Recommendations for a Dental Assisting Professional Model



Dental Assisting
Professional Model

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A Path Forward for the Dental Assisting Profession

Dentistry is experiencing significant challenges related to the workforce, including an insufficient number of qualified dental assistants. The workforce shortage affects all settings — from general practices to orthodontic offices — and impacts practice capacity, efficiency, productivity, patient access, and quality of care.

The dental assisting workforce shortage was already a problem before the start of the COVID-19 pandemic, but the pandemic both exacerbated the shortage and delayed progress on solutions. In a 2022 stakeholder forum that included executives and strategists from more than 20 organizations, participants consistently returned to the observation that the lack of uniformity in the dental assisting profession across states was an important factor impeding meaningful progress in alleviating the shortage. Increasing uniformity and establishing standards was a key theme underlying the most important initiatives identified by forum participants.

A shared understanding of what dental assistants do and how they can advance will greatly improve dentistry's ability to recruit and retain qualified personnel, as well as to develop pipelines for the future workforce. Without a shared understanding, dentistry will continue to see:

- Challenges in attracting and educating dental assisting candidates
- Loss of qualified dental assisting personnel from the field
- Reduced capacity of the oral healthcare infrastructure and diminished access to care
- Unclear understanding of minimum requirements for patient safety
- Duplication of effort in developing mid- and long-term solutions to address the workforce shortage
- Inefficiency, frustration, and confusion

Whether intended or not, state legislation and regulation of the dental assisting profession shape the careers of dental assistants because they determine the frameworks within which dental assistants may advance. Significant differences in these frameworks have prevented the formation of a shared national understanding of the dental assisting profession. Bringing uniformity to dental assistants' scope of practice and exam, education, and credential requirements can help lay out a consistent path for the profession that offers a long-term career journey. Providing a clear road map for that journey will assist with both recruitment and retention of assistants. And those who move between states or work in multiple states over the course of their careers will be able to continue to work without significant pause.

There is overwhelming support in dentistry for uniform national standards. A 2023 survey of dental assistants, dentists and employers, and educators showed 83% supported this idea.

The Dental Assisting Professional Model Workgroup was established to address the wide variation in how states regulate dental assisting, with a focus on recommending a model that could be used as the basis for state-to-state uniformity. The Workgroup developed a model that offers multiple pathways into the profession and a framework for professional advancement, supporting the recruitment and retention of dental assistants.

About the Dental Assisting Professional Model Workgroup

The Dental Assisting Professional Model Workgroup consists of 20 members, including dental assistants, dentists, educators, dental hygienists, and regulators. The Workgroup, formed in early 2024, sought to help address the shortage by creating a national model that:

- Elevates the dental assisting profession and attracts more candidates to the field
- Provides a road map for career growth that can support recruitment and retention of dental assistants over the long term
- Improves professional mobility of dental assistants from state to state
- Increases practice efficiency and enhances access to care
- Provides states with a straightforward framework for regulation that reflects the needs of dentistry

Nominating organizations included:

- American Association of Dental Administrators
- American Association of Dental Boards
- American Dental Assistants Association
- American Dental Association
- American Dental Education Association
- American Dental Hygienists' Association
- Association of Dental Support Organizations
- Dental Assisting National Board
- Hispanic Dental Association
- National Network for Oral Health Access

Six additional members were invited to participate for their expertise and perspective gained in specific roles and to broaden geographic diversity.

Two co-chairs provided leadership to the Workgroup:

- Dolores Cottrell, D.D.S., Executive Secretary, New York State Board for Dentistry (New York)
- Helen Sublette, B.S., CDA, COA, CDIPC, FADAA, Owner, Coastal Dental Professionals Consulting (North Carolina)

Workgroup meetings were led by third-party facilitators, with the Dental Assisting National Board (DANB) staff leading workgroup coordination and contributing subject matter expertise. A full list of Workgroup members, including credentials, affiliation, and nominating organization, can be found in Appendix A.

The framework outlined in this document is the product of 12 months' work by the Dental Assisting Professional Model Workgroup, reflecting the Workgroup's consensus and incorporating the Workgroup's response to feedback from external stakeholders received during the stakeholder comment period.

Following the publication of the original Dental Assisting Professional Model in fall 2025, members of the Orthodontic Assisting Workgroup — including representatives from the American Association of Orthodontists and the American Academy of Pediatric Dentistry — developed the Orthodontic Assisting component to further define the model. See Appendix A for the complete list of workgroup members and nominating organizations.

Guiding Principles & Approach

The Workgroup prioritized a national model that supports:

- **Public protection**, including patient safety and occupational safety
- **Uniformity**, with an effort to build upon existing commonalities among states' scopes of practice and requirements
- **Road map for advancement**, which sets a clear path for dental assistants to grow
- **Implementation feasibility**, for a model embraced nationwide



To support these priorities, the Workgroup's deliberations were informed by the following sources of data:

- Survey research revealing broad stakeholder perspectives
- Clinical data, derived from a job task analysis survey, about frequency of tasks performed by dental assistants
- Data about commonalities among states related to dental assisting regulation
- Subject matter expertise provided by Workgroup members themselves

In the spirit of the guiding principles, the recommendations that follow are for national minimum standards. Each dental assistant level offers multiple pathways that are as equivalent as possible, ensuring they do not create further barriers for states, employers, or dental assistants. The levels consist of both on-the-job and formal education options that offer third-party validation.

The Workgroup's approach has been informed by the following factors:

- Dental assisting education that is accredited by the Commission on Dental Accreditation (CODA) provides excellent preparation for dental assistants, but programs collectively do not have the capacity to supply all the dental assistants that are needed, and their capacity is declining; the collective annual enrollment of CODA-accredited dental assistant programs has decreased by almost half in the last decade
- There are other sources of high-quality education for dental assistants, including some community college programs and public career and technical education (CTE) programs, and some for-profit education sources might also provide quality instruction; uniform objective criteria are needed for states to evaluate offerings from all of these sources
- In many states, hiring individuals with no dental assisting experience and training them on the job is the predominant mode of entry into the dental assisting profession; however, this trend is associated with poor retention, inconsistencies in training, high turnover, and frequent vacancies that diminish the capacity of dental offices to see patients

The Workgroup's recommendations seek to balance the need to train some dental assistants on the job with the need to protect the public. The recommendations also seek to provide adequate training and education at each level to provide a foundation for advancement to the next level and enhance the ability of employers to recruit and retain dental assistants; elevating dental assisting as a rewarding career will also help dental assisting education programs recruit students.

The Recommended Model

Model Snapshot

The Workgroup's recommendations for a professional model for dental assisting is summarized in brief in the following graphic. Additional details for each element of the model are contained in the sections that follow.

