

## CHAPTER 3100

### BOARD OF DENTISTRY

#### DENTISTS, HYGIENISTS, AND ASSISTANTS

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#### 3100.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of this chapter and unless the context otherwise requires, the terms in subparts 2 to 21 have the meanings given them.

Subp. 2. **Act.** "Act" means Minnesota Statutes, sections 150A.01 to 150A.21.

Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support" or "ACLS" refers to an advanced educational course for a health care provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care in settings ranging from the prehospital environment to the hospital setting. The course must include advanced airway management skills, cardiac drug usage, defibrillation, and arrhythmia interpretation. An ACLS certificate must be obtained through the American Heart Association, the American Red Cross, or an equivalent course.

Subp. 2b. **Analgesia.** "Analgesia" means the diminution or elimination of pain as a result of the administration of an agent including, but not limited to, local anesthetic, nitrous oxide, and pharmacological and nonpharmacological methods.

Subp. 2c. **Anxiolysis.** "Anxiolysis" means the utilization of pharmacological or non-pharmacological methods to reduce patient anxiety including, but not limited to, behavior management, nitrous oxide, and oral anxiolytic or analgesic medications.

Subp. 3. **Applicant.** "Applicant" means a person who has submitted an application to become a licensee or registrant.

Subp. 4. **Assistant.** “Assistant” means a person who assists a dentist in carrying out the basic duties of a dental office.

Subp. 5. **Auxiliary.** “Auxiliary” means a dental hygienist, registered dental assistant, assistant, and dental technician.

Subp. 5a. **Blood borne diseases.** “Blood borne diseases” means diseases that are spread through the exposure to, inoculation of, or injection of blood; or exposure to blood contained in body fluids, tissues, or organs. Blood borne diseases include infection caused by such agents as the human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

Subp. 6. **Board.** “Board” means the Board of Dentistry.

Subp. 7. **CDE.** “CDE” means professional development and continuing dental education.

Subp. 7a. **Clinical subject.** “Clinical subject” means those subjects directly related to the provision of dental care and treatment to patients.

Subp. 8. **Commission on accreditation.** “Commission on accreditation” means the Commission on Dental Accreditation of the American Dental Association or a successor organization.

Subp. 8a. **Conscious sedation.** “Conscious sedation” means a minimally depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

Subp. 8b. **Core subject.** “Core subject” means those areas of knowledge that relate to public safety and professionalism as determined by the board or a committee of the board.

Subp. 9. **Course.** “Course” means an educational offering, class, presentation, meeting, or other similar event.

Subp. 9a. **CPR.** “CPR” refers to a comprehensive course for a health care provider that includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation. A CPR certificate shall be obtained through the American Heart Association health care provider course, the American Red Cross professional rescuer course, or an equivalent course.

Subp. 9b. **Dental health care personnel or DHCP.** “Dental health care personnel” or “DHCP” means individuals who work in a dental practice who may be exposed to body fluids such as blood or saliva.

Subp. 9c. **Dental hygienist.** “Dental hygienist” means a person holding a license as a dental hygienist issued by the board pursuant to the act.

Subp. 10. **Dental technician.** “Dental technician” means a person other than a licensed dentist who performs any of the services described in Minnesota Statutes, section 150A.10, subdivision 3.

Subp. 11. **Dentist.** “Dentist” means a person holding a license as a general dentist, specialty dentist, or full faculty dentist issued by the board pursuant to the act.

Subp. 11a. **Elective activities.** “Elective activities” refers to those activities directly related to, or supportive of, the practice of dentistry, dental hygiene, or dental assisting.

Subp. 11b. **Enteral.** “Enteral” means a technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa, such as with oral, rectal, or sublingual administration.

Subp. 11c. **Faculty dentist.** “Faculty dentist” has the meaning given it in Minnesota Statutes, section 150A.01, subdivision 6a.

Subp. 11d. **Fundamental activities.** “Fundamental activities” means those activities directly related to the provision of clinical dental services.

Subp. 12. [Repealed, 10 SR 1613]

Subp. 12a. **General anesthesia.** “General anesthesia” means an induced state of unconsciousness produced by a pharmacological or nonpharmacological method or a com-

bination thereof and accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal commands. General anesthesia is synonymous with the term deep sedation.

Subp. 12b. **Infection control.** “Infection control” means programs, procedures, and methods to reduce the transmission of agents of infection for the purpose of preventing or decreasing the incidence of infectious diseases.

Subp. 12c. **Inhalation.** “Inhalation” means a technique of administration in which the gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

Subp. 13. **Licensee.** “Licensee” means a dentist or hygienist.

Subp. 14. **Minnesota Professional Corporations Act.** “Minnesota Professional Corporations Act” means Minnesota Statutes, sections 319A.01 to 319A.22.

Subp. 15. **National board.** “National board” means an examination administered nationally and acceptable to the board.

Subp. 15a. **Nitrous oxide inhalation analgesia.** “Nitrous oxide inhalation analgesia” means the administration by inhalation of a combination of nitrous oxide and oxygen, producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

Subp. 15b. **Parenteral.** “Parenteral” means a technique of administration in which the drug bypasses the gastrointestinal tract, such as with intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular administration.

Subp. 16. **Person.** “Person” includes an individual, corporation, partnership, association, or any other legal entity.

Subp. 16a. **Portfolio.** “Portfolio” means an accumulation of written documentation of professional development activities.

Subp. 16b. **Professional development.** “Professional development” means activities that include, but are not limited to, continuing education, community services, publications, and career accomplishments throughout a professional’s life.

Subp. 17. **Registered dental assistant.** “Registered dental assistant” means an assistant registered by the board pursuant to Minnesota Statutes, section 150A.06, subdivision 2a.

Subp. 18. **Registrant.** “Registrant” means a registered dental assistant.

Subp. 18a. **Resident dentist.** “Resident dentist” has the meaning given it in Minnesota Statutes, section 150A.01, subdivision 8a.

Subp. 18b. **Self-assessment.** “Self-assessment” means an ungraded examination provided by the board intended to help determine strengths and weaknesses in specific areas of dental practice.

Subp. 19. [Repealed, 10 SR 1613]

Subp. 20. [Repealed, 29 SR 306]

Subp. 21. **Supervision.** “Supervision” means one of the following levels of supervision, in descending order of restriction:

A. “Personal supervision” means the dentist is personally operating on a patient and authorizes the auxiliary to aid in treatment by concurrently performing supportive procedures.

B. “Direct supervision” means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the auxiliary.

C. “Indirect supervision” means the dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the auxiliary.

D. “General supervision” means the supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or pro-

cedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

Subp. 22. **Transdermal or transmucosal.** “Transdermal” or “transmucosal” means a technique of administration in which the drug is administered by patch or iontophoresis.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 319A.18*

**History:** *10 SR 1613; 14 SR 1214; 16 SR 2314; 18 SR 580; 18 SR 2042; 20 SR 2623; 29 SR 306; 31 SR 1238*

### 3100.0200 TENSE, GENDER, AND NUMBER.

For the purposes of these rules, the present tense includes the past and future tenses, and the future, the present; the masculine gender includes the feminine, and the feminine, the masculine; and the singular includes the plural, and the plural, the singular.

**Statutory Authority:** *MS s 150A.04 subd 5*

### 3100.0300 MEETINGS.

Subpart 1. **Regular and special meetings.** The board shall hold at least two regular meetings each year. It may hold special meetings at such other times as may be necessary and as it may determine.

Subp. 2. **Open and closed meetings.** Meetings conducted by the board shall be open to the public, except that those for the purpose of investigating and adjudicating charges against persons licensed or registered by the board shall be closed to public attendance unless the person or persons under investigation request that such meetings be open to the public.

Subp. 3. **Quorum.** A majority of the members of the board shall constitute a quorum for the conduct of business.

Subp. 4. **Parliamentary procedure.** When not otherwise provided, Sturgis Standard Code of Parliamentary Procedure shall govern the conduct of all business meetings of the board.

**Statutory Authority:** *MS s 150A.04 subd 5*

### 3100.0400 OFFICERS.

The officers of the board shall consist of a president, a vice-president, and a secretary, as provided in Minnesota Statutes, section 150A.03, subdivision 1, of the act. Election of officers may be held at any regular or special meeting.

**Statutory Authority:** *MS s 150A.04 subd 5*

## LICENSING AND REGISTRATION

### 3100.1100 APPLICATIONS FOR LICENSE TO PRACTICE DENTISTRY.

Subpart 1. **Form, credentials, and certification.** Any person desiring licensure to practice dentistry within the state of Minnesota must first present to the board an application and credentials, as prescribed by the act, and shall conform to the following rules of the board:

A. An application on a form furnished by the board must be completely filled out.

B. The applicant shall furnish satisfactory evidence of having graduated from a school of dentistry which has been accredited by the Commission on Accreditation.

C. The applicant must furnish certification of having passed all parts of a national board examination as defined in part 3100.0100.

D. Beginning January 1, 1993, an applicant who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia or conscious sedation or to administer nitrous oxide inhalation analgesia must comply with part 3100.3600.

Subp. 2. **Clinical skills examination.** The applicant shall submit evidence of satisfactorily passing a board approved examination designed to determine the applicant’s level of clinical skills.

Subp. 3. [Repealed, 18 SR 2042]

Subp. 4. **Photograph.** For identification purposes, the applicant shall furnish one notarized unmounted passport-type photograph, three inches by three inches, taken not more than six months before the date of application.

Subp. 5. **Certification of character.** The applicant shall furnish a testimonial of good professional character from an authorized representative of the dental school from which the applicant graduated and a certification by the secretary of the Board of Dental Examiners of the state or Canadian province in which the applicant is licensed. Provided, however, the board may in its discretion and for good cause waive the certification of good professional character by an authorized representative of the dental school.

Subp. 6. **Anesthesia, sedation, and nitrous oxide.** Beginning January 1, 1993, a person applying for a license to practice dentistry or a dentist already licensed who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia or conscious sedation or to administer nitrous oxide inhalation analgesia must comply with the applicable requirements of part 3100.3600.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 214.06*

**History:** *10 SR 1612; 16 SR 2314; 17 SR 1279; 18 SR 2042*

### **3100.1150 LICENSE TO PRACTICE DENTISTRY AS A FACULTY DENTIST.**

#### **Subpart 1. Licensure.**

A. In order to practice dentistry, a faculty member must be licensed by the board.

B. The board must license a person to practice dentistry as a faculty dentist if:

(1) the person completes and submits to the board an application furnished by the board;

(2) the person is not otherwise licensed to practice dentistry in Minnesota;

(3) the dean of a school of dentistry accredited by the Commission on Accreditation certifies to the board, in accordance with the requirements of item C, that the person is a member of the school's faculty and practices dentistry; and

(4) the person has not engaged in behavior for which licensure may be suspended, revoked, limited, modified, or denied on any of the grounds specified in Minnesota Statutes, sections 150A.08, 214.17 to 214.25, 214.33, subdivision 2, or part 3100.6100, 3100.6200, or 3100.6300.

C. The board must accept an applicant as a faculty dentist if the dean of a school of dentistry accredited by the Commission on Accreditation provides to the board the following information:

(1) the applicant's full name;

(2) the applicant's Social Security number;

(3) the applicant's home and work address;

(4) a statement that the applicant is a member of the faculty and practices dentistry within the school or its affiliated teaching facilities, but only for purposes of instruction or research;

(5) the dates of the applicant's employment by the school of dentistry;

(6) a statement that the applicant has been notified of the need to be licensed by the board as a faculty dentist; and

(7) a statement that the information provided is accurate and complete.

