

1 Board of Dentistry

2 Adopted Permanent Rules Relating to Licensure

3 3100.0100 DEFINITIONS.

4 [For text of subps 1 and 2, see M.R.]

5 Subp. 2a. **Advanced cardiac life support or ACLS.**

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

15 Subp. 2b. **Analgesia.** "Analgesia" means the diminution or  
16 elimination of pain as a result of the administration of an  
17 agent including, but not limited to, local anesthetic, nitrous  
18 oxide, and pharmacological and nonpharmacological methods. ~~Dose~~  
19 ~~or-dosages-must-be-administered-consistent-with-accepted-drug~~  
20 ~~references-or-publications-~~

21 Subp. 2c. **Anxiolysis.** "Anxiolysis" means the utilization  
22 of pharmacological or nonpharmacological methods to reduce  
23 patient anxiety including, but not limited to, behavior  
24 management, nitrous oxide, and ~~single-dose~~ oral anxiolytic or  
25 analgesic medications ~~administered-in-doses-consistent-with~~  
26 ~~accepted-drug-references-or-publications.~~

27 [For text of subps 3 to 7a, see M.R.]

1 Subp. 8. **Commission on Accreditation.** "Commission on  
2 Accreditation" means the Commission on Dental Accreditation of  
3 the American Dental Association or a successor organization.

4 Subp. 8a. **Conscious sedation.** "Conscious sedation" means  
5 a minimally depressed level of consciousness produced by a  
6 pharmacological or nonpharmacological method or a combination  
7 thereof that retains the patient's ability to independently and  
8 continuously maintain an airway and respond appropriately to  
9 physical stimulation or verbal command. ~~Dose-or-dosages-must-be~~  
10 ~~administered-consistent-with-accepted-drug-references-or~~  
11 ~~publications.~~

12 [For text of subps 8b and 9, see M.R.]

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

21 [For text of subps 9b to 11a, see M.R.]

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

26 Subp. 11c. **Faculty dentist.** "Faculty dentist" has the  
27 meaning given it in Minnesota Statutes, section 150A.01,

1 subdivision 6a.

2 Subp. 11d. **Fundamental activities.** "Fundamental  
3 activities" means those activities directly related to the  
4 provision of clinical dental services.

5 Subp. 12a. **General anesthesia.** "General anesthesia" means  
6 an induced state of unconsciousness produced by a  
7 pharmacological or nonpharmacological method or a combination  
8 thereof and accompanied by a partial or complete loss of  
9 protective reflexes, including the inability to continually  
10 maintain an airway independently and respond purposefully to  
11 physical stimulation or verbal commands. General anesthesia is  
12 synonymous with the term "deep sedation." ~~Dose-or-dosages-must~~  
13 ~~be-administered-consistent-with-accepted-drug-references-or~~  
14 ~~publications.~~

15 [For text of subp 12b, see M.R.]

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

20 [For text of subps 13 to 15a, see M.R.]

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

25 [For text of subps 16 to 18b, see M.R.]

26 Subp. 21. **Supervision.** "Supervision" means one of the  
27 following levels of supervision, in descending order of

1 restriction:

2 [For text of items A to C, see M.R.]

3 D. "General supervision" means the supervision of  
4 tasks or procedures that do not require the presence of the  
5 dentist in the office or on the premises at the time the tasks  
6 or procedures are being performed but require the tasks be  
7 performed with the prior knowledge and consent of the dentist.

8 Subp. 22. **Transdermal or transmucosal.** "Transdermal" or  
9 "transmucosal" means a technique of administration in which the  
10 drug is administered by patch or iontophoresis.

11 3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.

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

18 [For text of items A and B, see M.R.]

19 C. An applicant for licensure as a dentist must have  
20 been in active practice in another state, Canadian province, or  
21 United States government service for at least 2,000 hours within  
22 36 months prior to the board receiving a completed application  
23 and must submit at least three references from other practicing  
24 dentists.

25 D. An applicant for licensure as a dental hygienist  
26 must have been in active practice in another state, Canadian  
27 province, or United States government service for at least 2,000

1 hours within 36 months prior to the board receiving a completed  
2 application. The applicant must submit at least two character  
3 references from dentists and two references from practicing  
4 dental hygienists.

5 [For text of items E to L, see M.R.]

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

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

11 3100.1700 TERMS AND RENEWAL OF LICENSURE AND REGISTRATION;  
12 GENERAL.