Dental Assisting Professional Model Snapshot

Entry Level Dental Assistant	**Level 1 Functions** Essential chairside and basic intraoral functions	• Complete infection control and safety orientation prior to or on first day of work as a DA • Earn CPR/BLS within 3 months Within 12 months: • Complete on-the-job training + pass a standardized national exam or • Complete a board-approved course or program that includes a final exam
	Infection Control	• Complete on-the-job training + pass a standardized national exam **or** • Complete a board-approved course or program that includes a final exam
	Radiography	• Complete on-the-job training + pass a standardized national exam **or** • Complete a board-approved course + pass a standardized national exam **or** • Pass a course through or graduate from a CODA-accredited program
Entry Level Orthodontic Assistant	Basic diagnostic procedures, fully reversible procedures, and patient education functions	• May be trained on-the job and ideally would receive in-office training that follows a standardized content outline or training manual.
Intermediate Level Dental Assistant	**Level 2 Functions** Intermediate intraoral and preventive functions	• Meet Level 1 requirements, complete a board-approved course, and pass a national standardized exam **or** • Graduate from a CODA-accredited program*
	Nitrous Oxide Monitoring	• Complete Level 1 • Hold BLS certification • Complete a board-approved course that includes a final exam **or** • Graduate from a CODA-accredited program*
Advanced Orthodontic Assistant	Intermediate and advanced intraoral functions	• Complete a course or dental assisting program that is approved by the state dental board and pass a standardized nationally recognized exam approved by the dental board **or** • Graduate from a CODA-accredited dental assisting program and pass end-of-course exam
Restorative Expanded Functions Dental Assistant	**Level 3 Functions** Advanced intraoral, expanded and restorative functions	• Meet Level 2 requirements, hold national dental assistant certification, complete a board-approved program, and pass a national standardized exam **or** • Graduate from a CODA-accredited program* that included instruction in the functions

*A note about completion of CODA-accredited dental assisting programs: A dental assistant who has completed a dental assisting program accredited by CODA will have met educational requirements for both Level 1 and Level 2.

If a CODA-accredited dental assisting program included the required instruction in restorative functions, a dental assistant completing such a program will also have met educational requirements for Level 3.

Level 1: Entry Level

Overview

Level 1 dental assistants have foundational dental knowledge and perform essential chairside and basic intraoral functions. In orthodontic settings, Entry Level orthodontic dental assistants support basic diagnostic procedures, fully reversible procedures, and patient education functions.

Supervision

Tasks are performed under the dentist's personal and direct supervision, until the dental assistant has met established requirements. Then, the dental assistant may work under indirect supervision.

Personal Supervision: The dentist is personally operating on a patient and authorizes the dental assistant to aid in treatment by concurrently performing supportive procedures.

Direct Supervision: The dentist is on the premises while work is performed by dental assistants; the dentist directs dental assistants' activities and verifies that functions have been performed correctly.

Indirect Supervision: The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed.

Description

Level 1 dental assistants support the dentist, the dental team, and the dental office's clinical operations. Their primary role is to assist dentists as they perform dental procedures on patients, under the dentist's personal supervision, and to execute supportive tasks before, during and after such procedures. Level 1 dental assistants also perform duties under the direct supervision of dentists.

In orthodontic settings, Entry Level assistants perform tasks involving support of orthodontic diagnostic procedures, non-activating clinical support, and reversible procedures with no force application, no enamel alteration, and no treatment decision-making.

Delegable Tasks

- Administrative, non-clinical tasks
- Clinical extraoral tasks
- Fundamental patient appointment support tasks
- Tasks that support diagnosis of the patient's condition
- Tasks that are reversible and pose a minimal risk of patient pain, injury or long-term ill effects
- Tasks that address or assist in addressing dental and medical emergencies

Examples of Level 1 tasks are:

- Maintain field of operation during dental procedures by retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
- Provide patient preventive education and oral hygiene instruction
- Take and record vital signs
- Apply topical anesthetic
- Apply topical fluoride
- Make impressions for study models and fabrication of such appliances as allowed under state regulations, including digital impressions
- Place and remove dental dam
- Remove temporary crowns and cements

Orthodontic Diagnostic Procedures

- Take intraoral and extraoral photographs
- Take orthodontic radiographs (see separate Radiography section)
- Perform Cone Beam Scans (CBCT) (see separate Radiography section)
- Perform bite registrations
- Perform digital intraoral scanning for orthodontic procedures

Orthodontic Reversible Procedures

- Prepare cement/bonding agent
- Mix and pass materials
- Check for loose bands or appliances
- Place wire and elastic ligatures and orthodontic auxiliaries
- Remove wire ligatures and elastics
- Assist with debanding/debonding procedures
- Deliver orthodontic retainers
- Place orthodontic separators
- Remove orthodontic separators
- Assist with placement/fitting of orthodontic appliances
- Assist with orthodontic emergencies (supportive only)
- Remove loose or broken bands, brackets, or archwires
- Deliver and seat clear aligners
- Preliminary check of aligner fit for dentist review
- Check/document broken or missing attachments or aligner distortion
- Provide patient education

An Entry Level Orthodontic Assistant will also perform extraoral laboratory procedures outside the clinical setting that do not involve direct patient care, do not influence force systems, and do not alter enamel, including pour and trim models as part of diagnostic records, fabrication of vacuum-formed appliances, evaluate and mount models for study models and the fabrication of acrylic appliances.

Other tasks appropriate for Level 1 are listed in Appendix B.

Note on radiography and infection control: Radiography and infection control tasks, such as sterilizing instruments, are fundamental to the job of dental assistants and are performed by dental assistants at all levels. However, incorrect performance of these tasks carries the risk of irreversible harm to patients and personnel; therefore, special consideration has been given to addressing patient and occupational safety concerns related to these functions. Accordingly, apart from a first-day orientation required to begin working as a Level 1 dental assistant, these functions will be addressed separately.

Entry-Level Orientation

Prior to beginning work in a dental setting, a dental assistant should be provided with an infection control and safety orientation that covers essential topics, including the following:

- Fundamentals of Infection Prevention and Control: Personnel role in preventing infections; standard and transmission-based precautions; CDC resources
- Patient Protection and Occupational Safety: Hand hygiene; PPE; respiratory illness precautions; sharps safety and percutaneous injury response; work practice and engineering controls; safe injection practices; hepatitis B immunization
- Sterilization and Disinfection: Sterilization of a variety of patient care items; instrument sterilization process; sterilizer monitoring; disinfecting environmental surfaces; waste disposal; dental unit water quality monitoring/management
- Basic Radiation Safety: Occupational safety for those working in a setting where x-rays are used

The first-day safety orientation is an important element in the model that allows a dental office to bring dental assistants on board quickly while ensuring they have received critical information to perform assigned duties safely while working under personal or direct supervision.

Training Period

A dental assistant may work in a dental office while receiving training in Level 1 functions for up to 12 months prior to meeting the pathway requirements.

Allowing 12 months for completion of requirements provides employers with time to determine if a new dental assistant is likely to succeed and continue in their role and to deploy training resources appropriately.

CPR/BLS

A dental assistant must hold current CPR/BLS certification within three months of beginning work in a dental office and keep CPR/BLS certification current during employment. CPR/BLS certification must meet either American Heart Association or American Red Cross guidelines.

