Administrative Rules of the Board of Dental Examiners

Part 1: Definitions and Clarification of Terms

1-1 "AAOMS" means the American Association of Oral and Maxillofacial Surgeons. Newly added definition

1-2 "Active practice" means engaging in licensed activities, while lawfully authorized to do so in the jurisdiction of practice, and may include services to patients in any environment, including traditional clinical practice, military service, volunteer work, supervision of clinical practice, acting as dental educator, providing dental health education, enrollment in residency programs in ADA-recognized board specialties. Revised definition, including deletion of minimum hours/CE credit requirements; deleted separate definition for dental hygienists

1-3 "ADBA" means the American Dental Board of Anesthesiology. Newly added

1-4 "ADA" means the American Dental Association.

1-5 "ADEX" means the American Dental Licensing Examination. Newly added

1-6 "ASA" means American Society of Anesthesiologists Patient Physical Status Classification. ASA Classifications are:

- **(a) ASA I,** a normal healthy patient;
- **(b) ASA II,** a patient with mild systemic disease;
- **(c) ASA III,** a patient with severe systemic disease;
- **(d) ASA IV,** a patient with severe systemic disease that is a constant threat to life;
- **(e) ASA V,** a moribund patient who is not expected to survive without the operation;
- **(f) ASA VI,** a declared brain-dead patient whose organs are being removed for donor purposes; and
- **(g) E,** a modifying category appended to ASA I-VI designations, signifying an emergency operation of any kind. Newly added

1-8 "Board," when capitalized, means State of Vermont Board of Dental Examiners, except where unambiguously used in the proper name of a different board.

1-9 "CDCA" means the Commission on Dental Competency Assessment Newly added

1-10 "CODA" means Commission on Dental Accreditation of the American Dental Association.

1-11 “Continual” means repeated regularly and frequently in steady succession. Newly added

1-12 “Continuous” means prolonged and uninterrupted. Newly added

1-13 **"CITA"** means Council of Interstate Testing Agencies.

1-14 **"CPR Course"** and **"Training in CPR"** mean

(a) a program of education in cardiopulmonary resuscitation developed or approved by the American Heart Association or the American Red Cross that includes hands-on and didactic education; or

(b) training in cardiopulmonary resuscitation in connection with emergency medical services licensure, as demonstrated by current licensure with the Vermont Department of Health as an emergency medical technician, advanced emergency medical technician, or paramedic. Newly added

1-15 **"CRDTS"** means Central Regional Dental Testing Service.

1-16 **"DANB"** means the Dental Assisting National Board

1-17 **"Deep Sedation"** means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimuli. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function usually is maintained. Newly added

1-18 **"Direct Supervision"** means oversight by a supervising dentist or dental therapist who is physically present at the facility where care is provided. The term is distinguished from "general supervision." Revised from previous definition

1-19 **"Director"** means the Director of the Office of Professional Regulation.

1-20 **"Emergency Office Procedure(s) Course"** means a training course of at least two hours that is Board approved and consistent with current educational curricula in CODA-accredited schools of dentistry and dental hygiene in identification and management of conditions that may result in medical emergencies in the course of dental care. Revised, including new hour requirements

1-21 **"Enteral"** means any means of drug administration in which a drug is absorbed through the gastrointestinal (GI) tract or oral mucosa. Newly added

1-22 **"General Anesthesia"** means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilation is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may

be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Newly added

1-23 "General Supervision" means oversight by a supervising dentist or dental therapist who is readily available for consultation, including by telephone or videoconference. The term is distinguished from "direct supervision." Revised considerably

1-24 "Good Standing" means full and unrestricted without adverse disciplinary or limiting action, to include any condition, limitation, warning, reprimand, suspension, revocation, or other official finding of misconduct or incapacity. Revised

1-25 "INDBE" means the Integrated National Board Dental Examination. Newly added

1-26 "Inhalation" means a means of administration in which a gaseous or volatile agent is introduced into the lungs and achieves its primary effect via absorption through the gas/blood interface. Newly added

1-27 "Maximum Recommended Dose" means the FDA maximum recommended dose of a drug as printed on the FDA-approved labeling for unmonitored home use. Newly added

1-28 "Minimal Sedation," also called "anxiolysis," means a minimally depressed level of consciousness produced by a pharmacological method that preserves the patient's ability to maintain an airway independently and continuously, and to respond normally to tactile stimulation and verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Newly added

1-29 "Moderate Sedation" means a drug-induced depression of consciousness in which a patient retains the ability to respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation; no interventions are required to maintain a patent airway; and spontaneous ventilation is adequate. Cardiovascular function usually is maintained. Newly added

1-30 "NBDE" means the National Board Dental Examiners. Newly added

1-31 "Office" means the Office of Professional Regulation.

1-32 "Office Website" means the website of the Office of Professional Regulation. Newly added

1-33 "PGY1" means Post-Graduate Year of dental practice.

1-34 "SDF" means Silver Diamine Fluoride. Newly added

1-35 "SMART" means silver modified atraumatic restorative technique. Newly added

1-36 "SRTA" means the Southern Regional Testing Agency.

1-37 "Specialty" means a Board-issued credential, supplemental to a primary license, authorizing a licensee to undertake defined practices that would not otherwise be within the scope of the primary license; except in the phrase "dental specialty certifying board." "Specialty" is synonymous with "special endorsement" as used in 26 V.S.A. § 624 regarding the local anesthesia specialty. Newly added

1-38 "Titration" means the administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached. When the intent is moderate sedation, one must know whether the previous dose has taken full effect before administering an additional drug increment. Newly added

1-39 "United States jurisdiction" or "U.S. jurisdiction" means a governmental licensing authority, other than the State of Vermont or any subdivision thereof, having authority in any of the fifty United States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands. Newly added

1-40 "Vermont Statutes and Rules Exam" means the online, Vermont-specific exams related to the statutes and rules for each profession type within the dental profession. Revised to include rules exam reference

1-41 "WREB" means the Western Regional Examining Board.

