

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 this part have the meanings given them.

Subp. 2. **Act.** "Act" means Minnesota Statutes, chapter 150A.

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.

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. [Repealed, 35 SR 459]

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

Subp. 4. **Assistant.** "Assistant" means a person who assists a dentist in carrying out the basic duties of a dental office described in part 3100.8400.

Subp. 5. **Allied dental personnel.** "Allied dental personnel" means an advanced dental therapist, dental therapist, dental hygienist, licensed dental assistant, dental assistant with a limited radiology registration, assistant without a license, 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. [Repealed, 39 SR 1455]

Subp. 8a. [Repealed, 35 SR 459]

Subp. 8b. [Repealed, 46 SR 908]

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

Subp. 9a. **CPR.** "CPR" refers to a comprehensive, hands-on 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. The CPR course and certificate must be for health care professionals through the American Heart Association or the American Red Cross.

Subp. 9b. **Deep sedation.** "Deep sedation" means a depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Deep

sedation is characterized by impairment of the patient's ability to independently maintain ventilatory function, spontaneous ventilation potentially being inadequate to meet a patient's needs, and the need for assistance in maintaining a patent airway. A patient's cardiovascular function does not typically require assistance during deep sedation.

Subp. 9c. **Dental assistant with a limited radiology registration.** "Dental assistant with a limited radiology registration" means a person holding a limited radiology registration to take dental radiographs.

Subp. 9d. **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. 9e. **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 therapy, 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 combination thereof during which patients are not arousable, even by painful stimulation. General anesthesia is characterized by the frequent impairment of the patient's ability to independently maintain ventilatory function, the patient's need for assistance in maintaining a patent airway, the need for positive pressure ventilation due to depressed spontaneous ventilation or drug-induced depression of neuromuscular function, and potential impairment of cardiovascular function.

Subp. 12b. **Hospital.**

A. "Hospital" means an institution licensed by the state commissioner of health that:

(1) is adequately and properly staffed and equipped;

(2) provides services, facilities, and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy; and

(3) regularly provides clinical laboratory services, diagnostic x-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent.

B. For the purposes of this chapter, diagnostic or treatment centers, physicians' offices or clinics, or dentists' offices or clinics are not hospitals.

Subp. 12c. **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. 12d. **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. 12e. **Licensed dental assistant.** "Licensed dental assistant" means an assistant licensed by the board pursuant to Minnesota Statutes, section 150A.06, subdivision 2a.

Subp. 13. **Licensee.** "Licensee" means a dentist, dental therapist, dental hygienist, or licensed dental assistant.

Subp. 13a. **Minimal sedation.** "Minimal sedation" means a minimally depressed level of consciousness produced by a pharmacological or nonpharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Minimal sedation is characterized by moderate impairment to the patient's cognitive function and coordination, but leaves unaffected the patient's ventilatory and cardiovascular functions.

Subp. 14. **Minnesota Professional Firms Act.** "Minnesota Professional Firms Act" means Minnesota Statutes, sections 319B.01 to 319B.40.

Subp. 14a. **Moderate sedation.** "Moderate sedation" means a depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients respond purposefully to verbal commands, either alone or accompanied by light tactical stimulation. Moderate sedation is characterized by unaffected cardiovascular functions, no need for intervention to maintain a patent airway for the patient, and adequate spontaneous ventilation.

Subp. 15. [Repealed, 46 SR 908]

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. 15c. **Pediatric advanced life support or PALS.** "Pediatric advanced life support" or "PALS" refers to an advanced life support educational course for the pediatric health care provider that teaches the current certification standards of the American Academy of Pediatrics or the American Heart Association. A PALS certificate must be obtained through the American Heart Association.

Subp. 16. **Person.** "Person" includes an individual, firm, 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. 16c. **Registrant.** "Registrant" means a dental assistant with a limited radiology registration.

Subp. 17. [Repealed, 35 SR 459]

Subp. 18. [Repealed, 35 SR 459]

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

Subp. 18b. [Repealed, 46 SR 908]

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 allied dental personnel 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 allied dental personnel.

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 allied dental personnel.

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 procedures 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; 35 SR 459; 36 SR 738; 39 SR 1455; 46 SR 908*

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3100.0200 [Repealed, 35 SR 459]

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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, American Institute of Parliamentarians Standard Code of Parliamentary Procedure shall govern the conduct of all business meetings of the board.

Statutory Authority: *MS s 150A.04*

History: *39 SR 1455*

Published Electronically: *May 7, 2015*

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. Election of officers may be held at any regular or special meeting.

Statutory Authority: *MS s 150A.04*

History: 35 SR 459

Published Electronically: September 30, 2010

LICENSING

3100.1100 GENERAL DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice general dentistry in Minnesota must provide the board:

- A. a completed application;
- B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation;
- D. evidence of passing all parts of a national board examination for the practice of dentistry within the past five years;
- E. evidence of passing a board-approved clinical examination within the past five years;
- F. evidence of passing the board's jurisprudence examination within the past five years;
- G. documentation of current CPR certification; and
- H. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 1a. **Additional education for two failed clinical examinations.** If an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 1, the applicant must not retake the clinical examination until the applicant successfully completes additional education provided by an institution accredited by the Commission on Dental 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 the board information specifying the areas failed in the previous examinations and the education provided to address the areas failed, and certifies that the applicant has successfully completed the education. The applicant must take the additional education required in this subpart each time the applicant fails the clinical examination twice.

Subp. 2. [Repealed, 46 SR 908]

Subp. 2a. **Terms and renewal of license.** A general dentist may renew a general dentist license according to the terms of renewal under part 3100.1700.

Subp. 3. [Repealed, 18 SR 2042]

Subp. 4. [Repealed, 46 SR 908]

Subp. 4a. **Reinstatement of license.** To reinstate a terminated general dental license, the applicant must comply with the requirements of part 3100.1850.

Subp. 5. [Repealed, 46 SR 908]

Subp. 5a. **Emeritus license.** A general dentist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 5b. **Professional development.** A general dentist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.

Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a general dental license who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate 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; 35 SR 459; 39 SR 1455; 46 SR 908*

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3100.1120 SPECIALTY DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a specialty dentist in Minnesota must provide the board:

- A. a completed application;
- B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of having graduated from a school of dentistry;
- D. evidence of having graduated from a postdoctoral specialty program accredited by the Commission on Dental Accreditation;
- E. evidence of certification from a board-approved specialty board or evidence of passing a board-approved clinical examination;
- F. evidence of passing all parts of a national board examination for the practice of dentistry;
- G. evidence of completing a postdoctoral specialty program or evidence of completing at least 2,000 hours within the past 36 months of active practice in another United States jurisdiction, Canadian province, or United States government service;
- H. evidence of passing the board's jurisprudence examination within the past five years;
- I. documentation of current CPR certification; and
- J. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms and renewal of license.** A specialty dentist may renew a specialty dental license according to the terms of renewal under part 3100.1700.

Subp. 3. **Reinstatement of license.** To reinstate a terminated specialty dental license, the applicant must comply with the requirements of part 3100.1850.

Subp. 4. **Emeritus license.** A specialty dentist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 5. **Professional development.** A specialty dentist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.

Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a specialty dental license who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate 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*

History: *46 SR 908*

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3100.1130 LIMITED GENERAL DENTIST.

Subpart 1. **Credential review to determine educational equivalency and eligibility to take a board-approved clinical examination for limited licensure.**

A. A person who is a graduate of a nonaccredited dental program seeking a limited license to practice general dentistry in Minnesota must submit to a onetime credential review by the board to determine educational equivalency and eligibility to take a board-approved clinical examination. For the credential review, the applicant must provide the board:

- (1) the credential review fee in Minnesota Statutes, section 150A.091, subdivision 9a;
- (2) a completed board-approved evaluation of all international education;
- (3) an original or notarized copy of passing board-approved language testing within the previous two years if English is not the applicant's primary language;
- (4) an original affidavit of licensure;
- (5) a completed dental questionnaire;
- (6) a personal letter, curriculum vitae, or resume;
- (7) an original or notarized copy of dental diploma and, if necessary, professional translation;
- (8) proof of clinical practice in dentistry;

(9) an original or notarized copy of other credentials in dentistry and, if necessary, professional translation;

(10) completed board-approved infection control training; and

(11) evidence of passing all parts of a national board examination for the practice of dentistry.

B. If, after reviewing the applicant's credentials, the board determines the applicant's credentials are nonequivalent, the board shall deny the application to take a board-approved clinical examination for limited licensure. The board shall notify the applicant of the denial. An applicant denied permission to take a board-approved clinical examination may appeal the decision to the board within 60 days from the notification date.

C. If, after reviewing the applicant's credentials, the board determines the applicant's credentials are equivalent, the board shall require that the applicant complete one or more of the following requirements:

(1) schedule and complete an interview with the board;

(2) submit a specified number of patient records to the board; or

(3) take a board-approved dental simulation course to test competency.

D. After the applicant completes the requirements in item C, the board shall notify the applicant as to whether permission to take a board-approved clinical examination for limited licensure has been denied or granted. An applicant denied permission to take a board-approved clinical examination may appeal the decision to the board within 60 days from the notification date.

E. If the applicant is granted permission by the board to take a board-approved clinical examination, the applicant must take a board-approved clinical examination, successfully pass the board-approved clinical examination, and submit evidence of passing the board-approved clinical examination within 18 months from the receipt date of the board's notification letter granting permission to take the board-approved clinical examination.

Subp. 1a. **Additional education for two failed clinical examinations.** If an applicant fails twice any part of a board-approved clinical examination, the applicant must not retake the clinical examination until the applicant successfully completes additional education provided by an institution accredited by the Commission on Dental 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 the board information specifying the areas failed in the previous examinations and the education provided to address the areas failed, and certifies that the applicant has successfully completed the education. The applicant shall be allowed to retake the clinical examination one time following this additional educational instruction. If the applicant fails the clinical examination for a third time, the applicant is prohibited from retaking the clinical examination.

