



**ARIZONA STATE BOARD  
OF  
DENTAL EXAMINERS**

***ARIZONA ADMINISTRATIVE CODE***

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**TITLE 4. PROFESSIONS AND OCCUPATIONS**  
**CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS**

(Authority: A.R.S. § 32-1203 et seq.)

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## ARTICLE 1. DEFINITIONS

The following definitions, and definitions in A.R.S. § 32-1201, apply to this Chapter:

"Analgesia" means a state of decreased sensibility to pain produced by using nitrous oxide (N<sub>2</sub>O) and oxygen (O<sub>2</sub>) with or without local anesthesia.

"Application" means, for purposes of Article 3 only, forms designated as applications and all documents and additional information the Board requires to be submitted with an application.

"Business Entity" means a business organization that offers to the public professional services regulated by the Board and is established under the laws of any state or foreign country, including a sole practitioner, partnership, limited liability partnership, corporation, and limited liability company, unless specifically exempted by A.R.S. § 32-1213(J).

"Calculus" means a hard mineralized deposit attached to the teeth.

"Certificate holder" means a denturist who practices denture technology under A.R.S. Title 32, Chapter 11, Article 5.

"Charitable Dental Clinic or Organization" means a non-profit organization meeting the requirements of 26 U.S.C. 501(c)(3) and providing dental or dental hygiene services.

"Clinical evaluation" means a dental examination of a patient named in a complaint regarding the patient's dental condition as it exists at the time the examination is performed.

"Closed subgingival curettage" means the removal of the inner surface of the soft tissue wall of a periodontal pocket in a situation where a flap of tissue has not been intentionally or surgically opened.

"Controlled substance" has the meaning prescribed in A.R.S. § 36-2501(A)(3).

"Credit hour" means one clock hour of participation in a recognized continuing dental education program.

"Deep sedation" is a drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is maintained.

"Dental laboratory technician" or "dental technician" has the meaning prescribed in A.R.S. § 32-1201(7).

"Dentist of record" means a dentist who examines, diagnoses, and formulates treatment plans for a patient and may provide treatment to the patient.

"Designee" means a person to whom the Board delegates authority to act on the Board's behalf regarding a particular task specified by this Chapter.

"Direct supervision" means, for purposes of Article 7 only, that a licensed dentist is present in the office and available to provide immediate treatment or care to a patient and observe a dental assistant's work.

"Direct supervision" means, for purposes of Article 13 only, that a licensed dentist is physically present in the operatory and actually performing dental procedures.

"Disabled" means a dentist, dental hygienist, or denturist has totally withdrawn from the active practice of dentistry, dental hygiene, or denturism due to a permanent medical disability and based on a physician's order.

"Dispense for profit" means selling a drug or device for any amount above the administrative overhead costs to inventory.

"Documentation of attendance" means documents that contain the following information:

- Name of sponsoring entity;
- Course title;
- Number of credit hours;
- Name of speaker; and
- Date, time, and location of the course.

"Drug" means:

- Articles recognized, or for which standards or specifications are prescribed, in the official compendium;
- Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in the human body;
- Articles other than food intended to affect the structure of any function of the human body; or
- Articles intended for use as a component of any articles specified in this definition but does not include devices or components, parts, or accessories of devices.

"Emerging scientific technology" means any technology used in the treatment of oral disease that is not currently generally accepted or taught in a recognized dental or dental hygiene school and use of the technology poses material risks.

"Epithelial attachment" means the layer of cells that extends apically from the depth of the gingival (gum) sulcus (crevice) along the tooth, forming an organic attachment.

"Ex-parte communication" means a written or oral communication between a decision maker, fact finder, or Board member and one party to the proceeding, in the absence of other parties.

"General anesthesia" is a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires 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.

"General supervision" means, for purposes of Article 7 only, a licensed dentist is available for consultation, whether or not the

- dentist is in the office, regarding procedures or treatment that the dentist authorizes and for which the dentist remains responsible.
- "Homebound patient" means a person who is unable to receive dental care in a dental office as a result of a medically diagnosed disabling physical or mental condition.
- "Informal interview" means a proceeding conducted under A.R.S. § 32-1263.02, during which a Board member, acting as an informal interviewing officer, and other investigators, hear testimony from a complainant, licensee, or certificate holder, and any witnesses, and receive and review evidence relating to a complaint to form findings of fact, conclusions of law, and a recommended disposition for presentation to the full Board.
- "Investigative interview" means a proceeding conducted under A.R.S. § 32-1263.02, during which an investigator or investigative panel hears testimony from a complainant, licensee, or certificate holder, and any witnesses, and receives and reviews evidence relating to a complaint to form findings of fact, conclusions of law, and a recommended disposition for presentation to the full Board.
- "Irreversible procedure" means a single treatment, or a step in a series of treatments, that causes change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures to correct the changes.
- "Jurisdiction" means the Board's power to investigate and rule on complaints that allege grounds for disciplinary action under A.R.S. Title 32, Chapter 11 or this Chapter.
- "Licensee" means a dentist, dental hygienist, dental consultant, retired licensee, or person who holds a restricted permit under A.R.S. §§ 32-1237 or 32-1292.
- "Local anesthesia" is the elimination of sensations, such as pain, in one part of the body by the injection of an anesthetic drug.
- "Minimal sedation" is a minimally depressed level of consciousness that retains a patient's ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation, not limited to reflex withdrawal from a painful stimulus, or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. In accord with this particular definition, the drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.
- "Moderate sedation" is a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation, not limited to reflex withdrawal from a painful stimulus. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained. The drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of a drug before the effects of previous dosing can be fully recognized may result in a greater alteration of the state of consciousness than intended by the permit holder.
- "Nitrous oxide analgesia" means nitrous oxide (N<sub>2</sub>O/O<sub>2</sub>) used as an inhalation analgesic.
- "Nonsurgical periodontal treatment" means plaque removal, plaque control, supragingival and subgingival scaling, root planing, and the adjunctive use of chemical agents.
- "Official compendium" means the latest revision of the United States Pharmacopeia and the National Formulary and any current supplement.
- "Oral sedation" is the enteral administration of a drug or non-drug substance or combination inhalation and enterally administered drug or non-drug substance in a dental office or dental clinic to achieve minimum or moderate sedation.
- "Parenteral sedation" is a minimally depressed level of consciousness that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and is induced by a pharmacological or non-pharmacological method or a combination of both methods of administration in which the drug bypasses the gastrointestinal tract.
- "Patient of record" means a patient who has undergone a complete dental evaluation performed by a licensed dentist.
- "Periodontal examination and assessment" means to collect and correlate clinical signs and patient symptoms that point to either the presence of or the potential for periodontal disease.
- "Periodontal pocket" means a pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited in its depth by the epithelial attachment.
- "Plaque" means a film-like sticky substance composed of mucoidal secretions containing bacteria and toxic products, dead tissue cells, and debris.
- "Polish" means, for the purposes of A.R.S. § 32-1291(B) only, a procedure limited to the removal of plaque and extrinsic stain from exposed natural and restored tooth surfaces that utilizes an appropriate rotary instrument with rubber cup or brush and polishing agent. A licensee or dental assistant shall not represent that this procedure alone constitutes an oral prophylaxis.
- "Prescription-only device" means:
- Any device that is restricted by the federal act, as defined in A.R.S. § 32-1901, to use only under the supervision of a medical practitioner; or
  - Any device required by the federal act, as defined in A.R.S. § 32-1901, to bear on its label the legend "Rx Only."
- "Prescription-only drug" does not include a controlled substance but does include:

Any drug that, because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts, qualified by scientific training and experience to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner;

Any drug that is limited by an approved new drug application under the federal act or A.R.S. § 32-1962 to use under the supervision of a medical practitioner;

Every potentially harmful drug, the labeling of which does not bear or contain full and adequate directions for use by the consumer; or

Any drug, required by the federal act to bear on its label the legend "RX Only."

"President's designee" means the Board's executive director, an investigator, or a Board member acting on behalf of the Board president.

"Preventative and therapeutic agents" means substances used in relation to dental hygiene procedures that affect the hard or soft oral tissues to aid in preventing or treating oral disease.

"Prophylaxis" means a scaling and polishing procedure performed on patients with healthy tissues to remove coronal plaque, calculus, and stains.

"Public member" means a person who is not a dentist, dental hygienist, dental assistant, denturist, or dental technician.

"Recognized continuing dental education" means a program whose content directly relates to the art and science of oral health and treatment, provided by a recognized dental school as defined in A.R.S. § 32-1201(18), recognized dental hygiene school as defined in A.R.S. § 32-1201(17), or recognized denturist school as defined in A.R.S. § 32-1201(19), or sponsored by a national or state dental, dental hygiene, or denturist association, American Dental Association, Continuing Education Recognition Program (ADA CERP) or Academy of General Dentistry, Program Approval for Continuing Education (AGD PACE) approved provider, dental, dental hygiene, or denturist study club, governmental agency, commercial dental supplier, non-profit organization, accredited hospital, or programs or courses approved by other state, district, or territorial dental licensing boards.

"Restricted permit holder" means a dentist who meets the requirements of A.R.S. § 32-1237 or a dental hygienist who meets the requirements of A.R.S. § 32-1292 and is issued a restricted permit by the Board.

"Retired" means a dentist, dental hygienist, or denturist is at least 65 years old and has totally withdrawn from the active practice of dentistry, dental hygiene, or denturism.

"Root planing" means a definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.

"Scaling" means use of instruments on the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.

"Section 1301 permit" means a permit to administer general anesthesia and deep sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.

"Section 1302 permit" means a permit to administer parenteral sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.

"Section 1303 permit" means a permit to administer oral sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

"Section 1304 permit" means a permit to employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.

"Study club" means a group of at least five Arizona licensed dentists, dental hygienists, or denturists who provide written course materials or a written outline for a continuing education presentation that meets the requirements of Article 12.

"Treatment records" means all documentation related directly or indirectly to the dental treatment of a patient.

## **ARTICLE 2. LICENSURE BY CREDENTIAL**

### **R4-11-201. Clinical Examination; Requirements**

A. If an applicant is applying under A.R.S. §§ 32-1240(A) or 32-1292.01(A), the Board shall ensure that the applicant has passed the clinical examination of another state, United States territory, District of Columbia or a regional testing agency. Satisfactory completion of the clinical examination may be demonstrated by one of the following:

1. Certified documentation, sent directly from another state, United States territory, District of Columbia or a regional testing agency, that confirms successful completion of the clinical examination or multiple examinations and administered by the state, United States territory, District of Columbia or regional testing agency. The certified documentation shall contain the name of the applicant, date of examination or examinations and proof of a passing score; or;
2. Certified documentation sent directly from another state, United States territory, District of Columbia dental board that shows the applicant passed that state's, United States territory's or District of Columbia's clinical examination before that state's, United States territory's or District of Columbia's participation in a regional examination. The

certified documentation shall contain the name of applicant, date of examination or examinations and proof of a passing score.