Part 2: Administration

2-1 Applicable Law. The practice of dentistry is defined and regulated under 26 V.S.A. § 561 *et seq*. The Director administers licensure in conformity with these and other Vermont laws, to include the Administrative Procedure Act, 3 V.S.A. § 800 *et seq.*; the Public Records Act, 1 V.S.A. § 315 *et seq.*; and the Laws of Professional Regulation, 3 V.S.A. § 121 *et seq*.

2-2 Military Service. The Office offers special procedures to ensure recognition of education, training, or service completed by a member of the U.S. Armed Forces toward the requirements of professional licensure. Expedited processing may be available for the spouse of a member of the U.S. Armed Forces who has been subject to a military transfer to Vermont. See the Office website for details.

Renamed and revised considerably

Part 3: Procedures

3-1 Applications. Applications for licensure must be made through an online licensing system linked from the Office website.

(a) Incomplete applications will not be processed. Applications are deemed complete only when all required questions have been answered fully, all attestations made, all required documentation and materials provided, and all fees paid.

(b) When the Board intends to deny an application, notice stating the reasons for the action shall be given to the applicant by certified mail and email, whereupon the applicant shall have 30 days to appeal to an administrative law officer. 3 V.S.A. §§ 129, 130a.

(c) The Office may refuse to accept any application found to be redundant with a denied or in-process application.

(d) Applications are valid only for six months from the date they were initially submitted.

3-2 Complaints. Complaints against licensees, applicants for licensure, or persons practicing without a license may be submitted through the Office website.

3-3 Contested Cases. Procedures in contested cases relating to licensure or discipline are governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.

3-4 Declaratory Rulings. Petitions for declaratory rulings as to the applicability of any statutory provision or of any rule or order of the Office may be made under 3 V.S.A. § 808.

3-5 Conflict of Standards. Where a standard of unprofessional conduct set forth in statute conflicts with a standard set forth in rule, the standard that is most protective of the public shall govern. *See* 3 V.S.A. § 129a(e).

3-6 Determination of Equivalency. Where the Board is permitted by law or rule to accept certain training or experience on the basis of equivalence to a fixed standard, it is the burden of the applicant or licensee to establish equivalence to the Board's satisfaction, by producing credible, clear, and convincing evidence of the same. The Board has no obligation to research the bona fides of any institution, program, course, degree, certification, practicum, fellowship, or examination and may resolve all inferences in favor of withholding a credential, approval, or recognition.

3-7 Waiver or Variance. The Board will not grant routine waivers or variances from any provisions of its rules without amending the rules. *See* 3 V.S.A. § 845. Where, in extraordinary circumstances, application of a rule would result in manifest unfairness, an absurd result, unjustifiable inefficiency, or an outcome otherwise inimical to the public health, safety, and welfare, the Board may, upon written request of an interested party, find that waiver is or is not appropriate and may impose particular conditions and limitations. The action and justification therefor shall be recorded in a written memorandum. This rule shall not be construed as creating any hearing or appeal right or cause of action.

3-8 Pro Bono Service. A person otherwise eligible for a license or registration issued under these rules, whose practice in this State will be limited to providing pro bono services at a free or reduced-fee clinic or similar setting approved by the Board, may be credentialed at no fee. 26 V.S.A. § 662(b). A pro-bono license or registration shall be used only in the setting or settings for which it is approved and shall not authorize practice for substantial monetary or non-monetary remuneration.

3-9 Contacting the Office or Board. See the Office website for contact details and a communication portal. Send paper mail to: Office of Professional Regulation, ATTN: Dental Examiners, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402.

Part 4: Dentists

4-1 Eligibility. To be eligible for licensure as a dentist, a person must:

(a) be 18 years of age or older;

(b) have completed training in emergency office procedures and CPR within the previous 24 months;

(c) pass the Vermont Statutes and Rules Exam for dentists; and

(d) qualify by examination or endorsement, as further set out in this Part.

4-2 Licensure by Examination. To qualify by examination, an applicant must: Revised considerably

(a) satisfy the requirements of Part 4-1;

(b) demonstrate qualifying education, meaning:

(1) a dental degree (D.D.S. or D.M.D.) from a CODA-accredited school of dentistry or dental college;

(2) a dental degree or certificate from a program of dental education outside the United States, and a degree from a CODA-accredited

postgraduate program, of at least one year's duration, otherwise acceptable to the Board on the basis that it admits and graduates persons with appropriate training in general dentistry; or

(3) an education determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited D.D.S. or D.M.D.;

(c) have passed either the NDBE I and II, or the INDBE; and

(d) One of the following:

(1) Have passed every required part of at least one of the following clinical examinations:

(A) ADEX, administered by CDCA or CITA, not including the optional periodontal exam;

(B) CRDTS;

(C) SRTA;

(D) WREB, if examined prior to July 1, 2020; or

(E) another regional or national clinical examination approved by the Board before the examination is taken; or

(F) the certifying examinations of a clinical dental specialty certifying board recognized by the ADA; or

(2) Have completed not less than one year of graduate dental training in a CODA-accredited clinical training program, provided that the applicant's supervising dentist attests to the applicant's competency in all areas tested on the CDCA.

4-3 Licensure by Endorsement. A dentist licensed and in good standing in a United States jurisdiction may attain Vermont licensure based upon any of the following: Revised considerably

(a) Traditional Endorsement. A dentist licensed and in good standing in a United States jurisdiction with requirements substantially equivalent to those of this state may apply on that basis by demonstrating:

(1) satisfaction of the requirements of Part 4-1;

(2) evidence of good standing in state(s) of licensure; and

(3) for applicants licensed in the jurisdiction of origin for more than two years, active practice equivalent to that required of an applicant for license renewal.