#### **Subp. 2. Termination of licensure.**

A. A person's license to practice dentistry as a faculty dentist is terminated when the person is no longer practicing dentistry as a member of the faculty of a school of dentistry.

B. A person licensed to practice dentistry as a faculty dentist must inform the board when the licensee is no longer practicing dentistry as a member of the faculty of a school of dentistry.

C. A person who fails to inform the board as required in item B is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150A.08, subdivision 1, clause (1).

**Statutory Authority:** *MS s 150A.04; 214.06*

**History:** *20 SR 2623*

**3100.1160 LICENSE TO PRACTICE DENTISTRY AS A RESIDENT DENTIST.**

**Subpart 1. Licensure.**

A. In order to practice dentistry as directly related to a respective graduate or advanced educational clinical experience, an enrolled graduate student or a student of an advanced education program must be licensed by the board.

B. The board must license a person to practice dentistry as a resident dentist if:

(1) the person completes and submits to the board an application furnished by the board;

(2) the person is not otherwise licensed to practice dentistry in Minnesota;

(3) the person provides evidence of having graduated from a dental school;

(4) the person provides evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Accreditation; and

(5) the person has not engaged in behavior for which licensure may be suspended, revoked, limited, modified, or denied on any of the grounds specified in Minnesota Statutes, section 150A.08.

**Subp. 2. Termination of licensure.**

A. A person's license to practice dentistry as a resident dentist is terminated when the person is no longer an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Accreditation.

B. A person licensed to practice dentistry as a resident dentist must inform the board when the licensee is no longer an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Accreditation.

C. A person who fails to inform the board as required in item B is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150.08, subdivision 1, clause (1).

**Statutory Authority:** *MS s 150A.04; 214.06*

**History:** *20 SR 2623*

**3100.1200 APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE.**

A person desiring licensure to practice dental hygiene must present an application and credentials as prescribed by the act and shall conform to the following rules of the board:

A. An application on a form furnished by the board must be completely filled out.

B. Applicants must furnish certification that they have passed the national board examination as defined in part 3100.0100.

C. The applicant shall submit evidence of satisfactorily passing a board approved examination designed to determine the applicant's level of clinical skills.

D. The applicant shall furnish satisfactory evidence of having been granted a diploma or certificate in dental hygiene from a school which has been accredited by the Commission on Accreditation.

E. For identification purposes, the applicant shall furnish one notarized unmounted passport-type photograph, three inches by three inches, taken not more than six months before the date of the application.

F. The applicant shall furnish evidence of good professional character satisfactory to the board and certification from the Board of Dental Examiners in the state or Canadian province in which the applicant is already licensed.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 214.06*

**History:** *10 SR 1612; 16 SR 2314; 17 SR 1279*

**3100.1300 APPLICATION FOR REGISTRATION AS A REGISTERED DENTAL ASSISTANT.**

Any person desiring to be registered as a dental assistant shall submit to the board an application and credentials as prescribed by the act and shall conform to the following rules:

- A. An application on a form furnished by the board shall be completely filled out.
- B. The applicant shall furnish a certified copy or its equivalent of a diploma or certificate of satisfactory completion of a training program approved by the Commission on Accreditation or other program which, in the judgment of the board, is equivalent. If the curriculum of the training program does not include training in the expanded duties specified in part 3100.8500, the applicant must successfully complete a course in these functions which has been approved by the board.
- C. Submission of evidence of satisfactorily passing a board-approved registration examination designed to determine the applicant's knowledge of the clinical duties specified in part 3100.8500, subparts 1 to 1b.
- D. For identification purposes, the applicant shall furnish one notarized unmounted passport-type photograph, three inches by three inches, taken not more than six months before the date of the application.
- E. The applicant shall furnish evidence of good moral character satisfactory to the board.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 214.06*

**History:** *10 SR 1612; 20 SR 2474*

**3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.**

Any person who is already a licensed dentist or dental hygienist in another state or Canadian province desiring to be licensed to practice dentistry or dental hygiene in Minnesota shall, in order to demonstrate the person's knowledge of dental subjects and ability to practice dentistry or dental hygiene in Minnesota, comply with the requirements in items A to N.

- A. The applicant shall complete an application furnished by the board.
- B. The applicant shall furnish satisfactory evidence of having graduated from a school of dentistry, or dental hygiene, whichever the case may be, which has been accredited by the Commission on Accreditation.
- C. An applicant for licensure as a dentist must have been in active practice in another state, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application and must submit at least three references from other practicing dentists.
- D. An applicant for licensure as a dental hygienist must have been in active practice in another state, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application. The applicant must submit at least two character references from dentists and two references from practicing dental hygienists.
- E. An applicant must provide evidence of having passed a clinical examination for licensure in another state or Canadian province, where the licensure requirements are substantially equivalent to that of Minnesota.
- F. An applicant shall include a physician's statement attesting to the applicant's physical and mental condition and a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity.
- G. Each applicant must submit with the application a fee as prescribed in part 3100.2000, subpart 3.

H. For identification purposes, the applicant shall furnish one notarized unmounted passport-type photograph, three inches by three inches, taken not more than six months before the date of application.

I. In advance of the appearance required by item J, an applicant for licensure by credentials as a dentist shall submit complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the five

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years preceding the date of application. The number of records requested of the applicant shall be established by resolution of the board. The records submitted shall be reasonably representative of the treatment typically provided by the applicant.

J. An applicant must appear before the board and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice dentistry or dental hygiene pursuant to Minnesota Statutes, section 150A.06, subdivision 4. Questions may be based on the records submitted pursuant to item I.

K. An applicant shall successfully complete an examination designed to test knowledge of Minnesota laws relating to the practice of dentistry and the rules of the board.

L. If the board adopts simulated dental patient examinations as part of the application process, applicants shall complete simulated dental patient examinations designed to test their knowledge of dental subjects.

M. An applicant shall provide adequate documentation of attained professional development or continuing dental education for the 60 months preceding the date of application.

N. An applicant may apply for licensure by credentials only once within any five-year period of time.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

**History:** *10 SR 1612; 14 SR 1214; 18 SR 2042; 20 SR 2316; 31 SR 1238*

**3100.1500 INCOMPLETE APPLICATIONS.**

Incomplete applications shall be returned to the applicant with the tendered fee, together with a statement setting forth the reason for such rejection.

**Statutory Authority:** *MS s 150A.04 subd 5*

**3100.1600 ADDITIONAL INFORMATION FROM ALL APPLICANTS.**

Every applicant shall provide evidence of having fulfilled all the requirements of the act. Every applicant shall sign an application and shall swear to the truth of the statements contained therein before a notary public or other person authorized by law to administer oaths.

Nothing contained in these rules shall be construed to limit the board's authority to seek from an applicant such other information pertinent to the character, education, and experience of the applicant insofar as it relates to the applicant's ability to practice as a licensee or registrant as the board may deem necessary in order to pass on the applicant's qualifications.

**Statutory Authority:** *MS s 150A.04 subd 5*

**History:** *17 SR 1279*

**3100.1700 TERMS AND RENEWAL OF LICENSURE AND REGISTRATION; GENERAL.**

**Subpart 1. Requirements.** The requirements of this part apply to the terms and renewal of licensure or registration of an applicant other than a limited faculty or resident dentist. The requirements for the terms and renewal of licensure as a limited faculty or resident dentist are specified in part 3100.1750.

**Subp. 1a. Initial term.** An initial license or registration issued by the board is valid from the date issued until the last day of the licensee's or registrant's birth month in either the following even-numbered year for an even-numbered birthdate year or the following odd-numbered year for an odd-numbered birthdate year, or terminated in accordance with the procedures specified in this part.

**Subp. 1b. Biennial term.** A properly renewed license or registration issued by the board is valid from the first day of the month following expiration for 24 months until renewed or terminated in accordance with the procedures specified in this part.

**Subp. 2. Renewal applications.** Each dentist, dental hygienist, registered dental assistant, or dental assistant with a limited registration under part 3100.8500, subpart 3, shall sub-



mit an application for biennial renewal of a license or registration together with the necessary fee no later than the last day of the licensee's or registrant's birth month which serves as the application deadline. Applications for renewal are considered timely if received by the board or postmarked no later than the last day of the licensee's or registrant's birth month. The application form must provide a place for the renewal applicant's signature certifying compliance with the applicable professional development requirements and information to include but not be limited to the applicant's office address or addresses, the license number or registration certificate number, whether the licensee or registrant has been engaged in the active practice of dentistry during the two years preceding the period for which renewal is sought as a licensee or registrant, and if so, whether within or without the state, and such other information which may be reasonably requested by the board.

**Subp. 3. Failure to submit renewal application.** The following procedure will be followed by the board for all licensees and registrants who have failed to submit the biennial renewal application in accordance with subpart 2 and applicable fees, except as provided in subpart 5.

A. Any time after the application deadline, the board will send, to the last address on file with the board, a notice to all licensees or registrants who have not made application for the renewal of their license or registration. The notice will state that licensee or registrant has failed to make application for renewal; the amount of the renewal and late fees; that licensee or registrant may voluntarily terminate the license or registration by notifying the board; and that failure to respond to the notice by the date specified, which date must be at least 33 days after the notice is sent out by the board, either by submitting the renewal application and applicable fees, or by notifying the board that licensee or registrant has voluntarily terminated his or her license or registration will result in the expiration of the license or registration and termination of the right to practice.

B. If the application for renewal, including the applicant's signature certifying compliance with the applicable professional development requirements, and the applicable biennial and late fees or notice of voluntary termination is not received by the board by the date specified in the notice, the license or registration will expire and the licensee's or registrant's right to practice will terminate as of the date specified in the notice. The expiration and termination will not be considered a disciplinary action against the licensee or registrant.

**Subp. 4. Reinstatement.** A license or registration which has expired pursuant to this part may be reinstated pursuant to part 3100.1850.

**Subp. 5. Contested case proceedings.** The board, in lieu of the process in subpart 3, may initiate a contested case hearing to revoke or suspend a license or registration for failure to submit the fees or provide the applicant's signature certifying compliance with the applicable professional development requirements on the renewal application, at the same time that it initiates disciplinary proceedings against the licensee or registrant for other grounds specified in Minnesota Statutes, section 150A.08, subdivision 1, and parts 3100.6100 to 3100.7200 and 3100.8100.

**Statutory Authority:** *MS s 150A.04; 150A.08; 150A.09; 214.06*

**History:** *10 SR 1612; 17 SR 1279; 20 SR 2623; 29 SR 306; 31 SR 1238*

### **3100.1750 TERMS AND RENEWAL OF LICENSURE; LIMITED FACULTY AND RESIDENT DENTISTS.**

**Subpart 1. Requirements.** The requirements of this part apply to the terms and renewal of licensure as a limited faculty or resident dentist.

**Subp. 2. Terms.** An initial license issued by the board is valid from the date issued until renewed or terminated in accordance with the procedures specified in this part. An annually renewed license issued by the board is valid from July 1 of the year for which it was issued until renewed no later than the following June 30 or terminated in accordance with the procedures specified in this part.

**Subp. 3. Renewal applications.**

A. A limited faculty or resident dentist must complete and submit to the board an application form furnished by the board, together with the applicable annual renewal fee, no

later than June 30 for the 12-month period for which licensure renewal is requested. Applications for renewal will be considered timely if received by the board no later than June 30 or postmarked on June 30. If the postmark is illegible, the application will be considered timely if received in the board office via United States first class mail on the first workday after June 30.

B. An applicant must submit on the application form the following:

- (1) the applicant's signature;
- (2) the applicant's institutional addresses;
- (3) the applicant's license number; and
- (4) any additional information requested by the board.

