

CHAPTER 3100
BOARD OF DENTISTRY
DENTISTS, HYGIENISTS, AND ASSISTANTS

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3100.0100 DEFINITIONS.

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

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

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

Subp. 2c. [Repealed, 35 SR 459]

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

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

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

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

Subp. 8a. [Repealed, 35 SR 459]

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

Subp. 9b. **Deep sedation.** "Deep sedation" means a depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Deep sedation is characterized by impairment of the patient's ability to independently maintain ventilatory function, spontaneous ventilation potentially being

inadequate to meet a patient's needs, and the need for assistance in maintaining a patent airway. A patient's cardiovascular function does not typically require assistance during deep sedation.

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

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

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

Subp. 12. [Repealed, 10 SR 1613]

Subp. 12a. **General anesthesia.** "General anesthesia" means an induced state of unconsciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients are not arousable, even by painful stimulation. General anesthesia is characterized by the frequent impairment of the patient's ability to independently maintain ventilatory function, the patient's need for assistance in maintaining a patent airway, the need for positive pressure ventilation due to depressed spontaneous ventilation or drug-induced depression of neuromuscular function, and potential impairment of cardiovascular function.

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

- A. is adequately and properly staffed and equipped;
- B. provides services, facilities, and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy; and
- C. regularly provides clinical laboratory services, diagnostic x-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent.

For the purposes of this chapter, diagnostic or treatment centers, physicians' offices or clinics, or dentists' offices or clinics are not hospitals.

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

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

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

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

Subp. 13a. **Minimal sedation.** "Minimal sedation" means a minimally depressed level of consciousness produced by a pharmacological or nonpharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Minimal sedation is characterized by moderate impairment to the patient's cognitive function and coordination, but leaves unaffected the patient's ventilatory and cardiovascular functions.

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

Subp. 14a. **Moderate sedation.** "Moderate sedation" means a depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients respond purposefully to verbal commands, either alone

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or accompanied by light tactical stimulation. Moderate sedation is characterized by unaffected cardiovascular functions, no need for intervention to maintain a patent airway for the patient, and adequate spontaneous ventilation.

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

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

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

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

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

Subp. 17. [Repealed, 35 SR 459]

Subp. 18. [Repealed, 35 SR 459]

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

Subp. 19. [Repealed, 10 SR 1613]

Subp. 20. [Repealed, 29 SR 306]

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

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

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.0200 [Repealed, 35 SR 459]

3100.0400 OFFICERS.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.1100 APPLICATIONS FOR LICENSE TO PRACTICE DENTISTRY.

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

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

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

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

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

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

Subp. 3. [Repealed, 18 SR 2042]

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

Subp. 5. **Certification of character.** The applicant shall furnish a testimonial of good professional character from an authorized representative of the dental school from which the applicant graduated and a certification by the secretary of the Board of Dental Examiners of the state or Canadian province in which the applicant is licensed. The board may in its discretion and for good cause waive the certification of good professional character by an authorized representative of the dental school.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.1200 APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE.

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

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

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

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.1300 APPLICATION FOR LICENSE TO PRACTICE DENTAL ASSISTING.

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

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.1600 ADDITIONAL INFORMATION FROM ALL APPLICANTS.

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.1700 TERMS AND RENEWAL OF LICENSE OR PERMIT; GENERAL.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of a license or limited-license permit of an applicant other than a limited faculty or resident

dentist. The requirements for the terms and renewal of licensure as a limited faculty or resident dentist are specified in part 3100.1750.

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

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

Subp. 2. **Renewal applications.** A dentist, dental hygienist, licensed dental assistant, or dental assistant with a permit under part 3100.8500, subpart 3, shall submit an application for biennial renewal of a license or permit together with the necessary fee no later than the last day of the licensee's birth month which is the application deadline. An application for renewal is deemed timely if received by the board or postmarked no later than the last day of the licensee's birth month. The application form must provide a place for the renewal applicant's signature certifying compliance with the applicable professional development requirements including holding a current CPR certification and information including the applicant's office address or addresses, the license number, whether the licensee has been engaged in the active practice of dentistry during the two years preceding the period for which renewal is sought as a licensee, and if so, whether within or without the state, and any other information which may be reasonably requested by the board.