(b) Fast-track Endorsement. A dentist licensed and in good standing in a United States jurisdiction, regardless of whether that jurisdiction has licensing requirements substantially equivalent to those of this State, may apply on that basis by demonstrating three years of active full-time practice in good standing. See 3 V.S.A. § 136a(a). Newly added

Existing Rule re PGY Licensed Experience; Endorsement; 5-Year Rule is deleted

4-4 Scope of Practice. The scope of practice of a licensed dentist is set out at 26 V.S.A. § 561(3).

Existing Rule re Transient Practice Permit deleted

4-5 Supervision and Delegation. A dentist may delegate dental tasks to persons appropriately qualified by training, education, experience, and where applicable, licensure. Dentists are responsible for general supervision of dental hygienists and direct supervision of dental hygienists where specifically required elsewhere in these rules. Dentists are responsible for the direct supervision of dental assistants. Newly added

4-6 Non-delegable Tasks. A dentist may not delegate:

(a) surgical procedures;

(b) any intraoral procedure, except debridement, that results in an irreversible alteration to the oral anatomy, other than SDF or SMART, unless specifically authorized by a collaborative agreement consistent with the requirements of these rules; or

(c) except as permitted of dental therapists under Part 5, definitive diagnosis; treatment planning; prescription of legend drugs; or authorization for restorative, prosthodontic, or orthodontic appliances. Newly added

Part 5: Dental Therapists

All newly added

5-1 Eligibility. To be eligible for licensure as a dental therapist, a person shall:

(a) be 18 years of age or older;

(b) have completed training in emergency office procedures and CPR within the previous 24 months;

(c) have passed the Vermont Statutes and Rules Exam for dental therapists; and

(d) qualify by examination or endorsement, as further set out in this Part.

5-2 Licensure by Examination. To be eligible for licensure as a dental therapist by examination, an applicant shall:

(a) satisfy the requirements of Part 5-1;

(b) hold a Vermont dental hygienist license in good standing;

(c) be a graduate of a CODA-accredited dental therapist educational program or of a program determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental therapist educational program; and

(d) successfully complete the CDCA or CRDTS clinical examination for dental therapists. An applicant who has failed the clinical examination twice may retake the examination only after successful completion of one or more appropriate clinical courses within a CODA-accredited dental therapy program, at the discretion of the Board.

5-3 Licensure by Endorsement. A dental therapist licensed as such outside Vermont may attain Vermont licensure based upon any of the following:

(a) Traditional Endorsement. A dental therapist licensed and in good standing in a United States jurisdiction with requirements substantially equivalent to those of this state may apply on that basis by demonstrating:

(1) satisfaction of the requirements of Part 5-1;

(2) evidence of good standing in state(s) of licensure; and

(3) active practice, as a dental therapist, for a minimum of 800 hours within the five years prior to the application.

(b) Fast-track Endorsement. A dental therapist licensed and in good standing in a United States jurisdiction, regardless of whether that jurisdiction has licensing requirements substantially equivalent to those of this State, may apply on that basis by demonstrating three years of active full-time practice in good standing. See 3 V.S.A. § 136a(a).

5-4 Duplicate Licensure Unnecessary. A person licensed as a dental therapist under this section shall not be required to maintain his or her dental hygienist license in order to practice as a dental hygienist. 26 V.S.A. § 611(d).

5-5 Collaborative Agreement Required. Dental therapists may practice only under a collaborative agreement that meets requirements of 26 V.S.A. § 614. The supervising dentist must meet all the requirements of 26 V.S.A. § 614(c). A licensed dental therapist must maintain a copy of their collaborative practice agreement and provide it to the Office upon request.

5-6 Scope of Practice. The scope of practice of a licensed dental therapist is set out at 26 V.S.A. § 613.

Part 6: Dental Hygienists

Revised slightly

6-1 Eligibility. To be eligible for licensure as a dental hygienist, a person shall:

(a) be 18 years of age or older;

(b) have completed training in emergency office procedures and CPR within the previous 24 months; Newly added

(c) have passed the National Board Dental Hygiene Examination;

(d) have passed the Vermont Statutes and Rules Exam for dental hygienists; and

(e) qualify by examination or endorsement, as further set out in this Part.

6-2 Licensure by Examination. To qualify by examination, an applicant shall:

(a) satisfy the requirements of Part 6-1;

(b) be a graduate of a CODA-accredited school of dental hygiene or of a program determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental hygiene educational program;

(c) hold a certificate from the NBDE;

(d) successfully complete an examination for dental hygienists offered by CDCA, CRDTS, WREB, CITA, SRTA; or a successor organization of one of the above.

6-3 Licensure by Endorsement. A dental hygienist licensed as such outside Vermont may attain Vermont licensure based upon satisfaction of Part 6-1 and either of the following: Revised slightly

(a) Traditional Endorsement. Licensure in good standing as a dental hygienist in a U.S. or Canadian jurisdiction with substantially equivalent requirements to those of this State, and satisfaction of the requirements of Part 6-1; or

(b) Fast-track Endorsement. Licensure in good standing as a dental hygienist in any U.S. jurisdiction with three years' demonstrated full-time active practice. Newly added

6-4 Scope of Practice. The scope of practice of a dental hygienist is established by agreement with the supervising dentist or dental therapist and may include oral prophylaxis; oral debridement; periodontal descriptions and charting, including periodontal probing and placement of supra- and subgingival chemotherapeutic agents; exposure of radiographs; application of sealants; application of silver diamine

fluoride; oral health screening and pre-diagnostic examination; use of periodontal lasers for purposes of pocket debridement; acquisition of impressions or images; temporary replacement of crowns; and such other dental practices as are generally accepted as appropriate for delegation based on the training, education, and experience of the hygienist. Newly added

(a) Location. A dental hygienist practices in the office of a licensed dentist or dental therapist; provided, however, that public-health hygienists may work in out-of-office settings under Rule 6-5.

