

1.1 **Board of Dentistry**1.2 **Adopted Permanent Rules Relating to Licensure and Practice in Dentistry**1.3 **3100.0100 DEFINITIONS.**

1.4 Subpart 1. **Scope.** For the purpose of this chapter and unless the context otherwise
1.5 requires, the terms in this part have the meanings given them.

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

1.7 [For text of subps 2a and 2b, see M.R.]

1.8 Subp. 2c. [See repealer.]

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

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

1.13 Subp. 5. **Allied dental personnel.** "Allied dental personnel" means a dental
1.14 hygienist, licensed dental assistant, dental assistant with a limited-license permit, assistant
1.15 without a license or permit, and dental technician.

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

1.17 Subp. 8a. [See repealer.]

1.18 [For text of subps 8b to 9a, see M.R.]

1.19 Subp. 9b. **Deep sedation.** "Deep sedation" means a depressed level of consciousness
1.20 produced by a pharmacological or nonpharmacological method or a combination thereof
1.21 during which patients cannot be easily aroused but respond purposefully following
1.22 repeated or painful stimulation. ~~The ability to independently maintain ventilatory function~~
1.23 ~~may be impaired. Patients may require assistance in maintaining a patent airway, and~~
1.24 ~~spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.~~

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

2.5 Subp. 9c. **Dental health care personnel or DHCP.** "Dental health care personnel"
2.6 or "DHCP" means individuals who work in a dental practice who may be exposed to
2.7 body fluids such as blood or saliva.

2.8 Subp. 9d. **Dental hygienist.** "Dental hygienist" means a person holding a license as
2.9 a dental hygienist issued by the board pursuant to the act.

2.10 [For text of subps 10 to 11d, see M.R.]

2.11 Subp. 12. [Repealed, 10 SR 1613]

2.12 Subp. 12a. **General anesthesia.** "General anesthesia" means an induced state of
2.13 unconsciousness produced by a pharmacological or nonpharmacological method or a
2.14 combination thereof during which patients are not arousable, even by painful stimulation.
2.15 ~~The ability to independently maintain ventilatory function is often impaired. Patients often~~
2.16 ~~require assistance in maintaining a patent airway, and positive pressure ventilation may~~
2.17 ~~be required because of depressed spontaneous ventilation or drug-induced depression of~~
2.18 ~~neuromuscular function. Cardiovascular function may be impaired.~~ General anesthesia
2.19 is characterized by the frequent impairment of the patient's ability to independently
2.20 maintain ventilatory function, the patient's need for assistance in maintaining a patent
2.21 airway, the need for positive pressure ventilation due to depressed spontaneous ventilation
2.22 or drug-induced depression of neuromuscular function, and potential impairment of
2.23 cardiovascular function.

2.24 Subp. 12b. **Hospital.** "Hospital" means an institution licensed by the state
2.25 commissioner of health that:

3.1 A. is adequately and properly staffed and equipped;

3.2 B. provides services, facilities, and beds for use beyond 24 hours by individuals
3.3 requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality,
3.4 disease, or pregnancy; and

3.5 C. regularly provides clinical laboratory services, diagnostic x-ray services, and
3.6 treatment facilities for surgery or obstetrical care, or other definitive medical treatment of
3.7 similar extent.

3.8 ~~Hospital does not include~~ For the purposes of this chapter, diagnostic or treatment
3.9 centers, physicians' offices or clinics, or dentists' offices or clinics are not hospitals.

3.10 Subp. 12c. **Infection control.** "Infection control" means programs, procedures, and
3.11 methods to reduce the transmission of agents of infection for the purpose of preventing or
3.12 decreasing the incidence of infectious diseases.

3.13 Subp. 12d. **Inhalation.** "Inhalation" means a technique of administration in which
3.14 the gaseous or volatile agent is introduced into the pulmonary tree and whose primary
3.15 effect is due to absorption through the pulmonary bed.

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

3.18 Subp. 13. **Licensee.** "Licensee" means a dentist, dental hygienist, licensed dental
3.19 assistant, or dental assistant with a limited-license permit.

3.20 Subp. 13a. **Minimal sedation.** "Minimal sedation" means a minimally depressed
3.21 level of consciousness produced by a pharmacological or nonpharmacological method
3.22 that retains the patient's ability to independently and continuously maintain an airway and
3.23 respond normally to tactile stimulation and verbal command. ~~Cognitive function and~~
3.24 ~~coordination may be moderately impaired. Ventilatory and cardiovascular functions are~~
3.25 ~~unaffected.~~ Minimal sedation is characterized by moderate impairment to the patient's

4.1 cognitive function and coordination, but leaves unaffected the patient's ventilatory and
4.2 cardiovascular functions.

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

4.5 Subp. 14a. **Moderate sedation.** "Moderate sedation" means a depressed level
4.6 of consciousness produced by a pharmacological or nonpharmacological method or a
4.7 combination thereof during which patients respond purposefully to verbal commands,
4.8 either alone or accompanied by light tactical stimulation. ~~No interventions are required~~
4.9 ~~to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular~~
4.10 ~~function is usually maintained.~~ Moderate sedation is characterized by unaffected
4.11 cardiovascular functions, no need for intervention to maintain a patent airway for the
4.12 patient, and adequate spontaneous ventilation.

4.13 Subp. 15. **National board.** "National board" means an examination administered
4.14 nationally that is acceptable to the board.

4.15 [For text of subps 15a and 15b, see M.R.]

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

4.21 Subp. 16. **Person.** "Person" includes an individual, firm, partnership, association,
4.22 or any other legal entity.

4.23 [For text of subps 16a and 16b, see M.R.]

4.24 Subp. 17. [See repealer.]

4.25 Subp. 18. [See repealer.]

5.1 [For text of subps 18a and 18b, see M.R.]

5.2 Subp. 19. [Repealed, 10 SR 1613]

5.3 Subp. 20. [Repealed, 29 SR 306]

5.4 Subp. 21. **Supervision.** "Supervision" means one of the following levels of
5.5 supervision, in descending order of restriction.

5.6 A. "Personal supervision" means the dentist is personally operating on a patient
5.7 and authorizes the allied dental personnel to aid in treatment by concurrently performing
5.8 supportive procedures.

5.9 B. "Direct supervision" means the dentist is in the dental office, personally
5.10 diagnoses the condition to be treated, personally authorizes the procedure, and before
5.11 dismissal of the patient, evaluates the performance of the allied dental personnel.

5.12 C. "Indirect supervision" means the dentist is in the office, authorizes the
5.13 procedures, and remains in the office while the procedures are being performed by the
5.14 allied dental personnel.

5.15 [For text of item D, see M.R.]

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

5.18 **3100.0400 OFFICERS.**

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

5.22 **3100.1100 APPLICATIONS FOR LICENSE TO PRACTICE DENTISTRY.**

6.1 Subpart 1. **Form, credentials, and certification.** A person seeking licensure
6.2 to practice dentistry within Minnesota must present to the board an application and
6.3 credentials, as determined by the board, and meet the following requirements.

6.4 A. The application must be on a form furnished by the board and must be
6.5 completely filled out.

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

6.8 C. The applicant must furnish certification of having passed all parts of a
6.9 national board examination as defined in part 3100.0100, subpart 15.

6.10 D. An applicant who wants the authority under the license to administer a
6.11 pharmacological agent for the purpose of general anesthesia, deep sedation, or moderate
6.12 sedation or to administer nitrous oxide inhalation analgesia must comply with part
6.13 3100.3600.