Subp. 4. **Application fees.** Each applicant for initial licensure as a limited faculty or resident dentist shall submit with a license application a fee in the following amounts:

- A. limited faculty dentist, \$140; and
- B. resident dentist, \$55.

Subp. 5. **Annual license fees.** Each limited faculty or resident dentist shall submit with an annual license renewal application a fee established by the board not to exceed the following amounts:

- A. limited faculty dentist, \$168; and
- B. resident dentist, \$59.

Subp. 6. **Annual license late fee.** Applications for renewal of any license received after the time specified in this part shall be assessed a late fee equal to 50 percent of the annual renewal fee.

**Statutory Authority:** *MS s 150A.04; 214.06*

**History:** *20 SR 2623; 29 SR 306*

**3100.1800** [Repealed, 10 SR 1612]

### **3100.1850 REINSTATEMENT OF LICENSURE OR REGISTRATION.**

Subpart 1. **Requirements.** Upon complying with the requirements specified in this part, the applicant's license or registration shall be reinstated. Any person desiring the reinstatement of a license or registration shall:

- A. submit to the board a completed reinstatement application provided by the board;
- B. submit with the reinstatement application the fee specified in part 3100.2000, subpart 6;
- C. include with the reinstatement application a letter stating the reasons for applying for reinstatement; and
- D. comply with the applicable provisions of subparts 2 to 5.

Upon reinstatement, the person shall be assigned to the biennial term to which the licensee or registrant was assigned prior to termination of the license or registration.

Subp. 2. **Expiration or voluntary termination of six months or less.** An applicant whose license or registration has expired pursuant to part 3100.1700, subpart 3, or who voluntarily terminated the license or registration six months or less previous to the application for reinstatement must:

A. provide evidence of having completed the professional development requirements as described under part 3100.5200 that would have applied to the applicant had the license or registration not expired. Professional development requirements must have been completed within 24 months prior to the board's receipt of the application; and

B. pay the biennial renewal fee and file a reinstatement application as specified in part 3100.1850, subpart 1.

Subp. 2a. **Expiration or voluntary termination of more than six months but less than 24 months.** An applicant whose license or registration has expired pursuant to part

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## DENTISTS, HYGIENISTS, AND ASSISTANTS 3100.2000

3100.1700, subpart 3, or who voluntarily terminated the license or registration more than six months but less than 24 months previous to the application for reimbursement must:

A. provide evidence of having completed the professional development requirements as described under part 3100.5200 that would have applied to the applicant had the license or registration not expired. Professional development requirements must have been completed within 24 months prior to the board's receipt of the application;

B. pay the biennial renewal fee and file a reinstatement application as specified in part 3100.1850, subpart 1;

C. submit evidence of having successfully completed the examination of the laws of Minnesota relating to dentistry and the rules of the board. The examination must have been completed within 12 months prior to the board's receipt of the application;

D. submit evidence of having had a complete physical examination to include a physician's statement attesting to the applicant's physical and mental condition. The physical examination must have been completed within 12 months prior to the board's receipt of the application; and

E. submit evidence of having had a complete optical examination and having complied with required optical prescriptions. The optical examination must have been completed within 12 months prior to the board's receipt of the application.

**Subp. 3. Expiration or voluntary termination of 24 months or more.** An applicant whose license or registration has expired pursuant to part 3100.1700, subpart 3, or who voluntarily terminated the license or registration 24 months or more previous to the application for reinstatement must:

A. comply with the provisions of part 3100.1850, subpart 2a, items A to E; and

B. submit either:

(1) evidence of having successfully completed part II of the national board examination or the clinical examination specified in part 3100.1100, subpart 2, for dentists; the national board examination or the clinical examination specified in part 3100.1200, item C, for dental hygienists; and the registration examination specified in part 3100.1300, item C, for registered dental assistants. The examination must have been completed within 24 months prior to the board's receipt of the application; or

(2) evidence of having successfully completed applicable board-approved coursework with minimal hour requirements directly relating to the practice of dentistry, dental hygiene, or dental assisting as indicated in the reinstatement application. The board-approved coursework must have been completed within 24 months prior to the board's receipt of the application.

**Subp. 4.** [Repealed, 20 SR 2316]

**Subp. 5. Scope.** Nothing in this part prohibits a dentist or dental hygienist from applying for licensure pursuant to part 3100.1400.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

**History:** *10 SR 1612; 20 SR 2316; 29 SR 306*

**3100.1900** [Repealed, 10 SR 1612]

### **3100.2000 FEES.**

**Subpart 1. Application fees.** Each applicant for licensure as a dentist or dental hygienist or for registration as a registered dental assistant or for a limited registration as a dental assistant under part 3100.8500, subpart 3, shall submit with a license or registration application a nonrefundable fee in the following amounts in order to administratively process an application:

A. dentist, \$140;

B. dental hygienist, \$55;

C. registered dental assistant, \$35; and

D. dental assistant with a limited registration, \$15.

Subp. 1a. **Initial license or registration fees.** Along with the application fee, each dentist, dental hygienist, registered dental assistant, and dental assistant with a limited registration under part 3100.8500, subpart 3, shall submit a separate prorated initial license or registration fee. The prorated initial fee shall be established by the board based upon the number of months of the licensee's or registrant's initial term as described in part 3100.1700, subpart 1a, not to exceed the following monthly fee amounts:

- A. dentist, \$14 x (number of months of initial term);
- B. dental hygienist, \$5 x (number of months of initial term);
- C. registered dental assistant, \$3 x (number of months of initial term); and
- D. dental assistant with a limited registration, \$1 x (number of months of initial term).

Subp. 2. **Biennial license or registration fees.** Each dentist, dental hygienist, and registered dental assistant, and dental assistant with a limited registration under part 3100.8500, subpart 3, shall submit with a biennial license or registration renewal application a fee as established by the board not to exceed the following amounts:

- A. dentist, \$336;
- B. dental hygienist, \$118;
- C. registered dental assistant, \$80; and
- D. dental assistant with a limited registration, \$24.

Subp. 3. **Licensure by credentials.** Each applicant for licensure as a dentist or dental hygienist by credentials pursuant to Minnesota Statutes, section 150A.06, subdivision 4, and part 3100.1400 shall submit with the license application a fee in the following amounts:

- A. dentist, \$725; and
- B. dental hygienist, \$175.

Subp. 4. **Biennial license or registration late fee.** Applications for renewal of any license or registration received after the time specified in part 3100.1700 shall be assessed a late fee equal to 25 percent of the biennial renewal fee.

Subp. 5. **Duplicate license or registration fee.** Each licensee or registrant shall submit with a request for issuance of a duplicate of the original license or registration or of an annual or biennial renewal of it a fee in the following amounts:

- A. original dentist or dental hygiene license, \$20; and
- B. initial and renewal registration certificates and license renewal certificates,

\$10.

Subp. 6. **Reinstatement fee.** No dentist, dental hygienist, or registered dental assistant whose license or registration has been suspended or revoked shall have the license or registration reinstated or a new license or registration issued until a fee has been submitted to the board in the following amounts:

- A. dentist, \$140;
- B. dental hygienist, \$55; and
- C. registered dental assistant, \$35.

Subp. 7. [Repealed, 18 SR 2042]

Subp. 8. [Repealed, 29 SR 306]

Subp. 8a. [Repealed, 29 SR 306]

Subp. 9. **Affidavit of licensure.** Each licensee or registrant shall submit with a request for an affidavit of licensure a fee in the amount of \$10.

Subp. 9a. **Verification of licensure.** Each institution or corporation shall submit with a request for verification of a licensure or registration a fee in the amount of \$5 for each license or registration to be verified.

Subp. 10. **Refunds.** No fee shall be refunded for any reason.

**Statutory Authority:** *MS s 16A.128; 16A.1285; 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06*

**History:** *9 SR 1098; 10 SR 955; 10 SR 1612; 12 SR 952; 14 SR 1214; 16 SR 1127; 17 SR 1357; 18 SR 1412; 18 SR 2042; 20 SR 1163; 20 SR 2623; 29 SR 306*

## EXAMINATIONS FOR LICENSURE

**3100.3100 CONDUCT OF EXAMINATIONS.**

The following rules govern the conduct of examinations given to those applicants for licensure as a dentist or dental hygienist or for registration as a registered dental assistant and must be strictly adhered to throughout the entire examination. An examinee who violates any of the rules or instructions applicable may be declared by the board to have failed the examination.

A. The board may employ qualified persons to serve as proctors to assist members in the conduct of the examinations.

B. The board shall assign each applicant a number, and said applicant shall be known by that number throughout the entire examination.

C. The ability of an examinee to read and interpret instructions and examination material is a part of the examination.

D. Any examinee who gives or receives assistance in any portion of the examination may be dismissed from the examination.

E. An examinee shall not leave the examination room without permission of an examiner or proctor.

F. Notes, textbooks, or other informative data shall not be brought to the examination rooms.

G. An examinee shall not alter questions or write explanations to answers on the examination paper.

H. Copying of examination questions is forbidden.

I. Question sheets must be returned with the answer sheets.

J. An examinee shall occupy the space assigned throughout the entire examination.

K. When finished writing during an assigned period, the examinee shall turn in the complete papers to an examiner or proctor and leave the room.

L. Under no circumstances shall an examination paper be returned to an examinee once it has been submitted as in item K.

M. No persons other than those directly connected with the examination shall be admitted to the examination rooms.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.08 subd 1; 319A.18*

**History:** *10 SR 1613*

**3100.3200 CLINICAL EXAMINATIONS.**

Every dentist and dental hygienist applicant shall give a demonstration of skill in those operations appropriate for the level of licensure or registration prescribed by the board. Registered dental assistant applicants may also be so examined. All operations shall be performed in the presence of a board member qualified for the particular examination being given or consultant appointed by the board for that purpose.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.06 subds 1,2; 150A.08 subd 1; 319A.18*

**History:** *10 SR 1613; 17 SR 1279*

**3100.3300 EXAMINATION OF DENTISTS.**

Subpart 1. **Scope.** The act provides that the examination of applicants for a license to practice dentistry in this state shall be sufficiently thorough to test the fitness of the applicant to practice dentistry.

Subp. 2. **National board examination.** Each applicant must pass a national board examination. At the discretion of the board, any dentist who has lawfully practiced dentistry in another state for five years may be exempted from taking a national board examination.

Subp. 3. **Additional written examination content.** All applicants shall be examined for general knowledge of the act, the rules of the board and the Minnesota Professional Cor-

porations Act. Additional written theoretical examinations may be administered by the board for licensure.

Subp. 4. **Diagnosis and treatment examination.** All dentist applicants may be examined in oral diagnosis and treatment planning. Such examination shall be formulated to test the applicant's ability to recognize and institute treatment of common oral pathologic conditions as well as to test knowledge, understanding, and judgment relative to all types of dental health service.

Subp. 4a. **Additional education for two failed clinical examinations.** When an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 1, the applicant may not take it again until the applicant successfully completes additional education provided by an institution accredited by the Commission on Accreditation. The education must cover all of the subject areas failed by the applicant in each of the two clinical examinations. The applicant may retake the examination only after the institution provides to the board information specifying the areas failed in the previous examinations and the instruction provided to address the areas failed, and certifies that the applicant has successfully completed the instruction. The applicant must take the additional instruction provided above each time the applicant fails the clinical examination twice.