(b) Local Anesthesia. A dental hygienist shall not administer local anesthesia unless the hygienist holds a local anesthesia specialty under Rule 9-1 and is supervised directly by a dental therapist if permitted by the dental therapist's collaborative practice agreement, or by a dentist.

(c) Nitrous oxide. A dental hygienist shall not initiate or discontinue nitrous oxide unless the hygienist holds a nitrous oxide specialty under Rule 9-2.

(d) SMART. A dental hygienist, other than a public-health hygienist practicing under Rule 6-5, may employ SMART only if Newly added

(1) the hygienist has received training in SMART from either

(A) a CODA-accredited institution, or

(B) a program approved by the Vermont Department of Health under Rule 6-5(c), below; and

(2) the hygienist is directly supervised by a dentist or dental therapist.

6-5 Guidelines for Public-health Hygienists. A hygienist with no fewer than three years of experience may establish a general supervision agreement with a licensed dentist authorizing out-of-office practice in settings recognized as appropriate by the Board or the Vermont Department of Health. A hygienist so practicing is identified as a public-health hygienist. Public-health hygienists must maintain a copy of their general supervision agreement and provide it to the Office upon request. Reformatted from Part 10 of Existing and revised considerably

(a) Public-health orientation. A general supervision agreement under this Rule shall be oriented toward the goals of:

(1) maximizing the availability of competent and appropriate dental-health education, screening, and care to every Vermonter; and

(2) matching each patient in need of one with a dental home, meaning an ongoing relationship with a dentist or dental therapist through which the patient can expect continuously accessible, consistent, and coordinated care across the continuum of his or her dental health needs.

(b) Silver Diamine Fluoride (SDF). A public-health hygienist who has completed an SDF training course approved by the Vermont Department of Health may employ SDF after completing a visual inspection of the teeth and documenting all relevant findings and under the following principles:

(1) inspection shows suspected caries;

(2) there appears an immediate need for care for which SDF is indicated;

(3) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and

(4) the patient, parent, or guardian of the patient has executed a Board-approved, SDF-specific informed consent form advising that follow-up care should be obtained from a dentist or dental therapist, or from a public-health hygienist authorized to perform SMART.

(c) Silver Modified Atraumatic Restorative Technique (SMART). A public-health hygienist who has completed a SMART training course approved by the Vermont Department of Health may employ SMART under the following principles:

(1) General supervision agreements between public-health hygienists and dentists may, but are not required to, address the use of telehealth for visual diagnosis of suspected caries.

(2) Public-health hygienists performing SMART should always emphasize the education of patients, parents, and caregivers on the means and importance of prevention techniques.

(3) Prior to placing SMART, a public-health hygienist must complete a visual inspection of the teeth and document all relevant findings. SMART may be applied if:

(A) inspection shows suspected caries in an asymptomatic tooth without apparent pulpal exposure;

(B) there appears an immediate need for care for which SMART is indicated;

(C) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and

(D) the patient, parent, or guardian of the patient has executed a Board-approved, SMART-specific informed consent form advising that a follow-up evaluation should be obtained from a dentist or dental therapist.

(d) Nothing in this Rule 6-5 shall restrict the use of SDF or SMART by a dental hygienist working in a dental office under Rule 6-4, above.

Part 7: Dental Assistants

Revised slightly

7-1 Registration. No person shall practice in this State as a dental assistant unless registered for that purpose by the Board. Registrations are available in two categories:

(a) Traditional. A traditional dental assistant registration may be issued to an eligible applicant who is not DANB-certified. A traditional dental assistant may not place sealants or engage in coronal polishing until and unless the supervising dentist has personally verified the assistant's ability to competently perform those tasks. A traditional dental assistant may place SDF if appropriately trained.

(b) Certified. A certified dental assistant registration may be issued to an eligible applicant who is DANB-certified. A certified dental assistant may perform all tasks lawfully delegated by the supervising dentist or dental therapist.

7-2 Education required within six months of initial registration. Within six months after initial registration under this Part, a registrant must complete a course of at least two hours in CPR and emergency office procedures. A registrant may satisfy this requirement through documented completion of such a course within the two years immediately preceding initial registration. Continued practice after six months of initial registration, if this requirement is not satisfied, shall be considered unauthorized practice under

7-3 Transition. A traditional dental assistant who becomes eligible for registration as a certified dental assistant must apply for registration as a Certified Dental Assistant. DANB certification alone does not confer the upgraded registration.

7-4 Scope of Practice and Supervision. The scope of a dental assistant's practice is determined by an individual agreement with a supervising dentist or dental therapist, based on the assistant's education and experience. All intraoral dental tasks performed by a dental assistant shall be performed under the direct supervision of a dentist. A dental assistant may use radiography and expanded procedures only if appropriately endorsed under Part 9 of these rules. The following are never delegable to a dental assistant:

(a) diagnosis, treatment planning, and prescribing, including for drugs and medicaments or authorization for restorative, prosthodontic, or orthodontic appliances;

(b) surgical procedures on hard or soft tissues within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy; or

(c) oral debridement, direct periodontal probing, or placement of subgingival chemotherapeutic agents.

Part 8: Dentist and Dental Therapist and Anesthesia Specialties

Reformatted and revised considerably

8-1 Requirement for Anesthesia Specialty. Dentists or dental therapists who use any type of sedation, except nitrous oxide administered alone or in conjunction with a single dose of oral medication not to exceed the maximum recommended dose, must hold an anesthesia specialty from the Board. The level of sedation is defined by the effect on the patient (see Part 1, "Definitions"), rather than the route of administration. Moderate and deep sedation or general anesthesia may be achieved via any route of administration; thus an appropriately consistent level of training must be obtained.

