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Part 1: Definitions and Clarification of Terms

1-1 “AAOMS” means the American Association of Oral and Maxillofacial Surgeons.

1-2 “Active practice” means engaging in licensed activities, while lawfully authorized to do so in the jurisdiction of practice, and may include services to patients in any environment, including traditional clinical practice, military service, and volunteer work; supervising clinical practice; acting as dental educator; providing dental health education; or participating in residency programs in ADA-recognized board specialties.

1-3 “ADBA” means the American Dental Board of Anesthesiology.

1-4 “ADA” means the American Dental Association.

1-5 “Board,” when capitalized, means the Vermont Board of Dental Examiners, except where unambiguously used in the proper name of a different board.

1-6 “CDCA” means the Commission on Dental Competency Assessment.

1-7 “CODA” means Commission on Dental Accreditation of the American Dental Association.

1-8 “CITA” means Council of Interstate Testing Agencies.

1-9 “CPR Course” and “Training in CPR” mean:

- (a) a program of education in cardiopulmonary resuscitation that is provided by a DANB-approved CPR provider and requires a hands-on examination; or
- (b) training in cardiopulmonary resuscitation, as demonstrated by current licensure with the Vermont Department of Health as an emergency medical technician, advanced emergency medical technician, or paramedic.

1-10 “CRDTS” means Central Regional Dental Testing Service.

1-11 “DANB” means the Dental Assisting National Board.

1-12 “Direct Supervision” means supervision by a dentist or dental therapist who is readily available at the dental facility for consultation or intervention. The term is distinguished from “general supervision.”

1-13 “Director” means the Director of the Office of Professional Regulation.

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1-14 “Emergency Office Procedures Course” means a Board-approved training course of at least 2 hours, consistent with current curricula in CODA-accredited schools, in identification and management of conditions that may result in medical emergencies in the course of dental care.

1-15 “General Supervision” means supervision by a dentist or dental therapist who is readily available for consultation, including by telephone or videoconference. The term is distinguished from “direct supervision.”

1-16 “Maximum Recommended Dose” means the FDA maximum recommended dose of a drug as printed on the FDA-approved labeling for unmonitored home use.

1-17 “Office” means the Office of Professional Regulation.

1-18 “SDF” means silver diamine fluoride.

1-19 “SMART” means silver modified atraumatic restorative technique.

1-20 “SRTA” means the Southern Regional Testing Agency.

1-21 “Specialty,” except in the phrase “dental specialty certifying board,” means a supplemental Board-issued credential authorizing a licensee to undertake defined practices not otherwise within the scope of the primary license. “Specialty” is synonymous with “special endorsement.”

1-22 “Titration” means the administration of incremental doses of a drug until a desired effect is reached. One must know whether the previous dose has taken full effect before administering an additional drug increment.

1-23 “United States jurisdiction” means a governmental licensing authority, other than the State of Vermont or any subdivision thereof, having authority in any of the fifty United States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands.

1-24 “WREB” means the Western Regional Examining Board.

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Part 2: Administration

2-1 Applicable Law. The practice of dentistry is defined and regulated under 26 V.S.A. ch. 12. The Director administers licensure consistent with these and other Vermont laws, including the Administrative Procedure Act, 3 V.S.A. ch. 25; the Public Records Act, 1 V.S.A. § 315 *et seq.*; and the Laws of Professional Regulation, 3 V.S.A. § 121 *et seq.*

2-2 Military Service. The Office offers special procedures to ensure recognition of education, training, or service completed by a member of the U.S. Armed Forces toward the requirements of professional licensure. Expedited processing may be available for the spouse of a member of the U.S. Armed Forces who has been subject to a military transfer to Vermont. See the Office website for details.

Part 3: Procedures

3-1 Applications. Applications for licensure must be made through an online licensing system linked from the Office website.

- (a) Incomplete applications will not be processed. Applications are complete only when all required questions have been answered fully, all attestations made, all required documentation and materials provided, and all fees paid.
- (b) When the Board denies or intends to deny an application, notice stating the reasons for the action shall be given to the applicant by certified mail and email. The applicant shall have 30 days to appeal or petition for review, as provided in 3 V.S.A. §§ 129, 130a.
- (c) The Office may refuse to accept any application that is redundant with a denied or in-process application.
- (d) Applications are valid only for 6 months from the date they were initially submitted.

