

Page 15	17 CAR § 115-701. Specialty areas of practice.
Summary of New Language:	The proposed change removes the listing of dental specialties. Current rule does not include complete list of specialties recognized by the American Dental Association (ADA). The proposed change also ensures that as specialties are added, amended or unrecognized by the ADA in the future, a rule change will not be necessary.

Page 17	17 CAR § 115-702. Requirements for specialists.
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Pages 18-19 (Request to Repeal)	17 CAR § 115-703. Definitions of Recognized Specialties (Approved by the Council on Dental Education and Licensure, American Dental Association).
Summary of Change:	Current rule does not include complete list of specialties recognized by the American Dental Association (ADA); more specifically, dental anesthesiology, oral medicine and orofacial pain are not included. Also, "oral pathology" is now recognized as "oral and maxillofacial pathology" by the ADA. Because it is the Board's desire to remove the listing of specialties in 17 CAR § 115-702 and 17 CAR § 115-702, this rule will no longer be needed.

Page 32	17 CAR § 115-908. Dentist and Dental Hygienist Compact.
Summary of New Language:	The proposed language establishes the dentist and dental hygienist compact as enacted by Act 395 of the 2025 Regular Session.

Page 43	17 CAR § 115-1104. Supervision levels for authorized functions of a dental hygienist.
Summary of Change:	The proposed change removes verbiage that should have been removed when the Article was last updated.

Proposed Rulemaking

Title

Promulgated by:
Arkansas State Board of Dental Examiners

Title 17. Professions, Occupations, and Businesses

Chapter XXI. Arkansas State Board of Dental Examiners, Department of Health

Subchapter A. Generally

Part 115. Arkansas State Board of Dental Examiners Rules

Subpart 1. General Provisions

17 CAR § 115-101. Office.

The principal office of the Arkansas State Board of Dental Examiners is located in Little Rock, Arkansas.

17 CAR § 115-102. Tenure, gender, and number.

For the purpose of this part:

(1) The present tense includes the past and future tenses, and the future, the present;

(2) The masculine gender includes the feminine, and the feminine, the masculine; and

(3) The singular includes the plural, and the plural, the singular.

17 CAR § 115-103. Definitions.

For the purpose of this part, the terms:

(1) "Act" means the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq.; and

(2) "Board" means the Arkansas State Board of Dental Examiners.

17 CAR § 115-104. Delegation of certain functions.

The power and discretion conferred by law upon the Arkansas State Board of Dental Examiners to receive and file accusations; issue notices of hearing, statements to respondent, and statements of issues; the service of accusations, statements to respondent, and forms of notice of defense; receive and file notices of defense; determine the time and place of hearing under the Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq., issue subpoenas and subpoenas duces tecum pursuant to Arkansas Code § 17-82-207 of the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq.; set and calendar cases for hearing; and perform other functions necessary to the efficient dispatch of the business of the board in connection with proceedings under the provisions of the Arkansas Administrative Procedure Act, prior to the hearing of such proceedings and the certification and delivery or mailings of copies of decisions under said Arkansas Administrative Procedure Act are hereby delegated to and conferred upon the Secretary-Treasurer of the Arkansas State Board of Dental Examiners or in his or her absence from the board, the Executive Director of the Arkansas State Board of Dental Examiners.

17 CAR § 115-105. Meetings.

(a) All meetings of the Arkansas State Board of Dental Examiners shall be held in compliance with Arkansas Code § 25-19-106 of the Freedom of Information Act of 1967, Arkansas Code § 25-19-101 et seq.

(b) Emergency conditions for meetings and additions to meeting agendas.

(1) Emergency meetings may be called or emergency agenda items may be added to a properly noticed meeting and agenda with less than one (1) week of public

notice if such action is due to emergency conditions, which include but are not limited to:

(A) Natural disasters;

(B) Difficulties with examinations for licensure requiring immediate resolution; or

(C) Items of business that necessitate swift resolution within less than one (1) week from the time the item is brought to the attention of the board.

(2) The business conducted at such emergency meeting or under such agenda item shall be limited to actions resolving the conditions of emergency.

17 CAR § 115-106. Officers.

(a) The officers of the Arkansas State Board of Dental Examiners shall consist of a president, vice president, and secretary-treasurer, as provided in Acts 1955, No. 14, as amended, the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq.

(b) The election of officers shall be held annually at one (1) of the regular meetings of the board held between May 16 and July 15 of each year.

(c) In case of a vacancy occurring in any of the offices, the same shall be filled at any regular meeting or at a special meeting called for that purpose.

(d) No person shall be qualified to be elected to a position of officer of the board until he or she has served as a member of the board for a period of six (6) months.

17 CAR § 115-107. Employees.

It shall be the duty of the Executive Director of the Arkansas State Board of Dental Examiners to:

(1) Plan, direct, and organize the work of the staff of the Arkansas State Board of Dental Examiners;

(2) Attend board meetings and hearings;

(3) Consult with and make recommendations to the board;

(4) Answer correspondence;

(5) Prepare reports; and

(6) Attend various meetings in connection with business of the board.

17 CAR § 115-108. Rules of order.

Unless otherwise provided, Robert's Rules of Order shall be the guide for all meetings.

Subpart 2. Disciplinary Hearings

17 CAR § 115-201. Complaint Committee.

(a) The President of the Arkansas State Board of Dental Examiners, Vice President of the Arkansas State Board of Dental Examiners, Secretary-Treasurer of the Arkansas State Board of Dental Examiners, and one (1) of the consumer representatives on the Arkansas State Board of Dental Examiners will comprise the Complaint Committee.

(b) Complaints and matters that, in the opinion of the committee, involve a possible violation of the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq., which could lead to disciplinary action by the board, shall at the next meeting of the board be placed on the agenda.

(c) Upon a majority vote of the board, the board shall determine whether further action shall be taken.

17 CAR § 115-202. Order and notice of hearing.

(a) If by majority vote of the Arkansas State Board of Dental Examiners it is determined that sufficient cause exists, the board shall cause to be prepared an order and notice of hearing.

(b) The order and notice of hearing shall contain the following:

- (1) The factual basis for the charges being brought;
- (2) The statute, rule, or regulation that the licensee has allegedly violated; and
- (3) The date, time, and place of the hearing.

(c) All hearings before the board shall be conducted in accordance with the Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq.

17 CAR § 115-203. Fee disputes.

Fee disputes are deemed to be matters of private contract between the parties involved and are not within the jurisdiction of the Arkansas State Board of Dental Examiners to resolve.

Subpart 3. Practice of Dentistry Defined

17 CAR § 115-301. Generally.

(a)(1) The following acts, services, procedures, and practices constitute the practice of dentistry.

(2) Provided, however, that this list is not intended to be all inclusive.

(b) By specific reference all those acts described in the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq., are also included among the list of acts constituting the practice of dentistry.

17 CAR § 115-302. Practice of dentistry.

Any person shall be regarded as practicing dentistry within the meaning of this section:

(1) Who publicly professes to be a dentist or dental surgeon or who uses or permits to be used for himself or herself or for any other person, the title of "Doctor", "Dr.", "Doctor of Dental Surgery", "Doctor of Dental Medicine", or any other letters, titles, terms, or descriptive matter that directly or indirectly represents him or her as being able to diagnose, treat, remove stains or concretions from teeth, or provide surgical and adjunctive treatment for any disease, pain, injury, deficiency, deformity, or physical condition of the human:

- (A) Teeth;
- (B) Oral cavity;
- (C) Alveolar process;
- (D) Gums;

(E) Jaws; or

(F) Directly related and adjacent masticatory structures;

(2) Who shall:

(A) Offer or undertake by any means or method whatsoever to:

(i) Clean teeth; or

(ii) Remove stains, concretions, or deposits from teeth in the human mouth; or

(B) Undertake or offer to diagnose, treat, operate, or prescribe by any means or methods for any disease, pain, injury, deficiency, deformity, or physical condition of the human:

(i) Teeth;

(ii) Oral cavity;

(iii) Alveolar process;

(iv) Gums; or

(v) Jaws;

(3) Who shall offer to undertake in any manner to prescribe to make, or cause to be made, an impression of any portion of the human mouth, teeth, gums, or jaws for the purpose of:

(A) Diagnosing, prescribing, treating, or aiding in diagnosing, prescribing, or treating any physical condition of the human mouth, teeth, gums, or jaws; or

(B) Constructing or aiding in the construction of any:

(i) Dental appliance;

(ii) Denture;

(iii) Dental bridge;

(iv) False teeth;

(v) Dental plate or plates of false teeth; or

(vi) Other substitute for human teeth;

(4) Any person, firm, group, association, or corporation who shall:

(A) Offer or undertake to fit, adjust, repair, or substitute in the human mouth or directly related and adjacent masticatory structures any:

- (i) Dental appliance;
- (ii) Structure;
- (iii) Prosthesis; or
- (iv) Denture; or

(B) Aid or cause to be fitted, adjusted, repaired, or substituted in the human mouth or directly related and adjacent masticatory structures any:

- (i) Dental appliance;
- (ii) Structure;
- (iii) Prosthesis; or
- (iv) Denture;

(5) Who makes, fabricates, processes, constructs, produces, reproduces, duplicates, repairs, relines, or fixes any full or partial denture, any fixed teeth, any artificial dental restoration, or any substitute or corrective device or appliance for the human teeth, gums, jaws, mouth, alveolar process, or any part thereof for another, or who in any manner offers, undertakes, aids, abets, or causes another person to do so for another without written prescription or work order therefore signed by the dentist legally engaged in the practice of dentistry in this state or in the jurisdiction where such dentist maintains his or her dental office and who prescribed and ordered same; or

(6)(A) Who dispenses legend drugs.

(B) Dentists who choose to dispense legend drugs directly to their patients are subject to the following definitions and requirements:

(i) A "dispensing dentist" is a dentist licensed under Arkansas Code § 17-82-301 et seq., who purchases legend drugs to treat diseases, disorders, and conditions of the oral cavity, maxillofacial area, and the adjacent and associated structures and their impact on the human body, but not for the purpose of treating diseases, disorders, and conditions unrelated to the oral cavity, maxillofacial area, and the adjacent and associated structures, to be dispensed to his or her patients for the patients' personal use and administration outside the dentist's office;

(ii) The dispensing dentist shall:

(a) Personally prepare and dispense legend drugs, and all the preparation and dispensing of such drugs may not be delegated;

(b)(1) Keep records of all receipts and distributions of legend drugs.

(2) The records shall be:

(A) Subject to inspection by proper enforcement authority; and

(B) Readily accessible and maintained in a central registry;

(c) Affix to the container a label showing:

(1) The dentist's name, address, and telephone number;

(2) The date of the dispensing;

(3) The serial number of the prescription;

(4) The name of the patient;

(5) The trade name of the medication, if any, or the generic name and identity of the manufacturer of the dispensed medication;

(6) The strength per unit doses of the medication;

(7) The quantity of the medication;

(8) Directions for use; and

(9) Any cautionary statements required by law; and

(d) The dispensing dentist shall counsel the patient in person (face to face) to improve therapeutic outcomes and prevent medication errors;

(iii)(a) Except for dispensing samples without charge, oral rinses or topical, and emergency or started dosages for use up to seventy-two (72) hours, no dentist licensed under Arkansas Code 17-82-301 et seq., shall dispense legend drugs without prior approval by the Arkansas State Board of Dental Examiners after application to the board and upon the showing of need.

(b) A dentist shall dispense only:

(1) To his or her own patients; and

(2) For conditions being treated by that dentist;

(iv) Any dentist desiring to dispense legend drugs that are not exempted by subdivision (6)(B)(iii) of this section, from the requirement of prior approval of the board shall apply to the board on a form provided for that purpose and shall be required to demonstrate the need for such dispensing of legend drugs prior to receiving approval;

(v) Violation of this part shall:

(a) Constitute professional misconduct; and

(b) Subject the violator to disciplinary action as provided in Arkansas Code §§ 17-82-316 and 17-82-317; and

(vi) The board shall enforce the provisions of this part.

Subpart 4. Exceptions

17 CAR § 115-401. Persons excepted from application of the Arkansas Dental Practice Act.

Nothing herein shall be construed to prohibit or to require a license hereunder with respect to any of the following acts: the operations by bona fide students of dentistry or dental hygiene in the clinical departments or the laboratory of a reputable dental college or dental hygiene program approved by the Arkansas State Board of Dental Examiners, including operations by unlicensed students while engaged in dental or dental hygiene extension programs that:

(1) Have been approved by a school of dentistry or dental hygiene and the board;

(2) Are offered by the educational institution comprising the approved school of dentistry or dental hygiene; and

(3) Are under the general programmatic and academic supervision of such school of dentistry or dental hygiene.

Subpart 5. Advertising

17 CAR § 115-501. General statement.

(a) Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

(b) "False or misleading in any material respect" means communications shall be avoided that would:

- (1) Contain a material misrepresentation of fact;
- (2) Omit a fact necessary to make the statement considered as a whole not materially misleading;
- (3) Contain a representation or implication regarding the quality of dental services that would suggest unique or general superiority to other practitioners that is not susceptible to reasonable verification by the public; or
- (4) Be intended or be likely to create an unjustified expectation about results the dentist can achieve.

17 CAR § 115-502. Truthfulness in advertising.

(a) The Arkansas State Board of Dental Examiners may require a dentist to substantiate the truthfulness of any assertion or representation of material fact set forth in an advertisement.

(b) At the time an advertisement is placed, the dentist must possess and rely upon information that, when produced, would substantiate the truthfulness of any assertion or representation of material fact set forth in such advertisement.

(c) The failure to possess and rely upon such information at the time the advertisement is placed shall be deemed professional misconduct.

(d) The failure to provide the factual substantiation to support a representation or assertion when requested by the board shall be deemed professional misconduct.

17 CAR § 115-503. Requirements for advertisements of fees.

(a) Advertising that references a fee or fees must clearly define the professional service being offered in the advertisements.

(b) Such advertised offers shall be presumed to include everything ordinarily required for such a service.

(c) No additional fees may be charged unless the advertisement includes the following disclaimer in the same size print as the list of services: "Additional fees may be incurred in individual cases."

(d) Additional fees cannot be charged for ordinarily required services.

17 CAR § 115-504. Name in advertisements.

(a) All advertisements shall contain the name of the practitioner who placed the advertisement.

(b) If an approved fictitious name is used in any advertising, it must be accompanied by the name of the dentist under which the fictitious name was registered and approved by the Arkansas State Board of Dental Examiners.

17 CAR § 115-505. Responsibility for form and content of advertisements.

The responsibility for the form and content of any advertisement offering services or goods by a dentist shall be jointly and severally that of each professional who is a principal, partner, or officer of the firm or entity identified in the advertisement.

17 CAR § 115-506. Recordkeeping for advertisements in electronic media.

A video and/or audio tape of every advertisement communicated by electronic media indicating the date and place of broadcast shall be:

- (1) Retained by the dentist for a period of two (2) years; and
- (2) Made available for review upon request by the Arkansas State Board of Dental Examiners or its designee.

17 CAR § 115-507. Recordkeeping for advertisements in print media.

(a) A dentist shall be required to keep a copy of all printed advertisements for a period of two (2) years.

(b) All printed advertisements in the dentist's possession shall:

(1) Indicate the accurate date and place of publication; and

(2) Be made available for review upon request by the Arkansas State Board of Dental Examiners or its designee.

17 CAR § 115-508. Advertising as a specialist.

(a) No advertisement shall imply that the dentist is a specialist unless the dentist is licensed by the Arkansas State Board of Dental Examiners in one (1) of the ADA-recognized specialties.

(b) A general or family dentist may list services offered at his or her office in an advertisement, but it must be clear that the services are offered by a dentist who is a general or family dentist.

(c)(1)(A) If one's services are referenced in the advertisement, the advertisement shall state either "general practice" or "general dentistry" or the American Dental Association-recognized specialty that the practitioner practices immediately following the name and degree of the practitioner.

(B) The word "family" may be substituted for the word "general".

(2) An example of an advertisement that would not be acceptable: "John Doe, DDS, Sedation Dentist".

(3) An example of an advertisement that would be acceptable: "John Doe, DDS, Family Dentistry, Sedation services available".

Subpart 6. Name of Practice

17 CAR § 115-601. Name of dental facility.

(a) Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical.

(b) A dentist may practice in a dental facility that uses any of the following names:

(1) The name of the dentist as it appears on his or her license and renewal certificate;

(2) The name of a dentist who employs him or her and practices in the same facility;

(3) A partnership name composed of the name or names of one (1) or more dentists practicing in the same facility;

(4) A corporate name composed of the name or names of one (1) or more of the dentists practicing as employees of the corporation in the same facility; or

(5) A fictitious name, if the conditions set forth in 17 CAR § 115-602 are fulfilled.

17 CAR § 115-602. Fictitious name.

Dentists licensed in this state who practice as individuals, partnerships, professional corporations, associations, or other group practices may use a fictitious or corporate name for the facility in which they conduct their practice if the following conditions are met:

(1)(A) Each fictitious or corporate name shall be registered with the Arkansas State Board of Dental Examiners by a licensed dentist or dentists, who:

(i) Must be associated with the dental facility; and

(ii) Shall assume responsibility for compliance with the section.

(B) Each fictitious or corporate name must be approved by the board prior to the use of the name.

(C) Names that in the judgment of the board are false, misleading, or deceptive will be prohibited.

(D)(i) There will be only one of a kind fictitious or corporate name issued.

(ii) To issue the same name more than once would be in the opinion of the board false, misleading, or deceptive;

(2) It is the obligation of each licensed dentist or dental hygienist who works in a facility that utilizes a fictitious or corporate name to notify the board in writing of the same;

(3) In the entrance or reception area of the dental office, a chart or directory listing the names of all dentists and dental hygienists practicing at that particular location shall be kept at all times prominently and conspicuously displayed;

(4) The names of all dentists and dental hygienists who practice under the fictitious or corporate name shall be maintained in the records of the dental facility for five (5) years following their departure from the practice; and

(5) Fictitious names previously approved and registered with the board will be considered as being in compliance with this part.

17 CAR § 115-603. Name in patient record.

(a) Subsequent to the administration of dental service, the dentist of record shall place his or her name in the record of the patient following a description of the service rendered.

(b) If the treatment is rendered by a dentist other than the dentist of record or by a dental hygienist, the name of that person shall be placed in the record of the patient.

(c) The use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one (1) year.

17 CAR § 115-604. Practice in a medical facility.

A dentist may practice in a predominately medical facility that uses a fictitious name.

17 CAR § 115-605. Fictitious name in advertising.

If the fictitious name is used in any advertising, it must be accompanied by the name of the dentist under which the fictitious name was registered and approved by the Arkansas State Board of Dental Examiners (see 17 CAR § 115-504).

Subpart 7. Announcement of Specialization and Limitation of Practice

17 CAR § 115-701. Specialty areas of practice.

(a) Dentists who choose to announce specialization should use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced special area or areas of dental practice, provided at the time of the announcement such dentists have:

(1) Met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association; and

(2) Been issued a specialty license by this state.

