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ARKANSAS STATE BOARD OF DENTAL EXAMINERS

DENTAL PRACTICE ACT
DENTAL CORPORATION ACT
RULES & REGULATIONS

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Dental Practice Act

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DENTISTS, DENTAL HYGIENISTS AND DENTAL ASSISTANTS

SUBCHAPTER.
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Subchapter I
GENERAL PROVISIONS

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Cross References. Dental Corporation Act §4-29-401 et seq.
Effective Dates. Acts 1955, No. 14, §40: Jan. 27, 1955. Emergency clause provided: "It has been found and is declared by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry are inadequate to protect the public against quackery and incompetency and to protect licensed dentists and dental hygienists against the practice of such arts by unlicensed persons, that there is urgent need for such protection, and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is declared to exist, and this act, being necessary for the preservation of the public peace, health and safety, shall take effect and be in force from the date of its approval."
Acts 1969, No. 91, §8: Feb. 21, 1969. Emergency clause provided: "It is hereby found and determined by the General Assembly that the authority of the State Board of Dental Examiners to define those acts which constitute the practice of dentistry and to prescribe the services which may be performed by Dental Hygienists and Dental Assistants is not clearly defined in the present laws; that the State Board of Dental Examiners does not now have the necessary authority to license and regulate dental specialists; and that the immediate effectiveness of this act is necessary to clarify and to prescribe the authority of the Board in these vital areas in order that the public will be properly protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health, and safety shall be in effect from the date of its passage and approval."
Acts 1973, No. 85, §10: Feb. 9, 1973. Emergency clause provided: "It is hereby found and determined by the General Assembly that the authority of the State Board of Dental Examiners to regulate the form of certain advertising is not clearly defined in the present laws; that the State Board of Dental Examiners does not now have the necessary authority to accept the results of the National Board of Dental Examiners and to cooperate with other states in administering clinical examinations; that the State Board of Dental Examiners does not have authority to establish

examination and licensing fees for dentists and dental hygienists; that the State Board of Dental Examiners does not now have the necessary authority to establish by regulation standards of professional conduct or to revoke or suspend licenses for violation of said standards; that Dental Practice Act does not now exempt from licensing requirements activities of dental students, interns or residents in approved programs of study, internship or residency within the state; that is necessary to clarify and prescribe the authority of the Board in these vital areas in order that the public will be properly protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of its passage and approval."

Acts 1977, No. 285, §9: Mar. 11, 1977. Emergency clause provided: "It is hereby found and determined by the General Assembly that certain language used in defining the practice of dental hygiene in the present law is archaic; that present law prohibits foreign dentists and dental graduates from practicing in this state; that certain fees required to be paid by dentists and dental hygienists as a condition of licensure and renewal thereof are too low to generate sufficient revenue for the Board to effectively administer the law; that the secretary-treasurer of the Board cannot now receive a per diem allowance as can other members of the Board; that teachers of dentistry in a purely academic setting are not now exempt from the requirements of licensure; and that it is necessary to clarify and prescribe the authority of the Board in these vital areas in order that the public be properly protected. Therefore, an emergency is hereby declared to exist and this Act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of its passage and approval."

Acts 1993, No. 883, §5: Apr. 5, 1993. "It is hereby found and determined by the General Assembly that there is urgent need to authorize dental hygienists to work under general supervision of a licensed dentist in certain settings; that this act is designed to permit such practice under strict guidelines and should be given effect immediately. Therefore, an emergency is hereby declared to exist and this act being necessary for the preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

Acts 1995, No. 105, §5: Feb. 1, 1995. Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that it is necessary for a dental hygienist to provide local anesthetic services to the general public and that therefore immediate effect should be given to this measure. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety, shall be in full force and effect from and after its passage and approval."

17-82-101. SHORT TITLE.

This chapter may be known and cited as the "Arkansas Dental Practice Act."

History. Acts 1955, No. 14, §1; A.S.A. 1947, §72-534.

17-82-102. DEFINITIONS.

For the purposes of this chapter, unless the context otherwise requires:

(1)(A) "Practicing dentistry" means:

(i) The evaluation, diagnosis, prevention and treatment by nonsurgical, surgical or related procedures of 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; and

(ii) The sale or offer for sale of those articles or services of dentistry enumerated in §17-82-105(a).

(B) "Practicing dentistry" shall include, but not be limited to, the administration of anesthetics for the purpose of or in connection with the performance of any of the acts, services, or practices enumerated or described in this section.

(C) Nothing herein shall be construed to prohibit a licensed physician from extracting teeth in an emergency when, in his or her considered professional judgment, it is necessary and when it is not practicable or reasonable to secure the services of a licensed dentist; and

(2)(A) "The practice of dental hygiene" means the assessment, prevention, and treatment of oral diseases provided by a licensed dental hygienist under the supervision of a licensed dentist as set out in the regulations of the Arkansas State Board of Dental Examiners.

(B) The practice of dental hygiene shall include the removal of deposits from supergingival and subgingival surfaces of the teeth and any other services which the Board may authorize by regulation and which are not prohibited by any provision of this chapter.

History. Acts 1955. No. 14, §§10, 13; 1969, No. 91, §1; 1977, No. 258, §1; 1981, No. 889, §1; A.S.A. 1947, §§72-543, 72-546; 1999, No. 143, §1; 2001, No. 439, §1.

Amendments. The 1999 amendment rewrote (1)(A). The 2001 amendment rewrote (2).

17-82-103. EMPLOYMENT OF HYGIENISTS – SCOPE OF DUTIES.

(a) Licensed dentists may employ licensed dental hygienists to act as assistants and to perform the acts, services and practices described in §17-82-102 consistently with the provision of subsection (b) of this section.

(b)(1) No dental hygienist shall engage in any of the acts, services or practices described in §17-82-102 and the regulations of the Arkansas State Board of Dental Examiners except as specifically provided in that section and those regulations.

(2) All dental hygienist acts, services, and practices shall be performed under the supervision of a licensed dentist with the supervision being defined in regulations of the Board.

(c)(1) No dental hygienist shall administer any anesthetic other than the administration under the supervision of a licensed dentist of a local anesthetic using topical application or regional injection of a drug as delineated in regulations promulgated by the Arkansas State Board of Dental Examiners.

(2) A dental hygienist shall apply to the board for a certificate to administer local anesthetics. The board shall not issue a certificate until the applicant has met the requirements set forth by the board.

(3) The Board shall require proof of a current certificate of a health-care-provider level of basic life support before issuing a certificate and a yearly renewal certificate to administer local anesthetics.

(4) The board may establish fees for services relating to certification and certification renewal.

(d) A dental hygienist who violates any provision of this section is subject to the penalties and liabilities of §17-82-301 (b) and (c).

History. Acts 1955, No. 14, §§ 14-16, 18; 1969, No. 91, § 4; A.S.A. 1947, §§ 72-5470—72-549; 72-551; Acts 1995, No. 105, §1; 2001, No. 439, § 2.

Amendments. The 2001 amendment, in (b)(1), inserted "and the regulations of the Arkansas State Board of Dental Examiners," inserted "and those regulations," and deleted the last sentence; and inserted (b)2).

17-82-104. UNLAWFUL PRACTICE.

(a) It is unlawful for a dentist or dental hygienist to:

(1)(A) Practice in the State of Arkansas under any name other than his or her own true name. However, a dentist may practice under a corporate name that complies with the Dental Corporation Act, §4-29-401 et seq.

(B) A dentist or dental corporation may practice under a fictitious name if the name has been registered with and approved by the Arkansas State Board of Dental Examiners. The fictitious name must comply with the rules and regulations of the board and must not be false or misleading to the general public; or

(2) Aid or assist in any manner any unlicensed person to practice dentistry or dental hygiene or any branch thereof.

(b)(1) It is unlawful for a dentist, whether in practice as owner, proprietor, manager, employee, or partner, to allow any person other than a dentist licensed by the board to:

(A) Direct the dentist's practice; or

(B) Direct, participate in, or affect the diagnosis or treatment of patients under the dentist's care.

(2) However, the phrase "any person" as used in this subsection shall not apply to a patient's dental insurer or dental HMO or a patient's designated utilization review organization.

(c) It is unlawful for any corporation to practice dentistry or dental hygiene or to hold itself out as entitled to engage therein.

(d)(1) A registered licensed dental hygienist working at an Arkansas Department of Correction or Department of Community Correction facility may work under the general supervision of a licensed dentist.

(2)(A) As used in this subsection, "general supervision" means that a licensed dentist has authorized a procedure performed by a dental hygienist but the licensed dentist is not required to be present in the treatment facility while the procedure is being performed by the dental hygienist.

(B) "General supervision" includes the following restrictions:

(i) The dentist shall establish a written office protocol that specifically indicates when a hygienist may treat a patient and when a patient is to be seen by a dentist;

(ii) The hygienist shall specifically adhere to the protocol for treatment developed by the dentist;

(iii)(a) A dental hygienist working under general supervision may perform any duties that may be delegated to a dental hygienist under this subchapter or the rules of the Arkansas State Board of Dental Examiners.

(b) A dental hygienists may perform duties under subdivision (d)(2)(B)(iii)(a) of this section only after a licensed dentist has examined the patient;

(C) The hygienist shall review a patient's dental health history before treatment.

(e)(1) A person who violates any provision of this section shall upon conviction be guilty of a violation and shall be fined in any sum not less than fifty dollars ($50.00) nor more than five hundred dollars ($500).

(2) Each day a violation continues constitutes a separate offense.

(3) In addition to the foregoing criminal sanctions, a person who violates the provisions of this section is subject to the liabilities of §17-82-301(b).

History. Acts 1955, No. 14, § 26; A.S.A. 1947, § 72-559; Acts 1989, No. 363, § 1; 1993, No. 883, § 1; 2001, No. 950, § 1; 2005, No. 1994, § 85; No. 203.

Amendments. The 2005 amendment inserted "shall upon conviction be guilty of a violation and" in (e)(1).

17-82-105. SALES OF DENTAL SERVICE OR APPLIANCES.

(a) Any person, other than a licensed dentist, who sells or delivers or offers to sell or deliver to the general public the services of construction, repair, reproduction, duplication, alteration, adjustment, cleaning, polishing, refinishing, or processing in any other manner of any artificial or prosthetic tooth or teeth, bridge, crown, denture, restoration, appliance, device, structure, or material or orthodontic appliance or material to be worn or used in the mouth is subject to the

penalties and liabilities prescribed in §17-82-301(b) and (c). This section does not prohibit selling or delivering or offering to sell or deliver any of such articles to a licensed dentist.

(b) Any licensed dentist who employs or engages the services of a dental laboratory or dental laboratory technician or any other person, firm, or corporation to perform any of the operations or to fabricate any of the appliances or devices referred to in subsection (a) of this section shall furnish that person, firm, or corporation with a written work authorization which shall contain:

(1) The name and address of the person, firm, or corporation to which the work authorization is directed;
(2) The patient's name or an identification number. If a number is used, the patient's name shall be written upon the duplicate copy of the work authorization retained by the dentist;
(3) The date on which the work authorization was written;
(4) A description of the work to be done, including diagrams, if necessary;
(5) A specification of the type and quality of materials to be used; and
(6) The signature of the dentist and the number of his or her license to practice dentistry.

(c) The person, firm or corporation receiving a work authorization from a licensed dentist shall retain the original work authorization and the dentist shall retain a duplicate copy for a period of two (2) years.

(d) Any licensed dentist shall be guilty of a Class A misdemeanor and the Arkansas State Board of Dental Examiners may revoke or suspend the license of that dentist if that dentist:

(1) Employs or engages the services of any person, firm, or corporation to construct or repair, extraorally, prosthetic dentures, bridges, or other dental appliances without first providing the person, firm, or corporation with a written work authorization;
(2) Fails to retain a duplicate copy of the work authorization for two (2) years; or
(3) Commits any violation of this section.

(e) Any person, firm or corporation shall be guilty of a Class A misdemeanor if that person, firm or corporation:

(1) Furnishes such services to any licensed dentist without first obtaining a written work authorization from the dentist;
(2) Fails to retain the original work authorization for two (2) years; or
(3) Commits any violation of this section.

History. Acts 1955, No. 14, §12; 1969, No. 91, §3; A.S.A. 1947, §72-545; Acts 2005, No. 1994; §201.

Amendments. The 2005 amendment, in (d), inserted "Class A" preceding "misdemeanor" and deleted "for a violation" preceding "if that dentist"; and inserted "Class A" in (e).

17-82-106. ADVERTISING.

Advertising to the general public for the purpose of soliciting business consisting of any of the acts, services or practices enumerated in §17-82-102 or by any regulation or rule promulgated by the Arkansas State Board of Dental Examiners under authority of §17-82-208 shall not be fraudulent or misleading and shall be in conformity with rules and regulation adopted by the board.

History. Acts 1955, No. 14, §11; 1969, No. 91, §2; 1973, No. 85, §1; 1981, No.889, §2; A.S.A. 1947, §72-544.

17-82-107. PHARMACISTS AUTHORIZED TO FILL PRESCRIPTIONS.

Pharmacists duly licensed in the State of Arkansas are authorized to fill prescriptions in the State of Arkansas for duly licensed dentists of this state for any drug to be used in the practice of dentistry.

History. Acts 1955, No. 14, §35; A.S.A. 1947, §72-568.

17-82-108. DENTAL COLLEGES.

No college of dentistry shall be considered reputable by the Arkansas State Board of Dental Examiners unless is possesses the following qualifications:
(1) It shall be chartered under the laws of the state, territory or the District of Columbia in which it is located and operated and shall be authorized by its charter to confer the degree of "Doctor of Dental Surgery" or "Doctor of Medical Dentistry";
(2) It shall deliver annually a full course of lectures or instruction by a competent faculty or corps of instructors on the following subjects: anatomy, chemistry, physiology, histology, materia medica, therapeutics, dental metallurgy, pathology, bacteriology, operative dentistry, prosthetic dentistry, crown and bridge work, orthodontics, oral surgery, oral hygiene, administration of anesthetics, radiography and such other subjects as may be recommended by the American Dental Association Council on Dental Education. Each course of instruction shall consist of not less than four (4) terms and of not less than thirty-two (32) weeks of six(6) days for each term;
(3) It shall possess apparatus and equipment adequate and sufficient for the ready and full teaching of the foregoing subjects; and
(4) It shall be recognized as being reputable by the American Dental Association Council on Dental Education before being recognized as such by the board.
History. Acts 1955, No. 14, §5; A.S.A. 1947, §72-538.

17-82-109. ENFORCEMENT.

It is the duty of the several prosecuting attorneys of the State of Arkansas to prosecute to final judgment every criminal violation of this chapter committed within their respective jurisdictions.
History. Acts 1955, No. 14, §37; A.S.A. 1947, §72-570.

Subchapter 2
BOARD OF DENTAL EXAMINERS

Section.
17-82-201. Members - Appointment - Oath.
17-82-202. Members - Qualifications.
17-82-203. Members - Removal.
17-82-204. Members - Liability.
17-82-205. Meetings - Officers.
17-82-206. Records.
17-82-207. Power to sue - Subpoena power - Seal.
17-82-208. Rules and regulations.
17-82-209. Expenses - Compensation of members and employees.
17-82-210. Annual reports.
17-82-211. Disposition of funds.

Cross References. Board members not to be held personally liable for actions as board members, § 17-80-103.

Effective Dates. Acts 1955, No. 14, §40: Jan. 27, 1955. Emergency clause provided: "It has been found and is declared by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry are inadequate to protect the public against quackery and incompetency and to protect licensed dentists and dental hygienists against the practice of such arts by unlicensed persons, that there is urgent need for such protection, and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is declared to exist, and this act, being necessary for the preservation of the public peace, health and safety, shall take effect and be in force from the date of its approval."

Acts 1959, No. 4, §5: Jan. 29, 1959. Emergency clause provided: "It is hereby found that there are inadequate funds available to provide for the examination of dentists who desire to practice in the State of Arkansas, which would create a shortage of dentists. The passage of this act would alleviate that shortage. Therefore, an emergency is found to exist and the passage of this act being necessary to preserve the public health and safety, it shall take effect immediately from and after its passage and approval."

Acts 1969, No. 91, §8. Feb. 21, 1969. Emergency clause provided: "It is hereby found and determined by the General Assembly that the authority of the State Board of Dental Examiners to define those acts which constitute the practice of dentistry and to prescribe the services which may be performed by dental hygienists and dental assistants is not clearly defined in the present laws; that the State Board of Dental Examiners does not now have the necessary authority to license and regulate dental specialists; and that the immediate effectiveness of this act is necessary to clarify and to prescribe the authority of the Board in these vital areas in order that the public will be property protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of its passage and approval."

Acts 1973, No. 85, §10: Feb. 9, 1973. Emergency clause provided: "It is hereby found and determined by the General Assembly that the Authority of the State Board of Dental Examiners to regulate the form of certain advertising is not clearly defined in the present laws; that the State Board of Dental Examiners does not now have the necessary authority to accept the results of the National Board of Dental Examiners and to cooperate with other states in administering clinical examinations; that the State Board of Dental

Examiners does not have authority to establish examination and licensing fees for dentists and dental hygienists; that the State Board of Dental Examiners does not now have the necessary authority to establish by regulation standards of professional conduct or to revoke or suspend licenses for violation of said standards; that the Dental Practice Act does not now exempt from licensing requirements activities of dental students, interns or residents in approved programs of study, internship or residency within the state; that it is necessary to clarify and prescribe the authority of the Board in these vital areas in order that the public will be properly protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of its passage and approval."

Acts 1977, No. 258, §9: Mar. 11, 1977. Emergency clause provided: "It is hereby found and determined by the General Assembly that certain language used in defining the practice of dental hygiene in the present law is archaic; that present law prohibits foreign dentists and dental graduates from practicing in this state; that certain fees required to be paid by dentists and dental hygienists as a condition of licensure and renewal thereof are too low to generate sufficient revenue for the Board to effectively administer the law; that the secretary-treasurer of the Board cannot now receive a per diem allowance as can other members of the Board; that teachers of dentistry in a purely academic setting are not now exempt from the requirements of licensure; and that it is necessary to clarify and prescribe the authority of the Board in these vital areas in order that the public be property protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of its passage and approval."

Acts 1981, No. 717, §3: Mar. 25, 1981. Emergency clause provided: "It is hereby found and determined by the General Assembly that regulatory Boards and commissions covered by Acts 1977, No. 113 exist for the singular purpose of protecting the public health and welfare; that it is necessary and proper that the public be represented on such Boards and commissions; that the operations of such Boards and commissions have a profound effect on the daily lives of all Arkansans; and that the public's voice should not be muted on any question coming before such public bodies. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health, and safety shall be in full force and effect from and after its passage and approval."

Acts 1983, No. 131, §6 and No. 135, §6: Feb. 10, 1983. Emergency clause provided: "It is hereby found and determined by the General Assembly that state Boards and commissions exist for the singular purpose of protecting the public health and welfare; that citizens over 60 years of age represent a significant percentage of the population; that it is necessary and proper that the older population be represented on such Boards and commissions; that the operations of the Boards and commissions have a profound effect on the daily lives of older Arkansans; and that the public voice of older citizens should not be muted as to questions coming before such bodies. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

Acts 1987, No. 683, §2: Apr. 7, 1987. Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry provide only that the dental hygienist may vote on those matters pertaining to dental hygiene; that provision for the Arkansas Board of Dental Examiners to permit the dental hygienist to vote on all matters except the examination and licensing of dentists is necessary to ensure the proper enforcement of the provisions governing the practice of dentistry in the State of Arkansas; that there is an emergency need for such provision; and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is hereby declared to

exist and this Act being necessary for the preservation of the public peace, health and safety, should take effect and be enforced from the date of its approval."

17-82-201. MEMBERS-APPOINTMENT-OATH.

(a) The Arkansas State Board of Dental Examiners shall be composed of nine (9) members appointed by the Governor for terms of five (5) years:

(1) Six (6) members shall be regularly licensed, registered and practicing dentists;

(2) One (1) member shall be a regularly licensed, registered and practicing dental hygienist who shall have all voting powers of a board member;

(3) One (1) member, to be known as the consumer representative, shall be appointed from the state as a member at large. The appointment is subject to confirmation by the Senate. The consumer representative shall not be actively engaged in or retired from the practice of dentistry or dental hygiene. He or she shall be a full voting member but shall not participate in the grading of examinations; and

(4) One (1) member of the board, to represent the elderly, shall be sixty (60) years of age or older, shall not be actively engaged in or retired from the profession of dentistry or dental hygiene, shall be appointed from the state at large subject to confirmation by the Senate, and shall be a full voting member but shall not participate in the grading of examinations.

(b) The consumer representative and the representative of the elderly positions may not be filled by the same person.

(c) The board members shall serve subject to the provisions of this chapter during the remainder of their respective terms and until their successors are appointed and qualified.

(d)(1) On September 1 of each year, or as soon as it is practicable thereafter, the Governor shall appoint a new dentist member, who has been first recommended by the Arkansas State Dental Association, to fill the then-accrued vacancy on the board and who shall serve until his or her successor is appointed and qualified.

(2) The Governor shall appoint a dentist member upon the advice and consent of the Dental Section of the Arkansas Medical, Dental and Pharmaceutical Association.

(3) The Governor shall proceed to appoint to the board a dental hygienist who has first been recommended by the Arkansas Dental Hygienist Association. This member shall serve until his or her successor is appointed and qualified.

(e) All vacancies which occur by reason of death, resignation or in any other manner, except vacancies which occur by the expiration of the term of appointment, shall be filled by the Governor:

(1) The professional members shall be appointed upon the recommendation of the Arkansas State Dental Association, the Arkansas State Dental Hygienist Association, or the Dental Section of the Arkansas Medical, Dental and Pharmaceutical Association in the manner prescribed for the regular appointments to the board;

(2) All such appointments shall be limited to the unexpired term of the office vacated.

(f) The recommendations of the three (3) associations shall be conveyed to the Governor under a certificate to be executed by the presidents and secretaries of the respective associations.

(g) Each member appointed to the board, before entering upon the duties of his or her office, shall take the oath prescribed by Arkansas Constitution, Article 19, §20.

History. Acts 1955, No. 14, §2; 1977, No. 113, §§1-3; 1981, No. 197, §1; 1981, No. 717, §2; 1983, No. 131, §§1-3,5; 1983, No. 135, §§1-3,5; 1985, No. 849, §1; A.S.A. 1947, §§6-617—6-619, 6, 6-623—6-626, 72-535, 72-535.1; Acts 1987, No. 683, §1; Acts 1999, No. 44, §1.

Amendments. The 1999 amendment deleted the exception at the end of (a)(2); and made stylistic changes.