- B. An applicant shall meet the licensure requirements in R4-11-301 and R4-11-303.  
(As amended 2016)

**R4-11-202. Dental Licensure by Credential; Application**

- A. A dentist applying under A.R.S. § 32-1240(A) shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B. A dentist applying under A.R.S. § 32-1240(A)(1) shall:
1. Have a current dental license in another state, territory or district of the United States;
  2. Submit a written affidavit affirming that the dentist has practiced dentistry for a minimum of 5000 hours during the five years immediately before applying for licensure by credential. For purposes of this subsection, dental practice includes experience as a dental educator at a dental program accredited by the American Dental Association Commission on Dental Accreditation or employment as a dentist in a public health setting;
  3. Submit a written affidavit affirming that the applicant has complied with the continuing dental education requirement of the state in which the applicant is currently licensed; and
  4. Provide evidence regarding the clinical examination by complying with one of the subsections in R4-11-201(A)(1).
- C. A dentist applying under A.R.S. § 32-1240(A)(2) shall submit certified documentation sent directly from the applicable state, United States territory, District of Columbia or regional testing agency to the Board that contains the name of applicant, date of examination or examinations and proof of a passing score.
- D. For any application submitted under A.R.S. § 32-1240(A), the Board may request additional clarifying evidence required under the applicable subsection in R4-11-201(A)(1).
- E. An applicant for dental licensure by credential shall pay the fee prescribed in A.R.S. § 32-1240, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas, such as declared or eligible Health Professional Shortage Areas (HPSAs); or
  2. Other facilities caring for underserved populations as recognized by the Arizona Department of Health Services and approved by the Board.
- F. An applicant for dental licensure by credential who works in areas or facilities described in subsection (E) shall:
1. Commit to a three-year, exclusive service period,
  2. File a copy of a contract or employment verification statement with the Board, and
  3. As a licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
- G. A licensee's failure to comply with the requirements in subsection (F) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

(As amended 2016)

**R4-11-203. Dental Hygienist Licensure by Credential; Application**

- A. A dental hygienist applying under A.R.S. § 32-1292.01(A) shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B. A dental hygienist applying under A.R.S. § 32-1292.01(A)(1) shall:
1. Have a current dental hygienist license in another state, territory, or district of the United States;
  2. Submit a written affidavit affirming that the applicant has practiced as a dental hygienist for a minimum of 1000 hours during the two years immediately before applying for licensure by credential. For purposes of this subsection, dental hygienist practice includes experience as a dental hygienist educator at a dental program accredited by the American Dental Association Commission on Dental Accreditation or employment as a dental hygienist in a public health setting;
  3. Submit a written affidavit affirming that the applicant has complied with the continuing dental hygienist education requirement of the state in which the applicant is currently licensed; and
  4. Provide evidence regarding the clinical examination by complying with one of the subsections in R4-11-201(A)(1).
- C. A dental hygienist applying under A.R.S. § 32-1292.01(A)(2) shall submit certified documentation sent directly from the applicable state, United States territory, District of Columbia or regional testing agency to the Board that contains the name of applicant, date of examination or examinations and proof of a passing score.
- D. For any application submitted under A.R.S. § 32-1292.01(A), the Board may request additional clarifying evidence as required under the applicable subsection in R4-11-201(A).
- E. An applicant for dental hygienist licensure by credential shall pay the fee prescribed in A.R.S. § 32-1292.01, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas such as declared or eligible Health Professional Shortage Areas (HPSAs); or
  2. Other facilities caring for underserved populations, as recognized by the Arizona Department of Health Services and approved by the Board.

- F. An applicant for dental hygienist licensure by credential who works in areas or facilities described in subsection (E) shall:
    1. Commit to a three-year exclusive service period,
    2. File a copy of a contract or employment verification statement with the Board, and
    3. As a licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
  - G. A licensee's failure to comply with the requirements in R4-11-203(F) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.
- (As amended 2016)

**R4-11-204. Dental Assistant Radiography Certification by Credential**

Eligibility. To be eligible for dental assistant radiography certification by credential, an applicant shall have a current certificate or other form of approval for taking dental radiographs, issued by a professional licensing agency in another state, United States territory or the District of Columbia that required successful completion of a written dental radiography examination.

(As amended 2016)

**R4-11-205. Application for Dental Assistant Radiography Certification by Credential**

- A. An applicant for dental assistant radiography certification by credential shall provide to the Board a completed application, on a form furnished by the Board that contains the following information:
  1. A sworn statement of the applicant's eligibility, and
  2. A letter of endorsement that verifies compliance with R4-11-204.
- B. Based upon review of information provided under subsection (A), the Board or its designee shall request that an applicant for dental assistant radiography certification by credential provide a copy of a certified document that indicates the reason for a name change if the applicant's documentation contains different names.

**ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES**

**R4-11-301. Application**

- A. An applicant for licensure or certification shall provide the following information and documentation:
  1. A sworn statement of the applicant's qualifications for the license or certificate on a form provided by the Board;
  2. A photograph of the applicant that is no more than 6 months old;
  3. An official, sealed transcript sent directly to the Board from either:
    - a. The applicant's dental, dental hygiene, or denturist school, or
    - b. A verified third-party transcript provider.
  4. Except for a dental consultant license applicant, dental and dental hygiene license applicants provide proof of successfully completing a clinical examination by submitting:
    - a. If applying for dental licensure by examination, a copy of the certificate or score card from the Western Regional Examining Board, indicating that the applicant passed the Western Regional Examining Board examination within the five years immediately before the date the application is filed with the Board;
    - b. If applying for dental hygiene licensure by examination, a copy of the certificate or scorecard from the Western Regional Examining Board or an Arizona Board-approved clinical examination administered by a state, United States territory, District of Columbia or regional testing agency. The certificate or scorecard must indicate that the applicant passed the examination with the five years immediately before the date the application is filed with the Board; or
    - c. If applying for licensure by credential, certified documentation sent directly from the applicable state, United States territory, District of Columbia or regional testing agency to the Board containing the name of the applicant, date of examination or examinations and proof of a passing score;
  5. Except for a dental consultant license applicant as provided in A.R.S. § 32-1234(A)(7), dental and dental hygiene license applicants must have an official score card sent directly from the National Board examination to the Board;
  6. A copy showing the expiration date of the applicant's current cardiopulmonary resuscitation healthcare provider level certificate from the American Red Cross, the American Heart Association, or another certifying agency that follows the same procedures, standards, and techniques for CPR training and certification as the American Red Cross or American Heart Association;
  7. A license or certification verification from any other jurisdiction in which an applicant is licensed or certified, sent directly from that jurisdiction to the Board. If the license verification cannot be sent directly to the Board from the other jurisdiction, the applicant must submit a written affidavit affirming that the license verification submitted was issued by the other jurisdiction;
  8. If a dental or dental hygiene applicant has been licensed in another jurisdiction for more than six months, a copy of

- the self-inquiry from the National Practitioner Data Bank that is no more than 30 days old;
9. If a denturist applicant has been certified in another jurisdiction for more than six months, a copy of the self-inquiry from the Health Integrity and Protection Databank that is no more than 30 days old;
  10. If the applicant is in the military or employed by the United States government, a letter of endorsement from the applicant's commanding officer or supervisor that confirms the applicant's military service or United States government employment record; and
  11. The jurisprudence examination fee.
- B. The Board may request that an applicant provide:
1. An official copy of the applicant's dental, dental hygiene, or denturist school diploma,
  2. A copy of a certified document that indicates the reason for a name change if the applicant's application contains different names,
  3. Written verification of the applicant's work history, and
  4. A copy of a high school diploma or equivalent certificate.
- C. An applicant shall pass the Arizona jurisprudence examination with a minimum score of 75%.
- (As amended 2016)

**R4-11-302. Repealed**  
(Repealed 2016)

**R4-11-303. Application Processing Procedures: Issuance, Denial, and Renewal of Dental Licenses, Restricted Permits, Dental Hygiene Licenses, Dental Consultant Licenses, Denturist Certificates, Drug or Device Dispensing Registrations, Business Entity Registration and Mobile Dental Facility and Portable Dental Unit Permits**

- A. The Board office shall complete an administrative completeness review within 24 days of the date of receipt of an application for a license, certificate, permit, or registration.
  1. Within 14 calendar days of receiving an initial or renewal application for a dental license, restricted permit, dental hygiene license, dental consultant license, denturist certificate, drug dispensing registration, business entity registration, mobile dental facility or portable dental unit permit, the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
  2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
  3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a license, certificate, permit, or registration shall apply again as required in R4-11-301.
- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of A.A.C. Title 4, Chapter 11, Article 3.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 90 calendar days from the date on which the administrative completeness review of an application package is complete.
  1. If the Board finds an applicant to be eligible for a license, certificate, permit, or registration and grants the license, certificate, permit, or registration, the Board office shall notify the applicant in writing.
  2. If the Board finds an applicant to be ineligible for a license, certificate, permit, or registration, the Board office shall issue a written notice of denial to the applicant that includes:
    - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
    - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
    - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
    - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
  3. If the Board finds deficiencies during the substantive review of an application package, the Board office may issue a comprehensive written request to the applicant for additional documentation. An additional supplemental written request for information may be issued upon mutual agreement between the Board or Board office and the applicant.
  4. The 90-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a

written request for additional documentation until the date that all documentation is received. The applicant shall submit the additional documentation before the next regularly scheduled Board meeting.

5. If the applicant and the Board office mutually agree in writing, the 90-day substantive review time-frame may be extended once for no more than 28 days.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
  1. Administrative completeness review time-frame: 24 calendar days.
  2. Substantive review time-frame: 90 calendar days.
  3. Overall time-frame: 114 calendar days.
- G. An applicant whose license is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.  
(As amended 2016)

**R4-11-304. Application Processing Procedures: Issuance and Denial of Dental Assistant Certificates Radiography Certification by Credential**

- A. Within 14 calendar days of receiving an application from an applicant for a dental assistant radiography certification by credential, the Board or its designee shall notify the applicant, in writing, that the application package is complete or incomplete. If the package is incomplete, the notice shall specify what information is missing.
- B. An applicant with an incomplete application package shall supply the missing information within 60 calendar days from the date of the notice. If the applicant fails to do so, an applicant shall begin the application process anew.
- C. Upon receipt of all missing information, within 10 calendar days, the Board or its designee shall notify the applicant, in writing, that the application is complete.
- D. The Board or its designee shall not process an application until the applicant has fully complied with the requirements of this Article.
- E. The Board or its designee shall notify an applicant, in writing, whether the certificate is granted or denied, no later than 90 calendar days after the date of the notice advising the applicant that the package is complete.
- F. The notice of denial shall inform the applicant of the following:
  1. The reason for the denial, with a citation to the statute or rule which requires the applicant to pass the examination;
  2. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
  3. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
  4. The name and telephone number of an agency contact person or a designee who can answer questions regarding the application process.
- G. The following time-frames apply for certificate applications governed by this Section:
  1. Administrative completeness review time-frame: 24 calendar days.
  2. Substantive review time-frame: 90 calendar days.
  3. Overall time-frame: 114 calendar days.
- H. An applicant whose certificate is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.

**R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or CRNA**

- A. The Board office shall complete an administrative completeness review within 24 days from the date of the receipt of an application for a permit.
  1. Within 14 calendar days of receiving an initial or renewal application for a general anesthesia and deep sedation permit, parenteral sedation permit, oral sedation permit or permit to employ a physician anesthesiologist or CRNA the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
  2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
  3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall apply again as required in A.A.C. Title 4, Chapter 11, Article 13.

- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of this Section and A.A.C. Title 4, Chapter 11, Article 13.
  - E. The Board shall complete a substantive review of the applicant's qualifications in no more than 120 calendar days from the date on which the administrative completeness review of an application package is complete.
    - 1. If the Board finds an applicant to be eligible for a permit and grants the permit, the Board office shall notify the applicant in writing.
    - 2. If the Board finds an applicant to be ineligible for a permit, the Board office shall issue a written notice of denial to the applicant that includes:
      - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
      - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
      - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
      - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
    - 3. If the Board finds deficiencies during the substantive review of an application package, the Board office shall issue a comprehensive written request to the applicant for additional documentation.
    - 4. The 120-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received.
    - 5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 36 days.
  - F. The following time-frames apply for an initial or renewal application governed by this Section:
    - 1. Administrative completeness review time-frame: 24 calendar days.
    - 2. Substantive review time-frame: 120 calendar days.
    - 3. Overall time-frame: 144 calendar days.
- (As amended 2016)

#### **ARTICLE 4. FEES**

##### **R4-11-401. Retired or Disabled Licensure Renewal Fee**

As expressly authorized under A.R.S. § 32-1207(B)(3)(c), the licensure renewal fee for a retired or disabled dentist or dental hygienist is \$15.

##### **R4-11-402. Business Entity Fees**

As expressly authorized under A.R.S. § 32-1213, the Board establishes and shall collect the following fees from a Business Entity offering dental services:

- 1. Initial triennial registration, \$300 per location.
- 2. Renewal of triennial registration, \$300 per location; and
- 3. Late triennial registration renewal, \$100 per location in addition to the fee under subsection (2).

##### **R4-11-403. Licensing Fees**

A. As expressly authorized under A.R.S. §§ 32-1236, 32-1287, and 32-1297.06, the Board establishes and shall collect the following licensing fees:

- 1. Dentist triennial renewal fee: \$510;
- 2. Dentist prorated initial license fee: \$110;
- 3. Dental hygienist triennial renewal fee: \$255;
- 4. Dental hygienist prorated initial license fee: \$55;
- 5. Denturist triennial renewal fee: \$233;
- 6. Denturist prorated initial license fee: \$46.