3-2 Complaints. Complaints against licensees, applicants for licensure, or persons practicing without a license may be submitted through the Office website.

3-3 Contested Cases. Procedures in contested cases relating to licensure or discipline are governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.

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3-4 Conflict of Standards. Where a standard in statute conflicts with a standard in rule, the standard that is most protective of the public shall govern. 3 V.S.A. § 129a(e).

3-5 Determination of Equivalency. Where the Board is permitted by law to accept training or experience as equivalent to a fixed standard, the applicant bears the burden to produce credible, clear, and convincing evidence of equivalence. The Board has no obligation to research the bona fides of any institution, program, course, degree, certification, practicum, fellowship, or examination and may resolve all inferences in favor of withholding a credential, approval, or recognition.

3-6 Waiver or Variance. The Board will not grant routine waivers or variances from any provisions of its rules without amending the rules. 3 V.S.A. § 845. Where, in extraordinary circumstances, application of a rule would result in manifest unfairness, an absurd result, unjustifiable inefficiency, or an outcome otherwise contrary to public health, safety, and welfare, the Board may, upon written request of an interested party, find that waiver is or is not appropriate and may impose particular conditions and limitations. The decision and its justification shall be recorded in writing. This rule does not create any hearing or appeal right or cause of action.

3-7 Pro Bono Service. A person otherwise eligible for a license or registration issued under these rules, whose practice in this State will be limited to providing pro bono services at a free or reduced-fee clinic or similar setting approved by the Board, may be credentialed at no fee. 26 V.S.A. § 662(b). A pro-bono license or registration shall be used only in the setting or settings for which it is approved and shall not authorize practice elsewhere.

Part 4: Dentists

4-1 Eligibility. To be eligible for licensure as a dentist, a person must:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) pass the Vermont Statutes and Rules Exam for dentists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

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4-2 Licensure by Examination. To qualify by examination, an applicant must:

(a) demonstrate qualifying education, meaning:

- (1) a dental degree (D.D.S. or D.M.D.) from a CODA-accredited school of dentistry or dental college, including schools and colleges reciprocally accredited by the Commission on Dental Accreditation of Canada;
- (2) a dental degree or certificate from a program of dental education outside the United States, and a degree from a CODA-accredited postgraduate program, of at least 1 year's duration, acceptable to the Board on the basis that it admits and graduates persons with appropriate training in general dentistry; or
- (3) an education determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited D.D.S. or D.M.D.; and

(b) have passed:

- (1) the National Board Dental Examination (NBDE) Parts I and II;
- (2) the Integrated National Board Dental Examination (INDBE); or
- (3) the written examination of the National Dental Examining Board of Canada; and

(c) have either:

- (1) passed every required part of at least 1 of the following clinical examinations:
 - (A) the American Dental Licensing Examination (ADEX), administered by CDCA or CITA, not including the optional periodontal exam;
 - (B) CRDTS;
 - (C) SRTA;
 - (D) WREB, if examined prior to July 1, 2020;
 - (E) another regional or national clinical examination approved by the Board before the examination is taken; or
 - (F) the certifying examinations of a clinical dental specialty certifying board recognized by the ADA; or
- (2) completed at least 1 year of graduate dental training in a CODA-accredited clinical training program, provided that the applicant's

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supervising dentist attests to the applicant's competency in all areas tested on the ADEX.

4-3 Licensure by Endorsement. A dentist licensed in good standing in another jurisdiction may qualify based on any of the following:

- (a) Equivalency Endorsement.** Licensure as a dentist in a United States or Canadian jurisdiction with requirements substantially equivalent to those of this State. Such an applicant must be a graduate of a CODA-accredited dental college, including colleges reciprocally accredited by the Commission on Dental Accreditation of Canada. Applicants licensed in the jurisdiction of origin for more than 2 years must demonstrate active practice equivalent to that required for Vermont license renewal under 10-4(a).
- (b) Fast-track Endorsement from United States Jurisdictions.** Licensure as a dentist in a United States jurisdiction, regardless of that jurisdiction's licensing requirements, with 3 years of practice in good standing.
- (c) 5-year Endorsement from Canadian jurisdictions.** Licensure as a dentist in a Canadian jurisdiction, regardless of that jurisdiction's licensing requirements, with 5 years of practice in good standing, including at least 1,200 hours of practice per year.