Subp. 5. **Examination for continued licensure.** The board may administer any other examination it deems necessary to determine qualification for continued licensure.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06*

**History:** *10 SR 1612; 14 SR 1214; 17 SR 1279*

### 3100.3400 EXAMINATION OF DENTAL HYGIENISTS.

Subpart 1. **Scope.** The act provides that the examination of applicants for a license to practice dental hygiene in this state shall be sufficiently thorough to test the fitness of the applicant to practice dental hygiene.

Subp. 2. **National board examination.** Each applicant must pass a national board examination. At the discretion of the board, any dental hygienist duly licensed to practice as such in another state which has and maintains laws regulating the practice of dental hygiene by dental hygienists, equivalent to this state's, who is of good professional character and is desirous of licensure in this state and presents a certificate from the examining board of the state in which the applicant is licensed so certifying, may be exempted from taking a national board examination provided the applicant has been licensed for five or more years.

Subp. 3. **Additional examination content.** All applicants shall be examined for general knowledge of the act and the rules of the board. Additional written theoretical examinations may be administered by the board.

Subp. 3a. **Additional education for two failed clinical examinations.** When an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 2, the applicant may not take it again until the applicant successfully completes additional education provided by an institution accredited by the Commission on Accreditation. The education must cover all of the subject areas failed by the applicant in each of the two clinical examinations. The applicant may retake the examination only after the institution provides to the board information specifying the areas failed in the previous examinations and the instruction provided to address the areas failed, and certifies that the applicant has successfully completed the instruction. The applicant must take the additional instruction provided above each time the applicant fails the clinical examination twice.

Subp. 4. **Examination for continued licensure.** The board may administer any other examination it deems necessary to determine qualifications for continued licensure.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06*

**History:** *10 SR 1612; 14 SR 1214*

**3100.3500 EXAMINATION OF REGISTERED DENTAL ASSISTANTS.**

Subpart 1. **Scope.** The act provides that the examination of applicants for registration as dental assistants in this state shall be sufficiently thorough to test the fitness of the candidate to practice the skills that a registered dental assistant is authorized to perform.

Subp. 2. **Registration examination.** All applicants must pass a registration examination approved by the board.

Subp. 2a. **Additional education for two failed clinical examinations.** When an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 2a, the applicant may not take it again until the applicant successfully completes additional education provided by an institution accredited by the Commission on Accreditation. The education must cover all of the subject areas failed by the applicant in each of the two clinical examinations. The applicant may retake the examination only after the institution provides to the board information specifying the areas failed in the previous examinations and the instruction provided to address the areas failed, and certifies that the applicant has successfully completed the instruction. The applicant must take the additional instruction provided above each time the applicant fails the clinical examination twice.

Subp. 3. **Additional examination content.** All candidates shall be examined for general knowledge of the act and the rules of the board.

Subp. 4. **Examination for continued registration.** The board may administer any other examination it deems necessary to determine qualifications for continued registration.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.06*

**History:** *14 SR 1214*

**ADMINISTRATION OF ANESTHESIA AND SEDATION****3100.3600 ADMINISTRATION OF GENERAL ANESTHESIA, CONSCIOUS SEDATION, AND NITROUS OXIDE INHALATION ANALGESIA.**

Subpart 1. **Prohibitions.** Dental hygienists or registered dental assistants may not administer general anesthesia or conscious sedation.

Subp. 2. **General anesthesia; educational training requirements.** A dentist may administer general anesthesia only pursuant to items A to C.

A. A dentist must complete an ACLS and maintain current ACLS certification thereafter and complete:

(1) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The program must be equivalent to a program for advanced specialty education in oral and maxillofacial surgery; or

(2) a one-year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient.

B. A dentist shall be prepared and competent to diagnose, resolve, and reasonably prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia. A dentist shall apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function shall require the monitoring of tissue oxygenation or the use of a superior method of monitoring respiratory function.

C. A dentist shall administer general anesthesia only by application of the appropriate systems and drugs for the delivery of general anesthesia. Prior to discharge, the

dentist or the person administering the general anesthesia shall assess the patient to ensure the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

**Subp. 3. Conscious sedation; educational training requirements.** A dentist may administer conscious sedation only pursuant to items A to C.

A. A dentist must complete:

(1) a course of education resulting in the dentist becoming clinically competent for administration of conscious sedation, to include a minimum of 60 hours of didactic education in both enteral and parenteral administration, personally administering and managing at least ten individual supervised cases of parenteral conscious sedation, and having the instructor submit to the board documentation of successful completion of the course; and

(2) an ACLS and maintain current ACLS certification thereafter.

B. A dentist shall be prepared and competent to diagnose, resolve, and reasonably prevent any untoward reaction or medical emergencies that may develop any time after rendering a patient in the state of conscious sedation. The dentist shall apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function shall require the monitoring of tissue oxygenation or the use of a superior method of monitoring respiratory function.

C. A dentist shall administer conscious sedation by application of the appropriate systems and drugs for the delivery of conscious sedation. Prior to discharge, the dentist or the person administering the conscious sedation shall assess the patient to ensure the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

**Subp. 4. Nitrous oxide inhalation analgesia; educational training requirements.** A dentist may administer nitrous oxide inhalation analgesia only pursuant to items A to D and subpart 5, items A and C. A dental hygienist may administer nitrous oxide inhalation analgesia only pursuant to items C to F and subpart 5, item D. A registered dental assistant may administer nitrous oxide inhalation analgesia only after a maximum dosage has been prescribed by a dentist for a specific patient, and it is administered pursuant to items C to F and subpart 5, item D.

A. Prior to January 1, 1993, a licensed dentist who is currently administering nitrous oxide inhalation analgesia may register that fact with the board pursuant to subpart 5, item A. Such registered dentists may continue to administer nitrous oxide inhalation analgesia and need not comply with item B.

B. A dentist who has not previously registered with the board pursuant to subpart 5, item A, may administer nitrous oxide inhalation analgesia only after satisfactorily completing a dental school or postdental graduate education course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation, and submission by the instructor to the board documentation of successful completion of the course. The course must include a minimum of 12 hours of didactic instruction, personally administering and managing at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration.

C. A dentist, dental hygienist, or registered dental assistant must complete CPR and maintain current CPR certification thereafter.

D. A dentist, dental hygienist, or registered dental assistant must only use fail-safe anesthesia equipment capable of positive pressure respiration.

E. A dental hygienist or registered dental assistant may administer nitrous oxide inhalation analgesia only after satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the commission on accreditation, and submission by the instructor to the board documentation of successful completion of the course. The course must include a minimum of 12 hours of didactic instruction, personally administering and managing at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration.



F. A dental hygienist or registered dental assistant may administer nitrous oxide inhalation analgesia under the appropriate level of supervision by a dentist who is current with the requirements to administer nitrous oxide inhalation analgesia pursuant to items A to D and subpart 5, items A to C.

**Subp. 5. Notice to board.**

A. A dentist who is administering general anesthesia or conscious sedation or who is administering nitrous oxide inhalation analgesia shall inform the board of that fact on forms provided by it.

B. A dentist may administer general anesthesia or conscious sedation only if the dentist has submitted the following information to the board on forms provided by it: the name, address, and telephone number of the institution at which the dentist took the program or residency that complies with subparts 2, item A, subitem (1) or (2); and 3, item A, subitem (1), a certified copy of the dentist's transcript or other official record from the institution verifying that the dentist satisfactorily completed the program, residency, or course; and the name, address, and telephone number of the institution or other agency at which the dentist successfully completed the ACLS required by subparts 2, item A, subitem (3); and 3, item A, subitem (2). After this initial submission, dentists shall submit on their license renewal application or other form provided by the board a statement of the most recent course completed in ACLS.

C. A dentist not previously registered with the board pursuant to item A may administer nitrous oxide inhalation analgesia only after the dentist has submitted the following information to the board on forms provided by it: the name, address, and telephone number of the institution at which the dentist took the course that complies with subpart 4, item B; a certified copy of the dentist's transcript or other official record from the institution verifying that the dentist has successfully completed CPR as required by subpart 4, item C. After this initial submission, a dentist shall submit on the license renewal application or other form provided by the board a statement of the most recent course completed in CPR.

D. A dental hygienist or registered dental assistant who graduated from an institution in Minnesota accredited by the commission on accreditation or received licensure by credentials prior to September 2, 2004, may administer nitrous oxide inhalation analgesia only after the dental hygienist or registered dental assistant has submitted the following information to the board on forms provided by it: the name, address, and telephone number of the institution at which the dental hygienist or registered dental assistant successfully completed the course required by subpart 4, item E; and a certified copy of the dental hygienist's or registered dental assistant's transcript or other official record from the institution verifying that the dental hygienist or registered dental assistant has successfully completed CPR as required by subpart 4, item C. After this initial submission, the dental hygienist or registered dental assistant shall submit on the license renewal application or other form provided by the board a statement of the most recent course completed in CPR.

**Subp. 6. Analgesia.** A dentist may administer analgesia provided the dentist has a current license to practice dentistry in Minnesota.

**Subp. 7. Anxiolysis.** A dentist may administer anxiolysis provided the dentist has a current license to practice dentistry in Minnesota.

**Subp. 8. Reporting of incidents required.** A dentist, dental hygienist, or registered dental assistant must report to the board any incident that arises from the administration of nitrous oxide inhalation analgesia, general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in:

A. a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body systems; or

B. anxiolysis unintentionally becoming conscious sedation or general anesthesia when the licensee does not have a certificate for administering general anesthesia or conscious sedation as described in subpart 9.

The report must be submitted to the board on forms provided by it within ten business days of the incident by the dentist, dental hygienist, or registered dental assistant, even when another licensed health care professional who, under contract or employment with the den-

tist, was the actual person administering the analgesia or pharmacological or nonpharmacological method. A licensee or registrant who fails to comply with reporting of incidents is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

**Subp. 9. General anesthesia/conscious sedation certificate.**

A. The board may contract with advisory consultants as necessary for advice and recommendations to the board on requirements for general anesthesia/conscious sedation certification and approval of an applicant and facility.

B. To administer general anesthesia or conscious sedation, a dentist must obtain a certificate from the board for the requested procedure. Failure by a dentist to obtain an appropriate certificate subjects the dentist to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1. Certificate issuance is governed by subitems (1) to (9).

(1) A board-approved application form to obtain an initial general anesthesia or conscious sedation certificate must be filled out completely and submitted to the board along with the appropriate nonrefundable fee described in Minnesota Statutes, section 150A.091, subdivision 11. An application form must include, but not be limited to, information on office facilities, support staff training, emergency protocols, monitoring equipment, and record-keeping procedures.

(2) A dentist is not required to possess an additional certificate for conscious sedation if the dentist possesses a valid certificate for general anesthesia.

(3) A dentist holding a current general anesthesia or conscious sedation certificate on the effective date of this part is considered by the board to be in compliance with this subpart until the expiration and required renewal of the certificate as described in subitem (5).

(4) Upon receipt of an application for an initial general anesthesia or conscious sedation certificate, the board shall require that the dentist undergo an on-site inspection as described in subpart 11 or further review of the dentist's anesthesia/sedation credentials. The board may direct an anesthesia consultant or qualified anesthetic practitioner who has been approved by the board and provided with board-established guidelines to assist in the inspection or review.

(5) For renewal of a general anesthesia or conscious sedation certificate, a board-approved application form must be obtained from the board and completed by the dentist whenever the dentist is subject to license renewal as described in part 3100.1700, subpart 2. An application form must include, but not be limited to, information on office facilities, support staff training, emergency protocols, monitoring equipment, and record-keeping procedures. A dentist's certificate to administer general anesthesia or conscious sedation expires if the completed application and the appropriate nonrefundable fee as described in Minnesota Statutes, section 150A.091, subdivision 11, are not received by the board by the application deadline.