Subp. 1b. **Limited general license application and examination requirements.** After passing a board-approved clinical examination, an applicant may apply for a limited general license. The applicant must provide the board:

- A. a completed application;
- B. the application fee in Minnesota Statutes, section 150A.091, subdivision 9b, clause (1);
- C. evidence of passing a board-approved clinical examination within the past five years;
- D. evidence of passing the board's jurisprudence examination within the past five years;
- E. a written agreement between the applicant and a board-approved Minnesota licensed supervising dentist. The written agreement must include:
 - (1) all information requested by the board relating to the applicant's written agreement;
 - (2) any practice limitations; and
 - (3) an acknowledgment that the applicant agrees to practice clinical dentistry at least 1,100 hours annually for a period of three consecutive years after beginning clinical practice in Minnesota;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. Terms of limited licensure.

A. Throughout the three consecutive years while practicing general dentistry in Minnesota under the general supervision of a Minnesota licensed dentist, the limited license dentist must maintain and comply with the requirements in this subpart:

- (1) submit the renewal fee in Minnesota Statutes, section 150A.091, subdivision 9b, clause (2);
- (2) maintain a consecutive and current CPR certification;
- (3) submit written correspondence and agreement to the board requesting approval of a subsequent supervising dentist and written agreement, within 14 days prior to employment start date with subsequent supervising dentist. The written agreement must include:
 - (a) all information requested by the board relating to the applicant's written agreement;
 - (b) any practice limitations; and
 - (c) an acknowledgment that the limited license dentist agrees to practice clinical dentistry at least 1,100 hours annually for a period of three consecutive years or any remaining portion thereof;

(4) within seven business days of an unforeseen event, submit written correspondence for review by an appropriate committee of the board regarding the unforeseen circumstance that may interrupt the three consecutive years of supervision;

(5) maintain with the board a correct and current mailing address and electronic mail address and properly notify the board within 30 days of any changes as described in Minnesota Statutes, section 150A.09, subdivision 3; and

(6) maintain a professional development portfolio containing:

(a) documentation of required hours in professional development activities; and

(b) at least two different fundamental courses as part of the fundamental activities.

B. The total required hours of professional development activities required in item A, subitem (6), is 75 hours with at least 45 hours in fundamental activities and no more than 30 hours in elective activities. Completing at least 25 hours each year toward the total of 75 hours is required for compliance.

Subp. 3. Terms of supervising dentist. A supervising dentist must be licensed in Minnesota and provide general supervision to a limited license dentist. The supervising dentist is not required to be present in the office or on the premises when supervising the limited license dentist, but does require the supervising dentist to have knowledge and authorize the procedures being performed by the limited license dentist. For the three consecutive years or any portion thereof, the supervising dentist must be eligible to participate and comply with the requirements in items A to I.

A. A supervising dentist must be a board-approved Minnesota licensed dentist for at least five consecutive years.

B. A supervising dentist's license shall not be subject to, or pending, corrective or disciplinary action within the previous five years according to Minnesota Statutes, sections 214.10 and 214.103.

C. A supervising dentist must have a written agreement between the limited license dentist and the supervising dentist, and the supervising dentist may only supervise one limited license dentist for the duration of the agreement. The written agreement must include:

(1) all information requested by the board relating to the applicant's written agreement;

(2) any practice limitations; and

(3) an acknowledgment that the limited license dentist agrees to practice clinical dentistry at least 1,100 hours annually for a period of three consecutive years.

D. No more than two limited license dentists are allowed to practice general dentistry under general supervision in one dental facility.

E. Any subsequent modifications to a written agreement must be submitted in writing to the board by the supervising dentist within seven business days of the modification.

F. A supervising dentist must inform the board in writing about the termination of a written agreement with a limited license dentist within seven business days of the termination.

G. A supervising dentist must inform the board in writing about any known disciplinary or malpractice proceedings involving the limited license dentist within seven business days of the proceeding.

H. The supervising dentist must submit to the board a written performance evaluation of the limited license dentist in regards to employment including practicing clinical dentistry at least 1,100 hours annually, patient care, allied dental personnel, professionalism, billing practices, and make a general recommendation. The supervising dentist's evaluation must be submitted to the board no earlier than 90 days before completion of the limited license dentist's practice period and no later than seven business days following completion of the limited license dentist's practice period.

I. A supervising dentist who fails to comply with this subpart is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 4. Requirements for licensure.

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by providing the board:

(1) a completed application for a dental license in Minnesota no sooner than 90 days preceding the expiration date of the applicant's limited license or no later than one year after the expiration date of the applicant's limited license;

(2) the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;

(3) documentation of current CPR certification;

(4) a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item A, subitem (6); and

(5) a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist.

B. A dentist applying for a dental license under item A must not have been subject to corrective or disciplinary action by the board while holding a limited license during the three consecutive years.

C. An applicant whose license application has been denied may appeal the denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

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

History: 37 SR 1849; 46 SR 908

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3100.1150 FACULTY DENTIST; FULL OR LIMITED.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a faculty dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

- A. a completed application;
- B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of passing the board's jurisprudence examination within the past five years;
- D. documentation of current CPR certification;
- E. a criminal background check as required by Minnesota Statutes, section 214.075; and

F. a letter from the dean or program director of a school of dentistry, dental therapy, dental hygiene, or dental assisting certifying that the person seeking licensure is a member of the school's faculty and practices dentistry. The original letter must include:

- (1) the applicant's full name;
- (2) 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; and
- (3) the dates of the applicant's employment by the school of dentistry, dental therapy, dental hygiene, or dental assisting.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dentistry as a faculty dentist when the person is no longer practicing dentistry as a member of the faculty of a school of dentistry.

Subp. 3. **Terms and renewal of license.** A full faculty dentist may renew a full faculty license according to the terms of renewal under part 3100.1700. A limited faculty dentist may renew a limited faculty license under part 3100.1750.

Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not reinstate a terminated faculty license.

Subp. 5. **Emeritus license.** A full or limited faculty dentist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340. A full or limited faculty dentist cannot apply for an emeritus active license under part 3100.1350.

Subp. 6. **Professional development.** A full faculty dentist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100

to 3100.5300. A limited faculty dentist is not required to complete the professional development requirements under part 3100.5100.

Subp. 7. **Anesthesia, sedation, and nitrous oxide.** A person applying for a faculty license who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate 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; 214.06*

History: *20 SR 2623; 39 SR 1455; 46 SR 908*

Published Electronically: *March 17, 2022*

3100.1160 RESIDENT DENTIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice as a resident dentist who is not already licensed to practice dentistry in Minnesota must provide the board:

- A. a completed application;
- B. the application fee in Minnesota Statutes, section 150A.091, subdivision 2;
- C. evidence of having graduated from a dental school accredited by the Commission on Dental Accreditation;
- D. evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation;
- E. evidence of passing the board's jurisprudence examination within the past five years;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dentistry as a resident dentist when the person is no longer an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Dental Accreditation.

Subp. 3. **Terms and renewal of license.** A resident dentist may renew a resident dental license according to the terms of renewal under part 3100.1750.

Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not reinstate a terminated resident dental license.

Subp. 5. **Professional development.** A resident dentist is not required to meet the professional development requirements referenced in part 3100.5100.

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

History: *20 SR 2623; 39 SR 1455; 43 SR 507; 46 SR 908*

Published Electronically: *March 17, 2022*

3100.1170 RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice either as a resident dental therapist or resident dental hygienist must provide the board:

- A. a completed application;
- B. the application fee in Minnesota Statutes, section 150A.091, subdivision 2;
- C. evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;
- D. evidence of passing the board's jurisprudence examination within the past five years;
- E. documentation of current CPR certification; and
- F. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Termination of licensure.** The board shall terminate a person's license to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist when the person is no longer an enrolled graduate student or a student of an advanced dental education program approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization.

Subp. 3. **Terms and renewal of license.** A resident dental therapist or resident dental hygienist may renew a resident license for dental therapy or dental hygiene according to the terms of renewal under part 3100.1750.

Subp. 4. **Reinstatement of terminated license prohibited.** The board shall not reinstate a terminated resident license for dental therapy or dental hygiene.

Subp. 5. **Professional development.** A resident dental therapist or resident dental hygienist is not required to meet the professional development requirements referenced in part 3100.5100.

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

History: *36 SR 738; 46 SR 908*

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3100.1180 DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST.

Subpart 1. **Dental therapist; licensure application and examination requirements.** A person seeking licensure to practice dental therapy in Minnesota must provide the board:

- A. a completed application;
- B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;

C. evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

D. evidence of passing a board-approved clinical examination in dental therapy within the past five years;

E. evidence of passing the board's jurisprudence examination within the past five years;

F. documentation of current CPR certification; and

G. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Additional education for two failed clinical examinations.** If an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 1d, the applicant must not retake the examination until the applicant successfully completes additional education provided by an institution approved by the board. The education must cover all of the subject areas failed by the applicant in the clinical examination. The applicant may retake the examination only after the institution provides information to the board specifying the areas failed in the previous examinations and the education provided to address the areas failed, and certifies that the applicant has successfully completed the education. The applicant must take the additional education provided in this subpart each time the applicant fails the clinical examination twice.

Subp. 3. **Advanced dental therapist; certification requirements.** A person who is currently licensed as a dental therapist in Minnesota and seeking certification to practice as an advanced dental therapist in Minnesota must provide the board:

A. a completed application;

B. the application fee in Minnesota Statutes, section 150A.091, subdivision 2;

C. evidence of having completed at least 2,000 hours of dental therapy clinical practice under direct or indirect supervision;

D. evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;

E. evidence of having graduated from a master's advanced dental therapy education program; and

F. evidence of passing a board-approved certification examination in advanced dental therapy.

Subp. 4. **Terms and renewal of license.** A dental therapist may renew a dental therapy license according to the terms of renewal under part 3100.1700. The onetime certification for an advanced dental therapist does not require renewal once obtained.