Pathways

	Training/Education	Assessment
Pathway 1	**On-the-job training** Receive in-office training that follows a standardized content outline or training manual *(See required training/course content outline below.)*	Standardized nationally recognized exam approved by the dental board
Pathway 2	**Course or program** Complete a course or dental assisting program that is either approved by the state dental board or CODA accredited	End-of-course exam

These pathways provide flexibility when dental offices must hire individuals with no prior experience to work as dental assistants, in that they give the employer time and multiple options for providing structured training and education to dental assistants.

In each pathway, one element of the pathway — either the education or the exam — is verified against a set of objective criteria, which supports uniformity and consistency of quality. At the same time, structured and standardized training provides the foundation for advancement to higher levels, which fosters long-term retention and promotes increased productivity for dental offices.

Required training or course content
The training or course should cover:

Foundational Knowledge

- Principles of four-handed dentistry
- Treatment documentation and charting
- Universal tooth numbering system
- Tooth names, anatomy and morphology
- Oral anatomical landmarks
- Dental terminology
- Management of hazardous waste (transport, disposal, documentation)
- Patient privacy laws (HIPAA)
- Recognition of and response to dental and medical emergencies
- Any occupational safety training required under state or federal law, including but not limited to training in hazard communication and respiratory protection

Essential Chairside Functions

- Review and update patient medical history, including identifying contraindications for treatment
- Perform preliminary patient examination
- Prepare patients and operatory for treatment
- Assisting in explaining and obtaining patient consent for procedure
- Discuss risks, benefits and alternative treatments with patient
- Set up instrument trays
- Set up anesthetic syringe
- Prepare and deliver dental materials for procedure
- Maintain field of operation during dental procedures by retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
- Observe patient during procedure
- Provide patient preventive education and oral hygiene instruction
- Take and record vital signs

Basic Intraoral Functions

- Apply topical anesthetic
- Apply topical fluoride
- Remove temporary crowns and cements
- Take impressions for study models and fabrication of appliances, including digital impressions
- Place and remove dental dam

Board approval criteria
For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or ADA CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

(PACE or Program Approval for Continuing Education is a continuing education provider approval program operated by the Academy for General Dentistry. ADA CERP or Continuing Education Recognition Program is a continuing education provider recognition program operated by the American Dental Association.)

Increasing approved education channels expands avenues into the profession, which increases the number of educated dental assistants for the workforce. At the same time, ensuring that such education is verified against an objective set of criteria in accordance with agreed standards supports both uniformity and advancement to higher levels of responsibility, fostering long-term retention.

Infection Control

Description

The dental assistant and orthodontic assistant performs infection prevention and control tasks, including processing instruments and devices, preventing cross-contamination, in accordance with CDC guidelines, applicable OSHA standards, and state requirements.

Training Period

After orientation, a dental assistant or orthodontic assistant may work in a dental office for a training period of up to 90 days before completing infection control requirements. During the training period, the dental assistant should receive instruction and training in infection control and should be monitored by a team member who has demonstrated knowledge of infection control through licensure, registration, or assessment and who maintains infection control knowledge through continuing education.

The first-day orientation for entry-level dental assistants allows employers flexibility to begin training dental assistants right away and to provide the necessary infection control training to ensure public protection and provider safety over a longer, 90-day training period. The Workgroup's first priority was public and provider safety, but Workgroup members remained cognizant of and concerned about introducing requirements that would make it more difficult to hire and onboard dental assistants. The combination of these two elements — the first-day safety orientation and the 90-day infection control training period — accounts for both the operational need to allow newly hired dental assistants to begin working immediately and the employer's obligation to ensure all staff have the knowledge they need to protect themselves and patients from infection.

Pathways

	Training/Education	Assessment
Pathway 1	**On-the-job training** Receive in-office training that follows a standardized content outline or training manual *(See required training/course content outline below.)*	Standardized nationally recognized exam approved by the dental board
Pathway 2	**Course or program** Complete an infection control course or dental assisting program that is either approved by the state dental board or CODA accredited	End-of-course exam

These pathways for infection control preparation reflect the principles noted earlier: There are multiple options for a dental assistant to meet requirements, providing flexibility for onboarding of candidates; and, one element in each pathway — either the education or the exam — is verified against a set of objective criteria, supporting uniformity and consistency of quality.

Required training or course content
The training or course should cover:

- CDC's Guidelines for Infection Control in Dental Health-Care Settings
- CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
    - Transmission and prevention of infectious diseases
    - Overview of laws and guidelines applicable to oral healthcare settings
    - Personnel health elements of an infection control program
    - Preventing transmission of bloodborne pathogens
    - Hand hygiene
    - Personal protective equipment (PPE)
    - Respiratory hygiene/cough etiquette
    - Contact dermatitis and latex hypersensitivity
    - Sharps Safety and the Needlestick Prevention Act
    - Safe injection practices
    - Sterilization and disinfection of patient-care items and devices
    - Environmental infection control
    - Dental unit waterlines, biofilm and water quality
- OSHA Bloodborne Pathogens Standards
    - Exposure control
    - Methods of compliance
    - Special practices
    - Hepatitis B vaccination and post-exposure evaluation and follow-up
    - Communication of hazards to employees
    - Recordkeeping

Board approval criteria
For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Radiography

Description

The dental assistant and orthodontic assistant performs dental radiography tasks, including seating and positioning the patient, positioning the x-ray equipment, and taking images.

Pathways

A dental assistant and orthodontic assistant must meet radiography training and assessment requirements before exposing radiographs.

	Training/Education	Assessment
Pathway 1	**On-the-job training** Receive in-office training from a dentist, registered dental hygienist, dental therapist, or a dental assistant who has completed the state's radiography requirements *(See required training/course content outline below.)*	Standardized nationally recognized exam approved by the dental board
Pathway 2	**Board-approved course** Complete a course or CTE program approved by the state dental board or other state agency regulating use of x-rays	Standardized nationally recognized exam approved by the dental board
Pathway 3	**CODA-accredited course or program** Complete a dental radiography course or graduate from a CODA-accredited program	End-of-course exam

As with every element of the model, dental assistants have multiple options to qualify in radiography, and those options provide flexibility in hiring and training along with assurance of quality and support for uniformity.

Training and course content criteria

The training or course should cover:

Radiography Technique

- Review health and dental history for indications/contraindications for exposure to radiation
- How to seat patient based on technique
- Purpose of dental images
- Techniques to acquire dental images
- Identify anatomical variations that require a technique modification to acquire images
- Identify and correct technique errors to obtain a diagnostic image
- Identify what should appear in a diagnostic dental image
- Identify orientation landmarks in a dental image
- Identify dental materials in dental images
- Identify, understand purpose of and how to handle radiographic equipment
- Legal requirements

Radiation Protection

- Factors affecting x-ray production
- Protocols to ensure minimum radiation dose
- Monitor for x-ray unit malfunctions
- Potential negative health effects of radiation
- Operator safety
- Patient safety
- Addressing patient concerns regarding risks associated with exposure to radiation
- State regulatory requirements for radiation exposure

Board approval criteria

For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Level 2: Intermediate Intraoral Functions

Overview

Level 2 dental assistants perform intermediate intraoral and preventive functions.

