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ENGROSSED SENATE
CONCURRENT
RESOLUTION NO. 63

By: Weedn, Shedrick, Rubottom and Wright of the Senate

and

Gray, Benson and Roach of the House

A Concurrent Resolution disapproving proposed amendments and additions to rules of Board of Governors of the Registered Dentists of Oklahoma as set forth in Rules 195:10-1-1, 195:10-1-2, 195:10-1-3, 195:10-1-4; 195:10-3-1, 195:10-3-2, 195:10-3-3, 195:10-3-4; 195:10-5-2; 195:10-9-1, 195:10-9-2; 195:10-11-1, 195:10-11-2, 195:10-11-3, 195:10-11-4, 195:10-11-5, 195:10-11-6, 195:10-11-7, 195:10-11-8, 195:10-11-9, 195:10-11-10, 195:15-1-1, 195:15-1-2, 195:15-1-3, 195:15-1-4, 195:15-1-5, 195:15-1-6, 195:15-1-7, 195:20-1-1, 195:20-1-2, 195:20-1-3, 195:20-1-4, 195:20-1-5, 195:20-1-6, 195:20-1-7, 195:20-1-8, 195:20-1-9, 195:20-1-10, 195:20-1-11, 195:20-1-12, 195:25-1-2, 195:25-1-8, 195:35-1-1, 195:35-1-2, 195:35-1-3, 195:35-1-4 and 195:35-1-5; and directing distribution.

WHEREAS, on March 30, 1996, the Board of Governors of the Registered Dentists of Oklahoma finally adopted amendments and additions to its rules codified in Chapter 10. Examination and Licensing of Dentists, Dental Hygienists, and Dental Specialists; Chapter 15. Duties for Auxiliaries; Chapter 20. Rules Governing the Administration of Anesthesia; Chapter 25. Rules for Continuing Education; and Chapter 35. Infection Control; and

WHEREAS, on April 1, 1996, the Board of Governors of the Registered Dentists of Oklahoma submitted these proposed amendments and additions to its rules to the Legislature as required under 75 O.S. Supp. 1995, Section 308; and

WHEREAS, these proposed amendments and additions to the rules of the Board of Governors of the Registered Dentists of Oklahoma do not reflect the intent of the Oklahoma Legislature.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE 2ND SESSION OF THE 45TH OKLAHOMA LEGISLATURE, THE HOUSE OF REPRESENTATIVES CONCURRING THEREIN:

SECTION 1. The proposed amendments and additions to the rules of the Board of Governors of the Registered Dentists of Oklahoma submitted to the Oklahoma Legislature on April 1, 1996, are hereby disapproved. These amendments and additions are set out as stricken and underlined language in the following rules and proposed rules of the Board:

Chapter 10. Examination and Licensing of Dentists, Dental Hygienists, and Dental Specialists

195:10-1-1, 195:10-1-2, 195:10-1-3, 195:10-1-4; 195:10-3-1, 195:10-3-2, 195:10-3-3, 195:10-3-4; 195:10-5-2; 195:10-9-1, 195:10-9-2; 195:10-11-1, 195:10-11-2, 195:10-11-3, 195:10-11-4, 195:10-11-5, 195:10-11-6, 195:10-11-7, 195:10-11-8, 195:10-11-9, 195:10-11-10

Chapter 15. Duties for Auxiliaries

195:15-1-1, 195:15-1-2, 195:15-1-3, 195:15-1-4, 195:15-1-5, 195:15-1-6, 195:15-1-7

Chapter 20. Rules Governing the Administration of Anesthesia

195:20-1-1, 195:20-1-2, 195:20-1-3, 195:20-1-4, 195:20-1-5, 195:20-1-6, 195:20-1-7, 195:20-1-8, 195:20-1-9, 195:20-1-10, 195:20-1-11, 195:20-1-12

Chapter 25. Rules for Continuing Education

195:25-1-2, 195:25-1-8

Chapter 35. Infection Control

195:35-1-1, 195:35-1-2, 195:35-1-3, 195:35-1-4, 195:35-1-5.

SECTION 2. The text of the rules and proposed rules of the Board in which the amendments and additions which are hereby

disapproved are set out in underlined and stricken language reads as follows:

CHAPTER 10. EXAMINATION AND LICENSING OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL SPECIALISTS

SUBCHAPTER 1. EXAMINATION FOR DENTISTS

195:10-1-1. Purpose

The rules of this subchapter set forth the application procedures for the Board's licensing examination for dentists. ~~They also specify the subject matter of the examination and the passing score.~~ These rules specify the subject matter and the passing score. In addition, these rules specify the mechanism for contracting with the regional testing agency.

195:10-1-2. Eligibility to take examination and application procedure

~~All persons desiring to practice dentistry in the State of Oklahoma shall be required to pass satisfactorily an examination before receiving a license.~~ The requirements of this rule shall be met by the applicant if the Board undertakes to give the examination itself without utilizing a regional testing agency to examine dentists for licensure in Oklahoma. An applicant, to be acceptable for examination for a license to practice dentistry in Oklahoma, must fulfill the following requirements:

(1) Make application to the Board in writing. Forms are available upon request, from the Office of the Board.

(2) Be twenty-one years of age or over.

(3) Return the completed application, at least thirty (30) days prior to the announced dates for the examination. The application must be accompanied by a certified check or United State Postal Money Order to pay the examination fee as required by the Board ~~of Governors~~, but not to exceed Two Hundred Dollars ($200).

(4) No application will be accepted less than thirty (30) days prior to the announced dates for the examination.

(5) After the application has been processed and the applicant has been notified to appear before the Board for examination, and should the applicant fail to appear for the examination, his or her file and fee will be considered forfeited. Should the applicant file for a subsequent examination, such applicant will be considered a new applicant, and the fee for such examination will be as for other new applicants. A new application must be submitted each time an applicant expresses a desire to be examined.

(6) If the applicant has not completed his or her last term in Dental School prior to making application, the Dean of the School should certify that he or she is a candidate for graduation, in order that the application can be processed. No applicant will be allowed to take the examination until the Secretary of the Board has in possession a photostatic copy of the applicant's diploma.

(7) Applicants who are licensed and practicing dentistry in another state must present with the application a photostatic copy of his or her degree and a statement or certificate signed by the Secretary of the State Dental Board of the state in which he or she is licensed that the applicant is engaged in the actual, lawful, practice of dentistry.

(8) The Board ~~of Governors of Registered Dentists of Oklahoma~~ recognizes only those applicants who are students or graduates of Dental Schools in the United States or Canada, approved, conditionally, or provisionally approved by the Commission on Dental Accreditation of the American Dental Association, and the applicant must have or will receive a D.D.S. or D.M.D. Degree from that school.

(9) Applicant must attach a recent passport type photograph of self in place so designated on application blank.

(10) Applicant must present with application, a transcript of his or her grades received during his or her academic years of training in dental school.

(11) Applicant will appear for personal interview, ~~as~~ if requested by the Board.

(12) Applicants qualifying for an examination formulated and administered by the Board who fail to make the required grade will not be issued a ~~Certificate of Ability~~ license, but may retake the examination. The additional examinations will require a fee as set by the Board.

(13) Should an applicant fail the second clinical examination before further re-examination the Board may require evidence of additional education. After the third examination, the Board may deny the applicant further examination.

(14) If the applicant successfully passes the examination and is licensed to practice dentistry in Oklahoma, he or she will be required to pay an annual registration fee each year, or his or her license will be cancelled as provided by law.

(15) A copy of the State Dental Act of Oklahoma and Rules and Regulations promulgated by the Board will be mailed to applicant with letter of notification to appear for the Oklahoma examination.

(16) Applicants must show proof of malpractice insurance pertaining to acts performed at, during or for the clinical examination.

(17) Applicants must furnish their own live patients, instruments, and materials.

(18) Address communications to the current address of the BOARD ~~OF GOVERNORS OF REGISTERED DENTISTS~~, Oklahoma City, Oklahoma.