(a) Administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered moderate or deep sedation, depending on the resulting level of depression of consciousness;

(b) Nitrous oxide/oxygen when used in combination with a sedative agent or agents may produce minimal sedation, moderate sedation, deep sedation, or general anesthesia.

8-2 Minimal Sedation Requirements for Dentists or Dental Therapists. To be eligible for a minimal sedation specialty, a dentist or dental therapist must demonstrate successful completion of:

(a) a comprehensive training program to the level of competency in minimal, moderate, or deep levels of sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or

(b) a CODA-accredited pre-doctoral dental or postdoctoral dental training program with comprehensive training on administration and management of minimal sedation.

8-3 Moderate Sedation Specialty for Dentists. To be eligible for a moderate sedation specialty, a dentist must demonstrate:

(a) successful completion of either

(1) a comprehensive training program to the level of competency in moderate or deep sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or

(2) a CODA-accredited pre-doctoral dental or postdoctoral dental training program with comprehensive training on administration and management of moderate sedation;

(b) a current certificate in Advanced Cardiac Life Support and, if providing care to children under the age of twelve, a current certificate in Pediatric Advanced Life Support; and

(c) either compliance with the AAOMS self-inspection/assessment checklist for moderate sedation, or current board certification through the AAOMS or the ADBA.

8-4 Deep Sedation or General Anesthesia Specialty for Dentists. To be eligible for a deep sedation or general anesthesia specialty, a dentist must demonstrate:

(a) successful completion of a comprehensive advanced education program accredited by CODA that provides comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia;

(b) a current certificate in Advanced Cardiac Life Support and, if providing care to children under the age of twelve, a current certificate in Pediatric Advanced Life Support; and

(c) compliance with the AAOMS self-inspection/assessment checklist for deep sedation or current board certification through the AAOMS or the ADBA.

8-5 Standard-of-Care Requirements for Anesthesia.

(a) Patient History and Evaluation.

(1) *For All Sedation:*

(A) Patients must be suitably evaluated prior to the start of any sedative procedure.

(B) Suitable evaluation of all patients must consist at least of evaluation of medical history and medication use.

(C) Suitable evaluation of patients with significant medical considerations (ASA III, IV) should also include consultation with a primary care provider or consulting medical specialist.

(2) *For Deep Sedation or General Anesthesia:*

(A) Suitable evaluation must also include review of NPO (nothing by mouth) status.

(B) Body Mass Index (BMI) must be assessed during pre-procedural workup. Patients with elevated BMI may be at increased risk for airway-associated morbidity, particularly in association with other factors such as obstructive sleep apnea.

(C) When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient has been informed of atraumatic treatment alternatives.

(b) Pre-operative Requirements.

(1) *For All Sedation:*

(A) The patient, parent, legal guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents and informed consent for the proposed sedation/anesthesia must be obtained.

(B) Baseline vital signs including body weight, height, blood pressure, pulse rate, and respiration rate must be obtained unless invalidated by the nature of the patient, procedure, or equipment. Body temperature should be measured when clinically indicated.

(C) Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.

(D) If appropriate, a focused physical evaluation must be performed.

(E) Preoperative dietary restrictions must be considered based on the sedative technique prescribed.

(F) Preoperative verbal and written instructions must be given to the patient, parent, guardian, or caregiver.

(2) *For Moderate or Deep Sedation or General Anesthesia*, pulse oximetry should be obtained unless precluded or invalidated by the nature of the patient, procedure, or equipment.

(3) *For Deep Sedation or General Anesthesia*, an intravenous line, which is secured throughout the procedure, must be established unless precluded by the nature of the patient.

(c) Personnel and Equipment Requirements.

(1) *Supportive Personnel.* Appropriately trained personnel must be licensed or registered by the Board and must hold current CPR certification; provided, however, that dental anesthesia may be practiced without redundant Board licensure by a certified registered nurse anesthetist, an osteopathic physician, an allopathic physician, or an anesthesiology assistant, authorized to practice in Vermont.

(A) While using minimal or moderate sedation, at least one appropriately trained personnel must be present in addition to the person performing the procedure.

(B) While using deep sedation or general anesthesia, at least two appropriately trained personnel must be present in addition to the person performing the procedure.

(C) When the same person administering the deep sedation or general anesthesia is performing the dental procedure, another of the personnel must be designated for patient monitoring.

(2) *Equipment for all Sedation Procedures*

(A) A positive-pressure oxygen delivery system suitable for the patient must be immediately available.

(B) When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. This equipment must have either:

(i) A functioning device that prohibits the delivery of less than thirty percent oxygen; or

(ii) An appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.

(C) Documentation of compliance with manufacturers' recommended maintenance of monitors, anesthesia delivery systems, and other anesthesia-related equipment should be maintained. A pre-procedural check of equipment for each administration of sedation must be performed.

(D) An appropriate scavenging system must be available if gases other than oxygen or air are used.

(3) *Equipment for Moderate or Deep Sedation or General Anesthesia Procedures*

(A) Equipment necessary for monitoring end-tidal CO2 and auscultation of breath sounds must be employed.

(B) Equipment necessary to establish intravenous or intraosseous access must be available until the patient meets discharge criteria.

(4) *Equipment for Deep Sedation or General Anesthesia Procedures*

(A) Equipment and drugs necessary to provide advanced airway management, and advanced cardiac life support must be immediately available.

(B) Resuscitation medications and an appropriate defibrillator must be immediately available.

(d) Monitoring and Documentation.

(1) *Personnel required for Monitoring.*

(A) For minimal sedation: A qualified dentist or an appropriately trained personnel must continually monitor the patient in the operatory room until the patient meets the criteria for discharge to the recovery area. Personnel must be appropriately trained and familiar with the monitoring techniques and equipment.