Supervision

Tasks are performed under the dentist's direct and indirect supervision.

Description

Level 2 dental assistants perform intraoral functions of intermediate complexity that carry a higher level of risk for injury or pain for the patient than those included in Level 1. These functions are reversible intraoral functions delegated by the dentist under direct or indirect supervision. Safe and effective performance of these functions requires knowledge of oral anatomy, hand skills, and mastery of specific operational techniques beyond those required for Level 1.

The purpose of delegating Level 2 functions to dental assistants is to improve efficiency of the dental office and allow dental hygienists and dentists to spend more time on procedures requiring the professional skill and judgment commensurate with their education and training.

Delegable Tasks

- Intermediate tasks that are reversible
- May carry an increased risk of pain or injury for the patient
- Can be delegated to a dental assistant while a dentist is on the premises but may be working in another operatory

Examples of Level 2 tasks are:

- Coronal polishing
- Place sealants

- Place and remove retraction materials
- Fabricate and place temporary crowns
- Cement temporary crowns
- Place and remove matrix band and wedge
- Remove periodontal dressings
- Place post-extraction dressings
- Remove sutures

Other tasks appropriate for Level 2 are listed in Appendix B.

Pathways

	Education	Assessment
Pathway 1	**Board-approved course** Meet Level 1 requirements. Then, complete a course approved by the state dental board that addresses Level 2 functions	Standardized nationally recognized exam approved by the dental board
Pathway 2	**CODA-accredited program** Graduate from a CODA-accredited program that covers Level 2 functions	End-of-course exam

Pathway 1 for Level 2 allows any person who has met Level 1 requirements, including those who received in-office training, to grow their career and advance to Level 2 by receiving additional training in Level 2 functions. Advancement opportunities are a key element in mitigating workforce shortages: they support retention of qualified and experienced personnel over the long term, which will reduce the recurrent vacancies that hinder dental office productivity, and they make the profession more attractive to those considering entering the profession at the first level, which supports recruitment of new candidates.

Pathway 2 for Level 2 takes advantage of the high-quality education provided by CODA-accredited dental assisting programs by allowing graduates of those programs to enter the field as Level 2 dental assistants and to begin contributing to the dental office productivity and efficiency immediately upon completion of their education.

Required course content
The course should cover Level 2 functions:

- Coronal polishing
- Place sealants
- Place and remove retraction materials
- Fabricate and place temporary crowns
- Cement temporary crowns
- Place and remove matrix band and wedge
- Remove periodontal dressings
- Place post-extraction dressings

Board approval criteria
For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Note in Response to Stakeholder Feedback

The Workgroup received questions from stakeholders related to flexibility in education requirements for Level 2. The Workgroup believes that the recommended course approval criteria are appropriately flexible to allow for the development of structured training experiences. Examples include hybrid programs that could potentially include remote or asynchronous didactic education coupled with work-based learning for which the supervising dentist serves as preceptor, in situations or areas where traditional courses are scarce or insufficiently available. The workgroup encourages stakeholders to commit resources to the development of solutions that meet the recommended content requirements and ensure patient protection.

Nitrous Oxide Monitoring

Pathway

Prerequisite	Education	Assessment
Meet Level 1 requirements Hold BLS certification	**Course or program** Complete a board-approved course or graduate from a CODA-accredited program that covers nitrous oxide monitoring	End-of-course exam

Required course content

The course should cover:

- Advantages and contraindications of nitrous oxide
    - Advantages: Discuss the safety, rapid recovery, minimal side effects, and suitability for various patients.
    - Contraindications: Cover conditions such as COPD, pregnancy, psychiatric conditions, and immune disorders. Focus on pre-sedation patient screening and ensuring proper patient selection.
- Inhalation sedation equipment
    - Overview of equipment: Review nitrous oxide delivery systems, how to adjust concentrations, and ensure proper equipment function.
    - Hands-on training: Practice setting up and operating the equipment, including how to monitor oxygen levels.
- Sedation procedure and patient monitoring
    - Chemical makeup of nitrous oxide: Overview of nitrous oxide pharmacology and how it works in the body.
    - Patient education: Train dental assistants on how to explain the procedure, effects, and what patients should expect before and after sedation.
    - Steps of sedation:
        - Patient positioning
        - Administration of nitrous oxide/oxygen

        - Monitoring patient response and adjusting gas flow
        - Pediatric sedation considerations
        - Patient Monitoring: Focus on continuous monitoring of respiration, responsiveness, and any signs of oversedation.
- Emergencies and complications
    - Common complications:
        - Oversedation
        - Nausea and vomiting
        - Airway obstruction
        - Vertigo or disorientation
    - Emergency management: Apply BLS skills in case of respiratory depression or unconsciousness. Briefly review the recognition of these emergencies, but rely on participants' existing knowledge of CPR, airway management, and AED use.
- Post-sedation care and documentation
    - Post-sedation recovery: Emphasize how to monitor patients during recovery from nitrous oxide sedation, focusing on re-establishing full awareness and checking for any delayed reactions.
    - Patient communication: Train on discussing post-sedation instructions with patients or caregivers, including any risks of driving or returning to regular activities.
    - Documentation: Review the legal and procedural documentation for sedation events, focusing on how to record sedation dosages, patient reactions, and any interventions performed.

Board approval criteria
For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Note: There are 13 states that allow dental assistants who have met specified requirements to administer nitrous oxide in addition to monitoring. The Workgroup's recommendations do not address administration of nitrous oxide by dental assistants and also do not recommend against allowing dental assistants who have met appropriate requirements conforming to sound public protection principles from performing this function.

Level 3: Expanded Restorative Functions

Overview
Level 3 dental assistants perform advanced intraoral restorative functions.

Supervision
Tasks are performed under the dentist's direct and indirect supervision.

Description

Level 3 dental assistants perform intraoral restorative functions of advanced complexity that carry a higher level of risk for injury or pain for the patient than those included in Level 2. These functions are reversible intraoral restorative functions delegated by the dentist under direct or indirect supervision. Safe and effective performance of these functions requires more advanced knowledge of oral anatomy, hand skills, and mastery of specific operational techniques beyond those required for Level 2.

The purpose of delegating Level 3 functions to dental assistants is to improve efficiency of the dental office and allow dental hygienists and dentists to spend more time on procedures requiring the professional skill and judgment commensurate with their education and training, which helps increase the capacity of dental offices to see patients and improves access to dental care.

