SUBCHAPTER 16A – ORGANIZATION

21 NCAC 16A .0101 DEFINITIONS
As used in this Chapter:

(1) "Applicant" means a person applying for any license or permit issued by the Board;
(2) "Board" means the North Carolina State Board of Dental Examiners;
(3) "Candidate" means a person who has applied and been accepted for examination to practice dentistry or dental hygiene in North Carolina;
(4) "Current license" means a license that is renewed by the licensing board as required;
(5) "CPR certification" means that the licensee has successfully completed a CPR course that meets American Red Cross or American Heart Association standards for certification and that provides manikin testing on the subjects of cardio-pulmonary resuscitation. The course must also cover the use of an automatic external defibrillator, unconscious and conscious choking and rescue breathing, provided that the foregoing requirements shall not be interpreted in any way that violates the Americans with Disabilities Act. The manikin testing must be provided by an instructor who is physically present with the students;
(6) "Internship" means practice in an educational training program. Internship does not mean practice under an intern permit while holding an unrestricted general dental or dental specialty license issued by a state, U.S. territory or the District of Columbia; and
(7) "Unrestricted license" means a license that is not under suspension or inactivation, or subject to the terms of a consent order or other disciplinary action imposed by the jurisdiction that issued the license, or limited by supervision or location requirements.

History Note: Authority G.S. 90-26; 90-28; 90-29(a); 90-29.3; 90-29.4; 90-29.5; 90-30; 90-37.1; 90-43; 90-48; 90-224; 90-224.1; 90-226; Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. May 1, 1991; May 1, 1989; September 1, 1988; October 1, 1986;
Temporary Amendment Eff. January 1, 2003;

21 NCAC 16A .0102 ORGANIZATION
21 NCAC 16A .0103 FUNCTIONS

History Note: Authority G.S. 90-22 et seq.; 90-26; 90-43; 90-48; 90-221 et. seq.;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. March 1, 1985;

21 NCAC 16A .0104 LOCATION

History Note: Authority G.S. 90-26; 90-43; 90-48;
Eff. May 1, 1989;
Amended Eff. February 1, 2008; September 1, 2001; May 1, 1991;

SUBCHAPTER 16B - LICENSURE DENTISTS

SECTION .0100 - GENERAL PROVISIONS

21 NCAC 16B .0101 EXAMINATION REQUIRED; EXEMPTIONS
(a) All persons desiring to practice dentistry in North Carolina are required to pass a Board approved, as set forth in these Rules, written and clinical examinations before receiving a license.
(b) The examination requirement does not apply to persons who do not hold a North Carolina dental license and who are seeking volunteer licenses pursuant to G.S. 90-21.107 or licensure by endorsement pursuant to Rules .1001 and .1002 of this Subchapter.
(c) All persons practicing dentistry in North Carolina shall maintain current CPR certification at all times.

History Note: Authority G.S. 90-21.107; 90-28; 90-30; 90-36; 90-38; 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. September 1, 2014; September 1, 2013; March 1, 2006; May 1, 1991; May 1, 1989; January 1, 1983.

21 NCAC 16B .0102 NO RECIPROCAL ARRANGEMENT
The Board does not grant any licenses by reciprocity.


SECTION .0200 - QUALIFICATIONS

21 NCAC 16B .0201 IN GENERAL
(a) An applicant for licensure as a dentist shall be a graduate of and have a DMD or DDS degree from a university or college accredited by the Commission on Dental Accreditation of the American Dental Association.
(b) Graduates of foreign colleges may apply for licensure after completing at least two years in a dental school accredited by the Commission on Accreditation of the American Dental Association, graduating with a DMD or DDS degree from that dental school, and passing Board approved written and clinical examinations, as set out in these Rules.

History Note: Authority G.S. 90-28; 90-30; 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. September 1, 2014; August 1, 2009; March 1, 2006; May 1, 1989; October 1, 1986.

21 NCAC 16B .0202 STUDENT MAY APPLY
Applications for a dental license shall be accepted from students currently enrolled in schools of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association. Applications shall be automatically denied if the applicant fails to complete the required course of study or fails a Board approved licensure examination.


