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Proposed Regulation Agency Background Document

Agency name	Board of Dentistry, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC60-30
Regulation title(s)	Regulations Governing the Practice of Dental Assistants
Action title	Requirements for educational programs and registration of DAII
Date this document prepared	12/27/18

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1 VAC7-10), and the *Virginia Register Form, Style, and Procedure Manual for Publication of Virginia Regulations*.

Brief Summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

The Board proposes to modify the educational qualifications for registration of a dental assistant II by moving to a competency-based program in which basic didactic course work is followed by clinical training under the direction and supervision of a dentist who has successfully completed a calibration exercise on evaluating the clinical skills of a student.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

DANB = Dental Assisting National Board

CRFDA = Certified Restorative Functions Dental Assistant

Mandate and Impetus

Please identify the mandate for this regulatory change, and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, board decision, etc.). For purposes of executive branch review, "mandate" has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

The Board received a petition for rulemaking in 2013 to allow a person who has completed the CRFDA certification issued by DANB to become a DAII without attending dental assisting school. The Board declined the petition because there are wide variances in the duties of an "expanded duty dental assistant" among various states, and the CRFDA certification does not cover all duties that may be performed by a DAII in Virginia. The Board did agree to take the matter under advisement and to refer it to a committee for further review.

Regulations for registration of dental assistants II became effective in 2011, yet only 26 persons are currently registered as dental assistants II. For several years, the Board has discussed the need to re-examine the requirements to determine whether they could be made less burdensome and costly, and that is the impetus for this regulatory action.

Legal Basis

Please identify (1) the agency or other promulgating entity, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia or Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency or promulgating entity's overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Dentistry the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

- 1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*

3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.

...

6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

Specific authority for regulation of the profession of dental assisting is found in Chapter 27 of Title 54.1:

§ 54.1-2729.01. Practice of dental assistants.

A. A person who is employed to assist a licensed dentist or dental hygienist by performing duties not otherwise restricted to the practice of a dentist, dental hygienist, or dental assistant II, as prescribed in regulations promulgated by the Board may practice as a dental assistant I.

B. A person who (i) has met the educational and training requirements prescribed by the Board; (ii) holds a certification from a credentialing organization recognized by the American Dental Association; and (iii) has met any other qualifications for registration as prescribed in regulations promulgated by the Board may practice as a dental assistant II. A dental assistant II may perform duties not otherwise restricted to the practice of a dentist or dental hygienist under the direction of a licensed dentist that are reversible, intraoral procedures specified in regulations promulgated by the Board.

Purpose

Please explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it's intended to solve.

The proposed regulatory action is to amend the educational requirements to become a dental assistant II from a program based on completion of required hours to a competency-based program based on satisfactory completion of didactic course work and clinical experiences. The expanded duties permitted for practice by a DAII in Virginia are outside the scope of practice for dental assistants in most other states. However, the current qualifications for a DAII appear to be more burdensome and costly than most dental assistants can afford. Therefore, the Board is proposing to modify the qualifications to a competency-based model that would allow a well-trained assistant to complete the coursework and clinical training in fewer hours. To ensure some standardization in the determination of competency by supervising dentists, they will be required to undergo a calibration of the procedures in which they are training. The combination of didactic hours, competency determination in specific procedures, and both written and clinical examination should provide evidence of competency to protect the public health and safety.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

Following recommendations from the Regulatory Advisory Panel, the Board amended the educational requirements to become a dental assistant II from a program based on completion of required hours to a competency-based program based on satisfactory completion of didactic course work and clinical experiences.

There will be a new section (18VAC60-30-116) to specify the requirements for educational programs training persons for registration as dental assistants II to include requirements for the program to be accredited by the Commission on Dental Accreditation of the American Dental Association; to have a program coordinator who is registered in Virginia as a dental assistant II or licensed in Virginia as a dental hygienist or dentist; to have a clinical practice advisor who is a licensed dentist in Virginia; to have a registered dental assistant II who assists in teaching the laboratory training component of the program with a minimum of two years' experience in performing clinical dental assisting; to have a participation agreement with any dentist who has successfully complete a calibration exercise on evaluating the clinical skills of a student and who agrees to supervise clinical experience.

