

CHAPTER 3100
BOARD OF DENTISTRY
DENTISTS, HYGIENISTS, AND ASSISTANTS

- 3100.0100 DEFINITIONS.
- 3100.0300 MEETINGS.
- 3100.0400 OFFICERS.

LICENSING

- 3100.1100 APPLICATIONS FOR LICENSE TO PRACTICE DENTISTRY.
- 3100.1130 LICENSE TO PRACTICE DENTISTRY AS A LIMITED GENERAL DENTIST.
- 3100.1150 LICENSE TO PRACTICE DENTISTRY AS A FACULTY DENTIST.
- 3100.1160 LICENSE TO PRACTICE DENTISTRY AS A RESIDENT DENTIST.
- 3100.1170 LICENSE TO PRACTICE AS A RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.
- 3100.1200 APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE.
- 3100.1300 APPLICATION FOR LICENSE TO PRACTICE DENTAL ASSISTING.
- 3100.1400 APPLICATION FOR LICENSURE BY CREDENTIALS.
- 3100.1500 INCOMPLETE APPLICATIONS.
- 3100.1600 ADDITIONAL INFORMATION FROM ALL APPLICANTS.
- 3100.1700 TERMS AND RENEWAL OF LICENSE OR PERMIT; GENERAL.
- 3100.1750 TERMS AND RENEWAL OF LICENSURE; LIMITED FACULTY AND RESIDENT DENTISTS.
- 3100.1850 REINSTATEMENT OF LICENSE.

EXAMINATIONS FOR LICENSURE

- 3100.3100 CONDUCT OF EXAMINATIONS.
- 3100.3200 CLINICAL EXAMINATIONS.
- 3100.3300 EXAMINATION OF DENTISTS.
- 3100.3350 EXAMINATION OF DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS.
- 3100.3400 EXAMINATION OF DENTAL HYGIENISTS.
- 3100.3500 EXAMINATION OF LICENSED DENTAL ASSISTANTS.

ADMINISTRATION OF ANESTHESIA AND SEDATION

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

PROFESSIONAL DEVELOPMENT

- 3100.5100 PROFESSIONAL DEVELOPMENT.
- 3100.5200 PORTFOLIO CONTENTS.
- 3100.5300 AUDIT PROCESS OF PORTFOLIO.
- 3100.5400 PROFESSIONAL DEVELOPMENT TRANSITION.

SUSPENSION OR REVOCATION OF LICENSE OR REGISTRATION

- 3100.6100 STATUTORY GROUNDS FOR DISCIPLINE.
- 3100.6200 CONDUCT UNBECOMING A LICENSEE.
- 3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

- 3100.6325 VOLUNTARY TERMINATION OF LICENSE.
- 3100.6350 REQUIRED COOPERATION.
- 3100.6400 IMPROPER AND UNJUSTIFIED NAMES.

ADVERTISING

- 3100.6500 COMMUNICATING DECEPTIVE STATEMENT OR CLAIM.
- 3100.6600 ADVERTISING DENTAL FEES AND SERVICES.
- 3100.6700 NAME AND ADDRESS IN ADVERTISEMENT.
- 3100.6800 NEWS MEDIA COMPENSATION.
- 3100.6900 CONSIDERATION FOR PATIENT REFERRAL.
- 3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.
- 3100.7100 PROHIBITED ADVERTISEMENTS.
- 3100.7200 FAILURE TO RESPOND TO ADVERTISING COMPLAINT.

ALLIED DENTAL PERSONNEL

- 3100.8100 EMPLOYING, ASSISTING, OR ENABLING UNLICENSED PRACTICE.
- 3100.8200 UNLAWFUL PRACTICE BY ALLIED DENTAL PERSONNEL.
- 3100.8300 RESPONSIBILITIES OF LICENSED DENTIST.
- 3100.8400 ASSISTANTS WITHOUT A LICENSE OR PERMIT.
- 3100.8500 LICENSED DENTAL ASSISTANTS.
- 3100.8700 DENTAL HYGIENISTS.
- 3100.8800 DENTAL TECHNICIANS.

PROFESSIONAL FIRMS

- 3100.9100 ANNUAL REPORTS.
- 3100.9200 REVIEW OF ANNUAL REPORT.
- 3100.9300 REVOCATION OF REGISTRATION.
- 3100.9400 NOTICE OF NEW SHAREHOLDERS OR MEMBERS.
- 3100.9500 FIRM NAMES.

RECORD KEEPING

- 3100.9600 RECORD KEEPING.

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.

Subp. 2a. **Advanced cardiac life support or ACLS.** "Advanced cardiac life support" or "ACLS" refers to an advanced educational course for a health care provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care in settings ranging from the prehospital environment to the hospital setting. The course must include advanced airway management skills, cardiac drug usage, defibrillation, and arrhythmia interpretation. An ACLS certificate must be obtained through the American Heart Association, the American Red Cross, or an equivalent course.

Subp. 2b. **Analgesia.** "Analgesia" means the diminution or elimination of pain as a result of the administration of an agent including, but not limited to, local anesthetic, nitrous oxide, and pharmacological and nonpharmacological methods.

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 an advanced dental therapist, dental therapist, dental hygienist, licensed dental assistant, dental assistant with a limited-license permit, assistant without a license or permit, and dental technician.

Subp. 5a. **Blood borne diseases.** "Blood borne diseases" means diseases that are spread through the exposure to, inoculation of, or injection of blood; or exposure to blood contained in body fluids, tissues, or organs. Blood borne diseases include infection caused by such agents as the human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

Subp. 6. **Board.** "Board" means the Board of Dentistry.

Subp. 7. **CDE.** "CDE" means professional development and continuing dental education.

Subp. 7a. **Clinical subject.** "Clinical subject" means those subjects directly related to the provision of dental care and treatment to patients.

Subp. 8. **Commission on accreditation.** "Commission on accreditation" means the Commission on Dental Accreditation of the American Dental Association or a successor organization.

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

Subp. 8b. **Core subject.** "Core subject" means those areas of knowledge that relate to public safety and professionalism as determined by the board or a committee of the board.

Subp. 9. **Course.** "Course" means an educational offering, class, presentation, meeting, or other similar event.

Subp. 9a. **CPR.** "CPR" refers to a comprehensive course for a health care provider that includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation. A CPR certificate shall be obtained through the American Heart Association health care provider course, the American Red Cross professional rescuer course, or an equivalent course.