Delegable Tasks

- Expanded restorative functions that are reversible, not including cavity or crown preparation or the cutting or removal of hard or soft tissue
- May carry an increased risk of pain or injury for the patient
- Can be delegated to a dental assistant while a dentist is on the premises but may be working in another operatory

Examples of Level 3 tasks are:

- Place liners and bases
- Place, contour, finish, and adjust direct restorations in a cavity prepared by the dentist or dental therapist
- Final impressions
- Place and cement prefabricated crowns (such as stainless steel crowns) on a tooth prepared by the dentist or dental therapist
- Interim therapeutic restorations
- Cementation of a permanent indirect restoration (crown) on a tooth prepared by the dentist or dental therapist

Other tasks appropriate for Level 1 are listed in Appendix B.

Pathways

	Education	Assessment
Pathway 1	**Board-approved Restorative EFDA program** Meet Level 2 requirements and earn national accredited dental assistant certification recognized by the state board. Then, complete a restorative EFDA program approved by the state dental board that addresses Level 3 functions	Standardized nationally recognized written and/or hands-on exam approved by the dental board

	Education	Assessment
Pathway 2	**CODA-accredited program** Graduate from a CODA-accredited program that covers Level 3 functions	Standardized nationally recognized written and/or hands-on exam approved by the dental board

The pathways for Level 3 continue to conform to the Workgroup's principles of providing multiple options to qualify while also supporting uniform standards, allowing dental assistants to grow their careers by building on training, education, and experience acquired at earlier levels, and taking advantage of the high-quality education available in CODA-accredited programs.

Program criteria
The program should cover:

- Dental anatomy and physiology
- Place, contour, finish, and adjust direct restoration
- Final impressions
- Place and cement fabricated crowns
- Interim therapeutic restorations
- Cementation of permanent indirect restorations

For board approval, the course must be offered by a provider that is accredited by an agency recognized by the U.S. Department of Education, including CODA.

Advanced Orthodontic Assistant

Overview
Advanced orthodontic assistants perform procedures involving bonded appliances, force application, archwire manipulation and other irreversible procedures, as well as limited appliance interaction, enamel preparation and non-force altering orthodontic procedures.

Supervision
Tasks are performed under the dentist's direct and indirect supervision.

Description
Advanced orthodontic assistants perform intraoral functions of intermediate and advanced complexity that carry a higher level of risk for injury or pain for the patient than those included in the Entry Level. These functions are both reversible and irreversible intraoral functions delegated by the dentist under direct or indirect supervision. Safe and effective performance of these functions requires knowledge of oral anatomy, hand skills, and mastery of specific operational techniques beyond those required for Entry Level.

The purpose of delegating advanced functions to dental assistants is to improve efficiency of the dental office and allow dental hygienists and dentists to spend more time on procedures requiring professional skill and judgment commensurate with their education and training.

In orthodontic settings, Advanced orthodontic dental assistants perform tasks involving enamel preparation, allowed irreversible enamel modification, bonding/cementation, attachment placement/removal, non-activating appliance interaction, chairside procedures with force-delivering or force-altering adjustments, archwire placement and removal, significant archwire manipulation (including distal tucking/cinching and bending of stainless steel archwires), and preparatory steps under dentist direction.

Delegable Tasks

- Advanced tasks that are reversible and irreversible
- May carry an increased risk of pain or injury for the patient
- Can be delegated to a dental assistant while a dentist is on the premises but may be working in another operatory

Examples of advanced orthodontic tasks are:

- Take impressions
- Fabricate and cement bonded retainers
- Adjust orthodontic retainers (non-force-altering)
- Cement orthodontic appliances
- Remove cemented orthodontic appliances
- Remove excess cement, including when enamel modification may occur
- Remove, clean, and recement loose banded appliances under the direction of the treating doctor
- Perform initial placement of brackets for final positioning by dentist
- Perform placement and curing of brackets under the direction and final approval of the treating doctor
- Remove, clean, reposition and rebond loose brackets or attachments (including microetching) under the direction and final approval of the treating doctor
- Polish enamel to prepare for bonding
- Etch enamel to prepare for bonding
- Remove bonded brackets or attachments
- Place orthodontic archwires
- Cut/tuck distal ends of archwires (cinching)
- Remove orthodontic archwires
- Size or prefit orthodontic bands
- Remove bonded brackets or bonded orthodontic auxiliaries
- Prepare teeth for aligner attachment bonding and bond attachments using templates.
- Place/remove auxiliaries such as buttons, hooks, bite ramps
- Emergency palliative orthodontic appliance adjustments

Pathways for Orthodontic Assistant

	Education	Assessment
Pathway 1	**Course or program** Complete a course or dental assisting program that is approved by the state dental board	Standardized nationally recognized exam approved by the dental board
Pathway 2	**CODA-accredited program** Graduate from a CODA-accredited Dental Assisting program	End-of-course exam

Required course content
The course should cover advanced functions detailed above.

Board approval criteria
For board-approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or ADA CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

(PACE or Program Approval for Continuing Education is a continuing education provider approval program operated by the Academy for General Dentistry. ADA CERP or Continuing Education Recognition Program is a continuing education provider recognition program operated by the American Dental Association.)

Increasing approved education channels expands avenues into the profession, which increases the number of educated dental assistants for the workforce. At the same time, ensuring that such education is verified against an objective set of criteria in accordance with agreed standards supports both uniformity and advancement to higher levels of responsibility, fostering long-term retention.

Designations for Each Dental Assisting Level

One of the factors contributing to the lack of uniformity across states affecting the dental assisting profession is the inconsistent use of designations and titles in different states. The meaning of the term "registered dental assistant" varies greatly in the states that use it; it may mean:

- An entry-level dental assistant
- An assistant who has met radiography requirements or requirements to perform other individual functions (like coronal polishing)
- An intermediate level between the entry level and the restorative expanded functions level
- The highest level of dental assistant in the state, but not authorized to perform restorative functions
- A restorative expanded functions assistant

Similarly, in some states, the term "EFDA" or "EDDA" is roughly equivalent to the intermediate level in other states, and a different designation is used for the restorative expanded functions level.

The most uniformity of titles is seen at the entry level, where 30 states simply call this level "dental assistant." However, there are still 20 states and DC that use a different term to refer to these assistants.

While it is not essential for states to use the same terms to achieve greater uniformity of scope of practice and requirements for dental assistants, the Workgroup believes that adopting more uniform designations for dental assistants at each tier will reduce confusion and support the objective of achieving an understandable road map for dental assistants to navigate their careers.

The Workgroup recommends these designations for dental assistants at each level described in the model:

Level as Outlined Above	Recommended Designation
Level 1	Dental Assistant 1
Level 2	Dental Assistant 2
Level 3: Restorative EFDA	Dental Assistant 3 — Restorative EFDA

Rationale

These designations:

- Help demonstrate a clear progression from the first tier to the highest tier
- Are easy to understand and do not use terms that are new or unfamiliar in the dental field
- Provide flexibility for states to credential or not credential each of the levels

We recognize that in states that are already using these designations, the adoption of different meanings for these terms could cause temporary confusion during a transition period, or states could continue to use these terms in a way that is out of alignment with the model. To completely avoid creating conflict with any existing state designations, it would be necessary to recommend terms that are not currently in use in any state, and doing so would introduce a different set of drawbacks, in that the terms would likely be unfamiliar, unintuitive, and not aligned with general naming conventions for allied health personnel.