17-82-202. MEMBERS-QUALIFICATIONS.

(a) The professional members of the Arkansas State Board of Dental Examiners shall be regularly licensed, registered, and practicing dentists and dental hygienists, each of whom must be a graduate of a reputable college of dentistry or dental hygiene and must have been a regularly licensed, registered and practicing dentist or dental hygienist in the State of Arkansas for a period of five (5) years next preceding the date of his or her appointment.
(b) No dentist or dental hygienist is eligible for appointment to the Board who is in any way connected with, or interested in, any college of dentistry, a commercial dental laboratory, or the dental supply business.
History. Acts 1955, No. 14, §3; 1981, No. 197, §2; A.S.A. 1947, §72-536.

17-82-203. MEMBERS-REMOVAL.

(a) Upon charges filed before it in writing, the Arkansas State Board of Dental Examiners is empowered to remove any member thereof who has been guilty of continued neglect of duty or who is found to be incompetent, dishonorable or unprofessional.
(b) There shall be no such removal without first giving the accused an opportunity to be heard and to defend the charges against him or her.
(c) A copy of the charges must have been served upon him in the manner prescribed by §17-82-317.
History. Acts 1955, No. 14, §30; A.S.A. 1947, §72-563.

17-82-204. MEMBERS-LIABILITY.

No member of the Arkansas State Board of Dental Examiners, during the term of his or her office or thereafter, shall be required to defend any action for damages in any of the courts in the State of Arkansas where it is shown that the damages followed or resulted from any of the official acts of the member of the board in the performance of his or her duty as a member. Upon motion, any such action shall be dismissed with prejudice at the cost of the plaintiff.
History. Acts 1955, No. 14, §29, A.S.A. 1947, §72-562.

17-82-205. MEETINGS-OFFICERS.

(a)(1) The Arkansas State Board of Dental Examiners shall hold at least one (1) regular meeting between May 15 and July 15 of each year.
(2) The specific date is to be determined by the board.
(b)(1) At the annual meeting, the board shall elect a president, a vice president, and a secretary-treasurer.
(2) The terms of these officers shall be for one (1) year and until their successors are elected and assume the duties of their office.
(3) All officers of the board shall assume the duties of their office on September 1 of the year of their election.
(4) The secretary-treasurer shall execute to the board a bond satisfactory to the board to secure the faithful performance of his or her duties and proper accountability for all funds of the board coming into his or her possession or control.
(c) Special meetings of the board may be called by the president at any time, upon giving five (5) days' written notice to the members, unless written notice is waived by the members.
(d) A majority of the board constitutes a quorum for the transaction of all business coming before it.
(e) All proceedings of the board shall be recording in a permanently bound minute book.

History. Act 1955, No. 14, §6; A.S.A. 1947, §72-539.

17-82-206. RECORDS.

The Arkansas State Board of Dental Examiners shall keep a permanent record book in which shall be registered the name, address and license number of each person legally entitled to practice dentistry or dental hygiene in the State of Arkansas, and it shall also keep other permanent records as it may deem necessary or expedient in the performance of its duties.
History. Acts 1955, No. 14, §6; A.S.A. 1947, §72-539.

17-82-207. POWER TO SUE-SUBPOENA POWER-SEAL.

(a) The Arkansas State Board of Dental Examiners, in its name, may sue and be sued in the courts.
(b)(1) In the performance of its duties as herein provided, the board is empowered to issue subpoenas and compel the attendance of persons before it for the purpose of examining any facts or conditions properly pending before the board for its action.

(2) All subpoenas issued by the board shall be served in the manner prescribed by law for the service of subpoenas issuing from the courts, and all persons so served shall obey the subpoena or be subject to the penalties provided by law for the disobedience of subpoenas issuing from the courts.

(3) All persons subpoenaed by the board are entitled to their fee and mileage and shall have all the other rights now provided by law for persons served with subpoenas issuing from the courts.

(c) The board shall have a seal, and the impress of it shall be attached to all official documents issued by it.
History. Acts 1955, No. 14, §4; A.S.A. 1947, §72-537.

17-82-208. RULES AND REGULATIONS.

(a) The Arkansas State Board of Dental Examiners shall have the power to promulgate rules and regulations in order to carry out the intent and purposes of this chapter.
(b) The board shall by rule or regulation prescribe specifically those acts, services, procedures, and practices which constitute the practice of dentistry.
(c) The board shall also by rule or regulation prescribe those acts, services, procedures and practices which may be performed by dental hygienists and dental assistants at the direction and under the direct supervision of a licensed dentist and shall impose requirements and restrictions on the performance thereof by dental hygienists and dental assistants as it shall deem proper and necessary to protect and promote the public health and welfare of the citizens of this state.
(d) Rules and regulations promulgated by the State Board of Dental Examiners pursuant to the provisions of this section shall be adopted in accordance with the procedure prescribed in the Arkansas Administrative Procedure Act, as amended, §25-15-201 et seq., and these rules and regulations shall be filed and shall be subject to judicial review as provided in that act.
History. Acts 1955, No. 14, §4; 1969, No. 91, §1; 1973, No. 85, §7; 1981, No. 889, §1; A.S.A. 1947, §§72-537.1, 72-543.

17-82-209. EXPENSES-COMPENSATION OF MEMBERS AND EMPLOYEES.

(a) The Arkansas State Board of Dental Examiners is empowered to incur whatever expenses it may deem necessary or expedient in performing its function.

(b) It may employ whatever assistants it may deem necessary or expedient therefore and fix their compensation.
(c) Each member of the board may receive expense reimbursement and stipends in accordance with § 25-16-901 et seq.
(d) The board shall fix the salary of the Secretary-treasurer of the Arkansas State Board of Dental Examiners.
(e) All of the disbursements provided for in this section shall be made out of the fees and fines collected by the board.
History. Acts 1955, No. 14, §32; 1959, No. 4, §4; 1969, No. 91, §6; 1977, No. 258, §5; 1981, No. 889, §7; A.S.A. 1947, §72-565; Acts 1987, No. 289, §1; 1997, No. 250, §155.
Amendments. The 1997 amendment rewrote (c).

17-82-210. ANNUAL REPORTS.

(a) The Arkansas State Board of Dental Examiners, at its regular annual meeting, shall prepare a report of its receipts and disbursements and its transactions in general for the preceding year.
(b) The report shall be filed with the Governor not later than September 1 of each year, and a copy thereof, certified by the President and Secretary of the Arkansas State Board of Dental Examiners, shall be filed at the same time with the Secretary of the Arkansas State Dental Association.
History. Acts 1955, No. 14, §33; A.S.A. 1947, §72-566.

17-82-211. DISPOSITION OF FUNDS.

All fees authorized by this chapter and all fines imposed by the courts and collected under the provisions of this chapter are the property of the Arkansas State Board of Dental Examiners and shall be paid or delivered to its treasurer to be disbursed as provided in this chapter.
History. Acts 1955, No. 14, §31; A.S.A. 1947, §72-564.

Subchapter 3
LICENSING GENERALLY

Section.

17-82-301. License required - Penalty.
17-82-302. Exemptions.
17-82-303. Examinations.
17-82-304. Dentists generally - Licensing procedure.
17-82-305. Dentists - Specialists - Licensing procedure.
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17-82-315. Retirees - Annual renewal.
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Effective Dates. Acts 1955, No. 14, §40. Jan. 27, 1955. Emergency clause provided: "It has been found and is declared by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry are inadequate to protect the public against quackery and incompetency and to protect licensed dentists and dental hygienists against the practice of such arts by unlicensed persons, that there is urgent need for such protection, and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is declared to exist, and this act, being necessary for the preservation of the public peace, health and safety, shall take effect and be in force from the date of its approval."

Acts 1959, No. 4, §5: Jan. 29, 1959. Emergency clause provided: "It is hereby found that there are inadequate funds available to provide for the examination of dentists who desire to practice in the State of Arkansas, which would create a shortage of dentists. The passage of this act would alleviate that shortage. Therefore, an emergency if found to exist and the passage of this act being necessary to preserve the public health and safety, it shall take effect immediately from and after its passage and approval."

Acts 1969, No. 91, §8. Feb. 21, 1969. Emergency clause provided: "It is hereby found and determined by the General Assembly that the authority of the State Board of Dental Examiners to define those acts which constitute the practice of dentistry and to prescribe the services which may be performed by dental hygienists and dental assistants is not clearly defined in the present laws; that the State Board of Dental Examiners does not now have the necessary authority to license and regulate dental specialists; and that the immediate effectiveness of this act is necessary to clarify and to prescribe the authority of the Board in these vital areas in order that the public will be properly protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of its passage and approval."

Acts 1973, No. 85, §10: Feb. 9, 1973. Emergency clause provided: "It is hereby found and determined by the General Assembly that the authority of the State Board

of Dental Examiners to regulate the form of certain advertising is not clearly defined in the present laws; that the State Board of Dental Examiners does not now have the necessary authority to accept the results of the National Board of Dental Examiners and to cooperate with other states in administering clinical examinations; that the State Board of Dental Examiners does not have authority to establish examination and licensing fees for dentists and dental hygienists; that the State Board of Dental Examiners does not now have the necessary authority to establish by regulation standards of professional conduct or to revoke or suspend licenses for violation of said standards; that the Dental Practice Act does not now exempt from licensing requirements activities of dental students, interns or residents in approved programs of study, internship or residency within this state; that it is necessary to clarify and prescribe the authority of the Board in these vital areas in order that the public will be properly protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of its passage and approval."

Acts 1974 (Ex. Sess.), No. 64, §5: July 22, 1974. Emergency clause provided: "It is hereby found and determined by the Sixty-Ninth General Assembly of the State of Arkansas, meeting in Extraordinary Session, that the rapid increase in inflation has greatly reduced the effective purchasing powers of the state employees' salaries and that the immediate passage of this act is necessary to prevent irreparable harm to the proper administration and provision of essential governmental programs. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

Acts 1975, No. 369, §2: Mar. 10, 1975. Emergency clause provided: "It is hereby found and determined by the General Assembly that the cost of operating the functions, powers, and duties of the State Board of Dental Examiners is increasing, that additional funds must be provided if the State Board of Dental Examiners is to be able to render the services and to perform the duties as provided in the Arkansas Dental Practice Act, and that the immediate passage of this act is necessary to enable the Board of Dental Examiners to establish an annual registration fee for dentists at a level adequate to provide needed funds. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

Acts 1977, No. 258, §9: Mar. 11, 1977. Emergency clause provided: "It is hereby found and determined by the General Assembly that certain language used in defining the practice of dental hygiene in the present law is archaic; that present law prohibits foreign dentists and dental graduates from practicing in this state; that certain fees required to be paid by dentists and dental hygienists as a condition of licensure and renewal thereof are too low to generate sufficient revenue for the Board to effectively administer the law; that the Secretary-treasurer of the Board cannot now receive a per diem allowance as can other members of the Board; that teachers of dentistry in a purely academic setting are not now exempt from the requirements of licensure; and that it is necessary to clarify and prescribe the authority of the Board in these vital areas in order that the public be properly protected. Therefore, an emergency is hereby declared to exist and this act being necessary for the immediate preservation of the public peace, health and safety shall be in effect from the date of this passage and approval."

Acts 1979, No. 805, §3: Apr. 10, 1979. Emergency clause provided: "It is hereby found and determined by the Seventy-Second General Assembly of the State of Arkansas that many dentists and dental hygienists wish to retain their licenses upon retirement and that in such instances the retired dentists and dental hygienists should not be required to pay the same license fees as those persons actively engaged in the profession. Therefore, an emergency is hereby declared to exist and this

act being necessary for the immediate preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

Acts 1983, No. 778, §3: Mar. 24, 1983. Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry provide only for the revocation or suspension of the license upon the violation of any of the provisions of the act; that provision for the Arkansas State Board of Dental Examiners to impose a fine or a period of probation in lieu of suspension or probation is necessary to insure the proper enforcement of the provisions governing the practice of dentistry in the State of Arkansas; that there is an emergency need for such provision; and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is declared to exist and this act being necessary for the preservation of the public peace, health and safety should take effect and be enforced from the date of its approval."

Acts 1987, No. 497, §3: Apr. 1, 1987. Emergency clause provided; "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry provide only that the unlicensed practice of dentistry and dental hygiene is a misdemeanor criminal offense; that provision providing that the unlicensed practice of dentistry or dental hygiene to be a Class D felony is necessary to ensure the proper enforcement of the provisions governing the practice of dentistry in the State of Arkansas; that there is an emergency need for such provision; and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is declared to exist, and this act being necessary for the preservation of the public peace, health and safety, should take effect and be enforced from the date of its approval."

Acts 1987, No. 498, §3: Apr. 1, 1987. Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws regulating the advertising of services do not provide for a ban on fraudulent and misleading advertising; the provision for the Arkansas State Board of Dental Examiners to impose sanctions for advertising in a fraudulent and misleading manner is necessary to ensure the practice of dentistry in the State of Arkansas; that there is an emergency need for such provision; that the enactment of this measure will remedy this dangerous situation. Therefore an emergency is declared to exist and this act being necessary for the preservation of the public peace, health and safety should take effect and be enforced from the date of its approval."

Acts 1987, No. 499, §3: Apr. 1, 1987. Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry providing for the licensing of dentists and dental hygienists by credentials, as well as the additional burden of reciprocity with the state from which the dental hygienist was originally licensed that provision for the Arkansas State Board of Dental Examiners to license dental hygienists only by credentials and removing dentists from license here by credentials and eliminating reciprocity with another state is necessary to ensure the proper enforcement of the provisions governing the practice of dentistry in the State of Arkansas; that there is an emergency need for such provision; and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is declared to exist and this act being necessary for the preservation of the public peace, health and safety should take effect and be enforced from the date of its approval."

Acts 1989, No. 364, §4: Mar. 7, 1989. Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws regulating a disciplinary hearing before the Arkansas State Board of Dental Examiners is in need of amendment; that the provisions for amendment of the Dental Practice Act which sets forth their procedure to conduct a disciplinary hearing before the Arkansas State Board of Dental Examiners is necessary to insure the proper enforcement of the provisions governing the practice of dentistry in the State of Arkansas; that there is an emergency need

for such a provision and that an enactment of the measure will remedy this situation. Therefore, an emergency is hereby declared to exist and this act being necessary for the preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

Acts 1989, No. 365, §4: Mar. 7, 1989. Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws for the issuance of a certificate to practice a specialty in dentistry need to be defined; that the provisions for an examination to be given to one desiring a certificate from the Arkansas State Board of Dental Examiners is necessary to insure the proper enforcement of the provision governing the practice of dentistry in the State of Arkansas; that there is an emergency need for such a provision and that an enactment of the measure will remedy this situation. Therefore, an emergency is hereby declared to exist and this act being necessary for the preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

17-82-301. LICENSE REQUIRED - PENALTY.

(a)(1) No person shall practice dentistry or dental hygiene, or attempt to offer to practice either within the State of Arkansas, without first having been authorized and issued a regular license by the Arkansas State Board of Dental Examiners.

(2) No person shall practice dentistry or dental hygiene, or attempt or offer to practice either within the State of Arkansas, during any period of suspension of his or her license by the board or after revocation by the Board of any license theretofore issued to the offending person.

(b) The board is entitled to the equitable remedy of injunction against any person who practices dentistry or dental hygiene or attempts or offers to practice either in violation of subsection (a) of this section.

(c) Any person who violates any provision of subsection (a) of this section shall be guilty of a Class D Felony and shall be subject to imprisonment not to exceed six (6) years in the Department of Correction or a fine of up to ten thousand dollars ($10,000), or both. Each unauthorized act constitutes a separate offense.

History. Acts 1955, No. 14, §§7-9; A.S.A. 1947, §§72-540--72-542; Acts 1987, No. 497, §l.

17-82-302. EXEMPTIONS.

Nothing in this chapter shall prohibit or require a license for the following acts or practices:

(1) The performance of duty in this state of a commissioned dental or medical officer of the United States Army, Air Force, Navy, federal Department of Veterans Affairs, or Public Health Services;

(2) Clinical demonstrations before a society or convention of dentists or dental hygienists by a duly licensed dentist or dental hygienist of another state, territory or the District of Columbia;

(3) Acts which would otherwise constitute the practice of dentistry or dental hygiene by students under the supervision of instructors in any dental college, university, hospital or institution, or dental department of any college, university, hospital or institution, or school of dental hygiene in this state which is recognized as being reputable by the American Dental Association Council on Dental Education and approved by the Arkansas State Board of Dental Examiners. These acts must be performed within the educational facility incident to a course of study or training and shall not be carried on for personal profit;

(4) Acts which would otherwise constitute the practice of dentistry by a graduate of a college of dentistry approved by the board who is engaged in an internship or residency program in a dental college, university hospital or institution, or dental department of any college, university, hospital or institution, in this state which is recognized as being reputable by the American Dental

Association Council on Dental Education and approved by the board. These acts must be performed within the facility pursuant to such internship or residency program, and the intern or resident shall serve without fee or compensation other than that received in salary or other authorized allowances;

(5) Acts which would otherwise constitute the practice of dentistry by a graduate of a college of dentistry approved by the board who is engaged in teaching dentistry in a dental college, university, hospital or institution, or dental department of any college, university, hospital or institution in this state which is recognized as being reputable by the American Dental Association Council on Dental Education and approved by the board. Such acts must be performed within the facility pursuant to the teaching appointment, and the person shall serve without fee or compensation other than that received in salary or other authorized allowances; or

(6)(A) The practice of dentistry or dental hygiene within the scope of the dentist's or dental hygienist's duties as an employee of the Federal Bureau of Prisons, provided the dentist or dental hygienist has obtained a license to practice from Arkansas or any other state, territory, the District of Columbia, or Canada.

(B) Dentists and dental hygienists authorized to practice under subdivision (6)(A) of this section may provide dental treatment or services only to inmates and shall not provide dental treatment or services to other employees of the Federal Bureau of Prisons or any other person.

History. Acts 1955, No. 14, §34; 1973, No. 85, §6; 1977, No. 258, §6; A.S.A. 1947, §72-567; Acts 2001, No. 301, §1.

Amendments. The 2001 amendment substituted "These acts" for "Such acts" throughout; substituted "Arkansas State Board of Dental Examiners" for "board" in (3); substituted "the internship" for "such internship" in the second sentence of (4); added (6); and made related changes.

17-82-303. EXAMINATIONS.

(a) The Arkansas State Board of Dental Examiners has exclusive jurisdiction to determine who shall be permitted to practice dentistry and dental hygiene in the State of Arkansas.

(b) To this end the Board, at its regular annual meeting and at special meetings, if it deems it necessary or expedient, shall conduct examinations, both written and clinical, of all qualified applicants who desire to practice dentistry or dental hygiene in the State of Arkansas.

(c) The State Board of Dental Examiners is authorized and directed to conduct at least two (2) examinations, both written and clinical, annually of qualified applicants who desire to practice dentistry in the State of Arkansas. Special meetings for those purposes may be held by the Board if it deems it necessary or expedient. The two (2) examinations to be held annually shall be scheduled in such a manner as to be conducted following the end of the fall and spring semesters of dental schools in order to accommodate, insofar as is practicable, the greater number of qualified applicants who wish to take examinations to practice dentistry in Arkansas shortly after completion of their regular dental schooling.

(d) The board may accept the results of the National Board of Dental Examiners examination if it so desires and may cooperate with dental schools in other states for the administration of the clinical examination or may cooperate with other states in the administration of a regional clinical examination.

(e)(1) The board shall determine what grade or percentage the applicant must make to entitle him or her to be licensed.

(2) The grade or percentage shall be the same at any one (1) examination for all applicants.

(f) The Board may consider the conduct of the applicant during the examination as a factor in determining the grade or percentage to be given him or her.

History. Acts 1955, No. 14, §19; 1973, No. 85, §2; 1974 (Ex. Sess.), No. 64, §2; A.S.A. 1947, §§72- 552, 72-552.1; Act 47, 2011.

17-82-304. DENTISTS GENERALLY - LICENSING PROCEDURE.

(a)(1) A person not previously licensed to practice dentistry in the State of Arkansas who desires to do so shall apply in writing for examination to the Secretary of the Arkansas State Board of Dental Examiners and shall transmit with the written application his examination and licensing fee;

(2) The examination and licensing fee shall be determined by the board and shall be an amount reasonably calculated to cover the costs of administering the examination, assuming the license to practice, and otherwise administering this chapter.

(b) An applicant

(1) Must:

(A) Be at least twenty-one (21) years of age and of good moral reputation and character;

(B) Submit upon request such proof as the board may require touching upon age, character, and fitness; and

(C) Have been graduated from an American Dental Associated-accredited college of dentistry with the degree of Doctor of Dental Surgery or Doctor of Dental Medicine; or

(2) Must:

(A) Be at least twenty-one (21) years of age and of good moral reputation and character;

(B) Have graduated from a college of dentistry in North America with the degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or an equivalent degree approved by the board;

(C) Have passed an examination approved by the board and authorized under §17-82-303;

(D) Be a resident of the State of Arkansas and the United States and be in compliance with federal laws of immigration; and

(E) Serve a period of at least one (1) year under a provisional license issued by the board to foreign graduates and successfully complete the monitoring requirements as ordered by the board at the time the provisional license is issued. This pilot program of licensure for foreign-trained graduates and the granting of licensure to foreign trained dentists will expire at the close of the 2005 regular session of the Arkansas General Assembly.

(c)(1) If the board determines that the applicant is qualified to take the examination required for licensing, it shall notify the applicant of the time and place to report before it for examination.

(2) If a qualified applicant fails to appear for examination, the fee shall be retained by the board and the applicant shall be entitled to take any examination required for licensing held at any time within three (3) years thereafter, if he or she is then qualified, without additional fee charge unless the amount of the fee is increased by the board, in which event the applicant must pay the difference between the amount of fee credited to him or her and the increased fee amount.

(3) If an applicant fails to make the grade or percentage required by the board, the fee paid by him or her shall be retained by the board.

(4) If an applicant makes the grade or percentage required by the board, then it shall issue to him or her without further initial cost a license to practice dentistry in the State of Arkansas.

(d)(1) All licenses shall be numbered and issued consecutively.

(2) If a license is lost or destroyed, the secretary shall furnish a certified copy to the licensee upon the payment of a fee to be prescribed by the board. The fee shall be an amount reasonably calculated to cover the cost of furnishing the certified copy.

History. Acts 1955, No. 14, §20; 1959, No. 4, §1; 1969, No. 91, §5; 1973, No. 85, §3; 1977, No. 258, §§2, 3; 1981, No. 889, §3; A.S.A. 1947, § 72-553; 2003, No. 377, §1; 2003, No. 661, §1.