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 assistant with a limited-license permit.** "Dental assistant with a limited-license permit" means a person holding a limited-license permit as a dental assistant under part 3100.8500, subpart 3.

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

Subp. 10. **Dental technician.** "Dental technician" means a person other than a licensed dentist who performs any of the services described in Minnesota Statutes, section 150A.10, subdivision 3.

Subp. 11. **Dentist.** "Dentist" means a person holding a license as a general dentist, specialty dentist, or full faculty dentist issued by the board pursuant to the act.

Subp. 11a. **Elective activities.** "Elective activities" refers to those activities directly related to, or supportive of, the practice of dentistry, dental therapy, dental hygiene, or dental assisting.

Subp. 11b. **Enteral.** "Enteral" means a technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa, such as with oral, rectal, or sublingual administration.

Subp. 11c. **Faculty dentist.** "Faculty dentist" has the meaning given it in Minnesota Statutes, section 150A.01, subdivision 6a.

Subp. 11d. **Fundamental activities.** "Fundamental activities" means those activities directly related to the provision of clinical dental services.

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 therapist, 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 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.

Subp. 15a. **Nitrous oxide inhalation analgesia.** "Nitrous oxide inhalation analgesia" means the administration by inhalation of a combination of nitrous oxide and oxygen, producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

Subp. 15b. **Parenteral.** "Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract, such as with intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular administration.

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.

Subp. 16a. **Portfolio.** "Portfolio" means an accumulation of written documentation of professional development activities.

Subp. 16b. **Professional development.** "Professional development" means activities that include, but are not limited to, continuing education, community services, publications, and career accomplishments throughout a professional's life.

Subp. 17. [Repealed, 35 SR 459]

Subp. 18. [Repealed, 35 SR 459]

Subp. 18a. **Resident dentist.** "Resident dentist" has the meaning given it in Minnesota Statutes, section 150A.01, subdivision 8a.

Subp. 18b. **Self-assessment.** "Self-assessment" means an ungraded examination provided by the board intended to help determine strengths and weaknesses in specific areas of dental practice.

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.

D. "General supervision" means the supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

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; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 319A.18*

History: *10 SR 1613; 14 SR 1214; 16 SR 2314; 18 SR 580; 18 SR 2042; 20 SR 2623; 29 SR 306; 31 SR 1238; 35 SR 459; 36 SR 738*

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3100.0200 [Repealed, 35 SR 459]

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3100.0300 MEETINGS.

Subpart 1. **Regular and special meetings.** The board shall hold at least two regular meetings each year. It may hold special meetings at such other times as may be necessary and as it may determine.

Subp. 2. **Open and closed meetings.** Meetings conducted by the board shall be open to the public, except that those for the purpose of investigating and adjudicating charges against persons licensed or registered by the board shall be closed to public attendance unless the person or persons under investigation request that such meetings be open to the public.

Subp. 3. **Quorum.** A majority of the members of the board shall constitute a quorum for the conduct of business.

Subp. 4. **Parliamentary procedure.** When not otherwise provided, Sturgis Standard Code of Parliamentary Procedure shall govern the conduct of all business meetings of the board.

Statutory Authority: *MS s 150A.04*

Published Electronically: *September 30, 2010*

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*

Published Electronically: *September 30, 2010*

LICENSING

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; 150A.06; 150A.08; 150A.09; 150A.10; 214.06*

History: *10 SR 1612; 16 SR 2314; 17 SR 1279; 18 SR 2042; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.1130 LICENSE TO PRACTICE DENTISTRY AS A LIMITED GENERAL DENTIST.

Subpart 1. **Initial requirements for limited licensure.** A person who is a graduate of a nonaccredited dental program will be granted a limited license to practice general dentistry within Minnesota upon successfully complying with the requirements in items A to E.

A. The applicant must initially submit to a credential review by the board and pay the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 9a. The applicant shall provide the following documentation:

- (1) a completed board-approved evaluation of all international education;
- (2) an original or notarized copy of passing board-approved language testing within the previous two years if English is not the applicant's primary language;
- (3) an original affidavit of licensure;
- (4) a completed dental questionnaire;
- (5) a personal letter/curriculum vitae/resume;
- (6) an original or notarized copy of dental diploma and, if necessary, professional translation;
- (7) proof of clinical practice in dentistry;
- (8) an original or notarized copy of other credentials in dentistry and, if necessary, professional translation;
- (9) completed board-approved infection control training; and
- (10) an original or notarized copy of National Board Dental Examinations Report - Part I and Part II.

The applicant is allowed to submit to one credential review by the board.

B. Once a credential review has been completed by the board, the committee shall officially notify the applicant by letter as to whether permission to take the regional clinical examination has been denied or granted by the board. The board may also request that the applicant schedule an interview with the credential review committee, then notify the applicant by letter as to whether permission to take the regional clinical examination has been denied or granted by the committee. An applicant denied permission to take the regional clinical examination has the option to appeal the decision to the board within 60 days from the notification date.

C. If the applicant is granted permission by the board to take the regional clinical examination, the applicant must take a board-approved regional clinical examination, successfully pass the regional clinical examination, and submit evidence of the results of the regional clinical examination within 18

months from the receipt date of the board's notification letter granting permission to take the regional clinical examination.

D. When an applicant fails twice any part of a board-approved regional clinical examination, the applicant may not take it again until the applicant successfully completes additional education provided by an institution accredited by the Commission on Dental 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 shall be allowed to retake the clinical examination one time following this additional educational instruction. If the applicant fails the clinical examination for a third time, the applicant is prohibited from retaking the clinical examination.

E. An applicant must complete and submit a limited license application for review by an appropriate committee of the board. The application must include:

(1) the initial and annual application fees in Minnesota Statutes, section 150A.091, subdivision 9b;

(2) evidence of having passed a board-approved regional clinical examination within five years preceding the limited license application;

(3) evidence of having passed an examination designed to test knowledge of Minnesota laws relating to the practice of dentistry and the rules of the board within five years preceding the limited license application;

(4) an acceptable written agreement between the applicant and a board-approved Minnesota licensed supervising dentist. The written agreement shall include all information requested by the board. The written agreement shall also include any practice limitations, and an acknowledgment that the applicant agrees to practice clinical dentistry at least 1,100 hours annually, for a period of three consecutive years after clinical practice in Minnesota begins;

(5) documentation of current CPR certification;

(6) a statement from a licensed physician attesting to the applicant's physical and mental condition completed within 12 months preceding the limited license application; and

(7) a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity completed within 12 months preceding the limited license application.