B. The following license-related fees are established in or expressly authorized by statute. The Board shall collect the fees:

- 1. Jurisprudence examination fee:
  - a. Dentists \$300;
  - b. Dental Hygienists: \$100; and
  - c. Denturists: \$250.
- 2. License by credential fee:
  - a. Dentists: \$2,000; and
  - b. Dental Hygienists: \$1,000.
- 3. Penalty to reinstate an expired license or certificate: \$100 for a dentist, dental hygienist or denturist in addition to renewal fee specified under subsection (A).

4. Penalty for a dentist, dental hygienist, or denturist who fails to notify the Board of a change of mailing address:
  - a. Failure after 10 days: \$50; and
  - b. Failure after 30 days: \$100.

**R4-11-404. Repealed**

**R4-11-405. Charges for Board Services**

The Board shall charge the following for the services provided:

1. Duplicate license: \$25;
2. Duplicate certificate: \$25;
3. License verification:
  - a. For licensee: \$25;
  - b. For non-licensee: \$5;
4. Copy of audio recording: \$10;
5. Photocopies (per page): \$.25;
6. Mailing lists:
  - a. Dentists:
    - i. In-state licensees - paper or labels: \$150.00;
    - ii. All licensees - paper or labels: \$175; and.
    - iii. Mailing list in digital format: \$100;
  - b. Dental hygienists:
    - i. In-state licensees - paper or labels: \$150;
    - ii. All licensees - paper or labels: \$175;
    - iii. mailing list in digital format: \$100; and
  - c. Denturists: All certificate holders – paper, labels, or digital format: \$5; and
7. Board meeting agendas and minutes (mailed directly to consumer):
  - a. Agendas and minutes: \$75 for 12 months;
  - b. Agendas only: \$25 for 12 months; and
  - c. Minutes only: \$50 for 12 months.

**R4-11-406. Anesthesia and Sedation Permit Fees**

- A. As expressly authorized under A.R.S. § 32-1207, the Board establishes and shall collect the following fees:
  1. Section 1301 permit fee: \$300 plus \$25 for each additional location;
  2. Section 1302 permit fee: \$300 plus \$25 for each additional location;
  3. Section 1303 permit fee: \$300 plus \$25 for each additional locatiion; and
  4. Section 1304 permit fee: \$300 plus \$25 for each additional location.
- B. Upon successful completion of an initial onsite evaluation and upon receipt of the required permit fee, the Board shall issue a separate Section 1301, 1302, 1303, or 1304 permit to a dentist for each location requested by the dentist. A permit expires on December 31 of every fifth year.
- C. Permit renewal fees:
  1. Section 1301 permit renewal fee: \$300 plus \$25 for each additional location;
  2. Section 1303 permit renewal fee: \$300 plus \$25 for each additional location;
  3. Section 1303 permit renewal fee: \$300 plus \$25 for each additional location; and
  4. Section 1304 permit renewal fee: \$300 plus \$25 for each additional location.

(Amended 2017)

**ARTICLE 5. DENTISTS**

**R4-11-501. Dentist of Record**

- A. A dentist of record shall ensure that each patient record has the treatment records for a patient treated in any dental office, clinic, hospital dental clinic, or charitable organization that offers dental services, and the full name of a dentist who is responsible for all of the patient's treatment.
- B. A dentist of record shall obtain a patient's consent to change the treatment plan before changing the treatment plan that the patient originally agreed to including any additional costs the patient may incur because of the change.
- C. When a dentist who is a dentist of record decides to leave the practice of dentistry or a particular place of practice in which the dentist is the dentist of record, the dentist shall ensure before leaving the practice that a new dentist of record is entered on each patient record.
- D. A dentist of record is responsible for the care given to a patient while the dentist was the dentist of record even after being replaced as the dentist of record by another dentist.

- E. A dentist of record shall:
  1. Remain responsible for the care of a patient during the course of treatment; and
  2. Be available to the patient through the dentist's office, an emergency number, an answering service, or a substituting dentist.
  3. A dentist's failure to comply with subsection (E) constitutes patient abandonment, and the Board may impose discipline under A.R.S. Title 32, Chapter 11, Article 3.

**R4-11-502. Affiliated Practice**

- A. A dentist in a private for profit setting shall not enter into more than 15 affiliated practice relationships under A.R.S. § 32-1289 at one time.
- B. There is no limit to the number of affiliated practice relationships a dentist may enter into when working in a government, public health, or non-profit organization under section 501(C)(3) of the Federal Revenue Code.
- C. Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.
- D. The affiliated practice agreement shall include a provision for a substitute dentist in addition to the requirements of A.R.S. § 32-1289(F), to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, or consultation with the affiliated practice dental hygienist.

**ARTICLE 6. DENTAL HYGIENISTS**

**R4-11-601. Duties and Qualifications**

- A. A dental hygienist may apply preventative and therapeutic agents under the general supervision of a licensed dentist.
- B. A dental hygienist may perform a procedure not specifically authorized by A.R.S. § 32-1281 when all of the following conditions are satisfied:
  1. The procedure is recommended or prescribed by the supervising dentist;
  2. The hygienist has received instruction, training, or education to perform the procedure in a safe manner; and
  3. The procedure is performed under the general supervision of a licensed dentist.
- C. The Board shall ensure that a dental hygienist is qualified to administer local anesthesia and nitrous oxide analgesia as authorized by A.R.S. § 32-1281(F)(1) and (2), by requiring evidence that the hygienist has completed courses in techniques taught at a recognized dental hygiene school or recognized dental school, as defined in A.R.S. § 32-1201(16) and (17), that consist of a minimum of 36 clock hours of instruction, and has passed examinations in theoretical knowledge and clinical competency in the following subject areas:
  1. Review of head and neck anatomy;
  2. Pharmacology of anesthetic and analgesic agents;
  3. Medical - dental history considerations;
  4. Emergency procedures;
  5. Selection of appropriate armamentarium and agents;
  6. Nitrous oxide administration;
  7. Clinical practice, under direct supervision, as defined in A.R.S. § 32-1281(H)(1), including at least three experiences administering each of the following:
    - a. Posterior superior alveolar injection,
    - b. Middle superior alveolar injection,
    - c. Anterior superior alveolar injection,
    - d. Nasopalatine injection,
    - e. Greater - palatine injection,
    - f. Inferior alveolar nerve injection,
    - g. Lingual injection,
    - h. Mental injection,
    - i. Long buccal injections, and
    - j. Nitrous oxide analgesia.
- D. In addition to the recognized course of study described in subsection (C), the hygienist shall successfully complete the examination in local anesthesia given by the Western Regional Examining Board. The hygienist shall submit proof of the successful completion of the local anesthesia examination to the Board. The Board shall then issue a Local Anesthesia Certificate.
- E. For purposes of qualification of a dental hygienist to place interrupted sutures as authorized by A.R.S. § 32-1281(F)(3), the Board recognizes courses in advanced periodontal therapy offered by a recognized dental hygiene school or a recognized dental school, as defined in A.R.S. § 32-1201(16) and (17), that consist of a minimum of 200 clock hours of instruction and require a dental hygienist's successful completion of those examinations of a theoretical knowledge and

clinical competency in the following subject areas:

1. A review of oral histology,
  2. Inflammation and pathogenesis of a periodontal pocket,
  3. Patient assessment,
  4. Dental hygiene treatment planning,
  5. Advanced root planing and debridement,
  6. Subgingival curettage,
  7. Suturing,
  8. Wound repair and new attachment, and
  9. Clinical experience in each of the following:
    - a. Root planing,
    - b. Subgingival curettage,
    - c. Suturing.
- F. The hygienist shall submit proof of the successful completion of a recognized course in advanced periodontal therapy, as described in subsection (E), to the Board. The Board shall then issue a certification sticker for Suture Placement, which shall be affixed to the hygienist's license.
- G. A dental hygienist shall not perform an irreversible procedure.
- H. To qualify to use emerging scientific technology as authorized by A.R.S. § 32-1281(D)(2), a dental hygienist shall successfully complete a course of study that meets the following criteria:
1. Is a course offered by a recognized dental school as defined in A.R.S. § 32-1201(17), a recognized dental hygiene school as defined in A.R.S. § 32-1201(16), or sponsored by a national or state dental or dental hygiene association or government agency;
  2. Includes didactic instruction with a written examination;
  3. Includes hands-on clinical instruction; and
  4. Is technology that is scientifically based and supported by studies published in peer reviewed dental journals.

**R4-11-602. Care of Homebound Patients**

Dental hygienists treating homebound patients shall provide only treatment prescribed by the dentist of record in the diagnosis and treatment plan. The diagnosis and treatment plan shall be based on examination data obtained not more than 12 months before the treatment is administered.

**R4-11-603. Limitation on Number Supervised**

A dentist shall not supervise more than 3 dental hygienists at a time.

**R4-11-604. Selection Committee and Process**

- A. The Board shall appoint a selection committee to screen candidates for the dental hygiene committee. The selection committee consists of 3 members. The Board shall appoint at least 2 members who are dental hygienists and 1 member who is a current Board member. The Board shall fill any vacancy for the unexpired portion of the term.
- B. Each selection committee member's term is 1 year.
- C. By majority vote, the selection committee shall nominate each candidate for the dental hygiene committee and transmit a list of names to the Board for approval, including at least 1 alternate.

**R4-11-605. Dental Hygiene Committee**

- A. The Board shall appoint 7 members to the dental hygiene committee as follows:
  1. One dentist appointed at the annual December Board meeting, currently serving as a Board member, for a 1 year term;
  2. One dental hygienist appointed at the annual December Board meeting, currently serving as a Board member and possessing the qualifications required in Article 6, for a 1 year term;
  3. Four dental hygienists that possess the qualifications required in Article 6; and
  4. One lay person.
- B. Except for members appointed as prescribed in subsections (A)(1) and (2), the Board shall appoint dental hygiene committee members for staggered terms of 3 years, beginning January 1, 1999, and limit each member to 2 consecutive terms. The Board shall fill any vacancy for the unexpired portion of the term.
- C. The dental hygiene committee shall annually elect a chairperson at the 1st meeting convened during the calendar year.

**R4-11-606. Candidate Qualifications and Submissions**

- A. A dental hygienist who seeks membership on the dental hygiene committee shall possess a license in good standing, issued by the Board.
- B. A dental hygienist who is not a Board member and qualifies under subsection (A) shall submit a letter of intent and resume to the Board.

- C. The selection committee shall consider all of the following criteria when nominating a candidate for the dental hygiene committee:
  1. Geographic representation,
  2. Experience in postsecondary curriculum analysis and course development,
  3. Public health experience, and
  4. Dental hygiene clinical experience.

**R4-11-607. Duties of the Dental Hygiene Committee**

- A. The committee shall advise the Board on all matters relating to the regulation of dental hygienists.
- B. In performing the duty in subsection (A), the committee may:
  1. Act as a liaison for the Board, promoting communication and providing a forum for discussion of dental hygiene regulatory issues;
  2. Review applications, syllabi, and related materials and make recommendations to the Board regarding certification of courses in local anesthesia, nitrous oxide analgesia, and suture placement under Article 6 and other procedures which may require certification under Article 6;
  3. Review documentation submitted by dental hygienists to determine compliance with the continuing education requirement for license renewal under Article 12 and make recommendations to the Board regarding compliance;
  4. Make recommendations to the Board concerning statute and rule development which affect dental hygienists' education, licensure, regulation, or practice;
  5. Provide advice to the Board on standards and scope of practice which affect dental hygiene practice;
  6. Provide ad hoc committees to the Board upon request;
  7. Request that the Board consider recommendations of the committee at the next regularly scheduled Board meeting; and
  8. Make recommendations to the Board for approval of dental hygiene consultants.
- C. Committee members who are licensed dentists or dental hygienists may serve as Western Regional Examining Board (WREB) examiners or Board consultants.
- D. The committee shall meet at least 2 times per calendar year. The chairperson or the president of the Board, or their respective designees, may call a meeting of the committee.
- E. The Board may assign additional duties to the committee.