(B) For moderate sedation: A qualified dentist must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. When active treatment concludes and the patient recovers to a minimally sedated level, a qualified auxiliary may be directed by the dentist to remain with the patient and continue to monitor them as required until they are discharged from the facility. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.

(C) For deep sedation or general anesthesia: A qualified dentist must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for discharge. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.

(2) *Monitoring Requirements.*

(A) Oxygenation:

(i) Color of mucosa, skin or blood must be evaluated continually for all sedation.

(ii) Evaluation of oxygen saturation by pulse oximetry may be clinically useful and must be considered for mild and moderate sedation, and must be used continuously for deep sedation and general anesthesia.

(B) Ventilation:

(i) For minimal sedation, the dentist and/or appropriately trained personnel must continually observe chest excursions and verify respirations.

(ii) For moderate sedation:

(I) The dentist must observe chest excursions continually; and

(II) The dentist must monitor ventilation, by breath sounds, monitoring end-tidal CO2 or by verbal communication with the patient.

(iii) For moderate or deep sedation or general anesthesia: ventilation should be monitored by continual observation of qualitative signs, including auscultation of breath sounds with a precordial or pretracheal stethoscope.

(iv) For deep sedation or general anesthesia:

(I) End-tidal CO2 must be continuously monitored and evaluated unless, in non-intubated patients only, precluded or invalidated by the nature of the patient, procedure, or equipment.

(II) Respiration rate must be continually monitored and evaluated.

(C) Circulation:

(i) For minimal sedation, blood pressure and heart rate should be evaluated as clinically appropriate.

(ii) For moderate sedation:

(I) The dentist must continually evaluate blood pressure and heart rate unless the patient is unable to tolerate this evaluation and it is noted in the record; and

(II) The dentist must consider continuous ECG monitoring of patients with significant cardiovascular disease.

(iii) For deep sedation or general anesthesia, the dentist must continuously evaluate blood pressure, heart rate and rhythm via ECG, and pulse rate via pulse oximetry.

(D) Consciousness. For all sedation types the level of consciousness (e.g., responsiveness to verbal command) must be continually assessed.

(E) Temperature. For deep sedation or general anesthesia, equipment capable of continuously monitoring body temperature must be available and must be used whenever triggering agents associated with malignant hyperthermia are administered.

(3) *Documentation Requirements.* An anesthetic record must be maintained at appropriate time intervals including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters.

(A) For moderate sedation, pulse oximetry, heart rate, respiratory rate, blood pressure, and level of consciousness must be recorded continually:

(B) For deep sedation or general anesthesia, pulse oximetry and end-tidal CO2 measurements, heart rate, respiratory rate, and blood pressure must be recorded continually:

(e) Recovery and Discharge.

(1) *For minimal sedation,* a qualified dentist or appropriately trained personnel must monitor the patient until the patient is discharged by the dentist.

(2) *For moderate, deep sedation, and general anesthesia*, the following must occur until the patient is discharged by the dentist:

(A) Oxygen and suction equipment must be immediately available if a separate recovery room is used.

(B) Prior to the patient's discharge, the dentist must determine and document that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory.

(C) Post-operative spoken and written instructions must be given to the patient, parent, escort, guardian, or caregiver. For deep

sedation or general anesthesia, the instructions must also be given to the parent, escort, guardian, or caregiver.

(D) A qualified dentist or appropriately trained clinical staff must continually monitor the patient's blood pressure, heart rate, oxygenation, and level of consciousness.

(E) If a pharmacological reversal agent is administered before discharge criteria have been met, the patient must be monitored until the effects of the reversal agent have waned, since a relapse into sedation may occur.

(f) Emergency Management.

(1) If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the procedure until the patient returns to the intended level of sedation.

(2) The dentist is responsible for sedative/anesthetic management, adequacy of the facility and staff, and diagnosis and treatment of emergencies related to the administration of deep sedation or general anesthesia.

(3) The dentist must be prepared with equipment and protocols for patient rescue until either assistance arrives or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(g) Management of Children.

(1) For children under the age of twelve, practitioners shall adhere to the Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures, published by the American Academy of Pediatrics/American Academy of Pediatric Dentists.

(2) When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient's parent, guardian, or caregiver has been informed of atraumatic treatment alternatives.

8-6 Exceptions from the Requirement for the Anesthesia Specialty.

(a) Hospital Setting. The general anesthesia specialty requirement does not apply to dentists administering general anesthesia, deep sedation, moderate sedation, or minimal sedation in a hospital setting with supervision by a physician, CRNA, or dentist credentialed by the hospital to provide anesthesia services.

(b) Nitrous Oxide. Nitrous oxide sedation alone or used in conjunction with a single dose of oral medication, not to exceed the maximum recommended dose, shall not require the anesthesia specialty. Titration of oral medication is not permitted under this exception.

8-7 Incident Reports. A dentist or dental therapist, regardless of whether the provider holds an anesthesia specialty, must report incidents and adverse outcomes related to anesthesia or sedation as further set out in Rule 11-1(f).

8-8 Emergency Office Procedures. All facilities or dental practices that provide moderate or deep sedation are required to provide annual emergency office procedures training to all clinical personnel.

Part 9: Specialties: Anesthesia, Nitrous Oxide, Expanded Function, and Radiographic

Reformatted and revised considerably

9-1 Local Anesthesia Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the local anesthesia specialty, a dental hygienist must demonstrate:

(1) Successful completion of a dental hygiene program that includes at least twenty-four hours of didactic and clinical instruction in the administration of block and infiltration anesthesia at a CODA-accredited institution; and

(2) Successful completion of an examination in the administration of local anesthesia offered by CDCA, CRDTS, WREB, CITA, SRTA; or a successor organization of one of the above.