While there is no perfect solution, the Workgroup has determined that recommending terms that are clear, easy to understand, and familiar will support the goal of uniformity more than inventing new, unfamiliar terms.

Emerging Functions

How states choose to address new dental assisting functions that emerge over time, because of new technology or efforts to expand dental assisting scope of practice, is an area where the best efforts to move toward a more uniform model for the dental assisting profession may encounter challenges.

Our intention has been to describe each level using objective criteria, including the underlying principles that govern decision-making for each level, to create a framework that will allow states

and employers to determine whether a function may be delegated to dental assistants meeting the requirements of one of the defined levels or whether additional new knowledge and skills are required.

New or "emerging" functions may come under discussion when new technology creates new functions or alters the skill level needed to perform existing functions — for example, digital imaging technology has changed the skill level needed for making impressions. In addition, stakeholders may propose expanding the scope of practice for dental assistants to include functions not previously performed by assistants, such as administration of local anesthetic, blood draws (phlebotomy), application of silver diamine fluoride, scaling/prophylaxis, or periodontal probing.

Because one of our guiding principles has been to build on commonalities that already exist among states, we have not included in the model functions that have only recently come under discussion but have not been authorized or addressed in more than a few states. However, we believe that the model provides a framework for consideration of how to treat these functions and encourages states, as they engage in these discussions, to ask the following questions:

- What is the rationale for considering adding a new function to dental assistants' scope or recategorizing an existing function?
- Is adoption of new technology occurring rapidly, and are employers seeking guidance around delegation?
- Will the public benefit from authorization of new functions for dental assistants, such as through increases in access to care?
- Will dental offices benefit through increasing their capacity to see patients?
- Will the addition of new functions support retention and recruitment of dental assistants?

If the function is worth additional consideration, the following questions can provide a framework for categorizing the function into an existing level or developing pathways for a separate new level or category:

- Is the function intraoral?
- Is the function reversible?
- Is the function invasive? Does it penetrate hard or soft tissue?
- Will the function result in the placement of a permanent restoration or appliance?
- What is the risk of pain or injury to the patient?
- Does the function require advanced hand skills or mastery of advanced operational techniques?
- Does any existing level have the knowledge needed, or is new knowledge required?

It may also be important to consider whether the function overlaps with any other healthcare professions' scope of practice and whether laws and regulations governing those professions address the performance of that function by those outside the profession. For example, is starting IV lines or doing blood draws prohibited for those not licensed as a nurse or phlebotomist?

If new knowledge is required, developing a set of requirements that includes education from an accredited source and/or assessment from a national organization offering accredited

exams/certifications would support future uniformity as the function is adopted in additional states.

Orthodontic practice continues to evolve due to advances in materials, digital workflows, appliance design, and care delivery models. Emerging orthodontic functions may arise that are not explicitly enumerated in this framework but are consistent with its underlying principles of public protection (including both patient and occupational safety), uniformity for the profession, pathways for professional advancement, and implementation feasibility.

Emerging orthodontic functions will be evaluated and categorized using the same criteria and professional model applied to existing dental assisting functions, including but not limited to:

- Level of risk to the patient
- Degree of irreversibility
- Involvement of force application or force modification
- Impact on enamel, dentition, or oral structures
- Requirement for clinical judgment or treatment decision-making

Functions that meet the criteria for Entry Level or Advanced dental assisting functions may be incorporated into those categories without the creation of additional levels or separate orthodontic classifications.

Registration

An important question that states must consider when determining how best to regulate dental assistants is whether to require registration for some or all levels of assistant.

"Registration" is a broad term signifying varying levels of rigor and continued oversight over a profession, depending on the state. For our purposes, "registration" encompasses any issuance of a state credential to a dental assistant who has met competence requirements set forth by the state.

The Workgroup notes that there are many practical benefits to requiring registration for dental assistants at all levels, including these:

- Accurate and up-to-date rosters of employed dental assistants in every state will greatly assist the dental community in monitoring trends in dental assisting employment and measuring the success of steps taken to mitigate the shortage.
- Information collected through registration will allow for additional research into factors influencing successful recruitment and retention that could provide valuable insights to those seeking solutions to the workforce shortage.

For these reasons alone, we encourage state policymakers to require registration for all dental assistants.

Registering dental assistants will also bring these public protection benefits:

- Regulators report that in states where dental assistants are not registered, a dental hygienist whose license is revoked for disciplinary reasons may legally work in a dental setting as a dental assistant, which may pose a risk to patient health and safety; giving the state board of dentistry regulatory authority over dental assistants will eliminate this problem.
- Registration allows the state to revoke an authorization to work in cases where dental assistants have demonstrated that they are a danger to patients.
- Registration removes the burden from employers to verify that dental assistants have met requirements.
- Registration enables the state to require and verify that dental assistants complete continuing education requirements, which fosters a more competent workforce and supports delivery of high-quality patient care.
- Registered or licensed dental assistants may be required to complete education required of other health professionals, such as child abuse recognition and reporting, identifying victims of human trafficking, cultural competency, and similar topics that benefit the public; these requirements support public safety and the provision of a higher level of care to patients.
- Registration facilitates the process of verifying credentials when a dental assistant moves to a new state.

Despite these considerable benefits, the Workgroup recognizes that it may be unfeasible in some states, for administrative or political reasons, to adopt a model calling for registration of all dental assistants. With this in mind, we have sought to propose a model founded on objective criteria that are straightforward for an employer to verify so that, if registration cannot be implemented in a state, the state can nonetheless participate in the benefits brought about by adopting uniform descriptions, scopes of practice, and requirements for each level of dental assistant.

We also make note of the strong trend among states to require registration for the restorative EFDA level (Level 3 in the model). Of the 25 states that expressly allow some level of dental assistant to perform expanded restorative functions, 21 require registration or licensure for that level. Functions performed at this level hold the highest risk of injury or harm to the patient, and registration of this level aligns with each state's public protection interests. We therefore recommend registration for the restorative EFDA level.

Continuing Education

We encourage states to require continuing education (CE) for dental assistants. For Level 1, at a minimum, CE in infection prevention and control should be required. For Level 2 and Level 3, we encourage states to adopt similar CE requirements to include, at a minimum, infection control and patient safety CE.

While CE requirements in the 24 states that require CE for dental assistants vary from one hour/unit per year to 15 hours/units per year, we encourage states to adopt requirements for Level 2 and Level 3 that are no less than the average number of units across all the states that have a CE requirement for dental assistants — approximately 8 hours/units per year. We also note that 12 hours/units per

year is the most common quantity of CE units required, and this higher number may be a more appropriate requirement for Level 3.

