

Vermont

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 Vermont. 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 Expanded Function Dental Assistant

2 DANB Certified Dental Assistant (CDA) *with state certification*

1 Traditional Dental Assistant

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in Vermont, a dental assistant must be an Expanded Function Dental Assistant or a DANB Certified Dental Assistant (see requirements on following pages).

Traditional Dental Assistants can earn a special endorsement to perform dental radiographic procedures by completing the following requirements:

- I. a. Be at least 18 years of age, **AND**
b. Successfully complete a CODA-accredited radiology course within 10 years of application for endorsement **AND**
c. Work for at least six months as a dental assistant

OR

- II. Hold a radiography endorsement equivalent to that required in Vermont

AND ALL MUST THEN

- III. Apply to the Vermont Board of Dental Examiners for endorsement

Functions NOT Permitted by Dental Assistants in Vermont

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

- Diagnosis, treatment planning and prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic, or orthodontic appliances
- Surgical procedures on hard and soft tissues within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy
- Oral prophylaxis
- Oral debridement
- Periodontal descriptions and charting, including periodontal probing
- Placement of subgingival chemotherapeutic agents



1 Traditional Dental Assistant

Requirements

Education, Training and Credential Requirements

Dental assistants in Vermont can earn status as a Traditional Dental Assistant by becoming employed as a traditional dental assistant in a dental office and registering with the Vermont Board of Dental Examiners within 30 days of being hired.

All dental assistants shall complete emergency office procedures training within six months of their date of hire.

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. Perform coronal polishing**
- 22. Take radiographs under a special endorsement (see "Radiography Requirements" on previous page)
- 40. Apply dental sealants**
 - Perform extraoral duties assigned by the dentist
 - Assist the dentist or clinical staff in intraoral procedures as assigned by the dentist

***To perform this function, a traditional dental assistant must be a graduate of a CODA-accredited dental assisting program or must have worked as a traditional dental assistant for at least six consecutive months.*

Note: A dental therapist may supervise dental assistants directly to the extent permitted in the collaborative agreement between the dental therapist and the dentist; a dental therapist may have under his or her direct supervision no more than a total of two auxiliaries (any combination of assistants and hygienists) in any one practice setting.

DANB's Note on Allowable Dental Assisting Functions

In the state of Vermont, 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 Dental Assistant (CDA) with state certification

Requirements

Education, Training and Credential Requirements

Dental assistants who hold the national DANB Certified Dental Assistant (CDA) certification can also earn Vermont state certification. To qualify, one must:

- I. Hold a current national DANB Certified Dental Assistant (CDA) certification
AND
- II. Be employed by a Vermont licensed dentist
AND
- III. Apply to the Vermont Board of Dental Examiners for registration

All dental assistants shall complete emergency office procedures training within six months of their date of hire.

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*

- 59. Monitor nitrous oxide analgesia
 - All duties for which the assistant has received formal training in a CODA-accredited dental assisting program and for which the assistant has been DANB certified

*Direct Supervision: A licensed dentist agrees to the procedure or treatment and is readily available at the dental facility for consultation or intervention.



3 Expanded Function Dental Assistant

Requirements

Education, Training and Credential Requirements

To perform expanded functions in Vermont under the direct supervision of a licensed dentist, a dental assistant must earn status as an Expanded Function Dental Assistant.

To qualify, one must:

- I. a. Be a current DANB Certified Dental Assistant (CDA) certificant with Vermont state certification **AND**
 - b. Be employed by a Vermont licensed dentist

OR

- II. Be a licensed dental hygienist

AND

- III. Successfully complete a formal program in each of the desired expanded functions at a CODA-accredited program of dental assisting **AND**

- IV. Apply to the Vermont Board of Dental Examiners for registration

All dental assistants shall complete emergency office procedures training within six months of their date of hire.

Allowable

Allowable Functions

Under Direct Supervision*

- Any expanded duty for which the Expanded Function Dental Assistant has been trained, within the limits of Vermont rules

***Direct Supervision:** A licensed dentist agrees to the procedure or treatment and is readily available at the dental facility for consultation or intervention.

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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