21 NCAC 16B .0203 TRANSCRIPTS REQUIRED

21 NCAC 16B .0301 APPLICATION FOR LICENSURE
(a) All applications shall be made on the forms furnished by the Board at www.ncdentalboard.org and no application shall be deemed complete that does not set forth all the required information. Incomplete applications will be returned to the applicant. Any applicant who changes his or her address shall notify the Board office within 10 business days. Applicants shall ensure that official transcripts of undergraduate college and dental school are sent in a sealed envelope to the Board office.
(b) The nonrefundable application fee shall accompany the application.
(c) Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed.
(d) A photograph of the applicant, taken within six months prior to the date of the application, shall be affixed to the application.
(e) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office.
(f) All applicants shall arrange for and ensure the submission to the Board office the examination scores as required by Rule .0303(b) of this Subchapter, if applicable. The examination requirement does not apply to individuals who do not hold a North Carolina dental license and who are seeking volunteer licenses pursuant to G.S. 90-21.107 or licensure by endorsement pursuant to Rules .1001 or .1002 of this Subchapter.
(g) All applicants shall include a statement disclosing and explaining periods within the last 10 years, of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any drug treatment program, or impaired dentists or other impaired professionals program.

History Note: Authority G.S. 90-28; 90-30; 90-39; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. September 1, 2014; March 1, 2006.

21 NCAC 16B .0302 CONSENT FOR BOARD INVESTIGATION
In making application, the applicant authorizes the Board to verify the information contained in the application or to seek such further information pertinent to the applicant's qualifications or character as the Board may deem proper. The applicant consents that his character and reputation may be inquired into, and waives any right he may have to recover damages against the Board, any member thereof or its agents, or any person who answers a Board inquiry in good faith and without malicious intent.

History Note: Authority G.S. 90-28; 90-30; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. May 1, 1989.

21 NCAC 16B .0303 BOARD APPROVED EXAMINATIONS
(a) All applicants for dental licensure shall achieve passing scores on the Board's sterilization and jurisprudence examinations. Reexamination on the written examinations shall be governed by Rule .0317 of this Section.
(b) All applicants for dental licensure shall achieve passing scores on Parts I and II of the Dental National Board examination administered by the Joint Commission on National Dental Examinations and written and clinical examinations administered by the Board or Board approved testing agencies.
(c) Test development agencies shall permit Board representation on the Board of Directors and the Examination Review Committee or equivalent committee and allow Board input in the examination development and administration.
(d) The clinical examination shall:
   (1) be substantially equivalent to or an improvement to the clinical licensure examination most recently administered by the Board;
include procedures performed on human subjects as part of the assessment of restorative clinical competencies;

(3) include evaluations in clinical periodontics and at least three of the following subject matter areas:
   (A) endodontics, clinical abilities testing;
   (B) amalgam preparation and restoration;
   (C) anterior composite preparation and restoration;
   (D) posterior ceramic or composite preparation and restoration;
   (E) prosthetics, written or clinical abilities testing;
   (F) oral diagnosis, written or clinical abilities testing; or
   (G) oral surgery, written or clinical abilities testing; and

(4) provide the following:
   (A) anonymity between applicants and examination graders;
   (B) standardization and calibration of graders;
   (C) a mechanism for post exam analysis;
   (D) conjunctive scoring, which is scoring that requires applicants to earn a passing grade on all sections or areas tested and that does not allow weighted, averaged or overall scoring to compensate for failures in individual subject areas;
   (E) a minimum passing score for each subject area tested;
   (F) an annual review of the examination;
   (G) a task analysis performed at least once every seven years, which surveys dentists nationwide to determine the content of the examination;
   (H) a defined system of quality assurance to ensure uniform, consistent administration of the examination at each testing site; and
   (I) does not permit a dental instructor to grade candidates at any institution at which the instructor is employed.

(e) The Board shall accept examination scores for five years following the date of such examinations. Each applicant shall arrange for and ensure the submission to the Board office the applicant's scores. Individuals who apply more than five years after the examination date to seek licensure must re-take the examination.

(f) The applicant shall comply with all requirements of the testing agency in applying for and taking the examination. The Board shall determine which examinations meet the criteria set out in Paragraph (d) of this Rule.

History Note: Authority G.S. 90-28; 90-30; 90-41; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. September 1, 2014; June 1, 2009; March 1, 2006; August 1, 1998; March 1, 1988.