(b) Those special areas of dental practice will be limited to those approved by the American Dental Association, ~~and include the following:~~

- ~~(1) Dental public health;~~
- ~~(2) Endodontics;~~
- ~~(3) Oral pathology;~~
- ~~(4) Oral and maxillofacial surgery;~~
- ~~(5) Oral and maxillofacial radiology;~~
- ~~(6) Orthodontics and dentofacial orthopedics;~~
- ~~(7) Pediatric dentistry;~~
- ~~(8) Periodontics; and~~
- ~~(9) Prosthodontics.~~

17 CAR § 115-702. Requirements for specialists.

(a) It is understood by the Arkansas State Board of Dental Examiners that the various specializations approved by the American Dental Association will be the definition adopted for each of those specializations by the Arkansas State Board of Dental Examiners.

(b) The practice carried on by a dentist who announces as a specialist shall be limited exclusively to the special area of dental practice announced by the dentist.

(c)(1) Dentists may not use their eligibility as specialists to make the public believe that specialty services rendered in the dental office are being rendered by a qualified specialist when such is not the case.

(2) The burden of responsibility is on the specialist to avoid any inference that general practitioners who are associated with the specialists are qualified to announce themselves as specialists.

(d)(1) The Arkansas State Board of Dental Examiners shall upon application and without examination issue a specialty certificate to any registered and currently licensed dentist in Arkansas who has been:

(A) Certified in that particular specialty by an American board recognized by the American Dental Association; and

(B) Practicing that specialty continuously for a period of five (5) years or more.

(2) Any such application shall be accompanied by the required fee as set forth through the provisions of the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq.

(3) The applicant must have graduated from a specialty program recognized by the American Dental Association Council on Dental Education.

(e) An examination committee appointed by the Arkansas State Board of Dental Examiners consisting of two (2) specialists who have been certified by the Arkansas State Board of Dental Examiners as having met the standards set forth by the Arkansas State Board of Dental Examiners for that specialty and one (1) licensed dentist Arkansas State Board of Dental Examiners member shall:

(1) Examine each applicant at the time and place fixed by the committee to thoroughly test the applicant's qualifications for the practice of that specialty; and

(2) Report to the Arkansas State Board of Dental Examiners whether the applicant is qualified in the specialty.

(f) In the event the applicant fails to pass the examination and is reported by the examining committee as not being qualified, he or she may upon application to the Arkansas State Board of Dental Examiners be reexamined by the committee at such

time and place as the Arkansas State Board of Dental Examiners may specify, but any applicant shall pay a reexamination fee equivalent to the specialty fee.

(g) Each member of the examining committee appointed by the Arkansas State Board of Dental Examiners shall receive compensation as set forth in the Arkansas Dental Practice Act.

(h) The Arkansas State Board of Dental Examiners shall issue to each applicant, who has been recommended as qualified by the examining committee as provided in the Arkansas Dental Practice Act, a certificate of registration to practice dentistry in their particular specialty.

(i) All issued specialty certificates shall be subject to revocation and suspension for the causes set forth in the Arkansas Dental Practice Act.

(j)(1) An Arkansas State Board of Dental Examiners member who is a licensed dentist shall be responsible for one (1) of the ADA-recognized specialties, ~~which are:~~

- ~~—————(A) Endodontics;~~
- ~~—————(B) Orthodontics and dentofacial orthopedics;~~
- ~~—————(C) Pediatric dentistry;~~
- ~~—————(D) Oral and maxillofacial surgery;~~
- ~~—————(E) Oral and maxillofacial radiology;~~
- ~~—————(F) Periodontics;~~
- ~~—————(G) Prosthodontics;~~
- ~~—————(H) Dental public health; and~~
- ~~—————(I) Oral pathology.~~

(2) Each Arkansas State Board of Dental Examiners member's responsibilities for that particular specialty shall be as follows:

(A) To make recommendations to the Arkansas State Board of Dental Examiners for approval of specialists to serve on the examining committee of that specialty; and

(B) To forward applications of applicants for specialty license to the examining committee and provide necessary communication between applicant and

examining committee to ensure that the examination is carried out in a timely and expedient manner.

(3) The President of the Arkansas State Board of Dental Examiners shall assign each licensed dentist member a specialty for which that member will be responsible and serve as an examiner.

~~**17 CAR § 115-703. Definitions of Recognized Dental Specialties
(Approved by the Council on Dental Education and Licensure, American
Dental Association).**~~

~~—(a) **Dental public health.** Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community bases. (Adopted May 1976)~~

~~—(b) **Endodontics.** Endodontics is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions. (Adopted December 1983)~~

~~—(c) **Oral and maxillofacial pathology.** Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations. (Adopted May 1991)~~

~~—(d) **Oral and maxillofacial radiology.** Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and~~

interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region. (Adopted April 2001)

—(e) ~~**Oral and maxillofacial surgery.**~~ Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functions and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region. (Adopted October 1990)

—(f) ~~**Orthodontics and dentofacial orthopedics.**~~ Orthodontics and dentofacial orthopedics is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orafacial structures. (Adopted April 2003)

—(g) ~~**Pediatric dentistry.**~~ Pediatric dentistry is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. (Adopted 1995)

—(h) ~~**Periodontics.**~~ Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues. (Adopted December 1992)

—(i) ~~**Prosthodontics.**~~ Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes. (Adopted April 2003)

Subpart 8. Requirements for Licensure of Dentists and Dental Hygienists

17 CAR § 115-801. Requirements for licensure of dentists.

A dentist who desires to practice his or her profession in the State of Arkansas under Arkansas Code § 17-82-304 may apply to the Arkansas State Board of Dental Examiners for a license to practice pursuant to the following requirements:

(1) Completion of an Arkansas State Board of Dental Examiners application with photograph taken within the last six (6) months, signed on the last page;

(2) Be a graduate of a school for the education and training of dentists approved by the Arkansas State Board of Dental Examiners and accredited by the American Dental Association's Commission on Dental Accreditation;

(3)(A) Final transcript of grades from the school of dentistry sent directly from the school to the Arkansas State Board of Dental Examiners office.

(B) Transcript must:

(i) Bear the school seal; and

(ii) Reflect the awarding of a degree;

(4)(A) Successful completion of the Integrated National Board Dental Examination, administered by the Joint Commission on National Dental Examinations.

(B) A copy of the results must be sent directly from the Joint Commission on National Dental Examinations to the Arkansas State Board of Dental Examiners office.

(C) Copies of the card will not be accepted.

(D) Successful completion shall mean a minimum of seventy-five percent (75%) on each segment of the examination;

(5)(A) Satisfactory completion of a clinical examination, which will be administered by the Arkansas State Board of Dental Examiners or any regional testing agency whose examination is accepted by the Arkansas State Board of Dental Examiners for the initial licensure of a dentist.

(B) Satisfactory completion shall mean a minimum score of seventy-five percent (75%) on each segment of the examination;

(6) Completion of other forms as requested by the Arkansas State Board of Dental Examiners; and

(7) A copy of a certificate showing current Basic Life Support cardiopulmonary resuscitation certification.

17 CAR § 115-802. Requirements for licensure of dental hygienists.

A dental hygienist who desires to practice his or her profession in the State of Arkansas under Arkansas Code § 17-82-306 may apply to the Arkansas State Board of Dental Examiners for a license to practice pursuant to the following requirements:

(1) Completion of an Arkansas State Board of Dental Examiners application with photograph taken within the last six (6) months, signed on the last page;

(2) Be a graduate of a school for the education and training of dental hygienists approved by the Arkansas State Board of Dental Examiners and accredited by the American Dental Association's Commission on Dental Accreditation;

(3)(A) Final transcript of grades from the school of dental hygiene sent directly from the school to the Arkansas State Board of Dental Examiners office.

(B) Transcript must:

(i) Bear the school seal; and

(ii) Reflect the awarding of a degree;

(4)(A) Successful completion of the National Board Dental Hygiene Examination, administered by the Joint Commission on National Dental Examinations.

(B) A copy of the results must be sent directly from the Joint Commission on National Dental Examinations to the Arkansas State Board of Dental Examiners office.

(C) Copies of the card will not be accepted.

(D) Successful completion shall mean a minimum of seventy-five percent (75%) on each segment of the examination;

(5)(A) Satisfactory completion of a clinical examination, which will be administered by the Arkansas State Board of Dental Examiners or any regional testing agency whose examination is accepted by the Arkansas State Board of Dental Examiners for the initial licensure of dental hygienists.

(B) Satisfactory completion shall mean a minimum score of seventy-five percent (75%) on each segment of the examination;

(6) Completion of other forms as requested by the Arkansas State Board of Dental Examiners; and

(7) A copy of a certificate showing current Basic Life Support cardiopulmonary resuscitation certification.

Subpart 9. Credentials Required in Issuing Dental or Dental Hygiene License

17 CAR § 115-901. Requirements to issue dental license by credentials.

(a) By the authority of Arkansas Code § 17-82-308, a dentist who desires to practice his or her profession in the State of Arkansas may apply in writing to the Arkansas State Board of Dental Examiners for a license by credentials pursuant to the following requirements:

(1)(A) Applicant must:

(i) Be a graduate of and have received a DDS or DMD from a school accredited by the Commission on Dental Accreditation;

(ii) Be currently licensed in the state from which he or she is applying; and

(iii) Have practiced continuously for a period of five (5) years immediately prior to applying.

(B) To be considered as practicing "continuously", the applicant must have actively practiced dentistry for a minimum of one thousand (1,000) hours per year for the two (2) calendar years immediately prior to the date of application.

(C) The qualifying hours of clinical practice must have been performed in the most current jurisdiction from where the application is being made.

(D) The applicant may have participated in a postgraduate dental/medical education program during the five (5) years in order to satisfy the five-year practice requirement;

(2) Applicant must file with the Arkansas State Board of Dental Examiners a completed Arkansas Dental License by Credentials Application approved by the Arkansas State Board of Dental Examiners;

(3) Applicant must:

(A) Request and authorize schools to provide the Arkansas State Board of Dental Examiners with an official transcript with school seal from the school of dentistry that issued the DDS or DMD degree; and

(B) Have the school send same directly from the school to the Arkansas State Board of Dental Examiners office;

(4)(A) Applicant must be responsible for verification forms to be submitted by the state board from every state where licensed, whether license is current or not.

(B) Such forms should be sent directly from the state board to the Arkansas State Board of Dental Examiners office;

(5)(A) Applicant must have a National Board Exam Card sent from the Joint Commission on National Dental Examinations office with said exam card reflecting passage of the Integrated National Board Dental Examination.

(B) Photocopies are not accepted;

(6) Applicant must complete a comprehensive resume on forms furnished by the Arkansas State Board of Dental Examiners;

(7) Applicant must have letters submitted to the Arkansas State Board of Dental Examiners from two (2) licensed dentists, practicing in the same locale of the state from which he or she is applying, attesting to the applicant's:

(A) Moral character;

(B) Standing; and

(C) Ability;

(8) Applicant must have letters from the state and local dental association peer review committee (if there is one) submitted setting forth information of record concerning the applicant;

(9) Drug Enforcement Administration clearance and National Practitioner Data Bank inquiry will be initiated by the Arkansas State Board of Dental Examiners office;

(10) Applicant must submit to the Arkansas State Board of Dental Examiners office a copy of a certificate showing current healthcare provider-level cardiopulmonary resuscitation certificate and last two (2) years' history of continuing education;

(11) Each applicant must supply to the Arkansas State Board of Dental Examiners a signed letter of intention to practice in this state within one (1) year of receiving his or her license;

(12) Applicant must pass the Arkansas Jurisprudence Examination with a score of seventy-five percent (75%) as administered by the Arkansas State Board of Dental Examiners;

(13) Applicant must submit a fee (to be determined by the Arkansas State Board of Dental Examiners) to the Arkansas State Board of Dental Examiners office with the application;

(14)(A) Applicant must provide proof of successfully passing a clinical examination for licensure.

(B) Results of the clinical exam must be sent directly to the Arkansas State Board of Dental Examiners from the state or regional testing agency that administered the examination; and

(15) Applicant must have continuing education credits at least equal to those required by current Arkansas licensees for the previous two-year period.

(b) The application, resume, and all other supporting material shall be reviewed by the Arkansas State Board of Dental Examiners.

(c) The applicant shall present himself or herself before the Arkansas State Board of Dental Examiners at a time and place designated by the Arkansas State Board of Dental Examiners for a jurisprudence examination and a personal interview.

(d) The Arkansas State Board of Dental Examiners will:

(1) Review the application, resume, and all supporting material, as well as the result of the Arkansas Jurisprudence Examination; and

(2) Approve or deny the application for licensure.

17 CAR § 115-902. Requirements to issue dental hygienist license by credentials.

(a) By the authority of Arkansas Code § 17-82-308, a dental hygienist who desires to practice his or her profession in the State of Arkansas may apply in writing to the Arkansas State Board of Dental Examiners for a license by credentials pursuant to the following requirements:

(1)(A) Applicant must:

(i) Be a graduate of a school accredited by the Commission on Dental Accreditation;

(ii) Be currently licensed in the state from which he or she is applying; and

(iii) Have practiced continuously for a period of five (5) years immediately prior to applying.

(B) The applicant may have participated in a postgraduate dental-related education program during the five (5) years in order to satisfy the five-year practice requirement;

(2) Applicant must file with the Arkansas State Board of Dental Examiners a completed Arkansas Dental Hygiene License by Credentials Application approved by the Arkansas State Board of Dental Examiners;

(3) Applicant must:

(A) Request and authorize schools to provide an official transcript with school seal from the school of dental hygiene that issued the certificate or degree; and

(B) Have the school send same directly from the school to the Arkansas State Board of Dental Examiners office;

(4)(A) Applicant must be responsible for verification forms to be submitted by the state board from every state where licensed, whether license is current or not.

(B) Such forms should be sent directly from the state board to the Arkansas State Board of Dental Examiners office;

(5)(A) Applicant must have the National Board Exam Card sent from the Joint Commission on National Dental Examinations to the Arkansas State Board of Dental Examiners office.

(B) Said exam card must reflect passage of the National Board Dental Hygiene Examination.

(C) Photocopies are not accepted;

(6) Applicant must complete a comprehensive resume on forms furnished by the Arkansas State Board of Dental Examiners;

(7) Applicant must have letters submitted to the Arkansas State Board of Dental Examiners from two (2) licensed dentists, practicing in the same locale of the state from which he or she is applying, attesting to the applicant's:

(A) Moral character;

(B) Standing; and

(C) Ability;

(8) Applicant must submit to the Arkansas State Board of Dental Examiners office a copy of a certificate showing current healthcare provider-level cardiopulmonary resuscitation certificate and last two (2) years' history of continuing education;

(9) Applicant must supply to the Arkansas State Board of Dental Examiners a signed letter of intention to practice in this state within one (1) year of receiving his or her license;

(10) Applicant must pass the Arkansas Jurisprudence Examination with a score of seventy-five percent (75%) as administered by the Arkansas State Board of Dental Examiners;

(11) Applicant must submit a fee (to be determined by the Arkansas State Board of Dental Examiners) to the Arkansas State Board of Dental Examiners office with the application;

(12)(A) Applicant must provide proof of successfully passing a clinical examination for licensure.

(B) Results of the clinical examination must be sent directly to the Arkansas State Board of Dental Examiners from the state or regional testing agency that administered the examination; and

(13) Applicant must have continuing education credits at least equal to those required by current Arkansas licensees for the previous two-year period.

(b) The application, resume, and all other supporting material shall be reviewed by the Arkansas State Board of Dental Examiners.

(c) The applicant shall present herself or himself before the Arkansas State Board of Dental Examiners at a time and place designated by the Arkansas State Board of Dental Examiners for a jurisprudence examination and a personal interview.

(d) The Arkansas State Board of Dental Examiners will:

(1) Review the application, resume, and all supporting material, as well as the result of the Arkansas Jurisprudence Examination; and

(2) Approve or deny the application for licensure.

17 CAR § 115-903. Nonclinical services.

(a) A person or entity shall not be considered in violation of the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq., or the Dental Corporation Act, Arkansas Code § 4-29-401 et seq., if the person or entity contracted to provide the following services for a dentist or dental corporation in a dental practice:

(1) Owning or leasing an asset used by a dental practice, including real property, furnishings, equipment, inventory, and other goods, but not including dental patient records;

(2) Employing or contracting for the services of personnel other than licensed dentists; or

(3) Providing administrative services, financial services, or other business activities of a dental practice that do not include practicing dentistry.

(b) A person or entity that is not licensed to practice dentistry shall not engage in any activity that includes the practice of dentistry or interferes with the professional judgment or clinical decision-making of a licensed dentist.

17 CAR § 115-904. Acts and practices not prohibited.

This subpart does not prohibit or require a license for the following acts or practices:

(1) The practice of dentistry or dental hygiene for purposes of an employment interview process for no more than four (4) consecutive days per calendar year in the State of Arkansas by an applicant licensed in good standing by another state or the District of Columbia;

(2) At least fourteen (14) days before practicing dentistry in Arkansas, the applicant shall provide the Arkansas State Board of Dental Examiners with the following information:

(A) The name of the supervising dentist who:

(i) Is licensed in Arkansas; and

(ii) Will be supervising the applicant;

(B) The dates and location where the applicant will practice;

(C) A copy of the license of the applicant from the other jurisdiction;

(D) A copy of the malpractice insurance policy covering the applicant or a certificate of insurance coverage from the underwriting insurer of the policy; and

(E)(i) A letter or certificate from the respective licensing entity in the home state of the applicant indicating that the applicant is in good standing.

(ii) As used in this section, "good standing" means the applicant has an active license without a complaint, investigation, or action against him or her; and

(3) The board shall be deemed to have approved the applicant to practice to the extent permitted under this section unless the board takes action within ten (10) working days of receiving the information on grounds that the:

(A) Information provided by the applicant is:

(i) False;

(ii) Inaccurate; or

(iii) Incomplete; or

(B) Applicant is not qualified to practice in Arkansas.

17 CAR § 115-905. Temporary charitable license.

(a) An applicant seeking a temporary charitable dental license shall submit an application and any application fees required by the Arkansas State Board of Dental Examiners and:

- (1) The name of the supervising dentist who is licensed in Arkansas;
- (2) The dates and location where the applicant desires to practice within Arkansas;
- (3) A copy of the applicant's dental license from another jurisdiction;
- (4)(A) A letter from the respective dental licensing entity in the home state of the applicant indicating that the applicant is in good standing.

(B) As used in this section, "good standing" means that individual has an active license without a complaint, investigation, or action against him or her;

- (5) A copy of the malpractice insurance policy covering the applicant or a certificate of insurance coverage from the underwriting insurer of the policy; and
- (6) Other pertinent information as determined by the board.

(b) An applicant seeking a temporary charitable dental license issued by the board shall:

- (1) Provide written authorization to the board to allow the Division of Arkansas State Police to release the results of state and federal criminal history background checks to the board as required under Arkansas Code § 17-82-801 et seq.; and
- (2) Pay the fees associated with the criminal background checks.

(c)(1) A dentist shall not practice in Arkansas under this section until the board issues a temporary charitable dental license.

(2) The board may renew a temporary charitable dental license in subsequent years if the dentist submits:

- (A) A renewal form;
- (B) A renewal fee determined by the board; and
- (C) Any other information as determined by the board.

(3) The practice of dentistry without compensation for no more than four (4) consecutive days per calendar year in the State of Arkansas by a dentist licensed in another state or the District of Columbia if the dentist has applied for and received a temporary license from the board.

