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Measuring Dental Assisting Excellence®

## How to Use the Following Charts

**Chart 1**

View which job designations are used in your state.

Be sure to follow the legal requirements to perform dental radiographic procedures.

See which tasks are not permitted by state law.

View the education/training/credential required for each level of dental assisting.



Compare your state's job designations to those used as standardized job titles in the DANB/ADAA Core Competency Study.

**Chart 2**

Review all the allowable tasks for each level of dental assisting as published in the state practice act.




The numbers next to each task correspond to the 70 numbered tasks that were identified and used in the DANB/ADAA Core Competency Study. Tasks that are not numbered do not directly match one of the 70 tasks, yet are identified by the state in the practice act. A full list of those tasks follow your state's chart.

See Appendix A for more information about the task numbering system.



If your state's dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.

See Appendix B for more information about supervision.

Education/Training/ Credential Required	Job Title According to State of NC	Proposed Standardized National Job Titles (see below)	Radiography Requirements	Functions <u>NOT</u> Permitted by Dental Assistants in NC
<p>To perform <b>expanded functions</b> under the direct supervision of a licensed dentist in the state of North Carolina, one must be classified as a <b>Dental Assistant II (DA II)</b>.</p> <p>To qualify as a <b>DA II</b>, one must:</p> <ul style="list-style-type: none"> <li>■ Hold a current Cardiopulmonary Resuscitation (CPR) certification</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>■ Successfully complete a CODA-accredited dental assisting program <b>or</b> one academic year or longer in a CODA-accredited dental hygiene program</li> </ul> <p><b>OR</b></p> <p>Complete full-time employment and experience as a chairside assistant for two years (3,000 hours) of the preceding five, radiography training as required by law, <b>and</b> a three-hour course in dental office emergencies <b>and</b> a three-hour course in sterilization and infection control</p> <p><b>OR</b></p> <p>Pass the national DANB Certified Dental Assistant (CDA) exam</p> <p>To qualify to <u>perform coronal polishing</u>, a <b>DA II</b> must:</p> <ul style="list-style-type: none"> <li>■ Successfully complete a seven-hour (three hours of didactic and four hours of clinical) coronal polishing course meeting North Carolina Board requirements</li> </ul> <p>To qualify to <u>monitor patients under nitrous oxide</u>, a <b>DA II</b> must:</p> <ul style="list-style-type: none"> <li>■ Successfully complete a North Carolina Board-approved seven-hour course in nitrous oxide-oxygen conscious sedation</li> </ul> <hr/> <p><b>A Dental Assistant II in Training (DA II in Training)</b> is an individual who is participating in on-the-job training to become a DA II. Training consists of at least two years (3,000 hours) of chairside assisting, during which period the assistant may be trained and allowed to perform the functions of a DA II under the direct control and supervision of a NC licensed dentist.</p> <p>A DA II in Training may not monitor patients under nitrous oxide, take radiographs, or coronal polish until he or she successfully completes the required courses in these topics.</p> <hr/> <p><b>A Dental Assistant I (DA I)</b> is an individual who may perform basic supportive dental procedures under the direct control and supervision of a licensed dentist.</p> <p>To qualify to <u>monitor patients under nitrous oxide</u>, a <b>DA I</b> must:</p> <ul style="list-style-type: none"> <li>■ Successfully complete a North Carolina Board-approved seven-hour course in nitrous oxide-oxygen conscious sedation</li> </ul>	<p>Dental Assistant II (DA II)</p> <hr/> <p>Dental Assistant II in Training (DA II in Training)</p> <hr/> <p>Dental Assistant I (DA I)</p>	<p>Expanded Functions Dental Assistant (EFDA)</p> <hr/> <p>DANB Certified Dental Assistant (CDA) or Registered Dental Assistant (RDA)</p> <hr/> <p>Dental Assistant</p> <hr/> <p>Entry Level Dental Assistant</p>	<p>To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of North Carolina, a dental assistant must:</p> <ul style="list-style-type: none"> <li>■ Pass the national DANB Certified Dental Assistant (CDA) exam</li> </ul> <p><b>OR</b></p> <p>Pass a radiological equivalency exam recognized by the North Carolina State Board of Dental Examiners. The equivalency exam may be taken by an assistant who can show evidence of seven hours of instruction in the production and use of dental x-rays and an educational program of not less than seven hours in clinical dental radiography.</p> <p><b>OR</b></p> <p>Successfully complete a CODA-accredited dental assisting program</p> <p><b>OR</b></p> <p>Qualify as a <b>DA II</b> (see requirements to the left)</p> <hr/> <div style="border: 1px solid black; padding: 5px;"> <p>← The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.</p> </div> <p>The same study utilized a list of 70 job functions which were determined to be representative of a broad range of dental assisting core competencies.</p> <p>Functions in this state that relate to the national DANB/ADAA Core Competencies Study are numbered to the right, using language directly from this state's dental practice act. (The numbers correspond to the study's task numbering system.) →</p> <p>Functions listed with bullets are part of this state's practice act but are not specific matches to DANB/ADAA research.</p> <hr/> <div style="border: 1px solid black; padding: 5px;"> <p>These state templates reflect the work done by the ADAA/DANB Alliance to support a uniform national model for one set of dental assisting tasks, levels and requirements, which will serve as a viable career ladder for dental assistants.</p> </div>	<p>The following functions are <b>not</b> permitted by any level of dental assistant:</p> <ul style="list-style-type: none"> <li>33. Placement or cementation of final restorations</li> <li>46. Taking of impressions for final fixed or removable restorations or prostheses             <ul style="list-style-type: none"> <li>• Prophylaxis</li> <li>• Periodontal screening</li> <li>• Periodontal probing</li> <li>• Subgingival exploration for or removal of hard or soft deposits</li> <li>• Sulcular irrigation</li> <li>• Comprehensive examination, diagnosis and treatment planning</li> <li>• Surgical or cutting procedures on hard or soft tissues, including laser, air abrasion or micro-abrasion procedures</li> <li>• Placement or removal of sulcular nonresorbable agents</li> <li>• The issuance of prescription drugs, medications or work authorizations</li> <li>• Final placement or intraoral adjustment of a fixed or removable appliance</li> <li>• Intraoral occlusal adjustments which affect function, fit or occlusion of any temporary or permanent restoration or appliance</li> <li>• Extraoral occlusal adjustments which affect function, fit or occlusion of any permanent restoration or appliance</li> <li>• Performance of direct pulp capping or pulpotomy</li> <li>• Placement of sutures</li> <li>• Final placement or cementation of orthodontic bands or brackets</li> <li>• Administration of any anesthetic except the administration of topically applied agents intended to anesthetize only cutaneous tissue</li> <li>• Intraoral use of a high speed handpiece</li> </ul> </li> </ul>