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

6.17 Subp. 3. [Repealed, 18 SR 2042]

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

6.21 Subp. 5. **Certification of character.** The applicant shall furnish a testimonial of
6.22 good professional character from an authorized representative of the dental school from
6.23 which the applicant graduated and a certification by the secretary of the Board of Dental
6.24 Examiners of the state or Canadian province in which the applicant is licensed. The board

7.1 may in its discretion and for good cause waive the certification of good professional
7.2 character by an authorized representative of the dental school.

7.3 Subp. 6. **Anesthesia, sedation, and nitrous oxide.** A person applying for a license
7.4 to practice dentistry or a dentist already licensed who wants the authority under the
7.5 license to administer a pharmacological agent for the purpose of general anesthesia, deep
7.6 sedation, or moderate sedation or to administer nitrous oxide inhalation analgesia must
7.7 comply with the applicable requirements of part 3100.3600.

7.8 **3100.1200 APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE.**

7.9 A person seeking licensure to practice dental hygiene must present an application and
7.10 credentials as determined by the board and meet the following requirements of the board.

7.11 A. The application must be on a form furnished by the board and must be
7.12 completely filled out.

7.13 B. The applicant must furnish certification of having passed the national board
7.14 examination as defined in part 3100.0100, subpart 15.

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

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

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

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

8.1 **3100.1300 APPLICATION FOR LICENSE TO PRACTICE DENTAL ASSISTING.**

8.2 A person desiring to be licensed as a dental assistant shall submit to the board an
8.3 application and credentials as prescribed by the act and shall conform to the following:

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

8.5 C. Submission of evidence of satisfactorily passing both the board's state
8.6 licensing examination and the board-approved nationally recognized examination
8.7 designed to determine the applicant's knowledge of the clinical duties in part 3100.8500,
8.8 subparts 1 to 1b.

8.9 [For text of items D and E, see M.R.]

8.10 F. A dental assistant who received and maintained registration in Minnesota
8.11 prior to January 1, 2010, will continue to practice as a licensed dental assistant thereafter
8.12 without completing any further examinations as required by this part. The licensed dental
8.13 assistant must submit the applicable fee for an original license to the board at the time of
8.14 the subsequent biennial renewal as specified in the board's notice. If the applicable fee for
8.15 the original license is not received by the board, the licensee's registration will expire and
8.16 the licensee's right to practice as a licensed dental assistant will be terminated by the board.

8.17 **3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.**

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

8.23 [For text of items A to F, see M.R.]

8.24 G. An applicant must submit with the application a fee as prescribed in
8.25 Minnesota Statutes, section 150A.091, subdivision 9.

9.1 [For text of items H to N, see M.R.]

9.2 **3100.1600 ADDITIONAL INFORMATION FROM ALL APPLICANTS.**

9.3 Applicants must provide evidence of having fulfilled all the requirements of the act.
9.4 Applicants must sign an application and swear to the truth of the statements contained
9.5 in the application before a notary public or other person authorized by law to administer
9.6 oaths.

9.7 In order to pass on the applicant's qualification, nothing in this chapter shall limit
9.8 the board's authority to require an applicant to provide additional information as the
9.9 board deems necessary that is pertinent to the character, education, and experience of the
9.10 applicant as it relates to the applicant's ability to practice as a licensee.

9.11 **3100.1700 TERMS AND RENEWAL OF LICENSE OR PERMIT; GENERAL.**

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

9.16 Subp. 1a. **Initial term.** An initial license or permit issued by the board is valid from
9.17 the date issued until the last day of the licensee's birth month in either the following
9.18 even-numbered year for an even-numbered birthdate year or the following odd-numbered
9.19 year for an odd-numbered birthdate year, or terminated according to the procedures in
9.20 this part.

9.21 Subp. 1b. **Biennial term.** A properly renewed license or permit issued by the board
9.22 is valid from the first day of the month following expiration for 24 months until renewed
9.23 or terminated according to the procedures in this part.

9.24 Subp. 2. **Renewal applications.** A dentist, dental hygienist, licensed dental
9.25 assistant, or dental assistant with a permit under part 3100.8500, subpart 3, shall submit an
10.1 application for biennial renewal of a license or permit together with the necessary fee no

10.2 later than the last day of the licensee's birth month which is the application deadline. An
10.3 application for renewal is deemed timely if received by the board or postmarked no later
10.4 than the last day of the licensee's birth month. The application form must provide a place
10.5 for the renewal applicant's signature certifying compliance with the applicable professional
10.6 development requirements including holding a current CPR certification and information
10.7 including the applicant's office address or addresses, the license number, whether the
10.8 licensee has been engaged in the active practice of dentistry during the two years preceding
10.9 the period for which renewal is sought as a licensee, and if so, whether within or without
10.10 the state, and any other information which may be reasonably requested by the board.

10.11 Subp. 3. **Failure to submit renewal application.** The procedures in this subpart
10.12 shall be followed by the board for all licensees who have failed to submit the biennial
10.13 renewal application according to subpart 2 and applicable fees, except as provided in
10.14 subpart 5.

10.15 A. Any time after the application deadline, the board will send, to the last
10.16 address on file with the board, a notice to a licensee who has not made application for
10.17 the renewal of a license or permit. The notice will state that licensee has failed to make
10.18 application for renewal; the amount of the renewal and late fees; that licensee may
10.19 voluntarily terminate the license or permit by notifying the board; and that failure to
10.20 respond to the notice by the date specified, which date must be at least 33 days after the
10.21 notice is sent out by the board, either by submitting the renewal application and applicable
10.22 fees, or by notifying the board that licensee has voluntarily terminated the license or permit
10.23 will result in the expiration of the license or permit and termination of the right to practice.

10.24 B. If the application for renewal, including the applicant's signature certifying
10.25 compliance with the applicable professional development requirements, and the applicable
10.26 biennial and late fees or notice of voluntary termination is not received by the board
11.1 by the date specified in the notice, the license or permit will expire and the licensee's

11.2 right to practice will terminate as of the date specified in the notice. The expiration and
11.3 termination will not be considered a disciplinary action against the licensee.

11.4 Subp. 4. **Reinstatement.** A license which has expired according to this part may
11.5 be reinstated according to part 3100.1850.

11.6 Subp. 5. **Contested case proceedings.** The board, in lieu of the process in subpart 3,
11.7 may initiate a contested case hearing to revoke or suspend a license or permit for failure
11.8 to submit the fees or provide the applicant's signature certifying compliance with the
11.9 applicable professional development requirements on the renewal application, at the
11.10 same time that it initiates disciplinary proceedings against the licensee for other grounds
11.11 specified in Minnesota Statutes, section 150A.08, subdivision 1, and parts 3100.6100 to
11.12 3100.7200 and 3100.8100.

11.13 **3100.1850 REINSTATEMENT OF LICENSE.**

11.14 Subpart 1. **Requirements.** Upon complying with the requirements in this part, the
11.15 applicant's license shall be reinstated. A person desiring the reinstatement of a license
11.16 shall:

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

11.18 B. submit with the reinstatement application the fee specified in Minnesota
11.19 Statutes, section 150A.091, subdivision 10;

11.20 [For text of item C, see M.R.]

11.21 D. comply with the applicable provisions of subparts 2 to 5.

11.22 Upon reinstatement, the person shall be assigned to the biennial term to which the
11.23 licensee was assigned prior to termination of the license.