Amendments. The 2003 amendment by No. 377 deleted former (c)(2) and renumbered the remaining subdivisions accordingly; and substituted “shall be entitled” for “is entitled” in present (c)(2). The 2003 amendment by No. 661 redesignated former (b)(1) to (3) as present (b)(1)(A) to (C); and added present (b)(2).

17-82-305. DENTISTS - SPECIALISTS - LICENSING PROCEDURE.

(a)(1) Any dentist in this state licensed by the Arkansas State Board of Dental Examiners who has complied with requirements as specified by the American Dental Association Council on Dental Education in a specialty branch of dentistry or who has otherwise met the requirements of the rules and regulations promulgated by the board may apply for a certificate as a specialist.

(2) The application shall be accompanied by the payment of a fee to be prescribed by the board. The fee shall be an amount reasonably calculated to cover the cost of the examination and other costs incurred by the board in issuing the certificate.

(3) The application must be on file for at least sixty (60) days prior to the regular meeting of the board. If the application is accepted, the applicant shall be notified to appear for an examination as defined by the rules and regulations of the board.

(b) Examinations may be oral or written, or both, and the applicant may be required to demonstrate his or her knowledge and proficiency in the specialty in which he or she desires to be certified.

(c) The board is authorized to certify specialists in all specialty areas approved by the American Dental Association.

(d) Any dentist not licensed by the board but who is eligible to take the Arkansas State Board Examination and is further eligible for specialty examination may take both examinations at the discretion of the board.

(e) No licensed dentist shall hold himself or herself out to the public as a specialist or publicly announce as being specifically qualified in any particular branch of dentistry or publicly announce as giving special attention to any branch of dentistry until he or she has been issued a certificate by the board authorizing him or her to do so.

(f) Any dentist in this state licensed by the board who on February 21, 1969, is limiting his or her practice to a particular branch of dentistry and who is holding himself or herself out to the public as a specialist in a particular branch of dentistry, upon application therefore to the board, shall be certified as a specialist in that branch of dentistry and shall not be required to take the examination provided for in subsection (b) of this section.

(g)(1) The issuing of a specialist license by the board is a special privilege granted to that member which allows him or her to announce to the public that he or she is especially qualified in a particular branch of dentistry.

(2) Any member granted this special privilege must limit his or her practice to the specialty in which he or she is licensed except in an emergency situation.

(3) The failure to limit his or her practice as provided in subdivision (g)(2) of this section described by the appropriate national specialty board shall be cause for the specialist license to be revoked or suspended.

History. Acts 1955, No. 14, §20; 1959, No. 4, §1; 1969, No. 91, §5; 1973, No. 85, §3, 1977, No. 258, §§2, 3; 1981, No. 889, §3, A.S.A. 1947, §72-553; Acts 1989, No. 365, §1; 2003, No. 377, § 2.

Amendments. The 2003 amendment deleted “but no licensed dentist may be certified in more than one (1) specialty” at the end of (c).

17-82-306. DENTAL HYGIENISTS - LICENSING PROCEDURE.

(a)(1) A dental hygienist who desires to practice his or her profession in the State of Arkansas shall apply in writing for examination to the Secretary of the Arkansas State Board of Dental Examiners, and he or she shall transmit with the written application his or her examination and licensing fee.

(2) The examination and licensing fee shall be determined by the board and shall be an amount reasonably calculated to cover the costs of administering the examination, issuing the license to practice, and otherwise administering this chapter.

(b) An applicant must:

(1) Be of good moral reputation and character;

(2) Have graduated from a dental hygiene program which is accredited by the American Dental Association Commission on Dental Accreditation and approved by the board for the training of dental hygienists; and

(3) Submit upon request such proof as the board may require touching upon character and fitness.

(c)(1) If the board determines that the applicant is qualified to take the examination required for licensing, it shall notify the applicant of the time and place to report before it for examination.

(2) If a qualified applicant fails to appear for examination, the fee shall be retained by the board and the applicant is entitled to take any examination required for licensing held at any time within three (3) years thereafter, if he or she is then qualified, without additional fee charge unless the amount of the fee is increased by the board, in which event the applicant must pay the difference between the amount of the fee credited to him or her and the increased fee amount.

(3) If the applicant fails to make the grade or percentage required by the board, the fee paid by him shall be retained by the board.

(4) If an applicant makes the grade or percentage required by the board, it shall issue to him or her without further initial cost a license to practice dental hygiene in the State of Arkansas.

(d)(1) All licenses shall be numbered and issued consecutively.

(2) If a license is lost or destroyed, the secretary shall furnish a certified copy to the licensee upon the payment of a fee to be prescribed by the board. The fee shall be an amount reasonably calculated to cover the cost of furnishing the certified copy.

History. Acts 1955, No. 14, §21; 1959, No. 4, §2; 1973, No. 85, §4; 1981, No. 889, §4; A.S.A. 1947, §72-554; Acts 1995, No. 573, §1; 2003, No. 377, §3.

Amendments. The 2003 amendment deleted former (c)(2) and renumbered the remaining subdivisions accordingly; and substituted “shall be entitled” for “is entitled” in present (c)(2).

17-82-307. APPLICATIONS -FALSE INFORMATION.

A person who, in order to induce favorable action by the Arkansas State Board of Dental Examiners on any application for a license to practice dentistry or dental hygiene in the State of Arkansas, makes any statement to the board, whether orally or in writing, which is false and at the time known by the person to be false or who submits or files as his or her own any diploma or license belonging or issued to another person, or who in any other manner misrepresents or conceals his or her true name or former place of residence commits a Class D felony.

History. Acts 1955, No. 14, §25; 1975, No. 928, §21; A.S.A. 1947, §72-558.

17-82-308. CREDENTIALS - PERSONS LICENSED IN OTHER STATES.

(a) A dentist or dental hygienist who desires to practice his or her profession in the State of Arkansas and who has been practicing his or her profession continuously for a period of five (5) years or more next preceding the date of the application may apply in writing to the Arkansas State Board of Dental Examiners for a license to practice his or her profession in the State of Arkansas without undergoing the examination required for licensing provided for in §§ 17-82-304-17-82-306. The applicant must have been practicing by virtue of a license lawfully issued by the authority of another state, territory, the District of Columbia, or Canada where the standard of proficiency at least equals that of the State of Arkansas.

(b) The application shall be accompanied by:

(1) A fee to be prescribed by the board which shall be an amount reasonably calculated to cover the costs of processing the application;

(2) The original or certified copy of the original license under which the applicant has been practicing his or her profession; or

(3) A certificate from the authority which issued the license, setting forth the applicant's moral reputation and character, history with the board, professional ability, and such other information or data as the board may deem necessary or expedient.

(c) Upon furnishing satisfactory proof of his or her fitness as contemplated in this section, the board in its discretion may issue a license to practice his or her profession to the applicant without further cost except as otherwise provided in this chapter for the renewal of licenses.

History. Acts 1955, No. 14, §23; 1981, No. 889, §6; A.S.A. 1947, §72-556; Acts 1987, No. 499, §1; 1993, No. 270, §1; 2001, No. 439, §3.

Amendments. The 2001 amendment inserted "or Canada" in (a); inserted "history with the board" in (b)(3); and made gender neutral changes throughout.

17-82-309. [REPEALED.]

History. Acts 1955, No. 14, §24; A.S.A. 1947, §72-557; 2001, No. 439, §4.

17-82-310. ANNUAL RENEWAL –PROCEDURE

(a) All licenses to practice dentistry or dental hygiene issued in the State of Arkansas shall continue in full force and effect until forfeited, suspended or revoked, subject to the following provisions:

(1) On January 1 of even- numbered years, every dentist and dental hygienist must renew his or her license with the Arkansas State Board of Dental Examiners on forms prepared and furnished by the board, supplying all the information and data requested on the forms; and

(2) A renewal fee in an amount to be determined by the board as being necessary to provide funds for the operation of the board and for other expenses in administering this chapter must be paid to the board upon the filing of the form, duly executed, with the board.

(b) Upon the filing of the renewal form and payment of the fee, the board shall issue to the licensee its certificate of renewal that authorizes the licensee to practice his or her profession in the State of Arkansas until the next date of renewal.

(c)(1) During the month of December of odd-numbered years, the Secretary of the Arkansas State Board of Dental Examiners shall mail the approved renewal form to every dentist and dental hygienist registered in the State of Arkansas to his or her last known address.

(2) The failure of the dentist or dental hygienist to receive the form does not excuse his or her failure to renew.

(3) The providing of false or fraudulent information to renew the license is grounds for imposition of the penalties set forth at § 17-82-316.

History. Acts 1955, No. 14, §22; 1959, No. 4, §3; 1975, No. 369, §1; 1977, No. 258, §4; 1981, No. 889, §5; A.S.A. 1947, §72-555; 1991, No. 592, §1; 2001, No. 439, §5; 2003, No. 377, §4,5.

Amendments. The 2003 amendment substituted "even-numbered years" for "each year" in (a)(1); and substituted "odd-numbered years" for "each year" in (c)(1).

17-82-311. RENEWAL - PENALTIES FOR NONCOMPLIANCE.

Failure to renew a license within a period of thirty (30) days after January 1 of even-numbered years shall result in forfeiture of the license.

History. Acts 1955, No. 14, §22; 1959, No. 4, §3; 1975, No. 369, §1; 1977, No. 258, §4, 1981, No. 889, §5; A.S.A. 1947, §72-555; 2001, No. 439, §6; 2003, No. 377, §6.
Amendments. The 2003 amendment deleted "Annual" from the section catchline; and substituted "even-numbered years" for "each year".

17-82-312. RENEWAL – RELICENSING.

(a) A dentist or dental hygienist whose license has been automatically forfeited pursuant to §17-82-311 shall be relicensed, at any time until January 1 of the year following the forfeiture, by:

(1) Applying in writing to the Arkansas State Board of Dental Examiners;

(2) Paying all accrued renewal fees as established under § 17-82-310 and provided for in the regulations of the board, plus an additional penalty of two hundred dollars ($200); and

(3) Furnishing such proof as the board may require that, in the period since January 1 of the year when his or her license ought first to have been effected, he or she has continuously conducted himself or herself in an ethical and proper fashion and complied with the regulations of the board and the provisions of the Dental Practice Act, § 17-82-101 et seq.

(b) A dentist or dental hygienist who applies for relicensing, following forfeiture, after two (2) years from January 1 of the year when his or her license ought first to have been effected may be relicensed by:

(1) Complying with the requirements of subsection (a) of this section; and

(2)(A) Undergoing reexamination and passing the examination required by the regulations of the board.

(B) The re-examination shall consist of clinical skills only.

History. Acts 1955, No. 14, §22; 1959, No. 4, §3; 1975, No. 369, §1; 1977, No. 258, §4; 1981, No. 889, §5; A.S.A. 1947, §72-555; 2001, No. 439, §7.
Amendments. The 1999 amendment rewrote former (b)(1)(C). The 2001 amendment rewrote (a)(2) which formerly read "Paying all accrued registration fees plus a relicensing fee of fifty dollars ($50.00)"; substituted "or her license" for "registration" in (a)(3) and (b); inserted "and complied with the regulations of the board and the provision of the Arkansas Dental Practice Act, § 17-82-101 et seq." in (a)(3); redesignated the former introductory language of (b)(1) as present (b); deleted former (b)(1) and (b)(2) and added present (b)(1) and (b)(2); and made gender neutral changes throughout.

17-82-313. RENEWAL – NONRESIDENTS.

(a)(1) A dentist or dental hygienist who has been licensed and who becomes a nonresident of the State of Arkansas may continue in effect his or her license to practice in the State of Arkansas by paying the renewal fee required of resident dentists and dental hygienists;

17-82-314. FAILURE TO PRACTICE.

(a) All licenses issued to dentists and dental hygienists are automatically forfeited if the licensee ceases to practice his or her profession either in the State of Arkansas or elsewhere for a period of two (2) years.
(b) The licensee is not entitled to resume the practice of his or her profession in the State of Arkansas until he or she is reexamined and licensed by the Arkansas State Board of Dental Examiners. However, the examination shall consist only of clinical work.
(c) A dentist or dental hygienist who resumes the practice of his or her profession in the State of Arkansas after having ceased to practice for a period of two (2) years without reexamination and relicensing is subject to the penalties and liabilities prescribed in §17-82-301(b) and (c).

History. Acts 1955, No. 14, §22; 1977, No. 258, §4; A.S.A. 1947, §72-555.

17-82-315. [REPEALED.]

17-82-316. REVOCATION OR SUSPENSION - GROUNDS – EFFECT.

(a) 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 or dental hygienist, or dental assistant possessing an expanded duties permit if the board finds that the licensee or permit holder has violated the Dental Practice Act, § 17-82-101 et seq., the regulations of the board or a previous order of the board.

(b) In addition to suspending or revoking a license or permit, the board may:

(1) Place a licensee on probation for a period not exceeding eighteen (18) months per violation under terms and conditions determined by the board to be in the best interest of the licensee and the people of the State of Arkansas;

(2) Impose a fine not to exceed one thousand dollars ($1,000) per violation; or

(3) Require a licensee or permit holder to reimburse the board for its costs in conducting the investigation and hearing.

(c) The board may impose one (1) or more of the penalties set out in subsection (b) of this section if the board finds that the licensed dentist, dental hygienist, or permit holder has violated the Dental Practices Act, § 17-82-101 et seq., or the regulations of the board, or has committed one (1) or more of the following acts:

(1) The presentation to or filing with the board, for the purpose of securing a license to practice dentistry or dental hygiene or to obtain any permit issued by the board, of any diploma, license or certificate illegally or fraudulently obtained by the applicant;

(2) The use of an assumed or fictitious name in applying for a license for the purpose of shielding moral unfitness or a criminal record;

(3) The commission of any criminal operation; habitual drunkenness for a period of three (3) months; insanity; adjudication of insanity or mental incompetency if deemed detrimental to patients; conviction of an infamous crime or felony; addiction to narcotics; immoral, dishonorable or scandalous conduct; professional incompetency; failure to maintain proper standards of sanitation or failure otherwise to maintain adequate safeguards for the health and safety of patients; employment in the practice of the profession of any drug, nostrum, unknown formula or dangerous or unknown anesthetic, not generally used by the dental profession;

(4) The advertising of services to the public which is fraudulent and misleading or which does not comply with the rules and regulations of the board;

(5) The permitting of any unlicensed person under his or her supervision or control to perform any act, service, practice or operation on any patient or prospective patient which constitutes a part of the practice of dentistry or dental hygiene or is involved with the administration of drugs, medicines or anesthetics, except those services permitted by the board and under the supervision of a licensed dentist;

(6) The violation of any rule or regulation of board standards of professional conduct for dentists and dental hygienists practicing within the state; or

(7) The violation of any term of probation or order previously entered by the board affecting the licensee or permit holder; or

(8) Having been found in violation of a statute or a rule or regulation governing the practice of dentistry or dental hygiene by the dental licensing authority or agency of another state.

(d) The board may revoke the license of a dentist who permits a dental hygienist or dental assistant under his or her supervision to perform any of the acts, services or practices which are

prohibited by this chapter. The board also may revoke the license of the offending dental hygienist or the permit of dental assistant.
(e) No license revoked by the board shall ever be renewed.
(f) No license which has been suspended by the board shall be reinstated until the offender has:
(1) Given satisfactory assurance of future correct conduct; and
(2) Paid a fee of fifty dollars ($50.00) to the board.
(g) A license may be suspended or revoked if the licensee shall, during the term of his or her probation the licensee shall violate any of the terms of his or her probation as set forth by the board.
(h) Any fine imposed on a licensee shall be paid to the board prior to the resumption of the practice of dentistry or dental hygiene by the licensee.
(i) A dentist or dental hygienist who resumes his or her practice after the revocation of his license is subject to the penalties and liabilities prescribed in §17-82-301(b) and (c).
History. Acts 1955, No. 14, §§17, 27; 1973, No. 85, §5; 1983, No. 778, §1; A.S.A. 1947, §§72-550, 72- 560; 1987, No. 498, §1; 2001, No. 439, §10; 2001, No. 439, §10.
Amendments. The 2001 amendment rewrote this section.

17-82-317. REVOCATION OR SUSPENSION – PROCEDURE.

(a)(1) If the Arkansas State Board of Dental Examiners, or any other person, has reason to believe that any license issued to a dentist or dental hygienist or a permit to perform expanded duties issued to a dental assistant should be suspended or revoked because of the existence of some cause provided for in this chapter, the board or such other person, shall file with the Secretary of the Arkansas State Board of Dental Examiners written charges against the holder thereof specifically setting forth the offense complained of.
(2) The charges filed with the secretary will become the basis for a disciplinary hearing upon the finding by a majority vote of the board that sufficient cause exists to conduct said disciplinary hearing.
(b)(1) A copy of the charges shall forthwith be delivered to the accused in person or by registered mail at his or her last known address, either of which constitutes sufficient notice to justify proceeding with a hearing of the charges against the accused.
(2) Accompanying the copy of the charges shall be a notice to the accused of the hour, day and place of hearing of the charges and a notice of the accused to be present, if he or she so desires, to defend the action.
(c) The accused may be represented by counsel at the hearing and at the taking of all testimony relative to the action.
(d) The secretary is empowered to administer oaths to all persons testifying at any such hearing.
(e) The accused must be allowed at least twenty (20) days from the date of the notice of hearing before being required to defend the action.
(f) After considering the testimony adduced at the hearing, the board shall cause to be entered upon its minute book its findings and the action taken.
(g) If the license of the accused is suspended or revoked, it is further the duty of the board to enter its action on its registration record.
History. Acts 1955, No. 14, §28; A.S.A. 1947, 72-561; 1989, No. 364, §1.

Subchapter 4
LICENSING OF CERTAIN DENTAL ASSISTANTS

Section.
17-82-401. Legislative intent.
17-82-402. Penalties.
17-82-403. Permit required.
17-82-404. Applications - Issuance.
17-82-405. Annual registration.
17-82-406. Rules and regulations.

Effective Dates. Acts 1985, No. 473, §7; Mar. 21, 1985.
Emergency clause provided: "It is hereby found and determined by the General Assembly of the State of Arkansas that existing laws regulating the practice of dentistry do not provide for the regulating of dental assistants who perform expanded duties, such as the monitoring of anesthetics to patients and radiology; that provisions by the Arkansas State Board of Dental Examiners to issue a permit to dental assistants who perform expanded duties are necessary to insure proper enforcement of educational and safety standards for the benefit of the public; that there is an emergency need for such provision; and that the enactment of this measure will relieve this dangerous situation. Therefore, an emergency is declared to exist and this act being necessary for the preservation of the public peace, health and safety should take effect and be in force from the date of its approval."

17-82-401. LEGISLATIVE INTENT.

The provisions of this subchapter are intended to be supplemental and in addition to subchapters 1- 3 of this chapter and are intended to authorize the Arkansas State Board of Dental Examiners to issue permits to dental assistants who perform expanded duties as provided in this subchapter.
History. Acts 1985, No. 473, §1; A.S.A. 1947, §72-571.

17-82-402. PENALTIES.

Any person who violates the provisions of § 17-82-403 or any dentist who permits a person to violate the provisions of §17-82-403 shall be subject to the penalties and sanctions as set forth in §§17-82-301(b) and (c) and 17-82-316.
History. Acts 1985, No. 473, §3; A.S. A. 1947, §72-573.

17-82-403. PERMIT REQUIRED.

No person shall perform the expanded duties of a dental assistant as defined by the Arkansas State Board of Dental Examiners in the rules and regulations of the board without a permit.
History. Acts 1985, No. 473, §2; A.S.A. 1947, §72-572.

17-82-404. APPLICATIONS – ISSUANCE.

(a) A dental assistant who desires to perform expanded duties as defined by the rules and regulations of the Arkansas State Board of Dental Examiners in the State of Arkansas shall apply

in writing for examination to the Secretary of the Arkansas State Board of Dental Examiners, and he or she shall transmit with the written application his or her examination and licensing fee.
(b) The examination and licensing fee shall be determined by the board and shall be an amount reasonably calculated to cover the costs of administering the examination, issuing the license to practice and otherwise administering this subchapter.
(c) An applicant must be of good moral reputation and character and a graduate of a school or course of study approved by the board for the training of dental assistants.
(d) An applicant must submit upon request such proof as the board may require touching upon character and fitness.
(e)(1) If after considering an application and its accompanying records the board finds that the applicant is not qualified to take the examination, the board shall refund the entire amount of the examination and licensing fee paid by the applicant.
(2) If a qualified applicant fails to appear for examination, the fee shall be retained by the board.
(3) If an applicant fails to make the grade or percentage required by the board, the fee paid by him or her shall be retained by the board.
(f) If an applicant makes the grade or percentage required by the board, it shall issue to him or her without further initial cost a permit to perform the expanded duties of a dental assistant in the State of Arkansas.
(g) All permits shall be numbered and issued consecutively.
(h) If a permit is lost or destroyed, the secretary shall furnish a certified copy of the permit to the permittee upon the payment of a fee to be prescribed by the board, and the fee shall be in an amount reasonably calculated to cover the cost of furnishing the certified copy.
History. Acts 1985, No. 473, §4; A.S.A. 1947, §72-574.

17-82-405. ANNUAL REGISTRATION.

(a) For dental assistants who perform expanded duties, all permits issued by the board shall continue in full force and effect until forfeited, suspended or revoked. Provided, on January 1 of odd numbered years, every dental assistant must register his permit with the Arkansas State Board of Dental Examiners on forms prepared and furnished by the board.
(b) A registration fee of not more than sixty dollars ($60.00), to be fixed by the board, must be paid to the Board upon the filing of such form duly executed with the board.
(c)The procedures for registration and penalties for failure to register permits of dentists as stated in §§17-82-310 - 17-82-314 will apply to the registration of permits by dental assistants.
History. Acts 1985, No. 473, §5; A.S.A. 1947, §72-575; 2003, No. 377, §8.

17-82-406. RULES AND REGULATIONS.

All laws pertaining to dentists and dental hygienists as stated in subchapters 1- 3 of this chapter, and the rules and regulations of the board, will apply to dental assistants who perform expanded duties.
History. Acts 1985, No. 473, §6; A.S.A. 1947, §72-576.

Subchapter 5
ANESTHETICS AND SEDATIVES

Section.
17-82-501. Provisions supplemental.
17-82-502. Permit to administer.
17-82-503. Application for permit.
17-82-504. Issuance of permits - Renewal.