**R4-11-608. Dental Hygiene Consultants**

After submission of a current curriculum vitae or resume and approval by the Board, dental hygiene consultants may:

1. Act as Western Regional Examining Board (WREB) examiners for the clinical portion of the dental hygiene examination;
2. Act as Western Regional Examining Board (WREB) examiners for the local anesthesia portion of the dental hygiene examination;
3. Participate in Board-related procedures, including clinical evaluations, investigation of complaints concerning infection control, insurance fraud, or the practice of supervised personnel, and any other procedures not directly related to evaluating a dentist's quality of care; and
4. Participate in on-site office evaluations for infection control, as part of a team.

**R4-11-609. Affiliated Practice**

- A. To perform dental hygiene services under an affiliated practice relationship pursuant to A.R.S. § 32-1289, a dental hygienist shall:
  1. Provide evidence to the Board of successfully completing a total of 12 hours of recognized continuing dental education that consists of the following subject areas:
    - a. A minimum of four hours in medical emergencies; and
    - b. A minimum of eight hours in at least two of the following areas:
      - i. Pediatric or other special health care needs,
      - ii. Preventative dentistry, or
      - iii. Public health community-based dentistry, and
  2. Hold a current certificate in basic cardiopulmonary resuscitation (CPR).
- B. A dental hygienist shall complete the required continuing dental education before entering an affiliated practice relationship. The dental hygienist shall complete the continuing dental education in subsection (A) before renewing the dental hygienist's license. The dental hygienist may take the continuing dental education online but shall not exceed the allowable hours indicated in R4-11-1209(B)(1).
- C. To comply with A.R.S. § 32-1289(E) and (F) and this Section, a dental hygienist shall submit a completed affidavit on a form supplied by the Board office. Board staff shall review the affidavit to determine compliance with all requirements.

- D. A dental hygienist who practices or applies to practice under an affiliated practice relationship shall ensure that all signatures in an affiliated practice agreement, amendment, notification, and affidavit are notarized.
- E. Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.
- F. The affiliated practice agreement shall include a provision for a substitute dentist, to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, and consultation with the affiliated practice dental hygienist.

## **ARTICLE 7. DENTAL ASSISTANTS**

### **R4-11-701. Procedures and Functions Performed by a Dental Assistant under Supervision**

- A. A dental assistant may perform the following procedures and functions under the direct supervision of a licensed dentist:
  - 1. Place dental material into a patient's mouth in response to a licensed dentist's instruction;
  - 2. Cleanse the supragingival surface of the tooth in preparation for:
    - a. The placement of bands, crowns, and restorations;
    - b. Dental dam application;
    - c. Acid etch procedures; and
    - d. Removal of dressings and packs;
  - 3. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments;
  - 4. Remove temporary cement, interim restorations, and periodontal dressings with hand instruments;
  - 5. Remove sutures;
  - 6. Place and remove dental dams and matrix bands;
  - 7. Fabricate and place interim restorations with temporary cement;
  - 8. Apply sealants;
  - 9. Apply topical fluorides;
  - 10. Prepare a patient for nitrous oxide and oxygen analgesia administration upon the direct instruction and presence of a dentist; or
  - 11. Observe a patient during nitrous oxide and oxygen analgesia as instructed by the dentist.
- B. A dental assistant may perform the following procedures and functions under the general supervision of a licensed dentist:
  - 1. Train or instruct patients in oral hygiene techniques, preventive procedures, dietary counseling for caries and plaque control, and provide pre-and post-operative instructions relative to specific office treatment;
  - 2. Collect and record information pertaining to extraoral conditions; and
  - 3. Collect and record information pertaining to existing intraoral conditions.

### **R4-11-702. Limitations on Procedures or Functions Performed by a Dental Assistant under Supervision**

- A dental assistant shall not perform the following procedures or functions:
- 1. A procedure which by law only licensed dentists, licensed dental hygienists, or certified denturists can perform;
  - 2. Intraoral carvings of dental restorations or prostheses;
  - 3. Final jaw registrations;
  - 4. Taking final impressions for any activating orthodontic appliance, fixed or removable prosthesis;
  - 5. Activating orthodontic appliances; or
  - 6. An irreversible procedure.

## **ARTICLE 8. Expired 8/2017**

## **ARTICLE 9. RESTRICTED PERMITS**

### **R4-11-901. Application for Restricted Permit**

- A. An applicant for a restricted permit shall provide the following information and documentation on a form provided by the Board:
  - 1. A sworn statement of the applicant's qualifications for a restricted permit;
  - 2. A photograph of the applicant that is no more than 6 months old;
  - 3. A letter of endorsement from any other jurisdiction in which an applicant is licensed, sent directly from that jurisdiction to the Board;
  - 4. A letter of endorsement from the applicant's commanding officer or superior if the applicant is in the military or

employed by the United States government;

5. A copy of the applicant's current cardiopulmonary resuscitation certification that meets the requirements of R4-11-301(A)(6); and
  6. A copy of the applicant's pending contract with a charitable dental clinic or organization offering dental or dental hygiene services.
- B. The Board may request that an applicant provide a copy of a certified document that indicates the reason for a name change if the applicant's application contains different names.

**R4-11-902. Issuance of a Restricted Permit**

Before issuing a restricted permit under A.R.S. §§ 32-1237 through 32-1239 or 32-1292, the Board shall investigate the statutory qualifications of the charitable dental clinic or organization. The Board shall not recognize a dental clinic or organization under A.R.S. §§ 32-1237 through 32-1239 or 32-1292 as a charitable dental clinic or organization permitted to employ dentists or dental hygienists not licensed in Arizona who hold restricted permits unless the Board makes the following findings of fact:

1. That the entity is a dental clinic or organization offering professional dental or dental hygiene services in a manner consistent with the public health;
2. That the dental clinic or organization offering dental or dental hygiene services is operated for charitable purposes only, offering dental or dental hygiene services either without compensation to the clinic or organization or with compensation at the minimum rate to provide only reimbursement for dental supplies and overhead costs;
3. That the persons performing dental or dental hygiene services for the dental clinic or organization do so without compensation; and
4. That the charitable dental clinic or organization operates in accordance with applicable provisions of law.

**R4-11-903. Recognition of a Charitable Dental Clinic Organization**

In order for the Board to make the findings required in R4-11-902, the charitable clinic or organization shall provide information to the Board, such as employment contracts with restricted permit holders, Articles and Bylaws, and financial records.

**R4-11-904. Determination of Minimum Rate**

In determining whether professional services are provided at the minimum rate to provide reimbursement for dental supplies and overhead costs under A.R.S. §§ 32-1237(1) or 32-1292(A)(1), the Board shall obtain and review information relating to the actual cost of dental supplies to the dental clinic or organization, the actual overhead costs of the dental clinic or organization, the amount of charges for the dental or dental hygiene services offered and any other information relevant to its inquiry.

**R4-11-905.**

(Expired 8/2017)

**R4-11-906.**

(Expired 8/2017)

**ARTICLE 10. Expired 8/2017**

**ARTICLE 11. ADVERTISING**

**R4-11-1101. Advertising**

A dentist may advertise specific dental services or certification in a non-specialty area only if the advertisement includes the phrase "Services provided by an Arizona licensed general dentist." A dental hygienist may advertise specific dental hygiene services only if the advertisement includes the phrase "Services provided by an Arizona licensed dental hygienist." A denturist may advertise specific denture services only if the advertisement includes the phrase "Services provided by an Arizona certified denturist."

**R4-11-1102. Advertising as a Recognized Specialist**

- A. A dentist may advertise as a specialist or use the terms "specialty" or "specialist" to describe professional services only if the dentist limits the dentist's practice exclusively to one or more specialty area that are:
  1. Recognized by a board that certifies specialists for the area of specialty; and
  2. Accredited by the Commission on Dental Accreditation of the American Dental Association.
- B. The following specialty areas meet the requirement of subsection (A):
  1. Endodontics,

2. Oral and maxillofacial surgery,
  3. Orthodontics and dentofacial orthopedics,
  4. Pediatric dentistry,
  5. Periodontics,
  6. Prosthodontics,
  7. Dental Public Health,
  8. Oral and Maxillofacial Pathology, and
  9. Oral and Maxillofacial Radiology.
- C. For the purposes of this Article, a dentist who wishes to advertise as a specialist or a multiple specialist in a recognized field under subsection (B) shall meet the criteria in one or more of the following categories:
1. Grandfathered: A dentist who declared a specialty area before December 31, 1964, according to requirements established by the American Dental Association, and has a practice limited to a dentistry area approved by the American Dental Association;
  2. Educationally qualified: A dentist who has successfully completed an educational program of two or more years in a specialty area accredited by the Commission on Dental Accreditation of the American Dental Association, as specified by the Council on Dental Education of the American Dental Association;
  3. Board eligible: A dentist who has met the guidelines of a specialty board that operates in accordance with the requirements established by the American Dental Association in a specialty area recognized by the Board, if the specialty board:
    - a. Has established examination requirements and standards,
    - b. Appraised an applicant's qualifications,
    - c. Administered comprehensive examinations, and
    - d. Upon completion issues a certificate to a dentist who has achieved diplomate status; or
  4. Board certified: A dentist who has met the requirements of a specialty board referenced in subsection (C)(3), and who has received a certificate from the specialty board, indicating the dentist has achieved diplomate status.
- D. A dentist, dental hygienist, or denturist whose advertising implies that services rendered in a dental office are of a specialty area other than those listed in subsection (B) and recognized by a specialty board that has been accredited by the Commission on Dental Accreditation of the American Dental Association violates this Article and A.R.S. § 32-1201(18)(u), and is subject to discipline under A.R.S. Title 32, Chapter 11.

## **ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS**

### **R4-11-1201. Continuing Dental Education**

- A. A licensee or certificate holder shall:
1. Satisfy a continuing dental education requirement that is designed to provide an understanding of current developments, skills, procedures, or treatment related to the licensee's or certificate holder's practice; and
  2. Complete the recognized continuing dental education required by this Article each renewal period.
- B. A licensee or certificate holder receiving an initial license or certificate shall complete the prescribed credit hours of recognized continuing dental education by the end of the first full renewal period.

### **R4-11-1202. Continuing Dental Education Compliance and Renewal Requirements**

- A. When applying for a renewal license, certificate, or restricted permit, a licensee, certificate holder, or restricted permit holder shall complete a renewal application provided by the Board.
- B. Before receiving a renewal license or certificate, each licensee or certificate holder shall possess a current form of one of the following:
1. A current cardiopulmonary resuscitation (CPR) healthcare provider certificate from the American Red Cross, the American Heart Association, or another certifying agency;
  2. Advanced cardiac life support (ACLS) course completion confirmation from the American Heart Association or another agency. The confirmation must indicate that the course was completed within two years immediately before submitting a renewal application; or
  3. Pediatric advanced life support (PALS) course completion confirmation from the American Heart Association or another agency. The confirmation must indicate that the course was completed within two years immediately before submitting a renewal application.
- C. A licensee or certificate holder shall include an affidavit affirming the licensee's or certificate holder's completion of the prescribed credit hours of recognized continuing dental education with a renewal application. A licensee or certificate holder shall include on the affidavit the licensee's or certificate holder's name, license or certificate number, the number of hours completed in each category, and the total number of hours completed for activities defined in R4-11-1209(A)(4).
- D. A licensee or certificate holder shall submit a written request for an extension before the June 30 deadline. If a licensee

or certificate holder fails to meet the credit hour requirement because of military service, dental or religious missionary activity, residence in a foreign country, or other extenuating circumstances as determined by the Board, the Board, upon written request, may grant an extension of time to complete the recognized continuing dental education credit hour requirement.