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

13.4 the national board examination or the clinical examination in part 3100.1200, item C,
13.5 for dental hygienists; and the two examinations in part 3100.1300, item C, for licensed
13.6 dental assistants. The examination must have been completed within 24 months prior to
13.7 the board's receipt of the application; or

13.8 (2) evidence of having successfully completed applicable board-approved
13.9 coursework with minimal hour requirements directly relating to the practice of dentistry,
13.10 dental hygiene, or dental assisting as indicated in the reinstatement application. The
13.11 board-approved coursework must have been completed within 24 months prior to the
13.12 board's receipt of the application. The coursework completed under this subpart may
13.13 not be used to fulfill any of the applicable professional development requirements in
13.14 part 3100.5100.

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

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

13.18 **3100.3100 CONDUCT OF EXAMINATIONS.**

13.19 This part and parts 3100.3300 to 3100.3500 govern the conduct of examinations
13.20 given to those applicants for licensure as a dentist or dental hygienist or as a licensed
13.21 dental assistant and must be strictly adhered to throughout the entire examination. An
13.22 examinee who violates any of the applicable rules or instructions may be declared by
13.23 the board to have failed the examination.

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

14.1 B. The board shall assign an applicant a number, and the applicant shall be
14.2 known by that number throughout the entire examination.

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

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

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

14.8 M. Only persons directly connected with the examination shall be admitted to
14.9 the examination rooms.

14.10 **3100.3200 CLINICAL EXAMINATIONS.**

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

14.16 **3100.3300 EXAMINATION OF DENTISTS.**

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

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

14.23 Subp. 3. **Additional written examination content.** An applicant shall be examined
14.24 for general knowledge of the act, the rules of the board, and the Minnesota Professional
15.1 Firms Act. Additional written theoretical examinations may be administered by the board
15.2 for licensure.

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

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

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

15.21 **3100.3500 EXAMINATION OF LICENSED DENTAL ASSISTANTS.**

15.22 Subpart 1. **Scope.** The act provides that the examination of an applicant for licensure
15.23 as a dental assistant in this state shall be sufficiently thorough to test the fitness of the
15.24 candidate to practice the skills that a licensed dental assistant is authorized to perform.

15.25 Subp. 2. **State and national examinations.** An applicant must pass both the board's
15.26 state licensing examination and the board-approved nationally recognized examination.

16.1 Subp. 2a. **Additional education for two failed clinical examinations.** When an
16.2 applicant fails twice any part of the clinical examination required by Minnesota Statutes,

16.3 section 150A.06, subdivision 2a, the applicant may not take it again until the applicant
16.4 successfully completes additional education provided by an institution accredited by the
16.5 Commission on Accreditation or an independent instructor approved by the board. The
16.6 education must cover all of the subject areas failed by the applicant in each of the two
16.7 clinical examinations. The applicant may retake the examination only after the institution
16.8 or independent instructor provides to the board information specifying the areas failed
16.9 in the previous examinations and the instruction provided to address the areas failed,
16.10 and certifies that the applicant has successfully completed the instruction. The applicant
16.11 must take the additional instruction required in this subpart each time the applicant fails
16.12 the clinical examination twice.

16.13 Subp. 3. **Additional examination content.** A candidate shall be examined for
16.14 general knowledge of the act and the rules of the board.

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

16.17 **3100.3600 ADMINISTRATION OF GENERAL ANESTHESIA, DEEP SEDATION,**
16.18 **MODERATE SEDATION, MINIMAL SEDATION, AND NITROUS OXIDE**
16.19 **INHALATION ANALGESIA.**

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

16.22 Subp. 2. **General anesthesia or deep sedation; educational training**
16.23 **requirements.** A dentist may administer general anesthesia or deep sedation only
16.24 pursuant to items A to C.

16.25 A. A dentist must complete either subitem (1) or (2) and subitems (3) and (4):

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

17.1 (2) a one-year residency in general anesthesia at an institution certified
17.2 by the American Society of Anesthesiology, the American Medical Association, or the

17.3 Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically
17.4 competent in the administration of general anesthesia. The residency must include a
17.5 minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260
17.6 cases of administration of general anesthesia to an ambulatory outpatient; and

17.7 (3) an appropriate dental sedation/anesthesia emergency management
17.8 course such as ACLS or PALS and maintain current dental sedation/anesthesia emergency
17.9 management certification thereafter; and

17.10 (4) a CPR certification course and maintain current CPR certification
17.11 thereafter.

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

17.19 C. A dentist shall administer general anesthesia or deep sedation only by
17.20 application of the appropriate systems and drugs for the delivery of general anesthesia
17.21 or deep sedation. Prior to discharge, the dentist or the person administering the general
17.22 anesthesia or deep sedation shall assess the patient to ensure the patient is no longer at
17.23 risk for cardiorespiratory depression. The patient must be discharged into the care of
17.24 a responsible adult.

17.25 Subp. 3. **Moderate sedation; educational training requirements.** A dentist may
17.26 administer moderate sedation only pursuant to items A to C.

18.1 A. A dentist must complete subitems (1) to (3):

18.2 (1) a course of education resulting in the dentist becoming clinically
18.3 competent for administration of moderate sedation, to include a minimum of 60 hours of
18.4 didactic education in both enteral and parenteral administration, personally administering
18.5 and managing at least ten individual supervised cases of parenteral moderate sedation of
18.6 which a maximum of five cases may be performed on a patient-simulated manikin, and
18.7 submit to the board original documentation from the instructor of successful completion
18.8 of the course;

18.9 (2) an appropriate dental sedation/anesthesia emergency management
18.10 course such as ACLS or PALS and maintain current dental sedation/anesthesia emergency
18.11 management certification thereafter; and

18.12 (3) a CPR certification course and maintain current CPR certification
18.13 thereafter.

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

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

19.1 Subp. 4. **Nitrous oxide inhalation analgesia; educational training requirements.**

19.2 A dentist may administer nitrous oxide inhalation analgesia only according to items A

19.3 to D and subpart 5, items A and C. A dental hygienist may administer nitrous oxide
19.4 inhalation analgesia only according to items C to F and subpart 5, item D. A licensed
19.5 dental assistant may administer nitrous oxide inhalation analgesia only after a maximum
19.6 dosage has been prescribed by a dentist for a specific patient, and it is administered
19.7 according to items C to F and subpart 5, item D.

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

19.12 B. A dentist who has not previously registered with the board pursuant
19.13 to subpart 5, item A, may administer nitrous oxide inhalation analgesia only after
19.14 satisfactorily completing a dental school or postdental graduate education course on the
19.15 administration of nitrous oxide inhalation analgesia from an institution accredited by the
19.16 Commission on Accreditation, and submitting to the board original documentation from
19.17 the institution of successful completion of the course. The course must be a minimum of
19.18 12 hours total comprised of didactic instruction, personally administering and managing at
19.19 least three individual supervised cases of analgesia, and supervised clinical experience
19.20 using fail-safe anesthesia equipment capable of positive pressure respiration.

19.21 C. A dentist, dental hygienist, or licensed dental assistant must complete CPR
19.22 training and maintain current CPR certification thereafter.

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

19.25 E. A dental hygienist or licensed dental assistant may administer nitrous oxide
19.26 inhalation analgesia only after satisfactorily completing a course on the administration of
20.1 nitrous oxide inhalation analgesia from an institution accredited by the Commission on
20.2 Accreditation, and submitting to the board original documentation from the institution of

20.3 successful completion of the course. The course must be a minimum of 12 hours total
20.4 comprised of didactic instruction, personally administering and managing at least three
20.5 individual supervised cases of analgesia, and supervised clinical experience using fail-safe
20.6 anesthesia equipment capable of positive pressure respiration.

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

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

20.12 A. A dentist who is administering general anesthesia, deep sedation, or
20.13 moderate sedation or who is administering nitrous oxide inhalation analgesia shall inform
20.14 the board of that fact on forms provided by the board.