Effective Dates. Acts 1987, No. 584, §4: Apr. 4, 1987.
Emergency clause provided: "It is hereby found and determined by the General Assembly that existing laws regulating the practice of dentistry do not provide for the permitting of a dentist to administer to patient general anesthesia, IV sedation, or conscious sedation utilizing nitrous oxide; that provision for the Arkansas State Board of Dental Examiners to regulate the dentists who administer general anesthesia, IV sedation, or conscious sedation utilizing nitrous oxide is necessary for the health and safety of the general public; that there is an emergency need for such provision, and that enactment of this measure will remedy this dangerous situation. Therefore, an emergency is hereby declared to exist and this Act being necessary for the preservation of the public peace, health and safety shall be in full force and effect from and after its passage and approval."

17-82-501. PROVISIONS SUPPLEMENTAL.

The provisions of this subchapter shall be supplemental to the provisions of §17-82-101 et seq. and other acts supplemental thereto and shall repeal only such laws as are in direct conflict with this subchapter.
History. Acts 1987, No. 584, §3.

17-82-502. PERMIT TO ADMINISTER.

A dentist receiving a permit to administer general anesthesia or sedation may administer it in compliance with the rules and regulations of the Board.
History. Acts 1987, No. 584, §1; 1997, No. 128, §1.
Amendments. The 1997 amendment substituted "A dentist" for "The dentist" and substituted "anesthesia or sedation" for "anesthesia, intravenous sedation, or conscious sedation".

17-82-503. APPLICATION FOR PERMIT.

(a) Any dentist who desires to administer to a patient general anesthesia or sedation as defined by the rules and regulations of the Arkansas State Board of Dental Examiners and the State of Arkansas shall apply in writing for a permit from the board, shall submit to an on-site inspection by the Board, as defined and described in the rules and regulations of the board, and shall transmit with the application a fee reasonably calculated by the board to cover the costs and expenses of administering the on-site inspection and otherwise administering this subchapter.
(b) The application shall request such information as the Board may require as stated in its rules and regulations.
History. Acts 1987, No. 584, §1; 1997, No. 128, §2.
Amendments. The 1997 amendment, in (a), substituted "or sedation" for "intravenous sedation, or conscious sedation utilizing nitrous oxide**,"** "State Board of Dental Examiners and" for

“Arkansas State Board of Dental Examiners in,” and inserted “of the board” following “rules and regulations”

17-82-504. ISSUANCE OF PERMITS – RENEWAL.

(a) All permits issued by the board to dentists who administer general anesthesia or sedation shall continue in full force and effect until forfeited, suspended or revoked.
(b) At the same time each year a dentist renews his or her license to practice dentistry, a dentist must renew his or her permit to administer general anesthesia and sedation with the Arkansas State Board of Dental Examiners on forms prepared and furnished by the board.
(c) A renewal fee calculated by the board to cover the costs of any on-site inspection and otherwise administering this subchapter must accompany the form.
(d) Failure to renew a permit will terminate the authority of a dentist to administer general anesthesia or sedation.
History. Acts 1987, No. 584, §2; 1995, No. 128, §3.
Amendments. The 1997 amendment rewrote this section.

Subchapter 6
MOBILE DENTAL FACILITIES

Section.
17-82-601. Definitions.
17-82-602. Permit requirement.
17-82-603. Requirements for operators.
17-82-604. Physical requirements for facilities.
17-82-605. Notification of changes.
17-82-606. Sale of a mobile dental facility – Notification requirements.
17-82-607. Cessation of operation of a mobile dental facility – Notification requirements.
17-82-608. Applicability.
17-82-609. Penalties.
17-82-610. Rules.

17-82-601. DEFINITIONS

As used in this subchapter:
(1) "Dental home" means a licensed primary dental care provider who has an ongoing relationship with a patient, including without limitation:
(A) Comprehensive oral health care that is continuously accessible;
(B) Coordinated;
(C) Family-centered; and
(D) Provided in compliance with policies of the American Dental Association beginning not later than one (1) year of age;
(2) "Mobile dental facility" means a self-contained, intact facility in which dentistry and dental hygiene are practiced and that may be moved, towed, or transported from one (1) location to another; and
(3) "Operator" means an individual licensed to practice dentistry in this state.

17-82-602. PERMIT REQUIREMENT.

(a)(1) Before an operator operates a mobile dental facility, the Arkansas State Board of Dental Examiners shall issue a permit to the operator to operate a mobile dental facility.
(2) An operator shall submit an application for a mobile dental facility permit to the board in the form and manner required by the board along with a payment of five thousand dollars ($5,000).
(3) Before issuing a permit to operate a mobile dental facility, the board shall determine that an operator meets all qualifications under this subchapter and rules of the board.
(b) The initial application for a mobile dental facility permit shall include without limitation:
(1) The full name, address, and telephone number of each dentist and dental hygienist who will work in a mobile dental facility;
(2)(A) Proof of insurance from a licensed insurance carrier that the operator has in force at least one million dollars ($1,000,000.00) of general liability insurance.
(B) An operator shall maintain the insurance coverage required under subdivision (b)(2)(A) of this section at all times during which the operator holds a mobile dental facility permit issued by the board;
(3) The address and official telephone number of record of the operator; and
(4) The written procedure required under §17-82-603(f).

17-82-603. REQUIREMENTS FOR OPERATORS.

(a) An operator shall maintain an official business address that shall:
(1) Not be a post office box;
(2) Be within this state; and
(3) Be associated with an established, nonmobile dental facility that shall have an official business address on record with the Arkansas Board of Dental Examiners.

(b) An operator shall maintain an official telephone number of record that shall:
(1) Be accessible twenty-four (24) hours per day;
(2) Be filed with the board as part of the application for a permit; and
(3) Have 911 capability.

(c) An operator shall notify the board within thirty (30) days of:
(1) A change in address, location, or telephone number of record; and
(2) (A) The method by which the operator shall notify a patient of the change of address, location, or telephone number of record.
(B) As used in subdivision (c)(2)(A) of this section, "patient" means an individual who has received treatment or consultation of any kind within two (2) years before the date of the change of address, location, or telephone number of record under this section.

(d) All written or printed documents available from or issued by the mobile dental facility shall contain the official business address and telephone number of record for the mobile dental facility.

(e) When the mobile dental facility is not in transit, all dental and official records of the mobile dental facility shall be maintained at the official business address.

(f)(1)(A) An operator shall maintain a written procedure for emergency follow-up care for patients treated in a mobile dental facility.
B) The written procedure required under subdivision (f)(1)(A) of this section shall state that the operator shall make arrangements to provide follow-up treatment in a dental facility that is permanently established in the area within a fifty-mile radius of the location where services are provided by the operator if a qualified dentist is located in the area and agrees to provide follow-up care.
(2) An operator that is unable to identify a qualified dentist in the area or is unable to arrange for emergency follow-up care for patients otherwise shall provide the necessary follow-up care through the mobile dental facility or at the operator's established dental practice location in this state or at any other established dental practice in this state that agrees to accept the patient.
(3)(A) An operator who fails to arrange or provide follow-up care as required under this subsection has abandoned the patient.
(B) If an operator abandons a patient, the operator and any dentist or dental hygienist who fails to provide the required follow-up treatment is subject to disciplinary action by the board.

(g)(1) A mobile dental facility shall have communication facilities that enable the operator to contact necessary parties if a medical or dental emergency occurs.
(2) The communication facilities shall enable:
(A) The patient or the parent or guardian of the patient treated to contact the operator for emergency care, follow-up care, or information about treatment received; and
(B) The provider who renders follow-up care to contact the operator and receive treatment information, including without limitation radiographs.

(h) A mobile dental facility and the dental procedures performed by a qualified dentist is located in the area and agrees to provide follow-up care shall comply with all applicable federal and state laws and all applicable rules of the board.

(i) Services may be provided in a mobile dental facility only when a licensed dentist is physically present in the facility.

(j)(1) A driver of a mobile dental facility shall possess a valid Arkansas driver's license appropriate for the operation of the vehicle.

(2) A copy of the driver's license of each driver of a mobile dental facility shall be submitted to the board at least thirty (30) days before the individual operates a mobile dental facility.

(k) A mobile dental facility shall possess the appropriate motor vehicle registration of this state.

(l)(1) The operator of a mobile dental facility shall not perform services on a minor without the signed informed consent of a parent or guardian.

(2)(A) The board shall establish the signed informed consent form required under this subsection.

(B) The signed informed consent form shall:

(i) Inquire whether the prospective minor patient received dental care from a licensed dentist during the previous year; and

(ii) If the dental care was from a mobile dental facility, request the name, address, and telephone number of the dental home.

(3)(A) If the signed informed consent form provided to the operator identifies a dental home, the operator shall contact the designated dental home by phone, facsimile, or electronic mail to notify the dental home of the minor's interest in receiving dental care from the operator.

(B) If the dental home confirms that an appointment for the minor is scheduled with the dental home, the operator shall encourage the minor or his or her parent or guardian to seek care from the dental home.

(4) The signed informed consent form shall document that the parent or legal guardian understands that the prospective patient may choose at any time to receive care from the prospective patient's dental home rather than from the mobile dental facility.

(m)(1) An operator of a mobile dental facility shall not perform services on an adult without a signed informed consent from the prospective patient on a form established by the board.

(2) The signed informed consent form shall document that the patient understands that the patient may choose at any time to receive care from his or her dental home rather than from the mobile dental facility.

(n)(1)(A) An operator of a mobile dental facility shall not perform services on an incapacitated person without a signed informed consent from the legal guardian of the incapacitated person on a form established by the board.

(B) The signed informed consent form shall document that the patient's legal guardian understands.

(2) The signed informed consent form shall document that the guardian understands that the patient may choose at any time to receive care from his or her dental home rather than from the mobile dental facility.

(o)(1) An operator of a mobile dental facility shall maintain a written or electronic record detailing for each location where services are performed:

(A) The street address of the service location;

(B) The dates of each session;

(C) The number of patients served;

(D) The types of dental services provided and the quantity of each service provided; and

(E) Any other information required by the board.

(2) On request, the written or electronic record shall be made available to the board within ten (10) days.

(p) A mobile dental facility shall possess all applicable county and city licenses or permits to operate at each location.

(q) A mobile dental facility shall comply with the current recommendations for infection control practices for dentistry promulgated by the Centers for Disease Control, as it existed on January 1, 2009, and any rule of the board relating to infection control or reporting in a dental office.
(r)(1)(A) At the conclusion of each patient's visit to a mobile dental facility, the operator shall provide the patient with a patient information sheet.
(B) The operator shall also provide the information sheet provided under subdivision (r)(1)(A) of this section to an individual or entity authorized by the patient to receive or access the patient's records.
(2) The information sheet required under subdivision (r)(1)(A) shall include without limitation:
(A) The name of the dentist or dental hygienist, or both, who performed the services;
(B) A description of the treatment rendered, including without limitation:
(i) Billing service codes and fees associated with treatment; and
(ii) Tooth numbers when appropriate;
(C) If applicable, the name, address, and telephone number of any dentist to whom the patient was referred for follow-up care and the reason for the referral; and
(D) If applicable, the name, address, and telephone number of a parent or guardian of the patient.

17-82-604. PHYSICAL REQUIREMENTS FOR FACILITIES.

(a) A mobile dental facility shall comply with the following physical requirements and inspection criteria:
(1) Ready access by a ramp or lift;
(2) A properly functioning sterilization system;
(3) Ready access to an adequate supply of potable water, including hot water;
(4) A covered galvanized, stainless steel , or other noncorrosive container for the deposit of refuse and waste materials; and
(5) Ready access to toilet facilities.
(b) A mobile dental facility shall be inspected by the Arkansas Board of Dental Examiners or its representative before receiving a permit.
(c) The board may perform periodic unannounced audits and inspections on a permitted mobile dental facility.

17-82-605. NOTIFICATION OF CHANGES.

(a) An operator shall notify the Arkansas Board of Dental Examiners in writing within fifteen (15) days after a change in the employment of a dentist or dental hygienist working for the operator.
(b) An operator shall notify the board in writing within ten (10) days after a change relating to a dentist to whom patients are to be referred for follow-up care under §17-82-603(f).
(c) An operator shall notify the board in writing within ten (10) days of a change in the procedure for emergency follow-up care under §17-82-603(f).

17-82-606. SALE OF A MOBILE DENTAL FACILITY – NOTIFICATION REQUIREMENTS.

If a mobile dental facility is sold, the current operator shall inform the Arkansas Board of Dental Examiners by certified mail within ten (10) days after the date the sale is finalized.

17-82-607. CESSATION OF OPERATION OF A MOBILE DENTAL FACILITY – NOTIFICATION REQUIREMENTS.

(a) An operator of a mobile dental facility shall notify the Arkansas Board of Dental Examiners at least thirty (30) days before cessation of operation.
(b)(1) The notification required under this section shall include without limitation:
(A) The final day of operation of the mobile dental facility; and
(B) A description of the manner and procedure by which patients may obtain their records or transfer the records to another dentist.
(2) A copy of the notification shall be sent to all patients.
(3) The operator shall take all necessary action to ensure that the patient records are available to the patient, a representative of the patient, or a subsequent treating dentist.
(c) As used in this section, "patient" means an individual who has received treatment or consultation within two (2) years of the last date of operation of the mobile dental facility by the current operator.

17-82-608. APPLICABILITY.

An operator, dentist, or dental hygienist working or performing services at a mobile dental facility is subject to this chapter.

17-82-609. PENALTIES.

(a) An operator, dentist, or dental hygienist who violates this subchapter is subject to §17-82-316.
(b) The Arkansas State Board of Dental Examiners shall employ procedures under §17-82-317 in accessing penalties under this section.

17-82-610. RULES.

(a) The Arkansas State Board of Dental Examiners shall adopt rules to implement and enforce this subchapter.
(b) The rules adopted under this subchapter shall specify that a dental hygienist or a dental assistant shall not be an operator under this subchapter.

Subchapter 7
DENTAL HYGIENIST COLLABORATIVE CARE PROGRAM

Section.
17-82-701. Definitions.
17-82-702. Permits - Fees.
17-82-703. Provision of services by collaborative dental hygienists.
17-82-704. Reimbursement.
17-82-705. Permission of the Department of Health – Responsibilities of the Department of Health.
17-82-706. Rules.
17-82-707. Malpractice insurance.

17-82-701. DEFINITIONS.

As used in this subchapter:

(1) "Collaborative agreement" means a written agreement between a dentist licensed by the Arkansas State Board of Dental Examiners and a dental hygienist licensed by the Arkansas State Board of Dental Examiners providing that the dental hygienist may provide prophylaxis, fluoride treatments, sealants, dental hygiene instruction, assessment of a patient's need for further treatment by a dentist, and if delegated by the consulting dentist, other services provided by law to children, senior citizens, and persons with developmental disabilities in a public setting without the supervision and presence of the dentist and without a prior examination of the persons by the dentist;

(2) "Collaborative dental hygienist" means a dental hygienist who holds a Collaborative Care Permit I, a Collaborative Care Permit II, or both from the Arkansas State Board of Dental Examiners and who has entered into a collaborative agreement with no more than one (1) consulting dentist regarding the provision of services under this subchapter;

(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 subchapter; or

(B) Is employed by the Department of Health;

(4) "Medicaid" means the medical assistance program established under § 20-77-101 et seq.;

(5) "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

(6) "Senior citizen" means a person sixty-five (65) years of age or older.

17-82-702. PERMITS – FEES.

(a) (1) A dental hygienist licensed by the Arkansas State Board of Dental Examiners is eligible for a Collaborative Care Permit I if the dental hygienist has:

(A) Practiced as a dental hygienist for one thousand two hundred (1,200) clinical hours; or

(B) 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.

(2) A dental hygienist licensed by the Arkansas State Board of Dental Examiners is eligible for a Collaborative Care Permit II if the dental hygienist has:

(A) Practiced as a dental hygienist for one thousand eight hundred (1,800) clinical hours; or

(B)(i) 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

(ii) Completed a six-hour continuing dental education course.

(3) A dentist licensed by the Arkansas State Board of Dental Examiners is eligible for a Collaborative Dental Care Permit.

(b) (1)(A) The Arkansas State Board of Dental Examiners may charge a fee to a dentist who applies for a collaborative dental care permit.

(B) The Arkansas State Board of Dental Examiners shall calculate the fee to cover the costs of administering and processing the application and the costs of inspecting the dentist's practice to determine his or her compliance with rules adopted under this subchapter.

(2)(A) The Arkansas State Board of Dental Examiners may charge a fee to a registered dental hygienist who applies for a collaborative dental care permit.

(B) The Arkansas State Board of Dental Examiners shall calculate the fee to cover the costs of administering and processing the application and the costs of inspecting the registered dental hygienist's practice to determine his or her compliance with rules adopted under this subchapter.

(3)(A) A dentist or registered dental hygienist who holds a collaborative dental care permit shall renew the permit at the same time as a dentist's or registered dental hygienist's the permit shall expire.

(B) (i) The Arkansas State Board of Dental Examiners may charge a renewal fee for administering the renewal of the permit.

(ii) The board shall calculate the fee to cover the costs of administering and processing the renewal of the permit.

17-82-703. PROVISION OF SERVICES BY COLLABORATIVE DENTAL HYGIENISTS.

(a) A collaborative dental hygienist who obtains a Collaborative Care Permit I may provide prophylaxis, fluoride treatments, sealants, dental hygiene instruction, assessment of the patients' need for further treatment by a dentist, and other services provided by law if delegated by the consulting dentist to children in a public setting without the supervision and direction of a dentist and without a prior examination of the patient by the consulting dentist.

(b) A collaborative dental hygienist who holds a Collaborative Care Permit II may provide prophylaxis, fluoride treatments, sealants, dental hygiene instruction, assessment of the patients' need for further treatment by a dentist, and other services provided by law if delegated by the consulting dentist to children, senior citizens, and persons with

developmental disabilities in public settings without the supervision and direction of a dentist and without a prior examination of the patient by the consulting dentist.

17-82-704. REIMBURSEMENT.

(a) A health insurance company, Medicaid, or other person that pays a fee for service performed by a collaborative dental hygienist under this subchapter shall submit the payment directly to the consulting dentist.
(b) If a health insurance company, Medicaid, or other person pays a fee for service performed by a dental hygienist under this subchapter to the collaborative dental hygienist, the collaborative dental hygienist shall deliver the payment to the consulting dentist.
(c) (1) If, however, language in the collaborative agreement required under this subchapter 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.
(2) For the limited purposes of Medicaid reimbursement under this subchapter, 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 subchapter shall submit the Medicaid payment for services performed under this subchapter to the consulting dentist.

17-82-705. PERMISSION OF THE DEPARTMENT OF HEALTH – RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH.

(a) In order for a collaborative dental hygienist to provide services to persons under this subchapter, the consulting dentist with whom the collaborative dental hygienist has entered a collaborative agreement must have received permission from the department for the collaborative dental hygienist to serve patients at public settings designated by the Department of Health on a date or dates designated by the department.
(b) The Department of Health shall develop a system or prioritization for services permitted under this subchapter of communities in the state including rural areas based on the relative population of people at need for services permitted under this subchapter and endeavor to direct services permitted under this subchapter to such communities including rural areas.

17-82-706. RULES.

(a) The Arkansas State Board of Dental Examiners shall adopt rules to implement §§ 17-82-701 – 17-82-704.
(b) The State Board of Health shall adopt rules to implement § 17-82-705.

17-82-707. MALPRACTICE INSURANCE.

A collaborative dental hygienist who provides services permitted under this subchapter shall be insured under a malpractice liability policy for the provision of the services.
History. Act 89, 2011.

Subchapter 8
CRIMINAL BACKGROUND CHECKS

Section.
17-82-801. Criminal Background Check.
17-82-802. License eligibility.
17-82-803. Waiver.
17-82-804. Background records sealed.

17-82-801. CRIMINAL BACKGROUND CHECK.

(a) (1) Beginning July 1, 2011, every person applying for a license or renewal of a license issued by the Arkansas State Board of Dental Examiners shall provide written authorization to the board to allow the Department of Arkansas State Police to release the results of state and federal criminal history background check reports to the board.
(2) The applicant shall pay the fees associated with the background checks.
(b) (1) The Identification Bureau of the Department of Arkansas State Police shall perform the state criminal background check.
(2) The federal background check shall be requested from the Federal Bureau of Investigation and shall include the taking of fingerprints of the applicant.
(c) Upon completion of the cranial background checks, the Identification Bureau shall forward to the board all releasable information obtained concerning the applicant.
(d) At the conclusion of any background check under this section, the Identification Bureau shall retain the fingerprinting card of the applicant until notified by the board that the person is no longer licensed.

17-82-802. LICENSE ELIGIBILITY.

A person shall not be eligible to receive or hold a license to practice dentistry or another health care profession issued by the Arkansas State Boar of Dental Examiners if the person has pleaded guilty or nolo contendere or has been found guilty of either an infamous crime that would impact his or her ability to practice dentistry or oral hygiene in the State of Arkansas or a felony, regardless of whether the conviction has been sealed, expunged, or pardoned.

17-82-803. WAIVER.

(a) Section 17-82-802 may be waived by the Arkansas State Board of Dental Examiners upon the request of:
(1) An affected applicant for licensure; or
(2) The person holding the license subject to revocation.
(b) The board may consider the following circumstances when considering a waiver, including without limitation:
(1) The age at which the crime was committed;
(2) The circumstances surrounding the crime;
(3) The length of time since the crime;
(4) Subsequent work history;
(5) Employment references;
(6) Character references; and
(7) Other evidence demonstrating that the applicant does not pose a threat to the

health or safety of the public.

17-82-804. BACKGROUND RECORDS SEALED.

(a) A background record received by the Arkansas State Board of Dental Examiners from the Identification Bureau of the Department of Arkansas State Police shall not be available for examination except by:
(1) An affected applicant for licensure or his or her authorized representative; or
(2) A person whose license is subject to revocation or his or her authorized representative.
(b) A record, file, or document shall not be removed from the custody of the department.
History. Act 47, 2011.

Dental Corporation Act

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Section.

4-29-401. Title
4-29-402. Application of Arkansas Business Corporation Act.
4-29-403. Dentist-patient relationship unaltered.
4-29-404. Formation of corporation - Employee licensing required.
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4-29-410. Certificate of registration - Appeal from denial, suspension, or revocation.
4-29-411. Shares of deceased or disqualified shareholder - Price.

Effective Dates. Acts 1961, No. 471, §19: Mar. 16, 1961.

Emergency clause provided. "It is hereby determined that it is expedient immediately to amend the corporation laws of this State in order to provide necessary correlation between them and the practice of dentistry, in corporate form, so that adequate regulation, safeguards and supervision may be provided for the public peace, health, safety and welfare. An emergency is therefore declared to exist and this act being necessary therefore, the same shall be effective from and after its passage and approval."