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Job Title  
According to  
State of NC

Allowable Functions  
(Functions with numbers relate specifically to Core Competency designations;  
functions with bullets are in this state's practice act but are not specific matches to DANB research)

Dental  
Assistant II  
(DA II)

**With Direct Control and Supervision\***

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>6. Place gingival retraction cord</li> <li>9. Polish coronal portion of tooth (Using a hand-held brush and appropriate polishing agents or a combination of a slow-speed handpiece [not to exceed 10,000 rpm] with an attached rubber cup or bristle brush and appropriate polishing agents) (see <i>requirements on previous page</i>)</li> <li>13. Remove sutures</li> <li>14. Flush, dry and temporarily close root canals</li> <li>15. Place and tie in or untie and remove ortho arch wires</li> </ul> | <ul style="list-style-type: none"> <li>15. Place ligature wire or lock pins</li> <li>27. Place and/or remove rubber dams</li> <li>29. Fit (size) orthodontic bands or brackets</li> <li>34. Place cavity bases and liners</li> <li>40. Apply sealants after DDS has examined patient and prescribed procedure</li> <li>42. Insert interdental spacers</li> <li>42. Insert spacer wires or springs</li> <li>44. Take impressions for study models and opposing casts</li> <li>45. Insert matrix bands and wedges</li> <li>47, 50, 54. Place and remove temp. restorations</li> <li>54, 61. Remove excess cement</li> </ul> | <ul style="list-style-type: none"> <li>59. Monitor patients under nitrous oxide (see <i>requirements on previous page</i>)</li> <li>62. Remove periodontal dressings                             <ul style="list-style-type: none"> <li>• Cement temp. restorations using temp cement</li> <li>• Apply acid etch materials/rinses</li> <li>• Apply bonding agents</li> <li>• Apply dentin desensitizing solutions</li> <li>• Perform extraoral adjustments of any temp. restoration or appliance</li> <li>• Initially form and size orthodontic arch wires after final adjustment and approval by the dentist</li> <li>• A DA II may perform all duties designated to a DA I under the same level of supervision</li> </ul> </li> </ul> |
|--|---|---|