(6) Upon receipt of an application for renewal of a general anesthesia or conscious sedation certificate, the board may require that the dentist undergo an on-site inspection as described in subpart 11 or further review of the dentist's anesthesia/sedation credentials. The board may direct an anesthesia consultant or qualified anesthetic practitioner who has been approved by the board and provided with board-established guidelines to assist in the inspection or review.

(7) Upon granting an application, receiving payment of the required fee, and, if required, receiving notice of having successfully passed an on-site inspection and evaluation, the board shall issue a general anesthesia or conscious sedation certificate to the dentist.

(8) Each dentist shall submit with a request for issuance of a duplicate of the general anesthesia or conscious sedation certificate the appropriate nonrefundable fee as described in Minnesota Statutes, section 150A.091, subdivision 12.

(9) A certificate issued by the board must be conspicuously displayed in plain sight of patients in every office in which the dentist administers general anesthesia or conscious sedation.

**Subp. 10. Practice and equipment requirements.**

A. Dentists who administer general anesthesia or conscious sedation or who provide dental services to patients under general anesthesia or conscious sedation must ensure that the practice requirements in subitems (1) to (3) are followed.

(1) A dentist who employs or contracts another licensed health care professional, such as a dentist, nurse anesthetist, or physician anesthesiologist, with the qualified training and legal qualification to administer general anesthesia or conscious sedation must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the appropriate facilities, equipment, emergency supplies, and a record of all general anesthesia or conscious sedation procedures performed in the facility.

(2) An individual qualified to administer general anesthesia or conscious sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operatory room to continuously monitor the patient once general anesthesia or conscious sedation is achieved and until all dental services are completed on the patient. Thereafter, an individual qualified to administer anesthesia or sedation must ensure that the patient is appropriately monitored and discharged as described in subparts 2, items B and C, and 3, items B and C.

(3) A dentist administering general anesthesia or conscious sedation to a patient must have in attendance personnel who are currently certified in CPR.

B. Dentists who administer general anesthesia or conscious sedation or who provide dental services to patients under general anesthesia or conscious sedation must ensure that the offices in which it is conducted have the following equipment:

(1) an automated external defibrillator or full function defibrillator that is immediately accessible;

(2) a positive pressure oxygen delivery system and a backup system;

(3) a functional suctioning device and a backup suction device;

(4) auxiliary lighting;

(5) a gas storage facility;

(6) a recovery area;

(7) a method to monitor respiratory function; and

(8) a board-approved emergency cart or kit that must be available and readily accessible and includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

**Subp. 11. On-site inspection; requirements and procedures.** All offices in which general anesthesia or conscious sedation is conducted under the terms of this part must be in compliance with the requirements in items A to C. Besides these requirements, each office must be in compliance with the practice and equipment requirements described in subpart 10. The dentist is responsible for all costs associated with an on-site inspection.

A. Requirements for on-site inspections are as described in subitems (1) to (3).

(1) Each dentist who applies for an initial general anesthesia or conscious sedation certificate must have an on-site inspection conducted at one primary office facility within 12 months following receipt of a certificate from the board. Thereafter, each dentist must have an on-site inspection conducted at one primary office facility at least once every five years.

(2) Each dentist who holds an existing certificate must have an on-site inspection conducted at one primary office facility or provide proof to the board of having an inspection conducted within two years of March 19, 2007. Thereafter, each dentist must have an on-site inspection conducted at one primary office facility at least once every five years.

(3) A dentist must have an on-site inspection conducted at one primary office facility if the board receives a complaint alleging violation of this part and the board finds the complaint warrants further investigation according to disciplinary action.

B. If a dentist fails to meet the on-site inspection requirements because of extenuating circumstances, the dentist may apply for an extension of time to complete the require-

ments by making a written request to the board. The written request must include a complete explanation of the circumstances and the dentist's plan for completing the on-site inspection requirement. If an extension is granted after review, the board shall establish the length of the extension to obtain the on-site inspection requirements.

C. On-site inspection procedures are as described in subitems (1) to (3).

(1) The dentist must be notified in writing by the board if an on-site inspection is required and provided with the name of an anesthesia consultant or qualified anesthetic practitioner who is qualified to coordinate the inspection. The dentist may have an on-site inspection performed by another individual or organization or agency that has been approved by the board. The dentist must make arrangements for the scheduling or completion of the inspection within 30 calendar days of the date the notice is mailed.

(2) Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization or agency conducting the inspection to provide the board with the written results of the inspection.

(3) A dentist who fails an on-site inspection shall have the general anesthesia or conscious sedation certificate suspended or be subject to disciplinary proceedings.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10*

**History:** *16 SR 2314; 20 SR 1196; 27 SR 1836; 29 SR 306; 31 SR 1238*

**3100.4100** [Repealed, 29 SR 306]

**3100.4200** [Repealed, 29 SR 306]

**3100.4300** [Repealed, 29 SR 306]

**3100.4400** [Repealed, 29 SR 306]

**3100.4500** [Repealed, 29 SR 306]

**3100.4600** [Repealed, 29 SR 306]

**3100.4700** [Repealed, 10 SR 1612]

## PROFESSIONAL DEVELOPMENT

### 3100.5100 PROFESSIONAL DEVELOPMENT.

#### Subpart 1. Professional development cycles.

A. The initial professional development cycle must coincide with the initial licensure and registration period for each dentist, dental hygienist, or registered dental assistant. The initial cycle for each licensee or registrant begins on the date of initial licensure or registration and ends on the last day of the licensee's or registrant's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee's or registrant's year of birth. The initial cycle varies in the number of months depending on the date of initial licensure or registration for each licensee or registrant.

B. A biennial professional development cycle coincides with the biennial licensure or registration periods for each dentist, dental hygienist, or registered dental assistant. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous professional development cycle. An established biennial cycle continues to apply even if the license or registration is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

#### Subp. 2. Professional development requirements.

A. For the initial professional development requirements, each dentist, dental hygienist, and registered dental assistant shall establish a portfolio to record, monitor, and retain acceptable documentation of fundamental and elective professional development activities, CPR certification, and self-assessments.

B. The minimum number of required hours of fundamental and elective professional development for each biennial cycle is 50 hours for dentists and 25 hours for dental hygienists and registered dental assistants. Each dentist, dental hygienist, and registered den-

tal assistant shall establish a portfolio to record, monitor, and retain acceptable documentation of fundamental and elective professional development activities, CPR certification, and self-assessments. Any professional development hours earned in excess of the required hours for a biennial cycle must not be carried forward to the subsequent biennial cycle. The requirements for the fundamental and elective professional development activities are described in subitems (1) and (2).

(1) Each dentist, dental hygienist, and registered dental assistant must complete a minimum of 60 percent of the required biennial hours in fundamental activities directly related to the provision of clinical dental services as follows: a minimum of 30 hours for dentists and a minimum of 15 hours for dental hygienists and registered dental assistants. A licensee or registrant may earn all required biennial hours in fundamental activities only.

(2) Dentists, dental hygienists, and registered dental assistants are allowed a maximum of 40 percent of the required biennial hours in elective activities directly related to, or supportive of, the practice of dentistry, dental hygiene, or dental assisting as follows: a maximum of 20 hours for dentists and a maximum of ten hours for dental hygienists and registered dental assistants.

C. Professional development is credited on an hour-for-hour basis.

D. If a licensee or registrant fails to meet the professional development requirements because of extenuating circumstances, the licensee or registrant may apply for an extension of time to complete the requirements by making a written request to the board. The written request shall include a complete explanation of the circumstances, the renewal period, the number of hours earned, and the licensee's or registrant's plan for completing the balance of the requirement. If an extension is granted after review, the board shall establish the length of the extension to obtain the professional development requirements which must be completed concurrently with the subsequent renewal period.

**Subp. 3. Professional development activities.** Professional development activities include, but are not limited to, continuing education, community services, publications, and career accomplishments throughout a professional's life. Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities include, but are not limited to, clinical subjects, core subjects, and CPR training. Examples of fundamental activities for an initial or biennial cycle are as described in subitems (1) to (4).

(1) Clinical subjects are those seminars, symposiums, lectures, college courses pertaining to basic sciences, or programs whose contents directly relate to the provision of dental care and treatment to patients.

(2) Core subjects are those seminars, symposiums, lectures, or programs that relate to public safety and professionalism. Each licensee or registrant shall complete a minimum of two of the categories of core subjects for each biennial cycle. Examples of core subject categories include, but are not limited to:

- (a) infection control;
- (b) record keeping;
- (c) ethics;
- (d) patient communications;
- (e) management of medical emergencies; and
- (f) treatment and diagnosis.

(3) A CPR certification course is mandatory for each licensee or registrant to maintain licensure or registration. The CPR course must be equivalent to the American Heart Association healthcare provider course or the American Red Cross professional rescuer course.

(4) The board shall approve other additional fundamental activities if the board finds the activity to be a seminar, symposium, lecture, or program whose contents are directly related to dental care and treatment to patients or public safety and professionalism.

B. Elective activities for an initial or biennial cycle include, but are not limited to, the examples as described in subitems (1) to (6):

(1) general attendance at a multiday state or national dental convention for a maximum of three credit hours;

(2) volunteerism or community service directly relating to the practice of dentistry, dental hygiene, or dental assisting such as international or national mission work, voluntary clinic work, or dental health presentations to students or groups;

(3) professional reading of published articles or other forms of self-study directly relating to the practice of dentistry, dental hygiene, or dental assisting;

(4) scholarly activities include, but are not limited to:

(a) teaching a professional course directly related to the practice of dentistry, dental hygiene, or dental assisting; or presenting a continuing dental education program;

(b) presenting a table clinic directly related to the practice of dentistry, dental hygiene, or dental assisting;

(c) authoring a published dental article or text in a recognized publication;

(d) participating in test construction for an accredited state or nationally recognized dental association or organization; and

(e) participating in a scientific dental research program from an accredited institution or program or an evidence-based clinical study;

(5) dental practice management and communication courses include, but are not limited to, stress management, patient or staff motivation, computer, insurance claims or billing, foreign language, sign language, transferring patient records, Health Insurance Portability and Accountability Act (HIPAA) training, and patient abandonment; or

(6) the board shall approve other additional elective activities if the board finds the contents of the activity to be directly related to, or supportive of, the practice of dentistry, dental hygiene, or dental assisting.

**Subp. 4. Acceptable documentation of professional development activities.** Each licensee or registrant must record or obtain acceptable documentation of hours in professional development activities for the licensee's or registrant's portfolio. Acceptable documentation includes, but is not limited to, the following:

A. completion of all self-assessment examinations provided by the board;

B. a copy of the front and back of a completed CPR card or certificate from the American Heart Association, the American Red Cross, or other equivalent organization;

C. confirming documentation from the presenting organization that provides the attendee's name, license or registration number, name of organization or presenter, course date, number of credit hours, subject matter, or program title; and

D. a personal log of published articles read by the licensee or registrant including title of the article, name of author, name of journal or periodical, and date of published article.

**Subp. 5. Retention of documentation.** Each licensee or registrant must keep acceptable documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee or registrant must retain the documentation for 24 months after each biennial renewal period has ended for purposes of an audit by the appropriate board committee.

**Statutory Authority:** *MS s 150A.04*

**History:** *29 SR 306; 31 SR 1238*

### 3100.5200 PORTFOLIO CONTENTS.

Each licensee or registrant must establish a professional portfolio. The professional portfolio must be used to record, monitor, and retain acceptable documentation of professional development activities. Upon completion of an initial or biennial professional development cycle, each licensee or registrant must have the required number of hours, if applicable, and proof of acceptable documentation as described under part 3100.5100, subpart 4, contained within the portfolio.