Subp. 5. **Reinstatement of license.** To reinstate a terminated dental therapy license, the applicant must comply with the requirements of part 3100.1850.

Subp. 6. **Emeritus license.** A dental therapist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 7. **Professional development.** A dental therapist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.

Subp. 8. **Nitrous oxide.** A person applying for a dental therapy license who wants the authority under the license to administer nitrous oxide inhalation analgesia must comply with the requirements of part 3100.3600, subpart 13.

Subp. 9. **Delegated procedures.** A dental therapist can perform the delegated procedures indicated in Minnesota Statutes, section 150A.105. An advanced dental therapist can perform the delegated procedures indicated in Minnesota Statutes, sections 150A.105 and 150A.106.

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

History: *46 SR 908*

Published Electronically: *March 17, 2022*

3100.1200 DENTAL HYGIENIST.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental hygiene in Minnesota must provide the board:

- A. a completed application;
- B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of passing a national board examination for the practice of dental hygiene within the past five years;
- D. evidence of passing a board-approved clinical examination within the past five years;
- E. evidence of having graduated from a school of dental hygiene accredited by the Commission on Dental Accreditation;
- F. evidence of passing the board's jurisprudence examination within the past five years;
- G. documentation of current CPR certification; and
- H. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Additional education for two failed clinical examinations.** If an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 2, the applicant must not retake the examination until the applicant successfully completes additional education provided by an institution accredited by the Commission on Dental 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 education provided to address the areas failed, and certifies that the applicant has successfully completed the education. The applicant must take the additional education provided in this subpart each time the applicant fails the clinical examination twice.

Subp. 3. **Terms and renewal of license.** A dental hygienist may renew a dental hygiene license according to the terms of renewal under part 3100.1700.

Subp. 4. **Reinstatement of license.** To reinstate a terminated dental hygiene license, the applicant must comply with the requirements of part 3100.1850.

Subp. 5. **Emeritus license.** A dental hygienist who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 6. **Professional development.** A dental hygienist must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.

Subp. 7. **Nitrous oxide.** A person applying for a dental hygiene license who wants the authority under the license to administer nitrous oxide inhalation analgesia must comply with the requirements of part 3100.3600, subpart 14.

Subp. 8. **Delegated procedures.** A dental hygienist can perform the delegated procedures indicated in part 3100.8700.

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; 35 SR 459; 39 SR 1455; 46 SR 908*

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3100.1300 LICENSED DENTAL ASSISTANT.

Subpart 1. **Licensure application and examination requirements.** A person seeking licensure to practice dental assisting in Minnesota must provide the board:

- A. a completed application;
- B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of having graduated from a school of dental assisting accredited by the Commission on Dental Accreditation. If the curriculum of the school does not include training in the expanded procedures specified in part 3100.8500, the applicant must successfully complete a board-approved course in these procedures;
- D. evidence of passing the board's state licensing examination within the past five years;
- E. evidence of passing a national board examination for the practice of dental assisting within the past five years;

- F. evidence of passing the board's jurisprudence examination within the past five years;
- G. documentation of current CPR certification; and
- H. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Additional education for two failed state licensing examinations.** If an applicant fails twice any part of the board's state licensing examination required by Minnesota Statutes, section 150A.06, subdivision 2a, the applicant must not retake the examination until the applicant successfully completes additional education provided by an institution accredited by the Commission on Dental Accreditation or an independent instructor approved by the board. The education must cover all of the subject areas failed by the applicant in each of the two examinations. The applicant may retake the examination only after the institution or independent instructor provides to the board information specifying the areas failed in the previous examinations and the education provided to address the areas failed, and certifies that the applicant has successfully completed the education. The applicant must take the additional education required in this subpart each time the applicant fails the board's state licensing examination twice.

Subp. 3. **Terms and renewal of license.** A licensed dental assistant may renew a dental assisting license according to the terms of renewal under part 3100.1700.

Subp. 4. **Reinstatement of license.** To reinstate a terminated dental assisting license, the applicant must comply with the requirements of part 3100.1850.

Subp. 5. **Emeritus license.** A licensed dental assistant who wishes to apply for an emeritus license may apply for an emeritus inactive license under part 3100.1340 or an emeritus active license under part 3100.1350.

Subp. 6. **Professional development.** A licensed dental assistant must complete professional development requirements including maintaining a professional portfolio under parts 3100.5100 to 3100.5300.

Subp. 7. **Nitrous oxide.** A person applying for a dental assisting license who wants the authority under the license to administer nitrous oxide inhalation analgesia must comply with the requirements of part 3100.3600, subpart 15.

Subp. 8. **Delegated procedures.** A licensed dental assistant can perform the delegated procedures indicated in part 3100.8500.

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

History: *10 SR 1612; 20 SR 2474; 35 SR 459; 39 SR 1455; 46 SR 908*

Published Electronically: *March 17, 2022*

3100.1320 LIMITED RADIOLOGY REGISTRATION.

Subpart 1. **Registration application and examination requirements.** A person seeking registration in Minnesota to take dental radiographs under general supervision of a dentist must provide the board:

- A. a completed application;
- B. the fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;
- C. evidence of having completed a board-approved course on dental radiology offered through a school accredited by the Commission on Dental Accreditation;
- D. evidence of passing a board-approved nationally recognized radiation examination within the past five years;
- E. evidence of passing the board's jurisprudence examination within the past five years;
- F. documentation of current CPR certification; and
- G. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Grandfather provision.** The requirements of subpart 1 do not apply to an individual who was registered in Minnesota to take dental radiographs under general supervision of a dentist prior to January 1, 2021.

Subp. 3. **Terms and renewal of registration.** A person with a limited radiology registration may renew the limited radiology registration according to the terms of renewal under part 3100.1700.

Subp. 4. **Reinstatement requirements.**

A. A person seeking reinstatement of a registration terminated by the board according to part 3100.1700, subpart 3, or voluntarily terminated by the person must:

- (1) provide the board a completed reinstatement application;
- (2) provide the board the biennial renewal and reinstatement fees in Minnesota Statutes, section 150A.091, subdivisions 5 and 10; and
- (3) comply with the applicable provisions of items B to D.

B. If the license was terminated six months ago or less, the person must provide the board:

- (1) evidence of completing the professional development requirements in subpart 6 within 24 months prior to the board's receipt of the application; and
- (2) documentation of current CPR certification.

C. If the license was terminated more than six months but less than 24 months ago, the person must provide the board:

- (1) evidence of completing the professional development requirements in subpart 6 within 24 months prior to the board's receipt of the application;
- (2) documentation of current CPR certification;
- (3) evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application; and

(4) a criminal background check if terminated more than one year ago as required by Minnesota Statutes, section 214.075.

D. If the license was terminated 24 months or more ago, the person must provide the board:

(1) evidence of completing the professional development requirement in subpart 6 within 24 months prior to the board's receipt of the application;

(2) documentation of current CPR certification;

(3) evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application;

(4) a criminal background check if terminated more than one year ago as required by Minnesota Statutes, section 214.075;

(5) evidence of successfully completing the dental radiology course described in subpart 1, item C, within 24 months prior to the board's receipt of the application; and

(6) evidence of passing the radiation examination described in subpart 1, item D, within 24 months prior to the board's receipt of the application.

Subp. 5. **Emeritus prohibition.** A person with a limited radiology registration cannot apply for an emeritus inactive or an emeritus active license in parts 3100.1340 and 3100.1350.

Subp. 6. **Professional development.** A person with a limited radiology registration must complete two hours of infection control education and maintain compliance with the most current infection control practices for a dental setting.

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

History: *46 SR 908*

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3100.1340 EMERITUS INACTIVE.

Subpart 1. **Licensure application requirements.**

A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting in Minnesota who retires from active practice may apply for an emeritus inactive license by providing the board:

(1) a completed application; and

(2) the onetime application fee in Minnesota Statutes, section 150A.091, subdivision 19.

B. A person applying under this subpart must not currently be subject to any disciplinary action resulting in suspension, revocation, disqualification, condition, or restriction of the person's license.

Subp. 2. Terms of emeritus inactive license.

A. An emeritus inactive license is not a license to practice dentistry, dental therapy, dental hygiene, or dental assisting. This formal license recognizes the completion of a licensee's dental career in good standing.

B. An emeritus inactive license is not renewable according to Minnesota Statutes, section 150A.06, subdivision 10.

C. Once an emeritus inactive license is issued by the board, the licensee cannot seek reinstatement of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

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

History: *46 SR 908*

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3100.1350 EMERITUS ACTIVE.**Subpart 1. Licensure application requirements.**

A. A person licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting in Minnesota who retires from active practice may apply for an emeritus active license by providing the board:

- (1) a completed application; and
- (2) the application fee in Minnesota Statutes, section 150A.091, subdivision 20.

B. A person applying under this subpart must not currently be subject to any disciplinary action resulting in suspension, revocation, disqualification, condition, or restriction of the person's license.

Subp. 2. Right to practice. An emeritus active license allows the applicant to engage in:

- A. pro bono or volunteer dental practice;
- B. paid practice not to exceed 500 hours per calendar year for the exclusive purpose of providing licensing supervision to meet the board's requirements; and
- C. paid consulting services not to exceed 500 hours per calendar year.

Subp. 3. Renewal and prohibition on reinstatement.

A. An emeritus active license is renewed biennially and continues on with the licensee's same renewal cycle according to Minnesota Statutes, section 150A.06, subdivision 11. If the licensee fails to renew an emeritus active license by the deadline, the license expires and the board shall terminate the licensee's right to practice.

B. If an emeritus active license is terminated, the licensee cannot seek reinstatement of that license or of the licensee's prior license in dentistry, dental therapy, dental hygiene, or dental assisting.