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

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

B. If the application for renewal, including the applicant's signature certifying compliance with the applicable professional development requirements, and the applicable biennial and late fees or notice of voluntary termination is not received by the board by the date specified in the notice, the license or permit will expire and the licensee's right to practice will terminate as of the date specified in the notice. The expiration and termination will not be considered a disciplinary action against the licensee.

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.1850 REINSTATEMENT OF LICENSE.

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

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

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

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

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

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

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

A. provide evidence of having completed the professional development requirements described under part 3100.5200 that would have applied to the applicant had the license not expired. Professional development requirements must have been completed within 24 months prior to the board's receipt of the application; and

B. pay the biennial renewal fee and file a reinstatement application specified in subpart 1.

Subp. 2a. **Expiration or voluntary termination of more than six months but less than 24 months.** An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license more than six months but less than 24 months previous to the application for reinstatement must:

A. provide evidence of having completed the professional development requirements in part 3100.5200 that would have applied to the applicant had the license not expired. Professional development requirements must have been completed within 24 months prior to the board's receipt of the application;

B. pay the biennial renewal fee and file a reinstatement application specified in subpart 1;

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

Subp. 3. **Expiration or voluntary termination of 24 months or more.** An applicant whose license has expired according to part 3100.1700, subpart 3, or who voluntarily terminated the license 24 months or more previous to the application for reinstatement must:

A. comply with subpart 2a; and

B. submit either:

(1) evidence of having successfully completed part II of the national board examination or the clinical examination in part 3100.1100, subpart 2, for dentists; the national board examination or the clinical examination in part 3100.1200, item C, for dental hygienists; and the two examinations in part 3100.1300, item C, for licensed dental assistants. The examination must have been completed within 24 months prior to the board's receipt of the application; or

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

Subp. 4. [Repealed, 20 SR 2316]

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.2000 Subpart 1. [Repealed, 35 SR 459]

Subp. 1a. [Repealed, 35 SR 459]

Subp. 2. [Repealed, 35 SR 459]

Subp. 3. [Repealed, 35 SR 459]

Subp. 4. [Repealed, 35 SR 459]

Subp. 5. [Repealed, 35 SR 459]

Subp. 6. [Repealed, 35 SR 459]

Subp. 7. [Repealed, 18 SR 2042]

Subp. 8. [Repealed, 29 SR 306]

Subp. 8a. [Repealed, 29 SR 306]

Subp. 9. [Repealed, 35 SR 459]

Subp. 9a. [Repealed, 35 SR 459]

Subp. 10. [Repealed, 35 SR 459]

3100.3100 CONDUCT OF EXAMINATIONS.

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

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

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

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.3200 CLINICAL EXAMINATIONS.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.3300 EXAMINATION OF DENTISTS.

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

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

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.3500 EXAMINATION OF LICENSED DENTAL ASSISTANTS.

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

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

Subp. 2a. **Additional education for two failed clinical examinations.** When an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 2a, the applicant may not take it again until the applicant successfully completes additional education provided by an institution accredited by the Commission on Accreditation or an independent instructor approved by the board. The education must cover all of the subject areas failed by the applicant in each of the two clinical examinations. The applicant may retake the examination only after the institution or independent instructor provides to the board information specifying the areas failed in the previous examinations and the instruction provided to address the areas failed, and certifies that the applicant has successfully completed the instruction. The applicant must take the additional instruction required in this subpart each time the applicant fails the clinical examination twice.

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

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

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

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

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

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

(2) a one-year 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, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient; and

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

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

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

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

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

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

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

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

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

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

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

Subp. 4. **Nitrous oxide inhalation analgesia; educational training requirements.** A dentist may administer nitrous oxide inhalation analgesia only according to items A to D and subpart 5, items A and C. A dental hygienist may administer nitrous oxide inhalation analgesia only according to items C to F and subpart 5, item D. A licensed dental assistant may administer nitrous oxide inhalation analgesia only after a maximum dosage has been prescribed by a dentist for a specific patient, and it is administered according to items C to F and subpart 5, item D.