195:10-1-3. Contents of examination

The examination for a license to practice dentistry in Oklahoma will consist of:

(1) Theoretical examination. The Board shall recognize the passing scores of the Joint Commission on National Dental Examinations for dentist as its theoretical exam.

~~(A) A theoretical examination which will be written and will usually consist of questions on the subjects of:~~

~~(i) Operative Dentistry,~~

~~(ii) Pharmacology, Prosthodontics,~~

~~(iii) Oral Surgery/Anesthesia,~~

~~(iv) Orthodontics/Pedodontics,~~

~~(v) Oral Path/Radiology,~~

~~(vi) Endodontics/Periodontics,~~

~~(vii) Anantomic Sciences,~~

~~(viii) Biochem/Physiology,~~

~~(ix) Microbiology/Pathology, and~~

~~(x) Dental Anatomy.~~

~~(B) A minimum grade of 75% will be required to be obtained on each subject of the theoretical examination or the applicant will not be licensed to practice dentistry in the State of Oklahoma.~~

~~(C) The Board may accept results of the Joint Commission on National Dental Examinations in lieu of its theoretical examination.~~

(2) Written examination on the State Dental Act and the Board's rules. A grade of ~~75%~~ 70% is required on a written examination on the State Dental Act of Oklahoma and the rules promulgated by the Board.

(3) Clinical examination.

~~(A)~~ Clinical examinations will be conducted at times and places determined appropriate by the Board. ~~and depending upon numbers of applications received.~~

~~(B) An average of 70% must be obtained in the clinical examination to be eligible for licensure.~~

195:10-1-4. Regional examination.

The Board may contract with Regional Testing Agencies to examine dentists for licensure in Oklahoma. Applicants shall comply with application procedures required by the testing agency recognized by the Board. All persons desiring to practice dentistry in Oklahoma shall be required to pass an examination before receiving a license to practice.

Should an applicant fail the second clinical examination before further re-examination the Board may require evidence of additional education. After the third examination, the Board may not accept the results of further examination.

The Board shall have authority to issue a temporary license or recognize the practice of dentistry or dental hygiene by out-of-state examiners to those individuals conducting the recognized clinical examinations within the State of Oklahoma. Examiners shall be those designated by the recognized testing agency or the Board.

CHAPTER 10. EXAMINATION AND LICENSING OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL SPECIALISTS

SUBCHAPTER 3. EXAMINATION FOR DENTAL HYGIENISTS

195:10-3-1. Purpose

The rules of this subchapter set forth the application procedure for the Board's licensing examination for ~~D~~dental ~~H~~hygienists. ~~They also specify the subject matter.~~ These rules specify the subject matter and the passing score. In addition, these rules specify the mechanism for contracting with the regional testing agency.

195:10-3-2. Eligibility to take examination and application procedure

~~All persons desiring to practice dental hygiene in Oklahoma shall be required to pass satisfactorily an examination before receiving a Certificate of Ability to practice.~~ The Requirements of this rule shall be met by the applicant if the Board undertakes to give the examination itself without utilizing a regional testing agency to examine dental hygienists for licensure in Oklahoma. An applicant, to be acceptable for examination for a ~~Certificate of Ability~~ license to practice dental hygiene in Oklahoma, must fulfill the following requirements:

(1) Make application to the Board in writing. Forms are available upon request from the Office of the Board.

(2) Applicant must be eighteen years of age or over.

(3) Return the completed application at least thirty (30) days prior to the announced dates of the examination. The application must be accompanied by a Certified Check or United State Postal Money Order in an amount as set by the Board but not to exceed $100.

(4) No application will be accepted for processing less than thirty (30) days before the announced dates of the examination.

(5) After an application has been processed and the applicant notified to appear before the Board for examination, and should the applicant fail to appear for the examination, his or her file and fee will not be returned, and the fee will be considered forfeited and any temporary permit terminated. Should the applicant file for a subsequent examination, such applicant will be considered a new applicant and the fee for such examination will be as for other new applicants. A new application must be submitted each time an applicant expresses a desire to be examined.

(6) If the applicant has not completed his or her last term in Dental Hygiene School prior to making application, the Dean of the Dental School or Director of the Dental Hygiene School should certify that he or she is a candidate for graduation in order that the application can be processed. No applicant will be allowed to take the examination until the Secretary of the Board has in possession, a photostatic copy of his or her Dental Hygiene Certificate of Graduation or diploma.

(7) An applicant who is not graduating from a Dental Hygiene School the year in which making application must present with the application a photostatic copy of his or her certificate and a statement or certificate signed by the Secretary of the State Dental Board of the state in which he or she is registered stating the applicant is in good standing.

(8) The Board recognizes only those applicants who are students or graduates of a Dental Hygiene School in the United States or Canada which has a minimum of two academic years of dental hygiene curriculum and which is accredited, or approved, conditionally or provisionally, ~~approved~~ by the Commission on Dental Accreditation of the American Dental Association~~,~~. ~~and~~ ~~t~~The applicant must have, or will receive a Dental Hygiene Certificate or diploma from that school.

(9) Applicant must attach a recent passport type photograph of self in place so designated on the application blank.

(10) Applicant must present with application a transcript of grades received during his or her academic years of training in Dental Hygiene School.

(11) Applicant will appear for personal interview, ~~as~~ if requested by the Board.

(12) Applicants must furnish their patients, instruments and material. Applicants must show proof of malpractice insurance pertaining to acts performed at, during or for the examination.

(13) Applicants qualifying for an examination formulated and administered by the Board who fail to make the required grade will not be issued a ~~Certificate of Ability~~ license, but may retake the examination. The additional examinations ~~will~~ may require a fee as set by the Board.

(14) Should an applicant fail the second clinical examination before further re-examination the Board may require evidence of additional education. After the third examination, the Board may deny the applicant further examination.

(15) If the applicant successfully passes the examination and is granted a ~~Certificate of Ability~~ license to practice dental hygiene in the State of Oklahoma, he or she will be required to pay an annual registration fee each year or his or her ~~Certificate of Ability~~ license will be cancelled as provided by law.

(16) A copy of the State Dental Act of Oklahoma and Rules and regulations promulgated by the Board will be mailed to applicant with application.

(17) All communications should be addressed to the current address of the BOARD ~~OF GOVERNORS OF REGISTERED DENTISTS~~, Oklahoma City, Oklahoma.

195:10-3-3. Contents of examination

The examination for a ~~certificate of ability~~ license to practice dental hygiene in Oklahoma will consist of:

(1) Theoretical examination. The Board shall recognize the passing scores of the Joint Commission on National Dental Examinations for dental hygiene as its theoretical exam.

~~(A) A written theoretical examination which will usually consist of questions on the subjects of:~~

~~(i) General Anatomy,~~

~~(ii) Dental Anatomy,~~

~~(iii) Physiology,~~

~~(iv) Histology,~~

~~(v) Pathology,~~

~~(vi) Radiology,~~

~~(vii) Chemistry,~~

~~(viii) Nutrition,~~

~~(ix) Microbiology,~~

~~(x) Pharmacology,~~

~~(xi) Dental Materials,~~

~~(xii) Preventive Dentistry,~~

~~(xiii) Local Anesthesia, and~~

~~(xiv) Community Dental Health, as applied to the functions a dental hygienist may carry out in practice.~~

~~(B) An average of 75% wil be required to be obtained on the theoretical examination or applicant will not be granted a Certificate of Ability to practice Dental Hygiene in Oklahoma.~~

~~(C) The Board may accept results of the Joint Commission on National Dental Examinations in lieu of its theoretical examination.~~

(2) Written examination on State Dental Act and Board's rules. A grade of ~~75%~~ 70% is required on a written examination on the State Dental Act of Oklahoma and Rules and Regulations promulgated by the Board.

(3) Clinical examination.

(A) Clinical examination will be conducted at times and places determined appropriate by the Board. ~~and depending upon numbers of applications received.~~

(B) An average of 70% must be obtained in the clinical examination to be eligible for a ~~certificate of ability~~ license to practice dental hygiene.