**Statutory Authority:** *MS s 150A.04*

**History:** *29 SR 306*

**3100.5300 AUDIT PROCESS OF PORTFOLIO.**

Subpart 1. **Auditing for compliance.** The board shall perform random audits of the portfolios. Besides random audits, the board may conduct a designated portfolio audit for a licensee or registrant who is the subject of any complaint, investigation, or proceeding under Minnesota Statutes, sections 150A.08 and 214.10. The licensee or registrant shall receive notification of being audited. Those licensees or registrants who are selected for an audit shall provide their portfolio to the appropriate board committee within 60 days from the notification date. Failure to comply with the audit documentation request or failure to supply acceptable documentation within 60 days may result in disciplinary action. After completion of an audit, the appropriate board committee shall officially notify the licensee or registrant by indicating the determination made regarding professional development compliance. All licensees or registrants are considered to be actively licensed or registered during the audit process.

Subp. 2. **Appropriate documentation.** The licensee or registrant shall submit true, complete, and accurate documentation. Falsification of any evidence for any renewal period or falsification or omission of documentation may result in disciplinary action.

Subp. 3. **Failure of an audit.**

A. Upon failure of an audit, the appropriate board committee shall either grant the licensee or registrant six months to comply with written requirements to resolve deficiencies in professional development compliance or initiate disciplinary proceedings against the licensee or registrant on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1. Deficiencies causing audit failure may include, but are not limited to, the following:

- (1) lack of proof of documentation or participation;
- (2) credit hours earned outside of renewal period being audited;
- (3) excess of earned hours in a category having a maximum if a deficiency exists;
- (4) lack of earned hours in a category having a minimum if a deficiency exists;
- (5) failure to submit the portfolio;
- (6) unacceptable professional development sources; or
- (7) fraudulently earned or reported hours.

B. Failing to comply with the board committee's requirements by the end of the grace period shall result in the expiration of the person's license or registration and termination of the right to practice. A license or registration which has expired pursuant to this part may be reinstated pursuant to part 3100.1850.

Subp. 4. **Audit appeal.** Upon failure of an audit, the licensee or registrant has the option to appeal the decision to the board.

Subp. 5. **Mandatory audit.** The licensee or registrant must submit to a mandatory audit of the next renewal period by the appropriate board committee when the previous audit was failed by the licensee or registrant.

**Statutory Authority:** *MS s 150A.04*

**History:** *29 SR 306; 31 SR 1238*

**3100.5400 PROFESSIONAL DEVELOPMENT TRANSITION.**

After January 1, 2005, the board shall notify in writing each licensee or registrant regarding the number of continuing education credits earned during their current five-year CDE cycle as of that date. Each licensee or registrant shall apply the number of credits earned towards the applicable professional development requirements described in part 3100.5100 when establishing that person's biennial professional development portfolio. The CDE notification from the board serves as acceptable documentation as proof of credits earned and must be retained in the licensee's or registrant's professional development portfolio.

Full faculty dentists may apply previous continuing education credits towards the applicable professional development requirements described in part 3100.5100 when establish-

ing a biennial professional development portfolio. The full faculty dentist must have earned the CE credit hours within the five-year period prior to January 1, 2005, and must be able to obtain acceptable documentation of the hours pursuant to part 3100.5100, subpart 4.

**Statutory Authority:** *MS s 150A.04*

**History:** 29 SR 306

## SUSPENSION OR REVOCATION OF LICENSE OR REGISTRATION

### 3100.6100 STATUTORY GROUNDS FOR DISCIPLINE.

In general terms, the grounds for suspension or revocation of licenses of dentists and dental hygienists and of the registration of dental assistants are set forth in Minnesota Statutes, section 150A.08, subdivision 1 of the act.

**Statutory Authority:** *MS s 150A.04 subd 5*

### 3100.6200 CONDUCT UNBECOMING A LICENSEE OR REGISTRANT.

"Conduct unbecoming a person licensed to practice dentistry or dental hygiene or registered as a dental assistant or conduct contrary to the best interests of the public," as used in Minnesota Statutes, section 150A.08, subdivision 1, clause (6), shall include the act of a dentist, dental hygienist, registered dental assistant, or applicant in:

A. engaging in personal conduct which brings discredit to the profession of dentistry;

B. gross ignorance or incompetence in the practice of dentistry and/or repeated performance of dental treatment which fall below accepted standards;

C. making suggestive, lewd, lascivious, or improper advances to a patient;

D. charging a patient an unconscionable fee or charging for services not rendered (applicable to dentists only);

E. performing unnecessary services;

F. performing services not authorized by the dentist, the act, or these rules (applicable to hygienist or registered dental assistants only);

G. accepting rebates, split fees, or, applicable to dentists only, commissions from any source associated with the service rendered to a patient; provided, however, that the sharing of profits in a dental partnership or association, or dental professional corporation approved by and registered with the board, shall not be construed as splitting fees nor shall compensating dental auxiliaries on the basis of a percentage of the fee received for the overall service be deemed accepting a commission;

H. falsifying records relating to payment for services rendered, participation in a CDE course; or other records with respect to licensure, registration, CDE, and the practice of dentistry;

I. perpetrating fraud upon patients, third-party payers, or others relating to the practice of dentistry;

J. failing to cooperate with the board, its agents, or those working on behalf of the board as required by part 3100.6350;

K. failing to maintain adequate safety and sanitary conditions for a dental office as specified in part 3100.6300; and

L. failing to provide access to and transfer of medical and dental records as prescribed by Minnesota Statutes, sections 144.291 to 144.298.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 319A.18*

**History:** 10 SR 1613; 14 SR 1214; 16 SR 2314; L 2007 c 147 art 10 s 15

### 3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

Subpart 1. **Minimum conditions.** Subparts 2 to 15 are minimum safety and sanitary conditions.



Subp. 2. **Premises.** The premises shall be kept neat and clean, and free of accumulations of rubbish, ponded water, or other conditions of similar nature which would have a tendency to create a public health nuisance.

Subp. 3. **Housekeeping facilities and services.** Housekeeping facilities and services necessary to assure comfortable and sanitary conditions for patients and employees shall be utilized.

Subp. 4. **Control of insects and vermin.** The premises shall be kept free of ants, flies, roaches, rodents, and other insects or vermin. Proper methods for their eradication or control shall be utilized.

Subp. 5. **Refuse disposal.** Refuse shall be kept in approved containers and emptied at frequent intervals.

Subp. 6. **Heating, lighting, and other service equipment.** The heating of offices shall be by heating systems conforming to state and local heating codes and regulations. Individual room heaters shall be so located as to avoid direct contact with any combustible material. Installation and maintenance of electric wiring, motors, and other electrical equipment shall be in accordance with applicable state and local electric codes and regulations.

Subp. 7. **Water supply.** An ample supply of water of a safe, sanitary quality, from a source that is approved by the agent of a board of health as authorized under Minnesota Statutes, section 145A.04, shall be piped under pressure, and in an approved manner, to all equipment and fixtures where the use of water is required.

Subp. 8. **Plumbing.** Plumbing shall be in accordance with all applicable plumbing codes. Adequate hand washing facilities, of an approved type, shall be provided convenient to the work area. Hand washing facilities shall be equipped with soap and towels, and the drain from such facility shall be properly trapped and connected directly to the waste disposal system.

Subp. 9. **Disposal of liquid and human waste.** All liquid and human waste, including floor wash water, shall be disposed of through trap drains into a public sanitary sewer system in localities where such a system is available. In localities where a public sanitary sewer system is not available, liquid and human waste shall be disposed of through trapped drains and in a manner approved by the authorized agent.

Subp. 10. **Clean rooms.** Floors, walls, and ceilings of all rooms, including store rooms, shall be clean and free of any accumulation of rubbish.

Subp. 11. **Infection control.** Dental health care personnel shall comply with the most current infection control recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified in the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control publications of the Morbidity and Mortality Weekly Report (MMWR). The current infection control techniques set forth in the MMWR dated December 19, 2003, volume 52, number RR-17, are hereby incorporated by reference. The MMWR is available at the Minnesota State Law Library, by interlibrary loan, or by subscription from the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control. The infection control standards in the MMWR are subject to frequent change.

Subp. 12. **Sharps and infectious waste.** Sharp items and infectious wastes must be disposed of in accordance with Minnesota Statutes, sections 116.76 to 116.83, and rules adopted under them, and requirements established by local government agencies.

Subp. 13. **CPR training.** A minimum of one person who has completed, within the previous two years, an advanced cardiac life support or basic cardiac life support educational program provided by the American Heart Association, the American Red Cross, or another agency whose courses are equivalent to the American Heart Association or American Red Cross courses must be present in the dental office when dental services are provided.

Subp. 14. **Hazardous waste.** Dentists, dental hygienists, and registered dental assistants shall comply with the requirements on hazardous waste in chapter 7045.

**3100.6300 DENTISTS, HYGIENISTS, AND ASSISTANTS**

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Subp. 15. **Ionizing radiation.** Dentists, dental hygienists, and registered dental assistants shall comply with the requirements on ionizing radiation in chapter 4730.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

**History:** *L 1987 c 309 s 24; 16 SR 2314; 18 SR 2042; 20 SR 2316; 29 SR 306*

**3100.6325 VOLUNTARY TERMINATION OF LICENSURE OR REGISTRATION.**

The board may refuse to accept a licensee's or registrant's voluntary termination of license or registration if the board has reason to believe that the licensee or registrant has violated any of the provisions of Minnesota Statutes, chapter 150A or board rules, and has determined that allegations are serious enough to warrant resolution other than by voluntary termination.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.08 subd 1; 319A.18*

**History:** *10 SR 1613*

**3100.6350 REQUIRED COOPERATION.**

Any licensee, registrant, or applicant who is the subject of an investigation or proceeding under these parts or under Minnesota Statutes, sections 150A.08 and 214.10 shall cooperate with the board, its agents, or those working on behalf of the board by complying with any reasonable request including requests to:

- A. furnish designated papers, documents, or tangible objects;
- B. furnish in writing a full and complete explanation covering the matter under consideration;
- C. appear for conferences and hearings at the time and places designated.

Violation of this part is conduct unbecoming a licensee or registrant or conduct contrary to the best interests of the public. Good faith challenges to requests of the board will not be deemed a failure to cooperate. These challenges shall be brought before the appropriate agency or court.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.08 subd 1; 319A.18*

**History:** *10 SR 1613*

**3100.6400 IMPROPER AND UNJUSTIFIED NAMES.**

Any name used for a dental practice which connotes unusual or superior dental ability, or which is likely to create a false or unjustified expectation of favorable results shall be in violation of Minnesota Statutes, sections 150A.11, subdivision 1 and 319A.07.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.11 subds 1,2; 214.15; 319A.07*

**History:** *10 SR 1613*

**ADVERTISING**

**3100.6500 COMMUNICATING DECEPTIVE STATEMENT OR CLAIM.**

A person shall not, on behalf of himself or herself, a partner, an associate, or any other dentist with whom affiliated through a corporation or association, use or participate in the use of any form of public communication containing a false, fraudulent, misleading, or deceptive statement or claim.

- A false, fraudulent, misleading, or deceptive statement or claim is one which:
- A. contains a misrepresentation of fact;
  - B. is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;
  - C. is intended or is likely to create false or unjustified expectations of favorable results;
  - D. appeals to an individual's anxiety in an excessive or unfair way;

- E. contains material claims of superiority that cannot be substantiated;
- F. misrepresents a dentist's credentials, training, experience, or ability; or
- G. contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or be deceived.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.11 subd 2; 214.15*

**History:** *10 SR 1613; 17 SR 1279*

### **3100.6600 ADVERTISING DENTAL FEES AND SERVICES.**

Subpart 1. **Routine services.** If the following routine dental services are advertised, either the advertised service must include the listed components or the advertisement must disclose the components which are not included.