13 [For text of subps 1 to 1b, see M.R.]

14 Subp. 2. **Renewal applications.** Each dentist, dental  
15 hygienist, registered dental assistant, or dental assistant with  
16 a limited registration under part 3100.8500, subpart 3, shall  
17 submit an application for biennial renewal of a license or  
18 registration together with the necessary fee no later than the  
19 last day of the licensee's or registrant's birth month which  
20 serves as the application deadline. Applications for renewal  
21 are considered timely if received by the board or postmarked no  
22 later than the last day of the licensee's or registrant's birth  
23 month. The application form must provide a place for the  
24 renewal applicant's signature certifying compliance with the  
25 applicable professional development requirements and information  
26 to include but not be limited to the applicant's office address  
27 or addresses, the license number or registration certificate

1 number, whether the licensee or registrant has been engaged in  
2 the active practice of dentistry during the two years preceding  
3 the period for which renewal is sought as a licensee or  
4 registrant, and if so, whether within or without the state, and  
5 such other information which may be reasonably requested by the  
6 board.

7 [For text of subps 3 to 5, see M.R.]

8 3100.3600 ADMINISTRATION OF GENERAL ANESTHESIA, CONSCIOUS  
9 SEDATION, AND NITROUS OXIDE INHALATION ANALGESIA.

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

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

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

18 [For text of subitem (1), see M.R.]

19 (2) a one-year residency in general anesthesia at  
20 an institution certified by the American Society of  
21 Anesthesiology, the American Medical Association, or the Joint  
22 Commission on Hospital Accreditation, resulting in the dentist  
23 becoming clinically competent in the administration of general  
24 anesthesia. The residency must include a minimum of 390 hours  
25 of didactic study, 1,040 hours of clinical anesthesiology, and  
26 260 cases of administration of general anesthesia to an  
27 ambulatory outpatient.

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

11           C. A dentist shall administer general anesthesia only  
12 by application of the appropriate systems and drugs for the  
13 delivery of general anesthesia. Prior to discharge, the dentist  
14 or the person administering the general anesthesia shall assess  
15 the patient to ensure the patient is no longer at risk for  
16 cardiorespiratory depression. The patient must be discharged  
17 into the care of a responsible adult.

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

21           A. A dentist must complete:

22                   (1) a course of education resulting in the  
23 dentist becoming clinically competent for administration of  
24 conscious sedation, to include a minimum of 60 hours of didactic  
25 education in both enteral and parenteral administration,  
26 personally administering and managing at least ten individual  
27 supervised cases of parenteral conscious sedation, and having

1 the instructor submit to the board documentation of successful  
2 completion of the course; and

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

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

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

22 Subp. 4. **Nitrous oxide inhalation analgesia; educational**  
23 **training requirements.** A dentist may administer nitrous oxide  
24 inhalation analgesia only pursuant to items A to D and subpart  
25 5, items A and C. A dental hygienist may administer nitrous  
26 oxide inhalation analgesia only pursuant to items C to F and  
27 subpart 5, item D. A registered dental assistant may administer



1 nitrous oxide inhalation analgesia only after a maximum dosage  
2 has been prescribed by a dentist for a specific patient, and it  
3 is administered pursuant to items C to F and subpart 5, item D.

4 [For text of item A, see M.R.]

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

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

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

24 E. A dental hygienist or registered dental assistant  
25 may administer nitrous oxide inhalation analgesia only after  
26 satisfactorily completing a course on the administration of  
27 nitrous oxide inhalation analgesia from an institution

1 accredited by the Commission on Accreditation, and submission by  
2 the instructor to the board documentation of successful  
3 completion of the course. The course must include a minimum of  
4 12 hours of didactic instruction, personally administering and  
5 managing at least three individual supervised cases of  
6 analgesia, and supervised clinical experience using fail-safe  
7 anesthesia equipment capable of positive pressure respiration.

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

13 Subp. 5. Notice to board.

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

18 B. A dentist may administer general anesthesia or  
19 conscious sedation only if the dentist has submitted the  
20 following information to the board on forms provided by it: the  
21 name, address, and telephone number of the institution at which  
22 the dentist took the program or residency that complies with  
23 subparts 2, item A, subitem (1) or (2); and 3, item A, subitem  
24 (1), a certified copy of the dentist's transcript or other  
25 official record from the institution verifying that the dentist  
26 satisfactorily completed the program, residency, or course; and  
27 the name, address, and telephone number of the institution or

1 other agency at which the dentist successfully completed the  
2 ACLS required by subparts 2, item A, subitem (3); and 3, item A,  
3 subitem (2). After this initial submission, dentists shall  
4 submit on their license renewal application or other form  
5 provided by the board a statement of the most recent course  
6 completed in ACLS.

