

These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state's dental board at least annually regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state's dental board.



Measuring Dental Assisting Excellence™

How To Use The Following Charts

Chart 1

View which job designations are used in your state.

Be sure to follow the legal requirements to perform dental radiographic procedures.

See which tasks are not permitted by state law.



View the education/training/credential required for each level of dental assisting.




Compare your state's job designations to those used as standardized job titles in the DANB/ADAA Core Competency Study.

Chart 2

Review all the allowable tasks for each level of dental assisting as published in the state practice act.




The numbers next to each task correspond to the 70 numbered tasks that were identified and used in the DANB/ADAA Core Competency Study. Tasks that are not numbered do not directly match one of the 70 tasks, yet are identified by the state in the practice act. A full list of those tasks form your state's chart.



If your state's dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.

Education/Training/ Credential Required	Job Title According to State of HI	Proposed Standardized National Job Titles (see below)	Radiography Requirements	Functions NOT Permitted by Dental Assistants in HI
<p>A dental assistant in the state of Hawaii may perform basic supportive dental procedures specified by the state dental practice act (see opposite page) under the direct supervision of a licensed dentist.</p> <p>There are no education or training requirements for this level of dental assisting.</p>	<p>Dental Assistant</p>	<p>Expanded Functions Dental Assistant (EFDA)</p> <hr/> <p>DANB Certified Dental Assistant (CDA) or Registered Dental Assistant (RDA)</p> <hr/> <p>Dental Assistant</p> <hr/> <p>Entry Level Dental Assistant</p>	<p>There are no radiography requirements for dental assistants in the state of Hawaii.</p> <p>All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures.</p> <hr/> <p>← The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competency Study conducted from 2002-05.</p> <p>The same study utilized a list of 70 job functions which were determined to be representative of a broad range of dental assisting core competencies.</p> <p>Functions in this state that relate to the national DANB/ADAA Core Competency Study are numbered to the right, using language directly from this state's dental practice act. (The numbers correspond to the study's task numbering system.) →</p> <p>Functions listed with bullets are part of this state's practice act but are not specific matches to DANB/ADAA research.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>These state templates reflect the work being done by the ADAA/DANB Alliance to support a uniform national model for one set of dental assisting tasks, levels, and requirements, which will serve as a viable career ladder for dental assistants.</p> </div>	<p>The following functions are not permitted by any level of dental assistant:</p> <ol style="list-style-type: none"> 6. Placing of retractions, cords, or other devices for tissue displacement for crown and bridge impressions 9. Coronal polishing with a rubber cup or brush 14. Irrigation, medication, or drying of canals; reaming, filing, trying in cones, or filling of root canals; or establish length of tooth 33, 34, 47, 51. Placement, condensation, carving, finishing, or adjustment of final restorations; placement of pulp capping materials and cement bases; or any cementation procedures 46, 47. Any intra-oral procedure which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues 49. Test pulp vitality <ul style="list-style-type: none"> • Diagnosis and treatment planning • Surgical or cutting procedures on hard or soft tissues, or extraction of teeth • Prescription or injection of drugs • Administration of injectable or general anesthesia and acupuncture • Adjust or attempt to adjust any prosthodontic or correctional appliance to be worn in the mouth • Cementation or bonding of any fixed prosthetic or orthodontic appliance • Use of ultrasonic equipment to remove cement or calculus • Prophylaxis or removal of stains, accretions, or deposits from the teeth • Polishing of restorations • Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of human teeth or jaws or adjacent structure • Intra-orally adjust occlusion of inlays, crowns, bridges, or any restoration • Intra-orally finish margins of inlays, crowns, or bridges • Cement or recement permanently any cast restoration or stainless steel crown • Elevate soft-tissue flaps • Establish occlusal vertical dimension for dentures • Try-in of dentures set in wax • Curette to sever epithelial attachment • Insertion and post-insertion adjustments of dentures • Suture • Write a prescription for authorization to fabricate restorative prosthodontic or orthodontic appliances

Job Title According to State of HI	Allowable Functions (Functions with numbers relate specifically to Core Competency designations; functions with bullets are in this state's practice act but are not specific matches to DANB research)
--	---

Dental Assistant

- Under Direct Supervision***
- | | | |
|--|--|--|
| <ul style="list-style-type: none"> 1. Conduct a mouth-mirror oral inspection, reporting observations to the supervising dentist 13. Removal of sutures 15. Placement and removal of ligature ties 22, 52. Take, expose, and develop radiographs 24. Patient education in oral hygiene 26. Relate pre- and post-operative instructions 27. Place and remove a rubber dam 29. Preliminary selecting and sizing of bands 30. Provide any assistance, including the placement of material in a patient's oral cavity in response to the specific direction of a licensed dentist who is actually performing a dental procedure on the patient | <ul style="list-style-type: none"> 37. Take and record blood pressure and vital signs 42. Place and remove orthodontic separators 44. Take impressions for study casts 45. Placement of matrix retainers for alloy and composite restorations after a dentist has prepared the cavity 48. Retract a patient's cheek, tongue, or other parts of tissues during a dental procedure 48. Remove debris as is normally created and accumulated during or after operative procedures by the dentist by the use of vacuum devices, compressed air, mouthwashes, and water 56. Place non-aerosol and non-caustic topical anesthetics 59. Monitoring of nitrous oxide/oxygen unit | <ul style="list-style-type: none"> 61. Removal of excess cement after a dentist has placed a permanent or temporary inlay, crown, bridge, appliance, orthodontic band with hand instruments only 69. Removal of post-extraction dressings <ul style="list-style-type: none"> • Take intra-oral measurements for orthodontic procedures • Check for loose bands and bonded brackets • Removal of arch wires • Fitting and removal of head appliances • Placement and removal of inter-arch elastics (i.e., chain elastics and rubber bands) • Take intra-oral and extra-oral photographs |
|--|--|--|

*Direct Supervision: The licensed supervising dentist examines and diagnoses the condition to be treated, personally authorizes each procedure, remains in the dentist's office or facility while the procedures are being performed, and, before dismissal of the patient, evaluates the performance of the dental auxiliary.

Dental Assisting Functions List

The following is a list of 70 dental assisting tasks developed by the ADA/DANB Alliance in the course of its research. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

Functions in each state that correspond to the national Core Competency Study functions are **numbered** in the Career Ladder Template, using language directly from the state's dental practice act. Functions listed with **bullets** in the Career Ladder Template are part of the state's practice act but are not specific matches to DANB research.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post-surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in archwires
16. Demonstrate knowledge of ethics/jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim, and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/armamentaria set-ups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown



Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified four levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2006: 307) which is part of its *Current Policies*, last updated in 2007. Note that “allied dental personnel” refers to dental assistants, dental hygienists, and dental laboratory technicians.

The four levels of supervision defined by the ADA are as follows:

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

Direct supervision. A dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and, before dismissal of the patient, evaluates the performance of the allied dental personnel.

Indirect supervision. A dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A dentist is not required to be in the dental office or treatment facility when procedures are being performed by the allied dental personnel, but has personally diagnosed the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Furthermore, the ADA’s Comprehensive Policy Statement on Allied Dental Personnel stipulates that intraoral expanded functions should be performed by allied dental personnel “only under the direct supervision of a dentist.”

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance does not make any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that, while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA’s own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of this volume, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.



Dental Assisting National Board, Inc. (DANB)

444 N. Michigan Ave., Ste. 900
Chicago, IL 60611
1-800-FOR-DANB or 312/642-3368
Fax: 312/642-1475
www.danb.org • danbmail@danb.org