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

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

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

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

E. A dental hygienist or licensed dental assistant may administer nitrous oxide inhalation analgesia only after satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation, and submitting to the board original documentation from the institution of successful completion of the course. The course must be a minimum of 12 hours total comprised of didactic instruction, personally administering and managing at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration.

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

Subp. 5. Notice to board.

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

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

C. A dentist not previously registered with the board according to item A or who graduated from an institution in Minnesota accredited by the Commission on Accreditation prior to April 15, 2008, may administer nitrous oxide inhalation analgesia only after the dentist has submitted the information in subitems (1) and (2) to the board on forms provided by the board:

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

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

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

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

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

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

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

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

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

Subp. 8. Reporting of incidents required. A dentist, dental hygienist, or licensed dental assistant must report to the board any incident that arises from the administration of

nitrous oxide inhalation analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia, or minimal sedation that results in:

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

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

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

Subp. 9. General anesthesia or moderate sedation certificate.

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

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

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

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

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

(1) A board-approved application form to obtain an initial general anesthesia or moderate sedation certificate must be filled out completely and submitted to the board along with the applicable nonrefundable fee described in Minnesota Statutes, section 150A.091, subdivision 11. An application form must include, but not be limited to, information on office facilities, support staff training, emergency protocols, monitoring equipment, and record-keeping procedures.

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

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

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

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

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

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

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

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

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

A. A dentist whose anesthesia/sedation certificate has expired as described in subpart 9, item C, subitem (5), or who voluntarily terminated the anesthesia/sedation certificate, within 60 calendar days after the renewal application deadline, must comply with subitems (1) to (6):

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

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

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

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

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

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

B. A dentist whose anesthesia/sedation certificate has been terminated by the board according to subpart 9, item C, subitem (5), or who voluntarily terminated the anesthesia/sedation certificate, more than 60 calendar days after the renewal application deadline, must comply with subitems (1) to (6):

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

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

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

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

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

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

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

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

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

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

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

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

(1) To obtain an initial contracted sedation provider certificate, a board-approved application form must be filled out completely and submitted to the board along with the applicable nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11. A completed application form will provide information on the employed or contracted

licensed health care professional, office facilities, emergency protocols, monitoring equipment, record-keeping procedures, and other information reasonably needed by the board to assess the certificate application.

(2) For renewal of a contracted sedation provider certificate, a board-approved application form must be completed and submitted to the board along with the applicable nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11, whenever the dentist is subject to license renewal in part 3100.1700, subpart 2. A completed application form will provide information on the employed or contracted licensed health care professional, office facilities, emergency protocols, monitoring equipment, record-keeping procedures, and other information reasonably needed by the board to assess the certificate application. A dentist's contracted sedation provider certificate expires if the completed application and nonrefundable fee are not received by the board by the application deadline. Immediately upon expiration of a certificate, the dentist is prohibited from providing dental services to patients under general anesthesia, deep sedation, or moderate sedation until the board issues a current contracted sedation provider certificate to the dentist as described in item C. Absent a timely renewal, after 60 days from the renewal application deadline, the board will terminate the dentist's contracted sedation provider certificate and send a notice of termination to the dentist.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. Practice and equipment requirements.

A. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or

moderate sedation must ensure that the practice requirements in subitems (1) to (3) are followed.

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

(2) An individual qualified to administer general anesthesia, deep sedation, or moderate sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operator room to continuously monitor the patient once general anesthesia, deep sedation, or moderate sedation is achieved and until all dental services are completed on the patient. Thereafter, an individual qualified to administer anesthesia or sedation must ensure that the patient is appropriately monitored and discharged as described in subparts 2, items B and C, and 3, items B and C.

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

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

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

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

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.5100 PROFESSIONAL DEVELOPMENT.**Subpart 1. Professional development cycles.**

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

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

Subp. 2. Professional development requirements.

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

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

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

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

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

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

Subp. 3. Professional development activities. Professional development activities include, but are not limited to, continuing education, community services, publications, and career accomplishments throughout a professional's life. Professional development

activities are categorized as fundamental or elective activities as described in items A and B.