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

19           D. A dental hygienist or registered dental assistant  
20 who graduated from an institution in Minnesota accredited by the  
21 Commission on Accreditation or received licensure by credentials  
22 prior to September 2, 2004, may administer nitrous oxide  
23 inhalation analgesia only after the dental hygienist or  
24 registered dental assistant has submitted the following  
25 information to the board on forms provided by it: the name,  
26 address, and telephone number of the institution at which the  
27 dental hygienist or registered dental assistant successfully

1 completed the course required by subpart 4, item E; and a  
2 certified copy of the dental hygienist's or registered dental  
3 assistant's transcript or other official record from the  
4 institution verifying that the dental hygienist or registered  
5 dental assistant has successfully completed CPR as required by  
6 subpart 4, item C. After this initial submission, the dental  
7 hygienist or registered dental assistant shall submit on the  
8 license renewal application or other form provided by the board  
9 a statement of the most recent course completed in CPR.

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

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

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

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

26 B. anxiolysis unintentionally becoming conscious  
27 sedation or general anesthesia when the licensee does not have a

1 certificate for administering general anesthesia or conscious  
2 sedation as described in subpart 9.

3           The report must be submitted to the board on forms  
4 provided by it within ten business days of the incident by the  
5 dentist, dental hygienist, or registered dental assistant, even  
6 when another licensed health care professional who, under  
7 contract or employment with the dentist, was the actual person  
8 administering the analgesia or pharmacological or  
9 nonpharmacological method. A licensee or registrant who fails  
10 to comply with reporting of incidents is subject to disciplinary  
11 proceedings on grounds specified in parts 3100.6100 and  
12 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

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

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

18           B. To administer general anesthesia or conscious  
19 sedation, a dentist must obtain a certificate from the board for  
20 the requested procedure. Failure by a dentist to obtain an  
21 appropriate certificate subjects the dentist to disciplinary  
22 proceedings on grounds specified in parts 3100.6100 and  
23 3100.6200 and Minnesota Statutes, section 150A.08, subdivision  
24 1. Certificate issuance is governed by subitems (1) to (9).

25           (1) A board-approved application form to obtain  
26 an initial general anesthesia or conscious sedation certificate  
27 must be filled out completely and submitted to the board along

1 with the appropriate nonrefundable fee described in Minnesota  
2 Statutes, section 150A.091, subdivision 11. An application form  
3 must include, but not be limited to, information on office  
4 facilities, support staff training, emergency protocols,  
5 monitoring equipment, and record-keeping procedures.

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

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

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

23 (5) For renewal of a general anesthesia or  
24 conscious sedation certificate, a board-approved application  
25 form must be obtained from the board and completed by the  
26 dentist whenever the dentist is subject to license renewal as  
27 described in part 3100.1700, subpart 2. An application form

1 must include, but not be limited to, information on office  
2 facilities, support staff training, emergency protocols,  
3 monitoring equipment, and record-keeping procedures. A  
4 dentist's certificate to administer general anesthesia or  
5 conscious sedation expires if the completed application and the  
6 appropriate nonrefundable fee as described in Minnesota  
7 Statutes, section 150A.091, subdivision 11, are not received by  
8 the board by the application deadline.

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

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

23           (8) Each dentist shall submit with a request for  
24 issuance of a duplicate of the general anesthesia or conscious  
25 sedation certificate the appropriate nonrefundable fee as  
26 described in Minnesota Statutes, section 150A.091, subdivision  
27 12.

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

5 Subp. 10. Practice and equipment requirements.

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

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

20 (2) An individual qualified to administer general  
21 anesthesia or conscious sedation, who is in charge of the  
22 administration of the anesthesia or sedation, must remain in the  
23 operatory room to continuously monitor the patient once general  
24 anesthesia or conscious sedation is achieved and until all  
25 dental services are completed on the patient returns-to-a-level  
26 one-consciousness. Thereafter, an individual qualified to  
27 administer anesthesia or sedation must ensure that the patient



1 is appropriately monitored and discharged as described in  
2 subparts 2, items B and C, and 3, items B and C.