4-4 Scope of Practice. The scope of practice of a licensed dentist is set out at 26 V.S.A. § 561.

4-5 Supervision and Delegation. A dentist may delegate dental tasks to persons qualified by training, education, experience, and licensure. Dentists are responsible for the general supervision and, where required, direct supervision of dental hygienists. Dentists are also responsible for the direct supervision of dental assistants.

4-6 Non-delegable Tasks. A dentist may not delegate:

- (a)** surgical procedures; or
- (b)** except as permitted of dental therapists in Part 5:
 - (1) any intraoral procedure that results in an irreversible change to the oral anatomy, other than debridement, SDF, or SMART; or
 - (2) definitive diagnosis, treatment planning, prescribing drugs, or authorizing restorative, prosthodontic, or orthodontic appliances.

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Part 5: Dental Therapists

5-1 Eligibility. To be eligible for licensure as a dental therapist, a person shall:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) have passed the Vermont Statutes and Rules Exam for dental therapists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

5-2 Licensure by Examination. To be eligible for licensure as a dental therapist by examination, an applicant shall:

- (a) hold a Vermont dental hygienist license in good standing;
- (b) hold a degree from:
 - (1) a CODA-accredited dental therapist educational program; or
 - (2) a program determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental therapist educational program; and
- (c) successfully complete the CDCA or CRDTS clinical examination for dental therapists. An applicant who has failed the clinical examination twice may retake the examination only after successful completion of 1 or more appropriate clinical courses within a CODA-accredited dental therapy program, at the discretion of the Board.

5-3 Licensure by Endorsement. A dental therapist licensed in good standing in another jurisdiction may qualify based on either:

- (a) **Equivalency Endorsement.** Licensure as a dental therapist in a United States or Canadian jurisdiction that has requirements substantially equivalent to Vermont's, with at least 400 hours of practice as a dental therapist; or
- (b) **Fast-track Endorsement.** Licensure as a dental therapist in a United States jurisdiction, regardless of that jurisdiction's licensing requirements, with 3 years of practice in good standing.

5-4 Duplicate Licensure Unnecessary. A person licensed as a dental therapist under this section shall not be required to maintain a dental hygienist license in order to practice as a dental hygienist. 26 V.S.A. § 611(d).

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5-5 Collaborative Agreement Required. Dental therapists may practice only under a collaborative agreement that meets the requirements of 26 V.S.A. § 614. The supervising dentist must meet all the requirements of 26 V.S.A. § 614(c). A licensed dental therapist must maintain a copy of the collaborative agreement and provide it to the Office upon request.

5-6 Scope of Practice. The scope of practice of a licensed dental therapist is set out at 26 V.S.A. § 613.

Part 6: Dental Hygienists

6-1 Eligibility. To be eligible for licensure as a dental hygienist, a person shall:

- (a) be 18 years of age or older;
- (b) have completed an emergency office procedures course and a CPR course within the previous 24 months;
- (c) have passed the Vermont Statutes and Rules Exam for dental hygienists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

6-2 Licensure by Examination. To qualify by examination, an applicant shall:

- (a) do one of the following:
 - (1) complete a program of dental hygiene that is
 - (A) CODA-accredited, including programs reciprocally accredited by the Commission on Dental Accreditation of Canada; or
 - (B) determined by a credential evaluation service, as defined in the Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States, as equivalent to a CODA-accredited dental hygiene educational program;
 - (2) be licensed as a dentist in a non-United States jurisdiction with at least 5 years of practice in good standing; or
 - (3) complete at least 4 semesters at a CODA-accredited dental school; and
- (b) pass the National Board Dental Hygiene Examination or the Canadian National Dental Hygiene Certification Examination; and
- (c) successfully complete a clinical examination for dental hygienists offered by CDCA, CRDTS, WREB, CITA, SRTA, or one of their successor organizations.

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6-3 Licensure by Endorsement. A dental hygienist licensed in good standing in another jurisdiction may qualify based on:

- (a) **Equivalency Endorsement.** Licensure as a dental hygienist in a United States or Canadian jurisdiction with substantially equivalent requirements to those of this State; or
- (b) **Fast-track Endorsement.** Licensure as a dental hygienist in any United States jurisdiction, with 3 years of practice in good standing.

6-4 Dental Hygienist Practice.