21 NCAC 16B .0304 OTHER REQUIREMENTS
21 NCAC 16B .0305 TIME FOR FILING
21 NCAC 16B .0306 FOREIGN GRADUATES
21 NCAC 16B .0307 EXAMINATIONS
21 NCAC 16B .0308 PATIENTS AND SUPPLIES FOR CLINICAL EXAM
21 NCAC 16B .0309 SCOPE OF CLINICAL EXAMINATION

History Note: Authority G.S. 90-28; 90-30; 90-41; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2002 August 1, 1998; January 1, 1994; May 1, 1991; May 1, 1989; March 1, 1988; October 1, 1986; January 1, 1983;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. January 1, 2004; April 1, 2003;

21 NCAC 16B .0310 CLINICAL OPERATIVE DENTISTRY
21 NCAC 16B .0311 ORAL SURGERY: RADIOGRAPHS: INTERPRETATION AND DIAGNOSIS
21 NCAC 16B .0312 REMOVABLE PROSTHODONTICS
21 NCAC 16B .0313  PERIODONTICS

History Note:  Authority G.S. 90-28; 90-30; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. January 1, 1983;

21 NCAC 16B .0314  SIMULATED CLINICAL PROCEDURES

History Note:  Authority G.S. 90-28; 90-30; 90-48;
Eff. January 1, 1983;

21 NCAC 16B .0315  REEXAMINATION

History Note:  Authority G.S. 90-28; 90-30; 90-48;
Eff. January 1, 1983;
Amended Eff. April 1, 2003; August 1, 2002; May 1, 1991; May 1, 1989; October 1, 1986;

21 NCAC 16B .0316  ORAL EXAMINATION: INSTRUCTORS

(a) Any applicant who has passed the written examination but has failed the clinical examination must also re-take the written examination unless the applicant successfully passes the clinical examination within one year after passing the written examination. The Board will not accept scores from the written portion of the examination that are more than one year old.

(b) Any applicant who has failed the written portion of the examination may retake the written portion of the examination two additional times during the 12 month period from the date of the initial examination. The applicant must wait a minimum of 72 hours before attempting to retake a written examination.

(c) Any applicant who has failed the written portion of the examination three times shall successfully complete an additional Board approved course of study in the area(s) of deficiency exhibited on the examination. Such applicant must send evidence of the additional study, along with the application, before being admitted for reexamination.

History Note:  Authority G.S. 90-28; 90-30; 90-48;
Eff. October 1, 1986;

21 NCAC 16B .0317  REEXAMINATION

SECTION .0400 – LICENSURE BY BOARD CONDUCTED EXAMINATION

21 NCAC 16B .0401  APPLICATION FOR BOARD CONDUCTED EXAMINATION
21 NCAC 16B .0402  TIME FOR FILING
21 NCAC 16B .0403 EXAMINATION CONDUCTED BY THE BOARD
21 NCAC 16B .0404 PATIENTS AND SUPPLIES FOR BOARD CONDUCTED CLINICAL EXAMINATION
21 NCAC 16B .0405 SCOPE OF BOARD CONDUCTED CLINICAL EXAMINATION

History Note:  Authority G.S. 90-28; 90-30; 90-39; 90-41; 90-48;
Eff. March 1, 2006;
Amended Eff. February 1, 2008;

21 NCAC 16B .0406 BOARD CONDUCTED REEXAMINATION

History Note: Authority G.S. 90-28; 90-30; 90-48;
Eff. April 1, 2006;

SECTION .0500 – LICENSURE BY CREDENTIALS

21 NCAC 16B .0501 DENTAL LICENSURE BY CREDENTIALS
(a) An applicant for a dental license by credentials shall submit to the Board:
   (1) a completed, notarized application form provided by the Board;
   (2) the non-refundable licensure by credentials fee;
   (3) an affidavit from the applicant stating for the five years immediately preceding the application:
       (A) the dates that and locations where the applicant has practiced dentistry;
       (B) that the applicant has provided at least 5,000 hours of clinical care directly to patients, not
           including post graduate training, residency programs or an internship; and
       (C) that the applicant has continuously held an active, unrestricted dental license issued by
           another U.S. state or U.S. territory;
   (4) a statement disclosing and explaining any investigations, malpractice claims, state or federal agency
       complaints, judgments, settlements, or criminal charges;
   (5) a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary
       commitment to any hospital or treatment facility, observation, assessment, or treatment for substance
       abuse, with verification demonstrating that the applicant has complied with all provisions and terms of
       any county or state drug treatment program, or impaired dentists or other impaired professionals
       program;
   (6) a copy of a current CPR certificate; and
   (7) a statement disclosing whether or not the applicant holds or has ever held a registration with the
       federal Drug Enforcement Administration (DEA) and whether such registration has ever been
       surrendered or revoked.