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

21.1 C. A dentist not previously registered with the board according to item A
21.2 or who graduated from an institution in Minnesota accredited by the Commission on

21.3 Accreditation prior to April 15, 2008, may administer nitrous oxide inhalation analgesia
21.4 only after the dentist has submitted the information in subitems (1) and (2) to the board
21.5 on forms provided by the board:

21.6 (1) the name, address, and telephone number of the institution at which the
21.7 dentist took the course that complies with subpart 4, item B; and

21.8 (2) a certified copy of the dentist's transcript and other official record from
21.9 the institution verifying that the dentist has successfully completed CPR as required by
21.10 subpart 4, item C.

21.11 After the initial submission, a dentist shall submit on the license renewal application or
21.12 other form provided by the board a statement of the most recent course completed in CPR.

21.13 D. A dental hygienist or licensed dental assistant who graduated from an
21.14 institution in Minnesota accredited by the Commission on Accreditation or received
21.15 licensure by credentials prior to September 2, 2004, may administer nitrous oxide
21.16 inhalation analgesia only after the dental hygienist or licensed dental assistant has
21.17 submitted the information in subitems (1) and (2) to the board on forms provided by
21.18 the board:

21.19 (1) the name, address, and telephone number of the institution at which the
21.20 dental hygienist or licensed dental assistant successfully completed the course required
21.21 by subpart 4, item E; and

21.22 (2) a certified copy of the dental hygienist's or licensed dental assistant's
21.23 transcript and other official record from the institution verifying that the dental hygienist or
21.24 licensed dental assistant has successfully completed CPR as required by subpart 4, item C.

22.1 After the initial submission, the dental hygienist or licensed dental assistant shall
22.2 submit on the license renewal application or other form provided by the board a statement
22.3 of the most recent course completed in CPR.

22.4 Subp. 6. **Analgesia.** A dentist who has a current license to practice dentistry in
22.5 Minnesota may administer analgesia.

22.6 Subp. 7. **Minimal sedation.** A dentist who has a current license to practice dentistry
22.7 in Minnesota may administer minimal sedation.

22.8 Subp. 8. **Reporting of incidents required.** A dentist, dental hygienist, or licensed
22.9 dental assistant must report to the board any incident that arises from the administration of
22.10 nitrous oxide inhalation analgesia, general anesthesia, deep sedation, moderate sedation,
22.11 local anesthesia, analgesia, or minimal sedation that results in:

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

22.15 B. minimal sedation unintentionally becoming moderate sedation, deep
22.16 sedation, or general anesthesia when the licensee does not have a certificate for
22.17 administering general anesthesia or moderate sedation described in subpart 9.

22.18 The report must be submitted to the board on forms provided by the board within ten
22.19 business days of the incident by the dentist, dental hygienist, or licensed dental assistant,
22.20 even when another licensed health care professional who, under contract or employment
22.21 with the dentist, was the actual person administering the analgesia or pharmacological or
22.22 nonpharmacological method. A licensee who fails to comply with reporting of incidents is
22.23 subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200
22.24 and Minnesota Statutes, section 150A.08, subdivision 1.

22.25 Subp. 9. **General anesthesia or moderate sedation certificate.**

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

23.4 B. A dentist shall not administer general anesthesia, deep sedation, or moderate
23.5 sedation in the practice of dentistry unless the dentist possesses a general anesthesia
23.6 or moderate sedation certificate issued by the board according to this subpart. For
23.7 certification, the dentist shall meet all applicable requirements of this part, including
23.8 the educational training requirements in subparts 2 and 3, the practice and equipment
23.9 requirements in subpart 10, and the on-site inspection requirements in subpart 11. Failure
23.10 by a dentist to obtain a general anesthesia or moderate sedation certificate subjects the
23.11 dentist to disciplinary proceedings on the grounds specified in parts 3100.6100 and
23.12 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1. Certificates shall be
23.13 issued by the board in the following titles:

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

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

23.23 C. All certificates described in item B are issued and governed by subitems
23.24 (1) to (9).

23.25 (1) A board-approved application form to obtain an initial general
23.26 anesthesia or moderate sedation certificate must be filled out completely and submitted to
24.1 the board along with the applicable nonrefundable fee described in Minnesota Statutes,
24.2 section 150A.091, subdivision 11. An application form must include, but not be limited

24.3 to, information on office facilities, support staff training, emergency protocols, monitoring
24.4 equipment, and record-keeping procedures.

24.5 (2) A dentist is not required to possess an additional certificate for deep or
24.6 moderate sedation if the dentist possesses a valid certificate for general anesthesia.

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

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

24.17 (5) For renewal of a general anesthesia or moderate sedation certificate, a
24.18 board-approved application form must be obtained from the board and completed by the
24.19 dentist whenever the dentist is subject to license renewal described in part 3100.1700,
24.20 subpart 2. An application form must include, but not be limited to, information on
24.21 office facilities, support staff training, emergency protocols, monitoring equipment,
24.22 and record-keeping procedures. A dentist's general anesthesia or moderate sedation
24.23 certificate expires if the completed application and the nonrefundable fee described in
24.24 Minnesota Statutes, section 150A.091, subdivision 11, are not received by the board
24.25 by the application deadline. Immediately upon expiration of a certificate, the dentist is
24.26 prohibited from administering general anesthesia, deep sedation, or moderate sedation in
25.1 the practice of dentistry until the board issues a current general anesthesia or moderate
25.2 sedation certificate to the dentist described in subpart 9a. After 60 days from the renewal

25.3 application deadline, the board will terminate the dentist's general anesthesia or moderate
25.4 sedation certificate and send a notice of termination to the dentist.

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

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

25.15 (8) A dentist shall submit with a request for issuance of a duplicate of
25.16 the general anesthesia or moderate sedation certificate the applicable nonrefundable fee
25.17 described in Minnesota Statutes, section 150A.091, subdivision 12.

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

25.21 Subp. 9a. **Expiration or termination of general anesthesia or moderate sedation**
25.22 **certificate; requirements.** A dentist requesting renewal or recertification of a general
25.23 anesthesia or moderate sedation certificate following expiration or termination must
25.24 comply with the requirements for the applicable interval specified in item A or B. After
25.25 successful completion of all requirements, the board shall issue a general anesthesia or
25.26 moderate sedation certificate to the dentist.

26.1 A. A dentist whose anesthesia/sedation certificate has expired as described in
26.2 subpart 9, item C, subitem (5), or who voluntarily terminated the anesthesia/sedation

26.3 certificate, within 60 calendar days after the renewal application deadline, must comply
26.4 with subitems (1) to (6):

26.5 (1) submit to the board a completed board-approved renewal application
26.6 form for a general anesthesia or moderate sedation certificate;

26.7 (2) submit with the renewal application the applicable nonrefundable
26.8 renewal fee described in Minnesota Statutes, section 150A.091, subdivision 11;

26.9 (3) submit payment of the nonrefundable late fee to the board described in
26.10 Minnesota Statutes, section 150A.091, subdivision 11a;

26.11 (4) provide official documentation as proof of current certification in
26.12 ACLS, PALS, or an equivalent dental sedation/anesthesia emergency management course;

26.13 (5) provide required documentation of current CPR certification; and

26.14 (6) not administer general anesthesia, deep sedation, or moderate sedation
26.15 until the board issues a general anesthesia or moderate sedation certificate to the dentist.

