

DEPARTMENT OF REGULATORY AGENCIES

Colorado Dental Board

DENTISTS & DENTAL HYGIENISTS

3 CCR 709-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Rule I. Definitions

(Amended December 2, 2002; Amended and Re-numbered November 2, 2011, Effective December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

- A. The Board hereby incorporates by reference all definitions as contained in section 12-35-103, C.R.S., as amended.
- B. "Regularly announced office location" as specified in section 12-35-128(3)(d)(II), C.R.S., means those offices of which a dentist or a dental hygienist is the proprietor and in which he/she regularly practices dentistry or dental hygiene. This may include the occasional practice in other health care facilities such as hospitals, nursing homes, and/or other facilities under the jurisdiction of the Colorado Department of Public Health and Environment.
- C. "Regularly" means fixed intervals or periods as used in these rules.
- D. "Certify or Certification" means to declare in writing on the patient's record.
- E. "Doctor's Office Notes" as used in section 25-1-802, C.R.S., and applied to dental and dental hygiene practice means a separate record within the patient's file that does not contain anything that relates to or constitutes diagnosis, treatment plan, radiograph interpretation, treatment progress or outcome. All such clinical information is considered the treatment record or progress notes.
- F. "Therapeutic Agents" as used in these rules means any agent approved by the United States Food and Drug Administration (FDA) for use in controlled drug delivery systems in the course of periodontal pocket treatment.
- G. "Unprofessional Conduct" as used in section 12-35-129.2(5), C.R.S., means any cause that is grounds for disciplinary action pursuant to the "Dental Practice Act," section 12-35-129(1), C.R.S., and the "Healthcare Professions Profiling Program," section 24-34-110, C.R.S.

Rule II. Financial Responsibility Exemptions

(Amended December 2, 2002; Amended and Re-numbered November 2, 2011, Effective December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

Financial liability requirements pursuant to sections 13-64-301(1)(a) and 12-35-141, C.R.S., do not apply to a dentist or dental hygienist who:

- A. Is a public employee of the state of Colorado under the Colorado Governmental Immunity Act, section 24-10-101, C.R.S., et seq.;
- B. Performs dental services exclusively as an employee of the United States government;

- C. Holds an inactive license;
- D. Holds a retired license;
- E. Holds an active dental license, but does not engage in any patient care within Colorado or any of the acts constituting the practice of dentistry as defined by sections 12-35-103(5) and 12-35-113, C.R.S., including but not limited to the prescribing of medications, diagnosis, and development of a treatment plan;
- F. Holds an active dental hygiene license. but does not engage in any patient care within Colorado or any of the acts constituting the practice of dental hygiene as defined by sections 12-35-103(4), 12-35-103(4.5), 12-35-124, 12-35-125, and 12-35-128, C.R.S.; or
- G. Provides uncompensated dental care and who does not otherwise engage in any compensated patient care whatsoever.

Rule III. Licensure of Dentists and Dental Hygienists

(Amended December 2, 2002; Amended on Emergency Basis July 7, 2004; Re-Promulgated August 11, 2004; Amended April 22, 2009; Amended October 21, 2009, Effective December 30, 2009; Amended November 2, 2011, Effective December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

A. General Requirements for Licensees and Applicants

1. Any person who practices or offers or attempts to practice dentistry or dental hygiene without an active license issued under the Dental Practice Act and in accordance with Board rules commits a class 2 misdemeanor for the first offense and a class 6 felony for the second or any subsequent offense.
2. Any notification by the Board to a licensee or applicant, required or permitted under section 12-35-101, C.R.S., et seq., or the State Administrative Procedure Act, section 24-4-101, C.R.S., et seq., shall be served personally or by first class mail to the last address of record provided in writing to the Board. Service by mail shall be deemed sufficient and proper upon a licensee or applicant.

Licensees

3. Physical or mental illness requirements. These requirements apply to a dentist or dental hygienist who holds an active license issued by the Board, including a dentist issued an academic license.
 - a. Licensees shall provide the Board with written notice of the following:
 - i. A long-term (more than 90 days) physical illness/condition that renders the licensee unable, or limits the licensee's ability, to practice dentistry or dental hygiene with reasonable skill and safety to patients, or
 - ii. A debilitating mental illness/condition that renders the licensee unable, or limits the licensee's ability, to practice dentistry or dental hygiene with reasonable skill and safety to patients.
 - b. The licensee shall notify the Board of the illness or condition within 30 days and submit, within 60 days, a letter from his/her treating medical or mental health provider describing:

- i. The condition(s),
 - ii. The impact on the licensee's ability to practice safely, and
 - iii. Any applicable limitation(s) to the licensee's practice.
 - c. If a licensee has entered into a voluntary rehabilitation contract with the Board's peer health assistance program, and if the illness or condition is being managed and treated, then the licensee is not required to provide notice to the Board.
 - d. The Board may require the licensee to submit to an examination to evaluate the extent of the illness or condition and its impact on the licensee's ability to practice with reasonable skill and safety to patients.
 - e. Pursuant to section 12-35-129.6(2), C.R.S., the Board may enter into a non-disciplinary confidential agreement with the licensee in which he/she agrees to limit his/her practice based on any restriction(s) imposed by the illness or condition, as determined by the Board. A licensee subject to discipline for habitually abusing or excessively using alcohol, a habit-forming drug, or a controlled substance is not eligible to enter into a confidential agreement.
- 4. If a dentist who holds an active license, including an academic license, is arrested for a drug or alcohol related offense, the dentist shall refer himself/herself to the Board's peer health assistance program within 30 days after the arrest for an evaluation and referral for treatment as necessary. If the dentist self refers, the evaluation by the program is confidential and cannot be used as evidence in any proceedings other than before the Board.
- 5. Change of name and address
 - a. A licensee shall inform the Board in clear, explicit, and unambiguous written statement of any name, business address, or preferred contact address change within 30 days of the change. The Board will not change the licensee's information without explicit written notification from the licensee. Notification by fax or email is acceptable. A licensee may update his/her address(es) online electronically through the Division of Professions and Occupations.
 - i. A licensee is required to keep all business addresses up-to-date.
 - ii. The Division of Professions and Occupations maintains one contact address for each licensee, regardless of the number of different professional licenses the licensee may hold.
 - iii. All communication from the Board to a licensee will be to the contact address maintained with the Division of Professions and Occupations.
 - b. The Board requires one of the following forms of documentation to change a licensee's name or social security number:
 - i. Marriage license;
 - ii. Divorce decree;
 - iii. Court order; or

- iv. A driver's license or social security card with a second form of identification may be acceptable at the discretion of the Division of Professions and Occupations.
- 6. A licensed dentist, including one issued an academic license, or dental hygienist is required to renew his/her license every 2 years and submit the applicable fee. This includes renewing to an active, inactive, or retired status. A dentist issued an academic license is not eligible for retired or inactive status.
- 7. A dentist or dental hygienist in retired status may provide dental services on a voluntary basis to the indigent, if such services are provided on a limited basis and no fee is charged by the dentist or dental hygienist.
- 8. A dentist or dental hygienist in inactive status shall not provide dental or dental hygiene services in this state while his/her license is inactive.
- 9. A dentist or dental hygienist with an expired license shall not provide dental or dental hygiene services in this state while his/her license is expired.

Applicants

- 10. A foreign-trained dentist is required to complete a program in clinical dentistry and obtain a doctorate of dental surgery or a doctorate of dental medicine at an accredited dental school in order to be eligible for licensure in this state. The only exception is if a foreign-trained dentist satisfies the requirements for an academic license.
- 11. Under section 12-35-129.1(8), C.R.S., any person whose license to practice is revoked or surrendered is ineligible to apply for any license under the Dental Practice Act for at least 2 years after the date of revocation or surrender of the license. Any subsequent application for licensure is an application for an original license.
- 12. It is unlawful for any person to file with the Board a forged document or credentials of another person as part of an application for licensure.
- 13. All documents required as part of a licensure application, except for license renewal, must be received within 1 year of the date of receipt of application. An application is incomplete until the Board receives all additional information requested or required to determine whether to grant or deny the application. If all required information is not submitted within the 1 year period, then the original application materials will be destroyed and the applicant will be required to submit a new application, fee, and all required documentation.
- 14. The Board may deny an application for licensure upon a finding that the applicant has violated any provisions of the Dental Practice Act and Board rules.
- 15. An applicant for licensure may not begin practicing as a dentist or dental hygienist in this state until he/she has been issued an active license number to do so, this includes an application to reinstate an expired license or reactivate an inactive license which will require that license number to be activated again before active practice may resume.
- 16. A dentist applying for a license must be at least 21 years of age.
- 17. Education, training, or service gained in military services outlined in section 24-34-102(8.5), C.R.S., to be accepted and applied towards receiving a license, must be equivalent, as determined by the Board, to the qualifications otherwise applicable at the time of receipt

of application. It is the applicant's responsibility to provide timely and complete evidence for review and consideration. Satisfactory evidence of such education, training, or service will be assessed on a case-by-case basis.

18. Regulation of Military Spouses. This rule does not limit the requirements of Article 71 of Title 12, C.R.S.

- a. A person need not obtain authority to practice dentistry or dental hygiene during the person's first year of residence in Colorado if:
 - i. The person is a military spouse, as defined in section 12-71-101(3), C.R.S., and is authorized to practice that occupation or profession in another state;
 - ii. Other than the person's lack of licensure, registration, or certification in Colorado, there is no basis to disqualify the person under Title 12, C.R.S.; and
 - iii. The person consents as a condition of practicing dentistry or dental hygiene in Colorado, to be subject to the jurisdiction and disciplinary authority of the Board.
- b. To continue practicing dentistry or dental hygiene in Colorado after the person's first year of residence, the person must apply for and obtain a license in accordance with all licensing laws and requirements in effect at the time of the application, including, but not limited to, the Dental Practice Act, this Board Rule III, and current clinical competency requirements.

B. Original Licensure for Dentists

1. Each applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify that he/she:
 - a. Graduated with a DDS or DMD degree from an accredited dental school or college, which at the time of the applicant's graduation was accredited by the Commission on Dental Accreditation as evidenced by an official transcript of credits with the date of graduation and degree obtained.
 - b. Successfully passed the examination administered by the Joint Commission on National Dental Examinations.
 - c. Successfully passed an examination or other methodology, as determined by the Board, designed to test the applicant's clinical skills and knowledge, which may include residency and/or portfolio models.
2. Each applicant must verify that he/she:
 - a. Obtained or will obtain prior to practicing as a licensed dentist in this state commercial professional liability insurance coverage with an insurance company authorized to do business in Colorado pursuant to Article 5 of Title 10, C.R.S., in a minimum indemnity amount of \$500,000 per incident and \$1,500,000 annual aggregate per year, or if covered under a financial responsibility exemption listed in Rule II.
 - b. Accurately and completely listed any acts that would be grounds for disciplinary action under the Dental Practice Act and provided a written explanation of the

circumstances of such act(s) and what steps have been taken to remediate the act(s), omission(s), or discipline, including supporting documentation.

- c. Accurately and completely provided any and all information pertaining to any final or pending disciplinary action by any state or jurisdiction in which the applicant is or has been previously licensed and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s), omission(s), or discipline that led to the final disciplinary action(s), including supporting documentation.
 - d. Accurately and completely provided any and all information pertaining to any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s) and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s) that led to the settlement(s), including supporting documentation. The applicant must request a verification of coverage history for the past 10 years from his/her current and all previous malpractice insurance carriers. Any settlement or final judgment during the applicant's practice history must be reported.
3. Demonstrates current clinical competency and professional ability through at least 1 of the following:
- a. Graduated within the 12 months immediately preceding the date the application is received with a DDS or DMD degree from an accredited dental school or college, which at the time of the applicant's graduation was accredited by the Commission on Dental Accreditation.
 - b. Engaged in the active clinical practice of dentistry for at least 1 year of the 5 years immediately preceding the date the application is received. Experience from postgraduate training, residency programs, internships, or research during this time will be evaluated on a case-by-case basis.
 - c. Engaged in teaching dentistry in an accredited program for at least 1 year of the 5 years immediately preceding the date the application is received.
 - d. Engaged in service as a dentist in the military for at least 1 year of the 5 years immediately preceding the date the application is received.
 - e. Passed a Board approved clinical examination within 1 year of the date the application is received.
 - f. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within 1 year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
 - g. If a dentist with a revoked license, a license suspended for 2 or more years, or any other disciplined license preventing him/her from actively practicing for 2 or more years in Colorado, another state/jurisdiction, or country is applying for a license, then the Board may require him/her to comply with more than 1 of the above competency requirements.

- h. In addition to the requirements above, the Board may, in its discretion, apply 1 or more of the following towards demonstration of current clinical competency, except as to applicants described in subparagraph B.3.g of this rule.
 - i. Practice under a probationary or otherwise restricted license for a specified period of time;
 - ii. Successful completion of courses approved by the Board; or
 - iii. Any other professional standard or measure of continued competency as determined by the Board.

C. Endorsement for Dentists

1. In order to be qualified for licensure by endorsement, an applicant is required to demonstrate that he/she does not currently possess a suspended, restricted, or conditional license to practice dentistry, or is currently pending disciplinary action against such license in another state or territory of the United States or Canada.
2. Each qualified applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify through the state in which he/she is seeking endorsement from that he/she meets the requirements listed under section B.1 of this rule.
3. An applicant for endorsement must verify as part of his/her application fulfillment of the requirements listed under section B.2 of this rule.
4. An applicant for endorsement must demonstrate current clinical competency and professional ability through at least 1 of the following:
 - a. Engaged in the active practice of clinical dentistry in the U.S. or one of its territories or Canada for a minimum of 300 hours per year, for a minimum of 5 years out of the 7 seven years immediately preceding the date the application was received. Experience from postgraduate training, residency programs, internships, or research will be evaluated on a case-by-case basis.
 - b. Engaged in teaching dentistry, which involves personally providing care to patients for not less than 300 hours annually in an accredited dental school for a minimum of 5 years out of the 7 years immediately preceding the date the application was received.
 - c. For the dentists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience comparable to the requirement in section C.4.a.
 - d. Passed a Board approved clinical examination within 1 year of the date the application is received.
 - e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within 1 year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.

- f. The Board may also apply 1 or more of the following towards demonstration of current clinical competency:
 - i. Practice under a probationary or otherwise restricted license for a specified period of time;
 - ii. Successful completion of courses approved by the Board; or
 - iii. Any other professional standard or measure of continued competency as determined by the Board.