- (a) **Scope of practice.** The scope of practice of a dental hygienist is established through their education and by agreement with the supervising dentist or dental therapist and may include:
 - (1) oral prophylaxis;
 - (2) oral debridement;
 - (3) periodontal descriptions and charting, including periodontal probing and placement of supra- and subgingival chemotherapeutic agents;
 - (4) exposure of radiographs;
 - (5) application of sealants;
 - (6) application of silver diamine fluoride;
 - (7) oral health screening and pre-diagnostic examination;
 - (8) use of periodontal lasers for pocket debridement;
 - (9) acquisition of impressions or images;
 - (10) temporary replacement of crowns; and
 - (11) such other dental practices as are generally accepted as appropriate for delegation based on the training, education, and experience of the hygienist.
- (b) **Location.** A dental hygienist, other than a public-health hygienist practicing under Part 6-5, may practice only in the office of a licensed dentist or dental therapist.
- (c) **Local Anesthesia.** A dental hygienist shall not administer local anesthesia unless the hygienist holds a local anesthesia specialty under Part 9-1 and is supervised directly by a dentist or, if permitted by the dental therapist's collaborative practice agreement, by a dental therapist.
- (d) **SMART.** A dental hygienist, other than a public-health hygienist practicing under Part 6-5, may employ SMART only if the hygienist:

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- (1) has received training in SMART from either:
 - (A) a CODA-accredited institution; or
 - (B) a program approved by the Vermont Department of Health under Part 6-5(c), below; and
- (2) is directly supervised by a dentist or dental therapist.

6-5 Guidelines for Public-Health Hygienists. A hygienist with at least 3 years of experience may establish a general supervision agreement with a licensed dentist authorizing out-of-office practice in settings recognized as appropriate by the Board or the Vermont Department of Health. A hygienist so practicing is a public-health hygienist. A public-health hygienist must maintain a copy of the general supervision agreement and provide it to the Office upon request.

(a) Public-health orientation. A general supervision agreement under this Rule shall be oriented toward the goals of:

- (1) maximizing the availability of competent and appropriate dental-health education, screening, and care to every Vermonter; and
- (2) matching each patient with a dental home, meaning an ongoing relationship with a dentist or dental therapist through which the patient can expect continuously accessible, consistent, and coordinated care across the continuum of the patient's dental health needs.

(b) Silver Diamine Fluoride (SDF). A public-health hygienist who has completed an SDF training course approved by the Vermont Department of Health may employ SDF after completing a visual inspection of the teeth and documenting all relevant findings if:

- (1) inspection shows suspected caries;
- (2) there appears an immediate need for care for which SDF is indicated;
- (3) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and
- (4) the patient or parent or guardian of the patient has executed a Board-approved, SDF-specific informed consent form advising that follow-up care should be obtained from a dentist or dental therapist, or from a public-health hygienist authorized to perform SMART.

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- (c) Silver Modified Atraumatic Restorative Technique (SMART).** A public-health hygienist who has completed a SMART training course approved by the Vermont Department of Health may employ SMART under the following principles:
- (1) General supervision agreements between public-health hygienists and dentists may, but are not required to, address the use of telehealth for visual diagnosis of suspected caries.
 - (2) Public-health hygienists performing SMART should always emphasize the education of patients, parents, and caregivers on the means and importance of prevention techniques.
 - (3) Prior to placing SMART, a public-health hygienist must complete a visual inspection of the teeth and document all relevant findings. SMART may be applied if:
 - (A) inspection shows suspected caries in an asymptomatic tooth without apparent pulpal exposure;
 - (B) there appears an immediate need for care for which SMART is indicated;
 - (C) the patient cannot reasonably be expected to obtain timely access to an appropriate dental home; and
 - (D) the patient or parent or guardian of the patient has executed a Board-approved, SMART-specific informed consent form advising that a follow-up evaluation should be obtained from a dentist or dental therapist.
- (d)** Nothing in these Rules shall restrict the use of SDF or SMART by a dental hygienist working in a dental office under Part 6-4, above.

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Part 7: Dental Assistants

7-1 Registration. No person shall practice in this State as a dental assistant unless registered with the Board. Registrations are available in 2 categories:

- (a) Traditional.** A traditional dental assistant registration may be issued to an eligible applicant who is not DANB-certified. A traditional dental assistant may not place sealants or engage in coronal polishing unless the supervising dentist has personally verified the assistant's ability to competently perform those tasks. A traditional dental assistant may place SDF if appropriately trained.
- (b) Certified.** A certified dental assistant registration may be issued to an eligible applicant who is DANB-certified.

