

Virginia

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 Virginia. 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.



1 Dental Assistant I (DA I)

2 Dental Assistant II (DA II)

3 Dental Assistant Qualified to Perform Supragingival Scaling and Coronal Polishing

State Radiography Requirements

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

1. Satisfactorily complete a radiation safety course and exam in radiology given by an institution that maintains a CODA-accredited dental assisting, dental hygiene, or dentistry program
OR
2. Earn certification from the American Registry of Radiologic Technologists
OR
3. Satisfactorily complete the DANB RHS Review course offered by the DALE Foundation and pass the national DANB Radiation Health and Safety (RHS) exam

(Any person who was qualified to place or expose dental x-ray film by satisfactorily completing a course and passing an examination in compliance with guidelines provided by the board prior to May 11, 2011 continues to be so qualified.)

Functions NOT Permitted by Dental Assistants in Virginia

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:

- 1, 2. Performing an initial/clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis or for further evaluation by the dentist
20. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers, with any sedation or anesthesia administered
- 33, 51. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth, with the exception of placing, packing and carving amalgam and composite resins by DA IIs with advanced training
59. Administer nitrous oxide; turn nitrous oxide machines on or off
 - Final diagnosis and treatment planning
 - Performing surgical or cutting procedures on hard or soft tissue
 - Prescribing or parenterally administering drugs or medicaments
 - Authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth
 - Operation of high speed rotary instruments in the mouth
 - Administering nitrous oxide or oxygen inhalation analgesia
 - Final positioning and attachment of orthodontic bonds and bands
 - Final adjustment and fitting of crowns and bridges in preparation for final cementation
 - Polishing of natural and restored teeth using air polishers
 - Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents
 - Administering and monitoring moderate sedation, deep sedation, or general anesthetics, except monitoring in accordance with anesthesia and sedation rules (see requirements on the pages that follow and 18VAC60-21-260 for more information)
 - Non-delegable duties of a dentist and duties only delegable to a dental hygienist



1

Dental Assistant I (DA I)

Requirements

Education, Training and Credential Requirements

A dental assistant I (DA I) in Virginia may perform basic supportive dental procedures specified by the state dental practice act (see below) under the direction and supervision of a licensed dentist.

There are no education or training requirements for this level of dental assisting.

To qualify to **assist in the administration of or monitor inhalation analgesia, minimal sedation, moderate sedation, deep sedation or general anesthesia**, a **DA I or DA II** must meet one of the following requirements:

1. Training and current certification in basic resuscitation techniques with hands-on airway training for health care providers, such as Basic Cardiac Life Support for Health Professionals or a clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education
OR
2. Current certification as a certified anesthesia assistant by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology

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 Indirect Supervision of a Dentist*

- | | |
|---|---|
| 1. Perform mouth mirror inspection of the oral cavity | 32, 36, 57. Compliance with OSHA Regulations and Centers for Disease Control Guidelines |
| 2. Chart existing restorations and conditions as instructed by the dentist | 34. Apply and cure primer and bonding agents |
| 4. Prepare patients for treatment/seating/positioning chair/placing napkin | 35, 62. Place and remove periodontal dressings |
| 5. Prep lab forms for signature by the dentist | 37. Take blood pressure, oxygen saturation, pulse and temperature |
| 7. Maintenance of dental equipment | 37. Recording a patient's pulse, blood pressure, temperature, presenting complaint, and medical history |
| 8, 63, 69. Place and remove post-extraction dressings/monitor bleeding | 37, 38. Take, record and monitor vital signs |
| 9. Polish coronal portion of teeth with rotary hand piece and rubber prophyl cup or brush | 39. Clean and polish removable appliances and prostheses |
| 11. Transfer dental instruments | 40. Apply pit and fissure sealants |
| 12. Amalgam: Place only | 41. Prepare procedural trays/ armamentaria set-ups |
| 13. Remove sutures | 42. Place and remove elastic separators |
| 14. Dry canals with paper points | 44. Take impressions and make study models for orthodontic treatment and retainers |
| 18. Apply fluoride varnish, gels, foams and agents | 45. Matrices - place and remove |
| 19. Select and manipulate gypsums and waxes | 47, 54. Fabricate, cement and remove temporary crowns/restorations |
| 21. Mix dental materials | 48. Maintain field of operation through use of retraction, suction, irrigation, drying |
| 22. Place x-ray film and expose radiographs (see Radiography Requirements) | 53. Mount and label images |
| 24. Preventive education and oral hygiene instruction | 56. Apply Schedule VI topical oral anesthetic |
| 24. Address risks of tobacco use | 59. Monitor patient under nitrous oxide (see Anesthesia Requirements) |
| 24. Give oral hygiene instruction | 60. Maintain emergency kit |
| 24. General oral health education | 61. Remove excess cement from coronal surfaces of teeth, using a non-cutting instrument |
| 25. Sterilization and disinfection procedures | 64. Make impressions for athletic/night/ occlusal/snore mouthguards and fluoride/bleaching trays |
| 26. Provide pre- and post-operative instructions | 64. Take impressions and fabricate bleaching trays |
| 27. Place and remove dental dam | |
| 27. Rubber dams: Place and remove | |
| 28. Make impressions and pour and trim study/diagnostic models and opposing models | |
| 29. Select and fit bands and brackets for cementation by dentist | |