Subp. 2. **Terms of limited licensure.** Throughout the three consecutive years while practicing general dentistry in Minnesota under the general supervision of a Minnesota licensed dentist, the limited license dentist must maintain and comply with the requirements in items A to F:

A. submit annual payment of the renewal fee in Minnesota Statutes, section 150A.091, subdivision 9b;

B. maintain a consecutive and current CPR certification as required to renew a limited license;

C. submit written correspondence and agreement to the board requesting approval of a subsequent supervising dentist and written agreement, within 14 days prior to employment start date with subsequent supervising dentist. The written agreement shall include all information requested by the board. The written agreement shall also include any practice limitations, and an acknowledgment that the limited

license dentist agrees to practice clinical dentistry at least 1,100 hours annually, for a period of three consecutive years or any remaining portion thereof;

D. within seven business days of an unforeseen event, submit written correspondence for review by an appropriate committee of the board regarding the unforeseen circumstance that may interrupt the three consecutive years of supervision;

E. maintain with the board a correct and current mailing address and electronic mail address and properly notify the board within 30 days of any changes as described in Minnesota Statutes, section 150A.09, subdivision 3; and

F. maintain a professional development portfolio containing:

- (1) acceptable documentation of required hours in professional development activities;
- (2) a minimum of two different core subjects as part of the fundamental activities;
- (3) one completed self-assessment examination; and
- (4) a consecutive and current CPR certification.

The total required hours of professional development activities is 75 hours with a minimum of 45 hours in fundamental activities and a maximum of 30 hours in elective activities. Completing at least 25 hours each year towards the total of 75 hours is required for compliance.

Subp. 3. **Terms of supervising dentist.** A supervising dentist must be licensed in Minnesota and provide general supervision to a limited license dentist. The supervising dentist is not required to be present in the office or on the premises when supervising the limited license dentist, but does require the supervising dentist to have knowledge and authorize the procedures being performed by the limited license dentist. For the three consecutive years or any portion thereof, the supervising dentist must be eligible to participate and comply with the requirements in items A to I.

A. A supervising dentist must be a board-approved Minnesota licensed dentist for at least five consecutive years.

B. A supervising dentist's license shall not be subject to, or pending, corrective or disciplinary action within the previous five years according to Minnesota Statutes, sections 214.10 and 214.103.

C. A supervising dentist must have an acceptable written agreement between the limited license dentist and the supervising dentist, and the supervising dentist may only supervise one limited license dentist for the duration of the agreement. The written agreement shall include all information requested by the board. The written agreement shall also include any practice limitations, and an acknowledgment that the limited license dentist agrees to practice clinical dentistry at least 1,100 hours annually, for a period of three consecutive years.

D. No more than two limited license dentists are allowed to practice general dentistry under general supervision in one dental facility.

E. Any subsequent modifications to a written agreement must be submitted in writing to the board by the supervising dentist within seven business days of the modification.

F. A supervising dentist must inform the board in writing about the termination of a written agreement with a limited license dentist within seven business days of the termination.

G. A supervising dentist must inform the board in writing about any known disciplinary or malpractice proceedings involving the limited license dentist within seven business days of the proceeding.

H. The supervising dentist must submit to the board a written performance evaluation of the limited license dentist in regards to employment including practicing clinical dentistry at least 1,100 hours annually, patient care, allied dental personnel, professionalism, billing practices, and make a general recommendation. The supervising dentist's evaluation must be submitted to the board no earlier than 90 days before completion of the limited license dentist's practice period and no later than seven business days following completion of the limited license dentist's practice period.

I. A supervising dentist who fails to comply with this subpart is subject to disciplinary proceedings on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 4. Requirements for licensure.

A. Upon completion of the three consecutive years, a dentist with a limited license to practice general dentistry in Minnesota shall be prohibited from practicing general dentistry in Minnesota due to expiration of the limited license. A dentist who has an expired or nearly expired limited license may apply for a dental license to practice general dentistry in Minnesota by presenting a license application to the board and meeting the following requirements in subitems (1) to (6). An applicant:

(1) must submit a completed application for a dental license in Minnesota no sooner than 90 days preceding the expiration date of the applicant's limited license or no later than one year after the expiration date of the applicant's limited license;

(2) must submit with the application the nonrefundable fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;

(3) must submit required documentation of a consecutive and current CPR certification;

(4) shall provide a professional development portfolio for the three consecutive years preceding the license application date as described in subpart 2, item F;

(5) must submit a written performance evaluation from each supervising dentist regarding the applicant while practicing as a limited license dentist; and

(6) must not have been subject to corrective or disciplinary action by the board while holding a limited license during the three consecutive years.

B. An applicant whose license application has been denied may appeal the denial by initiating a contested case hearing pursuant to Minnesota Statutes, chapter 14.

Statutory Authority: *MS s 150A.04*

History: *37 SR 1849*

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3100.1150 LICENSE TO PRACTICE DENTISTRY AS A FACULTY DENTIST.

Subpart 1. Licensure.

A. In order to practice dentistry, a faculty member must be licensed by the board.

B. The board must license a person to practice dentistry as a faculty dentist if:

(1) the person completes and submits to the board an application furnished by the board;

(2) the person is not otherwise licensed to practice dentistry in Minnesota;

(3) the dean of a school of dentistry accredited by the Commission on Accreditation certifies to the board, in accordance with the requirements of item C, that the person is a member of the school's faculty and practices dentistry; and

(4) the person has not engaged in behavior for which licensure may be suspended, revoked, limited, modified, or denied on any of the grounds specified in Minnesota Statutes, sections 150A.08, 214.17 to 214.25, 214.33, subdivision 2, or part 3100.6100, 3100.6200, or 3100.6300.

C. The board must accept an applicant as a faculty dentist if the dean of a school of dentistry accredited by the Commission on Accreditation provides to the board the following information:

- (1) the applicant's full name;
- (2) the applicant's Social Security number;
- (3) the applicant's home and work address;
- (4) a statement that the applicant is a member of the faculty and practices dentistry within the school or its affiliated teaching facilities, but only for purposes of instruction or research;
- (5) the dates of the applicant's employment by the school of dentistry;
- (6) a statement that the applicant has been notified of the need to be licensed by the board as a faculty dentist; and
- (7) a statement that the information provided is accurate and complete.

Subp. 2. Termination of licensure.

A. A person's license to practice dentistry as a faculty dentist is terminated when the person is no longer practicing dentistry as a member of the faculty of a school of dentistry.