Subp. 4. **Professional development.** For each biennial professional development cycle, the licensee must comply with the professional development requirements including a portfolio audit described in parts 3100.5100 to 3100.5300, with the following modifications:

A. For each biennial cycle, instead of the requirements under part 3100.5100, subpart 2, the required number of hours of fundamental and elective activities is 25 hours for a dentist and dental therapist and 13 hours for a dental hygienist and licensed dental assistant, delineated as follows:

(1) of the 25 hours for a dentist and dental therapist, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities; and

(2) of the 13 hours for a dental hygienist and licensed dental assistant, at least seven hours must be fundamental activities and no more than six hours can be elective activities.

B. Fundamental activities for each biennial cycle must include:

(1) at least two different fundamental courses; and

(2) an infection control course.

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

History: *46 SR 908*

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3100.1370 GUEST LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing and engaged in the practice of dentistry in another United States jurisdiction may apply for a guest license by providing the board:

A. a completed application;

B. the application fee in Minnesota Statutes, section 150A.06, subdivision 2c;

C. evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;

D. evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting;

E. documentation of current CPR certification; and

F. a criminal background check as required by Minnesota Statutes, section 214.075.

Subp. 2. **Terms of license renewal.** A guest license may be renewed annually at the end of the calendar year according to Minnesota Statutes, section 150A.06, subdivision 2c.

Subp. 3. **Professional development.** A person holding a guest license must complete the professional development requirements under part 3100.5100.

Subp. 4. **Anesthesia, sedation, and nitrous oxide.** A person applying for a guest license to practice dentistry, dental therapy, dental hygiene, or dental assisting who wants the authority under the license to administer a pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate 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*

History: *46 SR 908*

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3100.1380 GUEST VOLUNTEER LICENSE.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, dental hygienist, or dental assistant in good standing in another United States jurisdiction may apply for a guest volunteer license without compensation by providing the board:

- A. a completed application;
- B. evidence of having graduated from either a school of dentistry, dental therapy, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation;
- C. evidence that the clinic at which the licensee practices is a nonprofit organization that is a public health setting; and
- D. documentation of current CPR certification.

Subp. 2. **Terms and renewal of license.** A person issued a guest volunteer license must not practice more than ten days in a calendar year. The license expires December 31 according to Minnesota Statutes, section 150A.06, subdivision 2c, and cannot be renewed.

Subp. 3. **Professional development.** A licensed guest volunteer is not required to meet the professional development requirements referenced in part 3100.5100.

Subp. 4. **Nitrous oxide.** A person applying for a guest volunteer license to practice dentistry, dental therapy, dental hygiene, or dental assisting who wants the authority under the license to administer nitrous oxide inhalation analgesia must comply with the applicable requirements of part 3100.3600.

Subp. 5. **Mini licenses.** The board shall provide a licensed guest volunteer a free mini license under this part.

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

History: 46 SR 908

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3100.1400 LICENSURE BY CREDENTIALS.

Subpart 1. **Licensure application requirements.** A person who is currently a licensed dentist, dental therapist, or dental hygienist in another United States jurisdiction or Canadian province seeking to be licensed to practice dentistry, dental therapy, or dental hygiene in Minnesota must provide the board:

- A. a completed application;
- B. the fee in Minnesota Statutes, section 150A.091, subdivision 9;
- C. evidence of having graduated from either a school of dentistry or dental hygiene accredited by the Commission on Dental Accreditation;
- D. evidence of having graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the Commission on Dental Accreditation or another board-approved national accreditation organization;
- E. evidence of having graduated from a master's advanced dental therapy education program;
- F. proof of completing at least 2,000 hours within the past 36 months in active practice in another United States jurisdiction, Canadian province, or United States government service;
- G. evidence of passing a clinical examination for licensure in another United States jurisdiction or Canadian province;
- H. evidence of passing all parts of a national board examination for the practice of dentistry, dental therapy, or dental hygiene;
- I. evidence of passing the board's jurisprudence examination within the past five years; and
- J. documentation of current CPR certification.

Subp. 2. **Disciplinary action.** A person seeking licensure under subpart 1 must not be subject to any pending or final disciplinary action in another United States jurisdiction or Canadian province.

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; 35 SR 459; 39 SR 1455; 46 SR 908

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3100.1500 [Repealed, 46 SR 908]

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3100.1600 [Repealed, 46 SR 908]

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3100.1700 TERMS AND RENEWAL OF LICENSE OR REGISTRATION; GENERAL.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of a license or registration. The requirements for the terms and renewal of licensure as a limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist 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 according to the procedures 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 according to the procedures in this part.

Subp. 1c. **Fees.** The initial, biennial renewal, and late fee amounts are under Minnesota Statutes, section 150A.091, subdivisions 3, 5, and 7.

Subp. 2. **Biennial renewal.** Each licensee or registrant must submit an application for biennial renewal of a license or registration by paying the required fee to the board no later than the last day of the licensee's or registrant's birth month, which is the application deadline. The application must require the licensee or registrant to certify compliance with maintaining a consecutive and current CPR certification. Failure by a licensee or registrant to maintain a consecutive and current CPR certification subjects the licensee or registrant to disciplinary proceedings under parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 3. **Failure to submit biennial renewal.**

A. If a licensee or registrant fails to biennially renew the licensee's or registrant's license or registration, the board shall, after the application deadline, send a notice to the licensee or registrant. The notice must state the amount of the renewal and late fees.

B. A licensee or registrant must renew the licensee's or registrant's license or registration within 30 days of the license's or registration's expiration date.

C. If the licensee or registrant fails to renew the licensee's or registrant's license or registration according to item B, the board shall administratively terminate the license or registration and the right to practice. The board shall not consider an administrative termination of a license or registration to be a disciplinary action against the licensee or registrant.

D. If a licensee or registrant elected not to renew the licensee's or registrant's license or registration, the licensee or registrant may:

- (1) voluntarily terminate the license or registration; or
- (2) apply for an emeritus inactive or emeritus active license through the board, except for individuals with a limited radiology registration.

Subp. 4. **Reinstatement.** A license terminated in this part may be reinstated according to part 3100.1850. A limited radiology registration terminated in subpart 3 may be reinstated according to part 3100.1320.

Subp. 5. [Repealed, 46 SR 908]

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

History: *10 SR 1612; 17 SR 1279; 20 SR 2623; 29 SR 306; 31 SR 1238; 35 SR 459; 36 SR 738; 37 SR 1849; 46 SR 908*

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3100.1750 TERMS AND RENEWAL OF LICENSE; LIMITED FACULTY DENTIST, RESIDENT DENTIST, RESIDENT DENTAL THERAPIST, AND RESIDENT DENTAL HYGIENIST.

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

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 is valid from July 1 until renewed no later than the following June 30 or terminated in accordance with the procedures specified in this part.

Subp. 2a. **Annual license fees.** The annual renewal and late fee amounts are under Minnesota Statutes, section 150A.091, subdivisions 4 and 6.

Subp. 3. **Annual license renewal.** A limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist must annually renew the license by paying the required fee no later than June 30 for the 12-month period for which licensure renewal is requested. The renewal requires maintaining a consecutive and current CPR certification.

Subp. 4. [Repealed, 46 SR 908]

Subp. 5. [Repealed, 46 SR 908]

Subp. 6. [Repealed, 46 SR 908]

Subp. 7. **Failure to submit annual license renewal.** After a license for a limited faculty dentist, resident dentist, resident dental therapist, or resident dental hygienist expires, the board shall send a notice to the licensee who has not renewed the licensee's license. The notice must state the amount of the renewal and late fees. The licensee must renew within 30 days of the expiration date of the license or the board shall administratively terminate the license and the right to practice. The board shall not consider an administrative termination of a license to be a disciplinary action against the licensee.

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

History: 20 SR 2623; 29 SR 306; 37 SR 1849; 46 SR 908

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3100.1800 [Repealed, 10 SR 1612]

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3100.1850 REINSTATEMENT OF LICENSE.

Subpart 1. **Requirements.** A person seeking reinstatement of a license after the board has terminated the license according to part 3100.1700, subpart 3, or the person has voluntarily terminated the license must:

- A. provide the board a completed reinstatement application;
- B. provide the board the biennial renewal and reinstatement application fees in Minnesota Statutes, section 150A.091, subdivisions 5 and 10; and
- C. comply with the applicable provisions of subparts 2 to 3.

Subp. 2. **If terminated for six months or less.** If the person's license is terminated for six months or less, the person must provide the board:

- A. evidence of completing the professional development requirements described under part 3100.5100 within 24 months prior to the board's receipt of the application; and
- B. documentation of current CPR certification.

Subp. 2a. **If terminated for more than six months but less than 24 months.** If the person's license is terminated for more than six months but less than 24 months, the person must provide the board:

- A. evidence of completing the professional development requirements under part 3100.5100 within 24 months prior to the board's receipt of the application;
- B. documentation of current CPR certification;
- C. evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application; and
- D. a criminal background check if terminated more than one year, as required by Minnesota Statutes, section 214.075.

Subp. 3. **If terminated for 24 months or more.** If the person's license is terminated for 24 months or more, the person must provide the board:

- A. evidence of completing the professional development requirements under part 3100.5100 within 24 months prior to the board's receipt of the application;
- B. documentation of current CPR certification;

C. evidence of passing the board's jurisprudence examination within 12 months prior to the board's receipt of the application;

D. a criminal background check as required by Minnesota Statutes, section 214.075; and

E. evidence of passing the following examinations within 24 months prior to the board's receipt of the application:

(1) a nationally recognized objective structured clinical examination for general dentists;

(2) a written specialty board examination or a nationally recognized objective structured clinical examination for specialty dentists;

(3) a nationally recognized objective structured clinical examination for dental therapists;

(4) a nationally recognized objective structured clinical examination for dental hygienists; and

(5) the examination in part 3100.1300, subpart 1, item E, for licensed dental assistants.

Subp. 4. [Repealed, 20 SR 2316]

Subp. 4a. **Board review and appeals.**

A. Once the requirements of subpart 1 have been reviewed by the board, the board shall notify the applicant as to whether the reinstatement of a license has been denied or granted by the board. If granted reinstatement, the applicant shall be assigned to the biennial term to which the licensee was assigned prior to termination of the license.