Allowable functions for this level continued on next page

***Direct Supervision:** The dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to DA II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the DA II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

Direction: The level of supervision (i.e., immediate, direct, indirect, or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II, or a certified registered nurse anesthetist or the level of supervision that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services

General Supervision: A dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

Indirect Supervision: The dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist, a dental assistant, or a certified registered nurse anesthetist who is delivering hygiene treatment, or who is preparing the patient for examination or treatment by the dentist, or who is preparing the patient for dismissal following treatment or administering topical local anesthetic, sedation, or anesthesia as authorized by law or regulation.



Allowable Functions (for Dental Assistant I), continued

Allowable

Under Indirect Supervision of a Dentist*

- Perform health assessment
- Conducting preliminary dental screenings in free clinics, public health programs, or a voluntary practice
- Use intraoral camera or scanner to take images for tooth preparation and CAD CAM restorations
- Acid Etch - Apply/wash/dry remove only when reversible
- Amalgam: Polish only with slow-speed handpiece and prophylaxis cup
- Measure instrument length
- Apply dentin desensitizing solutions
- Check for loose bands and brackets
- Remove arch wires and ligature ties
- Place ligatures to tie in archwire
- Instruct patients in placement and removal of retainers and appliances after dentist has fitted and made adjustments in the mouth
- Apply bleach/whitener
- Bleach with light but not laser
- Instruct patient on bleaching procedures
- Take bite and occlusal registrations
- Monitor patient under minimal sedation/anxiolysis (see requirements for administration and monitoring of sedation on the previous page)
- Monitor patient under moderate sedation (see requirements for administration and monitoring of sedation on the previous page)
- Monitor patient under deep sedation/general anesthesia (see requirements for administration and monitoring of sedation on the previous page)
- Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist

Under Indirect Supervision of a Dental Hygienist†

4. Prepare patients for treatment/seating/ positioning chair/placing napkin
7. Maintenance of dental equipment
9. Polish coronal portion of teeth with rotary hand piece and rubber prophylaxis cup or brush
11. Transfer dental instruments
22. Place x-ray film and expose radiographs (see Radiography Requirements)
24. Preventive education and oral hygiene instruction
25. Sterilization and disinfection procedures
- 32, 36, 57. Compliance with OSHA Regulations and Centers for Disease Control Guidelines
- 35, 62. Place and remove periodontal dressings
39. Clean and polish removable appliances and prostheses
41. Prepare procedural trays/armamentaria set-ups
53. Mount and label images
60. Maintain emergency kit
- Perform health assessment

† Duties delegated to a dental assistant under general supervision shall be under the direction and indirect supervision of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

* **Direct Supervision:** The dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to DA II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the DA II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

Direction: The level of supervision (i.e., immediate, direct, indirect, or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II, or a certified registered nurse anesthetist or the level of supervision that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services

General Supervision: A dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

Indirect Supervision: The dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist, a dental assistant, or a certified registered nurse anesthetist who is delivering hygiene treatment, or who is preparing the patient for examination or treatment by the dentist, or who is preparing the patient for dismissal following treatment or administering topical local anesthetic, sedation, or anesthesia as authorized by law or regulation.