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

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

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

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

(3) A CPR certification course is mandatory for each licensee to maintain licensure. The CPR course must be equivalent to the American Heart Association healthcare provider course or the American Red Cross professional rescuer course. The licensee must hold a current CPR certificate when renewing a license or permit each biennial term.

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

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

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

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

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

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

Subp. 4. **Acceptable documentation of professional development activities.** A licensee must record or obtain acceptable documentation of hours in professional development activities for the licensee's portfolio. Acceptable documentation includes, but is not limited to, the following:

A. a completed self-assessment examination;

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.5200 PORTFOLIO CONTENTS.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.5300 AUDIT PROCESS OF PORTFOLIO.

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.5400 PROFESSIONAL DEVELOPMENT TRANSITION.

After January 1, 2005, the board shall notify in writing each licensee regarding the number of continuing education credits earned during their current five-year CDE cycle as of that date. Each licensee shall apply the number of credits earned towards the applicable professional development requirements described in part 3100.5100 when establishing that person's biennial professional development portfolio. The CDE notification from the board serves as acceptable documentation as proof of credits earned and must be retained in the licensee's professional development portfolio.

3100.5400 DENTISTS, HYGIENISTS, AND ASSISTANTS

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6100 STATUTORY GROUNDS FOR DISCIPLINE.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6200 CONDUCT UNBECOMING A LICENSEE.

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

- A. engaging in personal conduct that brings discredit to the profession of dentistry;
- B. gross ignorance or incompetence in the practice of dentistry or repeated performance of dental treatment that falls below accepted standards;
- C. making suggestive, lewd, lascivious, or improper advances to a patient;
- D. dentists charging a patient an unconscionable fee or charging for services not rendered;
- E. performing unnecessary services;
- F. hygienists or licensed dental assistants performing services not authorized by the dentist under this chapter or Minnesota Statutes, chapter 150A;
- G. accepting rebates, split fees, or, applicable to dentists only, commissions from any source associated with the service rendered to a patient; provided, however, that the sharing of profits in a dental partnership or association, or dental professional firm approved by and registered with the board, shall not be construed as splitting fees nor shall compensating allied dental personnel on the basis of a percentage of the fee received for the overall service be deemed accepting a commission;
- H. falsifying records relating to payment for services rendered, participation in a CDE course; or other records with respect to licensure, CDE, and the practice of dentistry;
- I. perpetrating fraud upon patients, third-party payers, or others relating to the practice of dentistry;
- J. failing to cooperate with the board, its agents, or those working on behalf of the board required by part 3100.6350;
- K. failing to maintain adequate safety and sanitary conditions for a dental office specified in part 3100.6300; and
- L. failing to provide access to and transfer of medical and dental records prescribed by Minnesota Statutes, sections 144.291 to 144.298.

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 13. [Repealed, 35 SR 459]

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6325 VOLUNTARY TERMINATION OF LICENSE.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6350 REQUIRED COOPERATION.

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

- A. furnish designated papers, documents, or tangible objects;
- B. furnish in writing a full and complete explanation covering the matter under consideration;
- C. appear for conferences and hearings at the time and places designated.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6400 IMPROPER AND UNJUSTIFIED NAMES.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6500 COMMUNICATING DECEPTIVE STATEMENT OR CLAIM.

A person shall not, on behalf of the person, a partner, an associate, or any other dentist with whom the person is affiliated through a firm or association, use or participate in the use of any form of public communication containing a false, fraudulent, misleading, or deceptive statement or claim.

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.6700 NAME AND ADDRESS IN ADVERTISEMENT.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.7200 FAILURE TO RESPOND TO ADVERTISING COMPLAINT.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.8100 EMPLOYING, ASSISTING, OR ENABLING UNLICENSED PRACTICE.

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.8200 UNLAWFUL PRACTICE BY ALLIED DENTAL PERSONNEL.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.8300 RESPONSIBILITIES OF LICENSED DENTIST.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.8400 ASSISTANTS WITHOUT A LICENSE OR PERMIT.