B. A person licensed to practice dentistry as a faculty dentist must inform the board when the licensee is no longer practicing dentistry as a member of the faculty of a school of dentistry.

C. A person who fails to inform the board as required in item B is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150A.08, subdivision 1, clause (1).

Statutory Authority: *MS s 150A.04; 214.06*

History: *20 SR 2623*

Published Electronically: *September 30, 2010*

3100.1160 LICENSE TO PRACTICE DENTISTRY AS A RESIDENT DENTIST.

Subpart 1. Licensure.

A. In order to practice dentistry as directly related to a respective graduate or advanced educational clinical experience, an enrolled graduate student or a student of an advanced education program must be licensed by the board.

B. The board must license a person to practice dentistry as a resident dentist if:

- (1) the person completes and submits to the board an application furnished by the board;
- (2) the person is not otherwise licensed to practice dentistry in Minnesota;
- (3) the person provides evidence of having graduated from a dental school;

(4) the person provides evidence of being an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Accreditation; and

(5) the person has not engaged in behavior for which licensure may be suspended, revoked, limited, modified, or denied on any of the grounds specified in Minnesota Statutes, section 150A.08.

Subp. 2. Termination of licensure.

A. A person's license to practice dentistry as a resident dentist is terminated when the person is no longer an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Accreditation.

B. A person licensed to practice dentistry as a resident dentist must inform the board when the licensee is no longer an enrolled graduate student or a student of an advanced dental education program accredited by the Commission on Accreditation.

C. A person who fails to inform the board as required in item B is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150.08, subdivision 1, clause (1).

Statutory Authority: *MS s 150A.04; 214.06*

History: *20 SR 2623*

Published Electronically: *September 30, 2010*

3100.1170 LICENSE TO PRACTICE AS A RESIDENT DENTAL THERAPIST OR RESIDENT DENTAL HYGIENIST.

Subpart 1. Licensure.

A. In order to practice dental therapy or dental hygiene as directly related to a respective graduate or advanced educational clinical experience, an enrolled graduate student or a student of an advanced education program must be licensed by the board.

B. The board must license a person to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist if:

(1) the person completes and submits to the board an application furnished by the board;

(2) the person provides evidence of being an enrolled graduate student or a student of an advanced dental education program approved by the board; and

(3) the person has not engaged in behavior for which licensure may be suspended, revoked, limited, modified, or denied on any of the grounds specified in Minnesota Statutes, section 150A.08.

Subp. 2. Termination of licensure.

A. A person's license to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist is terminated when the person is no longer an enrolled graduate student or a student of an advanced dental education program approved by the board.

B. A person licensed to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist must inform the board when the licensee is no longer an enrolled graduate student or a student of an advanced dental education program approved by the board.

C. A person who fails to inform the board as required in item B within 30 days of no longer being enrolled as a student or graduate student in a program approved by the board, is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150A.08, subdivision 1, clause (1).

Statutory Authority: *MS s 150A.04*

History: *36 SR 738*

Published Electronically: *January 5, 2012*

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.
- 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; 150A.06; 150A.08; 150A.09; 150A.10; 214.06*

History: *10 SR 1612; 16 SR 2314; 17 SR 1279; 35 SR 459*

Published Electronically: *September 30, 2010*

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:

- A. An application on a form furnished by the board shall be completely filled out.
- B. The applicant shall furnish a certified copy or its equivalent of a diploma or certificate of satisfactory completion of a training program approved by the Commission on Accreditation or other program which, in the judgment of the board, is equivalent. If the curriculum of the training program does not include training in the expanded duties specified in part 3100.8500, the applicant must successfully complete a course in these functions which has been approved by the board.

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.

D. 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.

E. The applicant shall furnish evidence of good moral character satisfactory to the board.

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; 150A.06; 150A.08; 150A.09; 150A.10; 214.06*

History: *10 SR 1612; 20 SR 2474; 35 SR 459*

Published Electronically: *September 30, 2010*

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.

A. The applicant shall complete an application furnished by the board.

B. The applicant shall furnish satisfactory evidence of having graduated from a school of dentistry, or dental hygiene, whichever the case may be, which has been accredited by the Commission on Accreditation.

C. An applicant for licensure as a dentist must have been in active practice in another state, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application and must submit at least three references from other practicing dentists.

D. An applicant for licensure as a dental hygienist must have been in active practice in another state, Canadian province, or United States government service for at least 2,000 hours within 36 months prior to the board receiving a completed application. The applicant must submit at least two character references from dentists and two references from practicing dental hygienists.

E. An applicant must provide evidence of having passed a clinical examination for licensure in another state or Canadian province, where the licensure requirements are substantially equivalent to that of Minnesota.

F. An applicant shall include a physician's statement attesting to the applicant's physical and mental condition and a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity.

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

H. 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.

I. In advance of the appearance required by item J, an applicant for licensure by credentials as a dentist shall submit complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the five years preceding the date of application. The number of records requested of the applicant shall be established by resolution of the board. The records submitted shall be reasonably representative of the treatment typically provided by the applicant.

J. An applicant must appear before the board and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice dentistry or dental hygiene pursuant to Minnesota Statutes, section 150A.06, subdivision 4. Questions may be based on the records submitted pursuant to item I.

K. An applicant shall successfully complete an examination designed to test knowledge of Minnesota laws relating to the practice of dentistry and the rules of the board.

L. If the board adopts simulated dental patient examinations as part of the application process, applicants shall complete simulated dental patient examinations designed to test their knowledge of dental subjects.

M. An applicant shall provide adequate documentation of attained professional development or continuing dental education for the 60 months preceding the date of application.

N. An applicant may apply for licensure by credentials only once within any five-year period of time.

Statutory Authority: *MS s 150A.04; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

History: *10 SR 1612; 14 SR 1214; 18 SR 2042; 20 SR 2316; 31 SR 1238; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.1500 INCOMPLETE APPLICATIONS.

Incomplete applications shall be returned to the applicant with the tendered fee, together with a statement setting forth the reason for such rejection.

Statutory Authority: *MS s 150A.04*

Published Electronically: *September 30, 2010*

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: *17 SR 1279; 35 SR 459*

Published Electronically: *September 30, 2010*

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. **Biennial renewal applications.** Each licensee 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 maintaining a consecutive and 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 that 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; 150A.08; 150A.09; 214.06*

History: *10 SR 1612; 17 SR 1279; 20 SR 2623; 29 SR 306; 31 SR 1238; 35 SR 459; 36 SR 738; 37 SR 1849*

Published Electronically: *October 16, 2014*

3100.1750 TERMS AND RENEWAL OF LICENSURE; LIMITED FACULTY AND RESIDENT DENTISTS.

Subpart 1. **Requirements.** The requirements of this part apply to the terms and renewal of licensure as a limited faculty or resident dentist.