As long as CE requirements are within reasonable ranges, we don't believe a state that has adopted the model should view moderate differences in approaches to CE as a reason for not recognizing the status of a dental assistant from another state that has also adopted the model.

Jurisprudence Education or Exam

The Workgroup supports verification of dental assistants' knowledge of state laws, rules, and regulation through a required course or examination. However, for the foreseeable future, we expect the content of such courses or exams to continue to be state-specific, and for any jurisprudence requirements to be determined and administered at the state level.

Guidance for Implementation

Flexibility and Adaptability

The Workgroup emphasizes and is committed to enhancing uniformity for the dental assisting profession. The Workgroup also recognizes that all healthcare professions are regulated at the state level, allowing states to make policies that address the unique conditions and circumstances affecting their residents. The Dental Assisting Professional Model is a set of recommendations for the dental community to use as a resource and guide in planning and making decisions about the structure of the dental assisting profession. It is intended to be specific enough to create a shared national understanding about the scope of practice of dental assistants and the knowledge and skills required for them to support high-quality, consistent and safe patient care, but also to be flexible enough to allow for adaptations that address the unique realities in particular states.

As stakeholders consider how to use the Dental Assisting Professional Model as a resource in their own state or setting, the Workgroup encourages inclusion of a wide range of perspectives, including those of dentists, dental assistants, other dental team members, educators, regulators and the public.

Maintaining the Model

The recommendations described in this document were developed in collaboration and with representation and input from key dental and dental assisting organizations. The Workgroup believes there may be value in forming a more permanent coalition to continue considering questions that affect the uniformity of the dental assisting profession, including providing guidance on incorporating emerging functions into practice and regulations and how the model can be adjusted to accommodate different states' needs without undermining the goal of enhancing uniformity. Additional information about the formation of such a coalition will be shared with stakeholders as those plans develop.

Approaches to Transition

As states consider adopting the recommended model, we expect stakeholders to express concerns about how the new framework will affect dental assistants who have already been employed and working before the introduction of the new model.

To facilitate the transition to a new model, we recommend establishing an alternative pathway for dental assistants who are already working to qualify for the appropriate equivalent level in the new model.

Each state may handle the transition differently, because the current variations in state regulation of dental assistant do not allow for a uniform solution to transition these dental assistants.

Broadly speaking, a state's options for transitioning existing participants in the workforce to equivalent levels in the new model consist of:

- Allow dental assistants who were working prior to adoption of the model to continue performing those duties they have already been performing; provide a grace period for them to meet requirements outlined in the model for qualifying to perform new functions.
- Require dental assistants who were working prior to adoption of the model to meet all requirements under the new model within a reasonably generous timeframe.
- Require dental assistants who were working prior to adoption of the model to meet modified requirements that take into account their existing level of knowledge gained through prior training, education and experience; an example of a modified requirement is allowing work experience and a dentist's attestation of competence to substitute for all or part of an education or exam requirement.

In some states, it might be appropriate to deploy some combination of the above approaches, if prior requirements create different considerations for different levels.

Resources and Support

Certain aspects of the Workgroup's recommendations will require resources and support materials that may not be currently available. In some cases, existing materials, such as training manuals, course curricula, and exams, may need to be adapted to bring them into alignment with the recommended model. In other cases, new materials may need to be developed to support successful implementation. Identifying and evaluating existing resources and developing plans for the creation of new resources has been outside the scope of the Workgroup's current 12-month endeavor. It has been the Workgroup's intention to provide enough detail to allow relevant organizations and providers of services to begin to identify what work will be needed to help advance and support the model.

We call upon all stakeholders in dentistry to support and participate in the development of the tools that states, employers, and dental assistants will need to ensure that adoption of the model by a state will bring about real changes that support a high quality of care and provide the foundation for attractive career prospects for potential dental assistants, enhanced recruitment and retention, and improvements in dental offices' capacity to serve patients.

Future Phases

Beyond the tasks dental assistants perform in a general dentistry or orthodontic setting, there are several subsets of dental assisting tasks that require deeper analysis and engagement with the dentist specialists in whose practices those dental assisting functions are performed, and that the close consideration required would be outside the scope of what the Workgroup was able to address. Specifically, anesthesia functions are a critical area that warrant detailed attention.

Anesthesia Functions

Administration of anesthesia is the dental office procedure that carries the greatest risk for immediate adverse outcomes. Many states have adopted or amended rules addressing requirements for dentists to administer anesthesia in their offices to conform with the 2016 *ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists* in the last eight years, and these requirements frequently also address the role of auxiliaries in assisting in anesthesia procedures. There are currently seven states that have defined requirements for a "dental anesthesia assistant," an "oral maxillofacial surgery assistant" or similarly titled role. Unsurprisingly, there are variations in the scope of practice and requirements for these anesthesia assistants across states.

Establishing recommendations for a uniform scope of practice and requirements for anesthesia assistants will help states regulate this critical area with more certainty that they are following best practices and providing the safest patient care.

In a second phase to this project, DANB intends to convene two smaller sets of stakeholders and subject matter experts to collaborate on developing recommendations for uniform regulation of orthodontic assistants and anesthesia assistants, following the same guiding principles centered on protecting the public, building on existing commonalities among states, providing and clearly defining a career road map for dental assistants, and supporting feasible implementation.

Stakeholder Feedback

The Workgroup completed a draft of this document at the end of January 2025. In February and March 2025, the staff supporting the Workgroup circulated the draft document to organizations representing key stakeholder groups, including national dental associations and organizations, state dental associations, state dental boards, and dental support organizations (DSOs), and made a survey form available for those that wished to provide feedback. Support staff also conducted a survey of dental assistants and dental assisting educators. The stakeholder comment period remained open through May 2025. The Workgroup followed the same approach to feedback for the Orthodontic Assistant phase, when it sought input from the dental community between March and July 2026.

In soliciting comments from stakeholders, the Workgroup received significant supportive feedback for the project as whole, with many stakeholders expressing that an effort to improve uniformity for the dental assisting profession was long overdue. There was also broad support for the proposed three-tier structure and scope of practice for each level. When it came to proposed education, training, and exam requirements for each level, there were some differences of opinion among

important stakeholder groups, with some dentists tending to favor fewer requirements and reductions in onboarding costs, and dental assistants and educators tending to favor formal requirements at each level.

During the yearlong development of the model, the views of dentists, dental assistants, educators, and regulators were well represented on the Workgroup, and all participants strove to work through differences to develop a balanced set of recommendations that would protect the public, provide career growth opportunities for dental assistants, promote recruitment and retention of personnel, increase practice efficiency and improve access to and consistency in the quality of patient care. The Workgroup is grateful to the stakeholders who provided feedback and hopes to continue the conversation as we educate the dental community about the Dental Assisting Professional Model and work with stakeholders on additional resources to support dentistry in its efforts to develop the dental assisting workforce.