D. Academic License

1. A dentist who is employed at an accredited school or college of dentistry in this state and who practices dentistry in the course of his/her employment responsibilities and is applying for an academic license shall submit with the application and fee the following credentials and qualifications for review and approval by the Board:
 - a. Proof of graduation with a DDS or DMD degree or equivalent from a school of dentistry located in the United States or another country.
 - b. Evidence of the applicant's employment by an accredited school or college of dentistry in this state; actual practice is to commence only once licensure has been granted.
2. An applicant for an academic license shall satisfy the credentialing standards of the accredited school or college of dentistry that employs the applicant.
3. Pursuant to section 12-35-117.5(4), C.R.S., an academic license shall authorize the licensee to practice dentistry only while engaged in the performance of his/her official duties as an employee of the accredited school or college of dentistry and only in connection with programs affiliated or endorsed by the school or college. A dentist issued an academic license may not use it to practice dentistry outside of his/her academic responsibilities.
4. A dentist with an academic license is subject to discipline pursuant to sections 12-35-129, 12-35-129.1, 12-35-129.2, 12-35-129.4, 12-35-129.5, and 12-35-129.6, C.R.S.

E. Original Licensure for Dental Hygienists

1. Each applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify that he/she:
 - a. Graduated from a school of dental hygiene that, at the time of the applicant's graduation, was accredited by the Commission on Dental Accreditation, and proof that the program offered by the accredited school of dental hygiene was at least 2 academic years or the equivalent of 2 academic years. An official school transcript of credits with the date of graduation and degree obtained shall be deemed sufficient evidence.
 - b. Successfully passed the examination administered by the Joint Commission on National Dental Examinations.
 - c. Successfully completed an examination designed to test the applicant's clinical skills and knowledge administered by a regional testing agency composed of at least 4 states or an examination of another state.

2. Each applicant will also be required to verify that he/she:
 - a. Obtained or will obtain prior to practicing as a licensed dental hygienist in this state professional liability insurance in the amount of not less than \$50,000 per claim and an aggregate liability for all claims during a calendar year of not less than \$300,000, or is covered under a financial responsibility exemption listed in Rule II. Coverage may be maintained by the dental hygienist or through a supervising licensed dentist.
 - b. Accurately and completely listed any acts that would be grounds for disciplinary action under the Dental Practice Act and provided a written explanation of the circumstances of such act(s) and what steps have been taken to remediate the act(s), omission(s), or discipline, including supporting documentation.
 - c. Accurately and completely provided any and all information pertaining to any final or pending disciplinary action by any state or jurisdiction in which the applicant is or has been previously licensed and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s), omission(s), or discipline that led to the final disciplinary action(s), including supporting documentation.
 - d. Accurately and completely provided any and all information pertaining to any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s) and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the practice that led to the settlement(s), including supporting documentation. The applicant must request a verification of coverage history for the past 10 years from his/her current and all previous malpractice insurance carriers. Any settlement or final judgment during the applicant's practice history must be reported.
3. Demonstrates current clinical competency and professional ability through at least 1 of the following:
 - a. Graduated within the 12 months immediately preceding the date the application was received from an academic program of dental hygiene that, at the time of the applicant's graduation, was accredited by the Commission on Dental Accreditation and which was at least 2 academic years or the equivalent of 2 academic years.
 - b. Engaged in the active clinical practice of dental hygiene for at least 1 year of the 5 years immediately preceding the date the application is received.
 - c. Engaged in teaching dental hygiene or dentistry in an academic program that was accredited by the Commission on Dental Accreditation for at least 1 year of the 5 years immediately preceding the date the application is received.
 - d. Engaged in service as a licensed dental hygienist in the military for at least 1 year of the 5 years immediately preceding the date the application is received.
 - e. Passed a Board approved regional or state clinical examination within 1 year of the date the application is received.
 - f. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within 1 year

of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.

- g. If a dental hygienist with a revoked license, a license suspended for 2 or more years, or any other disciplined license preventing him/her from actively practicing for 2 or more years in Colorado, another state/jurisdiction, or country is applying for a license, then the Board may require him/her to comply with more than 1 of the above competency requirements.
- h. The Board may, in its discretion, apply 1 or more of the following towards demonstration of current clinical competency (cannot be considered in lieu of the requirements of subparagraph g above, but may be considered as an additional requirement by the Board):
 - i. Practice under a probationary or otherwise restricted license for a specified period of time;
 - ii. Successful completion of courses approved by the Board; or
 - iii. Any other professional standard or measure of continued competency as determined by the Board.

F. Endorsement for Dental Hygienists

1. In order to be qualified for licensure by endorsement, an applicant is required to demonstrate that he/she does not currently possess a suspended, restricted, or conditional license to practice dental hygiene, or is currently pending disciplinary action against such license in another state or territory of the United States or Canada.
2. Each qualified applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify through the state in which he/she is seeking endorsement from that he/she meets the requirements listed under section E.1 of this rule.
3. An applicant for endorsement must verify as part of his/her application fulfillment of the requirements listed under section E.2 of this rule.
4. The applicant must disclose the existence of any dental hygiene or other health care license previously held or currently held in any other state or jurisdiction, including dates and status.
5. An applicant for endorsement must demonstrate current clinical competency and professional ability through at least 1 of the following:
 - a. Engaged in the active practice of clinical dental hygiene in the U.S. or one of its territories or Canada for a minimum of 300 hours per year, for a minimum of 1 year out of 3 years immediately preceding the date the application was received.
 - b. Engaged in teaching dental hygiene or dentistry, which involves personally providing care to patients for not less than 300 hours annually in an accredited program for a minimum of 1 year out of the 3 years immediately preceding the date the application was received.

- c. For the licensed dental hygienists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience comparable to the requirement in section F.5.a.
- d. Passed a Board approved regional or state clinical examination within 1 year of the date the application is received.
- e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within 1 year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
- f. The Board may also apply 1 or more of the following towards demonstration of current clinical competency:
 - i. Practice under a probationary or otherwise restricted license for a specified period of time;
 - ii. Successful completion of courses approved by the Board; or
 - iii. Any other professional standard or measure of continued competency as determined by the Board.

G. Continuing Education Requirements for Dentists, Dentists Issued an Academic License, and Dental Hygienists

1. Effective March 1, 2016, every licensee with an active license in Colorado is required to complete 30 hours of Board approved continuing education during the 2 years preceding the next renewal period to ensure patient safety and professional competency, pursuant to section 12-35-139, C.R.S. Continuing education hours may only be applied to the renewal period in which they were completed.
2. This requirement does not apply to a licensee placing his/her license into inactive or retired status, or renewing such status. It only applies if renewing a license in active status, or reinstating or reactivating a license pursuant to paragraph 3 of this rule.
3. Effective March 1, 2018, a licensee with an expired license of less than 2 years or who has inactivated his/her license for less than 2 years is required to submit proof of having completed the required 30 hours of continuing education credit for the previous renewal period prior to reinstating/reactivating his/her license and may not apply those hours to the next renewal period.
4. If a license is issued within 1 year of a renewal date, no continuing education will be required for that first renewal period. If a license is issued outside of 1 year of a renewal date, then 15 hours of Board approved continuing education will be required for that first renewal period.
5. For dentists, including those issued an academic license, the Board automatically accepts any course or program recognized by any of the following organizations (or a successor organization):

- a. American Dental Association (ADA) Continuing Education Recognition Program (CERP),
 - b. Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE),
 - c. American Medical Association (AMA) Physician Recognition Award (PRA) and credit system as Category 1 Credit, or
 - d. Commission on Dental Accreditation (CODA) accredited institutions.
6. For dental hygienists, the Board automatically accepts any course recognized in paragraph 5 above and sponsored or recognized by (or a successor organization):
 - a. The American Dental Hygienists' Association (ADHA) and its constituents and component societies, or
 - b. Local, state, regional, national, or international dental, dental hygiene, dental assisting, medical related professional organization, or study group that has a sound scientific basis, proven efficacy, and ensures public safety.
 7. Current Basic Life Support (BLS) for healthcare providers is required of all licensees and all licensees will receive a maximum of 2 hours continuing education credit for completing.
 8. At least 16 of the required 30 hours must be clinical or science based, or 8 of the required 15 if paragraph G.4 of this rule applies.
 9. At least 50% of the required hours must be live and interactive.
 10. A presenter of courses may submit course hours he/she presented, up to 6 total credits, towards his/her continuing education requirement. The presenter may receive credit one time for each course presented in a renewal period, up to 6 total credits for that renewal period.
 11. A dentist renewing an anesthesia or sedation permit may apply continuing education credits specific to renewing his/her permit for anesthesia or sedation administration (17 hours every 5 years) to the 30 hours required to renew a license every 2 years. Anesthesia related hours may only be applied to the renewal period in which they were completed.
 12. At the conclusion of each renewal period, licensees may be subject to a Board audit to verify compliance with continuing education requirements. Licensees shall assist the Board in its audit by providing timely and complete responses to the Board's inquiries.
 13. A licensee must maintain copies of all completed Board approved coursework, including any certificates of completion, for at least 2 renewal periods after the continuing education was completed. The records shall document the licensee's course attendance and participation, and shall include at a minimum course sponsor, title, date(s), hours, and the course verification of completion certificate or form. Failure to meet this requirement may result in credit not being accepted for a course or courses, which may result in violation of the continuing education requirements of section 12-35-139, C.R.S., and this Rule III.
 14. Failure to comply with the requirements of this rule is grounds for discipline, pursuant to section 12-35-129(1)(i), C.R.S.

15. The Board may excuse a licensee from all or any part of the requirements of this rule or grant an extension because of an unusual circumstance, emergency, special hardship, or military service. The licensee may apply for a waiver or an extension by submitting a written request, including supporting documentation for Board consideration at least 45 days before the renewal date.
16. Continuing education required as a condition of a disciplinary action cannot be applied towards the renewal requirements of a license or anesthesia/sedation permit.

H. Reinstatement/Reactivation Requirements for Dentists and Dental Hygienists with Expired, Inactive, or Retired Licenses

1. In order to reinstate or reactivate a license back into active status, each applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify that he/she:
 - a. Obtained or will obtain prior to active practice in this state professional liability insurance as required pursuant to section 12-35-141, C.R.S., or is covered under a financial responsibility exemption listed in Rule II.
 - b. Accurately and completely listed any acts that would be grounds for disciplinary action under the Dental Practice Act and provided a written explanation of the circumstances of such act(s) and what steps have been taken to remediate the act(s), omission(s), or discipline, including supporting documentation since last renewing his/her license to an active, retired, or inactive status in this state.
 - c. Accurately and completely provided any and all information pertaining to any final or pending disciplinary action by any state or jurisdiction in which the applicant is or has been previously licensed since last renewing his/her license to an active, retired, or inactive status in this state and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s), omission(s), or discipline that led to the final disciplinary action(s), including supporting documentation.
 - d. Accurately and completely provided any and all information pertaining to any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s) since last renewing his/her license to an active, retired, or inactive status in this state and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the practice that led to the settlement(s), including supporting documentation.
2. If the license has been expired, retired, or inactive for 2 or more years, then an applicant is required to demonstrate continued clinical competency. A licensee who applies for an active license and has not practiced at least 300 hours in a 12-month period during the 5 years immediately preceding the application for reinstatement/reactivation to an active status must demonstrate to the Board how he/she maintained his/her professional ability, knowledge, and skills. The Board may request documentation of the 300 hours for a 12-month period or may accept the following qualifications as fulfillment of the practice requirement, which will be reviewed on a case-by-case basis:
 - a. Time spent in postgraduate training, residency programs, or an internship.
 - b. Time spent in research and in teaching in an accredited program.

- c. Time spent practicing in the military or public health service. For licensed dentists and dental hygienists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience may be accepted.
- d. Passed a Board approved clinical examination within 1 year of the date the application is received.
- e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within 1 year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
- f. The Board may also consider applying 1 or more of the following towards demonstration of current clinical competency (cannot be considered in lieu of the competency requirements above if the licensee has not practiced in over 2 years due to a disciplinary action, but may be considered as an additional requirement by the Board):
 - i. Practice under a probationary or otherwise restricted license for a specified period of time;
 - ii. Successful completion of courses approved by the Board; or
 - iii. Any other professional standard or measure of continued competency as determined by the Board.

I. Temporary Licenses

1. By invitation only:

- a. A dentist or dental hygienist who lawfully practices dentistry or dental hygiene in another state or United States territory may be granted a temporary license to practice dentistry or dental hygiene in this state pursuant to section 12-35-107(1)(e), C.R.S., if:
 - i. Such dentist or dental hygienist has been invited by a program provided through a lawful agency of Colorado local, county, state, or federal government or a Colorado non-profit tax exempt organized under section 501 (c) (3) of the federal "Internal Revenue Code of 1986," as amended to provide dental or dental hygiene services to persons identified through such program;
 - ii. The governmental entity or nonprofit private foundation as defined in section H.1.a.i of this rule certifies the name of the applicant and the dates within which the applicant has been invited to provide dental or dental hygiene services in this state, the applicant's full dental or dental hygiene license history with verification of licensure in each state, and an active license in at least one state on a form provided by the Board; and
 - iii. Such applicant's practice in this state, if granted by the Board, is limited to that required by the entities specified in section H.1.a.i and ii of this rule and shall not exceed 120 consecutive days in a 12 month period,

renewable once in a 1 year period for a maximum of 240 consecutive days in a 1 year period.

- b. A temporary licensee shall provide dental or dental hygiene services only to persons identified through an entity as described in section H.1.a.i of this rule and will not accept any compensation above what he/she has agreed to be paid by the entity.
2. The Board may also issue a temporary license to an applicant for licensure to demonstrate clinical competency in compliance with sections B.3.f, C.4.e, E.3.f, F.5.e, and H.2.e under direct supervision of a licensed dentist or dental hygienist.
3. A temporary licensee may be subject to discipline by the Board as defined in 12-35-129,, C.R.S., et seq., and shall be subject to the professional liability insurance requirement as defined in section 12-35-141, C.R.S.

Rule IV. License Presentation

(Amended December 2, 2002; Re-numbered December 30, 2011)

A dentist's or dental hygienist's license, or a copy thereof, shall be available on the premises where the dentist or dental hygienist practices.