4-29-401. TITLE.

This subchapter may be cited as the "Dental Corporation Act."
History. Acts 1961, No. 471, §1; A.S.A. 1947, §64-1801.

4-29-402. APPLICATION OF THE ARKANSAS BUSINESS CORPORATION ACT.

1. The Arkansas Business Corporation Act, §4-26-101 et seq., shall be applicable to such corporations, including their organization, except that the required number of incorporators of a dental corporation shall be one (1) or more, and they shall enjoy the powers and privileges and be subject to the duties, restrictions and liabilities of other corporations, except so far as the same may be limited or enlarged by this subchapter.
2. If any provision of this subchapter conflicts with the Arkansas Business Corporation Act, §4-26-10l et seq., this subchapter shall take precedence.
History. Acts 1961, No. 471, §3; 1970 (Ex. Sess.), No. 13, §6; A.S.A. 1947, §64-1803.

4-29-403. DENTIST - PATIENT RELATIONSHIP UNALTERED.

This subchapter does not alter any law applicable to the relationship between a dentist furnishing dental service and a person receiving the service, including liability arising out of the service.
History. Acts 1961, No. 471, §15; A.S.A. 1947, §64-1815.

4-29-404. FORMATION OF CORPORATION - EMPLOYEE LICENSING REQUIRED.

One (1) or more persons licensed pursuant to the Arkansas Dental Practice Act, §17-82-101 et seq., may associate to form a corporation pursuant to the Arkansas Business Corporation Act, §4-26-101 et seq., to own, operate and maintain an establishment for the study, diagnosis and treatment of dental ailments and injuries and to promote dental and scientific research and knowledge. However, treatment, consultation or advice may be given by employees of the corporation only if they are licensed pursuant to the Arkansas Dental Practice Act, §17-82-101 et seq.

History. Acts 1961, No. 471, §2; 1970 (Ex. Sess.), No. 13, §5, A.S.A. 1947, §64-1802.

4-29-405. CORPORATE NAME.

1. The corporate name shall contain the names of one (1) or more of the shareholders. However, the name of a person who is not employed by the corporation shall not be included in the corporate name, except that the name of a deceased shareholder may continue to be included in the corporate name for one (1) year following the decease of the shareholder.
2. A corporation organized under this subchapter need not include in its name the reference to corporation, incorporation, company, or the abbreviations "Co." or "Inc." as the same is now required of business corporations.
History. Acts 1961, No. 471, §4; A.S.A. 1947, §64-1804.

4-29-406. OFFICERS, DIRECTORS AND SHAREHOLDERS.

All of the officers, directors and shareholders of a corporation subject to this subchapter shall at all times be persons licensed pursuant to the Arkansas Dental Practice Act, §17-82-101 et seq. No person who is not so licensed shall have any part in the ownership, management or control of the corporation, nor may any proxy to vote any shares of the corporation be given to a person who is not so licensed.
History. Acts 1961, No. 471, §14; A.S.A. 1947, §64-1814.

4-29-407. EMPLOYEES.

Each individual employee licensed pursuant to the Arkansas Dental Practice Act, §17-82-101 et seq., who is employed by a corporation subject to this subchapter shall remain subject to reprimand or discipline for his conduct under the provisions of the Arkansas Dental Practice Act, §17-82-101 et seq.
History. Acts 1961, No. 471, §16; A.S.A. 1947, §64-1816.

4-29-408. CERTIFICATE OF REGISTRATION - ISSUANCE, RENEWAL, ETC.

1. No corporation shall open, operate or maintain an establishment for any of the purposes set forth in §4-29-404 without a certificate of registration from the Arkansas State Board of Dental Examiners.
2. Application for the registration shall be made to the Board in writing and shall contain the name and address of the corporation and such other information as may be required by the Board.
3. A. Upon receipt of the application, the Board shall make an investigation of the corporation;
B. If the Board finds that the incorporators, officers, directors and shareholders are each licensed pursuant to the Arkansas Dental Practice Act, §17-82-101 et seq., and if no disciplinary action is pending before the Board against any of them, and if it appears that the corporation will be conducted in compliance with law and regulations of the Board, the Board shall issue upon payment of a registration fee of twenty-five dollars ($25.00) a certificate of registration which shall remain effective until January 1 following the date of the registration.
4. Upon written application of the holder, accompanied by a fee of ten dollars ($10.00), the Board shall annually renew the certificate of registration if the Board finds that the corporation has complied with its regulations and the provisions of this subchapter.
5. The certificate of registration shall be conspicuously posted upon the premises to which it is applicable.

6. In the event of a change of location of the registered establishment the Board, in accordance with its regulations, shall amend the certificate of registration so that it shall apply to the new location.
7. No certificate of registration shall be assignable.
History. Acts 1961, No. 471, §§5-9; A.S.A. 1947, §§64-1805 -- 64-189.

4-29-409. CERTIFICATE OF REGISTRATION - SUSPENSION OR REVOCATION.

1. The Arkansas State Board of Dental Examiners may suspend or revoke any certificate of registration for any of the following reasons:
A. The revocation or suspension of the license to practice dentistry of any officer, director, shareholder or employee not promptly removed or discharged by the corporation;
B. Unethical professional conduct on the part of any officer, director, shareholder or employee not promptly removed or discharged by the corporation;
C. The death of the last remaining shareholder; or
D. Upon finding that the holder of a certificate has failed to comply with the provisions of this subchapter or the regulations prescribed by the Board.
2. Before any certificate of registration is suspended or revoked, the holder shall be given written notice of the proposed action and the reasons and shall be given a public hearing by the Board with the right to produce testimony concerning the charges made. The notice shall also state the place and date of the hearing, which shall be at least five (5) days after service of the notice.
History. Acts 1961, No. 471, §§10, 11; A.S.A. 1947, §§64-1810, 64-1811.

49-29-410. CERTIFICATE OF REGISTRATION - APPEAL FROM DENIAL, SUSPENSION, OR REVOCATION.

1. Any corporation whose application for a certificate of registration has been denied or whose registration has been suspended or revoked may, within thirty (30) days after notice of the action by the Board, appeal to the Pulaski County Circuit Court.
2. The Court shall inquire into the cause of the Board's action and may affirm or reverse the decision and order a further hearing by the Board, or may order the Board to grant appellant a certificate of registration.
3. The appeal shall be in the manner provided by law.
4. Notice of appeal shall be served upon the secretary of the Board by serving the secretary a copy thereof within thirty (30) days after the Board has notified the appellant of its decision. The service may be by registered or certified mail.
History. Acts 1961, No. 471, §§12, 13; A.S.A. 1947, §§64-1812, 64-1813.

4-29-411. SHARES OF DECEASED OR DISQUALIFIED SHAREHOLDER – PRICE.

If the articles of incorporation or bylaws of a corporation subject to this subchapter fail to state a price or method of determining a fixed price at which the corporation or its shareholders may purchase the shares of a deceased shareholder or a shareholder no longer qualified to own shares in the corporation, then the price for the shares shall be the book value as of the end of the month immediately preceding the death or disqualification of the shareholder. Book value shall be determined from the books and records of the corporation in accordance with the regular method of accounting used by the corporation.
History. Acts 1961, No. 471, §17; A.S.A. 1947, §64-1817.

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Rules and Regulations

Pursuant to the authority granted by Arkansas Code of 1987 Annotated §17-82-208, the Arkansas State Board of Dental Examiners herewith adopts the following Rules and Regulations:

Article I: **GENERAL PROVISIONS**

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

B. Tenure, Gender and Number. For the purpose of the Rules and Regulations contained herein, the present tense includes the past and future tenses, and the future, the present; the masculine gender includes the feminine, and the feminine, the masculine; and the singular includes the plural, and the plural, the singular.

C. For the purpose of the Rules and Regulations contained herein, the term:
   1. "Act" shall mean Arkansas Dental Practice Act.
   2. "Board" shall mean the Board of Dental Examiners.

D. Delegation of Certain Functions. The power and discretion conferred by law upon the Board 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, Ark. Code Annotated §2-15-201 et seq., issue subpoenas and subpoenas duces tecum pursuant to the Dental Practice Act, Ark. Code Annotated §17-82-207; 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 Act are hereby delegated to and conferred upon the Secretary-Treasurer or in his absence from the Board, the Executive Director of the Board.

E. MEETINGS.
   1. All meetings of the Board of Dental Examiners shall be held in compliance with Ark. Code Annotated §25-19-106 of the Arkansas Freedom of Information Act.
   2. Emergency Conditions for Meetings and Additions to Meeting Agendas. Emergency meetings may be called or emergency agenda items may be added to a properly noticed meeting and agenda, with less than one week of public notice, if such action is due to emergency conditions which include, but are not limited to: Natural disasters, difficulties with examinations for licensure requiring immediate resolution, or items of business which necessitate swift resolution within less than one week from the time the item is brought to the attention of the Board. The business conducted at such emergency meeting or under such agenda item shall be limited to actions resolving the conditions of emergency.

F. OFFICERS
   1. The officers of the Board shall consist of a President, Vice-president, and Secretary-treasurer, as provided in Act 14 of 1955, as amended, Ark. Code Annotated §17-82-101, et seq.
   2. The election of officers shall be held annually at one of the regular meetings of the Board held between May 16 and July 15 of each year.

3. 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.
4. No person shall be qualified to be elected to a position of officer of the Board until he has served as a member of the Board for a period of six months.

G. EMPLOYEES

It shall be the duty of the Executive Director to plan, direct and organize the work of the staff of the Board; attend Board meetings and hearings; consult with and make recommendations to the Board; answer correspondence, prepare reports and attend various meetings in connection with business of the Board.

H. RULES OF ORDER

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

Article II: **DISCIPLINARY HEARINGS**

A. The President, Vice-President, Secretary, and one of the consumer representatives on the Board, will comprise the Complaint Committee. Complaints and matters, which in the opinion of the Committee, involve a possible violation of the Dental Practice Act, which could lead to disciplinary action by the Board, shall at the next meeting of the Board, be placed on the agenda. Upon a majority vote of the Board, the Board shall determine whether further action shall be taken.

B. If by majority vote of the Board it is determined that sufficient cause exists, the Board shall cause to be prepared an Order and Notice of Hearing. 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 which the licensee has allegedly violated.
3. The date, time and place of the hearing. All hearings before the Board shall be conducted in accordance with the Arkansas Administrative Procedure Act.

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

Amended 10/22/99, §A.

Article III: **PRACTICE OF DENTISTRY DEFINED**

The following acts, services, procedures and practices constitute the practice of dentistry, provided however that this list is not intended to be all inclusive. By specific reference all those acts described in the Dental Practice Act are also included among the list of acts constituting the practice of dentistry.

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

A. Who publicly professes to be a dentist or dental surgeon or who uses or permits to be used for himself 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 which directly or indirectly represents him as being able to diagnose, treat, remove stains, or concretions from teeth, provide surgical and adjunctive treatment for any disease, pain, injury, deficiency, deformity or physical condition of the human teeth, oral cavity, alveolar process, gums, jaws or directly related and adjacent masticatory structures.

B. Who shall offer or undertake by any means or method whatsoever, to clean teeth or to remove stains, concretions or deposits from teeth in the human mouth, or who shall

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 teeth, oral cavity, alveolar process, gums or jaws.

C. Any person 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 diagnosing, prescribing, treating, or aiding in the diagnosing, prescribing or treating, any physical condition of the human mouth, teeth, gums or jaws, or for the purpose of constructing or aiding in the construction of any dental appliance, denture, dental bridge, false teeth, dental plate or plates of false teeth, or any other substitute for human teeth.

D. Any person, firm group, association, or corporation who shall offer or undertake to fit, adjust, repair, or substitute in the human mouth or directly related and adjacent masticatory structures any dental appliance, structure, prosthesis, or denture, or who shall aid or cause to be fitted, adjusted, repaired, or substituted in the human mouth or directly related and adjacent masticatory structures any dental appliance, structure, prosthesis, or denture.

E. 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 dental office and who prescribed and ordered same.

F. Who dispenses legend drugs. Dentists who choose to dispense legend drugs directly to their patients are subject to the following definitions and requirements:

1. A dispensing dentist is a dentist licensed under Ark. Code Ann. 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.
2. 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. Keep records of all receipts and distributions of legend drugs. The records shall be subject to inspection by proper enforcement authority and shall be readily accessible and maintained in a central registry;
   c. Affix to the container a label showing:
      i. The dentist's name, address and telephone number
      ii. The date of the dispensing
      iii. The serial number of the prescription
      iv. The name of the patient
      v. The trade name of the medication, if any, or the generic name and identity of the manufacturer of the dispensed medication
      vi. The strength per unit doses of the medication
      vii. The quantity of the medication
      viii. Directions for use
      ix. Any cautionary statements required by law
   d. The dispensing dentist shall counsel the patient in person ("face to face") to improve therapeutic outcomes and prevent medication errors.

3. 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 Ark. Code Ann. 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. A dentist shall dispense only to his own patients and only for conditions being treated by that dentist.
4. Any dentist desiring to dispense legend drugs which are not exempted by Paragraph 3 of this regulation from the requirement of prior approval of the Arkansas State Board of Dental Examiners 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.
5. Violation of this regulation shall constitute "professional misconduct" and shall subject the violator to disciplinary action as provided in Ark. Cod. Ann. 17-82-316 and Ark. Cod Ann. 17-82-317.
6. The Arkansas State Board of Dental Examiners shall enforce the provisions of this regulation.

Amended 5/9/2008.

Article IV: **EXCEPTIONS**

Persons excepted from application of the 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 Board of Dental Examiners, including operations by unlicensed students while engaged in dental or dental hygiene extension programs which have been approved by a school of dentistry or dental hygiene, and approved by the Board of Dental Examiners, and which are offered by the educational institution comprising the approved school of dentistry or dental hygiene, and which are under the general programmatic and academic supervision of such school of dentistry or dental hygiene.
Amended 5/14/99.

Article V: **ADVERTISING**

A. General Statement. 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. "False or misleading in any material respect" means communications shall be avoided which 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 which would suggest unique or general superiority to other practitioners which is not susceptible to reasonable verification by the public.
   4. Be intended or be likely to create an unjustified expectation about results the dentist can achieve.

B. The 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. At the time

an advertisement is placed, the dentist must possess and rely upon information which when produced, would substantiate the truthfulness of any assertion or representation of material fact set forth in such advertisement. The failure to possess and rely upon such information at the time the advertisement is placed shall be deemed professional misconduct. The failure to provide the factual substantiation to support a representation or assertion when requested by the State Board shall be deemed professional misconduct.

C. Advertising that references a fee or fees must clearly define the professional service being offered in the advertisements. Such advertised offers shall be presumed to include everything ordinarily required for such a service. 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." Additional fees cannot be charged for ordinarily required services.

D. All advertisements shall contain the name of the practitioner who placed the ad. 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 Board.

E. 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.

F. A video and/or audio tape of every advertisement communicated by electronic media indicating the date and place of broadcast shall be retained by the dentist for a period of two (2) years and be made available for review upon request by the Board or its designee.

G. A dentist shall be required to keep a copy of all printed advertisements for a period of two (2) years. All printed advertisements in the dentist's possession shall indicate the accurate date and place of publication and shall be made available for review upon request by the Board or its designee.

H. No advertisement shall imply that the dentist is a specialist unless the dentist is licensed by the Board in one of the ADA recognized specialties. A General or Family dentist may list services offered at his office in an advertisement, but it must be clear that the services are offered by a dentist who is a General of Family dentist. If one's services are referenced in the advertisement, the ad 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. (The word "family" may be substituted for the word "general".

An example of an ad that would NOT be acceptable: "John Doe, DDS, Sedation Dentist". An example of an ad that would be acceptable: "John Doe, DDS, Family Dentistry, Sedation services available".

Amended 1/21/1994; 6/22/2001; 1/7/2005.

Article VI: **NAME OF PRACTICE**

A. Name of dental facility. Since the name under which a dentist conducts his practice may be a factor in the selection process of the patient, and the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. A dentist may practice in a dental facility which uses any of the following names:

1. The name of the dentist as it appears on his or her license and renewal certificate; or
2. The name of a dentist who employs him and practices in the same facility; or
3. A partnership name composed of the name(s) of one or more dentists practicing in the same facility; or

4. A corporate name composed of the name(s) of one 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 subsection (B) of this section are fulfilled.

B. 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. Each fictitious or corporate name shall be registered with the Board by a licensed dentist(s), who must be associated with the dental facility and who shall assume responsibility for compliance with the section. Each fictitious or corporate name must be approved by the Board prior to the use of the name. Names which in the judgment of the Board are false, misleading, or deceptive will be prohibited. There will be only one of a kind fictitious or corporate name issued. 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 5 years following their departure from the practice.
5. Fictitious names previously approved and registered with the Board will be considered as being in compliance with these Rules and Regulations.

C. Subsequent to the administration of dental service, the dentist of record shall place his name in the record of the patient following a description of the service rendered. 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.
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 year.

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

E. 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 Board (see Article V.D.).

Amended 6/22/2001; 1/7/2005.

Article VII: **ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE**

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(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce, the existing educational requirements and standards set forth by the American Dental Association and have been issued a specialty license by this State. Those special areas of dental practice will be limited to those approved by the American Dental Association and include the following: dental public health, endodontics, oral pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics.

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.

A. 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.

B. 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. 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.

C. The Board shall upon application and without examination issue a specialty certificate to any registered and currently licensed dentist in Arkansas who has been certified in that particular specialty by an American Board recognized by the American Dental Association, and who has been practicing that specialty continuously for a period of five (5) years or more. Any such application shall be accompanied by the required fee as set forth through the provisions of the Arkansas Dental Practice Act. Applicant must have graduated from a specialty program recognized by the American Dental Association Council on Dental Education.

D. An examination committee appointed by the Board consisting of two (2) specialists who have been certified by the Arkansas Board as having met the standards set forth by the Board for that specialty and one licensed dentist Board member shall 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 report to the Board whether the applicant is qualified in the specialty.

E. In the event the applicant fails to pass the examination and is reported by the examining committee as not being qualified, he may upon application to the Board be re-examined by the committee at such time and place as the Board may specify, but any applicant shall pay a re-examination fee equivalent to the specialty fee.

F. Each member of the examining committee appointed by the Board shall receive compensation as set forth in the Arkansas Dental Practice Act.

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

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

I. A Dental Board member, who is a licensed dentist, shall be responsible for one of the specialties which are: ENDODONTICS, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, PEDIATRIC DENTISTRY, ORAL AND MAXILLOFACIAL SURGERY, ORAL AND MAXILLOFACIAL RADIOLOGY, PERIODONTICS, PROSTHODONTICS, DENTAL PUBLIC HEALTH, AND ORAL PATHOLOGY.

   Each Board member's responsibilities for that particular specialty shall be as follows:

   1. To make recommendations to the Board for approval of specialists to serve on the examining committee of that specialty.
   2. To forward applications of applicants for specialty license to the examining committee and provide necessary communication between applicant and examining committee to insure that the examination is carried out in a timely and expedient manner.
   3. The President of the Board shall assign each licensed dentist member a specialty for which that member will be responsible and serve as an examiner.

Amended 1/21/1994; 6/22/2001.

Definitions of Recognized Dental Specialties

(Approved by the Council on Dental Education and Licensure, American Dental Association)

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)*

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)*

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)*

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)*

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)*

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)*

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)*

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)*

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)*

Article VIII: **REQUIREMENTS FOR LICENSURE OF DENTISTS AND DENTAL HYGIENISTS**

A. A dentist who desires to practice his/her profession in the State of Arkansas under Arkansas Code Annotated §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 a Board application with photograph taken within the last six months, signed on the last page.
   2. Be a graduate of a school for the education and training of dentists approved by the Board and accredited by the American Dental Association, Commission on Dental Accreditation.
   3. Final transcript of grades from the school of dentistry sent directly from the school to the Board office. Transcript must bear the school seal and reflect the awarding of a degree.
   4. Successful completion of the National Board Examination for Dentistry, administered by the Joint Commission on National Dental Examinations. A copy of the results must be sent directly from the Joint Commission to the Board office. Copies of the card will not be accepted. Successful completion shall mean a minimum of 75% on each segment of the examination.
   5. 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. Satisfactory completion shall mean a minimum score of 75% on each segment of the examination.
   6. Completion of other forms as requested by the Board.
   7. A copy of a certificate showing current Healthcare Provider Level cardiopulmonary resuscitation (CPR) certification.

B. A dental hygienist who desires to practice his/her profession in the State of Arkansas under Arkansas Code Annotated § 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 a Board application with photograph taken within the last six months, signed on the last page.
   2. Be a graduate of a school for the education and training of dental hygienists approved by the Board and accredited by the American Dental Association, Commission on Dental Accreditation.
   3. Final transcript of grades from the school of dental hygiene sent directly from the school to the Board office. Transcript must bear the school seal and reflect the awarding of a degree.
   4. Successful completion of the National Board examination for Dental Hygiene, administered by the Joint Commission on National Dental Examinations. A copy of the results must be sent directly from the Joint Commission to the Board office. Copies of the card will not be accepted. Successful completion shall mean a minimum of 75% on each segment of the examination.
   5. 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 ASBDE for the initial licensure of dental hygienists.

Satisfactory completion shall mean a minimum score of 75% on each segment of the examination.

6. Completion of other forms as requested by the Board.
7. A copy of a certificate showing current Healthcare Provider Level cardiopulmonary resuscitation (CPR) certification.

Article IX: **CREDENTIALS REQUIRED IN ISSUING DENTAL OR DENTAL HYGIENE LICENSE**

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

1. Applicant must be a graduate of and received a DDS or DMD from a school accredited by the Commission on Dental Accreditation (CODA), currently licensed in the state from which he is applying, and must have practiced continuously for a period of five years immediately prior to applying. To be considered as practicing “continuously”, the applicant must have actively practiced dentistry for a minimum of 1000 hours per year for the two calendar years immediately prior to the date of application. The qualifying hours of clinical practice must have been performed in the most current jurisdiction from where the application is being made. The applicant may have participated in a post-graduate dental/medical education program during the five years in order to satisfy the five year practice requirement.
2. Applicant must file with the Board a completed Arkansas Dental License by Credentials Application approved by the Board.
3. Applicant must request and authorize schools to provide the Board with an official transcript with school seal from the school of dentistry which issued DDS or DMD degree and have the school send same directly from the school to the Board office.
4. 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. Such forms should be sent directly from the state Board to this Board office.
5. Applicant must have National Board Exam Card sent from the Joint Commission on National Dental Examinations office with said exam card reflecting passage of the National Board Exam. Photocopies are not accepted.
6. Applicant must complete a comprehensive resume' on forms furnished by the Board.
7. Applicant must have letters submitted to the Board from two licensed dentists, practicing in the same locale of the state from which he is applying, attesting to the applicant's moral character, standing, and 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 (DEA) clearance and National Practitioner Data Bank inquiry will be initiated by the Board office.
10. Applicant must submit to the Board office a copy of a certificate showing current Healthcare Provider Level cardiopulmonary resuscitation (CPR) certificate and last two years history of continuing education.
11. Each applicant must supply to the Board a signed letter of intention to practice in this State within one year of receiving his or her license.