17 CAR § 115-906. Specialists not prohibited from practicing general dentistry.

(a) The issuance of a specialist license does not limit a licensed dentist's ability to practice in any other area of dentistry for which the dentist is qualified, including general dentistry.

(b) A dentist who has been issued a specialist license under this section may announce and hold himself or herself out to the public both as a specialist in the area covered by his or her specialty certificate and as a dentist who provides general dentistry services if the dentist practices his or her specialty at least fifty percent (50%) of the time that he or she practices dentistry during a calendar year.

17 CAR § 115-907. Licensure for uniformed service members.

(a) **Definition.** As used in this section, "uniformed service veteran" means a former member of the uniformed services of the United States discharged under circumstances other than dishonorable.

(b) **Licensure.**

(1) The Arkansas State Board of Dental Examiners shall expedite the process and procedures for full licensure, certification, or permitting for the following individuals:

(A) A uniformed service member stationed in the State of Arkansas;

(B) A uniformed service veteran who resides in or establishes residency in the State of Arkansas; or

(C) The spouse of a:

(i) Person under subdivisions (b)(1)(A) or (b)(1)(B) of this section;

(ii) Uniformed service member who is assigned a tour of duty that excludes the uniformed service member's spouse from accompanying the uniformed service member and the spouse relocates to this state; or

(iii) Uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in the state.

(2) The board shall accept relevant and applicable uniformed service education, training, or service-issued credential toward licensure requirements when considering an application for initial licensure of an individual who is a:

(A) Uniformed service member; or

(B) Uniformed service veteran who makes an application within one (1) year of his or her discharge from uniformed service.

(3) The board shall grant expedited licensure upon receipt of all of the below:

(A) Payment of the applicable fee;

(B) An application showing the applicant meets all applicable licensure, certification, or permitting requirements; and

(C) Evidence that the applicant is a qualified applicant under subdivision (b)(1) of this section.

(c) Military temporary license.

(1) The Executive Director of the Arkansas State Board of Dental Examiners shall issue a temporary license immediately upon receipt of the:

(A) Application; and

(B) Other documentation required under subdivision (b)(3) of this section.

(2) The temporary license shall be effective:

(A) For ninety (90) days; or

(B) Until the board determines whether the application meets the applicable licensure, certification, or permitting requirements.

(d) The expiration date of a license for a deployed uniformed service member or spouse will be extended for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

(e) A full exemption from continuing education requirements will be allowed for a deployed uniformed service member or spouse until one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

17 CAR § 115-908. Dentist and Dental Hygienist Compact.

The Dentist and Dental Hygienist Compact was enacted into law at Arkansas Code §17-82-901 et seq.

(a) Definitions

As used in reference to the Compact Licensure, the following definitions shall apply:

- (1) "Active Military Member" means any person with full-time duty status in the armed forces of the United States, including members of the National Guard and Reserve.
- (2) "Adverse Action" means disciplinary action or encumbrance imposed on a License or Compact Privilege by a State Licensing Authority.
- (3) "Alternative Program" means a non-disciplinary monitoring or practice remediation process applicable to a Dentist or Dental Hygienist approved by a State Licensing Authority of a Participating State in which the Dentist or Dental Hygienist is licensed. This includes, but is not limited to, programs to which Licensees with substance abuse or addiction issues are referred in lieu of Adverse Action.
- (4) "Clinical Assessment" means examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.
- (5) "Commissioner" means the individual appointed by a Participating State to serve as the member of the Commission for that Participating State.
- (6) "Compact" means this Dentist and Dental Hygienist Compact.
- (7) "Compact Privilege" means the authorization granted by a Remote State to allow a Licensee from a Participating State to practice as a Dentist or Dental Hygienist in a Remote State.

- (8) "Continuing Professional Development" means a requirement, as a condition of License renewal to provide evidence of successful participation in educational or professional activities relevant to practice or area of work.
- (9) "Criminal Background Check" means the submission of fingerprints or other biometric-based information for a License applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d) from the Federal Bureau of Investigation and the State's criminal history record repository as defined in 28 C.F.R. § 20.3(f).
- (10) "Data System" means the Commission's repository of information about Licensees, including but not limited to examination, licensure, investigative, Compact Privilege, Adverse Action, and Alternative Program.
- (11) "Dental Hygienist" means an individual who is licensed by a State Licensing Authority to practice dental hygiene.
- (12) "Dentist" means an individual who is licensed by a State Licensing Authority to practice dentistry.
- (13) "Dentist and Dental Hygienist Compact Commission" or "Commission" means a joint government agency established by this Compact comprised of each State that has enacted the Compact and a national administrative body comprised of a Commissioner from each State that has enacted the Compact.
- (14) "Encumbered License" means a License that a State Licensing Authority has limited in any way other than through an Alternative Program.
- (15) "Executive Board" means the Chair, Vice Chair, Secretary and Treasurer and any other Commissioners as may be determined by Commission Rule or bylaw.
- (16) "Jurisprudence Requirement" means the assessment of an individual's knowledge of the laws and Rules governing the practice of dentistry or dental hygiene, as applicable, in a State.

(17) "License" means current authorization by a State, other than authorization pursuant to a Compact Privilege, or other privilege, for an individual to practice as a Dentist or Dental Hygienist in that State.

(18) "Licensee" means an individual who holds an unrestricted License from a Participating State to practice as a Dentist or Dental Hygienist in that State.

(19) "Model Compact" means the model for the Dentist and Dental Hygienist Compact on file with the Council of State Governments or other entity as designated by the Commission.

(20) "Participating State" means a State that has enacted the Compact and been admitted to the Commission in accordance with the provisions herein and Commission Rules.

(21) "Qualifying License" means a License that is not an Encumbered License issued by a Participating State to practice dentistry or dental hygiene.

(22) "Remote State" means a Participating State where a Licensee who is not licensed as a Dentist or Dental Hygienist is exercising or seeking to exercise the Compact Privilege.

(23) "Rule" means a regulation promulgated by an entity that has the force of law.

(24) "Scope of Practice" means the procedures, actions, and processes a Dentist or Dental Hygienist licensed in a State is permitted to undertake in that State and the circumstances under which the Licensee is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the State Licensing Authority or other government agency.

(25) "Significant Investigative Information" means information, records, and documents received or generated by a State Licensing Authority pursuant to an investigation for which a determination has been made that there is

probable cause to believe that the Licensee has violated a statute or regulation that is considered more than a minor infraction for which the State Licensing Authority could pursue Adverse Action against the Licensee.

(26) "State" means any state, commonwealth, district, or territory of the United States of America that regulates the practices of dentistry and dental hygiene.

(27) "State Licensing Authority" means an agency or other entity of a State that is responsible for the licensing and regulation of Dentists or Dental Hygienists.

(b) Compact Privilege

(1) To obtain and exercise the Compact Privilege under the terms and provisions of the Compact, the Licensee shall:

(A) Have a Qualifying License as a Dentist or Dental Hygienist in a Participating State;

(B) Be eligible for a Compact Privilege in any Remote State in accordance with 4, 7 and 8 of this section;

(C) Submit to an application process whenever the Licensee is seeking a Compact Privilege;

(D) Pay any applicable Commission and Remote State fees for a Compact Privilege in the Remote State;

(E) Meet any Jurisprudence Requirement established by a Remote State in which the Licensee is seeking a Compact Privilege;

(F) Have passed a National Board Examination of the Joint Commission on National Dental Examinations or another examination accepted by Commission Rule;

(G) For a Dentist, have graduated from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and

dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

(H) For a Dental Hygienist, have graduated from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;

(I) Have successfully completed a Clinical Assessment for licensure;

(J) Report to the Commission Adverse Action taken by any non-Participating State when applying for a Compact Privilege and, otherwise, within thirty (30) days from the date the Adverse Action is taken;

(K) Report to the Commission when applying for a Compact Privilege the address of the Licensee's primary residence and thereafter immediately report to the Commission any change in the address of the Licensee's primary residence; and

(L) Consent to accept service of process by mail at the Licensee's primary residence on record with the Commission with respect to any action brought against the Licensee by the Commission or a Participating State, and consent to accept service of a subpoena by mail at the Licensee's primary residence on record with the Commission with respect to any action brought or investigation conducted by the Commission or a Participating State.

(2) The Licensee must comply with the requirements of subsection A of this section to maintain the Compact Privilege in the Remote State. If those requirements are met, the Compact Privilege will continue as long as the Licensee maintains a Qualifying License in the State through which the Licensee applied for the Compact Privilege and pays any applicable Compact Privilege renewal fees.

(3) A Licensee providing dentistry or dental hygiene in a Remote State under the Compact Privilege shall function within the Scope of Practice authorized by the Remote State for a Dentist or Dental Hygienist licensed in that State.

(4) A Licensee providing dentistry or dental hygiene pursuant to a Compact Privilege in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, by Adverse Action revoke or remove a Licensee's Compact Privilege in the Remote State for a specific period of time and impose fines or take any other necessary actions to protect the health and safety of its citizens. If a Remote State imposes an Adverse Action against a Compact Privilege that limits the Compact Privilege, that Adverse Action applies to all Compact Privileges in all Remote States. A Licensee whose Compact Privilege in a Remote State is removed for a specified period of time is not eligible for a Compact Privilege in any other Remote State until the specific time for removal of the Compact Privilege has passed and all encumbrance requirements are satisfied.

(5) If a License in a Participating State is an Encumbered License, the Licensee shall lose the Compact Privilege in a Remote State and shall not be eligible for a Compact Privilege in any Remote State until the License is no longer encumbered.

(6) Once an Encumbered License in a Participating State is restored to good standing, the Licensee must meet the requirements of subsection A of this section to obtain a Compact Privilege in a Remote State.

(7) If a Licensee's Compact Privilege in a Remote State is removed by the Remote State, the individual shall lose or be ineligible for the Compact Privilege in any Remote State until the following occur:

(A) The specific period of time for which the Compact Privilege was removed has ended; and

(B) All conditions for removal of the Compact Privilege have been satisfied.

(8) Once the requirements of subsection 7 of this section have been met, the Licensee must meet the requirements in subsection 1 of this section to obtain a Compact Privilege in a Remote State.

(c) Consistent Effect and Conflict with Other State Laws

(1) Nothing herein shall prevent or inhibit the enforcement of any other Arkansas law that is not inconsistent with the Compact.

(2) Any state laws, statutes, regulations, or other legal requirements in Arkansas in conflict with the Compact are superseded to the extent of the conflict.

(3) All permissible agreements between the Commission and the Participating States are binding in accordance with their terms.

17 CAR § 115-909. Administration of Compact - Rules

(a) The Arkansas State Board of Dental Examiners is the Dentist and Dental Hygienist Compact administrator for this state.

(b) The board is not required to adopt the rules of the Dentist and Dental Hygienist Compact Commission for those rules to be effective in this state.

Subpart 10. Unprofessional Conduct Defined

17 CAR § 115-1001. Unprofessional conduct defined.

“Unprofessional conduct” is defined to be any one (1) of the following:

(1) The obtaining of any fee by fraud or misrepresentation;

(2) The willful betrayal of professional secrets;

(3) The employment directly or indirectly of any student or suspended or unlicensed dentist or dental hygienist to practice dentistry or dental hygiene as defined in this part;

(4) The aiding or abetting of any unlicensed person to practice dentistry or dental hygiene;

(5) The aiding or abetting of a licensed person to practice dentistry or dental hygiene unlawfully;

(6) Habitual intemperance;

(7) Gross immorality;

(8) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other manner indicating that he or she is practicing or will practice dentistry, except such name as has been approved in writing by the Arkansas State Board of Dental Examiners;

(9) The receiving of anything of value as a referral fee, a fee splitting, a commission, or rebate, when professional services have not been rendered by the licensee;

(10) The making or use of any advertising statements of a character tending to deceive or mislead the public;

(11) The advertising of professional superiority or the advertising of the performance of professional services in a superior manner;

(12) The advertising to:

(A) Guarantee any dental service; or

(B) Perform any dental operation painlessly;

(13) The willful violation of any of the provisions of law regulating the dispensing and administration of dangerous drugs or narcotics;

(14) Any licensee may have his or her license revoked or suspended or be reprimanded or be placed on probation by the board for:

(A)(i) Unprofessional conduct, gross negligence, or inefficiency in his or her profession.

(ii) "Inefficient" means:

(a) Wanting in ability;

(b) Incompetent;

(c) Wasteful of time, energy, or materials; or

(d) Not producing the intended result; or

- (B) Conviction of a felony or misdemeanor involving moral turpitude; or
- (15) A dentist should not abandon a patient, as defined as:

- (A) Unilateral termination of care without the patient's consent and/or knowledge, or without adequate notice, while the patient is still in need of treatment;

- (B) Severing the dentist-patient relationship without giving reasonable notice to the patient or parent/legal guardian, if the patient is a minor or incapacitated adult, so that arrangements can be made for continuation of dental care by others; or

- (C)(i) A dental practice that accepts patients and provides one, some, or all preventive services including examinations, prophylaxis, radiographs, fluoride treatments, and sealants but does not follow up with treatment when such treatment is clearly indicated is considered to be abandoning the patient.

- (ii) Follow-up care can be provided by a dentist in the facility where the preventive treatment is provided or by referral, clearly documented in the patient record, to another dental facility.

- (iii) If patient is dismissed from the practice prior to the completion of services, this must also be clearly documented in the patient record.

Subpart 11. Dental Hygienists Functions

17 CAR § 115-1101. Definitions pertaining to dental hygiene functions.

As used in this part:

- (1) "General supervision" means the dentist authorizes the procedures but is not required to be present in the treatment facility while the procedures are being performed by the dental hygienist;

- (2) "Indirect supervision" means the dentist:

- (A) Authorizes the procedures; and

- (B) Remains in the treatment facility while the procedures are being performed; and

- (3) "Operative supervision" means the dentist:

- (A) Authorizes the procedures;

- (B) Remains in the operatory while the procedures are being performed;
- and
- (C) Evaluates the results prior to leaving the operatory.

17 CAR § 115-1102. Exclusive functions to be performed by a dental hygienist when delegated by a dentist.

- (a) Effective and safe delivery of certain services to the public:
 - (1) Is dependent upon making judgments and utilizing skills that require synthesis and application of knowledge acquired in accredited dental hygiene education programs; and
 - (2) Cannot be delegated to any dental staff member other than a licensed, registered dental hygienist.
- (b) The following functions may only be delegated to a licensed dental hygienist:
 - (1)(A) Oral examination.
 - (B) Elements of these examinations include:
 - (i) Charting of carious lesions and other abnormalities;
 - (ii) Periodontal charting and assessment of periodontal conditions;
 - (iii) Treatment planning for dental hygiene services; and
 - (iv) Oral cancer screening.
 - (C) The dental hygienist may dictate the examination findings to a dental assistant who may then record the data on the patient's dental record;
 - (2)(A) Oral prophylaxis, scaling, root planning, and curettage.
 - (B) If a laser instrument is used, the dental hygienist and their supervising dentist must submit to the Arkansas State Board of Dental Examiners proof of successful completion of an approved educational course on the use of that type of laser prior to its usage for any patient treatment;
 - (3) Using air-driven, electric, sonic, ultrasonic, or otherwise powered scalers or polishers (except dental assistants possessing an expanded duties permit for polishing);
 - (4) Placing medicaments as prescribed by the supervising dentist into the sulcus or periodontal pockets, for periodontal diseases; and

(5)(A) Placing silver diamine fluoride (SDF) under general supervision.

(B) If SDF is used, the dental hygienist and their supervising dentist must submit to the board proof of successful completion of an approved educational course on SDF prior to its usage for and patient treatment.

17 CAR § 115-1103. Prohibited activity.

(a) The following functions and procedures may not be delegated to dental hygienists.

(b) The functions include:

- (1) Diagnosis and treatment planning;
- (2) Surgical or cutting procedures on hard or soft tissue;
- (3) Prescription, injection, inhalation, and parenteral administration of drugs, except where permitted by the Arkansas State Board of Dental Examiners;
- (4) Placement, seating, or removal of any final or permanent restorations;
- (5) Final placement of orthodontic brackets;
- (6) Any procedure that contributes to or results in irreversible alteration of the oral anatomy; and
- (7) Performance of any of the following expanded duties without a permit:
 - (A) Administration of local anesthesia; or
 - (B) Administration of nitrous oxide/oxygen analgesia.

17 CAR § 115-1104. Supervision levels for authorized functions of a dental hygienist.

(a) Under indirect supervision, a hygienist may perform any dental task or procedure assigned by the supervising dentist to the hygienist that does not require the professional skills of a licensed dentist except for:

- (1) Those functions prohibited in 17 CAR § 115-1103; or
- (2) Those tasks that require operative supervision.

(b) Under operative supervision, a hygienist may perform the following procedures:

- (1) Any procedure allowed under indirect supervision; and

(2) Administer certain local anesthesia injections as provided in 17 CAR § 115-1601 et seq.

(c) Under general supervision, the following restrictions apply:

(1)(A) A hygienist may render services only:

(i) With the expressed consent of the supervising dentist; and

(ii) For brief intervals when the supervising dentist cannot be in the treatment facility, ~~not to exceed two (2) consecutive days.~~

(B) A hygienist may render services for up to five (5) consecutive days in a five-day work week (a work week being defined as Monday through Friday).

(C) The hygienist must have the expressed consent of the supervising dentist when the dentist cannot be present in the treatment facility during the work week.

(D) This arrangement cannot exceed two (2) weeks without the dentist returning to work in the treatment facility;

(2) The supervising dentist maintains full control as to whether general supervision will be utilized in his or her office or practice setting;

(3) General supervision is allowed only in:

(A) Dental clinics;

(B) Community health centers; or

(C) Government-sponsored dental facilities;

(4) Hygienists must comply with written protocols for emergencies as established by the supervising dentist;

(5) Hygienists must practice under the supervision of a licensed dentist and may not practice independently or establish an office devoted primarily to dental hygiene services;

(6) Hygienists must have one (1) full year of full-time service before being able to function under general supervision of a dentist;

(7) Patients must be notified in advance that the doctor may not be in the treatment facility;

(8) The supervising dentist must have examined the patient or patients not more than twelve (12) months prior;

(9) Hygienists may perform any procedure allowed under indirect supervision with the exception of:

- (A) Root planing;
- (B) Subgingival curettage;
- (C) Local anesthesia; and
- (D) Administration of nitrous oxide;

(10) The hygienist may place sealants if it has not been more than thirty (30) days since the teeth to be sealed were examined by the dentist; and

(11) A registered dental hygienist may not delegate functions to a registered dental assistant when the treating dentist is not in the facility.

Subpart 12. [Reserved]

Subpart 13. Analgesia, Conscious Sedation, Deep Sedation, and General Anesthesia Rules for a Dentist in an Ambulatory Facility

17 CAR § 115-1301. Definitions.

As used in this part:

(1) "Analgesia" means the diminution of pain or production of increased tolerance to pain in the conscious patient;

(2) "Anesthesia" means partial or complete loss of sensation with or without the loss of consciousness;

(3) "Anesthesia period" means the period of time beginning with the placement of a needle, mask, or solution into or onto the body until the patient has met the criteria that are appropriate for dismissal;

(4)(A) "Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation.

(B) The ability to independently maintain ventilatory function may be impaired.

(C) Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.