195:10-3-4. Regional examination

The Board may contract with Regional Testing Agencies to examine dental hygienists for licensure in Oklahoma. Applicants shall comply with application procedures required by the testing agency recognized by the Board. All persons desiring to practice dental hygiene in Oklahoma shall be required to pass an examination before receiving a license to practice.

Should an applicant fail the second clinical examination before further re-examination the Board may require evidence of additional education. After the third examination, the Board may not accept the results of further examination.

The Board shall have authority to issue a temporary license or recognize the practice of dentistry or dental hygiene by out-of-state examiners to those individuals conducting the recognized clinical examinations within the state of Oklahoma. Examiners shall be those designated by the recognized testing agency or the Board.

CHAPTER 10. EXAMINATION AND LICENSING OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL SPECIALISTS

SUBCHAPTER 5. RECIPROCITY AND CRITERIA APPROVAL

195:10-5-2. Requirements for reciprocal licensure

The Board ~~of Governors of Registered Dentists~~ of the State of Oklahoma pursuant to Title 59 O.S. 328.24 may license without examination any person who has been duly licensed to practice dentistry or dental hygiene in any state or territory of the United States which grants equal privileges to practitioners from Oklahoma, if said person produces satisfactory evidence to the Board that he or she has the required education and training from an accredited program and is of good character and morals, and does meet every

other requirement set forth in Title 59 O.S. 328.23 and 328.24 and as may be set forth by this Board. The applicant must:

(1) Have been in active practice for at least five (5) years (two (2) for dental hygienists) ~~immediately~~ prior to making application (can include internship, residency, military, teaching, at the discretion of the Board). ~~At least two of the required years of active practice must have been in a state that grants equal rights and privileges to dentists and dental hygienists from Oklahoma.~~ Board has discretion in situation where time out of practice exceeds one (1) year prior to application for reciprocal licensure and Board may require appropriate re-entry education or testing.

(2) Have completed required application form with all supporting date and certification of competency and good character.

(3) Have paid required fee (non-refundable).

(4) Have passed at least one practical examination for licensure that is ~~equivalent to the Oklahoma examination~~ recognized by the Oklahoma Board.

(5) Have taken and passed the Oklahoma Jurisprudence Examination.

(6) Have appeared for personal interview before the Board.

(7) Have completed or satisfied any other requirements as may be set by the Board.

(8) Have successfully completed the National Board examinations administered by the Joint Commission on National Dental Examinations.

(9) Meet all requirements of Oklahoma Statutes, Title 59 O.S. 1981 328.1 to 328.55.

(10) Submit DEA Number and also state narcotics license, if applicant is a dentist.

(11) Submit recent passport type photograph.

(12) Have all time units accounted for.

(13) Application must also include copy of diploma, National Board examinations grades and transcript of dental <u>or dental hygiene</u> school grades.

(14) Applicant must furnish a letter from his current licensing Board which states that the Board will consider applicants from Oklahoma for licensure via criteria approval.

(15) Ten letters of recommendation from professional associates, i.e.: Associations, Boards, including letters from Employers and associates listed under Practice History (Section 6 of the application). These letters should be mailed directly to the Oklahoma Dental Board.

CHAPTER 10. EXAMINATION AND LICENSING OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL SPECIALISTS

SUBCHAPTER 9. RECOGNITION OF SPECIALTIES

195:10-9-1. Purpose

The rules of this subchapter set forth the specialties within the field of dentistry that are recognized by the Board.

195:10-9-2. Specialties recognized by the Board and qualifying requirements

~~The Board of Governors of the Registered Dentists of Oklahoma will at its discretion, recognize only those specialties as approved by the Commission on Dental Accreditation of the American Dental Association (Title 59 O.S. 328.22). The following specialties are recognized and defined by the Board, and any member of the Registered Dentists of Oklahoma, who holds a license to practice Dentistry, must fulfill the listed requirements to be allowed to take the examination.~~

~~(1) Oral and maxillofacial surgery.~~

~~(A) Definition: The diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both~~

~~the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.~~

~~(B) Requirements: Certificate of satisfactory completion of advanced training program in Oral Surgery approved by the Commission on Dental Accreditation of the American Dental Association and in a hospital approved by the Council on Hospital and Institutional Dental Service of the American Dental Association. This training program shall be for a minimum of three (3) years.~~

~~(2) Orthodontics.~~

~~(A) Definition: The diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application, and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structure.~~

~~(B) Requirements: Two academic years of graduate training in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.~~

~~(3) Pediatric Dentistry.~~

~~(A) Definition: The practice and teaching of comprehensive preventive and therapeutic oral health care of children from birth through adolescence. It shall be construed to include care for special patients beyond the age of adolescence who demonstrate mental, physical and/or emotional problems.~~

~~(B) Requirements: Two academic years of graduate study in a school approved or provisionally approved by the~~

~~Commission on Dental Accreditation of the American Dental Association.~~

~~(4) Periodontics.~~

~~(A) Definition: The science and art dealing with the health and disease of the investing and supporting structures of the teeth and oral mucous membrane and with their treatment.~~

~~(B) Requirements: Two academic years of graduate training in Periodontics in a school or other institution approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.~~

~~(5) Prosthodontics.~~

~~(A) Definition: Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of the natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes:~~

~~(i) Removable Prosthodontics is that branch of prosthodontics concerned with replacement of teeth and contiguous structures for edentulous or partially edentulous patients by artificial substitutes that are removable from the mouth.~~

~~(ii) Fixed Prosthodontics is that branch of prosthodontics concerned with the replacement and/or restoration of teeth by artificial substitutes that are not removable from the mouth.~~

~~(iii) Maxillofacial Prosthetics is that branch of prosthodontics concerned with the restoration and/or replacement of stomatognathic and associated facial structures by artificial substitutes that may or may not be removed.~~

~~(B) Requirements: Successful completion of a two (2) year Prosthodontics Specialty Program resulting in a masters degree or certification approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.~~

~~(6) Endodontics.~~

~~(A) Definition: The branch of dentistry which is concerned with the etiology, prevention, diagnosis and treatment of the diseases and injuries that affect the pulp and periapical tissues.~~

~~(B) Requirements: Applicant must be a diplomate of the American Board of Endodontics or be certified as having successfully completed at least an eighteen month graduate training program in endodontics, which is recognized and accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the American Association of Endodontists.~~

~~(7) Oral pathology.~~

~~(A) Definition: The art and science which deals with the nature of oral diseases, through study of its causes, its processes, and its effects, together with the associated alterations of oral structure and function.~~

~~(B) Requirements: Two years or six quarters of graduate study in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association.~~

The Board may recognize all specialties adopted and defined by the American Dental Association. During the second quarter meeting the Board will officially recognize and define all specialties which will be recognized in Oklahoma.

CHAPTER 10. EXAMINATION AND LICENSING OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL SPECIALISTS

195:10-11-1. Purpose

The rules of this subchapter set forth the procedures governing applications for specialty examinations. ~~These rules set forth the subject mater of these examinations.~~

195:10-11-2. ~~Time of examinations~~ Significance

~~Specialty examinations will be conducted in June of each year. At the discretion of the Board and upon receipt of a sufficient number of applications, specialty examinations may also be conducted in January.~~ The issuance of a specialty license of the Board is a special privilege granted to that dentist, which allows him to announce to the public that he is especially qualified in a particular branch of dentistry as defined in 195:10-9-2.

195:10-11-3. ~~Temporary licenses not issued~~ Limitation of practice

~~No temporary licenses will be issued.~~ Any dentist granted this special privilege must limit his practice to the specialty (or specialties) in which he is licensed.

~~195:10-11-4. Significance of specialty license; limitations of practice~~

~~The issuing of a specialist license by the Board is a special privilege granted to the member, which allows him to announce to the public that he is especially qualified in a particular branch of dentistry. Any member granted this special privilege must limit his practice to the specialty in which he is licensed.~~

195:10-11-~~5~~4. ~~Recognition of graduate education~~ Examination

~~The Board will not recognize any graduate education except that which is obtained at a University level.~~ To be eligible for specialty licensure, the specialty applicant shall have successfully completed a specialty examination administered by a regional testing agency designated by the Board. If the Board should elect to do so, it may administer its own Oklahoma State Specialty Examination.