12. Applicant must pass the Arkansas Jurisprudence exam with a score of 75% as administered by the Board.
13. Applicant must submit a fee (to be determined by the Board) to the Board office with the application.
14. Applicant must provide proof of successfully passing a clinical examination for licensure. Results of the clinical exam must be sent directly to the Board from the state or regional testing agency that administered the examination.
15. Applicant must have continuing education credits at least equal to those required by current Arkansas licensees for the previous two year period.

The application, resume', and all other supporting material shall be reviewed by the Board. The applicant shall present himself or herself before the Board at a
time and place designated by the Board for a jurisprudence examination and a personal interview. The Board will review the application, resume', and all supporting material, as well as the result of the Jurisprudence Exam, and will approve or deny the application for licensure.

B. By the authority of Ark. Code Ann. §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 State Board of Dental Examiners for a license by credentials pursuant to the following requirements:

1. Applicant must be a graduate of a school accredited by the Commission on Dental Accreditation (CODA), currently licensed in the state from which he is applying, and must have practiced continuously for a period of five years immediately prior to applying. The applicant may have participated in a post-graduate dental related education program during the five years in order to satisfy the five-year practice requirement.
2. Applicant must file with the Board a completed Arkansas Dental Hygiene License by Credentials Application approved by the Board.
3. Applicant must request and authorize schools to provide an official transcript with school seal from the school of dental hygiene which issued certificate or degree and have the school send same directly from the school to the Board office.
4. 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. Such forms should be sent directly from the state Board to this Board office.
5. Applicant must have the National Board Exam Card sent from the Joint Commission on National Dental Examinations to the Board office. Said exam card must reflect passage of the National Board Exam. Photocopies are not accepted.
6. Applicant must complete a comprehensive resume' on forms furnished by the Board.
7. Applicant must have letters submitted to the Board from two licensed dentists, practicing in the same locale of the state from which he is applying, attesting to the applicant's moral character, standing, and ability.
8. Applicant must submit to the Board office a copy of certificate showing current Healthcare Provider Level cardiopulmonary resuscitation (CPR) certificate and last two years history of continuing education.
9. Applicant must supply to the Board a signed letter of intention to practice in this state within one year of receiving his license.
10. Applicant must pass the Jurisprudence Exam with a score of 75% as administered by the Board.
11. Applicant must submit a fee (to be determined by the Board) to the Board office with the application.
12. Applicant must provide proof of successfully passing a clinical examination for licensure. Results of the clinical exam must be sent directly to the Board from the state or regional testing agency that administered the examination.

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

The application, resume', and all other supporting material shall be reviewed by the Board. The applicant shall present herself or himself before the Board at a time and place designated by the Board for a jurisprudence examination and a personal interview. The Board will review the application, resume', and all supporting material, as well as the result of the Jurisprudence Exam, and will approve or deny the application for licensure.

Adopted 12/10/1993; amended 5/1/2002, 9/26/2003 and 5/12/2006, and 3/19/2010.

Article X: **UNPROFESSIONAL CONDUCT DEFINED**

Unprofessional conduct is defined to be any one of the following:

A. The obtaining of any fee by fraud or misrepresentation.

B. The willful betrayal of professional secrets.

C. 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 these Rules.

D. The aiding or abetting of any unlicensed person to practice dentistry or dental hygiene.

E. The aiding or abetting of a licensed person to practice dentistry or dental hygiene unlawfully.

F. Habitual intemperance.

G. Gross immorality.

H. 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 is licensed to practice, in advertising or in any other manner indicating that he is practicing or will practice dentistry, except such name as has been approved in writing by the Board.

I. 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.

J. The making or use of any advertising statements of a character tending to deceive or mislead the public.

K. The advertising of professional superiority or the advertising of the performance of professional services in a superior manner.

L. The advertising to guarantee any dental service, or to perform any dental operation painlessly.

M. The willful violation of any of the provisions of law regulating the dispensing and administration of dangerous drugs or narcotics.

N. Any licentiate may have his license revoked or suspended or be reprimanded or be placed on probation by the Board for unprofessional conduct, gross negligence, or inefficiency in his profession; for conviction of a felony or misdemeanor involving moral turpitude. (Inefficient: Wanting in ability; incompetent; wasteful of time, energy, or materials; not producing the intended result.)

O. A dentist should not abandon a patient as defined as:

1. 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.
2. 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.
3. 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. 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. If patient is dismissed from the practice prior to the completion of services, this must also be clearly documented in the patient record.

Amended 10/20/99, §C, D, I, & K; and 6/19/12, §O.

Article XI: **DENTAL HYGIENISTS FUNCTIONS**

Definitions pertaining to Dental Hygiene Functions:

INDIRECT SUPERVISION: The dentist authorizes the procedures and remains in the treatment facility while the procedures are being performed.

OPERATIVE SUPERVISION: The dentist authorizes the procedures, remains in the operatory while the procedures are being performed, and evaluates the results prior to leaving the operatory.

GENERAL SUPERVISION: 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.

A. EXCLUSIVE FUNCTIONS TO BE PERFORMED BY A DENTAL HYGIENIST WHEN DELEGATED BY A DENTIST
   1. Effective and safe delivery of certain services to the public is dependent upon making judgments and utilizing skills that require synthesis and application of knowledge acquired in accredited dental hygiene education programs and cannot be delegated to any dental staff member other than a licensed, registered dental hygienist.
   2. The following functions may only be delegated to a licensed dental hygienist:
      a. Oral examination. Elements of these examinations include charting of carious lesions and other abnormalities, periodontal charting and assessment of periodontal conditions, treatment planning for dental hygiene services and oral cancer screening. The dental hygienist may dictate the examination findings to a dental assistant who may then record the data on the patient's dental record.
      b. Oral prophylaxis, scaling, root planing and curettage. If a laser instrument is used, the dental hygienist and their supervising dentist must submit to the Board 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.
      c. Using air driven, electric, sonic, ultrasonic, or otherwise powered scalers or polishers (except dental assistants possessing an expanded duties permit for polishing).
      d. Placing medicaments as prescribed by the supervising dentist into the sulcus or periodontal pockets, for periodontal diseases.

B. PROHIBITED ACTIVITY. The following functions and procedures may NOT be delegated to dental hygienists. 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 Board)
   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
   7. Performance of any of the following expanded duties without a permit:

a. Administration of local anesthesia
b. Administration of nitrous oxide/oxygen analgesia

C. SUPERVISION LEVELS FOR AUTHORIZED FUNCTIONS OF A DENTAL HYGIENIST

1. 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 those functions prohibited in Section B of this Article or those tasks that require operative supervision.
2. Under OPERATIVE SUPERVISION, a hygienist may perform the following procedures:
   a. Any procedure allowed under Indirect Supervision.
   b. Administer certain local anesthesia injections as provided in Article XVI of these Rules and Regulations.
3. Under GENERAL SUPERVISION, the following restrictions apply:
   a. A hygienist may render services only with the expressed consent of the supervising dentist and only for brief intervals when the supervising dentist cannot be in the treatment facility not to exceed two (2) consecutive days.
   b. The supervising dentist maintains full control as to whether general supervision will be utilized in his/her office or practice setting.
   c. General supervision is allowed only in dental clinics, community health centers or government sponsored dental facilities.
   d. Hygienists must comply with written protocols for emergencies as established by the supervising dentist.
   e. 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.
   f. Hygienists must have one (1) full year of full-time service before being able to function under general supervision of a dentist.
   g. Patients must be notified in advance that the doctor may not be in the treatment facility.
   h. The supervising dentist must have examined the patient(s) not more than twelve (12) months prior.
   i. Hygienists may perform any procedure allowed under Indirect Supervision with the exception of root planing, subgingival curettage, local anesthesia, and administration of nitrous oxide.
   j. The hygienist may place sealants if it has not been more than thirty days since the teeth to be sealed were examined by the dentist.
   k. A registered dental hygienist may not delegate functions to a registered dental assistant when the treating dentist is not in the facility.

Amended 1/12/01, 4/9/04, and 1/20/2012.

Article XII: **RADIATION SAFETY EXAMINATION MINIMUM TRAINING STANDARDS FOR DENTAL AUXILIARIES ENGAGING IN DENTAL RADIOGRAPHY**

This article was repealed at the January 10, 2003 meeting of the Arkansas State Board of Dental Examiners.

Article XIII: **ANALGESIA, CONSCIOUS SEDATION, DEEP SEDATION, AND GENERAL ANESTHESIA RULES FOR A DENTIST IN AN AMBULATORY FACILITY**

A. DEFINITIONS

1. Analgesia - The diminution of pain or production of increased tolerance to pain in the conscious patient.
2. Anesthesia - Partial or complete loss of sensation with or without the loss of consciousness.
3. Anesthesia Period - 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 which are appropriate for dismissal.
4. Levels of Supervision For Qualified Staff
   a. Direct Supervision - The dentist is in the dental office, authorizes the procedure, and remains in the dental office while the procedures are being performed by the auxiliary.
   b. Personal Supervision - The dentist is in the dental office, personally authorizes the procedure, and before the dismissal of the patient, evaluates the patient.
   c. Operative Supervision- The dentist is personally operating on the patient and authorizes the auxiliary to aid the treatment by concurrently performing a supportive procedure.
5. Nitrous Oxide/Oxygen Inhalation Analgesia - 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. Nitrous oxide/ oxygen inhalation analgesia, when used alone, is not considered a form of sedation but is considered to be an analgesic only.
6. Qualified Staff - An individual trained to monitor appropriate physiological parameters and to help in any supportive or resuscitating measures.
   a. For dentists using Minimal or Moderate Sedation, qualified staff must have a current Nitrous Oxide Permit from the Board and be currently certified in health care provider CPR.
   b. For dentists using Deep or General Sedation, qualified staff must have a current Nitrous Oxide Permit from the Board and be currently certified in Healthcare Provider CPR AND have completed a Board approved course as outlined in Section G of this rule and be registered with the Board as a Sedation Assistant.
7. Minimal Sedation- 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. The patient should be oriented to person, place and time. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. 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. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation. 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. When the intent is Minimal Sedation, only one drug can be given in addition to nitrous oxide.

   <u>Pediatric Considerations:</u> In addition to the physiologic parameters for Minimal Sedation in children under 12 years of age, when the intent is Minimal Sedation, only one drug can be given in addition to nitrous oxide. A drug CANNOT be from the scheduled category of drugs II,

III or IV with the exception of diazepam. If a child under 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.

8. Moderate Sedation- a drug–induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. 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. 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. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.
9. Deep Sedation- a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
10. General Anesthesia - a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. 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. Cardiovascular function may be impaired.
11. Titration- administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. 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.
12. Routes of Administration Defined
    a. Enteral: any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e. oral, rectal, sublingual).
    b. Parenteral: a technique of administration in which the drug bypasses the gastro intestinal tract (i.e. intramuscular, intravenous, intranasal, sub mucosal, subcutaneous, intraosseous).
    c. Transdermal: a technique of administration in which the drug is administered by patch or iontophoresis through skin.
    d. Transmucosal: a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual or rectal.
    e. Inhalation: a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.
13. Patient Physical Status Classification (as defined by the American Society of Anesthesiologists)
    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

g. E: Emergency operation of any variety (used to modify one of the above classifications, i.e. ASA III-E)

14. Maximum Recommended Dose (MRD) - maximum FDA- recommended dose of a drug as printed in FDA-approved labeling for unmonitored home use.
15. Incremental Dosing- administration of multiple doses of a drug until a desired effect is reached, but not to exceed the MRD.
16. Supplemental Dosing- during minimal sedation, supplemental dosing is a single additional dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial total dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5 x the MRD on the day of treatment.
17. Pediatric Sedation- Any level above nitrous oxide analgesia on patients under the age of twelve (12) years.
18. Permit reclassification- All Level 3 permits currently held by any dentists on the date of adoption of this rule will be reclassified to Moderate Sedation permits. All Level 4- General Anesthesia permits currently held by any dentists on the date of adoption of this rule will be reclassified to Deep Sedation-General Anesthesia permits.

B. EDUCATIONAL REQUIREMENTS

1. Nitrous Oxide/Oxygen Analgesia
   a. Any dentist licensed in Arkansas may administer nitrous oxide/oxygen inhalation analgesia.
   b. A current certification in health-care provider level of CPR is required.
2. Minimal Sedation
   a. 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 which may be completed in either a pre-doctoral dental curriculum or a post-doctoral continuing education course.
   b. Dentists administering Minimal Sedation to children under the age of 12 must hold a current Pediatric Advanced Life Support (PALS) certification OR a Deep Sedation or General Anesthesia permit.
   c. Dentists administering Minimal Sedation to patients 12 years of age or older must hold current certification in healthcare provider level of basic life support.
3. Moderate Sedation
   a. 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.
   b. Dentists administering Moderate Sedation to patients under the age of 12 years must have current certification in Pediatric Advanced Life Support (PALS) certification OR a Deep Sedation or General Anesthesia permit.
   c. Dentists administering Moderate Sedation to patients 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.
   d. Dentists administering Moderate Sedation to adult patients who are deemed to be patients with special health care 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.

4. Deep Sedation or General Anesthesia
    a. Any dentist administering Deep Sedation or General Anesthesia must have successfully completed 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. A residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1040 hours of clinical anesthesiology, and 260 cases of administration of General Anesthesia to an ambulatory outpatient.
    c. Dentists administering Deep Sedation or General Anesthesia must hold current certification in Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course.

C. STANDARD OF CARE

These guidelines are designed to encourage a high level of quality care in the dental office setting. It should be recognized that emergency situations may require that these standards be modified based on the judgment of the clinician(s) responsible for the delivery of anesthesia care services. Changing technology and Arkansas rules, regulations or laws may also modify the standards listed herein.

1. Before the administration of sedation or general anesthesia, a complete written medical history must be obtained which shall include previous and current medications, vital signs, allergies and sensitivities. The recording of appropriate vital signs is required for all levels of sedation. The patient's weight should be recorded when appropriate. 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.
2. 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.
3. Each licensed dentist administering Deep Sedation or General Anesthesia must provide for training in emergency procedures to his or her qualified staff personnel. Emergency preparedness updates or drills for all staff must be held at least annually.
4. A dentist who administers any type of sedation or general anesthesia shall maintain emergency equipment and medications appropriate for patient resuscitation. That dentist shall be proficient in handling emergencies and complications to include the maintenance of respiration, circulation, and the immediate establishment of a patent airway, and cardiopulmonary resuscitation. The dentist shall maintain appropriate emergency equipment and medications in the dental facility.
5. All scheduled medications shall be stored and inventoried in accordance with all applicable state and federal regulations.
6. The patient must be continuously observed during the anesthesia period either by the dentist or qualified staff.
7. Personal supervision is required for monitoring patients under nitrous oxide/oxygen analgesia for registered dental assistants holding a current Nitrous Oxide Permit from the Board.
8. Direct supervision is required for monitoring patients under nitrous oxide/oxygen analgesia for dental hygienists holding a current Nitrous Oxide Permit from the Board.
9. Supervision of dental auxiliaries monitoring sedated patients
    a. Personal supervision is required for Minimal and Moderate Sedation
    b. Operative supervision is required for Deep Sedation and General Anesthesia.

c. Personal supervision is required for Qualified Staff who continuously monitor post-surgical patients before final evaluation and discharge by the dentist.

10. For Pediatric Sedation, all drugs from Schedule II, III or IV for sedations must be administered in the dental office.
11. No more than two patients age twelve or under may be sedated to a moderate level simultaneously by the same practitioner.

D. PERMITS, QUALIFIED STAFF, EQUIPMENT, DOCUMENTATION, EMERGENCY CARE & PATIENT MONITORING

1. Nitrous Oxide Inhalation Analgesia
   a. Permit: A permit is not required for the dentist.
   b. Qualified Staff: All patients shall be monitored continuously by personnel who hold a current permit with the Board to induce and monitor nitrous oxide/oxygen inhalation analgesia and a current certification in health-care provider level CPR.
   c. Equipment: Fail safe nitrous oxide equipment with nitrous oxide scavenging.
   d. Documentation: The use of nitrous oxide and oxygen analgesia must be properly recorded on each individual patient's record.
   e. Emergency care: The dental office shall maintain emergency equipment and medications to perform basic life support.
   f. Patient Monitoring: The dentist or qualified staff must remain in the operatory while a patient is receiving nitrous oxide inhalation analgesia.
2. Minimal Sedation
   a. Permit: A permit from the Board is not required for Minimal Sedation.
   b. 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 health-care provider level CPR.
   c. Equipment:
      1) The nitrous oxide and patient monitoring equipment listed below must be used for every patient being sedated. If multiple patients are being sedated simultaneously, each piece of equipment listed must be available for every patient being sedated.
         (a) Fail safe nitrous oxide equipment
         (b) Scavenging system for nitrous oxide
         (c) Pulse oximeter for pediatric minimal sedation
         (d) Blood pressure cuff and stethoscope
      2) The emergency equipment listed below must be available in any office where minimal sedation is administered:
         (a) Oral air-ways
         (b) Appropriate emergency drugs
         (c) Automated External Defibrillators
         (d) Positive pressure oxygen delivery system with appropriately sized mask
   d. Documentation: The use of minimal sedation must be properly recorded on each individual patient's record. Documentation should include but not be limited to:
      1) Informed consent
      2) Health history
      3) For pediatric minimal sedation, heart rate and respiratory rate must be recorded preoperatively, intraoperatively and postoperatively as necessary. 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). Oxygen saturation must also be recorded preoperatively, intraoperatively and postoperatively.
      4) Names of all drugs administered including dosages and the weight of patients under the age of 12.

5) Local anesthetic record
6) Record of all procedures
7) Post-operative instructions
8) Record that level of consciousness was satisfactory prior to discharge

e. Emergency care: The dental office shall maintain emergency equipment and medications to perform basic life support. 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. 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.

f. Patient Monitoring: 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. The dentist or qualified staff must monitor the patient during recovery until the patient is ready for discharge by the dentist. The dentists must determine and document that levels of consciousness, oxygenation, ventilation and circulation are satisfactory prior to discharge.

3. Moderate Sedation

a. Permit: A permit from the Board is required. A Facility Permit is also required. In facilities where more than one 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 Section D.6 of this rule.

b. 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 health-care provider level CPR.

c. Equipment:

1) 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 individuals to freely move about the patient.
2) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.
3) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a back-up lighting system which is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure.
4) Suction equipment which permits aspiration of the oral and pharyngeal cavities and accepts a tonsilar suction. A backup suction device must also be available
5) 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.
6) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theater. The patient must be able to be observed by qualified staff at all times during the recovery period.
7) Ancillary equipment must include the following:
(a) The nitrous oxide and patient monitoring equipment listed below must be used for every patient being sedated. If multiple patients are being sedated simultaneously, each piece of equipment listed must be available for every patient being sedated.
(i) Fail safe nitrous oxide equipment
(ii) Scavenging system for nitrous oxide

(iii) Pulse oximeter
(iv) Blood pressure cuff and stethoscope

(b) The emergency equipment listed below must be available in any office where moderate sedation is administered:
(i) Oral air-ways
(ii) Appropriate emergency drugs
(iii) Automated External Defibrillators
(iv) Positive pressure oxygen delivery system with appropriately sized mask.

d. Documentation: The use of moderate sedation must be properly recorded on each individual patient's record. Documentation should include but not be limited to:
1) Informed consent
2) Health history
3) Heart rate, oxygen saturation and respiratory rate must be recorded preoperatively, intraoperatively and postoperatively as necessary. 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).
4) Names of all drugs administered including dosages and the weight of any patient under 12 years of age.
5) Local anesthetic record
6) Record of all procedures
7) Post-operative instructions
8) Record that level of consciousness was satisfactory prior to discharge
9) Time-oriented anesthetic record

e. Emergency care: The dental office shall maintain emergency equipment and medications to perform basic life support. 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. 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 Moderate or lower level of sedation without airway or cardiovascular complications. 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. The equipment listed in Section D. 3.c. of this Article is the minimal requirement for offices where Moderate Sedation is provided.

f. Patient Monitoring: The dentist or qualified staff must remain in the operatory to monitor the patient continuously until the patient meets the criteria for recovery. 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. The dentists must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility. The dentist must determine and document that levels of consciousness, oxygenation, ventilation and circulation are satisfactory prior to discharge.

4. Deep Sedation

a. Permit: A permit issued to the dentist from the Board to administer Deep Sedation is required as well as a Facility Permit.

b. Qualified Staff: The technique for Deep Sedation requires the following three individuals:
1) A dentist holding a current permit for Deep Sedation from the Board
2) An individual to assist with observation and monitoring of the patient and who may administer drugs if appropriately licensed; and
3) Qualified staff to assist the operator as necessary. All individuals assisting at this level must:
(a) hold a current permit from the Board to monitor and administer nitrous oxide
(b) hold a current permit from the Board as a Sedation Assistant,

(c) hold a current certification in health-care provider level of CPR

c. Equipment: Requirements are the same as the first six requirements for Moderate Sedation listed in Section D. 3.c. of this Article. In addition to those previously listed requirements, the following ancillary equipment is required:

1) The nitrous oxide and patient monitoring equipment listed below must be used for every patient being sedated. If multiple patients are being sedated simultaneously, each piece of equipment listed must be available for every patient being sedated.
   a. Fail safe nitrous oxide equipment
   b. Scavenging system for nitrous oxide
   c. Pulse oximeter
   d. Blood pressure cuff and stethoscope
   e. Electrocardioscope
   f. Automatic blood pressure monitoring device
2) The emergency equipment listed below must be available in any office where deep sedation or general anesthesia is administered:
   a. Oral air-way
   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 498 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 ACLS
   k. Thermometer

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

1) Informed consent
2) Health history
3) Vital signs, recorded preoperative, intraoperative and postoperative
4) Names of all drugs administered including dosages
5) Local anesthetic record
6) Record of all procedures
7) Post-operative instructions
8) Record that level of consciousness was satisfactory prior to discharge
9) Time-oriented anesthetic record
10) Pulse oximetry readings

e. Emergency care: The dental office shall maintain emergency equipment and medications to perform advanced cardiac life support (ACLS). 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. The dentist must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of Deep or lower level of sedation without airway or cardiovascular complications.

f. Patient Monitoring: The dentist must remain in the operatory to monitor the patient continuously until the patient meets the criteria for recovery. 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. The dentists must not leave the facility until the patient meets the criteria for discharge and

is discharged from the facility. The dentists must determine and document that levels of consciousness, oxygenation, ventilation, circulation and temperature are satisfactory prior to discharge.