(D) Cardiovascular function is usually maintained;

(5) "Direct supervision" means the dentist:

(A) Is in the dental office;

(B) Authorizes the procedure; and

(C) Remains in the dental office while the procedures are being performed by the auxiliary;

(6) "Enteral" means any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual);

(7)(A) "General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation.

(B) The ability to independently maintain ventilatory function is often impaired.

(C) Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function.

(D) Cardiovascular function may be impaired;

(8) "Incremental dosing" means administration of multiple doses of a drug until a desired effect is reached, but not to exceed the MRD;

(9) "Inhalation" means a technique of administration:

(A) In which a gaseous or volatile agent is introduced into the lungs; and

(B) Whose primary effect is due to absorption through the gas/blood interface;

(10) "Maximum recommended dose (MRD)" means the maximum United States Food and Drug Administration-recommended dose of a drug as printed in Food and Drug Administration-approved labeling for unmonitored home use;

(11)(A) "Minimal sedation" means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command.

(B) The patient should be oriented to:

- (i) Person;
- (ii) Place; and
- (iii) Time.

(C) Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

(D) In accordance with this particular definition, the drug and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness.

(E) Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

(F) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose of a drug that can be prescribed for unmonitored home use.

(G) When the intent is minimal sedation, only one (1) drug can be given in addition to nitrous oxide.

(H) **Pediatric considerations.**

(i) In addition to the physiologic parameters for minimal sedation in children under twelve (12) years of age, when the intent is minimal sedation, only one (1) drug can be given in addition to nitrous oxide.

(ii) A drug cannot be from the scheduled category of drugs II, III, or IV with the exception of diazepam.

(iii) If a child under twelve (12) years of age is given any drug for sedation from Schedule II, III, or IV, with the exception of diazepam, that child is considered more than minimally sedated;

(12)(A) "Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

(B) No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.

(C) Cardiovascular function is usually maintained.

(D) In accordance with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

(E) Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist.

(F) Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation;

(13)(A) "Nitrous oxide/oxygen inhalation analgesia" means the administration, by inhalation, of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and/or verbal command.

(B) Nitrous oxide/oxygen inhalation analgesia, when used alone, is not considered a form of sedation but is considered to be an analgesic only;

(14) "Operative supervision" means the dentist is personally operating on the patient and authorizes the auxiliary to aid the treatment by concurrently performing a supportive procedure;

(15) "Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, intraosseous);

(16) "Patient physical status classification", as defined by the American Society of Anesthesiologists, means:

(A) ASA I: A normal, healthy patient;

- (B) ASA II: A patient with mild systemic disease;
- (C) ASA III: A patient with severe systemic disease;
- (D) ASA IV: A patient with severe systemic disease that is a constant threat to life;
- (E) ASA V: A moribund patient who is not expected to survive without the operation;
- (F) ASA VI: A declared brain-dead patient whose organs are being removed for donor purposes; and
- (G) E: Emergency operation of any variety used to modify one (1) of the above classifications, i.e., ASA III-E;

(17) "Pediatric sedation" means any level above nitrous oxide analgesia on patients under the age of twelve (12) years;

(18)(A) "Permit reclassification" means all Level 3 permits currently held by any dentists on the date of adoption of this part will be reclassified to Moderate Sedation Permits.

(B) All Level 4-General Anesthesia permits currently held by any dentists on the date of adoption of this part will be reclassified to Deep Sedation-General Anesthesia Permits;

(19) "Personal supervision" means the dentist:

- (A) Is in the dental office;
- (B) Personally authorizes the procedure; and
- (C) Before the dismissal of the patient, evaluates the patient;

(20)(A) "Qualified staff" means an individual trained to:

- (i) Monitor appropriate physiological parameters; and
- (ii) Help in any supportive or resuscitating measures.

(B) For dentists using minimal or moderate sedation, qualified staff must:

(i) Have a current Nitrous Oxide Permit from the Arkansas State Board of Dental Examiners; and

(ii) Be currently certified in healthcare provider CPR.

(C) For dentists using deep or general sedation, qualified staff must:

- (i) Have a current Nitrous Oxide Permit from the Arkansas State Board of Dental Examiners;
- (ii) Be currently certified in healthcare provider CPR; and
- (iii) Have completed an Arkansas State Board of Dental Examiners-approved course as outlined in 17 CAR § 115-1307 and be registered with the Arkansas State Board of Dental Examiners as a sedation assistant;

(21)(A) "Supplemental dosing" means, during minimal sedation, a single additional dose of the initial drug that may be necessary for prolonged procedures.

(B) The supplemental dose should not:

- (i) Exceed one-half (1/2) of the initial total dose; and
- (ii) Be administered until the dentist has determined the clinical half-life of the initial dosing has passed.

(C) The total aggregate dose must not exceed one and one-half (1 ½) times the MRD on the day of treatment;

(22)(A) "Titration" means administration of incremental doses of a drug until a desired effect is reached.

(B) Knowledge of each drug's time of onset, peak response, and duration of action is essential to avoid over sedation.

(C) Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment;

(23) "Transdermal" means a technique of administration in which the drug is administered by patch or iontophoresis through skin; and

(24) "Transmucosal" means a technique of administration in which the drug is administered across mucosa, such as:

- (A) Intranasal;
- (B) Sublingual; or
- (C) Rectal.

17 CAR § 115-1302. Educational requirements.

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(a) Nitrous oxide/oxygen analgesia.

(1) Any dentist licensed in Arkansas may administer nitrous oxide/oxygen inhalation analgesia.

(2) A current certification in healthcare provider level of CPR is required.

(b) Minimal sedation.

(1) Any dentist administering minimal sedation must have training to the level of competency in minimal sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, Section IV "Enteral and/or Combination Inhalation-Enteral Minimal Sedation" or an equivalent continuing education course approved by the Arkansas State Board of Dental Examiners and that may be completed in either a predoctoral dental curriculum or a postdoctoral continuing education course.

(2) Dentists administering minimal sedation to children under the age of twelve (12) must hold a current:

(A) Pediatric Advanced Life Support (PALS) certification; or

(B) Deep Sedation or General Anesthesia Permit.

(3) Dentists administering minimal sedation to patients twelve (12) years of age or older must hold current certification in healthcare provider level of basic life support.

(c) Moderate sedation.

(1) Any dentist administering moderate sedation must have successfully completed a comprehensive training program in moderate sedation that satisfies the requirements described in the moderate sedation training section of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or an equivalent continuing education course approved by the Arkansas State Board of Dental Examiners.

(2) Dentists administering moderate sedation to patients under the age of twelve (12) years must have current:

(A) Pediatric Advanced Life Support (PALS) certification; or

(B) A Deep Sedation or General Anesthesia Permit.

(3) Dentists administering moderate sedation to patients twelve (12) years of age or older must hold current certification in advanced cardiac life support (ACLS) or an appropriate dental sedation/anesthesia emergency management course.

(4) Dentists administering moderate sedation to adult patients who are deemed to be patients with special healthcare needs (e.g., ASA III) must complete additional hours of additional training related to sedation of complex patients per the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

(d) Deep sedation or general anesthesia.

(1) Any dentist administering deep sedation or general anesthesia must have successfully completed:

(A) An advanced education program in a facility accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia as set forth in the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists, Section IV. C.; or

(B)(i) A residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or The Joint Commission, resulting in the dentist becoming clinically competent in the administration of general anesthesia.

(ii) The residency must include a minimum of:

(a) Three hundred ninety (390) hours of didactic study;

(b) One thousand forty (1,040) hours of clinical anesthesiology;

and

(c) Two hundred sixty (260) cases of administration of general anesthesia to an ambulatory outpatient.

(2) Dentists administering deep sedation or general anesthesia must hold current certification in:

(A) Advanced cardiac life support (ACLS); or

(B) An appropriate dental sedation/anesthesia emergency management course.

17 CAR § 115-1303. Standard of care.

(a)(1) These guidelines are designed to encourage a high level of quality care in the dental office setting.

(2) It should be recognized that emergency situations may require that these standards be modified based on the judgment of the clinician or clinicians responsible for the delivery of anesthesia care services.

(3) Changing technology and Arkansas rules or laws may also modify the standards listed herein.

(b)(1) Before the administration of sedation or general anesthesia, a complete written medical history must be obtained, which shall include previous and current:

- (A) Medications;
- (B) Vital signs;
- (C) Allergies; and
- (D) Sensitivities.

(2) The recording of appropriate vital signs is required for all levels of sedation.

(3) The patient's weight should be recorded when appropriate.

(4) Patients with significant medical considerations (ASA III or IV) may require consultation with their primary care physician or consulting medical specialist as well as written clearance for treatment from that physician.

(c) During the anesthesia period the oxygenation, ventilation, and circulation of the patient must be continuously evaluated and documented by qualified staff assigned by the dentist.

(d)(1) Each licensed dentist administering deep sedation or general anesthesia must provide for training in emergency procedures to his or her qualified staff personnel.

(2) Emergency preparedness updates or drills for all staff must be held at least annually.

(e)(1) A dentist who administers any type of sedation or general anesthesia shall maintain emergency equipment and medications appropriate for patient resuscitation.

(2) That dentist shall be proficient in handling emergencies and complications to include:

- (A) The maintenance of respiration and circulation;
- (B) The immediate establishment of a patent airway; and
- (C) Cardiopulmonary resuscitation.

(3) The dentist shall maintain appropriate emergency equipment and medications in the dental facility.

(f) All scheduled medications shall be stored and inventoried in accordance with all applicable state rules and federal regulations.

(g) The patient must be continuously observed during the anesthesia period either by the dentist or qualified staff.

(h) Personal supervision is required for monitoring patients under nitrous oxide/oxygen analgesia for registered dental assistants holding a current Nitrous Oxide Permit from the Arkansas State Board of Dental Examiners.

(i) Direct supervision is required for monitoring patients under nitrous oxide/oxygen analgesia for dental hygienists holding a current Nitrous Oxide Permit from the board.

(j) Supervision of dental auxiliaries monitoring sedated patients:

- (1) Personal supervision is required for minimal and moderate sedation;
- (2) Operative supervision is required for deep sedation and general anesthesia; and

- (3) Personal supervision is required for qualified staff who continuously monitor post-surgical patients before final evaluation and discharge by the dentist.

(k) For pediatric sedation, all drugs from Schedule II, III, or IV for sedations must be administered in the dental office.

(l) No more than two (2) patients age twelve (12) or under may be sedated to a moderate level simultaneously by the same practitioner.

17 CAR § 115-1304. Permits, qualified staff, equipment, documentation, emergency care, and patient monitoring.

(a) Nitrous oxide inhalation analgesia.

(1) **Permit.** A permit is not required for the dentist.

(2) **Qualified staff.** All patients shall be monitored continuously by personnel who hold a current:

(A) Permit with the Arkansas State Board of Dental Examiners to induce and monitor nitrous oxide/oxygen inhalation analgesia; and

(B) Certification in healthcare provider-level CPR.

(3) **Equipment.** Fail-safe nitrous oxide equipment with nitrous oxide scavenging.

(4) **Documentation.** The use of nitrous oxide and oxygen analgesia must be properly recorded on each individual patient's record.

(5) **Emergency care.** The dental office shall maintain emergency equipment and medications to perform basic life support.

(6) **Patient monitoring.** The dentist or qualified staff must remain in the operatory while a patient is receiving nitrous oxide inhalation analgesia.

(b) Minimal sedation.

(1) **Permit.** A permit from the board is not required for minimal sedation.

(2) **Qualified staff.** All patients shall be monitored continuously by qualified staff who hold a current:

(A) Permit with the board to induce and monitor nitrous oxide/oxygen inhalation analgesia; and

(B) Certification in healthcare provider-level CPR.

(3) Equipment.

(A)(i) The nitrous oxide and patient monitoring equipment listed below must be used for every patient being sedated:

(a) Fail-safe nitrous oxide equipment;

(b) Scavenging system for nitrous oxide;

(c) Pulse oximeter for pediatric minimal sedation; and

(d) Blood pressure cuff and stethoscope.

(ii) If multiple patients are being sedated simultaneously, each piece of equipment listed must be available for every patient being sedated.

(B) The emergency equipment listed below must be available in any office where minimal sedation is administered:

(i) Oral airways;

(ii) Appropriate emergency drugs;

(iii) Automated external defibrillators; and

(iv) Positive pressure oxygen delivery system with appropriately sized mask.

(4) **Documentation.**

(A) The use of minimal sedation must be properly recorded on each individual patient's record.

(B) Documentation should include but not be limited to:

(i) Informed consent;

(ii) Health history;

(iii)(a) For pediatric minimal sedation, heart rate and respiratory rate must be recorded preoperatively, intraoperatively, and postoperatively as necessary.

(b) Blood pressure must be recorded preoperatively, intraoperatively, and postoperatively as necessary unless the patient is unable to tolerate such monitoring (i.e., a small child with a blood pressure cuff).

(c) Oxygen saturation must also be recorded preoperatively, intraoperatively, and postoperatively;

(iv) Names of all drugs administered including dosages and the weight of patients under the age of twelve (12);

(v) Local anesthetic record;

(vi) Record of all procedures;

(vii) Post-operative instructions; and

(viii) Record that level of consciousness was satisfactory prior to discharge.

(5) Emergency care.

(A) The dental office shall maintain emergency equipment and medications to perform basic life support.

(B) Dentists intending to produce minimal sedation must be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation enters that of a higher level than minimal.

(C) The dentist must have the training to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of minimal or lower level of sedation without airway or cardiovascular complications.

(6) Patient monitoring.

(A) The dentist or qualified staff must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area.

(B) The dentist or qualified staff must monitor the patient during recovery until the patient is ready for discharge by the dentist.

(C) The dentists must determine and document that levels of consciousness, oxygenation, ventilation, and circulation are satisfactory prior to discharge.

(c) Moderate sedation.

(1) Permit.

(A) A permit from the board is required.

(B) A Facility Permit is also required.

(C) In facilities where more than one (1) dentist provides services to moderately sedated patients, the dentist who is personally providing the dental service to the moderately sedated patient must personally hold a valid moderate sedation permit, unless the sedation is being provided by a contracted anesthesia provider under subsection (f) of this section.

(2) **Qualified staff.** All patients shall be monitored continuously by qualified staff who hold a current permit with the board to induce and monitor nitrous

oxide/oxygen inhalation analgesia and a current certification in healthcare provider-level CPR.

(3) Equipment.

(A) An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and allow an operating team consisting of at least three (3) individuals to freely move about the patient.

(B) An operating table or chair that permits the patient to be positioned so the operating team can:

- (i) Maintain the airway;
- (ii) Quickly alter patient position in an emergency; and
- (iii) Provide a firm platform for the management of cardiopulmonary resuscitation.

(C) A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a back-up lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure.

(D)(i) Suction equipment that permits aspiration of the oral and pharyngeal cavities and accepts a tonsillar suction.

- (ii) A backup suction device must also be available.

(E) An oxygen delivery system with adequate full-face masks and appropriate connectors that are capable of delivering oxygen to a patient under positive pressure, together with an adequate backup system.

(F)(i) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets.

- (ii) The recovery area can be the operating theater.

(iii) The patient must be able to be observed by qualified staff at all times during the recovery period.

(G) Ancillary equipment must include the following:

(i)(a) The nitrous oxide and patient monitoring equipment listed below must be used for every patient being sedated:

- (1) Fail-safe nitrous oxide equipment;
- (2) Scavenging system for nitrous oxide;
- (3) Pulse oximeter; and
- (4) Blood pressure cuff and stethoscope.

(b) If multiple patients are being sedated simultaneously, each piece of equipment listed must be available for every patient being sedated; and

(ii) The emergency equipment listed below must be available in any office where moderate sedation is administered:

- (a) Oral airways;
- (b) Appropriate emergency drugs;
- (c) Automated external defibrillators; and
- (d) Positive pressure oxygen delivery system with appropriately

sized mask.

(4) Documentation.

(A) The use of moderate sedation must be properly recorded on each individual patient's record.

(B) Documentation should include but not be limited to:

- (i) Informed consent;
- (ii) Health history;
- (iii)(a) Heart rate, oxygen saturation, and respiratory rate must be

recorded preoperatively, intraoperatively, and postoperatively as necessary.

(b) Blood pressure must be recorded preoperatively, intraoperatively, and postoperatively as necessary unless the patient is unable to tolerate such monitoring (i.e., a small child with a blood pressure cuff);

(iv) Names of all drugs administered including dosages and the weight of any patient under twelve (12) years of age;

- (v) Local anesthetic record;
- (vi) Record of all procedures;
- (vii) Post-operative instructions;

(viii) Record that level of consciousness was satisfactory prior to discharge; and

(ix) Time-oriented anesthetic record.

(5) Emergency care.

(A) The dental office shall maintain emergency equipment and medications to perform basic life support.

(B) Dentists intending to produce moderate sedation must be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation enters that of a higher level than moderate.

(C) The dentist must have the training to identify and manage such an occurrence until either:

(i) Assistance arrives (emergency medical services); or

(ii) The patient returns to the intended level of moderate or lower level of sedation without airway or cardiovascular complications.

(D) The dentist must be trained in and capable of providing, at the minimum, bag-valve-mask ventilation so as to be able to oxygenate any patient who develops airway obstruction or apnea.

(E) The equipment listed in subdivision (c)(3) of this section is the minimal requirement for offices where moderate sedation is provided.

(6) Patient monitoring.

(A) The dentist or qualified staff must remain in the operatory to monitor the patient continuously until the patient meets the criteria for recovery.

(B) When active treatment concludes and the patient recovers to a minimally sedated level, qualified staff may remain with the patient and continue to monitor them until they are discharged from the facility.

(C) The dentists must not leave the facility until the patient:

(i) Meets the criteria for discharge; and

(ii) Is discharged from the facility.

(D) The dentist must determine and document that levels of consciousness, oxygenation, ventilation, and circulation are satisfactory prior to discharge.

(d) **Deep sedation.**

(1) **Permit.** A permit issued to the dentist from the board to administer deep sedation is required as well as a Facility Permit.

(2) **Qualified staff.** The technique for deep sedation requires the following three (3) individuals:

(A) A dentist holding a current permit for deep sedation from the board;

(B) An individual to assist with observation and monitoring of the patient and who may administer drugs if appropriately licensed; and

(C)(i) Qualified staff to assist the operator as necessary.

(ii) All individuals assisting at this level must hold a current:

(a) Permit from the board to monitor and administer nitrous oxide;

(b) Permit from the board as a sedation assistant; and

(c) Certification in healthcare provider-level of CPR.

(3) **Equipment.**

(A) Requirements are the same as the first six (6) requirements for moderate sedation listed in subdivision (c)(3) of this section.

(B) In addition to those previously listed requirements, the following ancillary equipment is required:

(i)(a) The nitrous oxide and patient monitoring equipment listed below must be used for every patient being sedated:

(1) Fail-safe nitrous oxide equipment;

(2) Scavenging system for nitrous oxide;

(3) Pulse oximeter;

(4) Blood pressure cuff and stethoscope;

(5) Electrocardioscope; and

(6) Automatic blood pressure monitoring device.