A. Examination: a study by the dentist of all the structures of the oral cavity, including the appropriate recording or charting of the condition of all such structures and appropriate history thereof, the identification of periodontal disease and occlusal discrepancies, the detection of caries and oral abnormalities, and the development of a treatment plan. If there is a charge in addition to the examination fee for radiographs and/or the provision to the patient of a written opinion of the items found in the examination (i.e., diagnosis) or of a written itemized treatment recommendation and itemized fee (i.e., treatment plan), such fact shall be disclosed in the advertisement.

B. Radiographs (X-rays): adequate X-rays of the oral structures to provide necessary radiographic study.

C. Denture: either a complete maxillary or complete mandibular replacement of the natural dentition with artificial teeth. If the service advertised is for a denture which is partially prefabricated, intended for a partial replacement of the natural dentition, intended to be used as an emergency or temporary denture, or if any advertised fee does not include a reasonable number of readjustments, such facts shall be disclosed in the advertisement.

D. Prophylaxis (cleaning): the removal of calculus (tartar) and stains from the clinically exposed surfaces of the teeth.

E. Extractions: the removal of nonimpacted teeth, including necessary X-rays, anesthesia, preoperative, and postoperative care.

Subp. 2. [Repealed, 10 SR 1613]

Subp. 2a. **Set fees.** Set fees may be advertised for any service where the dentist intends to charge a standard price for the service.

Subp. 3. **Identification of related services and additional fees.** Related services which may be required in conjunction with the advertised services, and for which additional fees will be charged, must be identified as such in the advertisement.

Subp. 4. **Range of fees.** When a range of fees is advertised, the advertisement must disclose the basic factors on which the actual fees will be determined.

Subp. 5. **Time period of advertised fees.** Advertised fees must be honored for those seeking the advertised services during the entire time period stated in the advertisement, whether or not the services are actually rendered in that time. If no time period is stated, the advertised fees shall be so honored for 30 days or until the next scheduled publication, whichever is later.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.11 subd 2; 214.15*

**History:** *10 SR 1613*

### **3100.6700 NAME AND ADDRESS IN ADVERTISEMENT.**

Any advertising must include the corporation, partnership, or individual dentist's name and address.

**Statutory Authority:** *MS s 150A.11 subd 2; 214.15*

### **3100.6800 NEWS MEDIA COMPENSATION.**

A person shall not compensate or give anything of value to a representative of the press, radio, television, or other communicative medium in anticipation of or in return for professional publicity unless the fact of compensation is made known in such publicity.

**Statutory Authority:** *MS s 150A.11 subd 2; 214.15*

### 3100.6900 CONSIDERATION FOR PATIENT REFERRAL.

A person shall not directly or indirectly offer, give, receive, or agree to receive any fee or other consideration to or from a third party for referral of a patient in connection with the performance of professional services.

**Statutory Authority:** *MS s 150A.11; 214.15*

### 3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Subpart 1. **Specialty areas.** The following special areas of dentistry are recognized as suitable for the announcement of specialty dental practices:

- A. endodontics (endodontist);
- B. oral and maxillofacial surgery (oral surgeon/oral maxillofacial surgeon);
- C. oral pathology (oral pathologist);
- D. orthodontics (orthodontist);
- E. pediatric dentistry (pediatric dentist);
- F. periodontics (periodontist);
- G. prosthodontics (prosthodontist); and
- H. public health.

Subp. 2. **Postdoctoral course completion.** Only licensed dentists who have successfully completed a postdoctoral course approved by the Commission on Accreditation in one of the specialty areas, or who announced a limitation of practice prior to 1967, or who have been approved by one of the following specialty examining boards, may announce specialty practice and may advertise as a specialist: American Board of Dental Public Health, American Board of Endodontics, American Board of Oral and Maxillofacial Surgery, American Board of Oral Pathology, American Board of Orthodontics, American Board of Pediatric Dentistry, American Board of Periodontology, and American Board of Prosthodontics.

Subp. 3. **Restricting practice.** Subpart 2 does not prohibit a dentist who does not meet the above education or experience criteria from restricting a practice to one or more specific areas of dentistry. Such individuals may not use the terms “specialist,” “specialty,” “specializing,” or “limited to.” The advertising must state that the services are being provided by a general dentist.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

**History:** *14 SR 1214; 17 SR 1279; 20 SR 2316*

### 3100.7100 PROHIBITED ADVERTISEMENTS.

Advertisements shall not:

A. reveal a patient’s identity or personally identifiable facts, data, or information obtained in a professional capacity without having first obtained a written waiver of patient confidentiality; or

B. after one year, include the name of any dentists formerly practicing at or associated with any advertised location.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.11 subd 2; 214.15*

**History:** *10 SR 1613*

### 3100.7200 FAILURE TO RESPOND TO ADVERTISING COMPLAINT.

Failing to respond within 30 days to written communications from the Board of Dentistry or failure to make available to the board any relevant records with respect to an inquiry or complaint about the licensee’s advertising practices shall constitute a violation of Minnesota Statutes, section 150A.08, subdivision 1, clause (5) of the act and parts 3100.6500 to 3100.7200. The period of 30 days shall commence on the date when such communication was sent from the board by certified mail with return receipt requested to the address appearing in the last registration.

**Statutory Authority:** *MS s 150A.11 subd 2; 214.15*

## AUXILIARY PERSONNEL

**3100.8100 EMPLOYING, ASSISTING, OR ENABLING UNLICENSED PRACTICE.**

“Employing, assisting, or enabling in any manner an unlicensed person to practice dentistry,” defined:

A. The phrase “employing, assisting, or enabling in any manner an unlicensed person to practice dentistry” as found in Minnesota Statutes, section 150A.08, subdivision 1, clause (11), shall include the practice by a licensed dentist in the same premises occupied by a dental laboratory or technician if such dental laboratory or technician advertises, solicits, represents, or holds itself out in any manner to the general public that it will sell, supply, furnish, construct, repair, or alter prosthetic, orthodontic, or other devices or structures to be used as substitutes for, or as a part of natural teeth or jaws or associated structures or for correction of malocclusions or deformities, or who in any way violates the provisions of Minnesota Statutes, section 150A.11, subdivision 3.

B. “In the same premises” as used in item A shall mean public facilities used in common, such as office door, reception room, receptionist, files, telephone, telephone number, address, post office box, etc.

C. Permitting persons to perform services for which they have not been registered or licensed.

**Statutory Authority:** *MS s 150A.04; 150A.08; 150A.11*

**History:** *31 SR 1238*

**3100.8200 UNLAWFUL PRACTICE BY AUXILIARY PERSONNEL.**

Any assistant, hygienist, or dental technician who assists a dentist in practicing dentistry in any capacity other than as an employee or independent contractor, who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor, or director of a dental office as a guise or subterfuge to enable such assistant, hygienist, or dental technician to engage directly in acts defined by the act as the “practice of dentistry,” or who performs dental services within the meaning of Minnesota Statutes, section 150A.11, subdivision 1, of the act for members of the public, other than as an employee or independent contractor for an employing dentist, shall be deemed to be practicing dentistry without a license.

**Statutory Authority:** *MS s 150A.08 subd 1; 150A.10 subds 1,2,3; 150A.11 subd 1*

**3100.8300 RESPONSIBILITIES OF LICENSED DENTIST.**

Nothing contained in these rules relating to the scope of services rendered by assistants, technicians, or hygienists shall diminish or abrogate the professional and legal responsibilities of employing dentists to their patients, to their profession, and to the state of Minnesota. Dentists employing assistants, technicians, or hygienists shall be fully responsible for all acts or omissions of such personnel performed or omitted if within the normal scope of their employment; i.e., acts or omissions of such personnel whether or not omitted or committed by such personnel at the instance and request of the employing dentist if the omission or commission thereof is within the normal scope of their employment.

**Statutory Authority:** *MS s 150A.04 subd 5*

**3100.8400 ASSISTANTS.**

**Subpart 1. Permissible duties.** Assistants may: perform all those duties not directly related with performing dental treatment or services on patients; retract a patient’s cheek, tongue, or other parts of tissue during a dental operation; assist with the placement or removal of a rubber dam and accessories used for its placement and retention, as directed by an operating dentist during the course of a dental operation; remove such debris as is normally created or accumulated during the course of treatment being rendered by a licensed dentist during or after operative procedures by the dentist by the use of vacuum devices, compressed air, mouthwash, and water; provide any assistance, including the placement of articles and topical medication in a patient’s oral cavity, in response to a specific direction to do so by a licensed dentist who is then and there actually engaged in performing a dental operation as

**3100.8400 DENTISTS, HYGIENISTS, AND ASSISTANTS**

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defined in the act and who is then actually in a position to give personal supervision to the rendition of this assistance; and aid dental hygienists and registered dental assistants in the performance of their duties as defined in subpart 2 and part 3100.8700.

Subp. 2. [Repealed, 10 SR 1612]

Subp. 3. **Other duties prohibited.** No assistant may perform any other dental treatment or procedure on patients not otherwise authorized by these rules.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.15; 319A.18*

**History:** *10 SR 1612; 20 SR 2316*

**3100.8500 REGISTERED DENTAL ASSISTANTS.**

Subpart 1. **Duties under general supervision.** A registered dental assistant may perform the following procedures without the dentist being present in the dental office or on the premises if the procedures being performed are with prior knowledge and consent of the dentist:

- A. cut arch wires on orthodontic appliances;
- B. remove loose bands on orthodontic appliances;
- C. remove loose brackets on orthodontic appliances;
- D. re-cement intact temporary restorations;
- E. place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges;
- F. take radiographs;
- G. take impressions for casts and appropriate bite registration, not to include impressions and bite registrations for final construction of fixed and removable prostheses; and
- H. deliver vacuum-formed orthodontic retainers.

Subp. 1a. **Duties under indirect supervision.** A registered dental assistant, in addition to the services performed by an assistant as described in part 3100.8400, subpart 1, may perform the following services if a dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed:

- A. apply topical medications such as, but not limited to, topical fluoride, bleaching agents, and cavity varnishes in appropriate dosages or quantities as prescribed by a dentist;
- B. place and remove rubber dam;
- C. remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only;
- D. perform mechanical polishing to clinical crowns not including instrumentation. Removal of calculus by instrumentation must be done by a dentist or dental hygienist before mechanical polishing;
- E. preselect orthodontic bands;
- F. place and remove periodontal dressings;
- G. remove sutures;
- H. monitor a patient who has been induced by a dentist into nitrous oxide inhalation analgesia;
- I. place and remove elastic orthodontic separators;
- J. remove and place ligature ties and arch wires on orthodontic appliances. A dentist must select and, if necessary, adjust arch wires prior to placement;
- K. dry root canals with paper points;
- L. place cotton pellets and temporary restorative materials into endodontic access openings;

M. etch appropriate enamel surfaces, apply and adjust pit and fissure sealants. Before the application of pit and fissure sealants, a registered dental assistant must have successfully completed a course in pit and fissure sealants at a dental, dental hygiene, or dental assisting school accredited by the commission on accreditation; and

N. restorative procedures as permitted in Minnesota Statutes, section 150A.10, subdivision 4.

Subp. 1b. **Duties under direct supervision.** A registered dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the auxiliary before dismissing the patient:

A. remove excess bond material from orthodontic appliances;

B. remove bond material from teeth with rotary instruments after removal of orthodontic appliances. Before utilizing rotary instruments for the removal of bond material, a registered dental assistant must have successfully completed a course in the use of rotary instruments for the express purpose of the removal of bond material from teeth. The course must be one that is presented by a dental, dental hygiene, or dental assisting school accredited by the commission on accreditation;

C. etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist;

D. fabricate, cement, and adjust temporary restorations extraorally or intraorally;

E. remove temporary restorations with hand instruments only;

F. place and remove matrix bands;

G. administer nitrous oxide inhalation analgesia in accordance with part 3100.3600, subparts 4 and 5;

H. attach prefrit and preadjusted orthodontic appliances; and

I. remove fixed orthodontic bands and brackets.

Subp. 2. **Other duties prohibited.** No registered dental assistant may perform any other dental treatment or procedure on patients not otherwise authorized by these rules.