26.16 B. A dentist whose anesthesia/sedation certificate has been terminated by the
26.17 board according to subpart 9, item C, subitem (5), or who voluntarily terminated the
26.18 anesthesia/sedation certificate, more than 60 calendar days after the renewal application
26.19 deadline, must comply with subitems (1) to (7):

26.20 (1) submit to the board a completed board-approved recertification
26.21 application form for a general anesthesia or moderate sedation certificate;

26.22 (2) submit with the recertification application the applicable nonrefundable
26.23 recertification fee described in Minnesota Statutes, section 150A.091, subdivision 11b;

27.1 (3) provide official documentation from the institution verifying successful
27.2 completion of the educational requirements for either general anesthesia described in
27.3 subpart 2 or moderate sedation described in subpart 3;

27.4 (4) provide official documentation of current certification in ACLS, PALS,
27.5 or an equivalent dental sedation/anesthesia emergency management course;

27.6 (5) provide required documentation of current CPR certification; and

27.7 (6) not administer general anesthesia, deep sedation, or moderate sedation
27.8 until the board issues a general anesthesia or moderate sedation certificate to the dentist.

27.9 C. Upon receipt of a recertification application for general anesthesia or
27.10 moderate sedation, the board may require that the dentist undergo an on-site inspection
27.11 described in subpart 11 or further review of the dentist's anesthesia/sedation credentials.

27.12 Subp. 9b. **Certificate to provide dentistry with contracted sedation provider.**

27.13 A. A dentist shall not provide dental services to a patient who is under general
27.14 anesthesia, deep sedation, or moderate sedation, at any location other than a hospital,
27.15 unless the dentist possesses the applicable contracted sedation provider certificate for
27.16 general anesthesia or moderate sedation issued by the board according to this subpart.
27.17 For certification, the dentist shall meet all applicable requirements of this subpart,
27.18 including the practice and equipment requirements in subpart 10 and the on-site inspection
27.19 requirements in subpart 11. Failure by a dentist to obtain the applicable certificate subjects
27.20 the dentist to disciplinary proceedings on grounds specified in parts 3100.6100 and
27.21 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1. Certificates shall be
27.22 issued by the board in the following titles:

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

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

28.7 B. Certificates in item A are issued and governed by subitems (1) to (7).

28.8 (1) To obtain an initial contracted sedation provider certificate, a
28.9 board-approved application form must be filled out completely and submitted to the board
28.10 along with the applicable nonrefundable fee in Minnesota Statutes, section 150A.091,
28.11 subdivision 11. ~~An A completed application form must include, but not be limited to, will~~
28.12 provide information on the employed or contracted licensed health care professional, office
28.13 facilities, emergency protocols, monitoring equipment, and record-keeping procedures,
28.14 and other information reasonably needed by the board to assess the certificate application.

28.15 (2) For renewal of a contracted sedation provider certificate, a
28.16 board-approved application form must be completed and submitted to the board along with
28.17 the applicable nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision
28.18 11, whenever the dentist is subject to license renewal in part 3100.1700, subpart 2. ~~An A~~
28.19 completed application form must include, but not be limited to, will provide information on
28.20 the employed or contracted licensed health care professional, office facilities, emergency
28.21 protocols, monitoring equipment, and record-keeping procedures, and other information
28.22 reasonably needed by the board to assess the certificate application. A dentist's contracted
28.23 sedation provider certificate expires if the completed application and nonrefundable fee are
28.24 not received by the board by the application deadline. Immediately upon expiration of a
28.25 certificate, the dentist is prohibited from providing dental services to patients under general
28.26 anesthesia, deep sedation, or moderate sedation until the board issues a current contracted
28.1 sedation provider certificate to the dentist as described in item C. Absent a timely renewal,

29.2 after 60 days from the renewal application deadline, the board will terminate the dentist's
29.3 contracted sedation provider certificate and send a notice of termination to the dentist.

29.4 (3) The dentist must comply with the practice and equipment requirements
29.5 in subpart 10.

29.6 (4) The dentist must comply with having an on-site inspection described
29.7 in subpart 11.

29.8 (5) If a dentist possesses a moderate sedation certificate described in
29.9 subpart 9 and desires to provide dental services to a patient under general anesthesia or
29.10 deep sedation, at any location other than a hospital, the dentist must obtain a contracted
29.11 sedation provider certificate for general anesthesia.

29.12 (6) A request for issuance of a duplicate contracted sedation provider
29.13 certificate must be accompanied by the applicable nonrefundable fee specified in
29.14 Minnesota Statutes, section 150A.091, subdivision 12.

29.15 (7) A certificate issued by the board must be conspicuously displayed in
29.16 plain sight of patients in every office in which the dentist provides dental services to
29.17 patients under general anesthesia, deep sedation, or moderate sedation.

29.18 C. A dentist desiring renewal of a contracted sedation provider certificate
29.19 following expiration or termination by the board under item B, subitem (2), or who
29.20 voluntarily terminated the certificate must comply with subitems (1) to (5). The dentist
29.21 must:

29.22 (1) submit to the board a completed board-approved renewal application
29.23 form for an appropriate contracted sedation provider certificate;

29.24 (2) submit with the renewal application the applicable nonrefundable
29.25 renewal fee described in Minnesota Statutes, section 150A.091, subdivision 11;

30.1 (3) submit payment to the board of the nonrefundable late fee specified in
30.2 Minnesota Statutes, section 150A.091, subdivision 11a;

30.3 (4) provide required documentation of current CPR certification; and

30.4 (5) not provide dental services to patients under general anesthesia, deep
30.5 sedation, or moderate sedation until the board issues an appropriate contracted sedation
30.6 provider certificate to the dentist.

30.7 After successful completion of all requirements, the board shall issue an appropriate
30.8 contracted sedation provider certificate to the dentist.

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

30.10 A. Dentists who administer general anesthesia, deep sedation, or moderate
30.11 sedation or who provide dental services to patients under general anesthesia, deep
30.12 sedation, or moderate sedation must ensure that the practice requirements in subitems (1)
30.13 to (3) are followed.

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

30.21 (2) An individual qualified to administer general anesthesia, deep sedation,
30.22 or moderate sedation, who is in charge of the administration of the anesthesia or sedation,
30.23 must remain in the operatory room to continuously monitor the patient once general
30.24 anesthesia, deep sedation, or moderate sedation is achieved and until all dental services
30.25 are completed on the patient. Thereafter, an individual qualified to administer anesthesia

31.1 or sedation must ensure that the patient is appropriately monitored and discharged as
31.2 described in subparts 2, items B and C, and 3, items B and C.

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

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

31.9 [For text of subitems (1) to (8), see M.R.]

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

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

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

31.22 (2) A dentist who holds an existing certificate must have an on-site
31.23 inspection conducted at one primary office facility or provide proof to the board of
31.24 having an inspection conducted within two years of March 19, 2010. Thereafter, each

32.1 dentist must have an on-site inspection conducted at one primary office facility at least
32.2 once every five years.

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

32.6 [For text of item B, see M.R.]

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

32.8 [For text of subitems (1) and (2), see M.R.]

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

32.12 **3100.5100 PROFESSIONAL DEVELOPMENT.**

32.13 **Subpart 1. Professional development cycles.**

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

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

33.1 **Subp. 2. Professional development requirements.**

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

33.6 B. The minimum number of required hours of fundamental and elective
33.7 professional development for each biennial cycle is 50 hours for dentists and 25 hours
33.8 for dental hygienists and licensed dental assistants. Each dentist, dental hygienist, and
33.9 licensed dental assistant shall establish a portfolio to record, monitor, and retain acceptable
33.10 documentation of fundamental and elective professional development activities, CPR
33.11 certification, and self-assessments. Any professional development hours earned in
33.12 excess of the required hours for a biennial cycle must not be carried forward to the
33.13 subsequent biennial cycle. The requirements for the fundamental and elective professional
33.14 development activities are described in subitems (1) and (2).