The clinical experience component with live patients must be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist has to attest to successful completion of the clinical competencies and restorative experiences.

Section 120 is amended to delete a certain number of hours in the didactic portion to a competency-based program that includes basic histology, understanding of the periodontium and temporal mandibular joint, pulp tissue and nerve innervation, occlusion and function, muscles of mastication and any other item related to the restorative dental process. A written examination is required at the conclusion of didactic coursework.

The laboratory training hours are also reduced but specified to be completed on a manikin simulator to competency. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training may be completed in a dental office on a live patient in the three modules with specified components. A clinical competency exam is also required.

Issues

Please identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

- 1) The primary advantage to the public is the possibility of more access to affordable dental care through greater utilization of expanded duty dental assistant. If dental assistants are appropriately trained in the laboratory on a manikin simulator and then have clinical experience with a calibrated dentist, there should be no disadvantages to the changes.
- 2) There are no advantages or disadvantages to the agency or the Commonwealth.
- 3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under § 54.1-2400 “To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) which are reasonable and necessary to administer effectively the regulatory system...” The rules for education and training of dental assistants II and are intended to protect the public receiving such services. Therefore, the proposed amendments are a foreseeable result of the statute requiring the Board to protect the safety and health of patients in the Commonwealth.

Requirements More Restrictive than Federal

Please identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Please identify any other state agencies, localities, or other entities particularly affected by the regulatory change. “Particularly affected” are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. “Locality” can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected - None

Localities Particularly Affected - None

Other Entities Particularly Affected - None

Economic Impact

Pursuant to § 2.2-4007.04 of the Code of Virginia, please identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Please keep in mind that this is change versus the status quo.

Impact on State Agencies

<p><i>For your agency:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including:</p> <ul style="list-style-type: none"> a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources 	<p>a) As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners for necessary functions of regulation; b) The agency will incur no additional costs for mailings to the Public Participation Guidelines mailing lists, conducting a public hearing, and sending notice of final regulations to regulated entities. Since most mailings to the PPG list are handled electronically, there is very little cost involved. Every effort will be made to incorporate those into anticipated mailings and Board meetings already scheduled. There are no on-going costs.</p>
<p><i>For other state agencies:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.</p>	<p>No other agencies are affected</p>
<p><i>For all agencies:</i> Benefits the regulatory change is designed to produce.</p>	<p>There are no benefits.</p>

Impact on Localities

<p>Projected costs, savings, fees or revenues resulting from the regulatory change.</p>	<p>None</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>None</p>

Impact on Other Entities

<p>Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.</p>	<p>Entities who may be affected by the regulatory change are persons who are currently dental assistants and are already certified by DANB, who may be interested in advanced practice as a dental assistant II.</p>
<p>Agency's best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that:</p> <ul style="list-style-type: none"> a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million. 	<p>There is no estimate of the number of such entities because the Board does not require registration of dental assistants. The Board is aware of only one community college program currently training dental assistants II (Germana).</p>
<p>All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Please be specific and include all costs including, but not limited to:</p> <ul style="list-style-type: none"> a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; 	<p>There will be no additional costs relating to changes, which are adopted with the intent of reducing the cost of becoming a dental assistant II.</p>

c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	
Benefits the regulatory change is designed to produce.	It is anticipated that other community colleges and proprietary schools will initiate training programs for expanded duty dental assistants, which will increase the supply and improve access to dental services.

Alternatives

Please describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

The Board has been concerned that there are so few persons currently registered as dental assistants II and has discussed the need to re-examine the requirements to determine whether they could be made less burdensome and costly. Public comment was received at the October, 2016 meeting of the Regulatory-Legislative Committee recommending that the DAII eligibility requirements be changed to a competency-based program which addresses the classification levels of procedures. It was further recommended that dentists should be calibrated in teaching the procedures to ensure a better understanding of competency.