Rule V. Practice in Education and Research Programs

(Promulgated as Emergency Rule XXVIII on July 7, 2004; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

- A. Pursuant to §12-35-115(1)(f), the names of individuals engaging in practice while appearing in programs of dental education or research must be submitted to the Board on the Board-approved form.
- B. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental education shall include the following.
 1. Name of program
 2. Goals or objectives of program
 3. Instructors in program
 4. Syllabus of content
 5. Method of program evaluation
- C. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental research shall include the following.
 1. Name of Program
 2. Research goal or objectives
 3. Research design

4. Evidence of approval of research by a Review Board for Human Subject Research which meets the requirements of the Office of Human Subjects Research, National Institutes of Health

D. The dentists and/or dental hygienists invited to participate in the educational or research program who are not licensed in Colorado shall submit evidence to the Board that each participant understands the limitations in such practice as specified in to §12-35-115(1)(f).

E. The Board shall approve participation if, in the judgment of the Board, the information submitted indicates the program is in compliance with to §12-35-115(1)(f).

F. The Board may deny participation if, in the judgment of the Board, the information submitted indicates the program is not in compliance with to §12-35-115(1)(f).

Rule VI. Treatment Provider Identification

(Effective February 1, 1999; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

1. Patient records shall note at the time of the treatment or service the name of any dentist, dental hygienist, or dental assistant who performs any treatment or service upon a patient.

2. When patient treatment or service is performed which requires supervision, the patient record must also note the name of the supervising dentist or dental hygienist for the treatment or service performed on the patient.

Rule VII. Patient Records Retention

(Effective February 1, 1999; Amended December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

A. Records for minors shall be kept for a minimum of seven (7) years after the patient reaches the age of majority (age 18).

B. Records for adult patients shall be kept for a minimum of seven (7) years after the last date of dental treatment or examination, whichever occurs at the latest date.

C. This Rule does not apply to records kept by educational, not-for-profit, and/or public health programs.

D. When the destruction cycle is imminent, written notice to the patient's last known address, or notice by publication, must be made sixty (60) days prior to destruction. Destruction cannot take place until a 30 day period has elapsed wherein the patient may claim the records.

E. Notice by publication may be accomplished by publishing in a major newspaper or a newspaper broadly circulated in the local community one day per week for four (4) consecutive weeks.

F. When the destruction cycle is imminent, records will be provided to the patient or legal guardian at no charge; however appropriate postage and handling costs are permitted.

G. Records may not be withheld for past due fees relating to dental treatment

H. Destruction shall be accomplished by a means which renders the records unable to be identified or read such as by fire or shredding.

Rule VIII. Patient Records in the Custody of a Dentist or Dental Hygienist

(Effective December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

- A. Every patient's record in the custody of a dentist or dental hygienist shall be available to a patient or the patient's designated representative at reasonable times and upon reasonable notice.
- B. A patient or designated representative (representative) may inspect or obtain a copy of his/her patient record after submitting a signed and dated request to the custodian of the patient record. The provider or the representative shall acknowledge in writing the patient's or representative's request. After inspection, the patient or representative shall sign and date the record to acknowledge inspection.
- C. The custodian of the record shall make a copy of the record available or make the record available for inspection within a reasonable time from the date of the signed request, normally not to exceed five days, excluding weekends and holidays.
- D. Patient or representative may not be charged for inspection of records.
- E. The patient or representative shall pay for the reasonable cost of obtaining a copy of the patient record, not to exceed \$12.00 for the first ten or fewer pages and \$0.25 per page for every additional page. Actual postage costs may also be charged.
- F. If the patient or representative so approves, the custodian may supply a written interpretation by the attending provider or representative of patient records, such as radiographs, diagnostic casts, or non-written records which cannot be reproduced without special equipment. If the requestor prefers to obtain a copy of such patient records, the patient must pay the actual cost of such reproduction.
- G. If changes, corrections, deletions, or other modifications are made to any portion of a patient record, the person must note in the record date, time, nature, reason, correction, deletion, or other modification, and his/her name.
- H. Nothing in this rule shall be construed as to limit a right to inspect patient records that is otherwise granted by state statute to the patient or representative.
- I. Nothing in this rule shall be construed to waive the responsibility of a custodian of records to maintain confidentiality of those records the possession of the custodian.

Rule IX. Controlled Substance Record Keeping Requirements

(Amended December 2, 2002; Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

Every dentist, including one issued an academic license, with a current registration issued by the United States Drug Enforcement Administration (DEA) is required to register and maintain a user account with the Prescription Drug Monitoring Program (PDMP) pursuant to section 12-42.5-403(1.5)(a), C.R.S. If he/she fails to register and maintain a PDMP user account, then his/her administering, dispensing, or prescribing a controlled substance falls outside the course of legitimate professional practice and violates section 12-35-129(1)(c), C.R.S.

Every dentist shall maintain records in his/her office regarding such dentist's ordering, prescribing, dispensing, administration, and inventory of drugs or controlled substances for a period of two years as follows:

- A. The dentist shall keep a complete and accurate inventory of all stocks of controlled substances on hand in his/her office. Every two (2) years, in accordance with the Drug Enforcement Administration inventory requirements, the dentist shall conduct a new inventory of all such controlled substances.
- B. When the dentist prescribes, dispenses, and/or administers any controlled substance, the following shall be recorded on the patient's record:
1. Name and address of patient.
 2. Diagnosis being treated or services performed.
 3. Name and strength of drug(s) prescribed, dispensed, and/or administered.
 4. Quantity of drug(s) prescribed, dispensed, and/or administered.
 5. Date of prescribing, dispensing, and/or administration of such drugs.
 6. Name of authorized practitioner-dispensing drug.
- C. With respect to drugs listed in Schedule II, III, IV, and V of the Federal Controlled Substance Act and the Rules and Regulations adopted pursuant thereto, the dentist shall maintain a record of dispensing or administration which shall be separate from the individual patient's record. This separate record shall include the following information:
1. Name of the patient.
 2. Name and strength of the drug.
 3. Quantity of the drug dispensed or administered.
 4. Date such drug was administered or dispensed.
 5. Name of the authorized practitioner dispensing drug.
- D. The dentist shall maintain a record of any controlled substance(s) lost, destroyed, or stolen, and the record shall include the kind and quantity of such controlled substance(s) and the date of such loss, destruction or theft. In addition, the dentist must report such loss or theft to the Drug Enforcement Administration District Office.
- E. Prescription orders must include original signatures from the prescribing dentist. All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address, and registration number of the practitioner. A practitioner may sign a prescription in the same manner as he/she would sign a check or legal document (e. g., J. H. Smith or John H. Smith). When an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typewritten and shall be manually signed by the practitioner. The prescriptions may be prepared by the secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the law and regulations. The use of rubber-stamped, pre-printed, or pre-signed signatures on prescription pads is not acceptable.

Rule X. Minimum Standards for Qualifications, Training and Education for Unlicensed Personnel Exposing Patients to Ionizing Radiation

The Board deems that the requirements for all dental work settings are met by these standards as of July 1, 1993.

A. All unlicensed dental personnel who expose patients to ionizing radiation must:

1. Be a minimum of 18 years of age.
2. Successfully complete minimum safety education and training for operating machine sources of ionizing radiation and administering such radiation to patients.

B. Such education and training shall include at least 8 hours in the following areas, but not limited to:

1. Dental nomenclature - .5 hours;
2. Machine operation exposure factors - 1.5 hours;
3. Operator and patient safety - 1 hour.
4. Practical or clinical experience in:
 - a. Intra/extra - oral techniques for exposing radiographs - 4 hours;
 - b. Appropriate film handling and storage - .25 hour;
 - c. Appropriate processing procedures - .5 hours;
 - d. Appropriate patient record documentation for radiographs - .25 hour.

C. Written verification of education and training shall be provided by the sponsoring agency, educational institution or licensee to each participant upon completion. This written verification shall be cosigned signed by the unlicensed person; one copy shall be kept in each unlicensed person's employment record located at the employment site, the other kept by the unlicensed person. Written verification of completion of education and training must include:

1. Name of agency, educational institution or licensee who provided such education and training;
2. Verification of hours;
3. Date of completion;
4. Exposure techniques for which education and training have been provided, i.e., bitewings, periapicals, occlusals, and panoramic.

Education and training shall be obtained by complying with subsection D, E, or F.

D. Education and training may be obtained through programs approved by the Colorado Commission on Higher Education, the State Board of Community Colleges and Occupational Education, the Private Occupational School Division, or the equivalent in any other state. Such programs shall include the education and training as specified in subsection B, above.

E. Education and training may be provided on the job by a licensed dentist or dental hygienist providing a Board approved educational module which complies with subsection B is used as the basis for such training.

F. Proof of successful completion of the Dental Assisting National Board Examination (DANB).

G. All Licensees must insure that newly hired untrained dental personnel comply with these rules within three months of becoming employed in a capacity in which they will be delegated the task of exposing radiographs.

H. It shall be the duty of each licensee to ensure that:

1. Tasks are assigned only to those individuals who have successfully completed the education and training and meet the qualifications for those tasks, which are being delegated;
2. The properly executed verification documentation of all unlicensed personnel who are operating machine sources of ionizing radiation and exposing such radiation be submitted to the Colorado State Board of Dental Examiners upon request.

Rule XI. Laboratory Work Order Forms

(Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

Laboratory work order forms, written or electronic, as defined in section 12-35-103(11), C.R.S., shall be retained by the dentist and lab for 2 years and contain the following information pursuant to section 12-35-133, C.R.S.:

A. Name of laboratory.

B. Name of dentist.

C. Address of dentist.

D. License number of dentist.

E. Patient name or I.D. number.

F. Instructions to laboratory.

1. Include adequate space for instructions or directions.
2. Date of try in or delivery.

G. Personal signature of the authorizing dentist shall be written in ink or provided electronically and shall be manually entered by the dentist for each order. The use of rubber stamped, pre-printed, or a pre-signed signature on work orders is not acceptable.

H. Date of directions.

Rule XII. Denture Construction by Assistants and Unlicensed Technicians

(Effective February 1, 1999; Amended October 1, 1999, December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

This rule relates to tasks authorized to be performed by dental assistants as defined in section 12-35-128(3)(d), C.R.S., and tasks authorized to be performed by unlicensed technicians as defined in section 12-35-133, C.R.S.

A. Dentures are defined as fixed, removable, full, or partial appliances designed to replace teeth.

- B. Dental assistants who render direct patient treatment as allowed by section 12-35-128(3)(d), C.R.S., necessary for the construction of dentures, shall be supervised by the dentist.
- C. A dental assistant or unlicensed technician shall not practice dentistry as defined in section 12-35-113, C.R.S., unless pursuant to sections 12-35-128 and 12-35-133, C.R.S.
- D. All tasks authorized to be performed by a dental assistant pursuant to section 12-35-128(3)(d), C.R.S., shall be performed in the "regularly announced office location" of a dentist where the dentist is the proprietor and in which he/she regularly practices dentistry, unless that person is operating as an unlicensed technician pursuant to section 12-35-133(1)(b), C.R.S., which allows an unlicensed technician that possesses a valid laboratory work order to provide extraoral construction, manufacture, fabrication, supply, or repair of identified dental and orthodontic devices. Intraoral service in a human mouth by a dental assistant or unlicensed technician is authorized and permissible only if under the direct supervision of a dentist pursuant to section 12-35-128(3)(d), C.R.S.
- E. Nothing in this rule shall prevent the filling of a valid work order pursuant to section 12-35-133, C.R.S., by any unlicensed technician, association, corporation, or other entity for the construction, reproduction, or repair of prosthetic dentures, bridges, plates, or appliances to be used or worn as substitutes for natural teeth or for restoration of natural teeth.

Rule XIII. Limited Prescriptive Authority for Dental Hygienists

(Effective June 30, 1996 as Rule XXIV; Amended December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

- A. Pursuant to section 12-35-124(1)(g)(I), C.R.S., a dental hygienist without supervision of a dentist may prescribe, administer, and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing, and other nonsystemic antimicrobial agents in collaboration with a licensed dentist and, if applicable, when issued a National Provider Identifier (NPI) number by the Centers for Medicare & Medicaid Services (CMS) under the U.S. Department of Health and Human Services.
 - 1. Collaboration with a dentist requires the dental hygienist to develop an articulated plan for safe prescribing which documents how the dental hygienist intends to maintain ongoing collaboration with a dentist in connection with the dental hygienist's practice of prescribing as allowed in section 12-35-124(1)(g), C.R.S., and section C of this rule.
 - 2. The articulated plan shall guide the dental hygienist's prescriptive practice and shall include at least the following:
 - a. A mechanism for consultation and referral to a dentist when the dental hygienist detects a condition that requires care beyond the scope of practicing unsupervised dental hygiene;
 - b. A quality assurance plan;
 - c. Decision support tools; and
 - i. A decision support tool is an assistive tool commonly recognized by healthcare professionals as a valid resource for information on pharmaceutical agents or to aid the dental hygienist in making appropriate judgments regarding safe prescribing.

Comment [MXM1]: If this rule is adopted as amended, the earliest it will become effective is June 30th after a rulemaking hearing on either April 29th or 30th.

ii. Such tools may include, but are not limited to, electronic prescribing databases, evidence-based guidelines, antimicrobial reference guides, and professional journals and textbooks.

d. Emergency protocols and standing orders, including use of emergency drugs.

3. The dental hygienist shall:

- a. Retain the written articulated plan with the collaborating dentist's signature on file;
- b. Review the plan annually; and
- c. Update the plan as necessary.

4. The articulated plan is subject to Board review and the dental hygienist shall provide the plan to the Board upon request.

B. A dental hygienist shall not prescribe, administer, or dispense the following:

1. Drugs whose primary effect is systemic, with the exception of fluoride supplements permitted under section 12-35-124(1)(g)(III)(A), C.R.S., and section C.1 of this rule below; and
2. Dangerous drugs or controlled substances.

C. A dental hygienist may prescribe the following:

1. Fluoride supplements as follows (all using sodium fluoride):

- a. Tablets: 0.5 mg, 1.1 mg, or 2.2 mg;
- b. Lozenges: 2.21 mg; and
- c. Drops: 1.1 mL.