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental license by credentials shall
    arrange for and ensure the submission to the Board office the following documents as a package, with each document in
    an unopened envelope sealed by the entity involved:
    (1) official transcripts verifying that the applicant graduated from a dental school accredited by the
        Commission on Dental Accreditation of the American Dental Association;
    (2) if the applicant is or has ever been employed as a dentist by or under contract with a federal agency, a
        letter certifying the applicant's current status and disciplinary history from each federal agency where
        the applicant is or has been employed or under contract;
    (3) a certificate of the applicant’s licensure status from the dental regulatory authority or other
        occupational or professional regulatory authority and a full, fair and accurate disclosure of any
        disciplinary action taken or investigation pending, from all licensing jurisdictions where the applicant
        holds or has ever held a dental license or other occupational or professional license;
    (4) a report from the National Practitioner Databank;
    (5) a report of any pending or final malpractice actions against the applicant verified by the malpractice
        insurance carrier covering the applicant. The applicant shall submit a letter of coverage history from
        all current and all previous malpractice insurance carriers covering the applicant;
(6) a score certification letter from a dental professional regulatory board or regional testing agency of a passing score on a clinical licensure examination substantially equivalent to the clinical licensure examination required in North Carolina by Rule .0303 of this Subchapter. The examination shall be administered by the dental professional regulatory board or a regional testing agency. The score certification letter shall:

(A) state that the examination included procedures performed on human subjects as part of the assessment of restorative clinical competencies and included evaluations in periodontics and at least three of the following subject areas:
   (i) endodontics, clinical abilities testing;
   (ii) amalgam preparation and restoration;
   (iii) anterior composite preparation and restoration;
   (iv) posterior ceramic or composite preparation and restoration;
   (v) prosthetics, written or clinical abilities testing;
   (vi) oral diagnosis, written or clinical abilities testing; or
   (vii) oral surgery, written or clinical abilities testing; and

(B) state that licensure examinations after January 1, 1998 included:
   (i) anonymity between candidates and examination graders;
   (ii) standardization and calibration of graders; and
   (iii) a mechanism for post exam analysis;

(7) the applicant's passing score on the Dental National Board Part I and Part II written examination administered by the Joint Commission on National Dental Examinations; and

(8) the applicant's passing score on the licensure examination in general dentistry conducted by a regional testing agency or independent state licensure examination substantially equivalent to the clinical licensure examination required in North Carolina as set out in Subparagraph (b)(6) of this Rule.

(c) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete applications shall be returned to the applicant.

(d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and other form(s) required to perform a criminal history check at the time of the application. The forms are available at the Board office.

(e) An applicant for dental licensure by credentials must pass written examinations as set out in G.S. 90-36 and, if deemed necessary based on the applicant's history, a clinical simulation examination administered by the Board. An applicant who fails the written examination may retake it two additional times during a one year period. The applicant shall wait at least 72 hours before attempting to retake a written examination. Individuals who fail the clinical examination or do not pass the written examination after three attempts within one year may not reapply for licensure by credentials.

(f) Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall be required at the time of each reapplication.

(g) Any license obtained through fraud or by any false representation shall be void ab initio and of no effect.


SECTION .0600 – LIMITED VOLUNTEER DENTAL LICENSE

21 NCAC 16B .0601 LIMITED VOLUNTEER DENTAL LICENSE

(a) An applicant for a limited volunteer dental license shall submit to the Board:

(1) a completed, notarized application form provided by the Board;

(2) the non-refundable limited volunteer dental licensure fee;

(3) an affidavit from the applicant stating:

   (A) for the five years immediately preceding application, the dates that and locations where the applicant has practiced dentistry;
that the applicant has provided at least 1,000 hours per year of clinical care directly to patients for at least five years, not including post graduate training, residency programs or an internship; and

that the applicant has provided at least 500 hours of clinical care directly to patients within the last five years, not including post graduate training, residency programs or an internship;

(4) a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to a hospital or treatment facility, of observation, assessment, or treatment for substance abuse, with verification from the applicable program demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program; and

(5) a copy of a current CPR certification card.

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a limited volunteer dental license shall arrange for and ensure the submission to the Board office the following documents as a package, with each document in an unopened envelope sealed by the entity involved:

(1) official transcripts verifying that the applicant graduated from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association;

(2) a certificate of the applicant’s licensure status from the dental regulatory authority or other occupational or professional regulatory authority and, if applicable, of the applicant’s authorization to treat veterans or personnel enlisted in the United States armed services, and information regarding all disciplinary actions taken or investigations pending, from all licensing jurisdictions where the applicant holds or has ever held a dental license or other occupational or professional license;

(3) a report from the National Practitioner Databank;

(4) a report of any pending or final malpractice actions against the applicant verified by the malpractice insurance carrier covering the applicant. The applicant shall submit a letter of coverage history from all current and all previous malpractice insurance carriers covering the applicant;

(5) the applicant’s passing score on the Dental National Board Part I and Part II written examination administered by the Joint Commission on National Dental Examinations; and

(6) the applicant’s passing score on a licensure examination in general dentistry substantially equivalent to the clinical licensure examination required in North Carolina as set out in Rule .0303 of this Subchapter, conducted by a regional testing agency or a state licensing board.