5. General Anesthesia

All requirements for permits, qualified staff, equipment, records, emergency care, and patient monitoring are exactly the same as for Deep Sedation.

6. Contracting Anesthesia

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 (MD) with a specialty in anesthesiology, certified registered nurse anesthetist (CRNA), or a dentist holding an anesthesia permit for in office Deep Sedation or General Anesthesia. The Arkansas State Board of Dental Examiners holds the contracting dentist ultimately responsible for the quality of the anesthesia given and the patient care delivered.

b. A dentist may admit or have a patient admitted to an outpatient surgery center approved by the Arkansas Department of Health, JCAH (out-patient 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 (MD) with a specialty in anesthesiology or a certified registered nurse anesthetist (CRNA) without the dentist holding a 560 Board permit for that level of anesthesia, sedation or a Facility Permit.

E. OBTAINING PERMITS FOR NITROUS OXIDE ANALGESIA, MINIMAL MODERATE AND DEEP SEDATION, GENERAL ANESTHESIA AND FACILITIES

1. Sedation & Anesthesia Permits:

a. Nitrous oxide/oxygen inhalation analgesia: Does not require a permit or registration with the Board.

b. Minimal Sedation: No permit is required for Minimal Sedation.

c. Moderate Sedation, Deep Sedation and General Anesthesia:

1) Requires a permit for the dentist administering sedation /anesthesia.

2) Requires a Facility Permit.

2. Obtaining a Permit:

a. Moderate Sedation, Deep Sedation and General Anesthesia Permits:

1) In order to receive a Moderate Sedation Permit, Deep Sedation Permit or a General Anesthesia Permit, the dentist must apply on an application form to the Arkansas State Board of Dental Examiners, submit the required application fee, and submit documentation showing that the educational requirements have been met.

2) Applicants who have applications approved by the Board are issued a permit. 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) 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. The evaluation shall be conducted as outlined in this document.

4) At the discretion of the Board, a re-evaluation of an office, dentist, and staff may be scheduled at any time. The Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences.

5) Moderate Sedation, Deep Sedation and General Anesthesia permits must be renewed at the same time each year a dentist renews his license to practice dentistry. Failure to renew a permit will cause the forfeiture of the permit and once forfeited, re-application and re-evaluation will be required. Forfeiture of a permit will immediately terminate the authority of a dentist to administer Moderate Sedation, Deep Sedation or General Anesthesia.

3. Facility Permits:

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. 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. Said application will be kept on file by the Board. The Board may, on a random basis, inspect any facility holding a Moderate Sedation Facility Permit. No Moderate Sedation shall be performed until the facility self-inspection form is received by the Board and a facility permit issued. Facility permits are required for all office where Level 3 permits are converted to Moderate Sedation permits on the date of adoption 622 of this rule. Dentists being reclassified from Level 3 to Moderate Sedation will have 90 days from the date of adoption of this rule to submit their self-inspection forms and have a facility permit issued. Any dentist providing Moderate Sedation without a facility permit after the 90 day grace period will be subject to having charges filed with the Board for providing Moderate Sedation without a facility permit.

b. 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 Article and have a Facility Permit issued by the Board. No Deep Sedation or General Anesthesia shall be performed until the facility has been inspected and a facility permit issued.

c. To obtain a Deep Sedation-General Anesthesia Facility Permit, the dentist owning said Facility must apply on an application form to the Arkansas State Board of Dental Examiners, and submit the required application fee to have the Facility inspected.

d. All Facility Permits must be renewed at the same time each year that a dentist renews his license to practice dentistry. Failure to renew the permit will cause the forfeiture of the permit and once forfeited, re-application and re-inspection will be required. 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.

F. ON-SITE FACILITY INSPECTION AND EVALUATION/RE-EVALUATION FOR MODERATE SEDATION, DEEP SEDATION, GENERAL ANESTHESIA FACILITIES

An evaluation or re-evaluation shall consist of a review of the following:

1. Office facilities, equipment, dental records and staff to include documentation of review of emergency preparedness with staff at least annually, written protocol for office emergencies and current appropriate licenses & permits for dentist(s) and staff.
2. Demonstration of the anesthesia technique for the level of sedation/anesthesia permit for which the dentist has applied. Dental procedures utilizing Deep Sedation or General Anesthesia must be observed.
3. Emergency Protocols - Knowledge of and a method of treatment for the following emergencies:
   a. Laryngospasm
   b. Bronchospasm
   c. Angina pectoris
   d. Myocardial infarction
   e. Hypotension
   f. Hypertension
   g. Cardiac Arrest
   h. Allergic reaction
   i. Seizures
   j. Emesis and aspiration of foreign material under anesthesia
   k. Syncope
   l. Airway obstruction
   m. Abnormal psychological responses
4. Composition of On-site Inspection and Evaluation/Re-evaluation Teams:

a. Teams shall consist of two or more dentists chosen and approved by the Board.
b. The evaluators must hold a current permit of the same level or higher as the permit of the dentist being inspected and must have practiced with that level of sedation permit for a minimum of one year. Whenever possible, if the dentist being inspected is a dental specialist the evaluators will also be licensed in that same specialty.
c. The Board must appoint a dentist member of the Board to serve as an observer at any evaluation.
d. Grading of the Inspection and Evaluation:
   1) The inspection and evaluation shall be graded on a pass/fail system. An evaluation form provided by the Board shall be used. The grade shall be determined by the Board, based upon results provided by the evaluators.
   2) If there is not a recommendation for pass or fail by the evaluators, another evaluation will be made with either two different evaluators or with a third evaluator whose function would be to cast the deciding vote on the evaluation.
   3) The sedation or anesthesia permit of a dentist who fails the evaluation will be suspended by the Board. A dentist who has received such a negative evaluation may appeal that decision to the Arkansas State Board of Dental Examiners and request a re-evaluation. This appeal must be made in writing to the Board stating the grounds for the appeal within 90 days from the evaluation. During the suspension and appeal process, the practitioner is prohibited from utilizing any sedation and/or General Anesthesia. Upon receipt of the appeal request, the Board will decide the matter and may grant or deny a permit, or request re-evaluation of the appellant by a different evaluation team. An additional evaluation fee will be required for this re-evaluation. Said re-evaluation inspection must be completed within 60 days of receiving the appeal if the Board views that re-inspection is appropriate.

G. QUALIFIED STAFF: Sedation Monitoring Requirements

There are certain situations when a dentist must entrust the monitoring of a sedated patient to a staff member. The Board 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.

Staff monitoring patients undergoing any level of sedation must hold a current Nitrous Oxide Permit from the Board and a current certification in health care provider level of CPR.

Staff monitoring patients undergoing Deep Sedation or General Anesthesia must hold a current permit from the Board as a Sedation Assistant. To qualify as a Sedation Assistant, a person must:

1. Be a Certified Dental Assistant, Registered Dental Assistant, Registered Nurse or Licensed Practical Nurse
2. Hold a current certification in health care provider level CPR
3. Hold a current permit from the Board to monitor and induce nitrous oxide analgesia
4. Successfully complete the American Association of Oral and Maxillofacial Surgeons Anesthesia Assistant's Training Program or a Board approved equivalent course.

Renewal of permit: To renew the Sedation Assistant permit biennially, the permit holder must show proof of a minimum of two hours of continuing education related to office emergency management or direct care of sedated patients. Proof of annual review of office emergency preparedness updates or drills, as required in Section C.3 of this article, can be submitted to fulfill this requirement.

Exemptions: Licensed physicians with a specialty in anesthesiology and Certified Registered Nurse Anesthetists are exempt from the educational and permit requirements listed in this section.

Other licensed health care providers, who can show proof of successful completion of a course which meets or exceeds those listed in this regulation, may obtain an exemption from the Board on a case by case basis.
Approved 12/10/1993; Amended 8/19/1995, 4/18/2003, 4/29/2005 and 5/15/2009

Article XIV: **MINIMUM CONTINUING EDUCATION FOR DENTISTS AND DENTAL HYGIENISTS**

A. Purpose: The Rules in this chapter set forth the requirements and guidelines for minimum continuing education for dentists and dental hygienists.

B. Definitions: For the purpose of these rules on continuing education, these definitions shall apply:

Board refers to the Arkansas State Board of Dental Examiners (ASBDE).

Continuing Education Unit (CEU) One (1) continuing education unit equals a minimum of fifty (50) minutes. A one-half (1/2) contact hours equals a minimum of twenty-five (25) minutes.

Course is a planned educational experience.

License is any person licensed to practice dentistry or dental hygiene in the state of Arkansas.

Reporting Period is the length of time in each continuing education cycle; two calendar years.

C. Scope:

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

To regain an active license, the licensee must have completed the required CE credits for one reporting period before regaining an active status license. Said CE credits must be earned within the immediate two-year period prior to regaining an active status license.

D. Minimum Continuing Education Requirements for Licensees:

ASBDE shall require acceptable continuing education as a prerequisite for license renewal. Failure to comply with the minimum continuing education requirements may result in the inability to renew a license or revocation of a license.

1. Units required for dentists: The requirement for minimum continuing education for Arkansas licensed dentists will be fifty (50) credit units for every two (2) year reporting period. The first reporting period will begin January 1, 1994 and end December 31, 1995. Each reporting period will start on an even numbered year.
2. Units required for dental hygienists: The requirement for minimum continuing education for Arkansas licensed dental hygienists will be forty (40) units for every two (2) year reporting period. The first reporting period will begin January 1, 1994 and end December 31, 1995. Each reporting period will start on an even numbered year.
3. 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 pro-rated if not at the start of the new reporting period.

E. Acceptable Continuing Education:

Only those courses directly related to provision of services and patient care shall be considered for credit. Any course is acceptable which 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. Home study courses

which include a post-test and the issuance of a certificate of completion will be accepted. CE units will be determined by the course sponsor.

At least 1 CE hour in each 2-year reporting period must be on the subject of infection control. Courses dealing with other subjects of professional concern are outside the scope of the continuing education requirements. Such courses or programs which will not qualify for approval are money management, investments, time spent with professional and/or financial consultants, and professional organizational business meetings. The Board does not pre-approve courses.

F. Procedure for Reporting Continuing Education Units:

1. Reporting: At the end of each two year reporting period, the licensee will provide a typed list on forms provided by the Board attesting to the actual number of CE hours earned in the two year reporting period and confirmed by the licensee's signature. All information requested on the forms must be properly completed for the hours to be accepted.
2. Record Keeping: CE Records must be kept by the licensee in an orderly manner. All records relative to CE hours must be maintained by the licensee for at least 3 years from the end of the reporting period. The records or copies of the forms must be provided to the ASBDE upon request. Audits will be conducted at the end of each two year reporting period by ASBDE.
3. Hours beyond requirements: Continuing education units acquired beyond the minimum requirement in each 2 year reporting period will not be carried forward to the succeeding reporting period.

G. Advanced Study - (Graduate Study, Internships, Residencies):

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. However, the licensee enrolled in an advanced program must notify the Board.

H. Publishing Papers - Presenting Clinics - Lecturing - Teaching:

1. Licensees presenting CE courses will be granted six (6) hours of CEU for each hour of the original presentation, and an hour for hour credit for additional presentation of the same material.
2. Licensees publishing papers will be granted six (6) hours of CEU for the first publication only.
3. Full 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. Extra hours will not be given for lecture preparation. (For example, teaching a 3 semester hour course for 12 weeks would result in 36 CEU credits.) 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 Board each license renewal cycle.
4. Clinical instruction supervision in dental , dental hygiene or dental assisting programs that are accredited by CODA will receive CEU credit at a rate of 1 CEU for every 8 hours of clinical supervision or instruction time. Documentation of clinical instruction and supervision hours will be required on each license renewal form.
5. 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 1 CEU hour for every 8

hours the students spend under their supervision. Documentation of instruction and supervision hours will be required on each license renewal form.

I. Cardiopulmonary Resuscitation:

Each licensed dentist, dental hygienist, and registered dental assistant must take a Healthcare Provider level of 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.

Approved 12/10/1993, Amended 8/19/1995, 4/18/2003, 4/29/2005, and 9/19/2008.

Article XV: **INFECTION CONTROL**

Arkansas Code §17-82-316(a)-(c) and Arkansas Code §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.

Public Law 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.

A. Definitions as used in this Rule:

1. Dental Health Care Personnel (DHCP)

   Dental health-care personnel (DHCP) refers to all paid and unpaid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air.

   DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

2. HIV

   The human immunodeficiency virus, whether HIV-1 or HIV-2.

3. HBV

   The Hepatitis B virus.

4. HCV

   The Hepatitis C virus.

5. OPIM

   Other potentially infectious materials. OPIM is a term that refers to

   1) bodily fluids including 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, saliva in dental procedures; any body fluid visibly contaminated with blood; and all body fluids in situations where differentiating between body fluids is difficult or impossible; and 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead).

6. Exposure-prone invasive procedure

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 would 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.

7. Standard precautions

   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. Preventive practices used to reduce blood exposures, particularly percutaneous exposures, include 1) careful handling of sharp instruments; 2) use of rubber dams to minimize blood spattering; 3) hand washing; and 4) use of personal protective barriers (e.g., gloves, masks, protective eyewear, and gowns).

   Standard precautions integrate and expand the elements of universal precautions (the term used by the CDC 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. Standard precautions apply to contact with 1) blood; 2) all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood; 3) nonintact skin; and 4) mucous membranes. Saliva has always been considered a potentially infectious material in dental infection control; thus, no operational difference exists in clinical dental practice between universal precautions and standard precautions.

8. Occupational exposure

   Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that can result from the performance of an employee's duties.

9. Disinfection

   Destruction of pathogenic and other kinds of microorganisms by physical or chemical means. 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). Disinfection does not ensure the degree of safety associated with sterilization processes.

10. Sterilization

    Use of a physical or chemical procedure to destroy all microorganisms including substantial numbers of resistant bacterial spores.

11. Critical instruments

    Penetrates soft tissue, contacts bone, enters into or contacts the bloodstream or other normally sterile tissue; includes surgical instruments, periodontal scalers, scalpel blades, surgical dental burs.

12. Semicritical instruments

    Contacts mucous membranes or nonintact skin; will not penetrate soft tissue, contact bone, enter into or contact the bloodstream or other normally sterile tissue; includes dental mouth mirror, amalgam condenser, reusable dental impression trays.

13. Noncritical instruments

    Contacts intact skin; includes radiograph head/cone, blood pressure cuff, facebow, pulse oximeter.

B. Education and Training

1. Training in standard precautions and other infection control standards required by OSHA and as recommended by the CDC and set forth in this rule shall be provided to all DHCP by the employer upon initial employment prior to direct patient care, whenever new tasks are assigned which effects the level of occupational exposure, and at least annually.

2. All dentists and dental hygienists must report completion of at least one (1) hour of continuing education hours dealing with infection control for the biennial license renewal. All registered dental assistants who hold an expanded duty permit from the Arkansas State Board of Dental Examiner must report completion of at least two (2) continuing education hours dealing with infection control for the biennial license renewal of the permit.

C. Preventing Transmission of Bloodborne Pathogens

1. 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.
2. Engineering and work-practice controls
   a. Consider sharp items (needles, scalers, burs, lab knives, and wires) that are contaminated as infective.
   b. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers.
   c. 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. Use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles.
   d. Do not bend or break needles prior to disposal.
3. Follow CDC guidelines after percutaneous, mucous membrane, or nonintact skin exposure to blood or OPIM. Guidelines are found in the CDC publication MMWR, Dec. 19, 2003, Volume 52, No. RR-17, pg. 13-14, “Post Exposure Management and Prophylaxis.”

D. Personal Protective Equipment (PPE)

1. Masks, protective eyewear, and face shields
   a. 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.
   b. Change masks between patients. Also change masks during patient treatment if mask becomes wet.
   c. Clean with soap and water, or if visibly soiled, clean and disinfect reusable facial protective equipment.
2. Protective clothing
   a. Wear reusable or disposable gowns, lab coats, or uniforms that cover personal clothing and skin (forearms) likely to be soiled with blood or OPIM.
   b. Change protective clothing if visibly soiled.
   c. Remove gloves, mask, non-prescription protective eyewear or shields before departing clinic area.
3. Gloves
   a. Wear medical gloves when a potential exists for contacting blood, saliva, OPIM, or mucous membranes.
   b. Wash hands before donning gloves. Wear a new pair of gloves for each patient, remove them promptly after use, and wash hands immediately.
   c. Remove gloves that are torn, cut, or punctured and wash hands before regloving.
   d. Do not wash or disinfect gloves before use.
   e. Ensure that appropriate gloves in the correct size are readily accessible.
   f. Use puncture and chemical resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with chemicals and/or contaminated surfaces.

g. Ensure that non-latex gloves are available for those patients and DHCP's with latex allergies.

E. Sterilization and disinfection of patient-care items

1. Instrument cleaning and sterilization
   a. Clean and heat-sterilize critical and semicritical instruments and items before each use using only FDA-cleared medical devices for sterilization and follow the manufacturer's instructions for correct use.
   b. 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.
   c. Wear puncture- and chemical-resistant/heavy duty utility gloves for instrument cleaning and decontamination procedures.
   d. Wear appropriate PPE when splashing or spraying is anticipated during cleaning (i.e., mask, eye protection or face shield).
   e. Single-use disposable instruments are acceptable alternatives if they are used only once and disposed of correctly.
   f. Ensure that noncritical patient-care items are barrier protected or cleaned and disinfected after each use with an EPA-registered hospital disinfectant.
2. Packaging of Instruments
   a. Instruments should be sterilized inside packages with color change markings or chemical indicator tape attached which verify that the package has been exposed to the sterilization process and required parameters of time, temperature, and the presence of steam has been achieved.
   b. Critical and Semicritical instruments intended for immediate reuse can be heat-sterilized unwrapped if a chemical indicator such as autoclave tape is used for each cycle and the instruments are transported immediately and aseptically to the point of use.
   c. Do not sterilize implantable devices unwrapped.
3. Sterilization monitoring
   a. Monitor each load with mechanical (e.g., time, temperature, and pressure) and chemical indicators. Color change markings on bags or autoclave tape are acceptable indicators.
   b. Do not use instrument packs if mechanical or chemical indicators indicate inadequate processing.
   c. Monitor sterilizers at least monthly by using a biological indicator (spore test) with a matching control).
   d. In case of a positive spore test, remove the sterilizer from service and retest. If the repeat spore test is negative put the sterilizer back in service.
   e. If the repeated spore test is positive, remove the sterilizer from use until it has been inspected or repaired, recall and reprocess all items processed since the last negative test.
   f. Maintain sterilization records or biological spore testing for three years.
4. Storing sterile items
   a. Place the date or sterilization and if multiple sterilizers are used in the facility, the sterilizer used on the outside of the packaging material. This will be critical in case of a failed spore test.
   b. Reclean, repack, and resterilize any instrument package that has been compromised (torn, punctured, etc.)
   c. Do not store sterile instruments where the packages might be contaminated by contact with non-sterile instruments or packages.
   d. Do not store critical or semicritical instruments unwrapped.

F. Environmental Infection Control
   1. Clinical contact surfaces
      a. Examples of clinical contact surfaces are light handles, switches, radiograph equipment, chairside computers, drawer handles, faucet handles, countertops, pens, doorknobs, etc.
      b. 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. Barriers must be changed between patients.
      c. Clean and disinfect clinical contact surfaces that are not barrier-protected, by using an EPA-registered hospital disinfectant after each patient following manufacturer's directions.
      d. Use PPE when cleaning and disinfecting environmental surfaces.
   2. Regulated medical waste
      a. Dispose of regulated medical waste in accordance with federal, state, and local regulations.
      b. Use color-coded or labeled containers that prevent leakage for nonsharp regulated medical waste.
      c. Place sharp items (needles, glass anesthetic carpules, scalpel blades, ortho bands/wires, broken metal instruments, and burs) in an appropriate sharps container. Do not overfill.
G. Dental Unit Water Lines and Water Quality
   1. Use water that meets EPA regulatory standards for drinking water.
   2. Discharge water and air for a minimum of 20-30 seconds after each patient from any device connected to the dental water system that enters that patient's mouth.
   3. 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.
H. Special Considerations
   1. Clean and heat-sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients.
   2. Use heat-tolerant or disposable intraoral devices for dental radiography which are sterilized before each use.
   3. For digital radiography sensors, use barriers (covers). If the items cannot tolerate heat sterilization.
   4. Handling of extracted teeth
      a. Dispose of extracted teeth as regulated medical waste unless returned to the patient.
      b. 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.
   5. Dental laboratory
      a. Use PPE when handling items received in the lab until they have been decontaminated.
      b. 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 EPA registered hospital disinfectant.
      c. Clean and heat-sterilize heat tolerant items used in the mouth such as metal impression trays.
I. Medical conditions, work-related illness, and work restrictions

1. A DHCP who is positive for HIV, Hepatitis B or Hepatitis C shall disclose this fact to the board. If the DHCP is not a licensee or permit holder, the supervising licensed dentist will report the DHCP's health status to the board. The DHCP shall thereafter refrain from participating in any procedure which has a potential for occupational exposure.
   Said refraining will continue until such time as the board enters an Order delineating the scope of practice permitted for the DHCP.
2. 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, Hepatitis B or Hepatitis C positive DHCPs.
3. The Review Panel shall be appointed by the Board with its members being chosen on a case-by-case basis.
4. 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(s) as well as the skill, technique, and possible mental and/or physical impairment of the infected DHCP. Following its review, the Panel Chairperson will submit a report of recommendations or restrictions of practice to the Board.
5. The Board will consider the Review Panel's recommendations, will make the final determination of practice and/or procedure restrictions, will develop procedures in order to monitor the compliance of the DHCP with restrictions, and will communicate said information of any restrictions and the monitoring of the restrictions to the DHCP or the supervising licensed dentist by written Order.
6. Information as to the Panel's recommendations, the Board's monitoring of restrictions and its disciplining of the DHCP or the supervising license dentist, if necessary, will be reported in a timely manner to the Director of the Arkansas Department of Health who will continue to ensure the confidentiality of the infected DHCP.
7. 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 constituted public record but shall be deemed and maintained by the Board as confidential and privileged as medical records.
8. At such time as there is an alleged violation of this Rule and Regulation, the Board will proceed with its procedures set forth in the Dental Practice Act and Rules and Regulations by bringing a licensee before it for alleged violations of the Practice Act. At that time, the knowledge and information pertaining to the medical condition of the DHCP may become public knowledge.
9. The failure of a dentist, dental hygienist, or registered dental assistant to comply with the terms of this Rule and Regulation or the Order of the Board concerning the scope of practice as referred to in Section I, Paragraph 1 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 Dental Practice Act.