2. Topical anti-caries treatments as follows (all using sodium fluoride unless otherwise indicated):

- a. Toothpastes: 1.1% or less (or stannous fluoride 0.4%);
- b. Topical gels: 1.1% or less (or stannous fluoride 0.4%);
- c. Oral rinses: 0.05%, 0.2%, 0.44%, or 0.5%;
- d. Oral rinse concentrate used in periodontal disease: 0.63% stannous fluoride;
- e. Fluoride varnish: 5%; and
- f. Prophy pastes containing approximately 1.23% sodium fluoride and used for polishing procedures as part of professional dental prophylaxis treatment; and

3. Topical anti-infectives as follows:

- a. Chlorhexidine gluconate rinses: 0.12%;
- b. Chlorhexidine gluconate periodontal chips for insertion into the periodontal pocket;

- c. Tetracycline impregnated fibers, inserted subgingivally into the periodontal sulcus (pocket);
- d. Doxycycline hyclate periodontal gel, inserted subgingivally into the periodontal sulcus (pocket); and
- e. Minocycline hydrochlorided periodontal paste, inserted subgingivally into the periodontal sulcus (pocket).

D. A dental hygienist shall maintain clear documentation in the patient record of the:

- a. Agent prescribed, administered, or dispensed, including dose, amount, and refills;
- b. Date of the action; and
- c. Rationale for prescribing, administering, or dispensing the agent.

E. A prescriptive order shall include:

- a. Name of the patient,
- b. Date of action,
- c. Agent prescribed including dose, amount and refills, and
- d. Rationale for prescribing the agent.

Comment [MXM2]: Should be numbering and not lettering after each section letter.

F. If a dental hygienist prescribes, administers, or dispenses without supervision of a dentist but fails to develop the required articulated plan, or fails to maintain clear documentation in the patient record; or prescribes, administers, or dispenses outside of what is allowed pursuant to section 12-35-124(1)(g), C.R.S., or in this rule, then such conduct constitutes grounds for discipline pursuant to section 12-35-129(1)(i), C.R.S.

G. Any dental hygienist placing therapeutic agents or prescribing as allowed in this rule shall have proof of current Basic Life Support (BLS) for healthcare providers.

H. The placement and removal of therapeutic agents in periodontal pockets and limited prescriptive authority may not be delegated or assigned to a dental assistant.

I. Nothing in this rule prevents a dental assistant from delivering topical fluoride.

Comment [MXM3]: It is being proposed that this be clarified by amending to read as follows:

Pursuant to section 12-35-128(3)(b)(II), C.R.S., a dental assistant under the indirect supervision of a dentist may deliver topical fluoride.

Rule XIV. Anesthesia

(Amended February 1, 1998, August 1, 2000; August 11, 2004; October 27, 2004; October 26, 2006; July 9, 2009, Effective December 31, 2006; Amended January 21, 2010, Effective March 30, 2010)

Comment [MXM4]: If this rule is adopted as amended, the earliest it will become effective is June 30th after a rulemaking hearing on either April 29th or 30th.

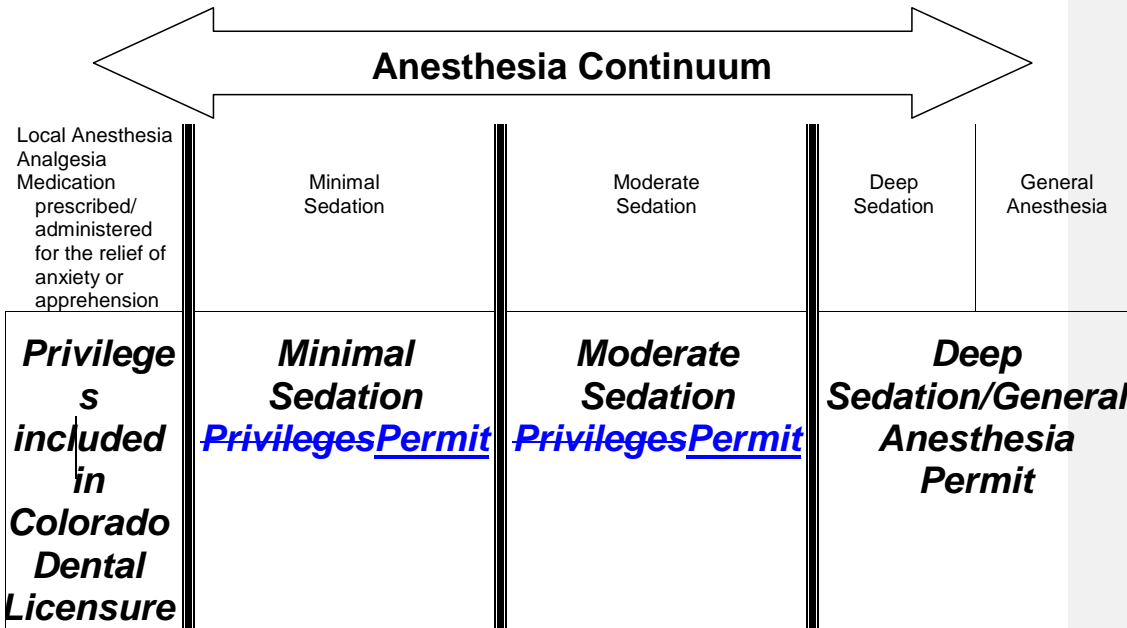
A. Introduction

1. This Rule XIV is authorized by the Dental Practice [Law of Colorado Act](#) including but not limited to sections 12-35-107(1)(b)(II) and (III), (f), (h) and (i), 12-35-113(1)(p) and (q), [12-35-114](#), 12-35-125(1)(f) and 12-35-128(3)(a)(V), [12-35-129\(1\)\(cc\) and \(ll\)](#), and [12-35-140](#), C.R.S. ~~This Rule XIV replaces prior anesthesia related Board Rules XIV, XV, XVI, XVII, and XVIII.~~

2. The purpose of this Rule XIV is to provide dental patients in the state of Colorado open and safe access to anesthesia care by making the process for obtaining ~~privileges or~~ a permit well defined, transparent, and consistent for the dental professionals while at the same time, advocating for patient safety.

B. The Anesthesia Continuum

1. The anesthesia continuum represents a spectrum encompassing analgesia, local anesthesia, sedation, and general anesthesia along which no single part can be simply distinguished from neighboring parts. It is neither the route of administration nor the medication(s) used that determines or defines the level of anesthesia administered. The location on the continuum defines the level of anesthesia administered.



2. The level of anesthesia on the continuum is determined by the definitions listed under section C of this Rule XIV. Elements used to determine the level of anesthesia include the level of consciousness and the likelihood of anesthesia provider intervention(s), based upon the following patient parameters:

- a. Responsiveness
- b. Airway
- c. Respiratory (breathing)
- d. Cardiovascular

C. Definitions Related to Anesthesia

1. Anesthesia - The art and science of managing anxiety, pain, and awareness. Includes analgesia, local anesthesia, minimal, moderate or deep sedation, or general anesthesia.
2. Analgesia - The diminution or elimination of pain.
3. Local Anesthesia - The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.
4. Minimal Sedation - A minimally depressed level of consciousness produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.
5. Moderate Sedation - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
6. Deep Sedation - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
7. General Anesthesia - A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
8. Monitoring - Evaluation of patients to assess physical condition and level of anesthesia.
9. Peri-anesthesia Period - The time from the beginning of the pre-anesthesia assessment until the patient is discharged from anesthesia care.
10. Anesthesia Provider - The licensed and legally authorized individual responsible for administering medications that provide analgesia, local anesthesia, minimal, moderate or deep sedation, or general anesthesia.

12. Pediatric Designation – Required if administering minimal sedation, moderate sedation, or deep sedation/general anesthesia to a patient under 12 years old.

D. General Rules for the Safe Administration of Anesthesia

1. The anesthesia provider's education, training, experience, and current competence must correlate with the progression of a patient along the anesthesia continuum.
2. The anesthesia provider must be prepared to manage deeper than intended levels of anesthesia as it is not always possible to predict how a given patient will respond to anesthesia.

Comment [MXM5]: Received written testimony from Dr. Robert Boraz (pediatric dentist) concerned with the line being drawn here. He later suggested in his verbal testimony that it be drawn at 5 years old. Dr. Josh Jackstein (dental anesthesiologist) during his verbal testimony recommended 6-8 years old. He also testified that he did not think there should be a separate designation for adolescents. Dr. Jeff Kahl (pediatric dentist) stated in his verbal testimony that 12 years old is consistent with ADA guidelines. Dr. Michael Rollert (oral surgeon) stated in his verbal testimony that he supports the line being drawn at 12 years old.

3. The anesthesia provider's ultimate responsibility is to protect the patient. This includes, but is not limited to, identification and management of any complication(s) occurring during the peri-anesthesia period.

4. No dentist shall administer or employ any agent(s) with a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, and similarly acting drugs, or quantity of agent(s), or technique(s), or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of minimal sedation or moderate sedation in section C of this Rule XIV, unless he/she holds a valid Deep Sedation/General Anesthesia Permit issued by the Colorado Dental Board.

Comment [MXM6]: Jennifer Goodrum, CDA indicated in her written testimony that they continue to hear concern among the profession in response to this list; she did not elaborate with verbal testimony. But Dr. Jim Craig (general dentist) provided in his verbal testimony his concern with this rule, as did Dr. Jeff Kahl (pediatric dentist) and Dr. Robert Boraz (pediatric dentist). Dr. Michael Rollert (oral surgeon) stated during his verbal testimony that he is in favor of this amendment as proposed. Dr. Josh Jackstein (dental anesthesiologist) did not provide an opinion during his verbal testimony but did state that the American Medical Association (AMA) has a document regarding propofol use for physicians.

E. Anesthesia Privileges Included in Colorado Dental Licensure

1. The following anesthesia privileges are included in with a Colorado dental licensure issued dentist license and academic license:
 - a. Local Anesthesia;
 - b. Analgesia;
 - c. Medication prescribed/administered for the relief of anxiety or apprehension (limited to the maximum recommended dose of a single drug not including nitrous oxide, otherwise it will be considered minimal sedation); and
 - d. Nitrous Oxide/Oxygen Inhalation Analgesia in compliance with section G of this Rule XIV.
2. A dentist who elects to engage the services of another anesthesia provider in order to provide anesthesia in his-or her dental office is responsible for ensuring that the facility office meets the requirements outlined in this Rule XIV.

Comment [MXM7]: Received written testimony from Dr. Robert Boraz (pediatric dentist) sharing his concern that this is vague. He also noted in his written testimony that he thinks this paragraph 4 makes the rule inconsistent with the 2nd sentence in B.1 of this rule.

Comment [MXM8]: Received written testimony from Dr. Robert Boraz (pediatric dentist) that subparagraph c makes the rule inconsistent with the 2nd sentence in B.1 of this rule.

F. Anesthesia Privileges and Permits

1. Local Anesthesia Privileges-Permit for dental hygienists -
 - a. A dental hygienist may obtain a Local Anesthesia Privileges-Permit and administer local anesthesia or a local anesthetic reversal agent under the indirect supervision of a dentist.
 - b. A Local Anesthesia Privileges-Permit will be issued once and will remain valid as long as the licensee maintains an active license to practice, except as otherwise provided in section 12-35-140, C.R.S., or this Rule XIV.
 - c. In order to initially apply for a Local Anesthesia Permit pursuant to this Rule XIV, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 24-34-105, C.R.S.
2. Temporary Privileges or Inspection Permit -
 - a. A dentist will be issued temporary privileges or a temporary permit an Inspection Permit upon meeting the educational and/or experience requirements for a Moderate Sedation Privileges-Permit or for a Deep Sedation/General Anesthesia Permit as outlined in this Rule XIV prior to successfully completing his/her clinical onsite inspection.

Comment [MXM9]: Dr. Michael Rollert (oral surgeon) stated during his verbal testimony that he thinks the Board should create a separate "mobile" permit.

Comment [MXM10]: In his verbal testimony, Dr. Josh Jackstein (dental anesthesiologist) recommended an office inspection for any minimal sedation permit with a pediatric designation (initially and upon renewal).

- b. Unless otherwise authorized by the Board, the ~~temporary privileges or permit~~[Inspection Permit](#) will be issued once and will remain valid for a maximum of ~~ninety (90)~~ days.

[c. An Inspection Permit can only be used to administer anesthesia for purposes of a Board authorized inspection.](#)

3. Minimal Sedation ~~Privileges-Permit~~ -

- a. To administer minimal sedation, a dentist shall have [a](#) Minimal Sedation ~~Privileges-Permit~~, Moderate Sedation ~~Privileges-Permit~~, or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule XIV.
- b. [A](#) Minimal Sedation ~~Privileges-Permit~~ shall be valid for a period of ~~five (5)~~ years, after which such ~~privileges-permit~~ may be renewed upon reapplication.

[c. In order to initially apply for or renew a Minimal Sedation Permit pursuant to this Rule XIV, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 24-34-105, C.R.S.](#)

4. Moderate Sedation ~~Privileges-Permit~~ -

- a. To administer ~~Moderate-moderate Sedation~~[sedation](#), a dentist shall have [a](#) Moderate Sedation ~~Privileges-Permit~~ or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule XIV.
- b. [A](#) Moderate Sedation ~~Privileges-Permit~~ shall be valid for a period of ~~five (5)~~ years after which such ~~privileges-permit~~ may be renewed upon reapplication.

[c. In order to initially apply for or renew a Moderate Sedation Permit pursuant to this Rule XIV, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 24-34-105, C.R.S.](#)

5. Deep Sedation/General Anesthesia Permit -

- a. To administer deep sedation/and or general anesthesia, a dentist shall have a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule XIV.
- b. A Deep Sedation/General Anesthesia Permit shall be valid for a period of ~~five (5)~~ years after which such permit may be renewed upon reapplication.
- c. In order to initially apply for or renew a Deep Sedation/General Anesthesia Permit pursuant to this Rule XIV, an applicant must pay a fee established by the Director of the Division of ~~Registrations~~[Professions and Occupations](#) pursuant to section 24-34-105, C.R.S.

G. Nitrous Oxide/Oxygen Inhalation Requirements

1. A dentist may delegate under direct supervision the monitoring and administration of nitrous oxide/oxygen inhalation to appropriately trained dental personnel, pursuant to sections [12-35-113\(1\)\(p\) and \(q\)](#), [12-35-128\(3\)\(c\)](#), and [12-35-140\(4\)](#), C.R.S.
2. The supervising dentist is responsible for determining and documenting the maximum percent-dosage of nitrous oxide administered to the patient. Documentation shall include the

length of time nitrous oxide was ~~used~~ delivered and the length of time the patient was ~~reoxygenated with 100% oxygen.~~

3. It is the responsibility of the supervising dentist to ensure that dental personnel who administer and/or monitor nitrous oxide/oxygen inhalation are appropriately trained.
4. If nitrous oxide is used in the practice of dentistry, then the supervising dentist shall provide and ensure the following:
 - a. Fail safe mechanisms in the delivery system and an appropriate scavenging system;
 - b. The inhalation equipment must be evaluated for proper operation and delivery of inhalation agents;
 - c. Any administration or monitoring of nitrous oxide/oxygen inhalation to patients by dental personnel is performed in accordance with generally accepted standards of dental or dental hygiene practice.