195:10-11-~~6~~5. Reexamination

An applicant ~~who fails to achieve the required grade of 75% will not be issued a license but may take the examination at a subsequent date as announced by the Board. The applicant will be entitled to one additional examination for an additional fee. An applicant failing the examination on a second time may be re-examined, at the discretion of the Board. The fee for any subsequent examination will be the regular fee.~~ failing the designated specialty examination for a second time may be reexamined at the discretion of the Board.

195:10-11-~~7~~6. ~~The~~ Application for specialty license ~~examination~~

An applicant who has fulfilled the necessary requirements ~~and desires to take the examination~~ for licensure in a Specialty, must:

(1) ~~Make application to the Board in writing. Forms will be furnished and are available at the Office of the Board.~~ Present proof that the applicant has a current license to practice dentistry in a state of the United States of America. The license must not have any adverse disciplinary action against it within the proceeding five (5) year period prior to making application.

(2) ~~Return the completed application, with all supporting documents attached thereto, at least thirty (30) days prior to the announced dates for the examination. The application must be accompanied by a certified check or postal money order for the required fee, not to exceed $300. No application will be accepted for processing less than thirty (30) days prior to the announced dates for the examination.~~ Make application to the Board in writing. The forms will be approved and furnished by the Board. Forms shall be available in the office of the Board.

(3) ~~Personally communicate with the Chairman of the Specialty Examining Committee fifteen (15) days prior to the examination for any special instructions pertaining to the~~

~~examination.~~ A designated fee shall accompany the application. The fee is non-refundable.

(4) The applicant may be required to appear before the Board at their discretion.

~~195:10-11-8. Failure to appear; subsequent examination~~

~~After the application has been processed and the applicant has been notified to appear before the Board for examination, and should the applicant fail to appear for said examination, the file and fee will not be returned and the fee shall be considered forfeited. Should the applicant file for a subsequent examination, applicant will be considered a new applicant and the fee for such examination shall be as for other new applicants.~~

~~195:10-11-9. The Examination Committee~~

~~(a) The Specialty Examination Committee will consist of two or more members who are licensed in the Specialty in which the examination is being given, together with one or more Members of the Board. The Chairperson of the Committee will be a Dentist Member of the Board. All members of this Committee are to be appointed by the President of the Board. At the close of the examination, each Member of the Examination Committee will submit to the Secretary of the Board, in a sealed envelope, a written report as to the passing or failing of the applicant.~~

~~(b) If the Board elects to change the majority decision of the Examination Committee as to the passing or failing of the applicant, the Board will request the presence of the Members of the Examination Committee who are not Members of the Board to sit with the Board and discuss the examination. The Board hereby declares that the report of any Examination Committee is advisory only, and that it reserves the right in its discretion to adopt or reject such report. Only the Board will release the results of the examination.~~

~~195:10-11-10. The examination~~

~~An applicant for licensure in a Specialty shall satisfactorily pass such examination as the Board may require. The examination will be both theoretical and practical.~~

~~(1) Theoretical examination. The theoretical examination shall be in writing and will include all the subjects that are pertinent to the Specialty in which the applicant desires to be licensed. Written examinations may be supplemented by oral examinations.~~

~~(2) Practical examination. The practical examination will be designed to test the applicant's knowledge and skill of all phases of diagnosis and treatment in the specialty in which the applicant desires to be licensed. This may consist of case reports, clinical procedures on patients, and laboratory work. The following practical examinations will be required in the respective specialties:~~

~~(A) Oral and maxillofacial surgery.~~

~~(i) Surgical anatomy of the Head and Neck with both written and oral examination on subjects relating to Oral Surgery.~~

~~(ii) Applicant will furnish a list of fifteen (15) (within three (3) years) hospital cases (including case histories), certified by the Hospital Administrator, demonstrating diversities of experience in Oral Surgery.~~

~~(B) Orthodontics.~~

~~(i) Applicants for examination must submit the following pre-treatment and post-treatment record materials for two cases treated exclusively by the applicants. Cephalometric radiographs, Cephalometric analysis, study models, extraoral photographs (profile and front view) and general radiographs or panoramic radiographs. Complete history must be given showing length of time devoted to each case.~~

~~(ii) Applicant must be prepared to demonstrate his ability to construct appliances on models or typodont submitted by applicant.~~

~~(iii) Applicant will be expected to diagnose and treatment plan cases provided by the Examining Committee.~~

~~(C) Pediatric Dentistry.~~

~~(i) Evaluation of the oral and perioral soft and hard tissues of a child.~~

~~(ii) Evaluation of the growth and development of a child and interceptive procedures as indicated.~~

~~(iii) Oral disease prevention and control for a child.~~

~~(iv) Operative procedures for a child including amalgam, composite, and stainless steel crowns.~~

~~(D) Periodontics.~~

~~(i) Demonstrate scaling and gingival curettage on one or more patients having a well-advanced case of Periodontitis, with abundant deposits of supragingival and subgingival calculus.~~

~~(ii) Prepare Periodontal Surgery under anesthesia.~~

~~(iii) Be prepared to demonstrate or discuss occlusal adjustment, types of temporary splinting for a Periodontal patient and various methods of oral physiotherapy and adjunctive tooth movement.~~

~~(iv) Submit three (3) case reports which should include case histories, study models, before and after full mouth x-rays and photographic slides. These case reports must be of Periodontal cases diagnosed and treated by the applicant. At least two of the three cases should be of advanced Periodontal disease and each case must have at least eighteen teeth. The third case may be of a type such as ulcerative gingivitis or other mouth lesions.~~

~~(E) Prosthodontics.~~

~~(i) All applicants must submit a patient history and treatment record of a patient for whom the required fabrication of at least two partial dentures involving both the maxilla and the mandible has been completed. One of the partial dentures must be fixed, replacing one or more teeth, and one must be removable, incorporating a unilateral or bilateral distal extension base.~~

~~(ii) The applicant will successfully complete an oral examination on prosthodontics and the case presentation.~~

~~(iii) The applicant will successfully complete a written examination on prosthodontics.~~

~~(F.) Endodontics.~~

~~(i) The presentation of ten cases which were treated by the applicant and which have follow-up radiographs.~~

~~(ii) An oral and written examination.~~

~~(C) Oral pathology.~~

~~(i) An oral examination with a qualified pathologist as specified, required, and selected by the Board.~~

~~(ii) A written microscopic and clinical examination.~~

CHAPTER 15. DUTIES FOR AUXILIARIES AND RULES REGULATING THE PRACTICE OF DENTAL HYGIENE

195:15-1-1. Purpose

The rules of this chapter set forth the duties and procedures that a dentist may properly delegate to dental assistants~~, dental nurses, and dental hygienists.~~ and the rules regulating the practice of dental hygiene.

195:15-1-2. Responsibility of employing dentist for auxiliary personnel

The State Dental Act charges the employing dentist with the responsibility for seeing that his or her auxiliary personnel do not perform procedures for which they have not received proper training, or procedures not authorized by the State Dental Act or the rules

promulgated by the Board, and his or her dental license is subject to statutory sanctions if violations occur.

195:15-1-3. Duties that may be delegated to dental assistants ~~and dental nurses~~

(a) A legally licensed, registered and practicing dentist in the State of Oklahoma, may delegate to a dental assistant ~~and/or dental nurse~~ those procedures for which the dentist exercises direct supervision and full responsibility, if such service is performed at the office and in response to a specific direction of such dentist personally present in the office area in which the duties are assigned and performed. THOSE DUTIES MAY INCLUDE:

(1) Applying topical anesthesia;

(2) Taking impressions and wax bite for diagnostic purposes ~~only~~;

(3) Removing sutures;

(4) Removing supragingival cement from the coronal surface of teeth. (not to include fully hardened cement that must be scaled off or removed with a rotary or power drive instrument);

(5) Placement or removal of gingival retraction material;

(6) Removing uncemented bands;

(7) Clipping and tucking ligature wires;

(8) Clipping out ligatures and removing archwires;

(9) Measuring and marking archwires;

(10) Fitting bands and brackets (for preliminary size determination only);

(11) Placing elastics and instructing patients in their use;

(12) Placing and ~~L~~ligating archwires; ~~after placement by doctor;~~

(13) Fitting head gear and giving instructions.;

(14) Placement and removal of orthodontic separators;

(15) Taking impressions for passive retainers, splints, mouth guards, bleaching trays, and opposing dental arches;

(16) Placing and removing rubber dams.