7-2 Education required. Within 2 years before or 6 months after initial registration, a dental assistant must complete courses of at least 2 hours each in CPR and emergency office procedures. A dental assistant shall provide documentation of completing this course to the Office upon request. Continued practice after 6 months of initial registration, if this requirement is not satisfied, is unauthorized practice under 3 V.S.A. § 127.

7-3 Transition. A traditional dental assistant who becomes DANB certified must apply for registration as a certified dental assistant. DANB certification alone does not upgrade the registration.

7-4 Scope of Practice and Supervision. The scope of a dental assistant's practice is determined by an individual agreement with a supervising dentist or dental therapist, based on the assistant's education and experience. All intraoral dental tasks require direct supervision by a dentist. A dental assistant may use radiography and expanded procedures only if appropriately endorsed under Part 9 of these rules. The following are never delegable to a dental assistant:

- (a)** diagnosis, treatment planning, prescribing drugs, and authorizing restorative, prosthodontic, or orthodontic appliances;
- (b)** surgical procedures on hard or soft tissues within the oral cavity or any other intraoral procedure that contributes to or results in a permanent change of the oral anatomy; or
- (c)** oral debridement, direct periodontal probing, or placement of subgingival chemotherapeutic agents.

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Part 8: Dentist Sedation and Anesthesia Specialties

8-1 Specialty-related Definitions. For purposes of this Part, “Minimal Sedation,” “Moderate Sedation,” “Deep Sedation,” and “General Anesthesia” have the definitions given in the *ADA’s Guidelines for the Use of Sedation and General Anesthesia by Dentists* (2016) or its successor publication most current at the time of practice.

8-2 Requirement for Sedation and Anesthesia Specialties. Except as provided in Part 8-3:

- (a) Dentists who use minimal or moderate sedation must hold a minimal and moderate sedation specialty.
- (b) Dentists who use deep sedation or general anesthesia must hold a deep sedation and general anesthesia specialty.
- (c) Dental therapists are not eligible for sedation or anesthesia specialties.

8-3 Exceptions from the Requirement for the Sedation and Anesthesia Specialties.

- (a) **Hospital Setting.** The sedation and anesthesia specialties are not required for dentists practicing in a hospital setting with supervision by a physician, a certified registered nurse anesthetist, or a dentist credentialed by the hospital to provide anesthesia services.
- (b) **Nitrous Oxide.** Nitrous oxide sedation used alone or in conjunction with a single dose of oral medication, not to exceed the FDA maximum recommended dose, shall not require a specialty. Titration of oral medication is not permitted under this exception.

8-4 Minimal and Moderate Sedation Specialty for Dentists. To be eligible for a minimal and moderate sedation specialty, a dentist must:

- (a) complete either:
 - (1) a comprehensive training program to the level of competency in moderate sedation consistent with that prescribed in the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*; or
 - (2) a CODA-accredited dental training program with comprehensive training on administration and management of moderate sedation; and
- (b) be certified in Advanced Cardiac Life Support or Pediatric Advanced Life Support or both, as appropriate to the age of the dentist’s patients; and

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- (c) either comply with the AAOMS self-inspection/assessment checklist for moderate sedation, or hold board certification through AAOMS or ADBA.
- (d) As an alternative to qualification under 8-4(a)–(c), a dentist may qualify for the minimal and moderate sedation specialty by showing that they are:
 - (1) licensed in good standing in a United States or Canadian jurisdiction that has minimal and moderate sedation credentialing requirements substantially equivalent to 8-4(a)–(c); and
 - (2) credentialed to employ minimal and moderate sedation.

8-5 Deep Sedation and General Anesthesia Specialty for Dentists. To be eligible for a deep sedation and general anesthesia specialty, a dentist must:

- (a) complete a CODA-accredited advanced education program that provides comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia;
- (b) be certified in Advanced Cardiac Life Support or Pediatric Advanced Life Support or both, as appropriate to the age of the dentist’s patients; and
- (c) either comply with the AAOMS self-inspection/assessment checklist for deep sedation and general anesthesia, or hold board certification through AAOMS or ADBA.