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

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

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

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

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

34.14 A. Fundamental activities include, but are not limited to, clinical subjects, core
34.15 subjects, CPR training, and the self-assessment examination. Examples of fundamental
34.16 activities for an initial or biennial cycle are described in subitems (1) to (5).

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

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

34.24 [For text of units (a) to (f), see M.R.]

34.25 (3) A CPR certification course is mandatory for each licensee to maintain
34.26 licensure. The CPR course must be equivalent to the American Heart Association

35.1 healthcare provider course or the American Red Cross professional rescuer course. The
35.2 licensee must hold a current CPR certificate when renewing a license or permit each
35.3 biennial term.

35.4 (4) A licensee must complete one self-assessment examination obtainable
35.5 through the board for each cycle.

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

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

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

35.13 (5) dental practice management courses include, but are not limited to,
35.14 computer, insurance claims or billing, and Health Insurance Portability and Accountability
35.15 Act (HIPAA) training; or

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

35.19 Subp. 4. **Acceptable documentation of professional development activities.**

35.20 A licensee must record or obtain acceptable documentation of hours in professional
35.21 development activities for the licensee's portfolio. Acceptable documentation includes,
35.22 but is not limited to, the following:

35.23 A. a completed self-assessment examination;

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

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

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

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

36.11 **3100.5200 PORTFOLIO CONTENTS.**

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

36.17 **3100.5300 AUDIT PROCESS OF PORTFOLIO.**

36.18 Subpart 1. **Auditing for compliance.** The board shall perform random audits of the
36.19 portfolios. Besides random audits, the board may conduct a designated portfolio audit
36.20 for a licensee who is the subject of any complaint, investigation, or proceeding under
36.21 Minnesota Statutes, sections 150A.08 and 214.10. The licensee shall receive notification
36.22 of being audited. A licensee who is selected for an audit shall provide a portfolio to the
36.23 appropriate board committee within 60 days from the notification date. Failure to comply
36.24 with the audit documentation request or failure to supply acceptable documentation within
36.25 60 days may result in disciplinary action. After completion of an audit, the appropriate
36.26 board committee shall officially notify the licensee by indicating the determination made

37.1 regarding professional development compliance. A licensee is considered to be actively
37.2 licensed during the audit process.

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

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

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

37.13 [For text of subitems (1) to (7), see M.R.]

37.14 B. Failing to comply with the board committee's requirements by the end of
37.15 the grace period shall result in the expiration of the person's license and termination of
37.16 the right to practice. A license that has expired according to this part may be reinstated
37.17 according to part 3100.1850.

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

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

37.23 **3100.5400 PROFESSIONAL DEVELOPMENT TRANSITION.**

37.24 After January 1, 2005, the board shall notify in writing each licensee regarding the
37.25 number of continuing education credits earned during their current five-year CDE cycle as

38.1 of that date. Each licensee shall apply the number of credits earned towards the applicable
38.2 professional development requirements described in part 3100.5100 when establishing
38.3 that person's biennial professional development portfolio. The CDE notification from the
38.4 board serves as acceptable documentation as proof of credits earned and must be retained
38.5 in the licensee's professional development portfolio.

38.6 A full faculty dentist may apply previous continuing education credits towards the
38.7 applicable professional development requirements described in part 3100.5100 when
38.8 establishing a biennial professional development portfolio. The full faculty dentist must
38.9 have earned the continuing education credit hours within the five-year period prior to
38.10 January 1, 2005, and must be able to obtain acceptable documentation of the hours
38.11 according to part 3100.5100, subpart 4.

38.12 **3100.6100 STATUTORY GROUNDS FOR DISCIPLINE.**

38.13 In general terms, the grounds for suspension or revocation of licenses of dentists,
38.14 dental hygienists, and licensed dental assistants are in Minnesota Statutes, section
38.15 150A.08, subdivision 1.

38.16 **3100.6200 CONDUCT UNBECOMING A LICENSEE.**

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

38.21 A. engaging in personal conduct that brings discredit to the profession of
38.22 dentistry;

38.23 B. gross ignorance or incompetence in the practice of dentistry or repeated
38.24 performance of dental treatment that falls below accepted standards;

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

39.1 D. dentists charging a patient an unconscionable fee or charging for services
39.2 not rendered;

39.3 E. performing unnecessary services;

39.4 F. hygienists or licensed dental assistants performing services not authorized by
39.5 the dentist under this chapter or Minnesota Statutes, chapter 150A;

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

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

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

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

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

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

39.22 **3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL**
39.23 **OFFICES.**

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

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

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

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

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

40.12 Subp. 6. **Heating, lighting, and other service equipment.** The heating of offices
40.13 must be by heating systems conforming to state and local heating codes and regulations.
40.14 Individual room heaters must be located to avoid direct contact with any combustible
40.15 material. Installation and maintenance of electric wiring, motors, and other electrical
40.16 equipment must be in compliance with applicable state and local electric codes and
40.17 regulations.

40.18 Subp. 7. **Water supply.** An ample supply of water of a safe, sanitary quality, from a
40.19 source that is approved by the agent of a board of health must be piped under pressure, and
40.20 in an approved manner, to all equipment and fixtures where the use of water is required.

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

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

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

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

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

41.21 Subp. 13. [See repealer.]

41.22 Subp. 14. **Hazardous waste.** Dentists, dental hygienists, and licensed dental
41.23 assistants shall comply with the requirements for hazardous waste in chapter 7045.

41.24 Subp. 15. **Ionizing radiation.** Dentists, dental hygienists, and licensed dental
41.25 assistants shall comply with the requirements for ionizing radiation in chapter 4732.

42.1 **3100.6325 VOLUNTARY TERMINATION OF LICENSE.**

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

42.6 **3100.6350 REQUIRED COOPERATION.**

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

42.11 A. furnish designated papers, documents, or tangible objects;

42.12 B. furnish in writing a full and complete explanation covering the matter under
42.13 consideration;

42.14 C. appear for conferences and hearings at the time and places designated.

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

42.19 **3100.6400 IMPROPER AND UNJUSTIFIED NAMES.**

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

42.23 **3100.6500 COMMUNICATING DECEPTIVE STATEMENT OR CLAIM.**

42.24 A person shall not, on behalf of the person, a partner, an associate, or any other
42.25 dentist with whom the person is affiliated through a firm or association, use or participate

43.1 in the use of any form of public communication containing a false, fraudulent, misleading,
43.2 or deceptive statement or claim.

43.3 A false, fraudulent, misleading, or deceptive statement or claim is one which:

43.4 [For text of items A to G, see M.R.]

43.5 **3100.6700 NAME AND ADDRESS IN ADVERTISEMENT.**

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

43.8 **3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.**

43.9 [For text of subp 1, see M.R.]

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

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

43.25 **3100.7200 FAILURE TO RESPOND TO ADVERTISING COMPLAINT.**

44.1 Failing to respond within 30 days to written communications from the Board of
44.2 Dentistry or failure to make available to the board any relevant records with respect to an
44.3 inquiry or complaint about the licensee's advertising practices shall constitute a violation
44.4 of parts 3100.6500 to 3100.7200 and Minnesota Statutes, section 150A.08, subdivision 1,
44.5 clause (6). The period of 30 days shall commence on the date when the communication
44.6 was sent from the board by certified mail with return receipt requested to the address
44.7 appearing in the last registration.