(b) Endorsement. A dental hygienist who is licensed in good standing in any jurisdiction of the U.S. or Canada which has standards substantially equivalent to the requirements of Part 9-1(a) may apply for the local anesthesia endorsement for dental hygienists.

9-2 Nitrous Oxide Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the nitrous oxide specialty, a dental hygienist must demonstrate:

(1) Successful completion of a dental hygiene program that includes at least six hours of didactic and clinical instruction at a CODA-accredited institution or other course provider approved by the Board; in the initiation, administration, monitoring, and discontinuation of nitrous oxide; and

(2) Successful completion of an examination in the administration of local anesthesia offered by CDCA, CRDTS, WREB, CITA, SRTA; or a successor organization of one of the above.

(a) **Endorsement.** A dental hygienist who is licensed in good standing in any jurisdiction of the U.S. or Canada which has standards substantially equivalent to the requirements of Part 9-2(a) may apply for the nitrous oxide endorsement for dental hygienists.

9-3 Expanded Function (EFDA) Specialty for Dental Hygienists and Certified Dental Assistants.

(a) Eligibility. To be eligible for the expanded function dental assistant specialty, a person must demonstrate:

(1) current DANB certification as a certified dental assistant or current licensure as a dental hygienist; and

(2) successful completion of an expanded function dental assistant program at a CODA-accredited institution that included at least

(A) fifty hours of didactic training, five weeks of clinical training;

(B) a subsequent six weeks of field training in a dental office under the supervision of the faculty of the accredited institution or its designee; and

(C) a clinical examination.

(b) Scope of Practice and Limitations on Practice. A certified dental assistant or dental hygienist retains the scope of original licensure and is permitted to perform the expanded function duties within his or her training.

9-4 Radiography Specialty for Traditional Dental Assistants. A traditional dental assistant may be issued a radiography specialty if the traditional dental assistant is at least 18 years of age and has, within ten years preceding application:

(a) successfully completed a CODA-accredited dental assisting program that included a dental radiology course; or

(b) successfully completed a CODA-accredited didactic and clinical or practical radiology course and attained four months of working or observational experience in a dental office.

9-5 Recognition of Non-Vermont Radiography Credentials. A traditional dental assistant holding a current and unrestricted radiography specialty from another U.S. or Canadian jurisdiction, issued upon requirements substantially equivalent to those of Rule 9-3, may be issued a radiography specialty on that basis.

9-6 Limitation on Student Radiography. A student enrolled in a radiography course may take up to 100 radiographs, in the office of the supervising dentist or dental therapist, as necessary to complete a course required by Part 9-4.

Part 10: License Renewal and Continuing Education

Revised considerably

10-1 Biennial Licensing Period. Licenses are valid for fixed, two-year periods. Expiration dates are printed on licenses. A license becomes inactive if not renewed by midnight on the date of expiry. Practice under an inactive license is prohibited. An initial license issued fewer than 90 days prior to the beginning of the fixed biennial period shall be valid through the end of the full biennium licensing period following initial licensure. A lookup tool on the Office website may be considered a primary source verification as to license status and expiration.

10-2 License Renewal. License renewal applications must be completed through the Office website. The Office transmits email reminders to licensees at the end of each biennial licensing period; however, non-receipt of such reminders shall not excuse a licensee from the obligation to maintain continuous licensure or the consequences of failing to do so. Practicing while a license is lapsed is a violation of 3 V.S.A. § 127.

10-3 Late Renewal Penalties. Late renewal applications are subject to reinstatement penalty fees under 3 V.S.A. § 127(d). Waivers of reinstatement penalty fees can also be sought in accordance with 3 V.S.A. § 127(d). Reinstatement penalty waivers may be requested through the online licensing system.

10-4 Renewal Requirements.

(a) Dentists. To be eligible for renewal, a dentist must show:

(1) 30 hours of continuing education, including the emergency office procedures course (2 hours minimum), CPR course, and opioid-prescribing education where applicable, during the preceding 2-year renewal cycle; and

(2) Active practice of at least 800 hours or 100 continuing education credits within the previous five years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 8 hours of active practice.

(3) An applicant for renewal who has not met minimum practice-hour requirements may be required to complete one of the clinical examinations required for initial licensure.

(b) Dental Therapists. To be eligible for renewal, a dental therapist must show:

(1) 24 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and

(2) Active practice of at least 400 hours or 80 continuing education credits within the previous five years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 5 hours of active practice.

(3) An applicant for renewal who has not met minimum practice-hour requirements may be required to complete one of the clinical examinations required for initial licensure.

(c) Dental Hygienists. To be eligible for renewal, a dental hygienist must show:

(1) 18 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and

(2) Active practice of at least 100 hours or 50 continuing education credits within the previous five years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 2 hours of active practice.

(3) An applicant for renewal who has not met minimum practice-hour requirements may be required to complete one of the clinical examinations required for initial licensure.

(d) Dental Assistants. To be eligible for renewal, a dental assistant must show:

(1) completion of the emergency office procedures course (2 hours minimum) and the CPR course during the preceding 2-year renewal cycle.

(2) A certified dental assistant registration or an expanded function dental assistant specialty may be renewed only if the bearer submits documentation of current DANB certification.

(3) A radiography specialty may be renewed only if the bearer has completed training within the preceding ten years or practiced radiography under the supervision of a licensed dentist within the preceding five years.

10-5 Continuing Education Audit. The Office may conduct a continuing-education compliance audit of any licensee. All licensees shall retain continuing education documentation for the previous two licensing cycles.

10-6 Pre-approved Continuing Education. Continuing education provided by the following is pre-approved by the Board:

(a) AAOM, ADBA, ADA, CODA, DANB, ADHA, ADAA, CERP, PACE, or the Vermont Department of Health's Oral Health Program.

(b) Any constituent or component entity of an organization named in 10-6(a).