8-6 Standard-of-Care Requirements for Sedation and Anesthesia. Dentists employing sedation or anesthesia shall practice in accordance with one or both of the following, as appropriate to the age of the dentist’s patients:

- (a) the ADA’s *Guidelines for the Use of Sedation and General Anesthesia by Dentists* (2016), or its successor publication most current at the time of practice;
- (b) the American Academy of Pediatric Dentistry’s *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures* (2019) or its successor publication most current at the time of practice.

8-7 Incident Reports. A dentist, regardless of whether the provider holds an anesthesia specialty, must report incidents and adverse outcomes related to anesthesia or sedation as further set out in Part 11-1(d).

8-8 Emergency Office Procedures. All facilities or dental practices that provide moderate or deep sedation are required to provide annual emergency office procedures training to all clinical personnel.

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Part 9: Dental Hygienist and Dental Assistant Specialties: Local Anesthesia, Nitrous Oxide, Expanded Function, and Radiography

9-1 Local Anesthesia Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the local anesthesia specialty, a dental hygienist must:

- (1) complete a dental hygiene program that includes at least 24 hours of didactic and clinical instruction in the administration of block and infiltration anesthesia at a CODA-accredited institution; and
- (2) pass an examination in the administration of local anesthesia offered by CDCA, CRDTS, WREB, CITA, SRTA, or a successor organization.

(b) Endorsement. A dental hygienist licensed in good standing in any United States or Canadian jurisdiction may qualify for the local anesthesia specialty if:

- (1) the dental hygienist's licensed scope of practice in that jurisdiction includes the use of local anesthesia; and
- (2) the jurisdiction has standards substantially equivalent to the requirements of Part 9-1(a).

9-2 Nitrous Oxide Specialty for Dental Hygienists.

(a) Eligibility. To be eligible for the nitrous oxide specialty, a dental hygienist must:

- (1) complete a dental hygiene program that includes at least 6 hours of didactic and clinical instruction at a CODA-accredited institution, or other course provider approved by the Board, in the initiation, administration, monitoring, and discontinuation of nitrous oxide; and
- (2) pass an examination in the administration of nitrous oxide offered by CDCA, CRDTS, WREB, CITA, SRTA, or a successor organization.

(b) Endorsement. A dental hygienist licensed in good standing in any United States or Canadian jurisdiction may qualify for the nitrous oxide specialty if:

- (1) the dental hygienist's licensed scope of practice in that jurisdiction includes the use of nitrous oxide; and
- (2) the jurisdiction has standards substantially equivalent to the requirements of Part 9-2(a).

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9-3 Expanded Function (EFDA) Specialty for Dental Hygienists and Certified Dental Assistants.

(a) Eligibility. To be eligible for the expanded function dental assistant specialty, a person must demonstrate:

- (1) current DANB certification as a certified dental assistant or current licensure as a dental hygienist; and
- (2) successful completion of an expanded function dental assistant program at a CODA-accredited institution that included at least:
 - (A) 50 hours of didactic training;
 - (B) 5 weeks of clinical training; and
 - (C) a subsequent 6 weeks of field training in a dental office under the supervision of the faculty of the accredited institution or its designee.

(b) Scope of Practice and Limitations on Practice. A certified dental assistant or dental hygienist retains the scope of original licensure and is permitted to perform the expanded function duties within their training.

9-4 Radiography Specialty for Traditional Dental Assistants. A traditional dental assistant may be issued a radiography specialty if the traditional dental assistant is at least 18 years of age and has, within 10 years preceding application:

- (a)** successfully completed a CODA-accredited dental assisting program that included a dental radiography course; or
- (b)** successfully completed a didactic and clinical radiography course offered at a CODA-accredited institution.

9-5 Recognition of Non-Vermont Radiography Credentials. The Office may issue a radiography specialty to a traditional dental assistant holding a current and unrestricted radiography specialty from another U.S. or Canadian jurisdiction with requirements substantially equivalent to those of Part 9-4.

9-6 Limitation on Student Radiography. A student enrolled in a radiography course may take up to 100 radiographs, in the office of the supervising dentist or dental therapist, as necessary to complete a course required by Part 9-4.

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Part 10: License Renewal and Continuing Education

10-1 Biennial Licensing Period. Licenses are valid for fixed 2-year periods. Expiration dates are printed on licenses. A license becomes inactive if not renewed by midnight on the date of expiry. Practicing while a license is lapsed is a violation of 3 V.S.A.