2 Dental Assistant II (DA II)

Requirements

Education, Training and Credential Requirements

To perform **expanded functions** in Virginia under the direct supervision of a licensed dentist, one must be registered as **Dental Assistant II (DA II)**.

To qualify for registration as a DA II by education, one must:

1. Hold current DANB Certified Dental Assistant (CDA) certification or active licensure as a dental hygienist.
AND
2. Successfully complete board-approved expanded functions requirements from a CODA-accredited program.
AND
3. Apply to the Virginia Board of Dentistry for registration

To qualify for registration as a DA II by endorsement, one must:

1. Hold current DANB CDA certification
AND
2. Be currently authorized to perform expanded duties in a jurisdiction of the United States
AND
3. Hold a credential, registration, or certificate from another state with qualifications substantially equivalent to the Virginia DA II requirements or document experience in the Virginia DA II functions for at least 24 of the 48 months preceding application
AND
4. Be certified to be in good standing in each U.S. jurisdiction where currently or formerly credentialed
AND
5. Apply to the Virginia Board of Dentistry for registration

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*

6. Use of a non-epinephrine retraction cord
 33. Placing and shaping composite resin restorations only with slow-speed handpiece
 46. Taking final impressions
 51. Packing and carving amalgam restorations
- Performing pulp capping procedures (per current Virginia Board of Dentistry guidance, only *indirect* pulp capping procedures may be delegated to a Dental Assistant II. See *Guidance Document: 60-11*)
 - Final cementation of crowns and bridges after adjustment and fitting by the dentist

Under Indirect Supervision of a Dentist*

DA II's can perform all duties a DA I is allowed to perform under the Indirect Supervision of a dentist.

Under Indirect Supervision of a Dental Hygienist*

DA II's can perform all duties a DA I is allowed to perform under the Indirect Supervision of a dental hygienist.

* **Direct Supervision:** The dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to DA II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the DA II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

Direction: The level of supervision (i.e., immediate, direct, indirect, or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II, or a certified registered nurse anesthetist or the level of supervision that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services

General Supervision: A dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

Indirect Supervision: The dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist, a dental assistant, or a certified registered nurse anesthetist who is delivering hygiene treatment, or who is preparing the patient for examination or treatment by the dentist, or who is preparing the patient for dismissal following treatment or administering topical local anesthetic, sedation, or anesthesia as authorized by law or regulation.



3 Dental Assistant Qualified to Perform Supragingival Scaling and Coronal Polishing

Education, Training and Credential Requirements

A DA I or DA II with a minimum of 1,800 hours of clinical experience may obtain certification to perform supragingival scaling with hand and ultrasonic scalers and coronal polishing provided that:

1. A dental assistant I or II has undergone training and obtained certification from one of the following:

a. A licensed dentist or dental hygienist implementing a curriculum provided by a statewide association that is exempt under 26 U.S.C. § 501(c)(6) of the Internal Revenue Code and primarily represents dentists licensed in the Commonwealth **OR**

b. A federal program approved by or associated with the Indian Health Service or while serving on active military duty **OR**

c. An existing dental assistant education program

AND

2. The licensed dentist who provides, supervises, or confirms the training of the dental assistant I or II and certifies under oath that they have completed the training outlined above, as well as at least 20 supervised full-mouth supragingival scaling procedures with consent of the patients.

A licensed dentist may certify any dental assistant I or dental assistant II who presents evidence of successful completion of training outlined above. Documentation of such certification shall be maintained in writing or electronically by the licensed dentist and produced to the Virginia Board of Dentistry upon request.

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 Indirect Supervision*

9. Polish coronal portion of teeth with rotary hand piece and rubber prophyl cup or brush
- Supragingival scaling with hand and ultrasonic scalers (must be certified by dentist)

A licensed dentist shall not indirectly supervise more than two dental assistants at any given time while such dental assistants are performing supragingival scaling or coronal polishing.

* **Indirect Supervision:** The dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist, a dental assistant, or a certified registered nurse anesthetist who is delivering hygiene treatment, or who is preparing the patient for examination or treatment by the dentist, or who is preparing the patient for dismissal following treatment or administering topical local anesthetic, sedation, or anesthesia as authorized by law or regulation.

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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