(17) Placing and removing periodontal dressings.

(b) In addition those dental assistants who have successfully completed training as approved by the Board ~~of Governors of Registered Dentists~~ may perform such duties as:

(1) Exposing intra and extra-oral radiographs;

(2) Polishing coronal surfaces of teeth, or preparing teeth for band cementation or bonding of brackets utilizing a slow speed rotary handpiece and rubber cup or brush; ~~(following scaling by the dentist or dental hygienist);~~ (examination for calculus and scaling must be done by the dentist or dental hygienist;

(3) Applying topical fluoride and densensitizing agents;

(4) ~~Placing periodontal dressing (not to include removal);~~ Dental sealants under the direct supervision of a licensed dentist, including examination of the patient by the dentist before and after placement of the sealant. A certificate of training in coronal polishing is required prior to training in the placement of pit and fissure sealants.

~~(5) Placing and removing rubber dam;~~

~~(6)~~ (5) Assisting in the administration of nitrous oxide analgesia under the direct supervision and at the full responsibility of the dentist who is physically present in the office.

195:15-1-4. Eligibility requirement of dental assistants ~~and dental nurses~~; registration fees; display of renewal of registration and certificates of training

The Board ~~of Governors~~ may establish eligibility requirements of experience, knowledge and/or education for those dental assistants ~~and/or dental nurses~~ who participate in training courses approved by the Board. The names of those dental assistants ~~and or dental~~

~~nurses~~ who successfully complete training as approved by the Board will be registered by the Board, and the Board may establish a fee for such initial registration and annual renewal of registration. On or before the first day of October of each year, the Board ~~of Governors~~ shall determine any necessary fee for annual renewal of registration of certificates. Any certificate granting authority for the procedures specified in 195:15-1-3(b) shall automatically be cancelled if the holder thereof fails to secure the annual renewal registration herein provided for within a period of three (3) months from the 31st day of December of each year. All certificates of training and annual renewal of registration shall be displayed in the dental office where such duties are performed.

195:15-1-5. Duties not assignable to dental assistants ~~and dental nurses~~

Those duties which SHALL NOT be assigned to a dental assistant ~~and/or dental nurse~~ include:

(1) Those procedures which require professional skill and judgment such as, but not limited to, diagnosis and treatment planning or prescription for treatment of disease, pain or deformity, or administration of any drug therefore;

(2) The cutting or severance of hard and soft tissue or removal of existing restorations within the oral cavity;

~~(3) Any intro oral procedure or service which will be used directly in the fabrication or placement or activation of an orthodontic appliance, either of which, when worn by the patient, would come in direct contact with hard or soft tissue, except as specifically authorized by rules promulgated by the Board of Governors as stated herein;~~

(4) The taking of impressions of teeth, jaws or gums except for impressions used only for diagnostic models; the taking of

impressions for passive retainers, splints, mouth guards, bleaching trays and opposing dental arches;

(5) The administration of local or general anesthesia, except for those dental assistants ~~and/or dental nurses~~ who assist in the administration of general anesthesia after meeting the requirements stipulated under the rule governing the administration of general anesthesia relevant to auxiliary personnel~~, 195:20-1-5(d)(2)~~;

(6) Those procedures allocated exclusively to registered dental hygienists of Oklahoma by the State Dental Act and rules duly promulgated by the Board ~~of Governors of Registered Dentists~~;

(7) Removal of cemented bands~~;~~.

~~(8) Placing or removing separating devices.~~

195:15-1-6. ~~Duties that may be delegated to dental hygienists~~ Rules regulating the practice of dental hygiene

(a) ~~A legally licensed, registered and practicing dentist in the State of Oklahoma may delegate to a licensed and registered hygienist the following procedures for which the dentist exercises direct supervision and full responsibility, if such service is performed at the office of and in response to a specific direction of such dentist personally present in the office area in which the duties are assigned. The dentist as the primary dental health care provider is ultimately responsible for the services performed by the dental hygienist. The dental hygienist is under the direct supervision of the dentist. Direct supevision may be interpreted to include the supervising dentist allowing a registered dental hygienist to treat current patients of record during reasonable and temporary absences as long as the absence does not exceed one working day. Provided, however, a registered dental hygienist may not perform any expanded functions recognized by rule during the absence of the supervising dentist.~~ The dentist as the primary

dental health care provider is ultimately responsible for the services performed by the dental hygienist. The practice of dental hygiene or dental hygiene means the science and practice of the promotion of oral health and prevention and treatment of oral disease through the provision of educational, therapeutic, clinical, and preventive services. Dental hygienists, having been issued a certificate of ability by the Board, which is a license to practice dental hygiene in the state of Oklahoma, may provide dental hygiene services pursuant to their education, which has a minimum of two academic years of dental hygiene curriculum and has been accredited by the Commission on Dental Accreditation of the American Dental Association. These services may be provided under supervision guidelines which allow dental hygienists to practice with the authorization of an Oklahoma licensed dentist who has within the last 12 months examined the patient and evaluated the health history of a patient prior to his authorization but not requiring his physical presence in the office or organized health service facility while the services are being provided. These services include:

(1) Those ~~functions~~ services as set forth in and enumerated by Section 34 (Title 59 O.S. 328.34) of the State Dental Act of 1981.

(2) Those functions as authorized for dental assistants ~~and/or dental nurses~~ as set forth in rules as prescribed duties duly promulgated by the Board of Governors of Registered Dentists.

~~(3) Dental chartings.~~

~~(4) Periodontal charting.~~

~~(5) Classifying occlusion.~~

~~(6) Prescribed treatment of localized alveolar osteitis and pericoronitis.~~

~~(7) Preparing, placing and removing periodontal packs.~~

~~(8) Placement of temporary fillings.~~

~~(9) Cleaning of removable prostheses and insertion.~~

~~(10) Removal of overhanging margins.~~

~~(11) Root planing.~~

~~(12) Polishing amalgam restorations.~~

~~(13) Application of pit and fissure sealants.~~

~~(14) Placing and removing rubber dams.~~

~~(15) Removing sutures.~~

~~(16) Soft tissue curettage.~~

(3) Health history assessment.

(4) Dental hygiene examination and the charting or oral conditions, which include periodontal charting, dental charting, classifying occlusion.

(5) Dental hygiene assessment and treatment planning for dental hygiene services.

(6) Prophylaxis consisting of removing calcareous deposits, stains, accretions and concretions from the supragingival and subgingival surfaces of the teeth and polishing.

(7) Periodontal scaling and root planing (instrumentation by scaler or periodontal curette of the crown and root surfaces of human teeth, including rotary or power driven instruments).

(8) The application to the teeth and gums of desensitizing agents or agents for the prevention of dental caries and treatment of periodontal disease.

(9) Nutritional and dietary evaluation.

(10) Soft tissue curettage.

(11) Placement of temporary fillings.

(12) Cleaning of removable prostheses and insertion.

(13) Removal of overhanging margins.

(14) Placement and removal of periodontal dressings.

(15) Dental implant maintenance.

(b) In addition, those dental hygienists who have successfully completed ~~training~~ the educational and clinical requirements as approved by the Board ~~of Governors of Registered Dentists~~ may perform ~~duties such as:~~ the following services when an Oklahoma licensed dentist is physically present and has authorized the services:

(1) ~~Administering~~ Administration of analgesia (nitrous oxide).