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

- A. perform all those duties not directly related with performing dental treatment or services on patients;
- B. retract a patient's cheek, tongue, or other parts of tissue during a dental operation;
- C. assist with the placement or removal of a rubber dam and accessories used for its placement and retention, as directed by an operating dentist during the course of a dental operation;
- D. remove debris by the use of vacuum devices, compressed air, mouthwash, and water that is normally created or accumulated during the course of treatment rendered by a licensed dentist;
- E. provide any assistance, including the placement of articles and topical medication in a patient's oral cavity, in response to a specific direction by a licensed dentist who is physically engaged in performing a dental operation as defined in the act and who is physically in a position to give personal supervision to the assistant; and
- F. aid dental hygienists and licensed dental assistants in the performance of their duties as defined in parts 3100.8500 and 3100.8700.

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

- A. completing a CPR certification course and maintaining current CPR certification thereafter; and
- B. compliance with the most current infection control recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified in the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control publications of the Morbidity and Mortality Weekly Report (MMWR).

Subp. 2. [Repealed, 10 SR 1612]

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.8500 LICENSED DENTAL ASSISTANTS.

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

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

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

H. deliver vacuum-formed orthodontic retainers; and

I. place and remove elastic orthodontic separators.

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

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

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

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

J. dry root canals with paper points;

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

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

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

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

O. monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors, and capnography while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before monitoring a sedated patient, a licensed dental assistant must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training.

Subp. 1b. **Duties under direct supervision.** A licensed dental assistant may perform the following services if a dentist is in the dental office, personally diagnoses the condition

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to be treated, personally authorizes the procedure, and evaluates the performance of the licensed dental assistant before dismissing the patient:

A. remove excess bond material from orthodontic appliances;

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

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

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

H. attach prefit and preadjusted orthodontic appliances;

I. remove fixed orthodontic bands and brackets; and

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.8700 DENTAL HYGIENISTS.

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

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

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

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

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

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

C. monitor a patient during preoperative, intraoperative, and postoperative phases of general anesthesia or moderate sedation using noninvasive instrumentation such as pulse oximeters, electrocardiograms, blood pressure monitors, and capnography while under indirect supervision of a dentist who holds a valid general anesthesia or moderate sedation certificate. Before monitoring a sedated patient, a dental hygienist must have successfully completed board-approved allied dental personnel courses comprised of intravenous access and general anesthesia and moderate sedation training.

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

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

F. attach prefit and preadjusted orthodontic appliances;

G. remove fixed orthodontic bands and brackets; and

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.8800 DENTAL TECHNICIANS.

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

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

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

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

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

The board or its agents may inspect any devices being fabricated by a technician or dental laboratory, as well as the casts, impressions, interocclusal records, other materials sent to the technician or dental laboratory by the dentist, and the written authorization accompanying them.

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.9100 ANNUAL REPORTS.

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

- A. name and registered office of the firm;
- B. address or addresses at which the firm is providing dental services;
- C. name and address of each director, officer, and shareholder, and the position title of each officer; and
- D. a certification as to the licensure status of each shareholder, director, officer, employee, and agent as required by Minnesota Statutes, section 319B.11, subdivision 4, paragraph (a).

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.9200 REVIEW OF ANNUAL REPORT.

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.9300 REVOCATION OF REGISTRATION.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.9400 NOTICE OF NEW SHAREHOLDERS OR MEMBERS.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.9500 FIRM NAMES.

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*

3100.9600 RECORD KEEPING.

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

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

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

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

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

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

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

- A. recording of existing oral health care status;
- B. any radiographs used; and
- C. the facsimiles or results of any other diagnostic aids used.

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

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

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

- A. the dentist discussed with the patient the treatment options and the prognosis, benefits, and risks of each; and
- B. the patient has consented to the treatment chosen.

Subp. 10. **Progress notes.** Dental records must include a chronology of the patient's progress throughout the course of all treatment and postoperative visits. The chronology must include all treatment provided, clearly identify the provider by name or initials, and identify all medications used and materials placed.

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

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

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

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

Statutory Authority: *MS s 150A.04*

History: *35 SR 459*