Subp. 2. **Terms.** An initial license issued by the board is valid from the date issued until renewed or terminated in accordance with the procedures specified in this part. An annually renewed license issued by the board is valid from July 1 of the year for which it was issued until renewed no later than the following June 30 or terminated in accordance with the procedures specified in this part.

Subp. 3. **Renewal applications.**

A. A limited faculty or resident dentist must complete and submit to the board an application form furnished by the board, together with the applicable annual renewal fee, no later than June 30 for the 12-month period for which licensure renewal is requested. Applications for renewal will be considered timely if received by the board no later than June 30 or postmarked on June 30. If the postmark is illegible, the application will be considered timely if received in the board office via United States first class mail on the first workday after June 30.

B. An applicant must submit on the application form the following:

- (1) the applicant's signature;
- (2) the applicant's institutional addresses;
- (3) the applicant's license number; and
- (4) any additional information requested by the board.

Subp. 4. **Application fees.** Each applicant for initial licensure as a limited faculty or resident dentist shall submit with a license application the fee in Minnesota Statutes, section 150A.091, subdivision 2.

Subp. 5. **Annual license fees.** Each limited faculty or resident dentist shall submit with an annual license renewal application the fee in Minnesota Statutes, section 150A.091, subdivision 4.

Subp. 6. **Annual license late fee.** Applications for renewal of any license received after the time specified in this part shall be assessed a late fee equal to 50 percent of the annual renewal fee.

Statutory Authority: *MS s 150A.04; 214.06*

History: *20 SR 2623; 29 SR 306; 37 SR 1849*

Published Electronically: *July 8, 2013*

3100.1800 [Repealed, 10 SR 1612]

Published Electronically: *September 30, 2010*

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:

- A. submit to the board a completed reinstatement application provided by the board;
- B. submit with the reinstatement application the fee specified in Minnesota Statutes, section 150A.091, subdivision 10;
- C. include with the reinstatement application a letter stating the reasons for applying for reinstatement; and
- 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;
- C. submit evidence of having successfully completed the examination of the laws of Minnesota relating to dentistry and the rules of the board. The examination must have been completed within 12 months prior to the board's receipt of the application;

D. submit evidence of having had a complete physical examination to include a physician's statement attesting to the applicant's physical and mental condition. The physical examination must have been completed within 12 months prior to the board's receipt of the application; and

E. submit evidence of having had a complete optical examination and having complied with required optical prescriptions. The optical examination must have been completed within 12 months prior to the board's receipt of the application.

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;

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 examinations in Minnesota Statutes, section 150A.106, subdivision 1, clauses (2) and (6), for advanced dental therapists; the clinical examination in Minnesota Statutes, section 150A.06, subdivision 1d, for dental therapists; 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, advanced dental therapy, dental therapy, 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; and

C. be available for an interview with the appropriate board committee to determine the applicant's knowledge of dental subjects and ability to practice dentistry, dental therapy, dental hygiene, or dental assisting under this subpart.

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; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

History: *10 SR 1612; 20 SR 2316; 29 SR 306; 35 SR 459; 36 SR 738; 37 SR 1849*

Published Electronically: *October 16, 2014*

3100.1900 [Repealed, 10 SR 1612]

Published Electronically: *September 30, 2010*

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]

Published Electronically: *September 30, 2010*

EXAMINATIONS FOR LICENSURE

3100.3100 CONDUCT OF EXAMINATIONS.

This part and parts 3100.3300 to 3100.3500 govern the conduct of examinations and must be strictly adhered to throughout each entire examination given to those applicants for licensure as a dentist, dental therapist, dental hygienist, or licensed dental assistant, or for certification as an advanced dental therapist. 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.

E. An examinee shall not leave the examination room without permission of an examiner or proctor.

F. Notes, textbooks, or other informative data shall not be brought to the examination rooms.

G. An examinee shall not alter questions or write explanations to answers on the examination paper.

H. Copying of examination questions is forbidden.

I. Question sheets must be returned with the answer sheets.

J. An examinee shall occupy the space assigned throughout the entire examination.

K. When finished writing during an assigned period, the examinee shall turn in the complete papers to an examiner or proctor and leave the room.

L. Under no circumstances shall an examination paper be returned to an examinee once it has been submitted as in item K.

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

Statutory Authority: *MS s 150A.04; 150A.08; 319A.18*

History: *10 SR 1613; 35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

3100.3200 CLINICAL EXAMINATIONS.

Every dentist, advanced dental therapist, dental therapist, and dental hygienist applicant shall give a demonstration of skill in those operations appropriate for the level of licensure or certification 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; 150A.06; 150A.08; 319A.18*

History: *10 SR 1613; 17 SR 1279; 35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

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; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06*

History: *10 SR 1612; 14 SR 1214; 17 SR 1279; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.3350 EXAMINATION OF DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS.

Subpart 1. **Scope.** This part provides that the examination of applicants for a license to practice dental therapy and become certified to practice advanced dental therapy in this state shall be sufficiently thorough to test the fitness of the applicant to practice dental therapy or advanced dental therapy.

Subp. 2. **Clinical examination.** An applicant must pass a board-approved clinical examination designed to determine the applicant's clinical competency.

Subp. 3. **Additional examination content.** All applicants shall be examined for general knowledge of the act and the rules of the board. Additional written theoretical examinations may be administered by the board.

Subp. 4. **Additional education for two failed clinical examinations.** If an applicant fails twice any part of the clinical examination required by Minnesota Statutes, section 150A.06, subdivision 1d, for dental therapists, or Minnesota Statutes, section 150A.106, subdivision 1, for advanced dental therapists, the applicant may not retake the examination until the applicant successfully completes additional education provided by an institution approved by the board. The education must cover all of the subject areas failed by the applicant in the clinical examination. The applicant may retake the examination only after the institution provides information to the board 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 provided above 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 qualifications for continued licensure.