(2) ~~Administer~~ Administration of local anesthesia~~, on written order of the dentist~~.

~~(c) THE FOLLOWING PROCEDURES CANNOT BE PERFORMED LEGALLY BY A DENTAL HYGIENIST:~~

~~(1) Application of Bleaching Compound.~~

~~(2) Re-contouring of incisal edges.~~

(c) Dental hygienists may provide the following services without a dentist's authorization, or physical presence in order to insure public oral health care access in educational institutions, health fairs, hospitals or other settings deemed appropriate by the Board:

(1) Health history assessment.

(2) Dental hygiene examination and the charting of oral conditions relative to dental hygiene.

(3) Application of the teeth and gums of desensitizing agents and topical fluorides.

(4) Nutritional and dietary evaluation.

(5) Cleaning of removable prostheses.

(d) For the purpose of this section, "health service facilities" may include hospitals; educational facilities; nursing homes, home health agencies; group homes serving the elderly, handicapped, and juveniles; state-operated institutions or the department of corrections; and federal, state and local public health facilities and other such facilities deemed appropriate by the Board.

~~195:15-1-7. Cardiopulmonary resuscitation for dental hygienists~~

~~Cardiopulmonary Resuscitation (CPR), Basic Life Support Level C, is recommended yearly and required once every three years for dental hygienist. Proof of CPR shall be attested to the Board of Governors by an affirmation statement signed at the time of annual renewal.~~

CHAPTER 20. RULES GOVERNING THE ADMINISTRATION OF ANESTHESIA

195:20-1-1. Purpose

The rules of this chapter set forth the required qualifications for dentists administering specific kinds of anesthesia.

195:20-1-2. Definitions

The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise. These words and terms are as defined in the Guidelines for "Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," approved by the American Dental Association, Commission of Dental Accreditation.

"Analgesia" means the diminution or elimination of pain in the conscious patient. The conscious patient is defined as one with intact protective reflexes; including the ability to maintain an airway, and who is capable of rational response to questions or command.

"Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof. The caveat that loss of consciousness should be unlikely is a particularly important aspect of the definition of conscious sedation, and the drugs and techniques utilized should carry a margin of safety wide enough to render unintended loss of consciousness highly unlikely.

"Deep sedation" means a controlled state of depressed consciousness, accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway

and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

"General anesthesia" ~~(to include Deep Sedation)~~ means a controlled state of ~~depressed consciousness~~ unconsciousness, accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

"Local anesthesia" means the elimination of sensations, especially pain, in one part of the body by the topical application of regional injection of a drug.

"Enteral" means any technique of administration in which the agent is absorbed through the gastro-intestinal tract (oral, rectal, sublingual).

"Parenteral" means a technique of administration in which the drug bypasses the gastro-intestinal tract and includes intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO).

~~195:20-1-3. Nitrous oxide analgesia~~

~~Every dentist who administers or authorizes the administration of nitrous oxide analgesia must have accrued a minimum of twelve (12) hours training in nitrous oxide analgesia administration given by a faculty or staff member of a recognized teaching institution or hospital or must have participated in a continuing education program approved by the Board of Governors, or must have used nitrous oxide analgesia as a routine procedure in the care of his/her patients for a minimum of two (2) years prior to July 1, 1982.~~

195:20-1-4. Conscious sedation utilizing ~~intravenous~~ parenteral methods

(a) Required training. Every dentist who administers ~~or authorizes the administration of~~ conscious sedation using ~~intravenous~~ parenteral methods for dental patients must have accrued a minimum of sixty (60) hours training in Parenteral conscious sedation techniques given by a faculty ~~or staff~~ member of a recognized teaching institution or hospital, or must have participated in an education program approved by the Board ~~of Governors~~. Such training shall follow the GUIDELINES FOR TEACHING THE COMPREHENSIVE CONTROL OF PAIN AND ANXIETY IN DENTISTRY, a publication of the American Dental Association, Commission on Dental Accreditation.

~~(b) Facility. A dentist utilizing conscious sedation by intravenous methods shall maintain a properly equipped facility for the administration of conscious sedation, staffed with supervised auxiliary personnel, capable of reasonable handling of procedures, problems and emergencies incident thereto. At the discretion of the Board of Governors, adequacy of the facility and competence of the anesthesia team may be determined by consultants appointed by the Board. This evaluation may be carried out in a manner described in the Office Anesthesia Emergency Self Evaluation Manual.~~

~~(c) Re-evaluation of facility. The Board may require re-evaluation of the facility. In determining whether such re-evaluation is necessary, the Board may consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences.~~

~~(d) Effective date. Twenty-four months after the effective date of this rule, dentists licensed in this State cannot use conscious sedation by intravenous methods in the practice of dentistry until they have complied with the provisions as outlined in subsection (a) and (b) of this section.~~

(b) Permit for dentists. No dentist shall administer conscious sedation using parenteral methods for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma

Board for the administration of conscious sedation using parenteral methods or a permit for the administration of general anesthesia. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.

(c) Current training. A dentist who holds a permit for conscious sedation utilizing parenteral methods shall be currently trained in Advanced Cardiac Life Support or Pediatric Advanced Life Support by the American Heart Association, or in a course approved by the Board.

(d) Facility permit. The facility of every dentist who administers or allows the administration of conscious sedation in his office shall successfully pass inspection by a consultant or consultants appointed by the Board. After passing the initial inspection, the facility shall be re-inspected every three (3) years in a like manner. In the years when the facility is not due for re-inspection, the dentist shall complete a facility checklist on a form approved by the Board and file the checklist with the Board office.

195:20-1-5. General anesthesia (to include deep sedation)

~~(a) Permit for dentists. No dentist shall administer general anesthesia for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Board of Governors of Registered Dentists for the administration of general anesthesia. The dentist holding such permit shall be subject to review and such permit must be renewed annually.~~

~~(b) Application for permit for dentists. In order to receive such permit, the dentist must apply on a prescribed application form to the Oklahoma Board of Governors of Registered Dentists, submit an application fee and produce evidence showing that he or she:~~

~~(1) Has completed a minimum of one (1) year of advanced training in anesthesiology and related academic subjects~~

~~(or its equivalent) beyond the undergraduate dental school level in a training program as described in Part 2 of the GUIDELINES FOR TEACHING THE COMPREHENSIVE CONTROL OF PAIN AND ANXIETY IN DENTISTRY, a publication of the American Dental Association, Commission on Dental Accreditation or~~

~~(2) Is a Diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery, or is a member of the Oklahoma Society of Oral Surgeons, or has completed a graduate program in Oral and Maxillofacial Surgery which has been approved by the Commission on Accreditation of the American Dental Association, or~~

~~(3) Is a Fellow in General Anesthesia of the American Dental Society of Anesthesiology.~~

~~(4) Has a properly equipped facility in accordance with standards of the American Association of Oral and Maxillofacial Surgeons for the administration of general anesthesia staffed with a supervised team of auxiliary personnel capable of assisting in handling procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team may be determined by the consultants appointed by the Board as outlined in 195:20-1-5(c).~~

~~(c) Permit authorizing use of general anesthesia in dental office. No dentist shall authorize the administration of general anesthesia in his or her dental office, unless such dentist has a permit issued by the Board of Governors of Registered Dentists permitting the administration of general anesthesia to his or her patients by a Dentist, Certified Registered Nurse Anesthetist, or Anesthesiologist. The Dentist holding such permit shall be subject to review and such permit must be renewed annually.~~

~~(d) Application for permit for dental offices. In order to receive such permit for the permitting of the administration of general anesthesia as outlined in 195:20-1-5(c), the dentist must apply on a prescribed application form to the Oklahoma Board of Governors of Registered Dentists, submit an application fee and produce evidence showing that he or she:~~

~~(1) Has successfully completed at least three (3) months on the general anesthesia service of an approved training program.~~