**With Direct Control and Supervision\***

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>6. Place gingival retraction cord</li> <li>13. Remove sutures</li> <li>14. Flush, dry and temporarily close root canals</li> <li>15. Place and tie in or untie and remove ortho. arch wires</li> <li>15. Place ligature wire or lock pins</li> <li>27. Place and/or remove rubber dams</li> <li>29. Fit (size) orthodontic bands or brackets</li> <li>34. Place cavity bases and liners</li> <li>40. Apply sealants after D.D.S. has examined patient and prescribed procedure</li> </ul> | <ul style="list-style-type: none"> <li>42. Insert interdental spacers</li> <li>44. Take impressions for study models and opposing casts</li> <li>45. Insert matrix bands and wedges</li> <li>47, 50, 54. Place and remove temp. restorations</li> <li>54, 61. Remove excess cement</li> <li>59. Monitor patients under nitrous oxide (see <i>requirements on previous page</i>)</li> <li>62. Remove periodontal dressings                             <ul style="list-style-type: none"> <li>• Cement temp. restorations using temp. cement</li> <li>• Apply acid etch materials/rinses</li> <li>• Apply bonding agents</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Apply dentin desensitizing solutions</li> <li>• Perform extraoral adjustments of any temp. restoration or appliance</li> <li>• Insert spacer wires or springs</li> <li>• Initially form and size orthodontic arch wires after final adjustment and approval by the dentist</li> </ul> |
|--|--|--|

**Note:** The "DA II in training" functions are the same functions as allowed and listed above for a DA II, with the exception of coronal polishing. A DAII in Training may not monitor patients under nitrous oxide, take radiographs, or coronal polish until he or she successfully completes the required courses in these topics.

Dental  
Assistant II  
in Training  
(DA II in  
Training)

**With Direct Control and Supervision\***

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>5. Write laboratory work orders (Exact words must be dictated by the dentist)</li> <li>12. Place amalgam in prep w/carrier</li> <li>18. Apply topical fluoride</li> <li>22. Expose radiographs (see <i>requirements on previous page</i>)</li> <li>24. Oral hygiene instruction</li> </ul> | <ul style="list-style-type: none"> <li>37. Take pulse, blood pressure and temperature</li> <li>39. Polish dentures (extraorally, upon instruction by the dentist and re-insertion by the dentist)</li> <li>56. Apply topical anesthetics/DentiPatch®</li> <li>59. Monitor patients under nitrous oxide (see <i>requirements on previous page</i>)</li> </ul> | <ul style="list-style-type: none"> <li>• Write prescriptions (drugs); exact words must be dictated by the dentist</li> <li>• Perform extraoral adjustments of any temp. restoration or appliance (Extra-orally, upon instruction by the dentist and reinsertion by the dentist)</li> </ul> |
|---|--|--|

Dental  
Assistant I  
(DA I)

\*Direct Control and Supervision: A dentist must be present in the office when the act or function is being performed and must directly and personally supervise, examine, and evaluate the results.

# Appendix A: Numbering System for Dental Assisting Functions

*The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.*

The **numbered functions** listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state's dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with **bullets** in the preceding charts are part of the state's practice act but are not specific matches to the functions that were included in the 2002-2005 study.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post-surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in archwires
16. Demonstrate knowledge of ethics/jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim, and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/armamentaria set-ups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown

## Appendix B: Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified five levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2010: 505) which is part of its *Current Policies*, last updated in 2013. Note that “allied dental personnel” refers to dental assistants, dental hygienists, community dental health coordinators and dental laboratory technicians.

The five levels of supervision defined by the ADA are as follows:

**Personal supervision:** A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

**Direct supervision:** A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and evaluates their performance before dismissal of the patient.

**Indirect supervision:** A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

**General supervision:** A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

**Public Health Supervision:** A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA’s “Comprehensive Policy Statement on Allied Dental Personnel” stipulates that intraoral expanded functions should be performed by allied dental personnel “under the supervision of a dentist.”

Because the study of dental assisting core competencies undertaken by the ADA/DANB Alliance did not address the question of supervision, the ADA/DANB Alliance does not make any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADA/DANB Alliance believes it is important to call attention to the fact that, while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA’s own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

**For the purposes of the attached charts, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the footer of the second page of the state chart.**



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