Statutory Authority: *MS s 150A.04*

History: *36 SR 738*

Published Electronically: *January 5, 2012*

3100.3400 EXAMINATION OF DENTAL HYGIENISTS.

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

Subp. 2. **National board examination.** Each applicant must pass a national board examination. At the discretion of the board, any dental hygienist duly licensed to practice as such in another state which has and maintains laws regulating the practice of dental hygiene by dental hygienists, equivalent to this state's,

who is of good professional character and is desirous of licensure in this state and presents a certificate from the examining board of the state in which the applicant is licensed so certifying, may be exempted from taking a national board examination provided the applicant has been licensed for five or more years.

Subp. 3. **Additional examination content.** All applicants shall be examined for general knowledge of the act and the rules of the board. Additional written theoretical examinations may be administered by the board.

Subp. 3a. **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 2, 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 provided above each time the applicant fails the clinical examination twice.

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; 150A.06; 150A.08; 150A.09; 150A.10; 150A.11; 214.06*

History: *10 SR 1612; 14 SR 1214*

Published Electronically: *September 30, 2010*

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; 150A.06; 150A.08; 150A.10; 150A.11; 214.06*

History: *14 SR 1214; 35 SR 459*

Published Electronically: *September 30, 2010*

ADMINISTRATION OF ANESTHESIA AND SEDATION

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

Subpart 1. **Prohibitions.** A dental therapist, 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):

(1) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The program must be equivalent to a program for advanced specialty education in oral and maxillofacial surgery; or

(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 therapist may administer nitrous oxide inhalation analgesia only according to items C to F. 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 therapist, dental hygienist, or licensed dental assistant must complete CPR training and maintain current CPR certification thereafter.

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

E. A dental therapist, 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 therapist, 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 therapist, 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 subparts 9 and 9b.

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 therapist, 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 operatory 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:

- (1) an automated external defibrillator or full function defibrillator that is immediately accessible;
- (2) a positive pressure oxygen delivery system and a backup system;
- (3) a functional suctioning device and a backup suction device;
- (4) auxiliary lighting;
- (5) a gas storage facility;
- (6) a recovery area;
- (7) a method to monitor respiratory function; and
- (8) a board-approved emergency cart or kit that must be available and readily accessible and includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

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.

B. If a dentist fails to meet the on-site inspection requirements because of extenuating circumstances, the dentist may apply for an extension of time to complete the requirements by making a written request to the board. The written request must include a complete explanation of the circumstances and the dentist's plan for completing the on-site inspection requirement. If an extension is granted after review, the board shall establish the length of the extension to obtain the on-site inspection requirements.

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

(1) The dentist must be notified in writing by the board if an on-site inspection is required and provided with the name of an anesthesia consultant or qualified anesthetic practitioner who is qualified to coordinate the inspection. The dentist may have an on-site inspection performed by another individual or organization or agency that has been approved by the board. The dentist must make arrangements for the scheduling or completion of the inspection within 30 calendar days of the date the notice is mailed.

(2) Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization or agency conducting the inspection to provide the board with the written results of the inspection.

(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; 150A.06; 150A.08; 150A.10*

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PROFESSIONAL DEVELOPMENT**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 therapist, 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 therapist, 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 therapist, 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 dental therapists, and 25 hours for dental hygienists and licensed dental assistants. Each dentist, dental therapist, 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 therapist, 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 dental therapists, 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 therapists, 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 therapy, dental hygiene, or dental assisting as follows: a maximum of 20 hours for dentists and dental therapists, 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:

- (a) infection control;
- (b) record keeping;
- (c) ethics;
- (d) patient communications;
- (e) management of medical emergencies; and
- (f) treatment and diagnosis.

(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 maintain a consecutive and 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 (7):

(1) general attendance at a multiday state or national dental convention for a maximum of three credit hours;

(2) volunteerism or community service directly relating to the practice of dentistry, dental therapy, dental hygiene, or dental assisting such as international or national mission work, voluntary clinic work, or dental health presentations to students or groups;

(3) professional reading of published articles or other forms of self-study directly relating to the practice of dentistry, dental therapy, dental hygiene, or dental assisting;

(4) scholarly activities include, but are not limited to:

(a) teaching a professional course directly related to the practice of dentistry, dental therapy, dental hygiene, or dental assisting; or presenting a continuing dental education program;

(b) presenting a table clinic directly related to the practice of dentistry, dental therapy, dental hygiene, or dental assisting;

(c) authoring a published dental article or text in a recognized publication;

(d) participating in test construction for an accredited state or nationally recognized dental association or organization; and

(e) participating in a scientific dental research program from an accredited institution or program or an evidence-based clinical study;

(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;

(6) leadership or committee involvement with the board or a dental professional association for a maximum of three credit hours; or

(7) 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 therapy, 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: *29 SR 306; 31 SR 1238; 35 SR 459; 36 SR 738; 37 SR 1849*

Published Electronically: *October 16, 2014*

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: *29 SR 306; 35 SR 459*

Published Electronically: *September 30, 2010*

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:

- (1) lack of proof of documentation or participation;
- (2) credit hours earned outside of renewal period being audited;
- (3) excess of earned hours in a category having a maximum if a deficiency exists;
- (4) lack of earned hours in a category having a minimum if a deficiency exists;
- (5) failure to submit the portfolio;
- (6) unacceptable professional development sources; or
- (7) fraudulently earned or reported hours.

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.

Subp. 6. **Audit fee.** The licensee shall submit to the board the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 16, after failing two consecutive professional development portfolio audits and thereafter for each failed professional development portfolio audit.

Statutory Authority: *MS s 150A.04*

History: *29 SR 306; 31 SR 1238; 35 SR 459; 37 SR 1849*

Published Electronically: *July 8, 2013*

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.

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: *29 SR 306; 35 SR 459*

Published Electronically: *September 30, 2010*

SUSPENSION OR REVOCATION OF LICENSE OR REGISTRATION

3100.6100 STATUTORY GROUNDS FOR DISCIPLINE.

In general terms, the grounds for suspension or revocation of licenses of dentists, dental therapists, 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; 36 SR 738*

Published Electronically: *January 5, 2012*

3100.6200 CONDUCT UNBECOMING A LICENSEE.

"Conduct unbecoming a person licensed to practice dentistry, dental therapy, 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. dental therapists, 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; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 319A.18*

History: *10 SR 1613; 14 SR 1214; 16 SR 2314; L 2007 c 147 art 10 s 15; 35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

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.** Dental health care personnel shall comply with the requirements for hazardous waste in chapter 7045.

Subp. 15. **Ionizing radiation.** Each licensee shall comply with the requirements for ionizing radiation in chapter 4732.