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

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

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

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

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

17 (4) auxiliary lighting;

18 (5) a gas storage facility;

19 (6) a recovery area;

20 (7) a method to monitor respiratory function; and

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

1 scheduled basis.

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

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

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

19                   (2) Each dentist who holds an existing  
20 certificate must have an on-site inspection conducted at one  
21 primary office facility or provide proof to the board of having  
22 an inspection conducted within two years of the effective date  
23 of this part. Thereafter, each dentist must have an on-site  
24 inspection conducted at one primary office facility at least  
25 once every five years.

26                   (3) A dentist must have an on-site inspection  
27 conducted at one primary office facility if the board receives a

1 complaint alleging violation of this part and the board finds  
2 the complaint warrants further investigation according to  
3 disciplinary action.

4           B. If a dentist fails to meet the on-site inspection  
5 requirements because of extenuating circumstances, the dentist  
6 may apply for an extension of time to complete the requirements  
7 by making a written request to the board. The written request  
8 must include a complete explanation of the circumstances and the  
9 dentist's plan for completing the on-site inspection  
10 requirement. If an extension is granted after review, the board  
11 shall establish the length of the extension to obtain the  
12 on-site inspection requirements.

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

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

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

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

4 3100.5100 PROFESSIONAL DEVELOPMENT.

5 [For text of subps 1 and 2, see M.R.]

6 Subp. 3. Professional development activities.

7 Professional development activities include, but are not limited  
8 to, continuing education, community services, publications, and  
9 career accomplishments throughout a professional's life.

10 Professional development activities are categorized as  
11 fundamental or elective activities as described in items A and B.

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

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

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

26 [For text of units (a) to (e), see M.R.]

27 (f) treatment and diagnosis.

1 [For text of subitems (3) and (4), see M.R.]

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

5 [For text of subitems (1) to (4), see M.R.]

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

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

16 [For text of subps 4 and 5, see M.R.]

17 3100.5300 AUDIT PROCESS OF PORTFOLIO.

18 Subpart 1. Auditing for compliance. The board shall  
19 perform random audits of the portfolios. Besides random audits,  
20 the board may conduct a designated portfolio audit for a  
21 licensee or registrant who is the subject of any complaint,  
22 investigation, or proceeding under Minnesota Statutes, sections  
23 150A.08 and 214.10. The licensee or registrant shall receive  
24 notification of being audited. Those licensees or registrants  
25 who are selected for an audit shall provide their portfolio to  
26 the appropriate board committee within 60 days from the  
27 notification date. Failure to comply with the audit

1 documentation request or failure to supply acceptable  
2 documentation within 60 days may result in disciplinary action.  
3 After completion of an audit, the appropriate board committee  
4 shall officially notify the licensee or registrant by indicating  
5 the determination made regarding professional development  
6 compliance. All licensees or registrants are considered to be  
7 actively licensed or registered during the audit process.

8 [For text of subps 2 to 5, see M.R.]

9 3100.8100 EMPLOYING, ASSISTING, OR ENABLING UNLICENSED PRACTICE.

10 "Employing, assisting, or enabling in any manner an  
11 unlicensed person to practice dentistry," defined:

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

25 [For text of items B and C, see M.R.]

26 3100.8500 REGISTERED DENTAL ASSISTANTS.

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

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

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

- 23 A. apply topical medications such as, but not limited  
24 to, topical fluoride, bleaching agents, and cavity varnishes in  
25 appropriate dosages or quantities as prescribed by a dentist;
- 26 B. place and remove rubber dam;
- 27 C. remove excess cement from inlays, crowns, bridges,