H. Local Anesthesia ~~Privileges-Permit~~ for Dental Hygienists

1. A dental hygienist may obtain a Local Anesthesia ~~Privileges-Permit~~ after submitting a Board-approved application and upon successful completion of courses conducted by a school accredited by the ~~American Dental Association~~ Commission on Dental Accreditation (CODA).
2. Courses must meet the following requirements:
 - a. ~~Twelve~~ (12) hours of didactic training, including but not limited to:
 - i. Anatomy;
 - ii. Pharmacology;
 - iii. Techniques;
 - iv. Physiology; and
 - v. Medical Emergencies.
 - b. ~~Twelve~~ (12) hours of clinical training that includes the administration of at least ~~six~~ (6) infiltration and ~~six~~ (6) block injections.

I. Minimal Sedation ~~Privileges-Permit~~ - A dentist may obtain a Minimal Sedation ~~Privileges-Permit~~ after submitting a Board-approved application and upon successful completion of the educational requirements, or by endorsement of authorized administration in another state/jurisdiction set forth below:

1. A specialty residency or general practice residency recognized by the ~~American Dental Association~~ Commission on Dental Accreditation (CODA) that includes comprehensive and appropriate training to administer and manage minimal sedation; or
2. Educational criteria for a Moderate Sedation ~~Privileges-Permit~~ or for a Deep Sedation/General Anesthesia Permit; or

3. A minimum of ~~sixteen (16)~~ hours of Board-approved coursework completed within the past ~~five (5)~~ years that provides training in the administration and induction of minimal sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) Guidelines for teaching the comprehensive control of anxiety and pain in dentistry.
 - a. The coursework must contain an appropriate combination of didactic instruction and practical skills training.
 - b. The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.
 - c. Course content leading to current Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) cannot be considered as part of the ~~sixteen (16)~~ hours of classroom and clinical instruction.

4. The Board may consider qualifications accepted in another state or jurisdiction that resulted in a comparable permit to be issued by that state or jurisdiction which is substantially equivalent to the requirements for a Minimal Sedation Permit in Colorado, as long as the applicant has successfully administered minimal sedation in 20 cases for the last 2 years prior to applying, and has had no discipline, significant morbidity to a patient, or patient mortality associated with the administration of sedation.

5. A dentist is only eligible for a Pediatric Designation on his/her Minimal Sedation Permit by successfully completing a pediatric residency pursuant to subsection I.1 of this Rule XIV.

J. Moderate Sedation Privileges Permit - A dentist may obtain a Moderate Sedation ~~Privileges Permit~~ after submitting a Board-approved application and upon successful completion of education only, or a combination of approved education and experience, or by endorsement of authorized administration in another state or jurisdiction as set forth below:

1. Education Only Route - ~~must~~ Must submit proof of having successfully completed one of the following:
 - a. A specialty residency or general practice residency recognized by the ~~American Dental Association~~-Commission on Dental Accreditation (CODA) that includes comprehensive and appropriate training to administer and manage moderate sedation; or
 - b. Educational criteria for a Deep Sedation/General Anesthesia Permit.
2. Education/Experience Route - ~~must~~ Must submit proof of successfully completing moderate sedation course(s) and acceptable sedation cases as set forth below.
 - a. Education -
 - h). ~~Sixty (60)~~ hours of Board-approved coursework completed within the past ~~five (5)~~ years that provides training in the administration and induction of moderate sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) Guidelines for teaching the comprehensive control of anxiety and pain in dentistry.

Comment [MXM11]: Written testimony was received from Dr. Robert Boraz (pediatric dentist) expressing concern with the bar being set here; no suggestion provided with his written testimony. However, he did state during his verbal testimony that he does not think there needs to be any additional training to obtain this designation since 80% of pediatric patients currently receive care from general dentists and to his knowledge this has not been issue. Later on he mentioned that if additional training is required, it should include no more than 8 hours of coursework.

Written testimony was also received from Dr. Roger Sanger (pediatric dentist) and John Bitting, DOCS Education expressing the same concern. Mr. Bitting proposed amending this to read as follows:
 5. A dentist is only eligible for a Pediatric Designation on his/her Minimal Sedation Permit by:
 a. Successfully completing a pediatric residency pursuant to paragraph 1 above;
 b. Successfully completing the educational criteria for a Moderate Sedation Permit or for a Deep Sedation/General Anesthesia Permit pursuant to paragraph 2 above; or
 c. Successfully completing pediatric-specific Board-approved coursework at least consistent with paragraph 3 above commensurate with the American Academy of Pediatric Dentistry guidelines.

Dr. Tom Rowe (general dentist) provided verbal testimony that this requirement is too stringent. Dr. Jim Craig (general dentist) provided similar verbal testimony. Dr. Josh Jackstein (dental anesthesiologist) suggested the DOCS course as acceptable training or the Board could create one. Dr. Jeff Kahl (pediatric dentist) stated during his verbal testimony that he thinks the training for a Pediatric Designation for minimal sedation should be the same as the training for moderate sedation. Dr. Michael Rollert (oral surgeon) stated in his verbal testimony that he supported the education and training requirement as proposed.

- ii. Such coursework must include an appropriate combination of didactic instruction and practical skills training. Coursework must also include documented training in parenteral techniques in order to perform parenteral sedation once a Moderate Sedation Permit is issued.
- iii. The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.
- iv. Course content leading to current Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) cannot be considered as part of the ~~sixty~~ (60) hours of classroom and clinical instruction.

b. Experience -

- ii. ~~Twenty (20) s~~ Sedation cases performed by the applicant on 20 individual patients that were completed as part of or separate from the Board Board-approved sedation training course.
- ii. If completed separate from the course, then all cases must be completed during the ~~one~~ (1) year period immediately after completion of the approved training program.
- iii. All of the cases must be performed and documented under the on-site instruction and supervision of a person qualified to administer anesthesia at a deep sedation/general anesthesia level.
- iv. ~~All of the cases must be performed and documented by the applicant.~~ Pursuant to section 12-35-140(4)(b), C.R.S., the applicant must both be the primary provider of the sedation and directly provide dental care for all required casework.
- v. Cases may be performed on live patients or as part of a hands-on high-fidelity sedation simulation center or program; however, a maximum of 5 hands-on high fidelity simulation cases may be accepted as part of the required 20 sedation cases.
- vi. ~~All of the e~~ Cases must meet the documentation and monitoring requirements for moderate sedation set forth in sections O and P of this Rule XIV. The cases must meet generally accepted standards for the provision and documentation of moderate sedation in Colorado, regardless of where the cases occurred.

3. Endorsement Route – The Board may consider qualifications accepted in another state or jurisdiction that resulted in a comparable permit to be issued by that state or jurisdiction which is substantially equivalent to the requirements for a Moderate Sedation Permit in Colorado, as long as the applicant has successfully administered moderate sedation in 20 cases for the last 2 years prior to applying, and has had no discipline, significant morbidity to a patient, or patient mortality associated with the administration of sedation.

4. Pediatric Designation - A dentist is only eligible for a Pediatric Designation on his/her Moderate Sedation Permit by successfully completing one of the following:

a. Completing a pediatric residency pursuant to subparagraph 1.a of this Rule XIV.J.

b. Meeting the educational criteria pursuant to subparagraph 1.b of this Rule XIV.J. or

b. Completing:

i. A minimum of 30 hours specific to pediatric patients in addition to or as part of the 60 hours of education pursuant to subparagraph 2.a of this Rule XIV.J; and

ii. 10 pediatric cases in addition to or as part of the 20 cases of experience pursuant to subparagraph 2.b of this Rule XIV.J.

K. Deep Sedation/General Anesthesia Permit - A dentist may obtain a Deep Sedation/General Anesthesia Permit after submitting a Board-approved application and upon successful completion of one of the following educational requirements:

1. A residency program in general anesthesia that is approved by the [American Dental Association Commission on Dental Accreditation \(CODA\)](#), the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or any successor organization to any of the foregoing; or
2. An acceptable post-doctoral training program (e.g., oral and maxillofacial surgery [or dental anesthesiology](#)) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia commensurate with the American Dental Association [\(ADA\)](#) Guidelines for teaching the comprehensive control of anxiety and pain in dentistry.

3. A dentist issued a Deep Sedation/General Anesthesia Permit will automatically obtain a Pediatric Designation.

L. Clinical On-Site Inspection for Obtaining, [Renewing](#), or [Reinstating](#) a Moderate Sedation Privileges Permit or a Deep Sedation/General Anesthesia Permit

1. Applications for a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit

a. Any dentist applying for a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must successfully complete a clinical on-site inspection as a condition of obtaining a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit.

b. Upon satisfying the requirements of section J or K of this Rule XIV, the dentist applying for a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit will initially be issued an Inspection Permit. The dentist must then undergo a clinical on-site inspection. The Inspection Permit may only be utilized for purposes of undergoing the Board-approved clinical on-site inspection.

c. Upon issuance, an Inspection Permit is effective for 90 days, and unless otherwise authorized by the Board, the clinical on-site inspection must be successfully completed within those 90 days while the Inspection Permit is in effect.

4. Any dentist applying for Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit will initially be issued a temporary permit upon successfully meeting the educational and/or experience requirements as provided in this Rule XIV. The dentist must then undergo a clinical on-site inspection.

Comment [MXM12]: Dr. Robert Boraz (pediatric dentist submitted written testimony expressing concern that this transition is occurring without demonstration of pediatric experience.

Comment [MXM13]: In his verbal testimony, Dr. Josh Jackstein (dental anesthesiologist) recommended an office inspection for any minimal sedation permit with a pediatric designation (initially and upon renewal).

Dr. Michael Rollert (oral surgeon) during his verbal testimony stated that he supports re-inspection every 5 years, but that the inspection process needs to be more formal and expanded to address all locations.

Comment [MXM14]: Dr. Robert Boraz (pediatric dentist) provided in his written testimony a concern that inspections are now being required upon renewal. He noted in his verbal testimony that he now understands this is required pursuant to statutory changes.

2. Renewing or Reinstating a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit

- a. Any dentist applying to renew or reinstate a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must submit an updated clinical on-site inspection as required pursuant to section 12-35-140(5), C.R.S.
- b. To renew an active permit a clinical on-site inspection must be completed within the 3 months before the expiration date of the permit or within a 3 month grace-period after the expiration date of the permit.
- c. Any dentist whose Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit has expired is required to first obtain an Inspection Permit before proceeding with a clinical on-site inspection. During the clinical on-site inspection, at least 1 case must be observed while the dentist administers anesthesia at the level for which he/she is reinstating. The inspector may require observation of additional cases at his/her discretion.

2. Unless otherwise authorized by the Board, a clinical on-site inspection must be successfully completed within ninety (90) days of a temporary permit being issued in order to receive Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit.

3. The Board may require re-inspection of a facility as part of the process for renewal or reinstatement of the privileges or permit.

4. A separate clinical on-site inspection is not required for dentists who receive a Moderate Sedation Privileges Permit or a Deep Sedation/General Anesthesia Permit pursuant to this Rule XIV for one (1) office and travel to other dental office locations to administer anesthesia. However, it is the responsibility of the anesthesia provider to ensure that each facility office meets the requirements outlined in this rule. This responsibility also extends to a dentist without a Moderate Sedation Privileges Permit or a Deep Sedation/General Anesthesia Permit who elects to engage the services of another anesthesia provider to provide such anesthesia in his/her dental office.

4. A clinical on-site inspection is not required for dentists administering only in a hospital setting.

5. In the case of a dentist who practices exclusively from a mobile or portable facility, a clinical on-site inspection shall be conducted in the office of a Colorado licensed dentist. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider agrees to have available at all times while administering in multiple locations shall be provided to the inspector, who in turn will provide it with his/her inspection report to the Board.

5.6. The dentist requiring the anesthesia-clinical on-site inspection is responsible for all fees associated with and must bear the cost of the inspection. The dentist must pay any fee incurred directly to the approved inspector. The inspector may charge a reasonable inspection fee, plus actual travel expenses for lodging, meals, and mileage at the current United States Internal Revenue Service (IRS) rate per mile. An inspection fee up to \$500 is reasonable.

6.7. The anesthesia-clinical on-site inspection shall consist of four (4) the following parts:

- a. Review of the office equipment, records, and emergency medications required in sections M, N, and O, and subsections P.2.3 and P.3.4 of this Rule XIV.

Comment [MXM15]: Dr. Michael Rollert (oral surgeon) stated during his verbal testimony that he thinks the Board should create a separate "mobile" permit.

b. Surgical/Anesthetic Techniques. ~~The inspector shall observe at least one (1) case while the dentist administers anesthesia at the level for which he/she is making application to the Board. The inspector may require additional cases to observe at his/her discretion.~~

i. The inspector shall observe at least 1 case while the dentist administers anesthesia at the level for which he/she is making application to the Board. The inspector may require additional cases to observe at his/her discretion.

ii. Any dentist requesting a Pediatric Designation that is applying for, renewing, or reinstating a Moderate Sedation Permit and is eligible for the designation through completion of a pediatric specialty training program or a combination of acceptable pediatric education (30 hours) and experience (10 pediatric cases) is required to have at least 1 pediatric case observed as part of his/her inspection.

c. Simulated Emergencies. The dentist and his/her team must ~~be able to demonstrate his/her expertise inadequately~~ managing a minimum of 8 emergencies ~~as required in the application.~~

d. Discussion Period.

78. The inspector shall be a Board-approved Colorado licensed anesthesiologist-physician or certified registered nurse anesthetist (CRNA) trained in dental outpatient deep sedation/general anesthesia and moderate sedation, or a dentist with-issued a Deep Sedation/General Anesthesia Permit pursuant to section 12-35-140(5)(a), C.R.S.

89. The inspector shall not have an unethical agreement or conflict of interest with an applicant. ~~An inspector's receipt of payment from the applicant for services as an inspector is acceptable and does not constitute an unethical agreement or conflict of interest.~~

910. Inspectors shall be considered consultants for the Board and shall be immune from liability in any civil action brought against him/her occurring while acting in this capacity as set forth in section 12-35-109(3), C.R.S.