Accordingly, a Regulatory Advisory Panel (RAP) was convened in January of 2017. It consisted of dentists and a dental hygienist who are board members; instructors from VCU School of Dentistry, Fortis College, J. Sargeant Reynolds Community College, Germanna Community College, and ECPI University; a Past-President of the Virginia Dental Association; President of the Virginia Dental Hygiene Association; and a representative of the Virginia Department of Education. The RAP agreed upon recommendations for a competency-based program that could reduce the time and cost associated with qualifying as a DAII but would include better standardization of the clinical training by calibration of supervising dentists in teaching of procedures and making the determination of competency.

Regulatory Flexibility Analysis

Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

There are no alternative regulatory methods consistent with public health and safety.

Public Comment

Please summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency response. Ensure to include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency or board. If no comment was received, enter a specific statement to that effect.

Commenter	Comment	Agency response
Katherine Landsberg for the Dental Assisting National Board (DANB)	Recommended requirement of standardized testing to measure competence for DAII – specifically a combination of four component exams offered by DANB in its Certified Restorative Functions Dental Assistant program	While the Board does require certification as a Certified Dental Assistant conferred by DANB as a prerequisite for registration as a DAII, it has proposed a competency based program of education and training for DAII. At this time, it does not intend to require the national exams.
Nicholas Ilchyshyn, DDS	Higher standards of competency are achieved by definite calibration and consistency	The Board concurs and proposes to require any dentist participating in supervision of clinical experience to complete the program’s calibration exercise.
Josh Hanson	Suggests a several different levels so a dentist could utilize a DAII to perform certain functions but not others.	The proposed regulation includes basic didactic course work for all DA IIs but specifies completion of different modules, which will allow a person to be registered as a DAII with only training and clinical experience in certain functions.
Lori Yvonne Stanley	Proposed changes encourage a solid, competency-based program, but is not in favor of shortening the hours of documented training just to register more DAIs.	The Board appreciates acknowledgement of the changes. The reduction in hours was a recommendation of the RAP.
Richard Cottrell, DDS	Asks about how a dentist becomes calibrated	Proposed regulation states the DAII program will enter into a participation agreement with a dentist who successfully completes the program’s calibration exercise.
Jennifer Tyree, RDH	Agrees that program should be competency-based but believes it is a moot point until certification is recognized by dentists in additional pay	The Board concurs.
Patricia Gobble	Agrees with competency-based program but also disagrees with shortening the number of hours.	The Board appreciates acknowledgement of the changes. The reduction in hours was a recommendation of the RAP.

Public Participation

Please include a statement that in addition to any other comments on the regulatory change, the agency is seeking comments on the costs and benefits of the regulatory change and the impacts of the regulated community. Also, indicate whether a public hearing will be held to receive comments.

In addition to any other comments, the Board of Dentistry is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: 1) projected reporting, recordkeeping and other administrative costs; 2) probable effect of the regulation on affected small businesses; and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit comments may do so via the Regulatory Town Hall website (<http://www.townhall.virginia.gov>), or by mail, email, or fax to Elaine Yeatts at Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233 or elaine.yeatts@dhp.virginia.gov or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by midnight on the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://www.virginia.gov/connect/commonwealth-calendar>). Both oral and written comments may be submitted at that time.