- 1 and orthodontic appliances with hand instruments only;
- 2           D. perform mechanical polishing to clinical crowns
- 3 not including instrumentation. Removal of calculus by
- 4 instrumentation must be done by a dentist or dental hygienist
- 5 before mechanical polishing;
- 6           E. preselect orthodontic bands;
- 7           F. place and remove periodontal dressings;
- 8           G. remove sutures;
- 9           H. monitor a patient who has been induced by a
- 10 dentist into nitrous oxide inhalation analgesia;
- 11           I. place and remove elastic orthodontic separators;
- 12           J. remove and place ligature ties and arch wires on
- 13 orthodontic appliances. A dentist must select and, if
- 14 necessary, adjust arch wires prior to placement;
- 15           K. dry root canals with paper points;
- 16           L. place cotton pellets and temporary restorative
- 17 materials into endodontic access openings;
- 18           M. etch appropriate enamel surfaces, apply and adjust
- 19 pit and fissure sealants. Before the application of pit and
- 20 fissure sealants, a registered dental assistant must have
- 21 successfully completed a course in pit and fissure sealants at a
- 22 dental, dental hygiene, or dental assisting school accredited by
- 23 the Commission on Accreditation; and
- 24           N. restorative procedures as permitted in Minnesota
- 25 Statutes, section 150A.10, subdivision 4.
- 26           **Subp. 1b. Duties under direct supervision.** A registered
- 27 dental assistant may perform the following services if a dentist



1 is in the dental office, personally diagnoses the condition to  
2 be treated, personally authorizes the procedure, and evaluates  
3 the performance of the auxiliary before dismissing the patient:

4           A. remove excess bond material from orthodontic  
5 appliances;

6           B. remove bond material from teeth with rotary  
7 instruments after removal of orthodontic appliances. Before  
8 utilizing rotary instruments for the removal of bond material, a  
9 registered dental assistant must have successfully completed a  
10 course in the use of rotary instruments for the express purpose  
11 of the removal of bond material from teeth. The course must be  
12 one that is presented by a dental, dental hygiene, or dental  
13 assisting school accredited by the Commission on Accreditation;

14                           [For text of items C to E, see M.R.]

15           F. place and remove matrix bands;

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

18           H. attach prefit and preadjusted orthodontic  
19 appliances; and

20           I. remove fixed orthodontic bands and brackets.

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

24           Subp. 3. **Limited registration.** A dental assistant, who by  
25 virtue of academic achievement which is equal to or greater than  
26 that of a registered dental assistant, and is currently  
27 qualified in Minnesota in an allied health profession may take

1 dental radiographs under the general supervision of a dentist if  
2 the person complies with the requirements of this subpart. The  
3 person shall file with the board a completed application  
4 furnished by the board and the fee prescribed in part 3100.2000,  
5 subpart 1. In addition, the person shall submit evidence of the  
6 successful completion of a course on dental radiographs and of  
7 passing an examination. The course must be board-approved. The  
8 course shall be equivalent to the dental radiograph courses  
9 offered by dental assisting courses approved by the board under  
10 part 3100.1300, item B. The examination must be the radiograph  
11 part of the examination which is required of registered dental  
12 assistant applicants.

13 3100.8700 DENTAL HYGIENISTS.

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

19 [For text of items A and B, see M.R.]

20 C. preliminary charting of the oral cavity and  
21 surrounding structures to include case histories, perform  
22 initial and periodic examinations and assessments to ~~make-a~~  
23 ~~dental-hygiene-diagnosis-of~~ determine periodontal status, and  
24 formulate a dental hygiene treatment plan in coordination with a  
25 dentist's treatment plan;

26 [For text of items D to F, see M.R.]

27 G. replacement, cementation, and adjustment of intact

1 temporary restorations extraorally or intraorally;

2 H. removal of marginal overhangs;

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

5 J. administer local anesthesia. Before administering  
6 local anesthesia, a dental hygienist must have successfully  
7 completed a didactic and clinical program sponsored by a dental  
8 or dental hygiene school accredited by the Commission on  
9 Accreditation, resulting in the dental hygienist becoming  
10 clinically competent in the administration of local anesthesia;  
11 and

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

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

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

25 [For text of items A to C, see M.R.]

26 D. place and remove matrix bands;

27 E. remove bond material from teeth with rotary

1 instruments after removal of orthodontic appliances. Before  
2 utilizing rotary instruments for the removal of bond material, a  
3 dental hygienist must have successfully completed a course in  
4 the use of rotary instruments for the express purpose of the  
5 removal of bond material from teeth. The course must be one  
6 that is presented by a dental, dental hygiene, or dental  
7 assisting school accredited by the Commission on Accreditation;

8           F. attach prefit and preadjusted orthodontic  
9 appliances; and

10           G. remove fixed orthodontic bands and brackets.

11           Subp. 3. **Other duties prohibited.** No dental hygienist may  
12 perform any other dental treatment or procedure on patients not  
13 authorized by these parts.