(b) If multiple patients are being sedated simultaneously, each piece of equipment listed must be available for every patient being sedated; and

(ii) The emergency equipment listed below must be available in any office where deep sedation or general anesthesia is administered:

(a) Oral airway;

(b) Appropriate emergency drugs;

(c) Automated external defibrillators;

(d) Positive pressure oxygen delivery system;

(e) Tonsillar and pharyngeal-type suction tip;

(f) Laryngoscope complete with adequate selection of blades, batteries, and bulb;

(g) Endotracheal tubes and appropriate connectors;

(h) Adequate equipment for the establishment of an intravenous infusion;

(i) McGill forceps;

(j) Appropriate emergency drugs for advanced cardiac life support (ACLS); and

(k) Thermometer.

(4) **Records.** Anesthesia records must be maintained as a permanent portion of the patient file and shall include at a minimum:

(A) Informed consent;

(B) Health history;

(C) Vital signs, recorded:

(i) Preoperative;

(ii) Intraoperative; and

(iii) Postoperative;

(D) Names of all drugs administered including dosages;

(E) Local anesthetic record;

(F) Record of all procedures;

(G) Postoperative instructions;

- (H) Record that level of consciousness was satisfactory prior to discharge;
- (I) Time-oriented anesthetic record; and
- (J) Pulse oximetry readings.

(5) **Emergency care.**

(A) The dental office shall maintain emergency equipment and medications to perform ACLS.

(B) Dentists intending to produce deep sedation must be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation enters that of general anesthesia.

(C) The dentist must have the training, skills, drugs, and equipment to identify and manage such an occurrence until either:

- (i) Assistance arrives (emergency medical services); or
- (ii) The patient returns to the intended level of deep or lower level of sedation without airway or cardiovascular complications.

(6) **Patient monitoring.**

(A) The dentist must remain in the operatory to monitor the patient continuously until the patient meets the criteria for recovery.

(B) When active treatment concludes and the patient recovers to a minimally sedated level, qualified staff may remain with the patient and continue to monitor them until they are discharged from the facility.

(C) The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.

(D) The dentist must determine and document that levels of consciousness, oxygenation, ventilation, circulation, and temperature are satisfactory prior to discharge.

(e) **General anesthesia.** All requirements for permits, qualified staff, equipment, records, emergency care, and patient monitoring are exactly the same as for deep sedation.

(f) **Contracting anesthesia.**

(1)(A) A dentist whose dental office meets the facility requirements and has obtained a Facility Permit from the board may contract with a licensed physician with a specialty in anesthesiology, certified registered nurse anesthetist, or a dentist holding an anesthesia permit for in-office deep sedation or general anesthesia.

(B) The board holds the contracting dentist ultimately responsible for the quality of the anesthesia given and the patient care delivered.

(2) A dentist may admit or have a patient admitted to an outpatient surgery center approved by the Department of Health, The Joint Commission (outpatient facilities), AAAHC, or other nationally recognized accreditation agency or a hospital and utilize any appropriate level of sedation or general anesthesia as provided by a licensed physician with a specialty in anesthesiology or a certified registered nurse anesthetist without the dentist holding a board permit for that level of anesthesia or sedation or a Facility Permit.

17 CAR § 115-1305. Obtaining permits for nitrous oxide analgesia, minimal, moderate, and deep sedation, general anesthesia, and facilities.

(a) Sedation and anesthesia permits.

(1) Nitrous oxide/oxygen inhalation analgesia: does not require a permit or registration with the Arkansas State Board of Dental Examiners.

(2) Minimal sedation: no permit is required for minimal sedation.

(3) Moderate sedation, deep sedation, and general anesthesia:

(A) Requires a permit for the dentist administering sedation/anesthesia; and

(B) Requires a Facility Permit.

(b) Obtaining a permit — Moderate Sedation Permit, Deep Sedation Permit, and General Anesthesia Permit.

(1) In order to receive a Moderate Sedation Permit, Deep Sedation Permit, or a General Anesthesia Permit, the dentist must:

(A) Apply on an application form to the board;

(B) Submit the required application fee; and

(C) Submit documentation showing that the educational requirements have been met.

(2)(A) Applicants who have applications approved by the board are issued a permit.

(B) A self-evaluation and compliance form (available from the board) must be completed and submitted before any moderate sedation, deep sedation, or general anesthesia usage can begin.

(3)(A) After the Deep Sedation–General Anesthesia Permit has been issued, the board requires an on-site inspection of the facility, equipment, and credentials of the personnel to determine if, in fact, the personnel, equipment, and facility requirements have been met.

(B) The evaluation shall be conducted as outlined in this part.

(4)(A) At the discretion of the board, a reevaluation of an office, dentist, and staff may be scheduled at any time.

(B) The board shall consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences.

(5)(A) Moderate Sedation, Deep Sedation, and General Anesthesia Permits must be renewed at the same time each year a dentist renews his or her license to practice dentistry.

(B) Failure to renew a permit will cause the forfeiture of the permit and once forfeited, reapplication and reevaluation will be required.

(C) Forfeiture of a permit will immediately terminate the authority of a dentist to administer:

- (i) Moderate sedation;
- (ii) Deep sedation; or
- (iii) General anesthesia.

(c) Facility Permits.

(1)(A) Every dental office, clinic, or facility where moderate sedation is to be administered to patients must have a Moderate Sedation Facility Permit issued by the board.

(B)(i) The dentist/owner of the practice or the dentist who is the primary provider of dental care in the office must complete a self-inspection Facility Permit application.

(ii) Said application will be kept on file by the board.

(C) The board may, on a random basis, inspect any facility holding a Moderate Sedation Facility Permit.

(D) No moderate sedation shall be performed until the facility self-inspection form is received by the board and a Facility Permit issued.

(E) Facility Permits are required for all offices where Level 3 permits are converted to Moderate Sedation Permits on the date of adoption of this part.

(F) Dentists being reclassified from Level 3 to Moderate Sedation will have ninety (90) days from the date of adoption of this part to submit their self-inspection forms and have a Facility Permit issued.

(G) Any dentist providing moderate sedation without a Facility Permit after the ninety-day grace period will be subject to having charges filed with the board for providing moderate sedation without a Facility Permit.

(2)(A) Every dental office, clinic, or facility where deep sedation or general anesthesia is to be administered to patients must be inspected and meet the standards for a facility listed in this subpart and have a Facility Permit issued by the board.

(B) No deep sedation or general anesthesia shall be performed until the facility has been inspected and a Facility Permit issued.

(3) To obtain a Deep Sedation–General Anesthesia Facility Permit, the dentist owning said facility must:

(A) Apply on an application form to the board; and

(B) Submit the required application fee to have the facility inspected.

(4)(A) All Facility Permits must be renewed at the same time each year that a dentist renews his or her license to practice dentistry.

(B) Failure to renew the permit will cause the forfeiture of the permit, and once forfeited, reapplication and reinspection will be required.

(C) Forfeiture of a Facility Permit will immediately terminate the authority of a dentist to have moderate sedation, deep sedation, or general anesthesia administered in the facility.

17 CAR § 115-1306. On-site facility inspection and evaluation/reevaluation for moderate sedation, deep sedation, and general anesthesia facilities.

(a) **On-site inspectors for evaluation/reevaluation.** Upon application for a Facility Permit, a sitting Arkansas State Board of Dental Examiners member, a former sitting board member, and/or a trained member of the board staff shall physically inspect the facility.

(b) **Grading of the inspection and evaluation.**

(1)(A) The inspection and evaluation shall be graded on a pass/fail system.

(B) An evaluation form provided by the board shall be used.

(C) The grade shall be determined by the board, based upon results provided by the evaluator or evaluators.

(2)(A) If there is not a recommendation for pass or fail by the evaluator or evaluators, another evaluation will be made by a team that will consist of three (3) dentists chosen and approved by the board, one (1) of which must:

(i) Hold a current permit of the same level or higher as the permit of the dentist being inspected; and

(ii) Have practiced with that level of sedation permit for a minimum of one (1) year.

(B) Whenever possible, if the dentist being inspected is a dental specialist the evaluators will also be licensed in that same specialty.

(3)(A) The sedation or anesthesia permit of a dentist who fails the evaluation will be suspended by the board.

(B)(i) A dentist who has received such a negative evaluation may appeal that decision to the board and request a reevaluation.

(ii) This appeal must be made in writing to the board stating the grounds for the appeal within ninety (90) days from the evaluation.

(C) During the suspension and appeal process, the practitioner is prohibited from using any sedation and/or general anesthesia.

(D) Upon receipt of the appeal request, the board will decide the matter and may:

(i) Grant or deny a permit; or

(ii)(a) Request reevaluation of the appellant by a different evaluation team.

(b) An additional evaluation fee will be required for this reevaluation.

17 CAR § 115-1307. Qualified staff sedation monitoring requirements.

(a)(1) There are certain situations when a dentist must entrust the monitoring of a sedated patient to a staff member.

(2) The Arkansas State Board of Dental Examiners recognizes this need and has developed an expanded function permit for certain dental assistants, hygienists, or other staff members who meet the following minimal criteria and have applied for and received a permit from the board.

(b) Staff monitoring patients undergoing any level of sedation must hold a current:

(1) Nitrous Oxide Permit from the board; and

(2) Certification in healthcare provider-level of CPR.

(c)(1) Staff monitoring patients undergoing deep sedation or general anesthesia must hold a current permit from the board as a sedation assistant.

(2) To qualify as a sedation assistant, a person must:

(A) Be a:

(i) Certified dental assistant;

(ii) Registered dental assistant;

(iii) Registered nurse; or

(iv) Licensed practical nurse;

(B) Hold a current certification in healthcare provider-level CPR;
(C) Hold a current permit from the board to monitor and induce nitrous oxide analgesia; and

(D) Successfully complete:

(i) The American Association of Oral and Maxillofacial Surgeons Anesthesia Assistant's Training Program; or

(ii) A board-approved equivalent course.

(d) Renewal of permit.

(1) To renew the Sedation Assistant Permit biennially, the permit holder must show proof of a minimum of two (2) hours of continuing education related to:

(A) Office emergency management; or

(B) Direct care of sedated patients.

(2) Proof of annual review of office emergency preparedness updates or drills, as required in 17 CAR § 115-1303(d), can be submitted to fulfill this requirement.

(e) Exemptions.

(1) Licensed physicians with a specialty in anesthesiology and certified registered nurse anesthetists are exempt from the educational and permit requirements listed in this section.

(2) Other licensed healthcare providers who can show proof of successful completion of a course that meets or exceeds those listed in this part may obtain an exemption from the board on a case-by-case basis.

Subpart 14. Minimum Continuing Education for Dentists and Dental Hygienists

17 CAR § 115-1401. Purpose.

This subpart sets forth the requirements and guidelines for minimum continuing education for dentists and dental hygienists.

17 CAR § 115-1402. Definitions.

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For the purpose of this subpart, these definitions shall apply:

(1) "Board" means the Arkansas State Board of Dental Examiners;

(2)(A) "Continuing education unit (CEU)" means one (1) continuing education unit equals a minimum of fifty (50) minutes.

(B) A one-half (1/2) contact hour equals a minimum of twenty-five (25) minutes;

(3) "Course" means a planned educational experience;

(4) "Licensee" means any person licensed to practice dentistry or dental hygiene in the state of Arkansas; and

(5) "Reporting period" means the length of time in each continuing education cycle, two (2) calendar years.

17 CAR § 115-1403. Scope.

(a) Beginning January 1, 1994, each Arkansas licensee shall comply with these minimum continuing education requirements.

(b)(1) To regain an active license, the licensee must have completed the required CEUs for one (1) reporting period before regaining an active status license.

(2) Said CEUs must be earned within the immediate two-year period prior to regaining an active status license.

17 CAR § 115-1404. Minimum continuing education requirements for licensees.

(a)(1) The Arkansas State Board of Dental Examiners shall require acceptable continuing education as a prerequisite for license renewal.

(2) Failure to comply with the minimum continuing education requirements may result in the inability to renew a license or revocation of a license.

(b) CEUs required for dentists.

(1) The requirement for minimum continuing education for Arkansas-licensed dentists will be fifty (50) CEUs for every two-year reporting period.

(2) The first reporting period will begin January 1, 1994, and end December 31, 1995.

(3) Each reporting period will start on an even-numbered year.

(c) CEUs required for dental hygienists.

(1) The requirement for minimum continuing education for Arkansas-licensed dental hygienists will be forty (40) CEUs for every two-year reporting period.

(2) The first reporting period will begin January 1, 1994, and end December 31, 1995.

(3) Each reporting period will start on an even numbered year.

(d) Requirements for new licensees. The requirement for minimum continuing education for new licensees (dentists and dental hygienists) will begin January 1 of the calendar year following their licensure and be prorated if not at the start of the new reporting period.

17 CAR § 115-1405. Acceptable continuing education.

(a) Only those courses directly related to provision of services and patient care shall be considered for credit.

(b) Any course is acceptable that contributes to updating and maintaining the knowledge and skills of the dentist or dental hygienist in the treatment of the individual patient or the management of the dental practice or clinic.

(c) Home study courses that include a post-test and the issuance of a certificate of completion will be accepted.

(d) CEUs will be determined by the course sponsor.

(e) At least one (1) CE hour in each two-year reporting period must be on the subject of infection control.

(f)(1) Courses dealing with other subjects of professional concern are outside the scope of the continuing education requirements.

(2) Such courses or programs that will not qualify for approval are:

(A) Money management;

(B) Investments;

- (C) Time spent with professional and/or financial consultants; and
- (D) Professional organizational business meetings.
- (g) The Arkansas State Board of Dental Examiners does not preapprove courses.

17 CAR § 115-1406. Procedure for reporting continuing education units.

(a) Reporting.

(1) At the end of each two-year reporting period, the licensee will provide a typed list on forms provided by the Arkansas State Board of Dental Examiners attesting to the actual number of CE hours earned in the two-year reporting period and confirmed by the licensee's signature.

(2) All information requested on the forms must be properly completed for the hours to be accepted.

(b) Record keeping.

(1) CE records must be kept by the licensee in an orderly manner.

(2) All records relative to CE hours must be maintained by the licensee for at least three (3) years from the end of the reporting period.

(3) The records or copies of the forms must be provided to the board upon request.

(4) Audits will be conducted at the end of each two-year reporting period by the board.

(c) **Hours beyond requirements.** Continuing education units acquired beyond the minimum requirement in each two-year reporting period will not be carried forward to the succeeding reporting period.

17 CAR § 115-1407. Advanced study — Graduate study, internships, and residencies.

(a) Dentists or dental hygienists engaged in a full-time dental or dental hygiene-related program will fulfill their continuing education requirement for each reporting period in which they are actively participating in such programs by the nature of these activities, and will have no additional formal requirements for that period.

(b) However, the licensee enrolled in an advanced program must notify the Arkansas State Board of Dental Examiners.

17 CAR § 115-1408. Publishing papers — Presenting clinics — Lecturing — Teaching.

(a) Licensees presenting CE courses will be granted:

- (1) Six (6) CEUs for each hour of the original presentation; and
- (2) One (1) CEU for each hour of presentation of the same material.

(b) Licensees publishing papers will be granted six (6) CEUs for the first publication only.

(c)(1) Full-time or part-time teaching in dental, dental hygiene, or dental assisting programs that are accredited by CODA will receive CEU credit equal to the number of hours spent teaching didactic classroom courses.

(2)(A) Extra hours will not be given for lecture preparation.

(B) For example, teaching a three-semester-hour course for twelve (12) weeks would result in thirty-six (36) CEUs.

(3) The dates of the courses, the names of the courses, the name of the institution, and the number of hours spent teaching the course or clinic directly to students must be reported on CE forms provided by the Arkansas State Board of Dental Examiners each license renewal cycle.

(d)(1) Clinical instruction supervision in dental, dental hygiene, or dental assisting programs that are accredited by CODA will receive CEU credit at a rate of one (1) CEU for every eight (8) hours of clinical supervision or instruction time.

(2) Documentation of clinical instruction and supervision hours will be required on each license renewal form.

(e)(1) Licensed dentists and dental hygienists who instruct and supervise dental, dental hygiene, or dental assisting students enrolled in CODA-accredited programs in off-campus dental clinic facilities (clinical rotations) will receive one (1) CEU hour for every eight (8) hours the students spend under their supervision.

(2) Documentation of instruction and supervision hours will be required on each license renewal form.

17 CAR § 115-1409. Cardiopulmonary resuscitation.

Each licensed dentist, dental hygienist, and registered dental assistant must take a healthcare provider-level cardiopulmonary resuscitation course and submit a photocopy of the cardiopulmonary resuscitation card or certificate with the renewal form that confirms that he or she holds at least a current certificate in cardiopulmonary resuscitation of healthcare provider level, effective January 1, 2003.

Subpart 15. Infection Control

17 CAR § 115-1501. Generally.

(a) Arkansas Code § 17-82-316(a) – (c) and § 17-82-406 provide that the Arkansas State Board of Dental Examiners is vested with the power to revoke or suspend for any period of time the privilege of practicing under any license issued in the State of Arkansas to any dentist, dental hygienist, or dental assistant if the licensee fails to maintain proper standards of sanitation or fails to otherwise maintain adequate safeguards for the health and safety of patients.

(b) Pub. L. 102-141, passed in the First Session of the 102nd Congress of the United States of America, approved October 28, 1991, provides that the states will establish guidelines to apply to health professionals and will determine appropriate disciplinary and other actions to ensure compliance with those guidelines in order to prevent the transmission of human immunodeficiency virus and hepatitis B virus during exposure-prone invasive procedures except for an emergency situation where the patient's life or limb is in danger.

17 CAR § 115-1502. Definitions.

As used in this subpart:

(1) "Critical instruments":

(A) Penetrate soft tissue, contact bone, or enter into or contact the bloodstream or other normally sterile tissue; and

(B) Include surgical instruments, periodontal scalers, scalpel blades, and surgical dental burs;

(2)(A) "Dental healthcare personnel (DHCP)" means all paid and unpaid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated:

- (i) Supplies;
- (ii) Equipment;
- (iii) Environmental surfaces;
- (iv) Water; or
- (v) Air.

(B) "DHCP" includes:

- (i) Dentists;
- (ii) Dental hygienists;
- (iii) Dental assistants;
- (iv) Dental laboratory technicians (in-office and commercial);
- (v) Students and trainees;
- (vi) Contractual personnel; and
- (vii) Other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel);

(3)(A) "Disinfection" means destruction of pathogenic and other kinds of microorganisms by physical or chemical means.

(B) "Disinfection" is less lethal than sterilization because it destroys the majority of recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

(C) "Disinfection" does not ensure the degree of safety associated with sterilization processes;

(4) "Exposure-prone invasive procedure" means any surgical, diagnostic, or therapeutic procedure involving manual or instrumental contact with or entry into any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous membrane, or percutaneous wound of the human body in which there is a risk of contact between the blood or OPIM of the DHCP and the blood or OPIM of the patient;

(5) "HBV" means the Hepatitis B virus;

(6) "HCV" means the Hepatitis C virus;

(7) "HIV" means the human immunodeficiency virus, whether HIV-1 or HIV-2;

(8) "Noncritical instruments":

(A) Contact intact skin; and

(B) Include radiograph head/cone, blood pressure cuff, facebow, and pulse oximeter;

(9) "Occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that can result from the performance of an employee's duties;

(10)(A) "OPIM" means other potentially infectious materials.