~~4011.~~ The documentation of the anesthesia inspection must be completed on Board-approved forms approved by the Board and submitted for review along with the anesthesia record(s).

Comment [MXM16]: In his verbal testimony, Dr. Josh Jackstein (dental anesthesiologist) recommended an office inspection for any minimal sedation permit with a pediatric designation (initially and upon renewal).

M. Office Facilities and Equipment for Provision of Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia -

1. Any dentist whose practice includes the administration of minimal sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:

a. Emergency equipment and facilities, including:

i. An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;

ii. Oral and nasopharyngeal airways;

iii. Appropriate emergency medications; and

IV)iv. An external defibrillator - manual or automatic.

b. Equipment to monitor vital signs and oxygenation/ventilation, including:

H)j. A continuous pulse oximeter; and

H)ji. A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.

c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.

2. Any dentist whose practice includes the administration of moderate sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:

a. Emergency equipment and facilities, including:

H)j. An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;

H)ji. Oral and nasopharyngeal airways;

H)jii. Appropriate emergency medications; and

IV)iv. An external defibrillator - manual or automatic.

b. Equipment to monitor vital signs and oxygenation/ventilation, including:

H)j. A continuous pulse oximeter; and

H)ji. A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.

c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.

d. Back-up suction equipment.

e. Back-up lighting system.

f. Parenteral access or the ability to gain parenteral access, if clinically indicated.

g. Electrocardiograph, if clinically indicated.

h. End-tidal carbon dioxide monitor (capnography) by April 1, 2016.

3. Any dentist whose practice includes the administration of deep sedation and/or general anesthesia by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:

a. Emergency equipment and facilities, including:

H)j. An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;

Comment [MXM17]: Jennifer Goodrum, CDA indicated in her written testimony that they continue to hear concern among the profession in response to this proposed requirement. However, no written testimony or verbal testimony was submitted recommending that this requirement be removed.

H)ii. Oral and nasopharyngeal airways;

H)iii. Appropriate emergency medications; and

IV)iv. An external defibrillator - manual or automatic.

b. Equipment to monitor vital signs and oxygenation/ventilation, including:

H)ii. A continuous pulse oximeter; and

H)ii. A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.

c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.

d. Back-up suction equipment.

e. Back-up lighting system.

f. Parenteral access or the ability to gain parenteral access, if clinically indicated.

g. Electrocardiograph.

h. End-tidal carbon dioxide monitor ~~if using a laryngeal mask airway or endotracheal intubation~~(capnography) by April 1, 2016.

i. Additional emergency equipment and facilities, including:

H)ii. Endotracheal tubes suitable for patients being treated;

H)ii. A laryngoscope with reserve batteries and bulbs,

H)iii. Endotracheal tube forceps (i.e. magill); and

IV)iv. At least one additional airway device.

N. Volatile Anesthesia Gas Delivery Systems – ~~if utilized, shall~~ Shall include:

1. Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
2. Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
3. Fail-safe mechanisms for inhalation of nitrous oxide analgesia;
4. The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
5. Gas storage facilities, which meet generally accepted safety standards.

O. Documentation – ~~shall~~ Shall include, but is not limited to:

1. For administration of local anesthesia and analgesia -

- a. Pertinent medical history, including weight; and
 - b. Medication(s) administered and dosage(s).
2. For administration of minimal sedation, moderate sedation, deep sedation or general anesthesia -
- a. Medical History - current and comprehensive;
 - b. Weight;
 - c. Height for any patient over the age of 12;
 - d. American Society of Anesthesiology (ASA) Classification;
 - e. Dental Procedure(s);
 - f. Informed Consent;
 - g. Anesthesia Record, which includes:
 - i. Parenteral access site and method, if utilized;
 - ii. Medication(s) administered - medication (including oxygen), dosage, route, and time given;
 - iii. Vital signs before and after anesthesia is utilized;
 - iv. Intravenous fluids, if utilized; and
 - v. Response to anesthesia - including any complications;
 - h. Condition of patient at discharge.
3. ~~For~~ In addition, for administration of moderate sedation, deep sedation or general anesthesia: -
- a. Physical examination - airway assessment; baseline heart rate, blood pressure, respiratory rate, and oxygen saturation;
 - b. Anesthesia record, which includes:
 - i. Time anesthesia commenced and ended;
 - ii. At least every 5 minutes - blood pressure, heart rate; and
 - iii. At least every 15 minutes - oxygen saturation (SAO2); respiratory rate; electrocardiograph (ECG), if clinically indicated by patient history, medical condition(s), or age; and ventilation status (spontaneous, assisted, or controlled).

Comment [MXM18]: Given testimony received regarding the age of a pediatric patient, is this something that also needs to be discussed? It did not come up testimony.

Comment [MXM19]: Dr. Michael Rollert (oral surgeon) recommended in his verbal testimony that this requirement be moved up to every 5 minutes.

P. Patient Monitoring -- ~~shall~~ Shall include, but is not limited to the following for the administration of:

- 1. Local Anesthesia and Analgesia -

~~a.~~ General state of the patient.

2. Minimal Sedation -

- a. Continuous heart rate and respiratory status;
- b. Continuous oxygen saturation (SpO2), ~~if clinically indicated by patient history, medical condition(s), or age;~~
- c. Pre and post procedure blood pressure; and
- d. Level of anesthesia on the continuum.
- ~~e. Level of cooperation in the pediatric or special needs patient may not reasonably allow for full compliance with some monitoring requirements. In such instance, the supervising dentist shall use professional judgment and shall document available monitoring parameters to the best of his/her ability.~~

3. Moderate Sedation -

- a. Continuous heart rate, respiratory status, and oxygen saturation;
- b. Intermittent blood pressure every 5 minutes or more frequently;
- c. Continuous electrocardiograph, if clinically indicated by patient history, medical condition(s), or age; ~~and~~
- d. End-tidal carbon dioxide monitoring (capnography) by April 1, 2016; and
- ~~de.~~ Level of anesthesia on the continuum.

4. Deep Sedation or General Anesthesia -

- a. Continuous heart rate, respiratory status, and oxygen saturation;
- b. Intermittent blood pressure every 5 minutes or more frequently;
- c. Continuous electrocardiograph;
- d. End-tidal carbon dioxide monitoring if using a laryngeal mask airway or endotracheal intubation (capnography) by April 1, 2016; and
- e. Level of anesthesia on the continuum.

5. Level of cooperation in the pediatric or special needs patient may not reasonably allow for full compliance with some monitoring requirements. In such instance, the supervising dentist shall use professional judgment and shall document available monitoring parameters to the best of his/her ability.

Comment [MXM20]: Dr. Robert Boraz (pediatric dentist) stated in his verbal testimony that he was glad to see this language was retained in the rule.

Q. Miscellaneous Requirements

1. Life Support Certification(s) -

- a. Successful completion of Basic Life Support (BLS) training for health care providers and continuous certification are required for;

i. All dentists and dental personnel utilizing, administering, or monitoring local anesthesia, analgesia (including nitrous oxide), minimal sedation, moderate sedation, deep sedation, or general anesthesia; and

ii. All dental hygienists utilizing, administering, or monitoring local anesthesia.

~~a. All dentists and dental personnel utilizing, administering or monitoring local anesthesia, analgesia, minimal sedation, moderate sedation, deep sedation or general anesthesia shall have successfully completed current Basic Life Support (BLS) training.~~

b. Additionally, any dentist applying for or maintaining a Moderate Sedation Privileges Permit or a Deep Sedation/General Anesthesia Permit must have successfully completed current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS), as appropriate for the dentist's practice, and maintain continuous certification.

c. Successful completion of PALS training and continuous certification are required for a dentist that applies for or maintains a Pediatric Designation and obtained such designation through completion of a pediatric specialty training program or a combination of acceptable pediatric education (30 hours) and experience (10 pediatric cases).

2. Personnel -

a. Minimal/Moderate Sedation - ~~during~~ During the administration of minimal or moderate sedation, the supervising dentist and at least ~~one (1)~~ other individual who is experienced in patient monitoring and documentation must be present.

b. Deep sedation/general anesthesia - ~~during~~ During the administration of deep sedation or general anesthesia, the supervising dentist and at least ~~two (2)~~ other individuals ~~must be present;~~ one of whom is experienced in patient monitoring and documentation, must be present.

3. Monitoring and medication administration - ~~may be delegated to trained dental personnel under the direct supervision of the dentist; however, the supervising dentist retains full accountability.~~ The supervising dentist retains full accountability, but delegation to trained dental personnel may occur under:

a. Direct supervision by the dentist when a patient is being monitored, or

b. Direct, continuous, and visual supervision by the dentist when medication, excluding local anesthetic, is being administered to a patient.

4. Discharge - ~~patient~~ Patient discharge after sedation and/or general anesthesia must be specifically authorized by the anesthesia provider.

R. Additional Requirements for ~~Privileges or~~ Permits: Demonstration of Continued Competency and Reinstatement of Expired ~~Privileges or~~ Permits

1. An applicant for a Local Anesthesia Privileges Permit, Minimal Sedation Privileges Permit, Moderate Sedation Privileges Permit, or a Deep Sedation/General Anesthesia Permit shall demonstrate to the Board that he/she has maintained the professional ability and knowledge required to perform anesthesia when the applicant has not completed a residency program or the coursework set forth in this Rule XIV within the past ~~five (5)~~

Comment [MXM21]: Written testimony from John Bitting, DOCS Education proposed to amend the last 2 lines to read as follows:

"combination of comprehensive pediatric-specific continuing education (30 total hours) and experiences (10 pediatric cases)."

years immediately preceding the application. The applicant may demonstrate competency as follows:

- a. Submit proof [satisfactory to the Board](#) that he/she has engaged in the level of administration of anesthesia within generally accepted standards of dental or dental hygiene practice [and in compliance with section O and P of this Rule XIV](#) at or above the level for which the applicant is pursuing ~~privileges or~~ a permit for at least ~~one (1)~~ of the ~~five (5)~~ years immediately preceding the application, or
 - b. Submit proof [satisfactory to the Board](#) of an evaluation, completed within ~~one (1)~~ year preceding the application by a person or entity approved by the Board that certifies the applicant's ability to administer anesthesia within generally accepted standards of [dental or dental hygiene](#) practice [and in compliance with sections O and P of this Rule XIV](#) at or above the level for which he/she is requesting ~~privileges or~~ a permit. The proposed procedure for the evaluation and the proposed evaluating person or entity must be submitted and be pre-approved by the Board.
2. If a dentist allows his/her Colorado dental license to expire then his/her Minimal Sedation ~~Privileges Permit~~, Moderate Sedation ~~Privileges Permit~~, or Deep Sedation/General Anesthesia Permit shall also expire. The dentist may apply for reinstatement of his/her Minimal Sedation ~~Privileges Permit~~, Moderate Sedation ~~Privileges Permit~~, or Deep Sedation/General Anesthesia Permit simultaneously with or subsequent to application for reinstatement of licensure.
 3. If a dental hygienist allows his/her Colorado dental hygienist license to expire then his/her Local Anesthesia ~~Privileges Permit~~ shall also expire. The dental hygienist may apply for reinstatement of his/her Local Anesthesia ~~Privileges Permit~~ simultaneously with or subsequent to application for reinstatement of licensure.
 4. ~~A-If a~~ dentist or dental hygienist [has not had a permit within the 2 years immediately preceding who is submitting](#) an application for reinstatement of his/her ~~privileges or~~ permit, [he/she](#) shall demonstrate to the Board the same competency requirements set forth in section R.1 [of this Rule XIV](#), ~~if he/she has not had privileges or a permit within the two (2) years immediately preceding such reinstatement application.~~
5. [Effective March 1, 2016, a dentist renewing his/her permit is required to complete 17 hours of Board-approved continuing education credits specific to anesthesia or sedation administration during the 5-year renewal period as a condition of renewal.](#)
 - a. [These credits may also be applied to the 30 continuing education hours required every 2 years as part of licensure renewal. However, they may only apply to the license renewal period in which they were earned and cannot be re-applied towards a subsequent license renewal period.](#)
 - b. [A dentist permitted to administer either minimal sedation, moderate sedation, or deep sedation/general anesthesia may not apply time spent maintaining current ACLS/PALS towards this requirement.](#)
 - c. [Board-approved continuing education credits in anesthesia or sedation administration are limited to any course or program recognized by the \(or successor organization\):](#)
 - i. [American Dental Association \(ADA\) Continuing Education Recognition Program \(CERP\).](#)

ii. Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE),

iii. American Medical Association (AMA), or

iv. Commission on Dental Accreditation (CODA) accredited institution.

S. Anesthesia Morbidity/Mortality Reporting Requirements – ~~a~~ A complete written report shall be submitted to the Board by the anesthetizing dentist or dental hygienist and his/her supervising dentist within ~~fifteen~~ (15) days of any anesthesia related incident resulting in significant ~~patient~~ morbidity to a patient or patient mortality. A morbidity or mortality report shall include:

1. ~~A morbidity and mortality report shall include t~~The complete anesthesia record with an associated narrative of all events for the patient at issue;
2. The anesthetizing dentist's or dental hygienist's narrative of all events; and
23. ~~All records related to the incident shall be submitted to the Board as part of the report.~~

T. Effect of 2009 Amendments on Currently Issued PermitsPediatric Designation Requirements

1. ~~Any dentist whose Board-issued permit to perform General Anesthesia and/or Deep Sedation is active on March 30, 2010 shall automatically obtain a Deep Sedation/General Anesthesia Permit pursuant to this Rule XIV. Such dentist's permit shall expire five (5) years from the date under which the prior General Anesthesia and/or Deep Sedation Permit was granted. Following such expiration, the dentist must comply with all applicable statutory and regulatory requirements in order to renew the Deep Sedation/General Anesthesia Permit~~deep sedation/general anesthesia is active on March 30, 2015, shall automatically obtain a Pediatric Designation on his/her permit.
2. ~~Any dentist whose Board-issued permit to perform Parenteral Conscious Sedation is active on March 30, 2010 shall automatically obtain Moderate Sedation Privileges pursuant to this Rule XIV. Such dentist's privileges shall expire five (5) years from the date under which the prior Parenteral Conscious Sedation permit was granted. Following such expiration, the dentist must comply with all applicable statutory and regulatory requirements in order to renew the Moderate Sedation Privileges~~moderate sedation is active on March 30, 2015, shall automatically obtain a Pediatric Designation on his/her permit for 1 year. In order to continue or regain that designation, he/she will be required to apply for and obtain a Pediatric Designation in accordance with subsection J.4 of this Rule XIV.
3. ~~Any dentist whose Board-issued permit to perform Enteral Conscious Sedation is active on March 30, 2010 shall automatically obtain Minimal Sedation Privileges pursuant to this Rule XIV. Such dentist's privileges shall expire five (5) years from the date under which the prior Enteral Conscious Sedation permit was granted. Following such expiration, the dentist must comply with all applicable statutory and regulatory requirements in order to renew the Minimal Sedation Privileges~~minimal sedation is active on March 30, 2015, shall automatically obtain a Pediatric Designation on his/her permit for 1 year. In order to continue or regain that designation, he/she will be required to apply for and obtain a Pediatric Designation in accordance with subsection I.5 of this Rule XIV.
4. ~~Any dental hygienist whose Board-issued permit to perform Local Anesthesia is active on March 30, 2010 shall automatically obtain Local Anesthesia Privileges pursuant to this Rule XIV. Such hygienist's privileges shall remain valid for so long as the licensee maintains an active license to practice, except as otherwise provided in this Rule XIV.~~Effective April 1, 2016, there will be no Minimal Sedation Permit allowed for pediatric

Comment [MXM22]: This rule will have to be amended if training requirements are added for a Pediatric Designation for deep sedation/general anesthesia.