Detail of Changes

Current section number	New section	Current requirement	Proposed change, intent, rationale, and likely impact of proposed requirements
60		Sets out the duties that may be delegated under the direction and direct supervision of a dentist	The modules currently set out in section 60 do not match up with the modules for training and clinical experience in the proposed regulations, so the specific listing of six modules has been deleted. Subsection C of section 120 states that a dental assistant II may be registered with the specified competencies set out in that section. A dentist may delegate tasks within those competencies.
	116		Section 116 is added to specify the requirements for educational programs training persons for registration. Such programs have the following requirements: <ol style="list-style-type: none"> 1. Accredited by the Commission on Dental Accreditation of the American Dental Association. <i>Accreditation by CODA is currently required in subsection B of section 120.</i>

			<ol style="list-style-type: none"> 2. The program shall have a program coordinator who is registered in Virginia as a dental assistant II or licensed in Virginia as a dental hygienist or dentist. The program coordinator shall have administrative responsibility and accountability for operation of the program. <i>Because the program will be competency-based rather than measured by a specified number of hours, the Board needs to ensure that the didactic and laboratory education is the responsibility of a person registered or licensed and accountability for the quality of the program.</i> 3. The program shall have a clinical practice advisor who must be a licensed dentist in Virginia. The clinical practice advisor shall assist in the laboratory training component of the program and conduct the calibration exercise for dentists who supervise the student clinical experience. <i>The laboratory and clinical components of the program are critical to assurance of competency and must be overseen by a licensed dentist. Likewise, it is essential that the calibration exercises are conducted by the clinical advisor to ensure consistency and competency.</i> 4. A dental assistant II who assists in teaching the laboratory training component of the program must have a minimum of two years' experience in performing clinical dental assisting. <i>Again, the laboratory component is competency-based, so it is essential to have someone assisting with the manikin simulator who has substantial clinical experience.</i> 5. The program must enter into a participation agreement with any dentist who agrees to supervise clinical experience. The dentist shall successfully complete a calibration exercise on evaluating the clinical skills of a student. The dentist supervisor may be the employer of the student. <i>The program is designed to allow the clinical experience on live patients to occur in a dental office, so the dentist must learn through calibration exercise how to evaluate the clinical skills of a student and determine competency.</i> 6. Each program shall enroll practice sites for clinical experience which may be a dental office, non-profit dental clinic or at an educational institution clinic. <i>In order to expand the number of clinical experiences, the Board allows a variety of dental practices to serve clinical sites – including non-profit clinics and educational institutions.</i>
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			<p>7. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences. <i>Regulations require direct and immediate supervision for students working on live patients, so the dentist is responsible for what the student does and must be prepared to correct or adjust as necessary. Before a person can be registered by the Board, the supervising dentist must attest to successful completion of the components practices.</i></p>
120		<p>Sets out the educational requirements for becoming a dental assistant II</p>	<p>Subsection B is amended to specify that a student must complete a competency-based program that meets the requirements of section 116. The program must include:</p> <ol style="list-style-type: none"> 1. Didactic course work in dental anatomy that includes basic histology, understanding of the periodontium and temporal mandibular joint, pulp tissue and nerve innervation, occlusion and function, muscles of mastication and any other item related to the restorative dental process. 2. Didactic course work in operative dentistry to include materials used in direct and indirect restorative techniques, economy of motion, fulcrum techniques, tooth preparations, etch and bonding techniques and systems, and luting agents. <p><i>Current regulations require 50 hours of didactic coursework in dental anatomy and operative dentistry. The specific hour requirement is deleted and replaced with the content that must be included in order to cover the subjects necessary for competency. A written examination is required to test competency. While there is no prohibition on completing coursework online, the program must have a coordinator who is a regulant of the Board and responsible for the quality and content of the didactic coursework.</i></p> <p>Laboratory training must be completed in the following modules</p> <ol style="list-style-type: none"> a. No less than 15 hours of placing, packing, carving, and polishing of amalgam restorations, placement of a non-epinephrine retraction cord, and pulp capping procedures