(B) "OPIM" is a term that refers to:

(i) Bodily fluids including:

(a) Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures;

(b) Any body fluid visibly contaminated with blood; and

(c) All body fluids in situations where differentiating between body fluids is difficult or impossible; and

(ii) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

(11) "Semi-critical instruments":

(A) Contact mucous membranes or nonintact skin;

(B) Will not penetrate soft tissue, contact bone, or enter into or contact the bloodstream or other normally sterile tissue; and

(C) Include dental mouth mirror, amalgam condenser, and reusable dental impression trays;

(12)(A) "Standard precautions" means the concept that all blood and OPIM should be treated as infectious because patients with bloodborne infections can be asymptomatic or unaware they are infected.

(B) Preventive practices used to reduce blood exposures, particularly percutaneous exposures, include:

(i) Careful handling of sharp instruments;

(ii) Use of rubber dams to minimize blood spattering;

(iii) Hand washing; and

(iv) Use of personal protective barriers (e.g., gloves, masks, protective eyewear, and gowns).

(C) "Standard precautions" integrate and expand the elements of "universal precautions" (the term used by the Centers for Disease Control and Prevention prior to 1996) into a standard of care designed to protect DHCP and patients from pathogens that can be spread by blood or any other body fluid, excretion, or secretion.

(D) "Standard precautions" apply to contact with:

(i) Blood;

(ii) All body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood;

(iii) Nonintact skin; and

(iv) Mucous membranes.

(E)(i) Saliva has always been considered a potentially infectious material in dental infection control.

(ii) Thus, no operational difference exists in clinical dental practice between universal precautions and standard precautions; and

(13) "Sterilization" means use of a physical or chemical procedure to destroy all microorganisms, including substantial numbers of resistant bacterial spores.

17 CAR § 115-1503. Education and training.

(a) Training in standard precautions and other infection control standards required by the Occupational Safety and Health Administration and as recommended by the Centers for Disease Control and Prevention and set forth in this part shall be provided to all DHCP by the employer:

(1) Upon initial employment prior to direct patient care;

(2) Whenever new tasks are assigned that affect the level of occupational exposure; and

(3) At least annually.

(b)(1) All dentists and dental hygienists must report completion of at least one (1) continuing education hour dealing with infection control for the biennial license renewal.

(2) All registered dental assistants who hold an expanded duty permit from the Arkansas State Board of Dental Examiners must report completion of at least two (2) continuing education hours dealing with infection control for the biennial license renewal of the permit.

17 CAR § 115-1504. Preventing transmission of bloodborne pathogens.

(a) All DHCPs who are at risk for occupational exposure to blood or OPIM shall at all times use and practice standard precautions for all patient encounters.

(b) Engineering and work-practice controls.

(1) Consider sharp items (needles, scalers, burs, lab knives, and wires) that are contaminated as infective.

(2) Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers.

(3)(A) Do not recap used needles by using both hands or any other technique that involves directing the point of the needle toward any part of the body.

(B) Use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles.

(4) Do not bend or break needles prior to disposal.

(c)(1) Follow Centers for Disease Control and Prevention guidelines after percutaneous, mucous membrane, or nonintact skin exposure to blood or OPIM.

(2) Guidelines are found in the Centers for Disease Control and Prevention publication Morbidity and Mortality Weekly Report, Dec. 19, 2003, Volume 52, No. RR-17, pg. 13-14, "Post Exposure Management and Prophylaxis".

17 CAR § 115-1505. Personal protective equipment.

(a) Masks, protective eyewear, and face shields.

(1) A surgical mask and eye protection with solid side shields or a surgical mask and a face shield must be worn during procedures likely to generate splashing or spattering of blood or OPIM.

(2)(A) Change masks between patients.

(B) Also change masks during patient treatment if mask becomes wet.

(3) Clean with soap and water or, if visibly soiled, clean and disinfect reusable facial protective equipment.

(b) Protective clothing.

(1) Wear reusable or disposable gowns, lab coats, or uniforms that cover personal clothing and skin (forearms) likely to be soiled with blood or OPIM.

(2) Change protective clothing if visibly soiled.

(3) Remove gloves, mask, nonprescription protective eyewear, or shields before departing clinic area.

(c) Gloves.

(1) Wear medical gloves when a potential exists for contacting:

(A) Blood;

(B) Saliva;

(C) OPIM; or

(D) Mucous membranes.

(2)(A) Wash hands before donning gloves.

(B) Wear a new pair of gloves for each patient, remove them promptly after use, and wash hands immediately.

(3) Remove gloves that are torn, cut, or punctured and wash hands before regloving.

(4) Do not wash or disinfect gloves before use.

(5) Ensure that appropriate gloves in the correct size are readily accessible.

(6) Use puncture and chemical resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with chemicals and/or contaminated surfaces.

(7) Ensure that nonlatex gloves are available for those patients and DHCPs with latex allergies.

17 CAR § 115-1506. Sterilization and disinfection of patient-care items.

(a) Instrument cleaning and sterilization.

(1) Clean and heat-sterilize critical and semi-critical instruments and items before each use using only Food and Drug Administration-cleared medical devices for sterilization, and follow the manufacturer's instructions for correct use.

(2) Clean all visible debris from instruments and items before sterilization or disinfection using an automated cleaning process such as an ultrasonic cleaner or washer-disinfector.

(3) Wear puncture-resistant and chemical-resistant/heavy duty utility gloves for instrument cleaning and decontamination procedures.

(4) Wear appropriate PPE when splashing or spraying is anticipated during cleaning (i.e., mask, eye protection, or face shield).

(5) Single-use disposable instruments are acceptable alternatives if they are used only once and disposed of correctly.

(6) Ensure that noncritical patient-care items are barrier protected or cleaned and disinfected after each use with an Environmental Protection Agency-registered hospital disinfectant.

(b) Packaging of instruments.

(1) Instruments should be sterilized inside packages with color-change markings or chemical indicator tape attached that verify that:

(A) The package has been exposed to the sterilization process; and

(B) Required parameters of time, temperature, and the presence of steam has been achieved.

(2) Critical and semi-critical instruments intended for immediate reuse can be heat sterilized unwrapped if:

(A) A chemical indicator such as autoclave tape is used for each cycle; and

(B) The instruments are transported immediately and aseptically to the point of use.

(3) Do not sterilize implantable devices unwrapped.

(c) Sterilization monitoring.

(1)(A) Monitor each load with mechanical (e.g., time, temperature, and pressure) and chemical indicators.

(B) Color-change markings on bags or autoclave tape are acceptable indicators.

(2) Do not use instrument packs if mechanical or chemical indicators indicate inadequate processing.

(3) Monitor sterilizers at least monthly by using a biological indicator (spore test) with a matching control.

(4)(A) In case of a positive spore test, remove the sterilizer from service and retest.

(B) If the repeat spore test is negative put the sterilizer back in service.

(C) If the repeated spore test is positive:

(i) Remove the sterilizer from use until it has been inspected or repaired; and

(ii) Recall and reprocess all items processed since the last negative test.

(5) Maintain sterilization records or biological spore testing for three (3) years.

(d) **Storing sterile items.**

(1)(A) Place the date of sterilization and, if multiple sterilizers are used in the facility, the sterilizer used on the outside of the packaging material.

(B) This will be critical in case of a failed spore test.

(2) Reclean, repack, and resterilize any instrument package that has been compromised (torn, punctured, etc.).

(3) Do not store sterile instruments where the packages might be contaminated by contact with nonsterile instruments or packages.

(4) Do not store critical or semicritical instruments unwrapped.

17 CAR § 115-1507. Environmental infection control.

(a) **Clinical contact surfaces.**

(1) Examples of clinical contact surfaces are light handles, switches, radiograph equipment, chairside computers, drawer handles, faucet handles, countertops, pens, doorknobs, etc.

(2)(A) Use barriers such as clear plastic wrap, bags, sheets, tubing, and plastic-backed paper or other materials impervious to moisture to protect clinical contact surfaces.

(B) Barriers must be changed between patients.

(3) Clean and disinfect clinical contact surfaces that are not barrier protected, by using an Environmental Protection Agency-registered hospital disinfectant after each patient following manufacturer's directions.

(4) Use PPE when cleaning and disinfecting environmental surfaces.

(b) **Regulated medical waste.**

(1) Dispose of regulated medical waste in accordance with federal, state, and local rules and regulations.

(2) Use color-coded or labeled containers that prevent leakage for nonsharp regulated medical waste.

(3)(A) Place sharp items (needles, glass anesthetic carpules, scalpel blades, ortho bands/wires, broken metal instruments, and burs) in an appropriate sharps container.

(B) Do not overfill.

17 CAR § 115-1508. Dental unit water lines and water quality.

(a) Use water that meets Environmental Protection Agency regulatory standards for drinking water.

(b) Discharge water and air for a minimum of twenty (20) to thirty (30) seconds after each patient from any device connected to the dental water system that enters that patient's mouth.

(c) During a boil-water advisory, do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic scaler, or other dental equipment that uses the public water system until the boil order is lifted by the local water utility.

17 CAR § 115-1509. Special considerations.

(a) Clean and heat sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients.

(b) Use heat-tolerant or disposable intraoral devices for dental radiography that are sterilized before each use.

(c) For digital radiography sensors, use barriers (covers). If the items cannot tolerate heat sterilization.

(d) Handling of extracted teeth.

(1) Dispose of extracted teeth as regulated medical waste unless returned to the patient.

(2) Clean and place extracted teeth in a leak-proof container labeled with a biohazard symbol and maintain hydration for transport to education institutions or a dental laboratory.

(e) Dental laboratory.

(1) Use PPE when handling items received in the lab until they have been decontaminated.

(2) Before they are handled in the lab, clean, disinfect, and rinse all dental prostheses and prosthodontic materials (impressions, bite registrations, occlusal rims, and extracted teeth) by using an Environmental Protection Agency-registered hospital disinfectant.

(3) Clean and heat sterilize heat-tolerant items used in the mouth such as metal impression trays.

17 CAR § 115-1510. Medical conditions, work-related illness, and work restrictions.

(a)(1) A DHCP who is positive for HIV, Hepatitis B, or Hepatitis C shall disclose this fact to the Arkansas State Board of Dental Examiners.

(2) If the DHCP is not a licensee or permit holder, the supervising licensed dentist will report the DHCP's health status to the board.

(3) The DHCP shall thereafter refrain from participating in any procedure that has a potential for occupational exposure.

(4) Said refraining will continue until such time as the board enters an order delineating the scope of practice permitted for the DHCP.

(b) The board will then establish and appoint members to serve on a review panel to review, counsel, monitor, and recommend restrictions, when appropriate, for the practices of HIV-positive, Hepatitis B-positive, or Hepatitis C-positive DHCPs.

(c) The review panel shall be appointed by the board with its members being chosen on a case-by-case basis.

(d)(1) The review panel will conduct its review considering that exposure-prone invasive procedures are best determined on a case-by-case basis by taking into consideration the degree of infectivity, the specific procedure or procedures, as well as the skill, technique, and possible mental and/or physical impairment of the infected DHCP.

(2) Following its review, the panel chairperson will submit a report of recommendations or restrictions of practice to the board.

(e) The board will:

(1) Consider the review panel's recommendations;

(2) Make the final determination of practice and/or procedure restrictions;

(3) Develop procedures in order to monitor the compliance of the DHCP with restrictions; and

(4) Communicate said information of any restrictions and the monitoring of the restrictions to the DHCP or the supervising licensed dentist by written order.

(f) Information as to the panel's recommendations, the board's monitoring of restrictions, and its disciplining of the DHCP or the supervising licensed dentist, if necessary, will be reported in a timely manner to the Secretary of the Department of Health, who will continue to ensure the confidentiality of the infected DHCP.

(g) Reports and information furnished to and by the board relative to the HIV, HBV, or HCV infectivity of a DHCP shall not be deemed to constitute a public record but shall be deemed and maintained by the board as confidential and privileged as medical records.

(h)(1) At such time as there is an alleged violation of this part, the board will proceed with its procedures set forth in the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq., and this part by bringing a licensee before it for alleged violations of the Arkansas Dental Practice Act.

(2) At that time, the knowledge and information pertaining to the medical condition of the DHCP may become public knowledge.

(i) The failure of a dentist, dental hygienist, or registered dental assistant to comply with the terms of this part or the order of the board concerning the scope of practice as referred to in subsection (a) of this section will be considered a failure to maintain adequate safeguards for the health and safety of the patient and the public, as referred to in the Arkansas Dental Practice Act.

Subpart 16. Administration of Local Anesthesia by the Dental Hygienist

DRAFT

17 CAR § 115-1601. Definitions.

As used in this subpart:

(1) "Local anesthesia" means the elimination of sensations, especially pain, in one (1) part of the body by the topical application or regional injection of a drug;

(2) "Regional injection of an anesthetic agent by a dental hygienist" means infiltration and block injections of an anesthesia administered inside the oral cavity; and

(3)(A)(i) "Topical anesthesia" means the application of an anesthetic directly to the surface of the body.

(ii) Pursuant to this subpart, this will be limited to the oral cavity.

(B) Topical anesthesia may be administered by a licensed dental hygienist without the necessity of the hygienist obtaining a permit from the Arkansas State Board of Dental Examiners.

(C) A dental hygienist may only administer topical anesthesia to a patient when under the supervision of a licensed dentist.

17 CAR § 115-1602. Administration of local anesthesia by a dental hygienist.

(a)(1) A permit is required for a dental hygienist to administer local anesthetic agents.

(2) A dental hygienist who desires to administer local anesthetics using regional injection of a drug in the State of Arkansas under Arkansas Code § 17-82-103(c) may apply to the Arkansas State Board of Dental Examiners for a permit to do so pursuant to the following requirements:

(A) Hold a current Arkansas dental hygiene license;

(B)(i) Provide proof of successful completion of a local anesthesia course (including inferior alveolar nerve block) sponsored by or held in a dental hygiene/dental school that is accredited by the ADA Commission on Dental Accreditation.

(ii) The course may have been within the dental hygiene curriculum or have been a continuing education course; and

(C) Provide proof of a current certificate of a healthcare provider level of basic life support.

(b)(1) Upon receipt of the board's permit, a dental hygienist may administer local anesthetics under the direct supervision of a dentist with the exception of administering the following injections:

- (A) Posterior superior alveolar nerve block; and
- (B) Inferior alveolar nerve block.

(2) A dental hygienist who has been issued a board permit, or who is attending a CODA-accredited dental hygiene program, will be required to administer the posterior superior alveolar nerve block and inferior alveolar nerve block under the operative supervision of a dentist until the dental hygienist or student has successfully completed fifteen (15) injections of each of these types (thirty (30) injections total).

(3) After successful completion of the above, written documentation shall be submitted to the board.

(4) Upon notification from the board, the dental hygienist may then administer these injections under the direct supervision of a dentist.

(5) The thirty (30) required injections may be given to patients and documented by the supervising dentist as a part of the dental hygiene school curriculum prior to graduation and initial licensure or after successful completion of a postgraduate continuing education course taken at a CODA-accredited dental or dental hygiene school.

(c) The board shall issue a permit to each dental hygienist after successful completion of the requirements set forth by the board.

(d) An applicant for a permit shall submit:

- (1) A completed board application; and
- (2) The application fee of twenty-five dollars (\$25.00).

(e) The permit to administer local anesthetic agents expires on the date the:

- (1) Dental hygienist's license expires; or
- (2) Dental hygiene license is revoked or suspended.

(f) The permit to administer local anesthesia agents will be renewed when the dental hygienist's license to practice is renewed.

Subpart 17. Dental Assistant Functions

17 CAR § 115-1701. Dental assistant functions to be performed under personal supervision.

(a)(1) All functions delegated to a dental assistant must be performed under personal supervision.

(2) "Personal supervision" means:

(A) The dentist is in the office or treatment facility;

(B) The dentist has personally diagnosed the condition to be treated;

(C) The dentist has personally authorized the procedures;

(D) The dentist remains in the office or treatment facility while the procedures are being performed; and

(E) The dentist evaluates the performance of the dental assistant before the dismissal of the patient.

(b) The supervising licensed dentist is responsible for determining the appropriateness of delegation of any specific function based upon knowledge of:

(1) The skills of the assistant;

(2) The needs of the patient;

(3) The requirements of the task; and

(4) Whether proof of competence is required.

(c)(1) The dentist is ultimately responsible for patient care.

(2) Nothing contained in the authority given the dentist by this part to delegate the performance of certain procedures shall in any way relieve the supervising dentist from the liability to the patient for negligent performance by a dental assistant.

17 CAR § 115-1702. Definitions.

As used in this subpart:

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(1) "Certified dental assistant" means a dental assistant who is currently certified by the Dental Assisting National Board;

(2) "Dental assistant" means a staff member of a duly licensed dentist who is involved in direct patient care to include a certified dental assistant or a registered dental assistant; and

(3) "Registered dental assistant" means a dental assistant who has obtained a permit or permits from the Arkansas State Board of Dental Examiners to perform any or all of the following expanded duties:

(A) Administration of nitrous oxide/oxygen analgesia;

(B) Operation of dental radiographic equipment;

(C) Coronal polishing; and

(D) Monitoring of patients undergoing deep sedation or general anesthesia.

17 CAR § 115-1703. Tasks authorized to be performed by dental assistants.

(a) With the exceptions listed below, a dental assistant may perform any dental task or procedure assigned by the supervising dentist to the assistant that does not require the professional skills of a licensed dentist or licensed dental hygienist, but only under the personal supervision of a licensed dentist on the premises.

(b) A dental assistant who has obtained a Coronal Polishing Permit may be delegated by the dentist to place dental sealants, but only under the supervision of the licensed dentist.

(c) These duties may only be delegated when the effect of the procedure assigned is reversible.

17 CAR § 115-1704. Prohibited activities.

(a) The responsibility for diagnosis, treatment planning, or the prescription of medications in the practice of dentistry:

(1) Shall remain with a licensed dentist; and

(2) May not be assigned or delegated to a dental assistant.

(b) No dental procedure that will contribute to or result in an irreversible alteration of the oral anatomy may be performed by anyone other than a licensed dentist.

(c) The following activities are prohibited for dental assistants:

(1) Diagnosis and treatment planning;

(2) Scaling, root planing, and curettage;

(3) Surgical or cutting procedures on hard or soft tissue;

(4) Prescription, injection, inhalation, and parenteral administration of drugs (except where permitted by the Arkansas State Board of Dental Examiners);

(5) Placement, seating, or removal of any final or permanent restorations;

(6) Final placement of orthodontic brackets;

(7) Any procedure that contributes to or results in irreversible alteration of the oral anatomy;

(8) Performance of any of the following expanded duties without a permit:

(A) Administration of nitrous oxide/oxygen analgesia;

(B) Operation of dental radiographic equipment;

(C) Coronal polishing; or

(D) Monitoring of patients undergoing deep sedation or general anesthesia; and

(9) Those functions relegated to a dental hygienist and stated in 17 CAR § 115-1102.

17 CAR § 115-1705. Registered dental assistant expanded function permits.

(a) It is the responsibility of the dental assistant to provide the Arkansas State Board of Dental Examiners with proof of competence in the desired expanded function prior to receiving a permit from the board.

(b)(1) A dental assistant may induce and monitor nitrous oxide/oxygen analgesia after:

(A) Successful completion of a course approved by the board; and

(B) The payment of a designated fee.

(2) At this time a permit will be issued.