Comment [MXM23]: This rule will have to be amended or deleted if the training requirements for a Pediatric Designation for minimal sedation are expanded.

[patients except for those who have successfully completed a pediatric residency. All other dentists must possess a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit in order to administer to pediatric patients.](#)

U. Board Reserved Rights

1. Dentists or dental hygienists utilizing anesthesia that requires ~~privileges or~~ a permit shall be responsible for practicing within generally accepted standards of dental or dental hygiene practice in administering anesthesia and complying with the terms of this Rule XIV, pursuant to section 12-35-129(1), C.R.S.
2. Dentists or dental hygienists utilizing anesthesia that requires ~~privileges or~~ a permit, under this Rule XIV without first obtaining the required ~~privileges or~~ permit, or utilizing such anesthesia with ~~expired privileges or~~ an expired permit, may be disciplined pursuant to section 12-35-129(1)(cc) and (ll), C.R.S.
3. Upon a specific finding of a violation of this Rule XIV, and/or upon reasonable cause, the Board may require a supervising dentist to submit proof demonstrating that applicable staff have the appropriate education/training in order to administer nitrous oxide/oxygen and/or are otherwise acting in compliance with this Rule XIV.
4. The Board may discipline [a license](#) or deny [a dentist or dental hygienist an application](#) for a violation of this Rule XIV, [unprofessional conduct](#), and/or any other grounds pursuant to section 12-35-129(1), C.R.S.
5. In addition to the remedies set forth above, nothing in this Rule XIV shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of [an anesthesia privileges or](#) permit pursuant to section 24-4-104(4), C.R.S.
6. In addition to the remedies set forth above, nothing in this Rule XIV shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of a license to practice dentistry or dental hygiene, pursuant to section 24-4-104(4), C.R.S.
7. Upon review of a morbidity/mortality report and/or upon reasonable concern regarding the use of anesthesia, the Board may require an on-site inspection of the dental [facility-office](#) utilized by the anesthesia provider in administering anesthesia.
8. The Board reserves all other powers and authorities set forth in the Dental Practice [Law of Colorado Act](#), Article 35 of Title 12, C.R.S. and the Administrative Procedure Act, Article 4 of Title 24, C.R.S.

Rule XV. Pediatric Case Management; Medical Immobilization/Protective Stabilization

(Amended October 24, 2007, Effective December 31, 2007; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

- A. The purpose of this rule is to recognize that pediatric cases may require special case management, and that pediatric and special needs patients may need specialized care in order to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. In addition to patient management of the pediatric and special needs patient, it may be necessary to medically immobilize the pediatric and special needs patients to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. To achieve effective pediatric patient management, it is important to build a trusting relationship between the dentist, the dental staff, the patient, and the parent of guardian. This necessitates that the dentist establishes

communication with them and promotes a positive attitude towards oral and dental health in order to alleviate fear and anxiety and to deliver quality dental care.

B. Pediatric Case Management

1. Parents or legal guardians cannot be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent or guardian shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient's dental record.
2. This provision shall not apply to dental care delivered in an accredited hospital or acute care facility.

C. Medical Immobilization/Protective Stabilization

1. Within this Rule, the terms medical immobilization and protective stabilization are used interchangeably. These terms refer to partial or complete immobilization of the patient necessary to protect the patient, practitioner, and other dental staff from injury while providing care. Immobilization can be performed by the dentist, staff, or parent or legal guardian with or without the aid of an immobilization device.
2. Training requirement. Prior to utilizing medical immobilization, the dentist shall have received training beyond basic dental education through a residency program or graduate program that contains content and experiences in advanced behavior management or a continuing education course of no less than 6 hours in advanced behavior management that involves both didactic and demonstration components. This training requirement will be effective October 1, 2006.
3. Pre-Immobilization Requirements
 - a. Prior to utilizing medical immobilization, the dentist shall consider each of the following:
 1. Other alternative less restrictive behavioral management methods;
 2. The dental needs of the patient;
 3. The effect on the quality of dental care;
 4. The patient's emotional development; and
 5. The patient's physical condition; and
 6. The safety of the patient, dentist, and staff.
 - b. Prior to using medical immobilization, the dentist shall obtain written informed consent for the specific technique of immobilization from the parent or legal guardian and document such consent in the dental record, unless the parent or legal guardian is immobilizing the patient. Consent involving solely the presentation or description of a listing of various behavior management techniques is not considered to constitute informed consent for medical immobilization. The parent or guardian must be informed of the advantages and disadvantages of the technique(s) of immobilization being utilized and/or considered.

4. Medical Immobilization or Protective Stabilization

- a. Immobilization can be performed by the dentist, staff, or parent or legal guardian with or without the aid of an immobilization device.
- b. Immobilization must cause no serious or permanent injury and the least possible discomfort.
- c. Indication. Partial or complete immobilization may be used for required diagnosis and/or treatment if the patient cannot cooperate due to lack of maturity, mental or physical handicap, failure to cooperate after other behavior management techniques have failed and/or when the safety of the patient, dentist or dental staff would be at risk without using protective stabilization. This method can only be used to reduce or eliminate untoward movement, protect the patient and staff from injury, and to assist in the delivery of quality dental treatment.
- d. Contraindications. Medical immobilization may not be used for the convenience of the dentist, as punishment, to provide care for a cooperative patient, or for a patient who cannot be immobilized safely due to medical conditions.
- e. Documentation. The patient's records should include:
 1. Specific written informed consent for the medical immobilization, including the reason why immobilization is required;
 2. Type of immobilization used, including immobilization by a parent or guardian;
 3. Indication or reason for specific immobilization;
 4. Duration of application;
 5. Documentation of adequacy of patient airway, peripheral circulation and proper positioning of immobilization device or technique in increments of 15 minutes while immobilization is utilized.
 6. In addition, there must be documentation of the outcome of the immobilization, including the occurrence of any marks, bruises, injuries, or complications to the patient.
- f. Duration of Application.
 1. The patient record must document the time each immobilization began and ended.
 2. The status and progress of the treatment and the plan for future or remaining treatment with treatment options shall be reported at least hourly, or more frequently if appropriate, to the parent or legal guardian. After each such hourly report, renewed consent for continuation of the immobilization must be specifically obtained. Such consent may be verbal but shall be documented in the record.
- g. If the treatment plan changes during the procedure from that presented to the parent or legal guardian in the initial informed consent discussion, the parent or legal guardian shall be notified and consulted immediately.

- h. Dental hygienists and dental assistants shall not use medical immobilization by themselves, but may assist the dentist as necessary.

Rule XVI. Infection Control

(Effective August 1, 2000; Amended January 5, 2001; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Repealed January 22, 2015, Effective March 30, 2015)

Rule XVII. Advertising

(Effective August 1, 2000; Temporarily Expired December 2, 2002; Effective July 1, 2003; Amended October 27, 2004; Amended October 26, 2006, Effective December 30, 2006; Amended April 25, 2007, Effective July 1, 2007; Amended October 24, 2007, Effective December 31, 2007; Amended October 22, 2008, Effective November 30, 2008; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

This Rule applies to advertising in all types of media that is directed to the public. No dentist or dental hygienist shall advertise in any form of communication in a manner that is misleading, deceptive or false.

A. Misleading, deceptive, or false advertising includes, but is not limited to the following, and if proven is a violation of section 12-35-129 (1), C.R.S.:

1. A known material misrepresentation of fact;
2. Omits a fact necessary to make the statement considered as a whole not materially misleading;
3. Is intended to be or is likely to create an unjustified expectation about the results the dentist or dental hygienist can achieve;
4. Contains a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dental or dental hygiene services if that representation is not subject to reasonable substantiation. For the purposes of this subsection, reasonable substantiation is defined as tests, analysis, research, studies, or other evidence based on the expertise of professionals in the relevant area that have been conducted and evaluated in an objective manner by persons qualified to do so, using procedures generally accepted in the profession to yield accurate and reliable results. Individual experiences are not a substitute for scientific research. Evidence about the individual experience of consumers may assist in the substantiation, but a determination as to whether reasonable substantiation exists is a question of fact on a case-by-case basis;
5. Claims that state or imply a specialty practice by a general dentist in violation of section (B) hereof;
6. The false or misleading use of a claim regarding Board certification, registration, listing, education, or an unearned degree;
7. Advertisement that uses patient testimonials unless the following conditions are met:
 - a. The patient's name, address, and telephone number as of the time the advertisement was made must be maintained by the dentist or dental hygienist and that identifying information shall be made available to the Board within ten (10) days of a request for the information by the Board.

- b. Dentists or dental hygienists who advertise dental or dental hygiene services, which are the subject of the patient testimonial, must have actually provided these services to the patient making the testimonial.
 - c. If compensation, remuneration, a fee, or benefit of any kind has been provided to the person in exchange for consideration of the testimonial, such testimonial must include a statement that the patient has been compensated for such testimonial.
 - d. A specific release and consent for the testimonial from the patient shall be obtained from the patient which shall be made available to the Board within ten (10) days of request of that information.
 - e. Any testimonial shall indicate that results may vary in individual cases.
 - f. Patient testimonials attesting to the technical quality or technical competence of a service or treatment offered by a licensee must have reasonable substantiation.
8. Advertising that makes an unsubstantiated medical claim or is outside the scope of dentistry, unless the dentist or dental hygienist holds a license or registration in another profession and the advertising and/or claim is within the scope authorized by the license or registration in another profession;
 9. Advertising that makes unsubstantiated promises or claims, including but not limited to claims that the patient will be cured;
 10. The use of "bait and switch" in advertisements. "Bait and switch" advertising is defined as set forth in the Colorado Consumer Protection Act, section 6-1-105, C.R.S.;
 11. The Board recognizes that clinical judgment must be exercised by a dentist or dental hygienist. Therefore, a good faith diagnosis that the patient is not an appropriate candidate for the advertised dental or dental hygiene service or product is not a violation of this rule;
 12. If an advertisement includes an endorsement by a third party in which there is compensation, remuneration, fee paid, or benefit of any kind, the endorsement by the third party must indicate that it is a paid endorsement;
 13. Inferring or giving the appearance that an advertisement is a news item without using the phrase "paid advertisement";
 14. Promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform;
 15. The use of any personal testimonial by the licensed provider attesting to a quality or competence of a service or treatment offered by a licensee that is not reasonably verifiable;
 16. At the time any type of advertisement is placed the dentist or dental hygienist must in good faith possess information that would substantiate the truthfulness of any assertion, omission or claim set forth in the advertisement;
 17. A licensed dentist or dental hygienist shall be responsible and shall approve any advertisement made on behalf of the dental or dental hygiene practice. The dentist or dental hygienist shall maintain a listing stating the name and license number of the

dentists or dental hygienists who approved and are responsible for the advertisement and shall maintain such list for a period of three (3) years;

18. Advertising that claims to provide services at a specific rate and fails to disclose that the patient's insurance may provide payment for all or part of the services.

B. Specialty Practice and Advertising.

1. A licensed dentist has the legal authority to practice in any and all areas of dentistry and also the authority to confine the areas in which he or she chooses to practice.
2. Dental specialties are recognized as only those defined by the American Dental Association and dental specialists are those dentists who have successfully completed a Commission on Dental Accreditation specialty program.
3. Practitioners who have successfully completed a Commission on Dental Accreditation accredited specialty program may advertise the practice of that specialty. Practitioners who have not completed an accredited specialty program, and have limited their practice to a specific Commission on Dental Accreditation defined specialty, must clearly state in all advertising and/or public promotions, that he or she is a general dentist who has limited his or her practice to that field of dentistry and must disclose "General Dentistry" in print larger and/or bolder and noticeably more prominent than any other area of practice or service advertised.
4. It is misleading, deceptive or false for general practitioners to list their names, advertise, or promote themselves in any area or location that implies a specialty. A general practitioner who advertises in any medium under a specialty heading or section may be considered as having engaged in misleading, deceptive or false advertising and may be in violation of section 12-35-129 (1), C.R.S.
5. Those group practices which include general dentists and specialists must list the phrase "General Dentistry and Specialty Practice" larger and/or bolder and noticeably more prominent than any service offered in an advertisement. Names and qualifications shall be made available to the public upon request.

C. Acronyms

In addition to those acronyms required by law pertaining to one's business entity such as Professional Corporation (P.C.) or Limited Liability Company (L.L.C.), dentists or dental hygienists may only use those acronyms earned at a program accredited by a regional or professional accrediting agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation.

Rule XVIII. Protocol for Termination of Practice upon Revocation, Relinquishment, or Suspension for More than 90 Days of Dental License

(Amended December 2, 2002; Re-numbered December 30, 2011)

- A. Upon revocation and relinquishment of the dental license, the licensee shall immediately stop the practice of dentistry and shall tender his/her license to practice dentistry to the Board within twenty-four (24) hours from the effective date of revocation or relinquishment. The licensee shall notify all patients within 30 calendar days that the licensee has ceased the practice of dentistry and that the patient must make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to the patient, to a dentist designated by the patient, or if the licensee's practice is sold, to the dentist who purchases the

practice. The transfer of patient records must be completed within 60 days. These terms may be set forth in the revocation or relinquishment order.