44.8 **3100.8100 EMPLOYING, ASSISTING, OR ENABLING UNLICENSED**
44.9 **PRACTICE.**

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

44.12 A. The phrase "employing, assisting, or enabling in any manner an unlicensed
44.13 person to practice dentistry" as found in Minnesota Statutes, section 150A.08, subdivision
44.14 1, clause (11), includes the practice by a licensed dentist in the same premises occupied by
44.15 a dental laboratory or technician if the dental laboratory or technician advertises, solicits,
44.16 represents, or holds itself out in any manner to the general public that it will sell, supply,
44.17 furnish, construct, repair, or alter prosthodontic, orthodontic, or other devices or structures
44.18 to be used as substitutes for, or as a part of natural teeth or jaws or associated structures or
44.19 for correction of malocclusions or deformities, or who in any way violates the provisions
44.20 of Minnesota Statutes, section 150A.11, subdivision 3.

44.21 B. "In the same premises" as used in item A means public facilities used in
44.22 common, such as office door, reception room, receptionist, files, telephone, telephone
44.23 number, address, and post office box.

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

44.25 **3100.8200 UNLAWFUL PRACTICE BY ALLIED DENTAL PERSONNEL.**

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

45.9 **3100.8300 RESPONSIBILITIES OF LICENSED DENTIST.**

45.10 Nothing in this chapter relating to the scope of services rendered by assistants,
45.11 technicians, or hygienists shall diminish or abrogate the professional and legal
45.12 responsibilities of employing dentists to their patients, to their profession, and to the state
45.13 of Minnesota. Dentists employing assistants, technicians, or hygienists shall be fully
45.14 responsible for all acts or omissions of these personnel performed or omitted if the acts
45.15 or omissions are within the normal scope of their employment. Acts or omissions of
45.16 personnel means whether or not omitted or committed by personnel at the instance and
45.17 request of the employing dentist if the omission or commission is within the normal
45.18 scope of their employment.

45.19 **3100.8400 ASSISTANTS WITHOUT A LICENSE OR PERMIT.**

45.20 Subpart 1. **Permissible duties.** Assistants under this subpart may:

45.21 A. perform all those duties not directly related with performing dental treatment
45.22 or services on patients;

45.23 B. retract a patient's cheek, tongue, or other parts of tissue during a dental
45.24 operation;

46.1 C. assist with the placement or removal of a rubber dam and accessories used
46.2 for its placement and retention, as directed by an operating dentist during the course of
46.3 a dental operation;

46.4 D. remove debris by the use of vacuum devices, compressed air, mouthwash,
46.5 and water that is normally created or accumulated during the course of treatment rendered
46.6 by a licensed dentist;

46.7 E. provide any assistance, including the placement of articles and topical
46.8 medication in a patient's oral cavity, in response to a specific direction by a licensed dentist
46.9 who is physically engaged in performing a dental operation as defined in the act and who
46.10 is physically in a position to give personal supervision to the assistant; and

46.11 F. aid dental hygienists and licensed dental assistants in the performance of their
46.12 duties as defined in parts 3100.8500 and 3100.8700.

46.13 Subp. 1a. **Compliance with minimal requirements.** The dentist is responsible for
46.14 ensuring that any assistant working under the dentist's supervision as defined in subpart
46.15 1 complies with items A and B:

46.16 A. completing a CPR certification course and maintaining current CPR
46.17 certification thereafter; and

46.18 B. compliance with the most current infection control recommendations,
46.19 guidelines, precautions, procedures, practices, strategies, and techniques specified in the
46.20 United States Department of Health and Human Services, Public Health Service, Centers
46.21 for Disease Control publications of the Morbidity and Mortality Weekly Report (MMWR).

46.22 Subp. 2. [Repealed, 10 SR 1612]

46.23 Subp. 3. **Other duties prohibited.** An assistant may not perform any dental
46.24 treatment or procedure on patients not otherwise authorized by this chapter.

46.25 **3100.8500 LICENSED DENTAL ASSISTANTS.**

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

47.5 [For text of items A to F, see M.R.]

47.6 G. take impressions for casts and appropriate bite registration, not to include
47.7 impressions and bite registrations for final construction of fixed and removable prostheses;

47.8 H. deliver vacuum-formed orthodontic retainers; and

47.9 I. place and remove elastic orthodontic separators.

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

47.14 A. apply topical medications such as, but not limited to, topical fluoride,
47.15 bleaching agents, and cavity varnishes in appropriate dosages or quantities prescribed by
47.16 a dentist;

47.17 [For text of items B to H, see M.R.]

47.18 I. remove and place ligature ties and arch wires on orthodontic appliances. A
47.19 dentist must select and, if necessary, adjust arch wires prior to placement;

47.20 J. dry root canals with paper points;

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

47.23 L. etch appropriate enamel surfaces, apply and adjust pit and fissure sealants.
47.24 Before the application of pit and fissure sealants, a licensed dental assistant must have
48.1 successfully completed a course in pit and fissure sealants at a dental, dental hygiene, or
48.2 dental assisting school accredited by the Commission on Accreditation;

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

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

48.10 O. monitor a patient during preoperative, intraoperative, and postoperative
48.11 phases of general anesthesia or moderate sedation using noninvasive instrumentation
48.12 ~~including, but not limited to,~~ such as pulse oximeters, electrocardiograms, blood pressure
48.13 monitors, and capnography while under indirect supervision of a dentist who holds a
48.14 valid general anesthesia or moderate sedation certificate. Before monitoring a sedated
48.15 patient, a licensed dental assistant must have successfully completed board-approved
48.16 allied dental personnel courses comprised of intravenous access and general anesthesia
48.17 and moderate sedation training.

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

48.22 A. remove excess bond material from orthodontic appliances;

48.23 B. remove bond material from teeth with rotary instruments after removal
48.24 of orthodontic appliances. Before utilizing rotary instruments for the removal of bond

48.25 material, a licensed dental assistant must have successfully completed a course in the use
48.26 of rotary instruments for the express purpose of the removal of bond material from teeth.
49.1 The course must be one that is presented by a dental, dental hygiene, or dental assisting
49.2 school accredited by the Commission on Accreditation;

49.3 [For text of items C to F, see M.R.]

49.4 G. administer nitrous oxide inhalation analgesia according to part 3100.3600,
49.5 subparts 4 and 5;

49.6 H. attach prefabricated and preadjusted orthodontic appliances;

49.7 I. remove fixed orthodontic bands and brackets; and

49.8 J. initiate and place an intravenous infusion line in preparation for intravenous
49.9 medications and sedation while under direct supervision of a dentist who holds a valid
49.10 general anesthesia or moderate sedation certificate. Before initiating and placing an
49.11 intravenous infusion line, a licensed dental assistant must have successfully completed
49.12 board-approved allied dental personnel courses comprised of intravenous access and
49.13 general anesthesia and moderate sedation training.

49.14 Subp. 1c. **Duties under personal supervision.** A licensed dental assistant may
49.15 concurrently perform supportive services if the dentist holds a valid general anesthesia or
49.16 moderate sedation certificate, is personally treating a patient, and authorizes the licensed
49.17 dental assistant to aid in treatment including the administration of medications into an
49.18 existing intravenous line, an enteral agent, or emergency medications in an emergent
49.19 situation. Before administering any medications or agents, a licensed dental assistant must
49.20 have successfully completed board-approved allied dental personnel courses comprised of
49.21 general anesthesia and moderate sedation training.

49.22 Subp. 2. **Other duties prohibited.** A licensed dental assistant may not perform any
49.23 dental treatment or procedure on patients not otherwise authorized by this chapter.