§ 127. An initial license issued fewer than 90 days prior to the beginning of the fixed 2-year period shall be valid through the end of that period. The lookup tool on the Office website may be considered a primary source verification as to license status and expiration.

10-2 License Renewal. License renewal applications must be completed through the Office website. The Office sends email reminders to licensees at the end of each licensing period; however, non-receipt of such reminders shall not excuse a licensee from maintaining continuous licensure or the consequences of failing to do so.

10-3 Late Renewal Penalties. Late renewal applications are subject to reinstatement penalty fees. Waivers of reinstatement penalty fees can be requested through the online licensing system. 3 V.S.A. § 127(d).

10-4 Renewal Requirements.

(a) Dentists. To be eligible for renewal, a dentist must show:

- (1) 30 hours of continuing education, including opioid prescribing where applicable, the emergency office procedures course (2 hours minimum), and the CPR course, during the preceding 2-year renewal cycle; and
- (2) Active practice of at least 800 hours or 100 continuing education credits within the previous 5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 8 hours of active practice.

(b) Dental Therapists. To be eligible for renewal, a dental therapist must show:

- (1) 20 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and
- (2) Active practice of at least 400 hours or 80 continuing education credits within the previous 5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 5 hours of active practice.

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(c) Dental Hygienists. To be eligible for renewal, a dental hygienist must show:

- (1) 18 hours of continuing education, including the emergency office procedures course (2 hours minimum) and the CPR course, during the preceding 2-year renewal cycle; and
- (2) Active practice of at least 100 hours or 50 continuing education credits within the previous 5 years. A combination of practice hours and continuing education credits may be used, with 1 hour of continuing education equating to 2 hours of active practice.

(d) Dental Assistants.

- (1) To be eligible for renewal, a dental assistant must complete the emergency office procedures course (2 hours minimum) and the CPR course during the preceding 2-year renewal cycle.
- (2) Renewing certified dental assistant registration or an expanded function dental assistant specialty requires documentation of current DANB certification.
- (3) A radiography specialty may be renewed only if the bearer has completed training within the preceding 10 years or practiced radiography under the supervision of a licensed dentist within the preceding 5 years.

(e) Active-Practice Requirements Generally. An applicant for renewal who has not met minimum practice-hour requirements may be required to complete one of the clinical examinations required for initial licensure.

10-5 Continuing Education Audit. The Office may conduct a continuing-education compliance audit of any licensee. All licensees shall retain continuing education documentation for the previous 2 licensing cycles.

10-6 Pre-approved Continuing Education. Continuing education provided by the following is pre-approved by the Board:

- (a) AAOM, ADBA, ADA, CODA, DANB, ADHA, ADAA, the Academy of General Dentistry's Program Approval for Continuing Education (PACE), or the Vermont Department of Health's Oral Health Program.
- (b) Any constituent or component entity of an organization named in 10-6(a).
- (c) Any education sponsor certified or accredited by an organization named in 10-6(a).

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10-7 Case-by-Case Continuing Education Approval Requests. A course provider or licensee may apply for approval by completing an online pre-approval application. The application must specify the course curriculum, instructor qualifications, and the dates of presentation. Application should be made before commencement of the course and at least 3 months before the renewal deadline. The Board has no obligation to retrospectively analyze or approve completed courses.

10-8 Approval and Credit Standards. Continuing-education credit shall be awarded based on clock hours of actual engagement in learning activities, not arbitrary assignments of credit value.

10-9 General Format. Eligible continuing education must be earned through a formal course of learning that is directly related to advancing professional competence in providing patient care. A formal course of learning can occur in the following formats:

- (a) in-person classroom instruction with a qualified instructor;
- (b) distance education with continuous 2-way communication and observation between a qualified instructor and students;
- (c) distance education with asynchronous exchanges between a qualified instructor and students; or
- (d) a self-study course, if completion is contingent upon examination.

10-10 Relevance Requirement. The Board may refuse recognition of continuing education activities that are not reasonably calculated to enhance professional competence in providing patient care, such as those focused on marketing, accounting, practice management, personal or business finance, speed reading, general self-improvement, or issue advocacy. The Board will recognize relevant courses that promote effective communication among providers and patients, cultural competence, ethics awareness, and competent recordkeeping. In addition, the following limitations apply:

- (a) No more than 2 hours each may be counted per renewal for a basic life support / basic CPR course or for an emergency office procedures course.
- (b) There is no limitation on the number of hours in advanced and pediatric life support that may count toward CE requirements, so long as those hours meet the requirements of this Part.

