheduled meeting of the Board

*Direct Supervision means the continuous presence of a supervising dentist within the physical confines of the dental office when licensed and registered dental hygienists or registered dental assistants perform lawfully assigned duties and functions



2 Registered Dental Assistant (RDA)

Requirements

Education, Training and Credential Requirements

Registered Dental Assistants in Tennessee may perform the procedures listed for this level below. To register as an RDA, one must:

- I. Be at least 18 years old **AND**
- II. Have a high school diploma or GED certificate **AND**
- III. Successfully complete BLS for Healthcare Providers, CPR/AED for Professional Rescuers, or equivalent course **AND**
- IV. Successfully complete the Tennessee Board of Dentistry Ethics and Jurisprudence exam **AND**
- V. Apply for registration to the Tennessee Board of Dentistry

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*

- Those functions that may be delegated to a practical dental assistant under direct supervision (see previous page)

Unsupervised

- Participate in educational functions involving organized groups or healthcare institutions regarding preventive oral health care

3 Registered Dental Assistant (RDA) qualified to perform expanded functions

Requirements

Education, Training and Credential Requirements

To perform expanded functions in Tennessee, Registered Dental Assistants (RDAs) must earn state certification by completing the requirements for each of the desired expanded functions listed below:

Perform coronal polishing procedures:

- I. Successfully complete a Board-approved coronal polishing course, including both a written and a clinical exam (to qualify, an individual must be an RDA in Tennessee) **OR** complete a CODA-accredited dental assisting program that included coronal polishing in the curriculum **AND**
- II. Receive a certificate in coronal polishing from the Tennessee Board of Dentistry

Apply sealants:

- I. Successfully complete a Board-approved course in sealant application (to qualify, one must be a current RDA) **OR** be enrolled in a CODA-accredited or TN Board-approved program which offers such a course **AND**
- II. Receive a certificate in sealant application from the Board

Monitor nitrous oxide:

- I. Successfully complete a Board-approved nitrous oxide monitoring course (to qualify, one must be a current RDA) **OR** be enrolled in a CODA-accredited or TN Board-approved program which offers such a course **AND**
- II. Receive a certificate in monitoring nitrous oxide from the Board

Perform restorative and/or prosthetic functions:

- I. Have a minimum of two years of continuous, full-time registered dental assisting employment in the three years prior to enrolling in course **AND**
- II. Complete a Board-approved certification course **AND**
- III. Receive a certificate in restorative and/or prosthetic functions from the Board

Note: RDAs who have successfully completed a comparable training program in expanded functions in another state may be eligible to apply directly to the Board for an expanded functions certificate without additional training. For details see DANB's State Fact Booklet or contact the Tennessee Board of Dentistry.

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*

- 9. Coronal polishing
- 12, 33, 51. Restorative functions (insert, pack, carve and finish amalgam and intracoronal nonmetallic restorations)
- 22. Exposure of dental radiographs (see "Radiography Requirements" section on previous page)

- 40. Application of sealants
- 46. Prosthetic functions (take final impressions for fixed and removable prosthetic appliances)
- 59. Monitoring nitrous oxide

*Direct Supervision means the continuous presence of a supervising dentist within the physical confines of the dental office when licensed and registered dental hygienists or registered dental assistants perform lawfully assigned duties and functions

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADA/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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