- E. The Board shall:
  - 1. Only accept recognized continuing dental education credits accrued during the prescribed period immediately before license or certificate renewal, and
  - 2. Not allow recognized continuing dental education credit accrued in a renewal period in excess of the amount required in this Article to be carried forward to the next renewal period.
- F. A licensee or certificate holder shall maintain documentation of attendance for each program for which credit is claimed that verifies the recognized continuing dental education credit hours the licensee or certificate holder participated in during the most recently completed renewal period.
- G. Each year, the Board shall audit continuing dental education requirement compliance on a random basis or when information is obtained which indicates a licensee or certificate holder may not be in compliance with this Article. A licensee or certificate holder selected for audit shall provide the Board with documentation of attendance that shows compliance with the continuing dental education requirements within 60 days from the date the licensee or certificate holder received notice of the audit by certified mail.
- H. If a licensee or certificate holder is found to not be in compliance with the continuing dental education requirements, the Board may take any disciplinary or non-disciplinary action authorized by A.R.S. Title 32, Chapter 11.

#### **R4-11-1203. Dentists and Dental Consultants**

Dentists and dental consultants shall complete 72 hours of recognized continuing dental education in each renewal period as follows:

- 1. At least 42 credit hours in any of the following areas: Dental and medical health, preventive services, dental diagnosis and treatment planning, dental recordkeeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, and courses in corrective and restorative oral health and basic dental sciences which may include current research, new concepts in dentistry, and behavioral and biological sciences that are oriented to dentistry. A licensee who holds a permit to administer general anesthesia, deep sedation, parenteral sedation, or oral sedation who is required to obtain continuing education pursuant to Article 13 may apply those credit hours to the requirements of this Section;
- 2. No more than 18 credit hours in the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
- 3. At least three credit hours in chemical dependency, which may include tobacco cessation;
- 4. At least three credit hours in infectious diseases or infectious disease control;
- 5. At least three credit hours in CPR healthcare provider, ACLS and PALS. Coursework may be completed online if the course requires a physical demonstration of skills; and
- 6. At least three credit hours in ethics or Arizona dental jurisprudence.

#### **R4-11-1204. Dental Hygienists**

A. A dental hygienist shall complete 54 credit hours of recognized continuing dental education in each renewal period as follows:

- 1. At least 31 credit hours in any of the following areas: Dental and medical health, and dental hygiene services, periodontal disease, care of implants, maintenance of cosmetic restorations and sealants, radiology safety and techniques, managing medical emergencies, pain management, dental recordkeeping, dental public health, and new concepts in dental hygiene;
  - 2. No more than 14 credit hours in one or more of the following areas: Dental hygiene practice organization and management, patient management skills, and methods of health care delivery;
  - 3. At least three credit hours in one or more of the following areas: chemical dependency, tobacco cessation, ethics, risk management, or Arizona dental jurisprudence;
  - 4. At least three credit hours in infectious diseases or infectious disease control; and
  - 5. At least three credit hours in CPR healthcare provider, ACLS and PALS. Coursework may be completed online if the course requires a physical demonstration of skills.
- B. A licensee who performs dental hygiene services under an affiliated practice relationship who is required to obtain continuing education under R4-11-609 may apply those credit hours to the requirements of this Section.

#### **R4-11-1205. Denturists**

Denturists shall complete 36 credit hours of recognized continuing dental education in each renewal period as follows:

1. At least 21 credit hours in any of the following areas: Medical and dental health, laboratory procedures, clinical procedures dental recordkeeping, removable prosthetics, pain management, dental public health and new technology in dentistry;
2. No more than six credit hours in one or more of the following areas: Denturist practice organization and management, patient management skills, and methods of health care delivery;
3. At least one credit hour in chemical dependency, which may include tobacco cessation;
4. At least two credit hours in infectious diseases or infectious disease control;
5. At least three credit hours in CPR healthcare provider, ACLS and PALS. Coursework may be completed online if the course requires a physical demonstration of skills; and
6. At least three credit hours in ethics or Arizona dental jurisprudence.

#### **R4-11-1206. Restricted Permit Holders - Dental**

In addition to the requirements in R4-11-1202, a dental restricted permit holder shall comply with the following requirements:

1. When applying for renewal under A.R.S. § 32-1238, the restricted permit holder shall provide information to the Board that the restricted permit holder has completed 24 credit hours of recognized continuing dental education yearly.
2. To determine whether to grant the renewal, the Board shall only consider recognized continuing dental education credits accrued between July 1 and June 30 immediately before the restricted permit holder submits the renewal application.
3. A dental restricted permit holder shall complete the 24 hours of recognized continuing dental education before renewal as follows:
  - a. At least 12 credit hours in one or more of the subjects enumerated in R4-11-1203(1);
  - b. No more than six credit hours in one or more of the subjects enumerated in R4-11-1203(2);
  - c. At least one credit hour in the subjects enumerated in R4-11-1203(3);
  - a. At least one credit hour in the subjects enumerated in R4-11-1203(4);
  - b. At least three credit hours in the subjects enumerated in R4-11-1203(5); and
  - c. At least one credit hour in the subjects enumerated in R4-11-1203(6).

#### **R4-11-1207. Restricted Permit Holders – Dental Hygiene**

In addition to the requirements in R4-11-1202, a dental hygiene restricted permit holder shall comply with the following:

1. When applying for renewal under A.R.S. § 32-1292, the restricted permit holder shall provide information to the Board that the restricted permit holder has completed 18 credit hours of recognized continuing dental education yearly.
2. To determine whether to grant renewal, the Board shall only consider recognized continuing dental education credits accrued between July 1 and June 30 immediately before the restricted permit holder submits the renewal application.
3. A dental hygiene restricted permit holder shall complete the 18 hours of recognized continuing dental education before renewal as follows:
  - a. At least 9 credit hours in one or more of the subjects enumerated in R4-11-1204(1);
  - b. No more than three credit hours in one or more of the subjects enumerated in R4-11-1204(2);
  - c. At least one credit hour in the subjects enumerated in R4-11-1204(3);
  - d. At least two credit hours in the subjects enumerated in R4-11-1204(4); and
  - e. At least three credit hours in the subjects enumerated in R4-11-1204(5).

#### **R4-11-1208. Retired Licensees or Certificate Holders**

A retired licensee or certificate holder shall:

1. Except for the number of credit hours required, comply with the requirements in R4-11-1202; and
2. When applying for renewal under A.R.S. § 32-1236 for a dentist, A.R.S. § 32-1287 for a dental hygienist, and A.R.S. § 32-1297.06 for a denturist, provide information to the Board that the retired licensee or certificate holder has completed the following credit hours of recognized continuing dental education per renewal period:
  - a. Dentist – 27 credit hours of which no less than three credit hours shall be for CPR;
  - b. Dental hygienist – 21 credit hours of which no less than three credit hours shall be for CPR; and
  - c. Denturist – 9 credit hours of which no less than three credit hours shall be for CPR

#### **R4-11-1209. Types of Courses**

A. A licensee or certificate holder shall obtain recognized continuing dental education from one or more of the following activities:

1. Seminars, symposiums, lectures, or programs designed to provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry;
2. Seminars, symposiums, lectures or programs designed to provide an understanding of current developments, skills

procedures, or treatment related to the practice of dentistry by means of audio-video technology in which the licensee is provided all seminar, symposium, lecture or program materials and the technology permits attendees to fully participate; or

3. Curricula designed to prepare for specialty board certification as a specialist or recertification examinations or advanced training at an accredited institution as defined in A.R.S. Title 32, Chapter 11; and
  4. Subject to the limitations in subsection (B), any of the following activities that provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry:
    - a. A correspondence course video, internet or similar self-study course, if the course includes an examination and the licensee or certificate holder passes the examination;
    - b. Participation on the Board, in Board complaint investigations including clinical evaluations or anesthesia and sedation permit evaluations;
    - c. Participation in peer review of a national or state dental, dental hygiene, or denturist association or participation in quality of care or utilization review in a hospital, institution, or governmental agency;
    - d. Providing dental-related instruction to dental, dental hygiene, or denturist students, or allied health professionals in a recognized dental school, recognized dental hygiene school, or recognized denturist school, or providing dental-related instruction sponsored by a national, state, or local dental, dental hygiene, or denturist association;
    - e. Publication or presentation of a dental paper, report, or book authored by the licensee or certificate holder that provides information on current developments, skills, procedures, or treatment related to the practice of dentistry. A licensee or certificate holder may claim credit hours:
      - i. Only once for materials presented;
      - ii. Only if the date of publication or original presentation was during the applicable renewal period; and
      - iii. One credit hour for each hour of preparation, writing, and presentation; or
    - f. Providing dental, dental hygiene, or denturist services in a Board-recognized charitable dental clinic or organization.
- B. The following limitations apply to the total number of credit hours earned per renewal period in any combination of the activities listed in subsection (A)(4):
1. Dentists and Dental Hygienists, no more than 24 hours;
  2. Denturists, no more than 12 hours;
  3. Retired or Restricted Permit Holder Dentists or Dental Hygienists, no more than nine hours; and
  4. Retired Denturists, no more than three hours.

## **ARTICLE 13. GENERAL ANESTHESIA AND SEDATION**

### **R4-11-1301. General Anesthesia and Deep Sedation**

- A. Before administering general anesthesia or deep sedation by any means, in a dental office or dental clinic, a dentist shall possess a Section 1301 permit issued by the Board. The dentist may renew a Section 1301 permit every five years by complying with R4-11-1307.
- B. To obtain or renew a Section 1301 permit, a dentist shall:
1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307, includes:
    - a. General information about the applicant such as:
      - i. Name;
      - ii. Home and office addresses and telephone numbers;
      - iii. Limitations of practice;
      - iv. Hospital affiliations;
      - v. Denial, curtailment, revocation, or suspension of hospital privileges;
      - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
      - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
    - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
  2. On forms provided by the Board, provide a dated and signed affidavit attesting that any office or dental clinic where the dentist will administer general anesthesia or deep sedation:
    - a. Contains the following properly operating equipment and supplies during the provision of general anesthesia and deep sedation:
      - i. Emergency drugs;
      - ii. Electrocardiograph monitor;

- iii. Pulse oximeter;
  - iv. Cardiac defibrillator or automated external defibrillator (AED);
  - v. Positive pressure oxygen and supplemental oxygen;
  - vi. Suction equipment, including endotracheal, tonsillar, or pharyngeal and emergency backup medical suction device;
  - vii. Laryngoscope, multiple blades, backup batteries, and backup bulbs;
  - viii. Endotracheal tubes and appropriate connectors;
  - ix. Magill forceps;
  - x. Oropharyngeal and nasopharyngeal airways;
  - xi. Auxiliary lighting;
  - xii. Stethoscope; and
  - xiii. Blood pressure monitoring device; and
- b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia or deep sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Healthcare Provider level;
- 3. Hold a valid license to practice dentistry in this state;
  - 4. Maintain a current permit to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration; and
  - 5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
    - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management.
- C. Initial applicants shall meet one or more of the following conditions:
    - 1. Complete, within the three years before submitting the permit application, a full credit load, as defined by the training program, during one calendar year of training, in anesthesiology or related academic subjects, beyond the undergraduate dental school level in a training program described in R4-11-1306(A), offered by a hospital accredited by the Joint Commission of Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Commission on Dental Accreditation;
    - 2. Be, within the three years before submitting the permit application, a Diplomate of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial Surgeons, a Fellow of the American Association of Oral and Maxillofacial Surgeons, a Fellow of the American Dental Society of Anesthesiology, a Diplomate of the National Dental Board of Anesthesiology, or a Diplomate of the American Dental Board of Anesthesiology; or
    - 3. For an applicant who completed the requirements of subsections (C)(1) or (C)(2) more than three years before submitting the permit application, provide the following documentation:
      - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered general anesthesia or deep sedation to a minimum of 25 patients within the year before submitting the permit application or 75 patients within the last five years before submitting the permit application;
      - b. A copy of the general anesthesia or deep sedation permit in effect in another state or certification of military training in general anesthesia or deep sedation from the applicant's commanding officer; and
      - c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(a) through (f).
  - D. After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer general anesthesia or deep sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, a Section 1301 permit shall be issued to the applicant.
    - 1. The onsite evaluation team shall consist of:
      - a. Two dentists who are Board members, or Board designees for initial applications; or
      - b. One dentist who is a Board member or Board designee for renewal applications.
    - 2. The onsite team shall evaluate the following:
      - a. The availability of equipment and personnel as specified in subsection (B)(2);
      - b. Proper administration of general anesthesia or deep sedation to a patient by the applicant in the presence of the evaluation team;
      - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
      - d. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of controlled substances;