~~(2) Has a facility for the administration of general anesthesia properly equipped in accordance with standards of the American Association of Oral and Maxillofacial Surgeons, staffed with a supervised team of auxiliary personnel capable of assisting in handling procedures, problems, and emergencies indicent thereto. Adequacy of the facility and competence of the anesthesia team will be determined by the consultant appointed by the Board as outlined in 195:20-5-5(c).~~

~~(e) Site inspection. Prior to the issuance of either such permit, the Board of Governors of Registered Dentists will require a site inspection of the facility, equipment, and personnel to determine if, in fact, the afore-mentioned requirements have been met. The evaluation shall be carried out by a team of consultants appointed by the Oklahoma Board of Governors of Registered Dentists.~~

~~(f) Temporary permits. For new applicants who are otherwise properly qualified, a temporary provisional permit for one (1) year in duration may be granted by the Board based upon the credentials contained in the application. Each applicant who holds a temporary permit shall be inspected and evaluated prior to expiration of the temporary permit. Failure to pass such inspection and evaluation shall result in the immediate and automatic termination of the temporary permit.~~

~~(g) Renewal fees and Re-evaluations. The Board shall renew the permit annually upon payment of the required renewal fee, specified by the Board, unless the holder is informed in writing that a re-evaluation of his credentials and facility is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences. Such re-evaluation shall be carried out in a manner described in 195:20-1-5(e).~~

(a) Requiring training. Every dentist who administers general anesthesia or deep sedation must meet one of the following requirements:

(1) A minimum of one year of post-doctoral training in anesthesiology acceptable to the Board; or

(2) Specialty certification in oral and maxillofacial surgery.

(b) Permit for dentists. No dentist shall administer general anesthesia for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Board for the administration of general anesthesia. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.

(c) Current training. A dentist who holds a permit for general anesthesia (including deep sedation) shall be currently trained in Advanced Cardiac Life Support by the American Heart Association, or in a course approved by the Board.

(d) Facility permit. The facility of every dentist who administers or allows the administration of general anesthesia in his office shall successfully pass inspection by a consultant or consultants appointed by the Board. After passing the initial inspection, the facility shall be re-inspected every three (3) years in a like manner. In the years when the facility is not due for re-inspection, the dentist shall complete a facility checklist on a

form approved by the Board and file the checklist with the Board office.

195:20-1-6. ~~Fatalities~~ Minimal standards for dentists utilizing conscious sedation by enteral methods (oral, rectal, sublingual)

~~All licensees engaged in the practice of dentistry in the State of Oklahoma must submit a complete report to the Oklahoma Board of Governors of Registered Dentists of any fatality occurring during the practice of dentistry or the discovery of the death of a patient whose death is causally related to the practice of dentistry by the licensee within a period of thirty (30) days from such occurrence.~~

(a) A dentist who utilizes conscious sedation by enteral (oral, rectal, sublingual) methods shall be responsible for all aspects of the procedure including life support procedures, monitoring of vital signs (including blood pressure, pulse, respirations, and pulse oximetry), recovery, and record keeping. Minimal equipment shall include a blood pressure monitor (manual or automatic), and a pulse oximeter. Records shall include, but not be limited to, recording of physiologic vital signs and all medications administered during the procedure.

(b) Every facility shall be equipped and staffed in a manner appropriate for the administration and monitoring of sedative drugs or agents and for the treatment of emergencies which may arise.

(c) Use of nitrous oxide is considered analgesia not conscious sedation.

195:20-1-7. Minimal standards for dentists utilizing conscious sedation by parenteral methods

(a) A dentist who utilizes conscious sedation by parenteral methods shall be responsible for all aspects of the procedure including life support procedures, monitoring of vital signs (including blood pressure, pulse, respirations, pulse oximetry), recovery, and record keeping. Minimal equipment shall include a blood pressure monitor (manual or automatic), and a pulse oximeter. Records shall include,

but not be limited to, recording of physiologic vital signs and all medications administered during the course of the procedure. The dentist performing the sedation or anesthesia is required to be in the patient's presence at all times during the sedation or anesthesia procedure.

(b) Every facility shall be equipped and staffed in a manner appropriate for the administration and monitoring of sedative drugs or agents and for the treatment of emergencies which may arise.

195:20-1-8. Minimal standards for dentists utilizing general anesthesia or deep sedation.

(a) A dentist who utilizes general anesthesia or deep sedation shall be responsible for all aspects of the procedure including life support procedures, monitoring of vital signs (including blood pressure, pulse, respirations, pulse oximetry, and electrocardiography), recovery, and record keeping. Minimal equipment shall include a blood pressure monitor (manual or automatic), a pulse oximeter, an electrocardiograph, and a de-fibrillator. Records shall include, but not be limited to, recording of physiologic vital signs and all medications administered during the course of the procedure. The dentist performing the sedation or anesthesia is required to be in the patient's presence at all times during the sedation or anesthesia procedure.

(b) Every facility shall be equipped and staffed in a manner appropriate for the administration and monitoring of anesthetic drugs or agents and for the treatment of emergencies which may arise.

195:20-1-9. Application for permits

In order to receive a permit to administer conscious sedation utilizing parenteral methods or a permit for general anesthesia (including deep sedation), the dentist must apply on a prescribed form to the Oklahoma Board, and pay the required fee. The dentist

holding such permit shall be subject to review at the discretion of the Board. An inspection of the equipment being utilized or the site at which the procedures are being performed shall be conducted by the Board. The Board shall re-inspect the facility every three (3) years.

The Board shall renew the permit annually upon payment of the required renewal fee as specified herein, unless the holder is informed in writing that a reevaluation of his credentials or facility is to be required. In determining whether such reevaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints or reports of adverse occurrences.

195:20-1-10. Temporary permits

A temporary permit may be granted to dentists for conscious sedation utilizing parenteral methods or general anesthesia and deep sedation. The granting of such permit shall be based upon an evaluation of the applicant's education qualifications, and shall, at the Board's discretion, be valid for up to one hundred twenty (120) days. At this time, a new temporary permit may be issued. Only permanent permits may be issued to the applicant after this time.

195:20-1-11. Adverse occurrences

All licensees engaged in the practice of dentistry in the state of Oklahoma must submit a complete report to the Oklahoma Board of any fatality occurring during the practice of dentistry or the discovery of the death of a patient whose death is causally related to the practice of dentistry by the licensee within a period of thirty (30) days from such occurrence. In addition, any morbidity which may result in permanent physical or mental injury as a direct or indirect result of a dental procedure shall be reported to the Board within a period of thirty (30) days.

195:20-1-12. Inspection

The Board shall randomly divide current facility permits for conscious sedation into three (3) equal groups. The groups shall then randomly be designated as Group 1, Group 2 and Group 3. Group 1 shall be re-inspected no later than December 31, 1997; Group 2 no later than December 31, 1998; and, Group 3 no later than December 31, 1999 and continue forward.

The Board shall randomly divide current facility permits for general anesthesia to include deep sedation into three (3) equal groups. The groups shall then randomly be designated Group 1, Group 2, and Group 3. Group 1 shall be re-inspected no later than December 31, 1997; Group 2 no later than December 31, 1998; and, Group 3 no later than December 31, 1999 and continue forward.

Thereafter, each facility shall be re-inspected every three (3) years.

CHAPTER 25. RULES FOR CONTINUING EDUCATION

195:25-1-2. Continuing education required

(a) Pursuant to Title 59 O.S. 328.19, the Board ~~of Governors of Registered Dentists~~ shall require continuing education as a prerequisite for renewal of registration of dentists and dental hygienists. Any course is acceptable that contributes to updating and maintaining the knowledge and skills of the dentist and dental hygienist in the treatment of the individual dental patient.

(b) Courses directly related to provision of services and patient care shall be considered for credit. Courses dealing substantially with other subjects of professional concern are OUTSIDE THE SCOPE OF THE CONTINUING DENTAL EDUCATION PROGRAM. Such courses or programs would include money management, investments, and professional organizational business meetings. However, the Board ~~of Governors of Registered Dentists~~ may allow exception as specified in Category D.