		<p>and no less than six class I and six class II restorations completed on a manikin simulator to competency;</p> <p><i>The number of hours in amalgam restorations has been reduced from 40 to 15, which the RAP believed was sufficient to cover the training necessary. Placement of a non-epinephrine retraction cord was considered a separate module in the current regulations, but the RAP advised that it is an essential part of every module and should be so stated.</i></p> <p>b. No less than 40 hours of placing and shaping composite resin restorations, placement of a non-epinephrine retraction cord, and pulp capping procedures and no less than 12 class I, 12 class II, five class III, five class IV, and five class V restorations completed on a manikin simulator to competency;</p> <p><i>The hourly requirement for composite resin restorations was reduced from 60 to 40. Many dentists are only doing composite restorations rather than using amalgam, so it is likely that this component will be more prevalent.</i></p> <p>c. At least 10 hours of making final impressions, placement of a non-epinephrine retraction cord, and final cementation of crowns and bridges after preparation, adjustment and fitting by the dentist and no less than four crown impressions, two placements of retraction cord, five crown cementations, and two bridge cementations on a manikin simulator to competency.</p> <p><i>The hourly requirement for the component for making final impressions and final cementation of bridges and crowns was reduced from 20 to 10. Final cementation is a separate component in the current regulation but is included with making final impressions in the proposed regulation.</i></p> <p><i>In each component, there is additional specificity for the number of procedures or tasks that must be completed. So while the number of hours is reduced, the specific tasks must be completed to competency. There are a minimum number of hours in each component, so it is possible to show proficiency within that number. However, it is also possible that a student who does not demonstrate</i></p>
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			<p><i>competency will exceed the number of hours. The measurement is competency, rather than hours.</i></p> <p><i>The allowance for up to 20% of the laboratory to be completed as "homework" in a dental office is deleted, so all of the training must be completed in the educational program on a manikin simulator. The program is then able to determine competency in the lab and ensure that the student is ready to move to clinical experience on live patients under the supervision of a dentist.</i></p> <p>Clinical experience applying the techniques learned in the preclinical coursework and laboratory training must be completed in the following modules:</p> <p>a. At least 30 hours of placing, packing, carving, and polishing of amalgam restorations, placement of a non-epinephrine retraction cord, and no less than six class I and six class II restorations completed on a live patient to competency;</p> <p><i>Similar to the laboratory training, the number of hours is reduced and specified competencies added. The hours for amalgam restorations is reduced from 80 to 30, which the RAP believed was adequate to demonstrate competency. The placement of a non-epinephrine retraction cord is included in each component rather than listed separately.</i></p> <p>b. At least 60 hours of placing and shaping composite resin restorations, placement of a non-epinephrine retraction cord, and no less than six class I, six class II, five class III, three class IV and five class V restorations completed on a live patient to competency;</p> <p><i>The minimum number of hours for composite restorations is reduced from 120 to 60 with competency in specified restorations.</i></p> <p>c. At least 30 hours of making final impressions, placement of non-epinephrine retraction cord, and final cementation of crowns and bridges after preparation, adjustment and fitting by the dentist and no less than four crown impressions, two placements of retraction cord, five crown cementations, and two bridge cementations on a live patient to competency.</p>
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			<p><i>The minimum number of hours in making final impressions is reduced from 40 to 30 and the separate 60 hours of final cementation is eliminated.</i></p> <p>5. Successful completion of the following competency examinations given by the accredited educational programs is required:</p> <p>a. A written examination at the conclusion of didactic coursework; and</p> <p>b. A clinical competency exam.</p> <p><i>The educational program is responsible for the written and clinical examinations rather than the dentist who is supervising the clinical experience and may be the employer of the student.</i></p> <p>C. An applicant may be registered as a dental assistant II with specified competencies set forth in a, b, or c of subdivisions B 3 and B 4. <i>Currently, the registration specifies the modules listed in 1-6 in section 60 for which the dental assistant II has completed coursework and clinical training. Subsection C is section 120 specifies that the applicant for DAII registration will provide evidence of competency in modules a, b, or c as set forth in the laboratory training and clinical experience requirements of this section. All applicants are required to complete the didactic portion of the program in dental anatomy and operative dentistry, but an applicant may be trained and competent in one or more clinical components. His or her registration will indicate such competency.</i></p>
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