- e. Proper recordkeeping as specified in subsection (E) by reviewing the records generated for the patient specified in subsection (D)(2)(b); and
  - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
3. The evaluation team shall recommend one of the following:
    - a. Pass. Successful completion of the onsite evaluation;
    - b. Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The application must submit proof of correcting the deficiencies before a permit is issued;
    - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
    - d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
    - e. Category 3 Evaluation Failure. The applicant must complete Board approved remedial continuing education with the subject matter outlined in R4-11-1306 as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
  4. The onsite evaluation of an additional dental office or dental clinic in which general anesthesia or deep sedation is administered by an existing Section 1301 permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
  5. A Section 1301 mobile permit may be issued if a Section 1301 permit holder travels to dental offices or dental clinics to provide anesthesia or deep sedation. The applicant must submit a completed affidavit verifying:
    - a. That the equipment and supplies for the provision of anesthesia or deep sedation as required in subsection (B)(2)(a) either travel with the Section 1301 permit holder or are in place and in appropriate condition at the dental office or dental clinic where anesthesia or deep sedation is provided, and
    - b. Compliance with subsection (B)(2)(b).
- E. A Section 1301 permit holder shall keep an anesthesia or deep sedation record for each general anesthesia and deep sedation procedure that includes the following entries:
    1. Pre-operative and post-operative electrocardiograph documentation;
    2. Pre-operative, intra-operative and post-operative pulse oximeter documentation;
    3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation;
    4. A list of all medications given, with dosage and time intervals, and route and site of administration;
    5. Type of catheter or portal with gauge;
    6. Indicate nothing by mouth or time of last intake of food or water;
    7. Consent form; and
    8. Time of discharge and status, including name of escort.
  - F. The Section 1301 permit holder, for intravenous access, shall use a new infusion set, including a new infusion line and new bag of fluid, for each patient.
  - G. The Section 1301 permit holder shall utilize supplemental oxygen for patients receiving general anesthesia or deep sedation for the duration of the procedure.
  - H. The Section 1301 permit holder shall continuously supervise the patient from the initiation of anesthesia or deep sedation until termination of the anesthesia or deep sedation procedure and oxygenation, ventilation, and circulation are stable. The Section 1301 permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
  - I. A Section 1301 permit holder may employ the following health care professionals to provide anesthesia or sedation services and shall ensure that the health care professional continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable:
    1. An allopathic or osteopathic physician currently licensed in Arizona by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners who has successfully completed a residency program in anesthesiology approved by the American Council on Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or who is certified by either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and is credentialed with anesthesia privileges through an Arizona licensed medical facility, or
    2. A Certified Registered Nurse Anesthetist (CRNA) currently licensed in Arizona who provides services under the Nurse Practice Act in A.R.S. Title 32, Chapter 15.
  - J. A Section 1301 permit holder may also administer parenteral sedation without obtaining a Section 1302 permit.

#### **R4-11-1302. Parenteral Sedation**

- A. Before administering parenteral sedation in a dental office or dental clinic, a dentist shall possess a Section 1302 permit issued by the Board. The dentist may renew a Section 1302 permit every five years by complying with R4-11-1307.
  1. A Section 1301 permit holder may also administer parenteral sedation.
  2. A Section 1302 permit holder shall not administer or employ any agents which have a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, or similarly acting drugs, agents, or techniques, or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of moderate sedation.
- B. To obtain or renew a Section 1302 permit, the dentist shall:
  1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307, includes:
    - a. General information about the applicant such as:
      - i. Name;
      - ii. Home and office addresses and telephone numbers;
      - iii. Limitations of practice;
      - iv. Hospital affiliations;
      - v. Denial, curtailment, revocation, or suspension of hospital privileges;
      - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization;
      - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
    - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
  2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer parenteral sedation by intravenous or intramuscular route:
    - a. Contains the following properly operating equipment and supplies during the provision or parenteral sedation by the permit holder or general anesthesia or deep sedation by a physician anesthesiologist or Certified Registered Nurse Anesthetist (CRNA):
      - i. Emergency drugs;
      - ii. Positive pressure oxygen and supplemental oxygen;
      - iii. Stethoscope;
      - iv. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
      - v. Oropharyngeal and nasopharyngeal airways;
      - vi. Pulse oximeter;
      - vii. Auxiliary lighting;
      - viii. Blood pressure monitoring device; and
      - ix. Cardiac defibrillator or automated external defibrillator (AED); and
    - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
      - i. Holds a current course completion confirmation in cardiopulmonary resuscitation (CPR) Healthcare Provider level;
      - ii. Is present during the parenteral sedation procedure; and
      - iii. After the procedure, monitors the patient until discharge;
  3. Hold a valid license to practice dentistry in this state;
  4. Maintain a current permit to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration;
  5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
    - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management.
- C. Initial applicants shall meet one of the following conditions:
  1. Successfully complete Board-recognized undergraduate, graduate, or postgraduate education within the three years before submitting the permit application, that includes the following:
    - a. Sixty (60) didactic hours of basic parenteral sedation to include:
      - i. Physical evaluation;
      - ii. Management of medical emergencies;
      - iii. The importance of and techniques for maintaining proper documentation; and
      - iv. Monitoring and the use of monitoring equipment; and

- b. Hands-on administration of parenteral sedative medications to at least 20 patients in a manner consistent with this Section; or
- 2. An applicant who completed training in parenteral sedation more than three years before submitting the permit application shall provide the following documentation:
  - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered parenteral sedation to a minimum of 25 patients within the year or 75 patients within the last five years before submitting the permit application;
  - b. A copy of the parenteral sedation permit in effect in another state or certification of military training in parenteral sedation from the applicant's commanding officer; and
  - c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(b) through(f).
- D. After submitting the application and written evidence of compliance with requirements outlined in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer parenteral sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1302 permit to the applicant.
  - 1. The onsite evaluation team shall consist of:
    - a. Two dentists who are Board members, or Board designees for initial applications, or
    - b. One dentist who is a Board member or Board designee for renewal applications.
  - 2. The onsite team shall evaluate the following:
    - a. The availability of equipment and personnel as specified in subsection (B)(2);
    - b. Proper administration of parenteral sedation to a patient by the applicant in the presence of the evaluation team;
    - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
    - d. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of all controlled substances;
    - e. Proper recordkeeping as specified in subsection (E) by reviewing the records generated for the patient receiving parenteral sedation as specified in subsection (D)(2)(b); and
    - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
  - 3. The evaluation team shall recommend one of the following:
    - a. Pass. Successful completion of the onsite evaluation;
    - b. Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
    - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
    - d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
    - e. Category 3 Evaluation Failure. The applicant must complete Board approved remedial continuing education with the subject matter outlined in R4-11-1306 as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
  - 4. The onsite evaluation of an additional dental office or dental clinic in which parenteral sedation is administered by an existing Section 1302 permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
  - 5. A Section 1302 mobile permit may be issued if a Section 1302 permit holder travels to dental offices or dental clinics to provide parenteral sedation. The applicant must submit a completed affidavit verifying:
    - a. That the equipment and supplies for the provision of parenteral sedation as required in R4-11-1302(B)(2)(a) either travel with the Section 1302 permit holder or are in place and in appropriate working condition at the dental office or dental clinic where parenteral sedation is provided, and
    - b. Compliance with R4-11-1302(B)(2)(b).
- E. A Section 1302 permit holder shall keep a parenteral sedation record for each parenteral sedation procedure that:
  - 1. Includes the following entries:
    - a. Pre-operative, intra-operative, and post-operative pulse oximeter documentation;
    - b. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation;
    - c. A list of all medications given, with dosage and time intervals and route and site of administration;
    - d. Type of catheter or portal with gauge;
    - e. Indicate nothing by mouth or time of last intake of food or water;

- f. Consent form; and
- g. Time of discharge and status, including name of escort; and
- 2. May include pre-operative and post-operative electrocardiograph report.
- F. The Section 1302 permit holder shall establish intravenous access on each patient receiving parenteral sedation utilizing a new infusion set, including a new infusion line and new bag of fluid.
- G. The Section 1302 permit holder shall utilize supplemental oxygen for patients receiving parenteral sedation for the duration of the procedure.
- H. The Section 1302 permit holder shall continuously supervise the patient from the initiation of parenteral sedation until termination of the parenteral sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1302 permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
- I. A Section 1302 permit holder may employ a healthcare professional as specified in R4-1301(I)

**R4-11-1303. Oral Sedation**

- A. Before administering oral sedation in a dental office or dental clinic, a dentist shall possess a Section 1303 permit issued by the Board. The dentist may renew a Section 1303 permit every five years by complying with R4-11-1307.
  - 1. A Section 1301 or Section 1302 permit holder may also administer oral sedation without obtaining a Section 1303 permit.
  - 2. The administration of a single drug for minimal sedation does not require a Section 1303 permit if:
    - a. The administered dose is within the Food and Drug Administration's (FDA) maximum recommended dose as printed in FDA approved labeling for unmonitored home use;
      - i. Incremental multiple doses of the drug may be administered until the desired effect is reached, but does not exceed the maximum recommended dose; and
      - ii. During minimal sedation, a single supplemental dose may be administered. The supplemental dose may not exceed one-half of the initial dose and the total aggregate dose may not exceed one and one-half times the FDA maximum recommended dose on the date of treatment; and
    - b. Nitrous oxide/oxygen may be administered in addition to the oral drug as long as the combination does not exceed minimal sedation.
- B. To obtain or renew a Section 1303 permit, a dentist shall:
  - 1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (B)(3) and R4-11-1307, includes:
    - a. General information about the applicant such as:
      - i. Name;
      - ii. Home and office addresses and telephone numbers;
      - iii. Limitations of practice;
      - iv. Hospital affiliations;
      - v. Denial, curtailment, revocation, or suspension of hospital privileges;
      - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
      - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
    - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
  - 2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer oral sedation:
    - a. Contains the following properly operating equipment and supplies:
      - i. Emergency drugs;
      - ii. Cardiac defibrillator or automated external defibrillator (AED);
      - iii. Positive pressure oxygen and supplemental oxygen;
      - iv. Stethoscope;
      - v. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
      - vi. Pulse oximeter;
      - vii. Blood pressure monitoring device; and
      - viii. Auxiliary lighting; and
    - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
      - i. Holds a current certificate in cardiopulmonary resuscitation (CPR) Healthcare Provider Level;
      - ii. Is present during the oral sedation procedure; and
      - iii. After the procedure, monitors the patient until discharge;

3. Hold a valid license to practice dentistry in this state;
  4. Maintain a current permit to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration;
  5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
    - a. Cardiopulmonary resuscitation (CPR) Healthcare Provider Level from the American Heart Association, American Red Cross, or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
    - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management.
- C. Initial applicants shall meet one of the following:
1. Complete a Board-recognized post-doctoral residency program that includes documented training in oral sedation within the last three years before submitting the permit application; or
  2. Complete a Board recognized post-doctoral residency program that includes documented training in oral sedation more than three years before submitting the permit application shall provide the following documentation:
    - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered oral sedation to a minimum of 25 patients within the year or 75 patients within the last five years before submitting the permit application;
    - b. A copy of the oral sedation permit in effect in another state or certification of military training in oral sedation from the applicant's commanding officer; and
    - c. On a form provided by the Board, a written affidavit affirming the completion of 30 hours of continuing education taken within the last five years as outlined in R4-11-1306(C)(1)(a) through (f); or
  3. Provide proof of participation in 30 clock hours of Board-recognized undergraduate, graduate, or post-graduate education in oral sedation within the three years before submitting the permit application, that includes:
    - a. Training in basic oral sedation,
    - b. Pharmacology,
    - c. Physical evaluation,
    - d. Management of medical emergencies,
    - e. The importance of and techniques for maintaining proper documentation, and
    - f. Monitoring and the use of monitoring equipment.
- D. After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1303 permit to the applicant.
1. The onsite evaluation team shall consist of:
    - a. For initial applications, two dentists who are Board members, or Board designees.
    - b. For renewal applications, one dentist who is a Board member, or Board designee.
  2. The onsite team shall evaluate the following:
    - a. The availability of equipment and personnel as specified in subsection (B)(2);
    - b. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
    - c. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing and destruction of controlled substances;
    - d. Proper recordkeeping as specified in subsection (E) by reviewing the forms that document the oral sedation record; and
    - e. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
  3. The evaluation team shall recommend one of the following:
    - a. Pass. Successful completion of the onsite evaluation;
    - b. Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
    - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency; or
    - d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency;
  4. The onsite evaluation of an additional dental office or dental clinic in which oral sedation is administered by a Section

1303 permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).