B. An applicant denied reinstatement of a license may appeal the denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

Subp. 5. **Scope.** Nothing in this part prohibits a dentist, dental therapist, or dental hygienist from applying for licensure by credentials according 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; 35 SR 459; 36 SR 738; 37 SR 1849; 39 SR 1455; 46 SR 908*

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3100.2000 Subpart 1. [Repealed, 35 SR 459]

Subp. 1a. [Repealed, 35 SR 459]

Subp. 2. [Repealed, 35 SR 459]

Subp. 3. [Repealed, 35 SR 459]

Subp. 4. [Repealed, 35 SR 459]

Subp. 5. [Repealed, 35 SR 459]

Subp. 6. [Repealed, 35 SR 459]

Subp. 7. [Repealed, 18 SR 2042]

Subp. 8. [Repealed, 29 SR 306]

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

Subp. 9. [Repealed, 35 SR 459]

Subp. 9a. [Repealed, 35 SR 459]

Subp. 10. [Repealed, 35 SR 459]

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ADMINISTRATION OF ANESTHESIA AND SEDATION

3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA, GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.

Subpart 1. **Prohibitions.** A dental therapist, dental hygienist, or licensed dental assistant must not administer general anesthesia, deep sedation, moderate sedation, or minimal sedation.

Subp. 1a. Reporting of incidents required.

A. A dentist, dental therapist, dental hygienist, or licensed dental assistant must report to the board any incident that arises from the administration of nitrous oxide inhalation analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia, or minimal sedation that results in:

(1) 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

(2) minimal sedation unintentionally becoming moderate sedation, deep sedation, or general anesthesia when the licensee does not have a certificate for administering general anesthesia or moderate sedation described in subparts 18 and 20.

B. The report required under item A must be submitted to the board on forms provided by the board within ten business days of the incident by the dentist, dental therapist, dental hygienist, or licensed dental assistant. The requirements of this subpart apply even when another licensed health care professional who, under contract or employment with the dentist, was the actual person administering the analgesia or pharmacological or nonpharmacological method. A licensee who fails to comply with this subpart is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 2. [Repealed, 46 SR 908]

Subp. 3. [Repealed, 46 SR 908]

Subp. 4. [Repealed, 46 SR 908]

Subp. 5. [Repealed, 46 SR 908]

Subp. 6. [Repealed, 46 SR 908]

Subp. 7. [Repealed, 46 SR 908]

Subp. 8. [Repealed, 46 SR 908]

Subp. 9. [Repealed, 46 SR 908]

Subp. 9a. [Repealed, 46 SR 908]

Subp. 9b. [Repealed, 46 SR 908]

Subp. 10. [Repealed, 46 SR 908]

Subp. 11. [Repealed, 46 SR 908]

Subp. 12. **Nitrous oxide inhalation analgesia requirement for a dentist.** A dentist licensed by the board is allowed to administer nitrous oxide inhalation analgesia.

Subp. 13. **Nitrous oxide inhalation analgesia; application and educational training requirements for a dental therapist.**

A. A dental therapist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

B. A dental therapist who graduated from a board-approved dental therapy program in Minnesota after August 1, 2013, may administer nitrous oxide inhalation analgesia without completing any further requirements.

C. A dental therapist who graduated from a board-approved dental therapy program in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, personal administration and management of at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

Subp. 14. Nitrous oxide inhalation analgesia; application and educational training requirements for a dental hygienist.

A. A dental hygienist who administers nitrous oxide inhalation analgesia must be under the general supervision of a licensed dentist.

B. A dental hygienist who graduated from a dental hygiene program in Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia without completing any further requirements.

C. A dental hygienist who graduated from a dental hygiene program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, personal administration and management of at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

Subp. 15. Nitrous oxide inhalation analgesia; application and educational training requirements for a licensed dental assistant.

A. A licensed dental assistant who administers nitrous oxide inhalation analgesia must be under the direct supervision of a licensed dentist.

B. A licensed dental assistant who graduated from a dental assisting program in Minnesota after September 2, 2004, may administer nitrous oxide inhalation analgesia without completing any further requirements.

C. A licensed dental assistant who graduated from a dental assisting program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, personal administration and management of at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

Subp. 16. Initial certification for general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation only after providing the board:

- (1) a completed initial application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) evidence of having completed:
 - (a) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Dental 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
 - (b) 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;
- (4) documentation of current certification in ACLS or PALS;
- (5) documentation of current CPR certification;
- (6) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (7) attestation of compliance with an on-site inspection described in subpart 23.

B. Once a dentist possesses a valid certificate for general anesthesia, the dentist is not required to possess an additional certificate for deep or moderate sedation.

C. A dentist who administers general anesthesia or deep sedation without a general anesthesia certificate shall be subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 17. Initial certification for moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation only after providing the board:

- (1) a completed initial application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) evidence of having completed a course of education resulting in the dentist becoming clinically competent in the administration of moderate sedation. The course must include a minimum of 60 hours of didactic education in both enteral and parenteral administration and personal administration and management of at least ten individual supervised cases of parenteral moderate sedation of which a maximum of five cases may be performed on a patient simulation manikin;
- (4) documentation of current certification in ACLS or PALS;
- (5) documentation of current CPR certification;
- (6) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (7) attestation of compliance with an on-site inspection described in subpart 23.

B. A dentist who administers moderate sedation without a moderate sedation certificate shall be subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 18. Board-issued certificates for general anesthesia and moderate sedation.

A. The board shall issue the following certificates for general anesthesia and moderate sedation:

- (1) general anesthesia, which authorizes a dentist to either administer general anesthesia, deep sedation, or moderate sedation, or to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation; and
- (2) moderate sedation, which authorizes a dentist to either administer moderate sedation or to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist administers general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate general anesthesia or moderate sedation certificate. The request must include the fee under Minnesota Statutes, section 150A.091, subdivision 12.

D. To renew a general anesthesia or moderate sedation certificate, the dentist must provide the board:

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) documentation of current certification in ACLS or PALS;
- (4) documentation of current CPR certification;
- (5) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (6) attestation of compliance with an on-site inspection described in subpart 23.

E. A dentist's general anesthesia or moderate sedation certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon expiration, the dentist is prohibited from administering general anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board issues a current general anesthesia or moderate sedation certificate to the dentist described in subpart 19. After 30 days, the board shall terminate the dentist's general anesthesia or moderate sedation certificate.

Subp. 19. Expiration or termination of general anesthesia or moderate sedation certificate; requirements.

A. A dentist requesting renewal or recertification of a general anesthesia or moderate sedation certificate following expiration or termination must comply with the requirements for the applicable interval specified in subitem (1) or (2) and the requirements of this subpart.

(1) A dentist whose anesthesia or moderate sedation certificate that, within 30 calendar days, expired or was terminated by the board must provide the board:

- (a) a completed renewal application;
- (b) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (c) the nonrefundable late fee in Minnesota Statutes, section 150A.091, subdivision 11a;
- (d) documentation of current certification in ACLS or PALS;
- (e) documentation of current CPR certification;

(f) attestation of compliance with the practice and equipment requirements in subpart 22; and

(g) attestation of compliance with an on-site inspection described in subpart 23.

(2) A dentist whose anesthesia or moderate sedation certificate that, for more than 30 calendar days prior, expired or was terminated by the board must provide the board:

(a) a completed recertification application;

(b) the nonrefundable recertification fee in Minnesota Statutes, section 150A.091, subdivision 11b;

(c) the dentist's written attestation that the dentist has successfully completed the educational requirements for either general anesthesia described in subpart 16 or moderate sedation described in subpart 17;

(d) documentation of current certification in ACLS or PALS;

(e) documentation of current CPR certification; and

(f) attestation of compliance with the practice and equipment requirements in subpart 22.

B. Upon receipt of a recertification application for general anesthesia or moderate sedation, the board shall require that the dentist undergo an on-site inspection described in subpart 23.

C. A dentist whose anesthesia or moderate sedation certificate has expired or been terminated must not administer general anesthesia, deep sedation, or moderate sedation until the board issues a renewed or recertified general anesthesia or moderate sedation certificate to the dentist.

Subp. 20. Initial certification to provide dentistry with contracted sedation provider; application requirements for a dentist.

A. A dentist must not provide dental services to a patient who is under general anesthesia, deep sedation, or moderate sedation at any location other than a hospital unless the dentist possesses the applicable contracted sedation services certificate for general anesthesia or moderate sedation issued by the board.

B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

C. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under moderate sedation by a contracted sedation provider, the dentist is not required to possess an additional certificate for contracting with a sedation provider but is limited to moderate sedation.

D. To apply for a contracted sedation services certificate, the dentist must provide the board:

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) a copy of the contracted health care professional's current license;
- (4) documentation of the contracted health care professional's current certification in ACLS or PALS;
- (5) documentation of the contracted health care professional's current CPR certification;
- (6) documentation of the dentist's current CPR certification;
- (7) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (8) attestation of compliance with an on-site inspection described in subpart 23.

E. A dentist who does not comply with the requirements of this subpart is subject to disciplinary proceedings by the board on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 21. Board-issued certificates to provide dentistry with a contracted sedation provider.

A. The board shall issue the following certificates to provide dentistry with a contracted sedation provider:

(1) dentistry with contracted sedation services: general anesthesia, which authorizes a dentist to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal authority to administer general anesthesia, deep sedation, or moderate sedation; and

(2) dentistry with contracted sedation services: moderate sedation, which authorizes a dentist to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist provides dental services to patients under general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate contracted sedation services certificate. The request must include the fee in Minnesota Statutes, section 150A.091, subdivision 12.

D. To renew a contracted sedation services certificate, the dentist must provide the board:

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;

- (3) a copy of the contracted health care professional's current license;
- (4) documentation of the contracted health care professional's current certification in ACLS or PALS;
- (5) documentation of the contracted health care professional's current CPR certification;
- (6) documentation of the dentist's current CPR certification;
- (7) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (8) attestation of compliance with an on-site inspection described in subpart 23.