(c) Any education sponsor certified or accredited by an organization named in 10-6(a).

10-7 Case-by-Case Continuing Education Approval Requests. A course provider or licensee may apply for approval by completing an online pre-approval application. The application must specify the course curriculum, instructor qualifications, and the dates of presentation. Application should be made prior to commencement of the educational program and at least three months before the license renewal deadline. The Board has no obligation to offer retrospective analysis and approval of accomplished continuing-education offerings.

10-8 Approval and Credit Standards. Continuing-education credit shall be awarded based on clock hours of actual engagement in learning activities, not arbitrary assignments of credit value.

10-9 General Format. Eligible continuing education must be earned through a formal course of learning that is directly related to advancing professional competence in providing patient care. A formal course of learning can occur in the following formats:

(a) in-person classroom instruction with a qualified instructor;

(b) distance education with continuous two-way communication and observation between a qualified instructor and students;

(c) distance education with asynchronous exchanges between a qualified instructor and students; or

(d) a self-study course, if completion is contingent upon examination.

10-10 Relevance Requirement. Notwithstanding any rule to the contrary, the Board may refuse recognition to continuing education activities that are not reasonably calculated to enhance professional competence in providing patient care, such as those with a dominant focus on marketing, accounting, practice management, personal or business finance, speed reading, general self-improvement, or issue advocacy. The Board will recognize relevant courses that promote effective communication among providers and patients, cultural competence, ethics awareness, and competent recordkeeping.

Part 11: Duties and Standards

Reformatted and revised considerably

11-1 Duty to update and self-report. Applicants and licensees owe a duty of candor to the Office and shall disclose circumstances that may call for further investigation to protect the public. That a matter is reportable does not imply that the matter necessarily is a basis for discipline. A licensee or applicant shall report to the Office in writing, within 30 days:

(a) any material inaccuracy or change in circumstance relative to any application question, where the changed circumstance arises between submission of a license application and issuance of the license sought;

(b) any legal claim for damages, judgment, or settlement arising from alleged professional negligence, misconduct, or malpractice;

(c) any adverse action against a professional license, other than an action by the Office, or against a non-governmental professional certification, where the adverse action relates to an allegation of misconduct, substandard practice, or unethical conduct;

(d) any change in supervisory arrangements or collaborative agreement terms;

(e) any transport to a hospital, hospitalization or death related to an incident that occurred in the dental office or outpatient facility during or consequent to the administration of any anesthesia or sedative by any route. The incident report must be submitted even if the patient is not admitted to the hospital. The report must include:

(1) the names and credentials of those present for the procedure;

(2) a brief synopsis of the procedure; and

(3) a copy of the patient's medical record of the procedure.

11-2 Ownership of Dental Offices. A dental practice may be owned and operated exclusively by those entities identified at 26 V.S.A. § 564.

11-3 Display of Licenses and Registrations. Each licensee shall display a copy of his or her current license or registration at each place of practice and in such a manner as to be easily seen and read by patients. 26 V.S.A. § 565.

11-4 Referral. A dentist or dental therapist confronted with a patient need that exceeds his or her scope of practice shall refer the subject patient to an appropriate dental or health care professional. 26 V.S.A. § 617.

11-5 Examination and Diagnosis. A dentist or dental therapist is responsible to ensure that dental care provided directly, or by delegates under his or her supervision, is consistent with generally accepted standards of care and the requirements of these Rules.

(a) Direct Examination. Dentists and dental therapists shall recommend that each patient be directly examined at least annually; however, it is not unprofessional conduct for a professional licensed under these rules to treat a patient who has not complied with that recommendation, provided the treatment is otherwise within the standard of care. No patient or payer may be billed for the dental examination by a dentist or dental therapist unless such dentist or dental therapist personally examined the patient.

(b) Telepractice. Telepractice modalities, including remote image acquisition and transmission, are tools of dental practice that may evolve with time. These modalities do not alter the standard of care. A dentist is responsible to ensure that diagnostic information employed in the exercise of clinical judgment has been acquired competently and in sufficient detail to inform the clinical decisions it supports.

(c) Informed consent. Before undergoing any procedure, the patient or their legal guardian should be informed of all treatment alternatives and their risks and benefits.

11-6 Professional Standards Generally. A hearing authority may consider the *ADA Principles of Ethics and Code of Conduct*, the *ADHA Code of Ethics*, and *the ADAA Principles of Ethics and Code of Professional Conduct* authoritative sources of professional standards applicable to the respective professions when determining "the essential standards of acceptable and prevailing practice" for purposes of 26 V.S.A. § 129a(b). All licensees should be familiar with these standards and the bases for discipline identified in Part 12.

Part 12: Discipline

Reformatted and revised

12-1 Bases. Unprofessional conduct includes those acts set out at 3 V.S.A. § 129a (applicable to all professional licensees) and 26 V.S.A. § 584 (applicable to Board licensees). Violation of these rules or other requirements of 26 V.S.A. ch. 12 is cognizable as unprofessional conduct under 3 V.S.A. § 129a(a)(3).

12-2 Remedies. Upon finding that a licensee, applicant, or person who later becomes an applicant has committed unprofessional conduct, within or without this State, or has had a license application denied or a license revoked, suspended, limited, conditioned, or otherwise disciplined by a licensing agency in another jurisdiction for conduct which would constitute unprofessional conduct in this State, or has surrendered a license while under investigation for unprofessional conduct, the Board may warn, reprimand, suspend, revoke, limit, condition, deny, or prevent the renewal of a license. *See* 3 V.S.A. § 129(a). A license may be summarily suspended pending further proceedings, consistent with 3 V.S.A. § 814(c), upon a finding that public health, safety, or welfare imperatively requires emergency action.

12-3 Procedures. Disciplinary prosecutions are contested cases governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.