Subp. 3. **Limited registration.** A dental assistant, who by virtue of academic achievement which is equal to or greater than that of a registered dental assistant, and is currently qualified in Minnesota in an allied health profession may take dental radiographs under the general supervision of a dentist if the person complies with the requirements of this subpart. The person shall file with the board a completed application furnished by the board and the fee prescribed in part 3100.2000, subpart 1. In addition, the person shall submit evidence of the successful completion of a course on dental radiographs and of passing an examination. The course must be board-approved. The course shall be equivalent to the dental radiograph courses offered by dental assisting courses approved by the board under part 3100.1300, item B. The examination must be the radiograph part of the examination which is required of registered dental assistant applicants.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 214.06*

**History:** *10 SR 1612; 16 SR 2314; 18 SR 2042; 20 SR 2474; 27 SR 1836; 31 SR 1238*

**3100.8600** [Repealed, 10 SR 1612]

### **3100.8700 DENTAL HYGIENISTS.**

Subpart 1. **Duties under general supervision.** A dental hygienist may perform the following procedures without the dentist being present in the dental office or on the premises if the procedures being performed are with prior knowledge and consent of the dentist:

A. all services permitted under parts 3100.8400 to 3100.8500, subparts 1 and 1a;

B. complete prophylaxis to include scaling, root planing, and polishing of restorations;

C. preliminary charting of the oral cavity and surrounding structures to include case histories, perform initial and periodic examinations and assessments to determine periodontal status, and formulate a dental hygiene treatment plan in coordination with a dentist's treatment plan;

D. dietary analysis, salivary analysis, and preparation of smears for dental health purposes;

E. etch appropriate enamel surfaces, application and adjustment of pit and fissure sealants;

F. removal of excess bond material from orthodontic appliances;

G. replacement, cementation, and adjustment of intact temporary restorations extraorally or intraorally;

H. removal of marginal overhangs;

I. make referrals to dentists, physicians, and other practitioners in consultation with a dentist;

J. administer local anesthesia. Before administering local anesthesia, a dental hygienist must have successfully completed a didactic and clinical program sponsored by a dental or dental hygiene school accredited by the commission on accreditation, resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia; and

K. administer nitrous oxide inhalation analgesia according to part 3100.3600, subparts 4 and 5.

Subp. 2. **Duties under indirect supervision.** A dental hygienist may perform restorative procedures as permitted under Minnesota Statutes, section 150A.10, subdivision 4, if a dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed.

Subp. 2a. **Duties under direct supervision.** A dental hygienist may perform the following procedures if a dentist is in the office, personally diagnoses the condition to be treated, personally authorizes the procedure, and evaluates the performance of the dental hygienist before dismissing the patient:

A. etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist;

B. remove temporary crowns with hand instruments only;

C. fabricate, cement, and adjust temporary restorations;

D. place and remove matrix bands;

E. remove bond material from teeth with rotary instruments after removal of orthodontic appliances. Before utilizing rotary instruments for the removal of bond material, a dental hygienist must have successfully completed a course in the use of rotary instruments for the express purpose of the removal of bond material from teeth. The course must be one that is presented by a dental, dental hygiene, or dental assisting school accredited by the commission on accreditation;

F. attach prefrit and preadjusted orthodontic appliances; and

G. remove fixed orthodontic bands and brackets.

Subp. 3. **Other duties prohibited.** No dental hygienist may perform any other dental treatment or procedure on patients not authorized by this chapter.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.06*

**History:** *10 SR 1612; 14 SR 1214; 16 SR 2314; 18 SR 2042; 20 SR 1196; 20 SR 2474; 27 SR 1836; 31 SR 1238*

### 3100.8800 DENTAL TECHNICIANS.

Subpart 1. **Permissible duties.** As prescribed by Minnesota Statutes, section 150A.10, subdivision 3 of the act, dental technicians may only upon a written authorization prepared and signed by a licensed dentist, construct, alter, repair, reline, reproduce, or duplicate any prosthetic device or other structure to be used in the human mouth.

Subp. 2. **Written authorization forms.** A dentist may not use the services of a technician without written authorization, and a carbon copy thereof shall be on printed forms and shall include:

A. the date and city where the authorization was issued;

B. the name of the laboratory or technician to whom the authorization was issued;

C. the name of the patient, or an identifying symbol;



- D. a description of the work authorized;
- E. the signature of the dentist in his or her actual handwriting; and
- F. the dentist's license number issued by the board.

Subp. 3. **Records and inspections.** A duplicate copy of each such written authorization issued by the dentist shall be retained by the dentist for not less than two years.

The original of each written authorization issued shall be retained by the technician or dental laboratory to whom it was issued for not less than two years.

The board or its agents may inspect the original and the duplicate copy of all written authorizations retained by either the dentist issuing the same, or the technician or dental laboratory to whom it was issued.

The board or its agents may inspect any devices being fabricated by a technician or dental laboratory, as well as the casts, impressions, interocclusal records, other materials sent to the technician or dental laboratory by the dentist, and the written authorization accompanying the same.

**Statutory Authority:** *MS s 150A.10 subd 3*

**History:** *17 SR 1279*

## PROFESSIONAL CORPORATIONS

### 3100.9100 ANNUAL REPORTS.

Annual reports of professional corporations organized under Minnesota Statutes, sections 319A.01 to 319A.22, inclusive, must be submitted upon forms furnished by the board and must require submission of the following information under oath:

- A. name and registered office of the corporation;
- B. address or addresses at which the corporation is providing dental services;
- C. name and address of each director, officer, and shareholder, and the corporate title of each officer; and
- D. a certification as to the licensure status of each shareholder, director, officer, employee, and agent as required by Minnesota Statutes, section 319A.21, paragraph (b).

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.08 subd 1; 319A.18; 319A.21*

**History:** *10 SR 1613*

### 3100.9200 REVIEW OF ANNUAL REPORT.

The board will review its licensure records and conduct such further investigation as it may deem necessary and, if it finds that the annual report does not conform to the requirements of the Minnesota Professional Corporations Act and the rules promulgated thereunder, it shall inform the applicant of the necessary requirements for conformity.

The board may delegate the review and investigation of annual reports to the executive secretary so that annual reports will be acted upon in a timely manner in the intervals between meetings of the board. Any annual reports which are not approved by the executive secretary must be considered by the full board at its next meeting.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.08 subd 1; 319A.18*

**History:** *10 SR 1613*

### 3100.9300 REVOCATION OF REGISTRATION.

The board shall revoke or, if appropriate, refuse to renew the registration of any corporation which no longer meets all the requirements of the Minnesota Professional Corporations Act. The corporation's eligibility to be registered or to continue registration must be adjudicated under the applicable provisions of the Administrative Procedure Act, Minnesota Statutes, chapter 14, and the rules of the Office of Administrative Hearings, parts 1400.5100 to 1400.8401.

**Statutory Authority:** *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.15; 319A.18; 319A.20*

**History:** *10 SR 1613; 20 SR 2316*

**3100.9400 NOTICE OF NEW SHAREHOLDERS OR MEMBERS.**

Whenever a professional corporation intends to admit to the corporation a new shareholder or member, the corporation shall, at least 20 days prior thereto, notify the board in writing of its intended action, indicating the identity, licensure status, and residence address of such proposed new shareholder or member.

**Statutory Authority:** *MS s 319A.18*

**3100.9500 CORPORATE NAMES.**

The names of professional corporations are governed by Minnesota Statutes, section 319A.07 and part 3100.6400.

**Statutory Authority:** *MS s 150A.04 subd 5; 150A.08 subd 1; 150A.11 subd 1; 319A.18*

**History:** *10 SR 1613*

**RECORD KEEPING****3100.9600 RECORD KEEPING**

**Subpart 1. Definitions.** For the purposes of this part, “patient” means a natural person who has received dental care services from a provider for treatment of a dental condition. In the case of a minor who has received dental care services pursuant to Minnesota Statutes, sections 144.341 to 144.347, patient includes a parent or guardian, or a person acting as a parent or guardian in the absence of a parent or guardian.

**Subp. 2. Dental records.** Dentists shall maintain dental records on each patient. The records shall contain the components specified in subparts 3 to 10.

**Subp. 3. Personal data.** Dental records shall include at least the following information:

- A. the patient’s name;
- B. the patient’s address;
- C. the patient’s date of birth;
- D. if the patient is a minor, the name of the patient’s parent or guardian;
- E. the name and telephone number of a person to contact in case of an emergency;

and

F. the name of the patient’s insurance carrier and insurance identification number, if applicable.

**Subp. 4. Patient’s reasons for visit.** When a patient presents with a chief complaint, dental records shall include the patient’s stated oral health care reasons for visiting the dentist.

**Subp. 5. Dental and medical history.** Dental records shall include information from the patient or the patient’s parent or guardian on the patient’s dental and medical history. The information shall include a sufficient amount of data to support the recommended treatment plan.

**Subp. 6. Clinical examinations.** When emergency treatment is performed, items A, B, and C pertain only to the area treated. When a clinical examination is performed, dental records shall include:

- A. recording of existing oral health care status;
- B. any radiographs used; and
- C. the facsimiles or results of any other diagnostic aids used.

**Subp. 7. Diagnosis.** Dental records shall include a diagnosis.

**Subp. 8. Treatment plan.** Dental records shall include an agreed upon written and dated treatment plan except for routine dental care such as preventive services. The treatment plan shall be updated to reflect the current status of the patient’s oral health and treatment.

**Subp. 9. Informed consent.** Dental records shall include a notation that:

A. the dentist discussed with the patient the treatment options and the prognosis, benefits, and risks of each; and

B. the patient has consented to the treatment chosen.

Subp. 10. **Progress notes.** Dental records shall include a chronology of the patient's progress throughout the course of all treatment and postoperative visits. The chronology shall include all treatment provided, clearly identify the provider by name or initials, and identify all medications used and materials placed.

Subp. 11. **Corrections of records.** Notations shall be legible, written in ink, and contain no erasures or "white-outs." If incorrect information is placed in the record, it must be crossed out with one single line and initialed by a dental health care worker.

Subp. 12. **Retention of records.** A dentist shall maintain a patient's dental records for at least seven years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental records for at least seven years past the age of majority.

Subp. 13. **Transfer of records.** A patient's dental records shall be transferred in accordance with Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status of the patient's account.

Subp. 14. **Electronic record keeping.**

A. The requirements of subparts 1 to 13 apply to electronic record keeping as well as to record keeping by any other means.

B. When electronic records are kept, a dentist must keep either a duplicate hard copy record or use an unalterable electronic record.

**Statutory Authority:** *MS s 144.335; 150A.04; 150A.08*

**History:** *21 SR 1730; L 2007 c 147 art 10 s 15*