E. A dentist's contracted sedation services certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon the certificate's expiration, the dentist must not provide dental services to patients under general anesthesia, deep sedation, or moderate sedation until the board issues a current contracted sedation services certificate to the dentist under item F.

F. To renew a contracted sedation services certificate within 30 calendar days of the certificate's expiration, a dentist must provide the board:

- (1) a completed renewal application;
- (2) the nonrefundable renewal fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) the nonrefundable late fee in Minnesota Statutes, section 150A.091, subdivision 11a;
- (4) a copy of the contracted health care professional's current license;
- (5) documentation of the contracted health care professional's current certification in ACLS or PALS;
- (6) documentation of the contracted health care professional's current CPR certification;
- (7) documentation of the dentist's current CPR certification;
- (8) attestation of compliance with the practice and equipment requirements in subpart 22; and
- (9) attestation of compliance with an on-site inspection described in subpart 23.

G. The board shall terminate an expired contracted sedation services certificate that is not renewed under item F. The dentist may still apply for a contracted sedation services certificate by completing the application requirements in subpart 20, item D.

Subp. 22. Practice and equipment requirements.

A. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or moderate sedation must ensure that the practice requirements in this item are followed.

(1) A dentist must be prepared and competent to diagnose, resolve, and prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia, deep sedation, or moderate sedation. A dentist must 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 requires the monitoring of tissue oxygenation or ventilation.

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

(3) An individual qualified to administer general anesthesia, deep sedation, or moderate 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, deep sedation, or moderate sedation is achieved and until all dental services are completed on the patient. Prior to discharge, an individual qualified to administer anesthesia or sedation must assess the patient to ensure that the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

(4) A dentist administering general anesthesia, deep sedation, or moderate sedation to a patient must have in attendance personnel who are currently certified in CPR.

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

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

(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) an 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. 23. **On-site inspection; requirements and procedures.** All offices in which general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this part must be in compliance with this subpart.

A. A dentist who applies for an initial general anesthesia or moderate sedation certificate or who provides dental services to patients under general anesthesia, deep sedation, or moderate sedation must have an on-site inspection conducted at one primary office facility within 12 months following receipt of a certificate from the board. Thereafter, a dentist must have an on-site inspection conducted at one primary office facility at least once every five years.

B. 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.

C. If a dentist fails to meet the on-site inspection requirements of item A and, if applicable, item B because of extenuating circumstances, the dentist may apply for an extension of time to complete the requirements by making a written request to the board. If the board grants an extension, the board shall establish the length of the extension to obtain the on-site inspection requirements.

D. A dentist must pay all costs associated with an on-site inspection.

E. The board must notify the dentist if an on-site inspection is required. The board shall provide the dentist with the name of a sedation inspector or organization to arrange and perform the on-site inspection. The dentist may have an on-site inspection performed by another board-approved individual or board-approved organization. The dentist must ensure that the inspection is completed within 30 calendar days of the board's notice.

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

G. If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

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

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PROFESSIONAL DEVELOPMENT

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

Subpart 1. Professional development cycles.

A. The initial professional development cycle begins on the date licensure is granted by the board and ends on the last day of the licensee's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee's year of birth. The initial cycle varies in the number of months depending on the date licensure is granted.

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

Subp. 2. Professional development requirements.

A. Each licensee shall establish a portfolio to record, monitor, and retain documentation of fundamental and elective professional development activities.

B. The minimum number of required hours of fundamental and elective activities for each initial or biennial cycle is 50 hours for dentists and dental therapists and 25 hours for dental hygienists and licensed dental assistants. Any professional development hours earned in excess of the required hours for an initial or biennial cycle must not be carried forward to the next biennial cycle.

(1) Of the 50 hours required for a dentist and dental therapist, at least 30 hours must be fundamental activities and no more than 20 hours can be elective activities.

(2) Of the 25 hours required for a dental hygienist and licensed dental assistant, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities.

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

D. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

(1) clinical subjects. Clinical subjects are covered through seminars, webinars, symposiums, lectures, college courses pertaining to basic sciences, or programs whose contents directly relate to the provision of dental care and treatment to patients. College course credit is limited to five hours for each college course completed within a cycle with a maximum of 15 college credit hours per cycle;

(2) other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs. Each licensee must complete at least two courses out of the following list for each initial or biennial cycle:

- (a) record keeping;
- (b) ethics;
- (c) patient communications;
- (d) management of medical emergencies;
- (e) treatment and diagnosis; and
- (f) Health Insurance Portability and Accountability Act (HIPAA);

(3) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

(4) activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity 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 must directly relate to or support dentistry and include:

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

(2) volunteerism or community service directly relating to dentistry 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 dentistry;

(4) scholarly activities, including:

(a) teaching a professional course directly related to dentistry or presenting a continuing dental education program;

(b) presenting a table clinic directly related to dentistry;

(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;

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

(f) similar academic activities relating to dentistry;

(5) dental practice management courses;

(6) leadership or committee involvement with a dental board or a dental professional association for a maximum of three credit hours per cycle; and

(7) elective activities approved by the board. Elective activities under this subitem shall be approved by the board only if the board finds the contents of the activity directly relates to or supports dentistry.

Subp. 4. **Documentation of professional development activities.** A licensee must record or obtain documentation of hours in professional development activities for the licensee's portfolio. Documentation includes:

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

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

C. similar documentation of professional development activities.

Subp. 5. **Retention of documentation.** A licensee must keep documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee must retain the documentation for the current biennial renewal cycle and the previous completed biennial cycle for purposes of an audit by the board.

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

History: *29 SR 306; 31 SR 1238; 35 SR 459; 36 SR 738; 37 SR 1849; 39 SR 1455; 42 SR 226; 46 SR 908*

Published Electronically: *March 17, 2022*

3100.5200 PORTFOLIO CONTENTS.

A licensee 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, a licensee must have the required number of hours, if applicable, and proof of acceptable documentation described under part 3100.5100, subpart 4, contained within the portfolio.

Statutory Authority: *MS s 150A.04*

History: *29 SR 306; 35 SR 459*

Published Electronically: *September 30, 2010*

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 who is the subject of any complaint, investigation, or proceeding under Minnesota Statutes, sections 150A.08 and 214.10. The licensee shall receive notification of being audited. A licensee who is selected for an audit shall provide a 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 by indicating the determination made regarding professional development compliance. A licensee is considered to be actively licensed during the audit process.

Subp. 2. **Appropriate documentation.** The licensee 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. Deficiencies causing audit failure include 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. Upon failure of an audit, the board must grant the licensee up to three months to comply with written requirements to resolve deficiencies in professional development compliance.

C. If the licensee fails to comply with the professional development requirements by the end of the three months, the board must initiate disciplinary proceedings against the licensee on grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

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

Subp. 5. **Mandatory audit.** The licensee 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.

Subp. 6. **Audit fee.** The licensee shall submit to the board the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 16, after failing two professional development portfolio audits and thereafter for each failed professional development portfolio audit.

Statutory Authority: *MS s 150A.04*

History: *29 SR 306; 31 SR 1238; 35 SR 459; 37 SR 1849; 39 SR 1455; 48 SR 1089*

Published Electronically: *July 24, 2024*

3100.5400 [Repealed, 46 SR 908]

Published Electronically: *March 17, 2022*

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, dental therapists, dental hygienists, and licensed dental assistants are in Minnesota Statutes, section 150A.08, subdivision 1.

Statutory Authority: *MS s 150A.04*

History: *35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

3100.6200 CONDUCT UNBECOMING A LICENSEE.

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

- A. engaging in personal conduct that brings discredit to the profession of dentistry;
- B. demonstrating gross ignorance or incompetence in the practice of dentistry or repeated performance of dental treatment that falls below accepted standards;
- C. making inappropriate sexual remarks or advances toward a patient or colleague;
- D. billing patients for unnecessary services or services not rendered or inaccurately documenting services;
- E. failing to communicate an accurate treatment plan and financial information;
- F. performing services as a dental therapist, dental hygienist, or licensed dental assistant not authorized by the dentist under this chapter or Minnesota Statutes, chapter 150A;
- G. accepting or offering rebates, split fees, or commissions for services rendered to a patient from or to any person other than a partner, employee, employer, associate in a dental professional firm, or professional subcontractor or consultant authorized to practice in dentistry;
- H. falsifying records relating to payment for services rendered, participation in a CDE course; or other records with respect to licensure, CDE, and the practice of dentistry;
- I. committing 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 required by part 3100.6350;
- K. failing to maintain adequate safety and sanitary conditions for a dental office specified in part 3100.6300; and
- L. failing to provide access to and transfer of medical and dental records 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; 35 SR 459; 36 SR 738; 46 SR 908*

Published Electronically: *March 17, 2022*

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 must be kept neat and clean, and free of rubbish, ponded water, or other conditions of similar nature that would have a tendency to create a public health nuisance.

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

Subp. 4. **Control of insects and vermin.** The premises must 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 must be kept in approved containers and emptied at frequent intervals.

Subp. 6. **Heating, lighting, and other service equipment.** The heating of offices must be by heating systems conforming to state and local heating codes and regulations. Individual room heaters must be located to avoid direct contact with any combustible material. Installation and maintenance of electric wiring, motors, and other electrical equipment must be in compliance 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 community health board must 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 must be in compliance with all applicable plumbing codes. Adequate hand washing facilities, of an approved type, must be provided convenient to the work area. Hand washing facilities must 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, must be disposed of through trap drains into a public sanitary sewer system in localities where a system is available. In localities where a public sanitary sewer system is not available, liquid and human waste must 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, must be clean and free of any 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 by the United States Department of Health and Human Services, Public Health Service, and the Centers for Disease Control and Prevention. Infection control standards are subject to frequent change.