5. A Section 1303 mobile permit may be issued if the Section 1303 permit holder travels to dental offices or dental clinics to provide oral sedation. The applicant must submit a completed affidavit verifying:
  - a. That the equipment and supplies for the provision of oral sedation as required in R4-11-1303(B)(2)(a) either travel with the Section 1303 permit holder or are in place and in appropriate condition at the dental office or dental clinic where oral sedation is provided, and
  - b. Compliance with R4-11-1303(B)(2)(b).
- E. A Section 1303 permit holder shall keep an oral sedation record for each oral sedation procedure that:
  1. Includes the following entries:
    - a. Pre-operative, intra-operative, and post-operative, pulse oximeter oxygen saturation and pulse rate documentation;
    - b. Pre-operative and post-operative blood pressure;
    - c. Documented reasons for not taking vital signs if a patient's behavior or emotional state prevents monitoring personnel from taking vital signs;
    - d. List of all medications given, including dosage and time intervals;
    - e. Patient's weight;
    - f. Consent form;
    - g. Special notes, such as, nothing by mouth or last intake of food or water; and
    - h. Time of discharge and status, including name of escort; and
  2. May include the following entries:
    - a. Pre-operative and post-operative electrocardiograph report; and
    - b. Intra-operative blood pressures.
- F. The Section 1303 permit holder shall utilize supplemental oxygen for patients receiving oral sedation for the duration of the procedure.
- G. The Section 1303 permit holder shall ensure the continuous supervision of the patient from the administration of oral sedation until oxygenation, ventilation and circulation are stable and the patient is appropriately responsive for discharge from the dental office or dental clinic.
- H. A Section 1303 permit holder may employ a healthcare professional to provide anesthesia services, if all of the following conditions are met:
  1. The physician anesthesiologist or CRNA meets the requirements as specified in R4-11-1301(I);
  2. The Section 1303 permit holder has completed coursework within the two years prior to submitting the permit application in one or more of the following:
    - a. ACLS from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - b. PALS in a practice treating pediatric patients;
    - c. A recognized continuing education course in advanced airway management;
  3. The Section 1303 permit holder ensures that:
    - a. The dental office or clinic contains the equipment and supplies listed in R4-11-1304(B)(2)(a) during the provision of anesthesia or sedation by the physician anesthesiologist or CRNA;
    - b. The anesthesia or sedation record contains all the entries listed in R4-11-1304(D);
    - c. For intravenous access, the physician anesthesiologist or CRNA uses a new infusion set, including a new infusion line and new bag of fluid for each patient; and
    - d. The patient is continuously supervised from the administration of anesthesia or sedation until the termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1303 permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

**R4-11-1304. Permit to Employ or Work with a Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)**

- A. This Section does not apply to a Section 1301 permit holder or a Section 1302 permit holder practicing under the provisions of R4-11-1302(I) or a Section 1303 permit holder practicing under the provisions of R4-11-1303(H). A dentist may utilize a physician anesthesiologist or certified registered nurse anesthetist (CRNA) for anesthesia or sedation services while the dentist provides treatment in the dentist's office or dental clinic after obtaining a Section 1304 permit issued by the Board.
  1. The physician anesthesiologist or CRNA meets the requirements as specified in R4-11-1301(I).
  2. The dentist permit holder shall provide all dental treatment and ensure that the physician anesthesiologist or CRNA remains on the dental office or dental clinic premises until any patient receiving anesthesia or sedation services is

discharged.

3. A dentist may renew a Section 1304 permit every five years by complying with R4-11-1307.

- B. To obtain or renew a Section 1304 permit, a dentist shall:
1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307 includes:
    - a. General information about the applicant such as:
      - i. Name;
      - ii. Home and office addresses and telephone numbers;
      - iii. Limitations of practice;
      - iv. Hospital affiliations;
      - v. Denial, curtailment, revocation, or suspension of hospital privileges;
      - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
      - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
    - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
  2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist provides treatment during administration of general anesthesia or sedation by a physician anesthesiologist or CRNA:
    - a. Contains the following properly operating equipment and supplies during the provision of general anesthesia and sedation:
      - i. Emergency drugs;
      - ii. Electrocardiograph monitor;
      - iii. Pulse oximeter;
      - iv. Cardiac defibrillator or automated external defibrillator (AED);
      - v. Positive pressure oxygen and supplemental continuous flow oxygen;
      - vi. Suction equipment, including endotracheal, tonsillar or pharyngeal and emergency backup medical suction device;
      - vii. Laryngoscope, multiple blades, backup batteries and backup bulbs;
      - viii. Endotracheal tubes and appropriate connectors;
      - ix. Magill forceps;
      - x. Oropharyngeal and nasopharyngeal airways;
      - xi. Auxiliary lighting;
      - xii. Stethoscope; and
      - xiii. Blood pressure monitoring device; and
    - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia or sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Healthcare Provider level;
  3. Hold a valid license to practice dentistry in this state; and
  4. Provide confirmation of completing coursework within the last two years prior to submitting the permit application in one or more of the following:
    - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management.
- C. After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the applicant a Section 1304 permit.
1. The onsite evaluation team shall consist of one dentist who is a Board member, or Board designee.
  2. The onsite team shall evaluate the following:
    - a. The availability of equipment and personnel as specified in subsection (B)(2);
    - b. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of controlled substances; and
    - c. Proper record keeping as specified in subsection (E) by reviewing previous anesthesia or sedation records.
  3. The evaluation team shall recommend one of the following:
    - a. Pass. Successful completion of the onsite evaluation; or
    - b. Conditional approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is

issued.

4. The evaluation of an additional dental office or dental clinic in which a Section 1304 permit holder provides treatment during the administration general anesthesia or sedation by a physician anesthesiologist or CRNA may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (B)(2).
- D. A Section 1304 permit holder shall keep an anesthesia or sedation record for each general anesthesia and sedation procedure that includes the following entries:
  1. Pre-operative and post-operative electrocardiograph documentation;
  2. Pre-operative, intra-operative, and post-operative, pulse oximeter documentation;
  3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation; and
  4. A list of all medications given, with dosage and time intervals and route and site of administration;
  5. Type of catheter or portal with gauge;
  6. Indicate nothing by mouth or time of last intake of food or water;
  7. Consent form; and
  8. Time of discharge and status, including name of escort.
- E. For intravenous access, a Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA uses a new infusion set, including a new infusion line and new bag of fluid for each patient.
- F. A Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA utilizes supplemental continuous flow oxygen for patients receiving general anesthesia or sedation for the duration of the procedure.
- G. The Section 1304 permit holder shall continuously supervise the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1304 permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

#### **R4-11-1305. Reports of Adverse Occurrences**

If a death, or incident requiring emergency medical response, occurs in a dental office or dental clinic during the administration of or recovery from general anesthesia, deep sedation, moderate sedation, or minimal sedation, the permit holder and the treating dentist involved shall submit a complete report of the incident to the Board within 10 days after the occurrence.

#### **R4-11-1306. Education; Continued Competency**

- A. To obtain a Section 1301 permit by satisfying the education requirement of R4-11-1301(B)(6), a dentist shall successfully complete an advanced graduate or post-graduate education program in pain control.
  1. The program shall include instruction in the following subject areas:
    - a. Anatomy and physiology of the human body and its response to the various pharmacologic agents used in pain control;
    - b. Physiological and psychological risks for the use of various modalities of pain control;
    - c. Psychological and physiological need for various forms of pain control and the potential response to pain control procedures;
    - d. Techniques of local anesthesia, sedation, and general anesthesia, and psychological management and behavior modification, as they relate to pain control in dentistry; and
    - e. Handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.
  2. The program shall consist of didactic and clinical training. The didactic component of the program shall:
    - a. Be the same for all dentists, whether general practitioners or specialists; and
    - b. Include each subject area listed in subsection (A)(1).
  3. The program shall provide at least one calendar year of training as prescribed in R4-11-1301 (B)(6)(a).
- B. To maintain a Section 1301 or 1302 permit under R4-11-1301 or R4-11-1302, a dentist shall:
  1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
    - a. General anesthesia;
    - b. Parenteral sedation;
    - c. Physical evaluation;
    - d. Medical emergencies;
    - e. Monitoring and use of monitoring equipment; or
    - f. Pharmacology of drugs and non-drug substances used in general anesthesia or parenteral sedation; and
  2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
    - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or

- c. A recognized continuing education course in advanced airway management;
  - 3. Complete at least 10 general anesthesia, deep sedation or parenteral sedation cases a calendar year; and
  - 4. Apply a maximum of six hours from subsection (B)(2) toward the continuing education requirements for subsection (B)(1).
- C. To maintain a Section 1303 permit issued under R4-11-1303, a dentist shall:
  - 1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
    - a. Oral sedation,
    - b. Physical evaluation,
    - c. Medical emergencies,
    - d. Monitoring and use of monitoring equipment, or
    - e. Pharmacology of oral sedation drugs and non-drug substances, and
  - 2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
    - a. Cardiopulmonary resuscitation (CPR) Healthcare Provider Level from the American Heart Association, American Red Cross, or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
    - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management;
  - 3. Complete at least 10 oral sedation cases a calendar year.

**R4-11-1307. Renewal of Permit**

- A. To renew a Section 1301, 1302, or 1303 permit, a dentist shall:
  - 1. Provide written documentation of compliance with the applicable continuing education requirements in R4-11-1306;
  - 2. Provide written documentation of compliance with the continued competency requirements in R4-11-1306;
  - 3. Before December 31 of the year the permit expires, submit a completed application on a form supplied by the Board office as described in R4-11-1301, R4-11-1302, or R4-11-1303; and
  - 4. Not less than 90 days before the expiration of a dentist's current permit, arrange for a new onsite evaluation as described in R4-11-1301, R4-11-1302, or R4-11-1303.
- B. To renew a Section 1304 permit, the permit holder shall:
  - 1. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1304; and
  - 2. Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1304.
- C. After the permit holder successfully completes the evaluation and submits the required affidavits, the Board shall renew a Section 1301, 1302, 1303, 1304 permit, as applicable.
- D. The Board may stagger due dates for renewal applications.

**ARTICLE 14. DISPENSING DRUGS AND DEVICES**

**R4-11-1401. Prescribing**

- A. In addition to the requirements of A.R.S. § 32-1298(C), a dentist shall ensure that a prescription order contains the following information:
  - 1. Date of issuance;
  - 2. Name and address of the patient to whom the prescription is issued;
  - 3. Name, strength, dosage form, and quantity of the drug or name and quantity of the device prescribed;
  - 4. Name and address of the dentist prescribing the drug; and
  - 5. Drug Enforcement Administration registration number of the dentist, if prescribing a controlled substance.
- B. Before dispensing a drug or device, a dentist shall present to the patient a written prescription for the drug or device being dispensed that includes on the prescription the following statement in bold type: "This prescription may be filled by the prescribing dentist or by a pharmacy of your choice."

**R4-11-1402. Labeling and Dispensing**

- A. A dentist shall include the following information on the label of all drugs and devices dispensed:
  - 1. The dentist's name, address, and telephone number;
  - 2. The serial number;
  - 3. The date the drug or device is dispensed;
  - 4. The patient's name;
  - 5. Name, strength, and quantity of drug dispensed;

6. The name of the drug or device manufacturer or distributor;
  7. Directions for use and cautionary statement necessary for the safe and effective use of the drug or device; and
  8. If a controlled substance is prescribed, the cautionary statement "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."
- B. Before delivery to the patient, the dentist shall prepare and package the drug or device to ensure compliance with the prescription and personally inform the patient of the name of the drug or device, directions for its use, precautions, and storage requirements.
- C. A dentist shall purchase all dispensed drugs and devices from a licensed manufacturer, distributor, or pharmacy that is properly licensed in this state or one of the other 49 states, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United State of America.
- D. When dispensing a prescription drug or device from a prescription order, a dentist shall perform the following professional practices:
1. Verify the legalities and pharmaceutical feasibility of dispensing a drug based upon:
    - a. A patient's allergies,
    - b. Incompatibilities with a patient's currently-taken medications,
    - c. A patient's use of unusual quantities of dangerous drugs or narcotics, and
    - d. The frequency of refills;
  2. Verify that the dosage is within proper limits;
  3. Interpret the prescription order;
  4. Prepare the package and label, or assume responsibility for preparing, packaging, and labeling the drug or device, dispensed under each prescription order;
  5. Check the label to verify that the label precisely communicates the prescriber's directions and hand-initial every label;
  6. Record, or assume responsibility for recording, the serial number and the date dispensed on the front of the original prescription order; and
  7. Record on the original prescription order the name or initials of the dentist who dispensed the order.