Appendix A: Dental Assisting Professional Model Workgroup Members

Workgroup Member (State)	Affiliation	Nominating Organization
Dolores A. Cottrell, DDS, MSHA (NY) — Workgroup Co-Chair	Executive Secretary, New York State Board for Dentistry	Invited participant
Helen Sublette, BS, CDA, COA, CDIPC, FADAA (NC) — Workgroup Co-Chair	Owner, Coastal Dental Professionals Consulting	American Dental Assistants Association
Bridgett Anderson, LDA, MBA (MN)	Executive Director, Minnesota Board of Dentistry	American Association of Dental Administrators
Christian Avelar, CDA, RDA (NJ)	Dental Assistant, Mountain Lakes Premier Dental	Hispanic Dental Association
Bobby Carmen, DDS, MAGD (OK)	Owner, Bobby J Carmen DDS; President, Oklahoma Board of Dentistry	American Association of Dental Boards
Tracy Cramer (OR)	State Representative (District-22), Oregon House of Representatives	Invited participant
Megen Elliott, MS, CDA, RDH (WI)	Dental Assistant Program Director, Northwood Technical College	American Dental Hygienists' Association
Rebecca Erwin, CDA, RDH (WV)	Dental Assisting Instructor, Putnam Career & Technical Center	Invited participant
Nabil Fehmi, DDS (AZ)	Founder and Chief Clinical Officer, Westwind Integrated Health	Association of Dental Support Organizations
David Fried, DMD (CT)	Co-Chair, Council on Government Affairs and Past President, Connecticut State Dental Association; Faculty, General Dentistry, University of Connecticut	ADA Council on Dental Practice
Sandra Garcia-Young, CDA, CDIPC, RDA, FADAA, FAADOM (TX)	Practice Administrator, CentroMed; Trustee, The DALE Foundation	DALE Foundation
Margaret Gingrich, DDS (MI)	Owner and General Dentist, Gingrich Dental PC	ADA Council on Dental Practice
Sarah Holland, MS (VA) — Public Representative	Founding CEO, Virginia Health Catalyst; Co-Founder, American Network of Oral Health Coalitions	Invited participant
Kay Jukes, BS, CDA, RDA (TX)	Dental Assisting Program Director, Houston Community College	American Dental Education Association

Workgroup Member (State)	Affiliation	Nominating Organization
Lenny Mayorga, DDS (CA)	Pediatric Dentist, AltaMed Health Services	Hispanic Dental Association
Julie Muhle, M.Ed., BOE, CDA, CRFDA (NV)	Academic Program Director for Dental Assisting, Truckee Meadows Community College	Invited participant
Jamie Sacksteder, Ph.D. (VA)	Executive Director, Virginia Board of Dentistry	American Association of Dental Administrators
Enrique Sanchez-Castillo, CDA, EFDA (IN)	Expanded Function Dental Assistant, Meridian Health Services	Invited participant
Leah Schulz, DDS (CO)	Director of Dental Projects, Salud Family Health; President, Colorado Dental Association	National Network for Oral Health Access
Janée Tamayo, CDA, CPFDA (NC)	Dental Flight Chief, U.S. Air Force; Chair, Dental Assisting National Board	Dental Assisting National Board

Kerri Friel, CDA, COA, RDH, MA (RI), a professor in the Dental Health Department at the Community College of Rhode Island, participated in select Workgroup meetings as part of her role on a dental assistant workforce coalition.

Orthodontic Workgroup Members

Workgroup Member (State)	Affiliation	Nominating Organization
Dolores A. Cottrell, DDS, MSHA (NY)	Executive Secretary (retired), New York State Board for Dentistry Past Dental Director at the Anthony L. Jordan Community Health Center	Invited participant
Helen Sublette, BS, CDA, COA, CDIPC, MADAA (NC)	Owner, Coastal Dental Professionals Consulting	American Dental Assistants Association
Bridgett Anderson, LDA, MBA (MN)	Executive Director, Minnesota Board of Dentistry Past Director of Regulatory Affairs at the Minnesota Dental Association	American Association of Dental Administrators
Christina Carter, DMD (NJ)	Founder CEO, Carter Smile Pediatric Dentistry & Orthodontics	American Academy of Pediatric Dentistry
Doug Depew, DMD, MS (GA)	Owner, Depew Orthodontics, Founder and Academic Director for Trapezio, LLC	American Association of Orthodontists

Workgroup Member (State)	Affiliation	Nominating Organization
	Past Chairman of the AAO Council on Technology	
Jackie Dorst, RDH (FL)	Owner, Jackie Dorst Safe Practices	Invited participant
Kerri Friel, CDA, COA, RDH, BSDH, MA (RI)	Professor, Community College of Rhode Island (CCRI)	Invited participant
Renee McNally, CDA, COA, CPFDA, CRFDA, CDIPC, RDA (AMT), BS (MD)	Compliance Coordinator and Clinic Supervisor, Toothman Orthodontics	Invited participant
Paiyal Popat, DMD, MS, ABO-Board Certified (FL)	Head Clinical Director, Imagine Orthodontic Studio American Association of Orthodontists American Board of Orthodontics American Dental Association Florida Association of Orthodontists Southern Association of Orthodontists	Invited participant

Appendix B: Supplemental List of Functions

Dental assistants perform an extraordinary number of functions and tasks, and it would not be possible to consider and address all of them in these recommendations. The functions presented above in each level are representative of that level and are also the most commonly addressed in state dental practice acts and regulations. To supplement these selected functions and provide additional guidance, the Workgroup makes the following recommendations for levels of delegation of functions that are not addressed above:

Level 1:

1. Transfer dental instruments
2. Record dental screenings
3. Record charting of the oral cavity and surrounding structures
4. Chart existing restorations or conditions
5. Recognize basic dental emergencies
6. Instructing in the use and care of dental appliances
7. Remove debris created in the course of treatment
8. Application of disclosing solutions
9. Recording patient treatment
10. Perform mouth mirror inspection of the oral cavity
11. Assist with basic restorative procedures, including prosthodontics and restorative dentistry
12. Recognize basic medical emergencies
13. Perform intra/extraoral photography
14. Apply hot/cold packs
15. Provide pre- and post-operative instructions
16. Monitor vital signs
17. Clean and polish removable appliances and prostheses
18. Assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
19. Respond to basic medical emergencies
20. Instruct patients on bleaching procedures
21. Review medical/dental history
22. Complete laboratory authorization forms for provider review/approval
23. Respond to basic dental emergencies
24. Prepare a patient for nitrous oxide analgesia administration
25. Use light curing device
26. Pour and trim diagnostic casts for evaluation by the provider

Level 2:

1. Monitor and respond to post-surgical bleeding
2. Polish assigned teeth with a slow-speed rotary handpiece immediately before an acid etch procedure
3. Remove excess temporary cement from supragingival surfaces of a tooth with hand instruments only
4. Cleanse/polish teeth in preparation for a procedure
5. Place periodontal dressings

Level 3:

1. Place temporary fillings
2. Remove temporary fillings
3. Before cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations
4. Etch, wash and dry dentin
5. Extraorally adjust dentures