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

Subp. 13. [Repealed, 35 SR 459]

Subp. 14. **Hazardous waste.** Dental health care personnel shall comply with the requirements for hazardous waste in chapter 7045.

Subp. 15. **Ionizing radiation.** Each licensee shall comply with the requirements for ionizing radiation in chapter 4732.

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; 35 SR 459; 36 SR 738; L 2015 c 21 art 1 s 109; 42 SR 226*

Published Electronically: *August 30, 2017*

3100.6325 [Repealed, 46 SR 908]

Published Electronically: *March 17, 2022*

3100.6350 REQUIRED COOPERATION.

A licensee or applicant who is the subject of an investigation or proceeding under this chapter or 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 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; 150A.08; 319A.18*

History: *10 SR 1613; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.6400 IMPROPER AND UNJUSTIFIED NAMES.

A name used for a dental practice that connotes unusual or superior dental ability, or is likely to create a false or unjustified expectation of favorable results is in violation of Minnesota Statutes, sections 150A.11, subdivision 1, and 319B.05.

Statutory Authority: *MS s 150A.04; 150A.11; 214.15; 319A.07*

History: *10 SR 1613; 35 SR 459*

Published Electronically: *September 30, 2010*

ADVERTISING**3100.6500 COMMUNICATING DECEPTIVE STATEMENT OR CLAIM.**

A person shall not, on behalf of the person, a partner, an associate, or any other dentist with whom the person is affiliated through a firm 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; 150A.11; 214.15*

History: *10 SR 1613; 17 SR 1279; 35 SR 459*

Published Electronically: *September 30, 2010*

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 documented diagnosis by the dentist of the oral cavity, including periodontal disease, occlusal discrepancies, caries, oral abnormalities, and the development of a treatment plan. If there are additional charges besides the examination fee for radiographs or a written itemized treatment plan, these charges must 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, this information must be disclosed in the advertisement.

D. Prophylaxis (cleaning): the removal of calculus 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; 150A.06; 150A.11; 214.15*

History: *10 SR 1613; 46 SR 908*

Published Electronically: *March 17, 2022*

3100.6700 NAME AND ADDRESS IN ADVERTISEMENT.

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

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

History: *35 SR 459*

Published Electronically: *September 30, 2010*

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; 214.15*

Published Electronically: *September 30, 2010*

3100.6900 COMPENSATION FOR PATIENT REFERRAL.

A licensee shall not offer, give, receive, or agree to receive any fee or other compensation to or from a third party for the referral of a patient for dental services. Nothing contained in this part

shall prohibit a licensee from providing a gift to a patient or from providing a credit for dental services to a patient.

Statutory Authority: *MS s 150A.04; 150A.06; 150A.11; 214.15*

History: *46 SR 908*

Published Electronically: *March 17, 2022*

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. dental anesthesiology;
- B. dental public health;
- C. endodontics (endodontist);
- D. oral and maxillofacial pathology (oral pathologist);
- E. oral and maxillofacial radiology (oral radiologist);
- F. oral and maxillofacial surgery (oral and maxillofacial surgeon);
- G. oral medicine;
- H. orofacial pain;
- I. orthodontics and dentofacial orthopedics (orthodontist);
- J. pediatric dentistry (pedodontist);
- K. periodontics (periodontist); and
- L. prosthodontics (prosthodontist).

Subp. 2. **Education criteria.** A licensed dentist may advertise as a specialist in an area if the dentist has evidence of graduating from a postdoctoral specialty program accredited by the Commission on Dental Accreditation in any of the designated specialty areas of subpart 1.

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. These dentists must 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; 35 SR 459; 37 SR 1849; 39 SR 1455; 46 SR 908*

Published Electronically: *March 17, 2022*

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; 150A.11; 214.15*

History: *10 SR 1613*

Published Electronically: *September 30, 2010*

3100.7200 [Repealed, 46 SR 908]

Published Electronically: *March 17, 2022*

ALLIED DENTAL PERSONNEL**3100.8100 EMPLOYING, ASSISTING, OR ENABLING UNLICENSED PRACTICE.**

"Employing, assisting, or enabling in any manner an unlicensed person to practice dentistry," is defined in items A to C.

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), includes the practice by a licensed dentist in the same premises occupied by a dental laboratory or technician if the 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 prosthodontic, 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 means public facilities used in common, such as office door, reception room, receptionist, files, telephone, telephone number, address, and post office box.

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

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

History: *31 SR 1238; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.8200 UNLAWFUL PRACTICE BY ALLIED DENTAL PERSONNEL.

An assistant, hygienist, dental therapist, 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 the assistant, hygienist, dental therapist, 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, 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.04; 150A.08; 150A.10; 150A.11*

History: *35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

3100.8300 RESPONSIBILITIES OF LICENSED DENTIST.

Nothing in this chapter relating to the scope of services rendered by assistants, technicians, hygienists, or dental therapists 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, hygienists, or dental therapists shall be fully responsible for all acts or omissions of these personnel performed or omitted if the acts or omissions are within the normal scope of their employment. Acts or omissions of personnel means whether or not omitted or committed by personnel at the instance and request of the employing dentist if the omission or commission is within the normal scope of their employment.

Statutory Authority: *MS s 150A.04*

History: *35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

3100.8400 ASSISTANTS WITHOUT A LICENSE.

Subpart 1. **Permissible procedures.** Assistants without a license may:

- A. retract a patient's cheek, tongue, or other parts of tissue during a dental operation;
- B. assist with the placement or removal of devices or materials for isolation purposes as directed by the dentist or dental therapist during dental treatment;
- C. remove debris or water that is created during treatment rendered by a dentist or dental therapist using suction devices;
- D. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity during dental treatment under the personal supervision of a dentist or dental therapist;
- E. aid dental hygienists and licensed dental assistants in the performance of their delegated procedures defined in parts 3100.8500 and 3100.8700; and
- F. apply fluoride varnish in a community setting under the authorization and direction of a licensed practitioner with prescribing authority such as a dentist or physician, as long as the

licensed practitioner authorizing the service or the facility at which the fluoride varnish is administered maintains appropriate patient records of the treatment.

Subp. 1a. **Compliance with minimal requirements.** The dentist is responsible for ensuring that any assistant working under the dentist's or dental therapist's supervision as defined in subpart 1:

A. completes a CPR certification course and maintains current CPR certification thereafter; and

B. complies with the most current infection control practices for a dental setting.

Subp. 2. [Repealed, 10 SR 1612]

Subp. 3. **Other procedures prohibited.** An assistant must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

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; 35 SR 459; 37 SR 1849; 46 SR 908*

Published Electronically: *March 17, 2022*

3100.8500 LICENSED DENTAL ASSISTANTS.

Subpart 1. **Procedures under general supervision.** A licensed dental assistant may perform the following procedures without the dentist being present in the dental office or on the premises if the dentist has prior knowledge of and has consented to the procedures being performed:

- 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 crowns or restorations;
- E. place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges;
- F. take radiographs;
- G. take impressions and bite registration;
- H. fabricate and deliver custom fitted trays;
- I. place and remove elastic orthodontic separators;
- J. complete preliminary charting of the oral cavity and surrounding structures with the exception of periodontal structures;
- K. take photographs extraorally or intraorally;
- L. take vital signs such as pulse rate and blood pressure as directed by a dentist;

M. obtain informed consent, according to part 3100.9600, subpart 9, for treatments authorized by the supervising dentist pursuant to the licensed dental assistant's scope of practice;

N. remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances; and

O. apply topical fluoride, including foam, gel, or varnish.

Subp. 1a. **Procedures under indirect supervision.** A licensed dental assistant, in addition to the services performed by an assistant 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 including bleaching agents, desensitizing agents, and cavity varnishes as prescribed by a dentist;

B. place and remove devices or materials for isolation purposes;

C. remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only;

D. perform mechanical polishing to clinical crowns, not including the removal of calculus by instrumentation;

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 initial arch wires on orthodontic appliances. A dentist must select and, if necessary, adjust arch wires prior to placement;

J. dry root canals with paper points;

K. place cotton pellets and temporary restorative materials into endodontic access openings;

L. etch appropriate enamel surfaces and apply and adjust pit and fissure sealants;

M. perform restorative procedures as permitted in Minnesota Statutes, section 150A.10, subdivision 4;

N. maintain and remove intravenous lines while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before managing and removing intravenous lines, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board; and

O. monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors, and capnography while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before monitoring a sedated patient, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board.

Subp. 1b. **Procedures under direct supervision.** A licensed 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 licensed dental assistant 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 licensed 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 through a school accredited by the Commission on Dental Accreditation;
- C. etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist;
- D. fabricate, place, replace, cement, and adjust temporary crowns or restorations;
- E. remove temporary restorations with hand instruments only;
- F. place and remove matrix systems and wedges;
- G. administer nitrous oxide inhalation analgesia according to part 3100.3600, subpart 15;
- H. attach prefrit and preadjusted orthodontic appliances;
- I. remove fixed orthodontic bands and brackets;
- J. initiate and place an intravenous line in preparation for intravenous medications and sedation while under direct supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before initiating and placing an intravenous line, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and be certified by the board; and
- K. place nonsurgical retraction material for gingival displacement. Before placing nonsurgical retraction material, a licensed dental assistant must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation.

Subp. 1c. **Procedures under personal supervision.** A licensed dental assistant may concurrently perform supportive services if the dentist holds a valid general anesthesia or moderate

sedation certificate, is personally treating a patient, and authorizes the licensed dental assistant to aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line. Before administering any medications or agents, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of general anesthesia and moderate sedation training and be certified by the board.

Subp. 2. Procedures requiring more coursework or in-office training and procedures prohibited.

A. If any delegated procedure in this part specifically indicates a requirement to complete additional coursework, the licensed dental assistant must complete the coursework to perform the procedure. All remaining delegated procedures listed are within the scope of practice for a licensed dental assistant with, if necessary, some required in-office training by the supervising dentist.