**R4-11-1403. Storage and Packaging**

A dentist shall:

1. Keep all prescription-only drugs and devices secured in a secured area and control access to the secured area by written procedure. The dentist shall make the written procedure available to the Board or its authorized agents on demand for inspection or copying;
2. Keep all controlled substances secured in a locked cabinet or room, control access to the cabinet or room by written procedure, and maintain an ongoing inventory of the contents. The dentist shall make the written procedure available to the Board or its authorized agents on demand for inspection or copying;
3. Maintain storage areas so that the temperature in the drug storage areas does not exceed 85° F;
4. Not dispense a drug or device that has expired or is improperly labeled;
5. Not redispense a drug or device that has been returned;
6. Dispense a drug or device:
  - a. In a prepackaged container or light-resistant container with a consumer safety cap, unless the patient or patient's representative requests a non-safety cap; and
  - b. With a label that is mechanically or electronically printed;
7. Destroy an outdated, deteriorated, or defective controlled substance according to Drug Enforcement Administration regulations or by using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration; and
8. Destroy an outdated, deteriorated, or defective non-controlled substance drug or device by returning it to the supplier or using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration.

**R4-11-1404. Recordkeeping**

A. A dentist shall:

1. Chronologically date and sequentially number prescription orders in the order that the drugs or devices are originally dispensed;
2. Sequentially file orders separately from patient records, as follows:
  - a. File Schedule II drug orders separately from all other prescription orders;
  - b. File Schedule III, IV, and V drug orders separately from all other prescription orders; and
  - c. File all other prescription orders separately from orders specified in subsections (A)(2)(a) and (b);
3. Record the name of the manufacturer or distributor of the drug or device dispensed on each prescription order and label;
4. Record the name or initials of the dentist dispensing the drug or device on each prescription order and label; and
5. Record the date the drug or device is dispensed on each prescription order and label.

- B. A dentist shall record in the patient's dental record the name, dosage form, and strength of the drug or device dispensed, the quantity or volume dispensed, the date the drug or device is dispensed, and the dental therapeutic reasons for dispensing the drug or device.
- C. A dentist shall maintain:
  - 1. Purchase records of all drugs and devices for three years from the date purchased; and
  - 2. Dispensing records of all drugs and devices for three years from the date dispensed.
- D. A dentist who dispenses controlled substances
  - 1. Shall inventory Schedule II, III, IV, and V controlled substances as prescribed by A.R.S. § 36-2523;
  - 2. Shall perform a controlled substance inventory on March 1 annually, if directed by the Board, and at the opening or closing of a dental practice;
  - 3. Shall maintain the inventory for three years from the inventory date;
  - 4. May use one inventory book for all controlled substances;
  - 5. When conducting an inventory of Schedule II controlled substances, shall take an exact count;
  - 6. When conducting an inventory of Schedule III, IV, and V controlled substances, shall take an exact count or may take an estimated count if the stock container contains fewer than 1001 units.
- E. A dentist shall maintain invoices, for drugs and devices dispensed for three years from the date of the invoices, filed as follows:
  - 1. File Schedule II controlled substance invoices separately from records that are not Schedule II controlled substance invoices;
  - 2. File Schedule III, IV, and V controlled substance invoices separately from records that are not Schedule III, IV, and V controlled substance invoices; and
  - 3. File all non-controlled substance invoices separately from the invoices referenced in subsections (E)(1) and (2).
- F. A dentist shall file Drug Enforcement Administration order form (DEA Form 222) for a controlled substance sequentially and separately from every other record.

**R4-11-1405. Compliance**

- A. A dentist who determines that there has been a theft or loss of drugs or controlled substances from the dentist's office shall immediately notify a local law enforcement agency and the Board and provide written notice of the theft or loss in the following manner:
  - 1. For non-controlled substance drug theft or loss, provide the law enforcement agency and the Board with a written report explaining the theft or loss; or
  - 2. For controlled substance theft or loss, complete a DEA 106 form; and
  - 3. Provide copies of the DEA 106 form to the Drug Enforcement Administration and the Board within seven days of the discovery.
- B. A dentist who dispenses drugs or devices in a manner inconsistent with this Article is subject to discipline under to A.R.S. Title 32, Chapter 11, Article 3.

**R4-11-1406. Dispensing for Profit Registration and Renewal**

- A. A dentist who is currently licensed to practice dentistry in Arizona may dispense controlled substances, prescription-only drugs, and prescription-only devices for profit after providing the Board the following information:
  - 1. A completed registration form which includes the following information:
    - a. The dentist's name and dental license number;
    - b. A list of the types of drugs and devices to be dispensed for profit, including controlled substances; and
    - c. Locations where the dentist desires to dispense the drugs and devices for profit; and
  - 2. A copy of the dentist's current Drug Enforcement Administration Certificate of Registration for each dispensing location from which the dentist desires to dispense the drugs and devices for profit.
- B. The Board shall issue a numbered certificate indicating the dentist is registered with the Board to dispense drugs and devices for profit.
- C. A dentist shall renew a registration to dispense drugs and devices for profit by complying with the requirements in subsection (A) before the dentist's license renewal date. When a dentist has made timely and complete application for the renewal of a registration, the dentist may continue to dispense until the Board approves or denies the application. Failure to renew a registration shall result in immediate loss of dispensing for profit privileges.

## ARTICLE 15. COMPLAINTS, INVESTIGATIONS, DISCIPLINARY ACTION

### R4-11-1501. Ex-parte Communication

A complainant, licensee, certificate holder, business entity or mobile dental permit holder against whom a complaint is filed, shall not engage in ex-parte communication by means of a written or oral communication between a decision maker, fact finder, or Board member and only one party to the proceeding.

### R4-11-1502. Dental Consultant Qualifications

A dentist, dental hygienist, or denturist approved as a Board dental consultant shall:

1. Possess a valid license or certificate to practice in Arizona;
2. Have practiced at least five years in Arizona; and
3. Not have been disciplined by the Board within the past five years.

### R4-11-1503. Initial Complaint Review

A. The Board's procedures for complaint notification are:

1. Board personnel shall notify the complainant and licensee, certificate holder, business entity or mobile dental permit holder by certified U.S. Mail when the following occurs:
  - a. A formal interview is scheduled
  - b. The complaint is tabled,
  - c. A postponement or continuance is granted, and
  - d. A subpoena, notice, or order is issued.
2. Board personnel shall provide the licensee, certificate holder, business entity or mobile permit holder with a copy of the complaint.
3. If a complaint alleges a violation of the state or federal criminal code, the Board shall refer the complaint to the proper law enforcement agency.

B. The Board's procedures for complaints referred to clinical evaluation are:

1. Except as provided in subsection (B)(1)(a), the president's designee shall appoint one or more dental consultants to perform a clinical evaluation. If there is more than one dental consultant, the dental consultants do not need to be present at the same time.
  - a. If the complaint involves a dental hygienist, denturist, or dentist who is a recognized specialist in one of the areas listed in R4-11-1102(B), the president's designee shall appoint a dental consultant from that area of practice or specialty.
  - b. The Board shall not disclose the identity of the licensee to a dental consultant performing a clinical examination before the Board receives the dental consultant's report.
2. The dental consultant shall prepare and submit a clinical evaluation report. The president's designee shall provide a copy of the clinical evaluation report to the licensee or certificate holder. The licensee or certificate holder may submit a written response to the clinical evaluation report.

### R4-11-1504. Postponement of Formal Interview

A. The licensee, certificate holder, business entity or mobile dental permit holder may request a postponement of a formal interview. The Board or its designee shall grant a postponement until the next regularly scheduled Board meeting if the licensee, certificate holder, business entity or mobile dental permit holder makes a postponement request and the request:

1. Is made in writing,
2. States the reason for the postponement, and
3. Is received by the Board within 15 calendar days after the date the respondent received the formal interview request.

B. Within 48 hours of receipt of a request for postponement of a formal interview, the Board or its designee shall:

1. Review and either deny or approve the request for postponement; and
2. Notify in writing the complainant and licensee, certificate holder, business entity or mobile permit holder of the decision to either deny or approve the request for postponement.

## ARTICLE 16. MEDIATION – REPEALED 2007

## ARTICLE 17. REHEARING OR REVIEW

### R4-11-1701. Procedure

A. Except as provided in subsection (F), a licensee, certificate holder, or business entity who is aggrieved by an order issued

by the Board may file a written motion for rehearing or review with the Board, pursuant to A.R.S. Title 41, Chapter 6, Article 10, specifying the grounds for rehearing or review.

- B. A licensee, certificate holder, or business entity filing a motion for rehearing or review under this rule may amend the motion at any time before it is ruled upon by the Board. The opposing party may file a response within 15 days after the date the motion for rehearing or review is filed. The Board may require that the parties file supplemental memoranda explaining the issues raised in the motion, and may permit oral argument.
- C. The Board may grant a rehearing or review of the order for any of the following causes materially affecting a licensee, certificate holder, or business entity's rights:
  - 1. Irregularity in the proceedings of the Board or any order or abuse of discretion, which deprived a licensee, certificate holder, or business entity of a fair hearing;
  - 2. Misconduct of the Board, its personnel, the administrative law judge, or the prevailing party;
  - 3. Accident or surprise which could not have been prevented by ordinary prudence;
  - 4. Excessive or insufficient penalties;
  - 5. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceeding;
  - 6. That the findings of fact or decision is arbitrary, capricious, or an abuse of discretion;
  - 7. That the findings of fact or decision is not justified by the evidence or is contrary to law; or
- 8. Newly discovered, material evidence which could not, with reasonable diligence, have been discovered and produced at the original hearing.
- D. The Board may affirm or modify the order or grant a rehearing or review to all or part of the issues for any of the reasons in subsection (C). The Board, within the time for filing a motion for rehearing or review, may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. An order granting a rehearing or review shall specify the grounds on which rehearing or review is granted, and any rehearing or review shall cover only those matters specified.
- E. When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after such service, serve opposing affidavits.
- F. If the Board makes specific findings that the immediate effectiveness of the order is necessary for the preservation of public health and safety and that a rehearing or review is impracticable, unnecessary, or contrary to the public interest, the order may be issued as a final order without an opportunity for a rehearing or review. If an order is issued as a final order without an opportunity for rehearing or review, the aggrieved party shall make an application for judicial review of the order within the time limits permitted for application for judicial review of the Board's final order.
- G. The Board shall rule on the motion for rehearing or review within 15 days after the response has been filed, or at the Board's next meeting after the motion is received, whichever is later.

(As amended 2016)

## ARTICLE 18. BUSINESS ENTITIES

### R4-11-1801. Application

Before offering dental services, a business entity required to be registered under A.R.S. § 32-1213 shall apply for registration on an application form supplied by the Board. In addition to the requirements of A.R.S. § 32-1213(B) and the fee under R4-11-402, the registration application shall include a sworn statement from the applicant that:

- 1. The information provided by the business entity is true and correct, and
- 2. No information is omitted from the application.

### R4-11-1802. Display of Registration

- A. A business entity shall ensure that the receipt of the current registration period is:
  - 1. Conspicuously displayed in the dental practice in a manner that is always readily observable by patients and visitors, and
  - 2. Exhibited to members of the Board or to duly authorized agents of the Board on request.
- B. A business entity's receipt for the licensure period immediately preceding shall be kept on display until replacement by the receipt for the current period.