(c) Proof of CPR course provided by the American Heart Association/Health Care Provider Level or the American Red

Cross/Professional Rescuer shall be required for every licensed dentist and dental hygienist once in each three (3) year reporting cycle.

195:25-1-8. Procedure for reporting continuing education hours

(a) Form for reporting. Continuing education credits must be reported on a form specified and furnished by the Board of Governors of Registered Dentists, Oklahoma City, Oklahoma.

~~(b) Time for forwarding form. Forms must be forwarded to the Board office within three (3) weeks after completion of the continuing education course.~~

~~(c)~~ (b) Hour beyond requirement. ~~Continuing education hours acquired beyond the requirement cannot be credited to the next reporting period.~~ Continuing education hours accrued during the last six months of the three year continuing education cycle will be accepted for credit in the next three year cycle if the dentist/hygienist has completed his/her credits for the previous continuing education period.

~~(d)~~ (c) Requirement for individuals licensed in the midst of a reporting cycle. Those individuals who are licensed in the midst of a reporting cycle will have a pro-rated requirement, beginning July 1 following the date of licensure. Dentists must accumulate twenty (20) hours per year and dental hygienists ten (10) hours per year until the end of the reporting period.

CHAPTER 35. INFECTION CONTROL

195:35-1-1. Purpose

The purpose of rules contained herein is to establish proper sterilization, disinfection, and other infection control procedures in the practice of dentistry. Failure of a dental health care worker to practice and maintain these procedures constitutes a significant danger to public health and safety. Any violation of the rules regarding infection control in this chapter and applicable statutes, rules, or regulations that may be incorporated by

reference herein or that may apply otherwise through federal or state mandate or regulation shall be considered a failure to safeguard the public interest and thus shall constitute, at a minimum, negligence in the performance of dental services and failure to use proper diligence in the conduct of dental practice.

195:35-1-2. Definitions

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"Sterilization" means a process by which all forms of life within a defined environment are completely destroyed.

"Disinfection" means the partial elimination of active growth stage bacteria and the inactivation of some viruses. The potential for infection remains after disinfection, including infection with M tuberculosis, hepatitis A virus (HAV) and hepatitis B virus (HBV). The human immunodeficiency virus (HIV) may also remain active following disinfection.

"Barrier techniques" means the use of protective items against infection transmission during any intraoral or invasive procedure to include appropriate gloves for the procedure performed. This definition shall include protective eye wear and nasal/oral masks when "splash, splatter, or aerosol of body fluids is possible or expected.

Dental Health Care Worker" means a dentist or dental specialist, dental hygienist, dental assistant, dental laboratory technician, dental student, dental hygiene student, or dental assisting student.

195:35-1-3. Required sterilization and disinfection

(a) Sterilization is required for all surgical and other instruments that may be used intra orally or extra orally, where these instruments may be used invasively in penetration of soft tissue, bone, or other hard tissue. Other non-surgical instruments, such as plastic instruments, that may come in contact with tissue

must be disinfected with a solution that is tuberculocidal. Those instruments and equipment that cannot be sterilized must be disinfected.

(b) Sterilization equipment and its adequacy shall be tested and verified in accordance with American Dental Association standards and recommendations.

(c) Prior to sterilization, all instruments must be free of any visible debris and must be either scrubbed thoroughly with a detergent and water solution or debrided in an ultrasonic cleaning device.

(d) Oral prosthetic appliances and devices from a dental laboratory must be washed with a detergent and water solution, disinfected, and rinsed before the appliance or device is placed into a patient's mouth.

(e) Disposable (non-resterilizable) items, including but not limited to gloves, needles, intravenous fluids, intravenous administration tubing, intravenous catheters/needles, and like items, shall not be used in the treatment of more than one patient.

(f) All items contaminated by body fluids during patient care must be treated as biohazardous material. All contaminated single-use items must be disposed of through established guidelines for such disposal. Teeth or tissue fragments to be used for miscroscopic, testing, or educational purposes must be sterilized prior to use. Such tissues must be handled and stored as biohazardous material until sterilization is performed.

195:35-1-4. Dental health care workers

(a) All dental health care workers shall comply with universal precautions, as recommended for dentistry by the Centers for Disease Control in the care, handling, and treatment of patients in the dental office or other setting where dental procedures of any type may be performed.

(b) All dental health care workers who have exudative lesions or weeping dermatitis shall refrain from contact with equipment, devices, and appliances that may be used for or during patient care, where such contact holds potential for blood or body fluid contamination, and shall refrain from all patient care and contact until the condition(s) resolves unless barrier techniques would prevent patient contact with the dental health care worker's blood or body fluid.

(c) A dental health care worker(s) who knows he/she is infected with HIV or any form of hepatitis and who knows he/she is seropositive for any hepatitis antigen which indicates potential infectivity may not perform any invasive procedures unless and until the worker has reported his/her health status to an expert review panel, as provided for herein, and has sought and received counsel from panel as to what procedures, if any, the worker may continue to perform.

(d) An expert review panel shall be named upon, or as soon thereafter as possible, the effective date of these rules and shall be comprised of experts designated by the Board in the fields of infectious disease, dentistry, and public health. The expert review panel shall conduct its review(s) and make its determinations with confidentiality, except that such information shall be reported to the Board as provided herein. The release of information by the panel, relating to the worker's infectious disease status shall be utilized only for the purposes of monitoring the worker's compliance with conditions set by the review panel. In each instance of review of a health care worker's infectious disease status, the panel shall include, where possible, the health care worker's personal physician.

(e) A dental health care worker periodically may petition the panel for any redetermination(s) as to a change in the worker's status for

purposes of reassessing patient-care duties that may or may not be performed.

(f) A dental health care worker who knows he/she is infected with HIV or any form of hepatitis and knows he/she is seropositive for any hepatitis antigen which indicates potential infectivity, and who is not restricted from performing invasive procedures, must comply with all infection control rules herein to include universal precautions, applicable to dentistry, as set out by the Centers for Disease Control.

195:35-1-5. Disciplinary procedures

(a) A dental health care worker shall notify the expert review panel directly or through the Executive Director of the Board within twenty-four (24) hours, or the next working day, of confirmed testing of positive results for HIV or seropositivity for any hepatitis antigen which indicates potential infectivity. Failure by the health care worker to do so may result in disciplinary action, including license revocation or suspension, as may be determined by the Board.

(b) A dental health care worker who is subject to the review panel's counsel, and prescribed conditions for practice, and who is allowed to continue to practice in part or total, shall comply with all terms and conditions of the panel's determination and with any other matters of compliance within these rules and the Dental Practice Act.

(c) A dental health care worker who is subject to the review panel's counsel, and who experiences a break in protective barrier technique while treating a patient, is required to temporarily cease treatment until the protective barrier can be fully restored. If bleeding or body fluid exposure to the patient presents a continued potential exposure after protective barrier restoration, the infected health care worker must cease further direct contact or treatment of that patient, but the health care worker shall be

responsible for the safety of said patient in the procedure termination. Following a protective barrier break, the infected health care worker must file an oral report with the Executive Director of the Board no later than twenty-four (24) hours, or the next working day, following the occurrence. The oral report must be followed with a written report within seventy-two (72) hours to the Executive Director who shall cause a copy of said report to be filed with the expert review panel. Failure of the health care worker to do so shall result in immediate disciplinary action by the Board, after review and consultation with the review panel. For purposes of this section a break in protective barrier includes but is not limited to a cut, tear, or puncture in gloves or a cut, abrasion, or break of the skin which could expose the patient to the potential for infection.

(d) A dental health care worker who is found to be in violation of the review panel's determinations of the worker's conditions of practice as established by the panel, or in violation of universal precautions and these rules, is subject to disciplinary action by the Board.

SECTION 3. The Secretary of State is hereby directed to distribute copies of this resolution to the Governor, the Board of Governors of the Registered Dentists of Oklahoma, and the editor of "The Oklahoma Register".

Adopted by the Senate the 9th day of May, 1996.

President of the Senate

Adopted by the House of Representatives the ____ day of _____, 1996.

Speaker of the House of Representatives