Approved 12/10/1993; 1/7/2005; 3/2/2007.

Article XVI: **ADMINISTRATION OF LOCAL ANESTHESIA BY THE DENTAL HYGIENIST**

DEFINITIONS:

Local anesthesia is defined as the elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

Topical anesthesia is defined as the application of an anesthetic directly to the surface of the body. Pursuant to Article XVI, this will be limited to the oral cavity. 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. A dental hygienist may only administer topical anesthesia to a patient when under the supervision of a licensed dentist.

Regional injection of an anesthetic agent by a dental hygienist is defined to mean infiltration and block injections of an anesthesia administered inside the oral cavity.

A. A permit is required for a dental hygienist to administer local anesthetic agents. A dental hygienist who desires to administer local anesthetics using regional injection of a drug in the State of Arkansas under Ark. Code §17-82-103(c) may apply to the State Board of Dental Examiners for a permit to do so pursuant to the following requirements:
   1. Hold a current Arkansas dental hygiene license.
   2. 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. The course may have been within the dental hygiene curriculum or have been a continuing education course.
   3. Provide proof of a current certificate of a health care provider level of basic life support.

B. 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:

Posterior superior alveolar nerve block

Inferior alveolar nerve block

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). After successful completion of the above, written documentation shall be submitted to the Board. Upon notification from the Board, the dental hygienist may then administer these injections under the direct supervision of a dentist. 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 post-graduate continuing education course taken at a CODA accredited dental or dental hygiene school.

C. The Arkansas State Board of Dental Examiners 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 a completed Board application and the application fee of $25.

E. The permit to administer local anesthetic agents expires on the date the dental hygienist's license expires or the 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.

Approved 5/31/96, Effective 7/20/96; amended 11/17/06.

Article XVII: **DENTAL ASSISTANT FUNCTIONS**

A. ALL FUNCTIONS DELEGATED TO A DENTAL ASSISTANT MUST BE PERFORMED UNDER PERSONAL SUPERVISION. PERSONAL SUPERVISION MEANS:

1. The Dentist is in the office or treatment facility.
2. The Dentist has personally diagnosed the condition to be treated.
3. The Dentist has personally authorized the procedures.
4. The Dentist remains in the office or treatment facility while the procedures are being performed.
5. The Dentist evaluates the performance of the Dental Assistant before the dismissal of the patient.

The supervising licensed Dentist is responsible for determining the appropriateness of delegation of any specific function based upon knowledge of the skills of the assistant, the needs of the patient, the requirements of the task and whether proof of competence is required.

The Dentist is ultimately responsible for patient care. Nothing contained in the authority given the Dentist by this rule 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.

B. DEFINITIONS

1. Dental Assistant: 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.
2. Registered Dental Assistant: A Dental Assistant who has obtained a permit(s) from the Board 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
   d. Monitoring of patients undergoing deep sedation or general anesthesia
3. Certified Dental Assistant: A Dental Assistant who is currently certified by the Dental Assistant National Board.

C. TASKS AUTHORIZED TO BE PERFORMED BY DENTAL ASSISTANTS

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. 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. These duties may only be delegated when the effect of the procedure assigned is reversible.

D. PROHIBITED ACTIVITIES

The responsibility for diagnosis, treatment planning, or the prescription of medications in the practice of Dentistry shall remain with a licensed Dentist and may not be assigned or delegated to a Dental Assistant. 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. 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 Board)
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
   d. Monitoring of patients undergoing deep sedation or general anesthesia
9. Those functions relegated to a dental hygienist and stated in Regulation XI A.

E. REGISTERED DENTAL ASSISTANT EXPANDED FUNCTION PERMITS

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.

1. A Dental Assistant may induce and monitor nitrous oxide/oxygen analgesia after successful completion of a course approved by the Board and the payment of a designated fee. At this time a permit will be issued.
2. A Dental Assistant may operate dental radiographic equipment after successful completion of an education course as approved by the Board and submits proof of competency by passing an examination and the payment of a designated fee. At this time, a permit will be issued.
3. A Dental Assistant may perform coronal polishing after successful completion of education requirements as approved by the Board and submits proof of competency by passing such examination as the Board requires, and the payment of a designated fee. At this time a permit will be issued.
4. A Dental Assistant may monitor patients who are under deep sedation or general anesthesia only in offices where the dentist(s) is permitted to perform those services, after successful completion of education requirements as approved by the Board and submits proof of competency by passing such examination as the Board requires and the payment of a designated fee. At that time, a permit will be issued.
5. A Certified Dental Assistant, or an assistant who is a graduate of a school which is accredited or provisionally accredited by the Council 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.

After receipt of one or more of the expanded function permits, the Dental Assistant will then be considered a Registered Dental Assistant with the Board. Those permits must be on display within the dental office or treatment facility.

F. PROCESS FOR OBTAINING PERMIT FOR ADMINSTRATION OF NITROUS OXIDE

A Dental Assistant desiring to obtain an expanded duty permit for nitrous oxide/oxygen analgesia from the Board 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 Dental Practice Act and rules of the Board.
4. Show proof of current certification in Healthcare Provider level of CPR.

G. 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 Board 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 Dental Practice Act and the rules and regulations 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 Arkansas State Board of Dental Examiners 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.
7. 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 1 November 2011. 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.

H. PROCESS FOR OBTAINING PERMIT FOR SEDATION MONITORING

A Dental Assistant desiring to obtain an expanded duty permit for sedation monitoring from the Board 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 Certified Dental Assistant, Registered Dental Assistant, Registered Nurse or 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.
5. Successfully complete a jurisprudence examination covering the Dental Practice Act and rules of the Board.
6. Exemptions: Licensed physicians with at least six months experience in anesthesia and anesthesia monitoring and Certified Registered Nurse Anesthetists are exempt from the educational and permit requirements listing in this section. Other licensed health care providers, who can show proof of successful completion of a course which meets or exceeds those listed in this regulation, may obtain an exemption from the Board on a case by case basis.

I. SAID PERMITS MUST BE RENEWED ON FORMS AS PROVIDED BY THE BOARD PURSUANT TO ARK. CODE ANN 17-82-405. AS STATED IN THAT SECION OF THE CODE, THE PROCESURES FOR REGISTRATION AND PENALTIES FOR FAILURE TO REGISTER PERMITS OF DENTISTS AS STATED IN 17-82-310 THROUGH 17-82-314 WILL APPLY TO THE REGISTRATION OF PERMITS BY DENTAL ASSISTANTS.

J. A REGISTERED DENTAL ASSISTANT MUST PROVIDE THE BOARD PROOF OF COMPLETING 2 HOURS OF CONTINUING EDUCATION EACH 2-YEAR REPORTING PERIOD ON THE SUBJECT OF INFECTION CONTROL IN ORDER TO RENEW A

PERMIT TO PERFORM EXPANDED DUTIES. THE REGISTERED DENTAL ASSISTANT MUST REPORT THE CONTINUING EDUCATION HOURS IN THE MANNER SET FORTH IN ARTICLE XIV OF THE BOARD.

Separated from Article XI and approved 1/12/01; amended 8/23/02, 4/29/05, 5/14/09, 11/1/2011 and 6/21/2013.

Article XVIII: **MOBILE DENTAL FACILITIES**

Pursuant to ACA 17-82-601 et seq, the Arkansas State Board of Dental Examiners hereby promulgates these rules to implement the practice of dentistry in mobile dental facilities.

A. Definitions

1. MOBILE DENTAL FACILITY

A self-contained, intact facility in which dentistry and dental hygiene are practiced and that may be moved, towed or transported from one location to another. For purposes of this Article, a mobile dental facility does not include dentistry provided using portable equipment.

2. OPERATOR

An individual licensed to practice dentistry in Arkansas. An operator of a mobile dental facility may contract with or employ other dentists, dental hygienists licensed in Arkansas and may hire Registered Dental Assistants, Certified Dental Assistants, dental assistants, laboratory technologists and other personnel as needed. Each mobile dental facility can have only one operator. One operator may hold permits for more than one mobile dental facility but each facility must have its own permit.

3. DENTAL HOME

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 year of age.

4. COMPREHENSIVE DENTISTRY

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. A comprehensive treatment plan must be established for each patient treated in the mobile dental facility. Treatment that cannot be completed during the initial visit must be scheduled at intervals no greater than ninety (90) days apart until the treatment plan is completed or the patient chooses to cease treatment. Arrangements must be made for treatment either by the operator, a licensed specialist or other licensee who agrees to provide follow up care. 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 Board. 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 may be limited in scope and are exempt from the requirement that comprehensive dentistry be provided.

5. INFORMED CONSENT

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. This form must meet all the elements described in Section D. 2. of this rule. Written consent must be obtained for the initial visit for diagnostic and preventive services. After the treatment plan is developed, a second consent, either in written form which 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.

6. ACTIVE PATIENT

Any person who received any level of dental care in a mobile dental facility within the preceding twenty-four months.

B. Physical Requirements

All mobile dental facilities must comply with all applicable federal, state and local laws, regulations and ordinances including but not limited to those concerning radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines and federal Centers for Disease Control guidelines, all rules and regulations of the Board. 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. 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, non-corrosive container for deposit of waste materials including biohazardous materials.
6. Automated External Defibrillators.
7. Radiographic equipment properly registered and inspected by the Arkansas Department of Health.
8. Communication device available 24 hours per day, 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.
9. Smoke and carbon dioxide detectors.

C. Documentation and Records Requirements

1. All written, printed or electronic materials must contain the official business address (not a PO Box) and telephone number.
2. When not being transported to or from a treatment site, all dental and office records must be maintained at the official office business address.
3. All records must be available to the Board upon request and the cost of providing records is born by the mobile dental facility.
4. All patient records must be made available to patients wishing to transfer care to another provider and to the later treating dentist(s).

D. Information to Patients

1. Display in facility
   a. 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.
   b. The permit to operate the mobile dental facility shall be prominently displayed in the facility.
2. Consent Forms

A consent form must be obtained prior to the provision of any dental service in a mobile dental facility. The form must be signed by the patient or by a parent or guardian if the patient is a minor or an incapacitated person. Written consent forms are required for the initial visit for diagnostic and preventive services. 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. 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 24 hours per day for emergency calls.

d. Service(s) to be provided.

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

- 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."

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."

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."

3. Post-care Information to Patients

Each person receiving dental care in a mobile dental facility must receive an information sheet at the end of the visit. 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, billing codes, fees and 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.
f. Consent form or a recorded, verbal consent for additional treatment or altered treatment plan when applicable.

E. Permit Requirements

1. Complete required application forms provided by the Board.
2. Pay fee of $5,000.00 as set by Arkansas Code 17-82-602.
3. The operator must be a dentist licensed in Arkansas.
4. List all dentists and dental hygienists who will be providing care in the mobile dental facility complete with their name, address, telephone number and license number.
5. The official business address (not a PO Box) where patient records including radiographs are maintained and available for inspection and copying upon request by the Board.
6. Communication device available 24 hour per day, 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.
7. Written procedure for emergency follow-up care for patients treated in the mobile dental facility which must include:
   a. Arrangements for treatment in a dental facility that is permanently established in the area where services are provided (50 mile radius) OR
   b. A statement that follow-up care will be provided through the mobile dental facility or at the operator's established dental practice location in this state or at any other established dental practice in this state that agrees to accept the patient.

8. List of dentists who have agreed to provide follow up care as indicated in Section E., 7.l, b. of this rule. A signed statement from each dentist agreeing to provide follow up care must be provided with the application.
9. Evidence of radiographic equipment registration and inspection by the Arkansas Department of Health.
10. Signed statement that all required physical equipment is present and functioning properly. A checklist of these items will be a part of the application.
11. Copy of the driver's license of any person who will be driving the mobile dental facility.
12. Proof of general liability insurance from a licensed insurance carrier for at least one million dollars ($1,000,000.00).
13. Name of established non-mobile dental facility with which the mobile facility is associated.
14. Be inspected by the Board or the Boards designee prior to the start of operation.

F. Annual Report

An annual report for the previous year must be submitted to the Board by January 10th 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.
4. The types of services provided and quantity of each type of service:
   a. Preventive - # of patients receiving preventive services.
   b. Restorative - # of fillings, stainless steel crowns, fixed prosthetics provided, space maintainers.
   c. Surgical - # of teeth extracted and other surgical procedures performed.
   d. Endodontic - # of root canal therapies, pulpotomies provided or # of patients referred for endodontic services.
   e. Periodontal - # of patients receiving periodontal services or referred for periodontal services.
   f. Prosthetics - # of removable prostheses provided or # of patients referred for prosthetic services/Report may reflect "not applicable" if services are limited to children under the age of 18.
   g. Other - # of other services provided that do not fall into the above standard categories.

G. Notification of Changes

1. The Board must be notified within 10 business days of:
   a. If the mobile dental facility is sold.
   b. Any change relating to dentists to whom patients are to be referred for follow up care.
   c. Any change in the procedures for obtaining follow up or emergency care.
   d. Any changes of operator.
2. The Board must be notified within 15 business days of:
   Any change of dentists or dental hygienists providing dental services in the mobile dental facility.
3. The Board must be notified within 30 business days of:
   a. Any change of official business address or telephone number.
   b. Cessation of operation.

H. Supervision of Personnel and Delegation of Duties

1. Dental assistants must only work under the personal or direct supervision of a dentist as provided in Article XVII of these rules.
2. Dental hygienist must only work under the direct or indirect supervision of a dentist as provided in Article XI of these rules but may not work under general supervision in a mobile dental facility in accordance with Arkansas Code 17-82-603 (i).

I. Cessation of Operation
   1. The Board must be notified within 30 days of the cessation of operation of any mobile dental facility.
   2. Patients must be notified in writing or publication once a week for three consecutive weeks and a copy of the notice provided to the Board.
   3. 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 patients' choosing.

Approved November 20, 2009.

Article XIX: **DENTAL HYGIENIST COLLABORATIVE CARE PROGRAM**

Pursuant to ACA 17-82-701-17-82-707 the Arkansas State Board of Dental Examiners hereby promulgates these rules to implement the dental hygienist collaborative care program.

A. Definitions
   1. Collaborative Agreement
      A written plan that 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 outlines procedures for consultation with or referral to the collaborating dentist or other dentists as indicated by a patient's dental care needs. 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 the presence of the dentist and without a prior examination of the patient by the dentist.
   2. Collaborative Dental Hygienist
      A dental hygienist who holds a Collaborative Care Permit I or a Collaborative Care Permit II from the Arkansas State Board of Dental Examiners and who has entered into a collaborative agreement with no more than one (1) consulting dentist regarding the provision of services under this rule.
   3. Consulting Dentist
      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 rule; or
      b. Is employed by the Department of Health
   4. Dental Home
      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 year of age.
   5. Informed Consent
      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. This form must meet all the elements described in Section E (Consent Forms) of this rule.

6. Medicaid
   The medical assistance program established under 20-77-101 et seq.
7. Public Settings
   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
   k. State correctional institutions
8. Senior Citizen
   A person sixty-five (65) years of age or older.

B. Permit Requirements and Fees
1. Collaborative Care Permit I
   a. A dentist must be licensed by the Arkansas State Board of Dental Examiners.
   b. A dental hygienist must be licensed by the Arkansas State Board of Dental Examiners; and
      i. Have practiced as a dental hygienist for one thousand two hundred (1,200) clinical hours (documentation provided to ASBDE); 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.
      iii. Show proof of liability insurance
2. Collaborative Care Permit II
   a. A dentist must be licensed by the Arkansas State Board of Dental Examiners.
   b. A dental hygienist must be licensed by the Arkansas State Board of Dental Examiners; and
      i. Have practiced as a dental hygienist for one thousand eight hundred (1,800) clinical hours (documentation provided to ASBDE); 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.
      iii. Completed a six (6) hour continuing education course approved by the Arkansas State Board of Dental Examiners. The educational course must be related to senior care and/or patients with developmental disabilities.
      iv. Show proof of liability insurance.
3. Obtaining a Permit
   Complete required application forms provided by the Board.
   a. Pay fee of $500.00 for Collaborative Care Permit I and II for dentist as set by Arkansas Code 17-82-702.
   b. Pay fee of $100.00 for Collaborative Care Permit I for dental hygienist as set by Arkansas Code 17-82-702; or
   c. Pay fee of $150.00 for Collaborative Care Permit II for dental hygienist as set by Arkansas Code 17-82-702
   d. Show proof of liability insurance.

C. Services provided by Collaborative Dental Hygienists

1. 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 (Article XI) and delegated by the consulting dentist to children in a public setting without the presence of a dentist and without a prior examination of the patient by the consulting dentist.
2. 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 (Article XI) an delegated by the consulting dentist to children, senior citizens, and persons with developmental disabilities in public settings without the presence of a dentist and without a prior examination of the patient by the consulting dentist.
3. Prohibited services provided by a Collaborative Dental Hygienist:
   a. Scaling and root planing
   b. Administration of local anesthesia
   c. Administration/monitoring of nitrous oxide

D. Collaborative Practice Agreement Protocol
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. 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 dental 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 emergency situations, consultation and 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. Location(s) where the dental hygiene services will be provided. The agreement must be updated when new locations are added or listed locations are discontinued.
   h. Plan for retrospective chart reviews conducted within seven days of the most recent hygiene service date by the consulting dentist. Reviews must include the patient's health history, documentation, type and appropriateness of services rendered, review of patient consent forms, review of release of information forms, if applicable, and evaluation of the quality and appropriateness of radiographs.

   The protocol must include but is not limited to medical history, record keeping, criteria for the provision of prophylaxis, sealants, fluoride therapies, radiographs, and other services within the scope of practice of the dental hygienist, and infection control procedures.
2. In accordance with this protocol a consulting dentist must:
   a. 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.
   b. Maintain records of patients treated. If another dentist provides follow-up treatment, the consulting dentist is responsible for the transfer of records.
   c. Maintain a copy of the Collaborative Agreement and the Protocol on file.
   d. Notify the Board if the collaborative agreement between dentist and hygienist dissolves or contact information changes.
3. In accordance with this protocol a collaborative care dental hygienist must:
   a. Maintain contact capabilities with the consulting dentist.
   b. Secure information consent from all patients or the parent/guardian of the patient before providing services.

c. Provide to the patient, parent, or guardian a written plan for referral to a dentist for assessment of further dental treatment needs.
d. Provide copy of collaborative care record of services to the institutional facility responsible for patient's care, when applicable.
e. 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.
f. Create and maintain all patient records and forward all records and radiographs or duplicates to the consulting dentist within 7 days of services rendered.
g. Maintain a copy of the collaborative agreement and the protocol on file.
h. Notify the Board if the collaborative agreement between dentist and hygienist dissolves or contact information changes.
i. Maintain a malpractice liability policy for the provision of services.
j. The collaborative care dental hygienist may use or supervise a dental assistant but shall not permit assistants to provide direct clinical services to patients.

4. A copy of the protocol must be sent to the ASBDE office to have on file with the corresponding permit.

E. Consent Forms

A consent form must be obtained prior to the provision of any collaborative care dental hygiene services. The form must be signed by the patient or by a parent or guardian if the patient is a minor or an incapacitated person. 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:
   a. Has the child had dental care in the past twelve months? Yes___ No___
   b. Does the child have an appointment scheduled at the dental home where care is normally provided? Yes___ No___
      i. If yes, please list the name and address of the dentist or dental home where the care was provided. _____
      ii. If yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.
   c. "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:
   a. Have you received dental care in the past twelve months? Yes___ No___
   b. Do you have an appointment scheduled at the dental home where care is normally provided? Yes___ No___
      i. If yes, please list the name and address of the dentist or dental home where the care was provided. _____
      ii. If yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.
   c. "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."

5. If the patient is an incapacitated person, the form must be signed by the patient's legal guardian and contain the following statements:
   a. Has the patient received dental care in the past twelve months? Yes___ No___
   b. Does the patient have an appointment scheduled at the dental home where care is normally provided? Yes___ No___
      i. If yes, please list the name and address of the dentist or dental home where the care was provided. _____
      ii. If yes, we recommend maintaining your relationship within a dental home and not receive services in a public setting.
   c. "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."

F. Post Care Information to Patients

Each person receiving collaborative care dental hygiene services must receive an information sheet at the completion of services. The information sheet must contain:

1. Name of collaborative care dental hygienist who provided the service and the 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, billing codes, fees, and tooth numbers.
4. Description of further treatment that is needed or recommended. The dental hygienist will advise the patient and/or legal guardian that dental hygiene services are preventive in nature and do not constitute a comprehensive dental diagnosis. The dental hygienist will recommend that patients see the consulting dentist or give a list of dentists within a 50 mile radius for comprehensive care.
5. The collaborative dentist is ultimately responsible for the care of the patient.

G. Reimbursement

1. For the purposes of reimbursement the collaborative dental hygienist is deemed to be an employee of the consulting dentist.
2. A health insurance company, Medicaid, or other person that pays a fee for service performed by a collaborative dental hygienist under this rule shall submit the payment directly to the consulting dentist.
3. If a health insurance company, Medicaid, or other person pays a fee for service performed by a dental hygienist under this rule to the collaborative dental hygienist, the collaborative dental hygienist shall deliver the payment to the consulting dentist.
4. For the limited purposes of Medicaid reimbursement under this rule, 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 rule shall submit the Medicaid payment for services performed under this rule to the consulting dentist.
5. If, however, language in the collaborative agreement required under this rule 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.

H. Malpractice Insurance

A collaborative dental hygienist who provides services permitted under this rule shall be insured under a malpractice liability policy for the provision of the services.

I. Reporting

Reports from the collaborating dental hygienist and consulting dentist must be submitted to the ASBDE office. An annual report is due by January 31st of each calendar year, which must include:

1. List of all locations where collaborative care services were provided.
2. Dates when services were provided.
3. 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 12 months.
6. The number of patients who had an appointment scheduled at the dental office where care is normally provided.

Within two business days of services provided, the collaborating dental hygienist and consulting dentist must report to the ASBDE office:

1. The location(s) where the dental hygiene services were provided. The agreement must be updated when new locations are added or listed locations are discontinued.

J. Cessation of Operation

1. The Board must be notified within thirty (30) days of the cessation of operation of any collaborative care agreement.
2. 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.