B. A licensed dental assistant must not perform any dental treatment or procedure on patients not otherwise authorized by this chapter.

Subp. 3. [Repealed, 46 SR 908]

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; 35 SR 459; 37 SR 1849; 39 SR 1455; 43 SR 507; 46 SR 908*

Published Electronically: *March 17, 2022*

3100.8600 [Repealed, 10 SR 1612]

Published Electronically: *September 30, 2010*

3100.8700 DENTAL HYGIENISTS.

Subpart 1. **Principal procedures under general supervision.** A dental hygienist may, under general supervision as defined in part 3100.0100, subpart 21, item D:

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

B. obtain informed consent, according to part 3100.9600, subpart 9, for treatments authorized by the supervising dentist pursuant to the dental hygienist's scope of practice;

C. take photographs extraorally or intraorally;

D. take vital signs, including pulse rate and blood pressure;

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

F. complete debridement, prophylaxis, and nonsurgical periodontal therapy;

G. etch enamel surfaces and apply and adjust pit and fissure sealants;

H. 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 Dental Accreditation, resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia;

I. administer nitrous oxide inhalation analgesia according to part 3100.3600, subpart 14;

J. take radiographs;

K. apply topical medications, including topical fluoride, bleaching agents, cavity varnishes, and desensitizing agents;

L. place subgingival medicaments;

M. take impressions and bite registration;

N. fabricate and deliver custom fitted trays;

O. provide nutritional counseling;

P. perform salivary analysis;

Q. remove marginal overhangs;

R. remove sutures;

S. place and remove periodontal dressings;

T. place and remove devices or materials for isolation purposes;

U. polish restorations;

V. remove excess cement from inlays, crowns, bridges, or orthodontic appliances;

W. fabricate, place, replace, cement, and adjust temporary crowns or restorations;

X. remove temporary crowns or restorations with hand instruments only;

Y. place and remove matrix systems and wedges; and

Z. place nonsurgical retraction material for gingival displacement. Before placing nonsurgical retraction material, a dental hygienist must have successfully completed a course in nonsurgical retraction material for gingival displacement at a school accredited by the Commission on Dental Accreditation.

Subp. 2. Restorative procedures under indirect supervision. A dental hygienist may perform restorative procedures pursuant to Minnesota Statutes, section 150A.10, subdivision 4, and under indirect supervision, as defined in part 3100.0100, subpart 21, item C, if the dental hygienist has:

A. successfully graduated from a Minnesota dental hygiene program accredited by the Commission on Dental Accreditation that included training for restorative procedures and received a restorative procedures certificate from the program; or

B. successfully completed a board-approved course on restorative procedures and received a restorative procedures certificate from the course sponsor.

Subp. 2a. **Orthodontic procedures under general, indirect, or direct supervision.** If a dental hygienist has fulfilled the requirements of item A, subitems (1), (2), or (3), the dental hygienist may perform the procedures listed in item B under the level of supervision indicated, as defined in part 3100.0100, subpart 21, items B, C, and D.

A. A dental hygienist must have:

(1) been granted a Minnesota dental hygiene license from the board prior to September 1, 2019;

(2) successfully graduated from a Minnesota dental hygiene program accredited by the Commission on Dental Accreditation after September 1, 2019, that included training for orthodontic procedures and received an orthodontic procedures certificate from the program; or

(3) successfully completed a board-approved course comprised of orthodontic procedures and received an orthodontic procedures certificate from the course sponsor.

B. The dental hygienist may perform the following procedures under:

(1) general supervision:

(a) cut arch wires on orthodontic appliances;

(b) remove loose bands on orthodontic appliances;

(c) remove loose brackets on orthodontic appliances;

(d) remove excess bond material from orthodontic appliances;

(e) preselect orthodontic bands;

(f) place and remove elastic orthodontic separators; and

(g) remove and place ligature ties and remove and replace existing arch wires on orthodontic appliances;

(2) indirect supervision: place initial arch wires on orthodontic appliances. A dentist must select and, if necessary, adjust arch wires prior to placement;

(3) direct supervision:

(a) etch enamel surfaces before bonding of orthodontic appliances by a dentist;

(b) remove bond material from teeth with rotary instruments after removal of orthodontic appliances;

- (c) attach prefit and preadjusted orthodontic appliances; and
- (d) remove fixed orthodontic bands and brackets.

Subp. 2b. **Sedation monitoring and intravenous procedures under indirect, direct, or personal supervision.** If a dental hygienist has successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training and is certified by the board, the dental hygienist may perform the following procedures under either indirect, direct, or personal supervision, as defined in part 3100.0100, subpart 21, items A, B, and C, for a dentist who holds a valid general anesthesia or moderate sedation certificate:

A. indirect supervision:

- (1) maintain and remove intravenous lines;
- (2) monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation, including pulse oximeters, electrocardiograms, blood pressures monitors, and capnography;

B. direct supervision: initiate and place an intravenous line in preparation for intravenous medications and sedation;

C. personal supervision: aid in the physical management of medications, including the preparation and administration of medications into an existing intravenous line.

Subp. 3. **Other procedures prohibited.** A dental hygienist must not perform any 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; 35 SR 459; 39 SR 1455; 43 SR 507; 46 SR 908*

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3100.8800 DENTAL TECHNICIANS.

Subpart 1. **Permissible duties.** As prescribed by Minnesota Statutes, section 150A.10, subdivision 3, 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 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 them.

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

History: *17 SR 1279; 35 SR 459*

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PROFESSIONAL FIRMS

3100.9100 ANNUAL REPORTS.

Annual reports of professional firms organized under Minnesota Statutes, sections 319B.01 to 319B.12, 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 firm;
- B. address or addresses at which the firm is providing dental services;
- C. name and address of each director, officer, and shareholder, and the position 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 319B.11, subdivision 4, paragraph (a).

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

History: *10 SR 1613; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.9200 REVIEW OF ANNUAL REPORT.

The board must review its licensure records and conduct any further investigation the board deems necessary and, if the board finds that the annual report does not conform to the requirements of the Minnesota Professional Firms Act and the rules adopted thereunder, the board 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 that are not approved by the executive secretary must be considered by the full board at the board's next meeting.

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

History: *10 SR 1613; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.9300 REVOCATION OF REGISTRATION.

The board shall revoke or, if appropriate, refuse to renew the registration of any firm which no longer meets all the requirements of the Minnesota Professional Firms Act. The firm'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; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.9400 NOTICE OF NEW SHAREHOLDERS OR MEMBERS.

Whenever a professional firm intends to admit to the firm a new shareholder or member, the firm shall notify the board in the firm's annual report indicating the identity, licensure status, and residence address of each new shareholder or member.

Statutory Authority: *MS s 150A.04; 319A.18*

History: *35 SR 459*

Published Electronically: *September 30, 2010*

3100.9500 FIRM NAMES.

The names of professional firms are governed by part 3100.6400 and Minnesota Statutes, section 319B.05.

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

History: 10 SR 1613; 35 SR 459

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RECORD KEEPING

3100.9600 RECORD KEEPING.

Subpart 1. **Definitions.** For the purposes of this part, "patient" means a natural person who has received dental treatment from a provider. In the case of a minor who has received dental treatment pursuant to Minnesota Statutes, sections 144.341 to 144.347, the patient includes a parent or guardian.

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

Subp. 3. **Personal data.** At a minimum, dental records must include the patient's:

- A. name;
- B. address;
- C. date of birth;
- D. parent's or guardian's name, if the patient is a minor;
- E. emergency contact; and
- F. insurance information.

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

Subp. 5. **Dental and medical history.** Dental records must include information from the patient or the patient's parent or guardian on the patient's dental and medical history. The information must include a sufficient amount of data to support the recommended treatment plan. The dental and medical history must be updated to reflect the current status of the patient.

Subp. 6. **Clinical examinations.** When a limited examination is performed, items A to C pertain only to the area treated. When a comprehensive examination is performed, dental records must include:

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

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

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

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

A. the dentist, advanced dental therapist, dental therapist, dental hygienist, or licensed dental assistant discussed with the patient the treatment options and the prognosis, benefits, and risks of each treatment that is within the scope of practice of the respective licensee; and

B. the patient has consented to the treatment chosen.

Subp. 10. **Progress notes.** Patient records must include a chronology of the patient's progress throughout the course of all treatment. All written progress notes must be legible and written in ink. The chronology must include:

A. all treatment provided;

B. all medications and anesthetics used;

C. all dental materials placed;

D. the treatment provider by license number, name, or initials;

E. when applicable, the identity of the collaborating dentist authorizing treatment by license number; and

F. administration information for nitrous oxide inhalation analgesia, including indication for use, dosage, duration of administration, posttreatment oxygenation period prior to discharge, and patient status at discharge.

Subp. 11. **Amendments to records.** If incorrect information is placed in a written record, it must be amended by crossing out with one single line and initialed by the provider. The provider initialing the record must identify who the provider is on the written record. In an electronic health record, an amendment to the record must be electronically time and date stamped by the provider.

Subp. 12. **Retention of records.**

A. For an adult patient with an active file, the dentist must maintain the patient's entire dental record. For an adult patient with an inactive file, the dentist must maintain the patient's dental records for at least seven years beyond the patient's last date of treatment by the dentist.

B. For a minor patient with an active file, the dentist must maintain the patient's entire dental record. For a minor patient with an inactive file, the dentist must maintain the patient's dental records until the patient is 25 years old.

Subp. 13. **Transfer of records.** A patient's dental records must be transferred according to Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status of the patient's account. Digital radiographs shall be transferred by compact or optical disc or electronic communication. All transferred film or digital radiographs must reveal images of diagnostic quality.

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 use an unalterable electronic record.

Statutory Authority: *MS s 144.335; 150A.04; 150A.06; 150A.08*

History: *21 SR 1730; L 2007 c 147 art 10 s 15; 35 SR 459; 36 SR 738; 37 SR 1849; 39 SR 1455; 43 SR 507; 46 SR 908*

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