- B. Any request to deviate from this rule must be set forth in writing to the Board. The Board may review the request and may, upon good cause shown, issue an amended termination order. The decision to amend the terms for the termination of practice is final with the Board. A failure to comply with the provisions of the termination order may be grounds for disciplinary action for violation of a Board Order.
- C. Written notice by first class mail of the termination of practice must be made to all patients of the practice to the patient's last known address, or by notice by publication as set forth in Rule .E.
- D. The suspended practitioner cannot employ any licensed dentist, hygienist, or assistant and cannot be on the premises of the dental office to observe, monitor, or participate in any way in care given. The suspended practitioner may derive no income from the dental practice either directly or indirectly during the period of suspension, except for treatment provided before the beginning of the suspension. The suspended practitioner may provide administrative duties alone to the practice.

Rule XIX. Protocol upon Suspension of Dental License for Less than 90 Days (Summary Suspension and Suspension of Less than 90 Days)

(Effective December 2, 2002; Re-numbered December 30, 2011)

- A. Upon suspension of license, the licensee shall immediately stop the practice of dentistry and shall tender his/her license to practice dentistry to the Board within twenty-four (24) hours from the effective date of the suspension.
- B. The licensee shall assure the continued care of patients and must make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to the patient, to a dentist designated by the patient, or if the licensee's practice is sold, to the dentist who purchases the practice.
- C. Any request to deviate from this rule must be set forth in writing to the Board. The Board may review the request and may, upon good cause shown, issue an amended termination order. The decision to amend the terms for the termination of practice is final with the Board. A failure to comply with the provisions of the termination order may be grounds for disciplinary action for violation of a Board Order.
- D. The suspended practitioner cannot employ any licensed dentist, hygienist, or assistant and cannot be on the premises of the dental office to observe, monitor, or participate in any way in care given. The suspended practitioner may derive no income from the dental practice either directly or indirectly during the period of suspension, except for treatment provided before the beginning of the suspension. The suspended practitioner may provide administrative duties alone to the practice.

Rule XX. Compliance with Board Subpoena

(Effective December 31, 2007; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

- A. When the Board requests a patient's complete patient record, pursuant to subpoena, the patient chart or record shall include all medical histories for the patient, all patient notes, all labeled and dated radiographs, all billing and/or all insurance records that are compiled for a specific patient.

- B. It is the responsibility of the licensed dentist or dental hygienist to assure that all records submitted are legible and, if necessary, to have records transcribed to assure legibility.
- C. Failure by a licensed dentist or dental hygienist to submit the complete patient record to the Board, or any relevant papers, books, records, documentary evidence, and/or other materials, as requested pursuant to subpoena is a violation of § 12-35-129(1)(i), C.R.S.

Rule XXI. Declaratory Orders

(Re-numbered December 30, 2011)

Adopted in accordance with the requirements of 24-4-105(11).

- A. Any person may petition the Board for a declaratory order to terminate controversies or to remove uncertainties as to the applicability to the petitioner of any statutory provision or of any rule or order of the Board.
- B. The Board will determine, in its discretion and without notice to petitioner, whether to rule upon any such petition. If the Board determines that it will not rule upon such a petition, the Board shall promptly notify the petitioner of its action and state the reasons for such action.
- C. In determining whether to rule upon a petition filed pursuant to this rule, the Board will consider the following matters, among others:
 - 1. Whether a ruling on the petition will terminate a controversy or remove uncertainties as to the applicability to the petitioner of any statutory provision or rule or order of the Board.
 - 2. Whether the petition involves any subject, question or issue which is the focus of a formal or informal matter or investigation currently pending before the Board or a court but not involving any petitioner.
 - 3. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.
 - 4. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to Rule 57, Colo. R. Civ. P., which will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule or order in question.
- D. Any petition filed pursuant to this rule shall set forth the following:
 - 1. The name and address of the petitioner and whether the petitioner is licensed pursuant to the provisions of C.R.S. 12 35 101, et seq., as amended.
 - 2. The statute, rule or order to which the petition relates.
 - 3. A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner.
- E. If the Board determines that it will rule on the petition, the following procedures apply:
 - 1. The Board may rule upon the petition based solely upon the facts presented in the petition. In such a case, any ruling of the Board will apply only to the extent of the facts presented in the petition and any amendment to the petition.

2. The Board may order the petitioner to file a written brief, memorandum or statement of position.
3. The Board may set the petition, upon due notice to the petitioner, for a non evidentiary hearing.
4. The Board may dispose of the petition on the sole basis of the matters set forth in the petition.
5. The Board may request the petitioner to submit additional facts in writing. In such event, such additional facts will be considered as an amendment to the petition. The Board may take administrative notice of the facts pursuant to the Administrative Procedure Act (C.R.S. 1973 24 4 105(8)) and may utilize its experience, technical competence and specialized knowledge in the disposition of the petition.
6. If the Board rules upon the petition without a hearing, it shall promptly notify the petitioner of its decision.
7. The Board may, in its discretion, set the petition for hearing, upon due notice to the petitioner, for the purpose of obtaining additional facts or information or to determine the truth of any facts set forth in the petition or to hear oral argument on the petition.
8. The notice to the petitioner setting such hearing shall set forth, to the extent known, the factual or other matters into which the Board intends to inquire.
9. For the purpose of such a hearing, to the extent necessary, the petitioner shall have the burden of proving all of the facts stated in the petition, all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires the Board to consider.

F. The parties to any proceeding pursuant to this rule shall be the Board and the petitioner. Any other person may seek leave of the Board to intervene in such a proceeding, and leave to intervene will be granted at the sole discretion of the Board. A petition to intervene shall set forth the same matters as required by section D. of this rule. Any reference to a "petitioner" in this rule also refers to any person who has been granted leave to intervene by the Board.

Rule XXII. Practice Monitor Consultant Guidelines

(Amended February 1, 1998, May 15, 1998, December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011)

- A. Licensees requiring monitoring must pay the monitor for service. Remuneration for such service will be a reasonable fee negotiated by the parties.
- B. Monitors must be approved by the Board and shall submit their application for practice monitor on form(s) supplied by the Board.
- C. Monitors are responsible for periodic assessment of a licensee's practice as directed by the Board or its agent(s).
- D. Monitors shall have access to all patient records, files, and materials to effectively monitor a licensee's practice.
- E. The monitor may elect to observe the licensee in the execution of certain procedures.

F. Monitors shall be required to submit practice monitor reports on form(s) supplied by the Board and on a schedule to be determined by the Board.

G. Monitors approved by the Board shall be deemed to be consultants of the Board.

Rule XXIII. Fining Schedule for Violations of the Dental Practice Act and Board Rules

(Adopted January 22, 2015, Effective March 30, 2015)

Pursuant to section 12-35-129.1(6), C.R.S., when a licensed dentist, including one issued an academic license, or dental hygienist violates a provision of the Dental Practice Act or a Board rule, the Board may impose a fine on the licensee. The amount of an administrative fine assessed will be based on the following criteria:

- Severity of the violation,
- Type of violation,
- Whether the licensee committed repeated violations, and
- Any other mitigating or aggravating circumstances.

A. If the licensee is a dentist, the fine must not exceed \$5,000. If the violation(s) involve:

1. Substandard Care, Fraud, or Attempting to Deceive the Board

- a. First offense, may be fined up to \$3,000.
- b. Second offense, may be fined up to \$4,000.
- c. Third offense, may be fined up to \$5,000.

2. Record Keeping Violations

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

3. Failure to Maintain or Provide Complete Records

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

4. Failure to Comply with Continuing Education Requirements

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

5. Practicing on an Expired License
 - a. 0 – 12 months, may be fined up to \$1,250.
 - b. 1 -2 years, may be fined up to \$2,500.
 - c. 2 or more years, may be fined up to \$5,000.
6. Administering Anesthesia/Sedation without a Permit
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third offense, may be fined up to \$5,000.
7. Failure to Appropriately Supervise Dental Personnel
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third offense, may be fined up to \$5,000.
8. Failure to Meet Generally Accepted Standards for Infection Control – each day a violation continues or occurs may be considered a separate violation for the purpose of imposing a fine under this category.
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third offense, may be fined up to \$5,000.
9. False Advertising
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third offense, may be fined up to \$5,000.
10. Failure to Register for the Prescription Drug Monitoring Program (PDMP) – applicable only if the licensee maintains a current United States Drug Enforcement Agency (DEA) registration
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third offense, may be fined up to \$5,000.
11. Failure to Respond in an Honest, Materially Responsive, and Timely Manner to a Complaint
 - a. First offense, may be fined up to \$1,250.

- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

12. Failure to Maintain Professional Liability Insurance

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

13. Violation of the Practice Ownership Laws

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

14. Aiding and Abetting the Unlicensed Practice of Dentistry or Dental Hygiene

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

15. Failure to Comply with a Board Order or Subpoena

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

16. Other Violations

- a. First offense, may be fined up to \$1,250.
- b. Second offense, may be fined up to \$2,500.
- c. Third offense, may be fined up to \$5,000.

B. If the licensee is a dental hygienist, the fine must not exceed \$3,000. If the violation(s) involve:

1. Substandard Care, Fraud, or Attempting to Deceive the Board

- a. First offense, may be fined up to \$1,000.
- b. Second offense, may be fined up to \$2,000.
- c. Third offense, may be fined up to \$3,000.

2. Record Keeping Violations

- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third offense, may be fined up to \$3,000.
3. Failure to Maintain or Provide Complete Records
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third offense, may be fined up to \$3,000.
4. Failure to Comply with Continuing Education Requirements
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third offense, may be fined up to \$3,000.
5. Practicing on an Expired License
- a. 0 – 12 months, may be fined up to \$750.
 - b. 1 -2 years, may be fined up to \$1,500.
 - c. 2 or more years, may be fined up to \$3,000.
6. Administering Local Anesthesia without a Permit
- a. 0 – 12 months, may be fined up to \$750.
 - b. 1 -2 years, may be fined up to \$1,500.
 - c. 2 or more years, may be fined up to \$3,000.
7. Failure to Meet Generally Accepted Standards for Infection Control – each day a violation continues or occurs may be considered a separate violation for the purpose of imposing a fine under this category.
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third offense, may be fined up to \$3,000.
8. False Advertising
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third offense, may be fined up to \$3,000.

9. Failure to Respond in an Honest, Materially Responsive, and Timely Manner to a Complaint

- a. First offense, may be fined up to \$750.
- b. Second offense, may be fined up to \$1,500.
- c. Third offense, may be fined up to \$3,000.

10. Failure to Maintain Professional Liability Insurance

- a. First offense, may be fined up to \$750.
- b. Second offense, may be fined up to \$1,500.
- c. Third offense, may be fined up to \$3,000.

11. Violation of the Practice Ownership Laws

- a. First offense, may be fined up to \$750.
- b. Second offense, may be fined up to \$1,500.
- c. Third offense, may be fined up to \$3,000.

12. Aiding and Abetting the Unlicensed Practice of Dentistry or Dental Hygiene

- a. First offense, may be fined up to \$750.
- b. Second offense, may be fined up to \$1,500.
- c. Third offense, may be fined up to \$3,000.

13. Failure to Comply with a Board Order or Subpoena

- a. First offense, may be fined up to \$750.
- b. Second offense, may be fined up to \$1,500.
- c. Third offense, may be fined up to \$3,000.

14. Other Violations

- a. First offense, may be fined up to \$750.
- b. Second offense, may be fined up to \$1,500.
- c. Third offense, may be fined up to \$3,000.

C. A fine is subject to an additional surcharge imposed by the Executive Director of the Department of Regulatory Agencies (DORA), pursuant to section 24-34-108, C.R.S.

Rule XXIV. Use of Lasers

(Adopted January 22, 2015, Effective March 30, 2015)

Comment [MXM24]: If this rule is adopted as amended, the earliest it will become effective is June 30th after a rulemaking hearing on either April 29th or 30th.

- A. The requirements in this rule do not apply to use of non-adjustable laser units for purposes of diagnosis and curing.
- B. Only a dentist may employ a laser capable of the removal of hard and/or soft tissue in the treatment of a dental patient.
- C. Laser use by a dental hygienist can only be performed under the indirect or direct supervision of a dentist, and must be limited to pocket disinfection at settings that preclude hard and soft tissue removal.
- D. Effective June 30, 2015, a licensee who is a first time laser user must first successfully complete training that covers at a minimum laser physics, safety, and appropriate use prior to utilizing the laser.
1. Training must be obtained through a course provided or recognized by any of the following organizations (or a successor organization):
 - a. A Commission on Dental Accreditation (CODA) accredited institution;
 - b. The American Dental Association (ADA) Continuing Education Recognition Program (CERP);
 - c. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE); or
 - d. The American Medical Association (AMA).
 2. A licensee utilizing a laser, other than what is described in section A of this rule, must maintain evidence of training as required in subparagraph D.1 of this rule. Upon request of the Board, the licensee must submit evidence of such training or submit proof of laser use prior to June 30, 2015, if applicable.
- E. All lasers must be used in accordance with accepted safety guidelines.

Comment [MXM25]: It is being proposed that the Board further clarify by inserting (including gingival curettage) here. Please note that prior references to "gingival curettage" were removed from the statute.

Section 12-35-124(1)(b) under the "What constitutes practicing unsupervised dental hygiene" used to read "removes granulation and degenerated tissue from the gingival wall of the periodontal pocket through the process of gingival curettage" and it now reads "removes granulation and degenerated tissue from the gingival wall of the periodontal pocket incidental to root planing".

Section 12-35-125(1)(b) under the "What constitutes practicing supervised dental hygiene" used to read "Removes granulation and degenerated tissue from the gingival wall of the periodontal pocket through the process of gingival curettage. Such curettage may include the incidental removal of live epithelial tissue and is to be performed under the indirect supervision of a licensed dentist" and it now reads "prepares study casts".

Comment [MXM26]: It is being proposed that the Board further clarify by amending this part of the sentence to read as follows:

(within 45/60 days) of acquiring the laser(s).

Editor's Notes

History

Rules XVII, XXVI eff. 07/01/2007.

Rules XXVI, XXIX, XXX eff. 12/31/2007.

Rule XXVI eff. 11/30/2008.

Rule III eff. 05/30/2009.

Rule III eff. 12/30/2009.

Rules III, XIV - XXX eff. 03/30/2010.

Rules I - IX, XI - XIII, XV - XXII eff. 12/30/2011.

Rules I, II, III, IX, XI, XII, XIII, XVI (repealed), XXIII, and XXIV eff. 03/30/2015.