Statutory Authority: *MS s 150A.04; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

History: *L 1987 c 309 s 24; 16 SR 2314; 18 SR 2042; 20 SR 2316; 29 SR 306; 35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

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; 150A.08; 319A.18*

History: *10 SR 1613; 35 SR 459*

Published Electronically: *September 30, 2010*

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; 150A.08; 319A.18*

History: *10 SR 1613; 35 SR 459*

Published Electronically: *September 30, 2010*

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; 150A.11; 214.15; 319A.07*

History: *10 SR 1613; 35 SR 459*

Published Electronically: *September 30, 2010*

ADVERTISING

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:

- A. contains a misrepresentation of fact;
- B. is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;
- C. is intended or is likely to create false or unjustified expectations of favorable results;
- D. appeals to an individual's anxiety in an excessive or unfair way;

- E. contains material claims of superiority that cannot be substantiated;
- F. misrepresents a dentist's credentials, training, experience, or ability; or
- G. contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or be deceived.

Statutory Authority: *MS s 150A.04; 150A.11; 214.15*

History: *10 SR 1613; 17 SR 1279; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.6600 ADVERTISING DENTAL FEES AND SERVICES.

Subpart 1. **Routine services.** If the following routine dental services are advertised, either the advertised service must include the listed components or the advertisement must disclose the components which are not included.

A. Examination: a study by the dentist of all the structures of the oral cavity, including the appropriate recording or charting of the condition of all such structures and appropriate history thereof, the identification of periodontal disease and occlusal discrepancies, the detection of caries and oral abnormalities, and the development of a treatment plan. If there is a charge in addition to the examination fee for radiographs and/or the provision to the patient of a written opinion of the items found in the examination (i.e., diagnosis) or of a written itemized treatment recommendation and itemized fee (i.e., treatment plan), such fact shall be disclosed in the advertisement.

B. Radiographs (X-rays): adequate X-rays of the oral structures to provide necessary radiographic study.

C. Denture: either a complete maxillary or complete mandibular replacement of the natural dentition with artificial teeth. If the service advertised is for a denture which is partially prefabricated, intended for a partial replacement of the natural dentition, intended to be used as an emergency or temporary denture, or if any advertised fee does not include a reasonable number of readjustments, such facts shall be disclosed in the advertisement.

D. Prophylaxis (cleaning): the removal of calculus (tartar) and stains from the clinically exposed surfaces of the teeth.

E. Extractions: the removal of nonimpacted teeth, including necessary X-rays, anesthesia, preoperative, and postoperative care.

Subp. 2. [Repealed, 10 SR 1613]

Subp. 2a. **Set fees.** Set fees may be advertised for any service where the dentist intends to charge a standard price for the service.

Subp. 3. **Identification of related services and additional fees.** Related services which may be required in conjunction with the advertised services, and for which additional fees will be charged, must be identified as such in the advertisement.

Subp. 4. **Range of fees.** When a range of fees is advertised, the advertisement must disclose the basic factors on which the actual fees will be determined.

Subp. 5. **Time period of advertised fees.** Advertised fees must be honored for those seeking the advertised services during the entire time period stated in the advertisement, whether or not the services are

actually rendered in that time. If no time period is stated, the advertised fees shall be so honored for 30 days or until the next scheduled publication, whichever is later.

Statutory Authority: *MS s 150A.04; 150A.11; 214.15*

History: *10 SR 1613*

Published Electronically: *September 30, 2010*

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; 150A.11; 214.15*

History: *35 SR 459*

Published Electronically: *September 30, 2010*

3100.6800 NEWS MEDIA COMPENSATION.

A person shall not compensate or give anything of value to a representative of the press, radio, television, or other communicative medium in anticipation of or in return for professional publicity unless the fact of compensation is made known in such publicity.

Statutory Authority: *MS s 150A.11; 214.15*

Published Electronically: *September 30, 2010*

3100.6900 CONSIDERATION FOR PATIENT REFERRAL.

A person shall not directly or indirectly offer, give, receive, or agree to receive any fee or other consideration to or from a third party for referral of a patient in connection with the performance of professional services.

Statutory Authority: *MS s 150A.11; 214.15*

Published Electronically: *September 30, 2010*

3100.7000 ADVERTISING DENTAL SPECIALTY PRACTICE.

Subpart 1. **Specialty areas.** The following special areas of dentistry are recognized as suitable for the announcement of specialty dental practices:

- A. endodontics (endodontist);
- B. oral and maxillofacial radiology (oral and maxillofacial radiologist);
- C. oral and maxillofacial surgery (oral surgeon/oral maxillofacial surgeon);
- D. oral pathology (oral pathologist);
- E. orthodontics (orthodontist);
- F. pediatric dentistry (pediatric dentist);
- G. periodontics (periodontist);
- H. prosthodontics (prosthodontist); and

I. public health.

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; 150A.06; 150A.08; 150A.10; 150A.11; 214.06; 214.15; 319A.18*

History: *14 SR 1214; 17 SR 1279; 20 SR 2316; 35 SR 459; 37 SR 1849*

Published Electronically: *July 8, 2013*

3100.7100 PROHIBITED ADVERTISEMENTS.

Advertisements shall not:

A. reveal a patient's identity or personally identifiable facts, data, or information obtained in a professional capacity without having first obtained a written waiver of patient confidentiality; or

B. after one year, include the name of any dentists formerly practicing at or associated with any advertised location.

Statutory Authority: *MS s 150A.04; 150A.11; 214.15*

History: *10 SR 1613*

Published Electronically: *September 30, 2010*

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; 150A.11; 214.15*

History: *35 SR 459*

Published Electronically: *September 30, 2010*

ALLIED DENTAL PERSONNEL**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; 150A.08; 150A.11*

History: *31 SR 1238; 35 SR 459*

Published Electronically: *September 30, 2010*

3100.8200 UNLAWFUL PRACTICE BY ALLIED DENTAL PERSONNEL.

An assistant, hygienist, dental therapist, 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, dental therapist, 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; 150A.08; 150A.10; 150A.11*

History: *35 SR 459; 36 SR 738*

Published Electronically: *January 5, 2012*

3100.8300 RESPONSIBILITIES OF LICENSED DENTIST.

Nothing in this chapter relating to the scope of services rendered by assistants, technicians, hygienists, or dental therapists 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, hygienists, or dental therapists 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; 36 SR 738*

Published Electronically: *January 5, 2012*

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;
- F. aid dental hygienists and licensed dental assistants in the performance of their duties as defined in parts 3100.8500 and 3100.8700; and
- G. apply fluoride varnish in a community setting under the authorization and direction of a licensed practitioner with prescribing authority such as a dentist or physician, as long as the licensed practitioner authorizing the service or the facility at which the fluoride varnish is administered maintains appropriate patient records of the treatment.