49.24 Subp. 3. **Limited-license permit.** A dental assistant, who by virtue of academic
49.25 achievement which is equal to or greater than that of a licensed dental assistant, and is
50.1 currently qualified in Minnesota in an allied health profession may take dental radiographs
50.2 under the general supervision of a dentist if the person complies with the requirements of
50.3 this subpart. The person shall file with the board a completed application furnished by the
50.4 board and the fee prescribed in Minnesota Statutes, section 150A.091, subdivision 2. In
50.5 addition, the person shall submit evidence of the successful completion of a course on
50.6 dental radiographs and of passing an examination. The course must be board-approved.
50.7 The course shall be equivalent to the dental radiograph courses offered by dental assisting
50.8 courses approved by the board under part 3100.1300, item B. The examination must be the
50.9 radiograph part of the examination which is required of licensed dental assistant applicants.

50.10 **3100.8700 DENTAL HYGIENISTS.**

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

50.15 A. all services permitted under parts 3100.8400 and 3100.8500, subparts
50.16 1 and 1a, items A to L;

50.17 [For text of items B to K, see M.R.]

50.18 Subp. 2. **Duties under indirect supervision.** A dental hygienist may perform the
50.19 following procedures if a dentist is in the office, authorizes the procedures, and remains in
50.20 the office while the procedures are being performed:

50.21 A. restorative procedures permitted under Minnesota Statutes, section 150A.10,
50.22 subdivision 4;

50.23 B. maintain and remove intravenous lines while under indirect supervision of
50.24 a dentist who holds a valid general anesthesia or moderate sedation certificate. Before
50.25 managing and removing intravenous lines, a dental hygienist must have successfully
51.1 completed board-approved allied dental personnel courses comprised of intravenous
51.2 access and general anesthesia and moderate sedation training; and

51.3 C. monitor a patient during preoperative, intraoperative, and postoperative
51.4 phases of general anesthesia or moderate sedation using noninvasive instrumentation
51.5 ~~including, but not limited to,~~ such as pulse oximeters, electrocardiograms, blood pressure
51.6 monitors, and capnography while under indirect supervision of a dentist who holds a valid
51.7 general anesthesia or moderate sedation certificate. Before monitoring a sedated patient, a
51.8 dental hygienist must have successfully completed board-approved allied dental personnel
51.9 courses comprised of intravenous access and general anesthesia and moderate sedation
51.10 training.

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

51.15 [For text of items A to E, see M.R.]

51.16 F. attach prefit and preadjusted orthodontic appliances;

51.17 G. remove fixed orthodontic bands and brackets; and

51.18 H. initiate and place an intravenous infusion line in preparation for intravenous
51.19 medications and sedation while under direct supervision of a dentist who holds a valid
51.20 general anesthesia or moderate sedation certificate. Before initiating and placing
51.21 an intravenous infusion line, a dental hygienist must have successfully completed
51.22 board-approved allied dental personnel courses comprised of intravenous access and
51.23 general anesthesia and moderate sedation training.

51.24 Subp. 2b. **Duties under personal supervision.** A dental hygienist may concurrently
51.25 perform supportive services if the dentist holds a valid general anesthesia or moderate
52.1 sedation certificate and is personally treating a patient and authorizes the dental hygienist
52.2 to aid in treatment including the administration of medications into an existing intravenous
52.3 line, an enteral agent, or emergency medications in an emergent situation. Before
52.4 administering any medications or agents, a dental hygienist must have successfully
52.5 completed board-approved allied dental personnel courses comprised of general anesthesia
52.6 and moderate sedation training.

52.7 Subp. 3. **Other duties prohibited.** A dental hygienist may not perform any dental
52.8 treatment or procedure on patients not authorized by this chapter.

52.9 **3100.8800 DENTAL TECHNICIANS.**

52.10 Subpart 1. **Permissible duties.** As prescribed by Minnesota Statutes, section
52.11 150A.10, subdivision 3, dental technicians may only upon a written authorization prepared
52.12 and signed by a licensed dentist, construct, alter, repair, reline, reproduce, or duplicate any
52.13 prosthetic device or other structure to be used in the human mouth.

52.14 [For text of subp 2, see M.R.]

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

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

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

52.22 The board or its agents may inspect any devices being fabricated by a technician or
52.23 dental laboratory, as well as the casts, impressions, interocclusal records, other materials

52.24 sent to the technician or dental laboratory by the dentist, and the written authorization
52.25 accompanying them.

53.1 **PROFESSIONAL FIRMS**

53.2 **3100.9100 ANNUAL REPORTS.**

53.3 Annual reports of professional firms organized under Minnesota Statutes, sections
53.4 319B.01 to 319B.12, inclusive, must be submitted upon forms furnished by the board and
53.5 must require submission of the following information under oath:

53.6 A. name and registered office of the firm;

53.7 B. address or addresses at which the firm is providing dental services;

53.8 C. name and address of each director, officer, and shareholder, and the position
53.9 title of each officer; and

53.10 D. a certification as to the licensure status of each shareholder, director, officer,
53.11 employee, and agent as required by Minnesota Statutes, section 319B.11, subdivision 4,
53.12 paragraph (a).

53.13 **3100.9200 REVIEW OF ANNUAL REPORT.**

53.14 The board must review its licensure records and conduct any further investigation the
53.15 board deems necessary and, if the board finds that the annual report does not conform to the
53.16 requirements of the Minnesota Professional Firms Act and the rules adopted thereunder,
53.17 the board shall inform the applicant of the necessary requirements for conformity.

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

53.22 **3100.9300 REVOCATION OF REGISTRATION.**

53.23 The board shall revoke or, if appropriate, refuse to renew the registration of any firm
53.24 which no longer meets all the requirements of the Minnesota Professional Firms Act. The
53.25 firm's eligibility to be registered or to continue registration must be adjudicated under the
54.1 applicable provisions of the Administrative Procedure Act, Minnesota Statutes, chapter
54.2 14, and the rules of the Office of Administrative Hearings, parts 1400.5100 to 1400.8401.

54.3 **3100.9400 NOTICE OF NEW SHAREHOLDERS OR MEMBERS.**

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

54.7 **3100.9500 FIRM NAMES.**

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

54.10 **3100.9600 RECORD KEEPING.**

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

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

54.18 Subp. 3. **Personal data.** Dental records must include at least the following
54.19 information:

54.20 [For text of items A to F, see M.R.]

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

55.1 Subp. 5. **Dental and medical history.** Dental records must include information from
55.2 the patient or the patient's parent or guardian on the patient's dental and medical history.
55.3 The information must include a sufficient amount of data to support the recommended
55.4 treatment plan.

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

55.8 A. recording of existing oral health care status;

55.9 B. any radiographs used; and

55.10 C. the facsimiles or results of any other diagnostic aids used.

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

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

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

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

55.19 B. the patient has consented to the treatment chosen.

55.20 Subp. 10. **Progress notes.** Dental records must include a chronology of the patient's
55.21 progress throughout the course of all treatment and postoperative visits. The chronology

55.22 must include all treatment provided, clearly identify the provider by name or initials, and
55.23 identify all medications used and materials placed.

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

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

56.5 Subp. 13. **Transfer of records.** A patient's dental records must be transferred
56.6 according to Minnesota Statutes, sections 144.291 to 144.298, irrespective of the status
56.7 of the patient's account.

56.8 [For text of subp 14, see M.R.]

56.9 **REPEALER.** Minnesota Rules, parts 3100.0100, subparts 2c, 8a, 17, and 18; 3100.0200;
56.10 3100.2000, subparts 1, 1a, 2, 3, 4, 5, 6, 9, 9a, and 10; and 3100.6300, subpart 13, are
56.11 repealed.