(c)(1) A dental assistant may operate dental radiographic equipment after:

(A) Successful completion of an education course as approved by the board and submission of proof of competency by passing an examination; and

(B) The payment of a designated fee.

(2) At this time a permit will be issued.

(d)(1) A dental assistant may perform coronal polishing after:

(A) Successful completion of education requirements as approved by the board and submission of proof of competency by passing such examination as the board requires; and

(B) The payment of a designated fee.

(2) At this time a permit will be issued.

(e)(1) A dental assistant may monitor patients who are under deep sedation or general anesthesia only in offices where the dentist or dentists are permitted to perform those services after:

(A) Successful completion of education requirements as approved by the board and submission of proof of competency by passing such examination as the board requires; and

(B) The payment of a designated fee.

(2) At that time a permit will be issued.

(f) A certified dental assistant, or an assistant who is a graduate of a school that is accredited or provisionally accredited by the Commission on Dental Accreditation of the American Dental Association, need only submit proof of graduation or certification to the board along with the designated fee and a permit will be issued for any expanded duty requested except sedation monitoring.

(g)(1) After receipt of one (1) or more of the expanded function permits, the dental assistant will then be considered a registered dental assistant with the board.

(2) Those permits must be on display within the dental office or treatment facility.

17 CAR § 115-1706. Process for obtaining permit for administration of nitrous oxide.

A dental assistant desiring to obtain an expanded duty permit for nitrous oxide/oxygen analgesia from the Arkansas State Board of Dental Examiners must do the following:

- (1) Successfully complete a nitrous oxide administration and monitoring course as approved by the board;
- (2) Submit a copy of the certificate of completion to the board along with any designated fee;
- (3) Successfully complete a jurisprudence examination covering the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq., and rules of the board; and
- (4) Show proof of current certification in healthcare provider level of CPR.

17 CAR § 115-1707. Process for obtaining permit for radiography and/or coronal polishing.

A dental assistant desiring to obtain an expanded duty permit for radiography and/or coronal polishing from the Arkansas State Board of Dental Examiners must do the following:

- (1) If applying for a radiography permit, successfully complete and submit a certificate of completion of a radiography course approved by the board;
- (2) If applying for a coronal polishing permit, successfully complete and submit a certificate of completion of coronal polishing course approved by the board;
- (3) Submit completed forms and designated fees as required by the board;
- (4) If applying for either permit, successfully complete a jurisprudence examination, covering the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq., and the rules of the board;
- (5) If applying for either permit, show a proof of current certification in healthcare provider level of CPR;

(6) Dental assistants holding a current radiography permit granted by the board dated prior to November 2011 will not be required to complete an approved radiography course unless that dental assistant is operating any type of imaging machine other than conventional flat film radiography, such as cone beam computed axial tomography (CT) scan; and

(7)(A) Any dental assistant operating imaging machines other than conventional flat film radiography must complete a board-approved course in radiography, even if having been issued a radiography permit by the board prior to November 1, 2011.

(B) Said completion of the course must be accomplished and submitted to the board prior to operating said machines and/or renewal of the radiography permit.

17 CAR § 115-1708. Process for obtaining permit for sedation monitoring.

(a) A dental assistant desiring to obtain an expanded duty permit for sedation monitoring from the Arkansas State Board of Dental Examiners must do the following:

- (1) Hold a current permit for nitrous oxide administration;
- (2) Hold and show proof of a current certification in healthcare provider level of cardiopulmonary resuscitation;

(3) Be a:

- (A) Certified dental assistant;
- (B) Registered dental assistant;
- (C) Registered nurse; or
- (D) Licensed practical nurse;

(4) Submit proof of successful completion of the American Association of Oral and Maxillofacial Surgeons Anesthesia Assistant's training program or a board-approved equivalent course within the two-year period immediately previous to submitting an application to be a sedation assistant; and

(5) Successfully complete a jurisprudence examination covering the Arkansas Dental Practice Act, Arkansas Code § 17-82-101 et seq., and rules of the board.

(b) Exemptions.

(1) Licensed physicians with at least six (6) months experience in anesthesia and anesthesia monitoring and certified registered nurse anesthetists are exempt from the educational and permit requirements listed in this section.

(2) Other licensed healthcare providers who can show proof of successful completion of a course that meets or exceeds those listed in this section may obtain an exemption from the board on a case-by-case basis.

17 CAR § 115-1709. Renewal of dental assistant permits.

(a)(1) Said permits must be renewed on forms as provided by the Arkansas State Board of Dental Examiners pursuant to Arkansas Code § 17-82-405.

(2) As stated in that section of the Arkansas Code, the procedures for registration and penalties for failure to register permits of dentists as stated in Arkansas Code §§ 17-82-310 – 17-82-314 will apply to the registration of permits by dental assistants.

(b)(1) A registered dental assistant must provide the board proof of completing two (2) hours of continuing education each two-year reporting period on the subject of infection control in order to renew a permit to perform expanded duties.

(2) The registered dental assistant must report the continuing education hours in the manner set forth in 17 CAR § 115-1401 et seq.

Subpart 18. Mobile Dental Facilities

17 CAR § 115-1801. Definitions.

As used in this subpart:

(1) "Active patient" means any person who received any level of dental care in a mobile dental facility within the preceding twenty-four (24) months;

(2)(A) "Comprehensive dentistry" means a mobile dental facility that accepts patients and provides preventive treatment including examinations, prophylaxis,

radiographs, fluoride treatments, and sealants but does not follow up with treatment when such treatment is clearly indicated is considered to be abandoning the patient.

(B) A comprehensive treatment plan must be established for each patient treated in the mobile dental facility.

(C) Treatment that cannot be completed during the initial visit must be scheduled at intervals no greater than ninety (90) days apart until the:

- (i) Treatment plan is completed; or
- (ii) Patient chooses to cease treatment.

(D)(i) Arrangements must be made for treatment either by the operator, a licensed specialist, or other licensee who agrees to provide follow-up care.

(ii) If such arrangements are not made, the operator will be construed to have committed unprofessional conduct by patient abandonment and be subject to disciplinary action by the Arkansas State Board of Dental Examiners.

(E) **Exceptions.** Dental services provided in mobile dental facilities by students, faculty, or volunteers in programs sponsored by CODA-accredited dental, dental hygiene, or dental assisting schools:

- (i) May be limited in scope; and
- (ii) Are exempt from the requirement that comprehensive dentistry be

provided;

(3) "Dental home" means a licensed primary dental care provider who has an ongoing relationship with a patient where comprehensive oral health care is continuously accessible, coordinated, family-centered, and provided in compliance with policies of the American Dental Association beginning not later than one (1) year of age;

(4)(A) "Informed consent" means a document informing the patient of all proposed dental treatments, risks involved, and alternative treatments available, which must be signed by the patient or parent/guardian of any minor or incapacitated person before dental services can be provided in a mobile dental facility.

(B) This form must meet all the elements described in 17 CAR § 115-1804(b).

(C) Written consent must be obtained for the initial visit for diagnostic and preventive services.

(D) After the treatment plan is developed, a second consent, either in written form that is signed by the patient, parent, or guardian or a recorded verbal consent from the patient, parent, or guardian, must be obtained before additional dental services are performed on the patient;

(5)(A) "Mobile dental facility" means a self-contained, intact facility:

(i) In which dentistry and dental hygiene are practiced; and
(ii) That may be moved, towed, or transported from one (1) location to another.

(B) For purposes of this subpart, "mobile dental facility" does not include dentistry provided using portable equipment; and

(6)(A) "Operator" means an individual licensed to practice dentistry in Arkansas.

(B) An operator of a mobile dental facility may:

(i) Contract with or employ other dentists or dental hygienists licensed in Arkansas; and

(ii) Hire registered dental assistants, certified dental assistants, dental assistants, laboratory technologists, and other personnel as needed.

(C) Each mobile dental facility can have only one (1) operator.

(D) One (1) operator may hold permits for more than one (1) mobile dental facility but each facility must have its own permit.

17 CAR § 115-1802. Physical requirements.

(a) All mobile dental facilities must comply with all applicable federal, state, and local laws, rules, regulations, and ordinances including but not limited to:

(1) Those concerning:

(A) Radiographic equipment;

(B) Flammability;

(C) Construction;

- (D) Sanitation;
- (E) Zoning;
- (F) Infectious waste management; and
- (G) Universal precautions;

- (2) Occupational Safety and Health Administration guidelines;
- (3) Federal Centers for Disease Control and Prevention guidelines; and
- (4) All rules of the Arkansas State Board of Dental Examiners.

(b) The operator must possess all applicable county, state, and city licenses or permits to operate the unit at the location where services are being provided.

(c) Further, each mobile dental facility must have the following functional equipment:

- (1) Ready access to a ramp or lift;
- (2) Sterilization system;
- (3) Potable water including hot water;
- (4) Ready access to toilet facilities;
- (5) Covered, noncorrosive container for deposit of waste materials including biohazardous materials;
- (6) Automated external defibrillators;
- (7) Radiographic equipment properly registered and inspected by the Department of Health;
- (8) Communication device available twenty-four (24) hours per day, seven (7) days per week and capable of both making and receiving calls as well as the ability to contact emergency services, i.e., ambulance, police, fire stations, etc.; and
- (9) Smoke and carbon dioxide detectors.

17 CAR § 115-1803. Documentation and records requirements.

(a) All written, printed, or electronic materials must contain the official business address (not a post office box) and telephone number.

(b) When not being transported to or from a treatment site, all dental and office records must be maintained at the official office business address.

(c) All records must be available to the Arkansas State Board of Dental Examiners upon request, and the cost of providing records is borne by the mobile dental facility.

(d) All patient records must be made available to patients wishing to transfer care to another provider and to the later treating dentist or dentists.

17 CAR § 115-1804. Information to patients.

(a) Display in facility.

(1) The license (or a photocopy of the license) of each dentist or dental hygienist working in the mobile dental facility shall be prominently displayed in the facility.

(2) The permit to operate the mobile dental facility shall be prominently displayed in the facility.

(b) Consent forms.

(1) A consent form must be obtained prior to the provision of any dental service in a mobile dental facility.

(2) The form must be signed by the patient or by a parent or guardian if the patient is a minor or an incapacitated person.

(3) Written consent forms are required for the initial visit for diagnostic and preventive services.

(4) Consent for subsequent treatment may be written or verbal providing that the verbal consent is recorded and stored as a part of the dental record.

(5) A consent form must include at a minimum:

(A) Name of dentist providing the service;

(B) Permanent office address;

(C) Telephone number that is available twenty-four (24) hours per day for emergency calls; and

(D) Service or services to be provided.

(6)(A) If the patient is a minor, the consent form must also contain the following questions and statement:

Has the child had dental care in the past twelve months?

Y

If yes, please list the name and address of the dentist or dental office where the care was provided.

Does the child have an appointment scheduled at the dental home?

Yes No

"I understand that I can choose to have any or all dental treatment for my child at the dental home. I understand that all dental care provided by my dental home or a mobile dental facility may affect future benefits that the child may receive from private insurance, Medicaid (ArKids), or other third-party provider of dental benefits."

(B) If the patient is an adult, the consent form must be signed by the patient and contain the following statement:

"I understand that I may choose at any time to receive care from my dental home rather than from the mobile dental facility."

(C) If the patient is an incapacitated person, the form must be signed by the patient's legal guardian and contain the following statement:

“I understand that I may choose at any time to take the patient to his/her dental home for dental care rather than from the mobile dental facility.”

(c) Post-care information to patients.

(1) Each person receiving dental care in a mobile dental facility must receive an information sheet at the end of the visit.

(2) The information sheet must contain:

(A) Name of dentist or dental hygienist who provided the service;

(B) Telephone number and/or other emergency contact number;

(C) Listing of treatment rendered including, when applicable:

(i) Billing codes;

(ii) Fees; and

(iii) Tooth numbers;

(D) Description of treatment that is needed or recommended;

(E) Referrals to specialists or other dentist if mobile facility is unable to provide the necessary treatment; and

(F) Consent form or a recorded, verbal consent for additional treatment or altered treatment plan when applicable.

17 CAR § 115-1805. Permit requirements.

(a) Complete required application forms provided by the Arkansas State Board of Dental Examiners.

(b) Pay fee of five thousand dollars (\$5,000) as set by Arkansas Code § 17-82-602.

(c) The operator must be a dentist licensed in Arkansas.

(d) List all dentists and dental hygienists who will be providing care in the mobile dental facility complete with their:

(1) Name;

(2) Address;

(3) Telephone number; and

(4) License number.

(e) The official business address (not a post office box) where patient records including radiographs are maintained and available for inspection and copying upon request by the board.

(f) Communication device available twenty-four (24) hours per day, seven (7) days per week and capable of both making and receiving calls as well as the ability to contact emergency services, i.e., ambulance, police, fire stations, etc.

(g) Written procedure for emergency follow-up care for patients treated in the mobile dental facility, which must include:

(1) Arrangements for treatment in a dental facility that is permanently established in the area where services are provided (fifty-mile radius); or

(2) A statement that follow-up care will be provided:

(A) Through the mobile dental facility;

(B) At the operator's established dental practice location in this state; or

(C) At any other established dental practice in this state that agrees to accept the patient.

(h)(1) List of dentists who have agreed to provide follow-up care as indicated in subdivision (g)(2)(C) of this section.

(2) A signed statement from each dentist agreeing to provide follow-up care must be provided with the application.

(i) Evidence of radiographic equipment registration and inspection by the Department of Health.

(j)(1) Signed statement that all required physical equipment is present and functioning properly.

(2) A checklist of these items will be a part of the application.

(k) Copy of the driver's license of any person who will be driving the mobile dental facility.

(l) Proof of general liability insurance from a licensed insurance carrier for at least one million dollars (\$1,000,000).

(m) Name of established nonmobile dental facility with which the mobile facility is associated.

(n) Be inspected by the board or the board's designee prior to the start of operation.

17 CAR § 115-1806. Annual report.

An annual report for the previous year must be submitted to the Arkansas State Board of Dental Examiners by January 10 of each calendar year, which must include:

- (1) List of all locations (street address, city, state) where mobile dental services were provided;
- (2) Dates when services were provided;
- (3) The number of patients treated during the year; and
- (4) The types of services provided and quantity of each type of service:
 - (A) **Preventive.** Number of patients receiving preventive services;
 - (B) **Restorative.** Number of:
 - (i) Fillings;
 - (ii) Stainless steel crowns;
 - (iii) Fixed prosthetics provided; and
 - (iv) Space maintainers;
 - (C) **Surgical.** Number of:
 - (i) Teeth extracted; and
 - (ii) Other surgical procedures performed;
 - (D) **Endodontic.** Number of:
 - (i) Root canal therapies, pulpotomies provided; or
 - (ii) Patients referred for endodontic services;
 - (E) **Periodontal.** Number of patients receiving periodontal services or referred for periodontal services;
 - (F)(i) **Prosthetics.** Number of:
 - (a) Removable prostheses provided; or
 - (b) Patients referred for prosthetic services.

(ii) Report may reflect “not applicable” if services are limited to children under the age of eighteen (18); and

(G) **Other.** Number of other services provided that do not fall into the above standard categories.

17 CAR § 115-1807. Notification of changes.

(a) The Arkansas State Board of Dental Examiners must be notified within ten (10) business days of:

(1) If the mobile dental facility is sold;

(2) Any change relating to dentists to whom patients are to be referred for follow-up care;

(3) Any change in the procedures for obtaining follow-up or emergency care;

or

(4) Any changes of operator.

(b) The board must be notified within fifteen (15) business days of any change of dentists or dental hygienists providing dental services in the mobile dental facility.

(c) The board must be notified within thirty (30) business days of:

(1) Any change of official business address or telephone number; or

(2) Cessation of operation.

17 CAR § 115-1808. Supervision of personnel and delegation of duties.

(a) Dental assistants must only work under the personal or direct supervision of a dentist as provided in 17 CAR § 115-1701 et seq.

(b) Dental hygienists must only work under the direct or indirect supervision of a dentist as provided in 17 CAR § 115-1101 et seq., but may not work under general supervision in a mobile dental facility in accordance with Arkansas Code § 17-82-603(i).

17 CAR § 115-1809. Cessation of operation.

(a) The Arkansas State Board of Dental Examiners must be notified within thirty (30) days of the cessation of operation of any mobile dental facility.

(b) Patients must be notified in writing or publication once a week for three (3) consecutive weeks and a copy of the notice provided to the board.

(c) Arrangements must be made for the transfer of records for all patients including radiographs or copies thereof to succeeding practitioners or, at the written request of the patient, to the patient or a dentist of the patient's choosing.

Subpart 19. Dental Hygienist Collaborative Care Program

17 CAR § 115-1901. Definitions.

As used in this subpart:

(1)(A) "Collaborative agreement" means a written plan that:

(i) Identifies a dentist licensed by the Arkansas State Board of Dental Examiners who agrees to collaborate with a dental hygienist licensed by the Arkansas State Board of Dental Examiners in the joint provision of dental hygiene services to patients; and

(ii) Outlines procedures for consultation with or referral to the collaborating dentist or other dentists as indicated by a patient's dental care needs.

(B) Under a collaborative agreement, the dental hygienist may provide any services within the current scope of practice of a dental hygienist to children, senior citizens, and persons with developmental disabilities in a public setting without:

(i) The presence of the dentist; and

(ii) A prior examination of the patient by the dentist;

(2) "Collaborative dental hygienist" means a dental hygienist who:

(A) Holds a Collaborative Care Permit I or a Collaborative Care Permit II from the Arkansas State Board of Dental Examiners; and

(B) Has entered into a collaborative agreement with no more than one (1) consulting dentist regarding the provision of services under this part;

(3) "Consulting dentist" means a dentist who holds a Collaborative Dental Care Permit from the Arkansas State Board of Dental Examiners and:

(A) If engaged in the private practice of dentistry, has entered into a collaborative agreement with no more than three (3) collaborative dental hygienists regarding the provision of services under this part; or

(B) Is employed by the Department of Health;

(4) "Dental home" means a licensed primary dental care provider who has an ongoing relationship with a patient where comprehensive oral health care is continuously accessible, coordinated, family-centered, and provided in compliance with policies of the American Dental Association beginning no later than one (1) year of age;

(5)(A) "Informed consent" means a document informing the patient of all proposed dental hygiene treatments, risks involved, and alternative treatments available, which must be signed by the patient or parent/guardian of any minor or incapacitated person before dental hygiene services can be provided.

(B) This form must meet all the elements described in 17 CAR § 115-1905, consent forms;

(6) "Medicaid" means the medical assistance program established under Arkansas Code § 20-77-101 et seq.;

(7) "Public settings" means:

(A) Adult long-term care facilities;

(B) Charitable health clinics that provide free or reduced-fee services to low-income patients;

(C) County incarceration facilities;

(D) Facilities that primarily serve developmentally disabled persons;

(E) Head Start programs;

(F) Homes of homebound patients who qualify for in-home medical assistance;

(G) Hospital long-term care units;

(H) Local health units;

(I) Schools;

(J) Community health centers; and

(K) State correctional institutions; and

(8) "Senior citizen" means a person sixty-five (65) years of age or older.

17 CAR § 115-1902. Permit requirements and fees.

(a) Collaborative Care Permit I.

(1) A dentist must be licensed by the Arkansas State Board of Dental Examiners.