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; 150A.06; 150A.08; 150A.10; 150A.11; 214.15; 319A.18*

History: *10 SR 1612; 20 SR 2316; 35 SR 459; 37 SR 1849*

Published Electronically: *July 8, 2013*

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:

- A. cut arch wires on orthodontic appliances;
- B. remove loose bands on orthodontic appliances;
- C. remove loose brackets on orthodontic appliances;
- D. re-cement intact temporary restorations;
- E. place temporary fillings, not including temporization of inlays, onlays, crowns, and bridges;
- F. take radiographs;
- 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;
- I. place and remove elastic orthodontic separators;
- J. complete preliminary charting of the oral cavity and surrounding structures with the exception of periodontal probing and assessment of the periodontal structure;
- K. take photographs extraorally or intraorally; and
- L. take vital signs such as pulse rate and blood pressure as directed by a dentist.

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;
- B. place and remove rubber dam;
- C. remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only;
- D. perform mechanical polishing to clinical crowns not including instrumentation. Removal of calculus by instrumentation must be done by a dentist or dental hygienist before mechanical polishing;
- E. preselect orthodontic bands;
- F. place and remove periodontal dressings;
- G. remove sutures;
- H. monitor a patient who has been induced by a dentist into nitrous oxide inhalation analgesia;
- 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 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;

C. etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist;

D. fabricate, cement, and adjust temporary restorations extraorally or intraorally;

E. remove temporary restorations with hand instruments only;

F. place and remove matrix bands;

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; 150A.06; 150A.08; 150A.10; 214.06*

History: *10 SR 1612; 16 SR 2314; 18 SR 2042; 20 SR 2474; 27 SR 1836; 31 SR 1238; 35 SR 459; 37 SR 1849*

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3100.8600 [Repealed, 10 SR 1612]

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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;
- B. complete prophylaxis to include scaling, root planing, and polishing of restorations;
- C. preliminary charting of the oral cavity and surrounding structures to include case histories, perform initial and periodic examinations and assessments to determine periodontal status, and formulate a dental hygiene treatment plan in coordination with a dentist's treatment plan;
- D. dietary analysis, salivary analysis, and preparation of smears for dental health purposes;
- E. etch appropriate enamel surfaces, application and adjustment of pit and fissure sealants;
- F. removal of excess bond material from orthodontic appliances;
- G. replacement, cementation, and adjustment of intact temporary restorations extraorally or intraorally;

- H. removal of marginal overhangs;
- I. make referrals to dentists, physicians, and other practitioners in consultation with a dentist;
- J. administer local anesthesia. Before administering local anesthesia, a dental hygienist must have successfully completed a didactic and clinical program sponsored by a dental or dental hygiene school accredited by the commission on accreditation, resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia; and
- K. administer nitrous oxide inhalation analgesia according to part 3100.3600, subparts 4 and 5.

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:

- A. etch appropriate enamel surfaces before bonding of orthodontic appliances by a dentist;
- B. remove temporary crowns with hand instruments only;
- C. fabricate, cement, and adjust temporary restorations;
- D. place and remove matrix bands;
- E. remove bond material from teeth with rotary instruments after removal of orthodontic appliances. Before utilizing rotary instruments for the removal of bond material, a dental hygienist 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;
- 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; 150A.06; 150A.08; 150A.10; 150A.11; 214.06*

History: *10 SR 1612; 14 SR 1214; 16 SR 2314; 18 SR 2042; 20 SR 1196; 20 SR 2474; 27 SR 1836; 31 SR 1238; 35 SR 459*

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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.

Subp. 2. **Written authorization forms.** A dentist may not use the services of a technician without written authorization, and a carbon copy thereof shall be on printed forms and shall include:

- A. the date and city where the authorization was issued;
- B. the name of the laboratory or technician to whom the authorization was issued;
- C. the name of the patient, or an identifying symbol;
- D. a description of the work authorized;
- E. the signature of the dentist in his or her actual handwriting; and
- F. the dentist's license number issued by the board.

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.

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; 150A.10*

History: *17 SR 1279; 35 SR 459*

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PROFESSIONAL FIRMS

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; 150A.08; 319A.18; 319A.21*

History: *10 SR 1613; 35 SR 459*

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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; 150A.08; 319A.18*

History: *10 SR 1613; 35 SR 459*

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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; 150A.06; 150A.08; 150A.10; 150A.11; 214.15; 319A.18; 319A.20*

History: *10 SR 1613; 20 SR 2316; 35 SR 459*

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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; 319A.18*

History: *35 SR 459*

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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; 150A.08; 150A.11; 319A.18*

History: *10 SR 1613; 35 SR 459*

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RECORD KEEPING

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:

- A. the patient's name;
- B. the patient's address;
- C. the patient's date of birth;
- D. if the patient is a minor, the name of the patient's parent or guardian;
- E. the name and telephone number of a person to contact in case of an emergency; and
- F. the name of the patient's insurance carrier and insurance identification number, if applicable.

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, advanced dental therapist, or dental therapist 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 be legible and include a chronology of the patient's progress throughout the course of all treatment and postoperative visits. The chronology must include:

- A. all treatment provided;
- B. all medications used and materials placed;
- C. the treatment provider by license number, name, or initials; and
- D. when applicable, the identity of the collaborating dentist authorizing treatment by license number.

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.

Subp. 12. **Retention of records.** A dentist shall maintain a patient's dental records for at least seven years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental records for at least seven years past the age of majority.

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. Digital radiographs shall be transferred by compact or optical disc, electronic communication, or printing on high-quality photographic paper. All transferred film or digital radiographs must reveal images of diagnostic quality using proper exposure settings and processing procedures.

Subp. 14. **Electronic record keeping.**

- A. The requirements of subparts 1 to 13 apply to electronic record keeping as well as to record keeping by any other means.

B. When electronic records are kept, a dentist must keep either a duplicate hard copy record or use an unalterable electronic record.

Statutory Authority: *MS s 144.335; 150A.04; 150A.08*

History: *21 SR 1730; L 2007 c 147 art 10 s 15; 35 SR 459; 36 SR 738; 37 SR 1849*

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