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Part 11: Duties and Standards

11-1 Duty to update and self-report. The following reports must be made to the Office in writing within 30 days.

(a) All licensees and applicants must report:

- (1) any material inaccuracy or change in circumstance regarding any application question; and
- (2) any allegation of professional negligence, misconduct, malpractice, substandard practice, or unethical conduct, that results in:
 - (A) any legal claim for damages, judgment, or settlement; or
 - (B) any adverse action, other than by the Office, against a professional license or non-governmental professional certification.

(b) Dentists must report any hospitalization, hospital transport with or without hospitalization, or death related to an incident that occurred:

- (1) in the dental office or outpatient facility; and
- (2) during or consequent to the administration of any anesthesia or sedative by any route.

(c) The report required by Part 11-1(b) must include:

- (1) the names and credentials of those present for the procedure;
- (2) a brief synopsis of the procedure; and
- (3) a copy of the patient's medical record of the procedure.

11-2 Ownership of Dental Offices. A dental practice may be owned and operated exclusively by those entities identified in 26 V.S.A. § 564.

11-3 Display of Licenses and Registrations. Each licensee shall display a copy of their current license or registration at each place of practice and in such a manner as to be easily seen and read by patients. 26 V.S.A. § 565.

11-4 Referral. A dentist or dental therapist confronted with a patient need that exceeds their scope of practice shall refer the subject patient to an appropriate dental or health care professional. 26 V.S.A. § 617.

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11-5 Examination and Diagnosis. A dentist or dental therapist must ensure that dental care provided directly, or by delegates under their supervision, meets generally accepted standards of care and the requirements of these Rules.

- (a) Direct Examination.** Dentists and dental therapists shall recommend that each patient be directly examined at least annually; however, it is not unprofessional conduct for a professional licensed under these rules to treat a patient who has not complied with that recommendation, provided the treatment is otherwise within the standard of care. No patient or payer may be billed for the dental examination by a dentist or dental therapist unless the dentist or dental therapist personally examined the patient.
- (b) Telepractice.** Telepractice modalities, including remote image acquisition and transmission, are tools of dental practice that may evolve with time. These modalities do not alter the standard of care. A dentist must ensure that diagnostic information employed in the exercise of clinical judgment has been acquired competently and in sufficient detail to inform the clinical decisions it supports.
- (c) Informed consent.** Before undergoing any procedure, the patient or their legal guardian should be informed of all treatment alternatives and their risks and benefits.

11-6 Professional Standards Generally. A hearing authority may consider the *ADA Principles of Ethics and Code of Conduct*, the *ADHA Code of Ethics*, and the *ADAA Principles of Ethics and Code of Professional Conduct* authoritative sources of professional standards applicable to the respective professions when determining “the essential standards of acceptable and prevailing practice” for purposes of 26 V.S.A. § 129a(b). All licensees should be familiar with these standards and the bases for discipline identified in Part 12. |

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Part 12: Discipline

12-1 Bases. Unprofessional conduct includes those acts set out at 3 V.S.A. § 129a (applicable to all professional licensees) and 26 V.S.A. § 584 (applicable to Board licensees). Violation of these rules or other requirements of 26 V.S.A. ch. 12 is unprofessional conduct. 3 V.S.A. § 129a(a)(3).

12-2 Remedies. Upon finding that a licensee, applicant, or person who later becomes an applicant has committed unprofessional conduct, within or without this State, or has had a license application denied or a license revoked, suspended, limited, conditioned, or otherwise disciplined by a licensing agency in another jurisdiction for conduct that would constitute unprofessional conduct in this State, or has surrendered a license while under investigation for unprofessional conduct, the Board may warn, reprimand, suspend, revoke, limit, condition, deny, or prevent the renewal of a license. *See* 3 V.S.A. § 129(a). A license may be summarily suspended pending further proceedings, consistent with 3 V.S.A. § 814(c), upon a finding that public health, safety, or welfare imperatively requires emergency action.

12-3 Procedures. Disciplinary prosecutions are contested cases governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, and the Administrative Procedures Act, 3 V.S.A. ch. 25.

EFFECTIVENESS

These rules shall be effective October 15, 2025.