(2) A dental hygienist must:

(A) Be licensed by the board;

(B) Have:

(i) Practiced as a dental hygienist for one thousand two hundred (1,200) clinical hours (documentation provided to the board); or

(ii) Taught for two (2) academic years over the course of the immediately preceding three (3) academic years of courses in which a person enrolls to obtain necessary academic credentials for a dental hygienist license; and

(C) Show proof of liability insurance.

(b) Collaborative Care Permit II.

(1) A dentist must be licensed by the board.

(2) A dental hygienist must:

(A) Be licensed by the board; and

(B) Have practiced as a dental hygienist for one thousand eight hundred (1,800) clinical hours (documentation provided to the board); or

(C) Taught for two (2) academic years over the course of the immediately preceding three (3) academic years of courses in which a person enrolls to obtain necessary academic credentials for a dental hygienist license;

(D)(i) Completed a six-hour continuing education course approved by the board.

(ii) The educational course must be related to senior care and/or patients with developmental disabilities;

(E) Show proof of liability insurance.

(c) Obtaining a permit.

- (1) Complete required application forms provided by the board.
- (2) Pay fee of five hundred dollars (\$500) for Collaborative Care Permit I and II for dentist as set by Arkansas Code § 17-82-702.
- (3) Pay fee of:
 - (A) One hundred dollars (\$100) for Collaborative Care Permit I for dental hygienist as set by Arkansas Code § 17-82-702; or
 - (B) One hundred fifty dollars (\$150) for Collaborative Care Permit II for dental hygienist as set by Arkansas Code § 17-82-702.
- (4) Show proof of liability insurance.

17 CAR § 115-1903. Services provided by collaborative dental hygienists.

(a) A collaborative dental hygienist who obtains a Collaborative Care Permit I may provide dental hygiene services within the scope of practice of a dental hygienist in the State of Arkansas (17 CAR § 115-1101 et seq.) and delegated by the consulting dentist to children in a public setting without:

- (1) The presence of a dentist; and
- (2) A prior examination of the patient by the consulting dentist.

(b) A collaborative dental hygienist who holds a Collaborative Care Permit II may provide dental hygiene services within the scope of practice of a dental hygienist in the State of Arkansas (17 CAR § 115-1101 et seq.) and delegated by the consulting dentist to children, senior citizens, and persons with developmental disabilities in public settings without:

- (1) The presence of a dentist; and
- (2) A prior examination of the patient by the consulting dentist.

(c) Prohibited services provided by a collaborative dental hygienist:

- (1) Scaling and root planing;
- (2) Administration of local anesthesia; and
- (3) Administration/monitoring of nitrous oxide.

17 CAR § 115-1904. Collaborative practice agreement protocol.

(a)(1) A written protocol to be used by the collaborative care dental hygienist to treat patients must be established by the consulting dentist and dental hygienist prior to the delivery of patient care.

(2) The written agreement must include the following elements:

(A) Be signed and dated by both the consulting dentist and the dental hygienist;

(B) Address, telephone number, and license number of both the consulting dentist and the dental hygienist;

(C) Contain the dentist and dental hygiene license numbers;

(D) The date on which the agreement becomes effective;

(E) A provision addressing the availability of the consulting dentist for:

(i) Emergency situations;

(ii) Consultation; and

(iii) Referral;

(F) The name, address, telephone number, and license number of a designee for the dental hygienist to contact in cases where the consulting dentist is not available;

(G)(i) Location or locations where the dental hygiene services will be provided.

(ii) The agreement must be updated when new locations are added or listed locations are discontinued; and

(H)(i) Plan for retrospective chart reviews conducted within seven (7) days of the most recent hygiene service date by the consulting dentist.

(ii) Reviews must include:

(a) The patient's health history;

(b) Documentation;

(c) Type and appropriateness of services rendered;

(d) Review of patient consent forms;

(e) Review of release of information forms, if applicable; and

(f) Evaluation of the quality and appropriateness of radiographs.

(3) The protocol must include but is not limited to:

(A) Medical history;

(B) Record keeping;

(C) Criteria for the provision of:

(i) Prophylaxis;

(ii) Sealants;

(iii) Fluoride therapies;

(iv) Radiographs; and

(v) Other services within the scope of practice of the dental hygienist;

and

(D) Infection control procedures.

(b) In accordance with this protocol a consulting dentist must:

(1) Be available to provide emergency communication and consultation with the dental hygienist or appoint another dentist as a designee for those times when the consulting dentist cannot be reached;

(2)(A) Maintain records of patients treated.

(B) If another dentist provides follow-up treatment, the consulting dentist is responsible for the transfer of records;

(3) Maintain a copy of the collaborative agreement and the protocol on file;

and

(4) Notify the Arkansas State Board of Dental Examiners if:

(A) The collaborative agreement between dentist and hygienist dissolves;

or

(B) Contact information changes.

(c) In accordance with this protocol a collaborative care dental hygienist must:

(1) Maintain contact capabilities with the consulting dentist;

(2) Secure information consent from all patients or the parent/guardian of the patient before providing services;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist for assessment of further dental treatment needs;

(4) Provide copy of collaborative care record of services to the institutional facility responsible for patient's care, when applicable;

(5) Secure release of information forms from the patient or parent/guardian of the patient if the care is provided in an institutional facility allowing the dental hygienist to access the patient's medical and dental records;

(6) Create and maintain all patient records and forward all records and radiographs or duplicates to the consulting dentist within seven (7) days of services rendered;

(7) Maintain a copy of the collaborative agreement and the protocol on file;

(8) Notify the board if:

(A) The collaborative agreement between dentist and hygienist dissolves;

or

(B) Contact information changes;

(9) Maintain a malpractice liability policy for the provision of services; and

(10) The collaborative care dental hygienist may use or supervise a dental assistant but shall not permit assistants to provide direct clinical services to patients.

(d) A copy of the protocol must be sent to the board's office to have on file with the corresponding permit.

17 CAR § 115-1905. Consent forms.

(a) A consent form must be obtained prior to the provision of any collaborative care dental hygiene services.

(b) The form must be signed by:

(1) The patient; or

(2) A parent or guardian if the patient is a minor or an incapacitated person.

(c) A consent form must include at a minimum:

(1) Name, address, telephone number, and license number of collaborative care hygienist and consulting dentist under which services are provided;

(2) Services to be provided;

(3) If the patient is a minor, the consent form must also contain the following questions and statement:

Has the child had dental care in the past twelve months?

Yes___ No___

Does the child have an appointment scheduled at the dental home where care is normally provided? Yes___ No___

If yes, please list the name and address of the dentist or dental home where the care was provided.

If yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.

"I understand that I can choose to have dental hygiene services provided at the dental home where care is normally provided rather than a public setting. I understand that all dental hygiene care provided by the dental home I have used in the past or a collaborative care dental hygienist will reduce future benefits that the child may receive from private insurance, Medicaid (ARKids) or other third party provider of dental hygiene benefits for the remaining benefit period.";

(4) If the patient is an adult, the consent form must be signed by the patient and contain the following statement:

Have you received dental care in the past twelve months?

Yes___ No___

Do you have an appointment scheduled at the dental home where care is normally provided? Yes___ No___

If yes, please list the name and address of the dentist or dental home where the care was provided.

If yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.

"I understand that I can choose to have dental hygiene services provided at the dental home where care is normally provided rather than a public setting. I understand that all dental hygiene care provided by the dental home I have used in the past or a collaborative care dental hygienist will reduce future benefits that I may receive from private insurance, or other third party provider of dental hygiene benefits for the remaining benefit period."; and

(5) If the patient is an incapacitated person, the form must be signed by the patient's legal guardian and contain the following statements:

Has the patient received dental care in the past twelve months?

Yes___ No___

Does the patient have an appointment scheduled at the dental home where care is normally provided? Yes___ No___

If yes, please list the name and address of the dentist or dental home where the care was provided. _____

If yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.

"I understand that I can choose to have dental hygiene services provided at the dental home where care is normally provided

rather than a public setting. I understand that all dental hygiene care provided by the dental home I have used in the past or a collaborative care dental hygienist will reduce future benefits that the patient may receive from private insurance, or other third party provider of dental hygiene benefits for the remaining benefit period.”

17 CAR § 115-1906. Post-care information to patients.

(a) Each person receiving collaborative care dental hygiene services must receive an information sheet at the completion of services.

(b) The information sheet must contain:

(1) Name of the:

- (A) Collaborative care dental hygienist who provided the service; and
- (B) Consulting dentist;

(2) Telephone number and/or other emergency contact number of the dental hygienist and consulting dentist;

(3) Listing of treatment rendered including, when applicable:

- (A) Billing codes;
- (B) Fees; and
- (C) Tooth numbers;

(4)(A) Description of further treatment that is needed or recommended.

(B) The dental hygienist will advise the patient and/or legal guardian that dental hygiene services:

- (i) Are preventive in nature; and
- (ii) Do not constitute a comprehensive dental diagnosis.

(C) The dental hygienist will:

- (i) Recommend that patients see the consulting dentist; or
- (ii) Give a list of dentists within a fifty-mile radius for comprehensive

care; and

(5) The collaborative dentist is ultimately responsible for the care of the patient.

17 CAR § 115-1907. Reimbursement.

(a) For the purposes of reimbursement the collaborative dental hygienist is deemed to be an employee of the consulting dentist.

(b) A health insurance company, Medicaid, or other person that pays a fee for service performed by a collaborative dental hygienist under this part shall submit the payment directly to the consulting dentist.

(c) If a health insurance company, Medicaid, or other person pays a fee for service performed by a dental hygienist under this part to the collaborative dental hygienist, the collaborative dental hygienist shall deliver the payment to the consulting dentist.

(d) For the limited purposes of Medicaid reimbursement under this part, the collaborative dental hygienist is deemed to be an employee of the consulting dentist and the collaborative dental hygienist as a condition of employment under this part shall submit the Medicaid payment for services performed under this part to the consulting dentist.

(e) If, however, language in the collaborative agreement required under this part conflicts with a federal law, a federal rule, or a federal regulation, the federal law, federal rule, or federal regulation shall control, and the conflicting language of the agreement shall be disregarded.

17 CAR § 115-1908. Malpractice insurance.

A collaborative dental hygienist who provides services permitted under this part shall be insured under a malpractice liability policy for the provision of the services.

17 CAR § 115-1909. Reporting.

(a) Reports from the collaborating dental hygienist and consulting dentist must be submitted to the Arkansas State Board of Dental Examiners office.

(b) An annual report is due by January 31 of each calendar year, which must include:

(1) A list of all locations where collaborative care services were provided;

- (2) Dates when services were provided;
- (3) The number of patients treated during the year;
- (4) The types of services provided and quantity of each type of service;
- (5) The number of patients who had dental care within the previous twelve (12) months; and
- (6) The number of patients who had an appointment scheduled at the dental office where care is normally provided.

(c)(1) Within two (2) business days of services provided, the collaborating dental hygienist and consulting dentist must report to the board's office the location or locations where the dental hygiene services were provided.

(2) The agreement must be updated when new locations are added or listed locations are discontinued.

17 CAR § 115-1910. Cessation of operation.

(a) The Arkansas State Board of Dental Examiners must be notified within thirty (30) days of the cessation of operation of any collaborative care agreement.

(b) Arrangements must be made for the transfer of records of all patients including radiographs or copies thereof to succeeding practitioners or at the written request of the patient.

Subpart 20. Prescribing

17 CAR § 115-2001. Prescribing.

(a) Pursuant to Acts 2017, No. 820, a prescriber who prescribes scheduled drugs shall be required by the Arkansas State Board of Dental Examiners to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid.

(b) A practitioner who fails to access the Prescription Drug Monitoring Program as required is subject to disciplinary action by the board.

(c) **Prescriber requirements.**

(1)(A) It is incumbent of dentists to prescribe sufficient but minimal opiate medications.

(B) Any prescription for a Schedule II or Schedule III opiate shall not exceed the total maximum manufacturer's recommended daily dose for a total of seven (7) days' administration (seven (7) times the MRDD).

(2) Patient record must be documented for need of any redosing.

(3) Dentist shall check the information in the Prescription Drug Monitoring Program when prescribing:

(A) An opioid from Schedule II or Schedule III for every time prescribing the medication to a patient; and

(B) A benzodiazepine medication for the first time prescribing the medication to a patient.

(4) Within the first two (2) years of being granted a license in the state, a prescriber shall obtain a minimum of three (3) hours of prescribing education approved by the board under this section, which shall include:

(A) Option for online and in-person programs;

(B) Information on prescribing rules, regulations, and laws that apply to individuals who are licensed in Arkansas; and

(C) Information and instructions on:

(i) Prescribing controlled substances;

(ii) Record keeping; and

(iii) Maintaining safe and professional boundaries.

(5) Current licensees in the state have until December 31, 2019, to complete the minimum three (3) hours of prescribing education referenced in subdivision (c)(4) of this section.

Subpart 21. Prelicensure Criminal Background Check

17 CAR § 115-2101. Prelicensure determination.

(a) Pursuant to Acts 2019, No. 990, an individual may petition for a prelicensure determination of whether:

(1) The individual's criminal record will disqualify the individual from licensure;
and

(2) A waiver may be obtained.

(b) The individual must obtain the prelicensure criminal background check petition form from the Arkansas State Board of Dental Examiners.

(c) The board will respond with a decision in writing to a completed petition within a reasonable time.

(d) The board's response will state the reason or reasons for the decision.

(e) All decisions of the board in response to the petition will be determined by information provided by the individual.

(f) Any decision made by the board in response to a prelicensure criminal background check petition is not subject to appeal.

(g) The board will retain a copy of the petition and response, and it will be reviewed during the formal application process.

17 CAR § 115-2102. Waiver request.

(a) If an individual has been convicted of an offense listed in Arkansas Code § 17-3-102(a) or (e), the Arkansas State Board of Dental Examiners may waive disqualification of a potential applicant or revocation of a license based on the conviction if a request for a waiver is made by an:

(1) Affected application for a license; or

(2) Individual holding a license subject to revocation.

(b) The board may grant a waiver upon consideration of the following, without limitation:

(1) The age at which the offense was committed;

(2) The circumstances surrounding the offense;

(3) The length of time since the offense was committed;

(4) Subsequent work history since the offense was committed;

(5) Employment references since the offense was committed;
(6) Character references since the offense was committed;
(7) Relevance of the offense to the occupational license; and
(8) Other evidence demonstrating that licensure of the applicant does not pose a threat to the health or safety of the public.

(c) A request for a waiver, if made by an applicant, must:

- (1) Be in writing; and
- (2) Accompany the completed application and fees.

(d) The board will:

- (1) Respond with a decision in writing; and
- (2) State the reasons for the decision.

Subpart 22. Adverse Events Reporting

17 CAR § 115-2201. Definitions.

As used in this subpart:

(1) "Morbidity" means an incident that results in mental or physical impairment that is related to or results from:

- (A) A dental procedure;
- (B) Administration of local anesthesia;
- (C) Oral conscious sedation;
- (D) Intravenous sedation; or
- (E) General anesthesia; and

(2) "Mortality" means an incident that results in a death related to:

- (A) A dental procedure;
- (B) Administration of local anesthesia;
- (C) Oral conscious sedation;
- (D) Intravenous sedation; or
- (E) General anesthesia.

17 CAR § 115-2202. Reporting requirements.

(a)(1) A dentist shall file a morbidity report with the Arkansas State Board of Dental Examiners within thirty (30) days after:

(A) The occurrence; or

(B) Such a time as the dentist becomes aware of or reasonably should have become aware of the incident.

(2)(A) This includes the hospitalization of a dental patient as a possible consequence of receiving dental services from the reporting dentist.

(B) "Hospitalization" shall be defined as an examination at a hospital or emergency medical facility that results in an inpatient admission for the purpose of treatment or monitoring.

(b) A dentist shall file a mortality report with the board within five (5) days after:

(1) The occurrence of a death; or

(2) Such time as the dentist becomes aware or reasonably should have become aware of the death.

(c) A dentist who fails to file a report as required by this section and the board is:

(1) In violation of this subpart; and

(2) Subject to all penalties and fines associated with this violation.

Subpart 23. Fees

17 CAR § 115-2301. Fees.

(a) Initial license/permit:

(1) Dental license by examination, one hundred fifty dollars (\$150);

(2) Dental license by credentials/reciprocity, one thousand dollars (\$1,000);

(3) Dental specialty license, three hundred dollars (\$300);

(4) Collaborative Care Permit for dentists, five hundred dollars (\$500);

(5) Hygiene license by examination, one hundred dollars (\$100);

(6) Hygiene license by credentials/reciprocity, three hundred fifty dollars

(\$350);

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- (7) Collaborative Care Permit I for hygienists, one hundred dollars (\$100);
- (8) Collaborative Care Permit II for hygienists, one hundred fifty dollars (\$150);
- (9) Corporation registration, twenty-five dollars (\$25.00);
- (10) General/Deep Sedation Permit (Dentist), five hundred dollars (\$500);
- (11) Moderate Sedation Permit (Dentist), one hundred fifty dollars (\$150);
- (12) Local Anesthesia Permit (Hygienist), twenty-five dollars (\$25.00);
- (13) Mobile Dental Facility Permit, five thousand dollars (\$5,000); and
- (14) Exam and licensing for dental assistants, seventy-five dollars (\$75.00).

(b) Renewal license or permit:

- (1) Dentist, three hundred dollars (\$300);
- (2) Corporation registration, ten dollars (\$10.00);
- (3) Sedation Permit (Dentists), eighty dollars (\$80.00);
- (4) Dental hygienists, one hundred dollars, (\$100);
- (5) Reinstatement for dentists and hygienists, two hundred dollars (\$200), plus renewal fee; and
- (6) Dental assistant, fifty dollars (\$50.00).

(c) Other:

- (1) Wall certificate remake for dentists and hygienists, twenty-five dollars (\$25.00);
- (2) NSF (returned) check fee, twenty-five dollars (\$25.00); and
- (3) Background checks, thirty-eight dollars and fifty cents, (\$38.50).

(d) **Fee waiver.**

(1) Pursuant to Acts 2021, No. 725, an applicant may receive a waiver of the initial licensure fee, if eligible.

(2) Eligible applicants are applicants who:

(A) Are receiving assistance through the:

(i) Arkansas, or current state of residence equivalent, Medicaid Program;

(ii) Supplemental Nutrition Assistance Program;

(iii) Special Supplemental Nutrition Program for Women, Infants, and Children;

(iv) Temporary Assistance for Needy Families Program; or

(v) Lifeline Assistance Program;

(B) Were approved for unemployment within the last twelve (12) months;

or

(C) Have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

(3)(A) Applicants shall provide documentation showing their receipt of benefits from the appropriate state agency.

(B) For Medicaid, Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children, Temporary Assistance for Needy Families Program, or Lifeline Assistance Program, documentation from the Department of Human Services or current state of residence equivalent agency.

(C) For unemployment benefits approval in the last twelve (12) months, the Division of Workforce Services or current state of residence equivalent agency.

(D) For proof of income, copies of all Internal Revenue Service forms indicating applicant's total personal income for the most recent tax year, e.g., "W-2", "1099", etc.

(4) Applicants shall attest that the documentation provided under subdivision (d)(3) of this section is a true and correct copy, and fraudulent or fraudulently obtained documentation shall be grounds for denial or revocation of license.