(c) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete applications shall be returned to the applicant.

(d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application. The forms are available at the Board.

(e) An applicant for limited volunteer dental license must pass written examinations as set out in G.S. 90-37.1 and, if deemed necessary by the Board based on the applicant’s history, a clinical simulation examination administered by the Board. An applicant who fails the written exam may retake it two additional times during a one year period. The applicant shall wait a minimum of 72 hours before attempting to retake a written examination. Applicants who fail the clinical examination or who do not pass the written examination after three attempts in one year may not reapply for a limited volunteer dental license.

(f) Should the applicant reapply for a limited volunteer dental license, an additional limited volunteer dental license fee shall be required.

(g) Any license obtained through fraud or by any false representation shall be void ab initio and of no effect.

(h) The license may be renewed on an annual basis provided that the licensee provides documentation that he or she has practiced a minimum of 100 hours, completed continuing education requirements as required in Subchapter 16R of these Rules and has current CPR certification.

21 NCAC 16B .0701  INSTRUCTOR'S LICENSE

(a) An applicant for an instructor's license shall submit to the Board:

1. a completed, notarized application form provided by the Board at www.ncdentalboard.org.
2. the non-refundable instructor's licensure fee;
3. a photograph of the applicant, taken within six months prior to the date of the application, affixed to the application;
4. a signed release form and completed Fingerprint Record Card, and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office;
5. a statement disclosing and explaining any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges;
6. a statement disclosing and explaining periods within the last ten years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program; and
7. a current CPR card.

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for an instructor's license shall ensure the submission to the Board office of the following documents as a package, with each document in an unopened envelope sealed by the entity involved:

1. if the applicant is or has ever been employed as a dentist by or under contract with an agency or organization, a certification letter of the applicant's current status and disciplinary history from each agency or organization where the applicant is or has been employed or under contract;
2. a certificate of the applicant's licensure status from the dental regulatory authority or other occupational or professional regulatory authority and information regarding all disciplinary actions taken or investigations pending, from all licensing jurisdictions where the applicant holds or has ever held a dental license or other occupational or professional license;
3. a report from the National Practitioner Databank or its international equivalent, if applicable;
4. a report of any pending or final malpractice actions against the applicant, verified by the malpractice insurance carrier covering the applicant. The applicant shall submit a letter of coverage history from all current and all previous malpractice insurance carriers covering the applicant; and
5. a certification letter from the dean or director that the applicant has met or been approved under the credentialing standards of a dental school or an academic medical center with which the person is to be affiliated, and certification that such school or medical center is accredited by the American Dental Association's Commission on Accreditation or the Joint Commission on Accreditation of Health Care Organizations.

(c) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete applications shall be returned to the applicant.

(d) Any applicant who changes his or her address shall notify the Board office within 10 business days.

(e) Should the applicant reapply for an instructor's license, an additional instructor's license fee shall be required.

(f) Any license obtained through fraud or by any false representation shall be void ab initio and of no effect.

(g) The license shall be renewed on an annual basis, as set out in 21 NCAC 16R .0102.


SECTION .0800 – SPECIAL RESTRICTED LICENSES

21 NCAC 16B .0801  TEMPORARY VOLUNTEER DENTAL PERMIT

(a) An applicant for a Temporary Volunteer Dental License shall submit to the Board:

1. A completed, notarized application form provided by the Board, with a photograph of the applicant taken within six months of the application date attached;
A statement from all jurisdictions in which the applicant is now or has ever been licensed, disclosing the applicant’s disciplinary history and current status of the applicant’s license;

A statement signed by a N.C. licensed dentist agreeing to provide supervision or direction to the temporary volunteer dentist, stating where, during the effective period of the permit such supervision or direction will occur, and affirming that no fee or monetary compensation of any kind will be paid to the applicant for dental services performed; and

A statement signed by the applicant stating where the applicant will practice, the type of facility where the practice will occur, the duration of the practice, the name of the supervising dentist, and affirming that no fee will be charged or accepted. The applicant shall update the information within five days of any changes in the practice location or facility.

(b) All information required must be completed and received in the Board office as a complete package at least two weeks prior to the issuance of the license. Incomplete applications shall be returned to the applicant.

(c) To renew the Temporary Volunteer Dental License the licensee shall submit the information required in Subparagraphs (a)(2) – (4) of this Rule, along with an affidavit stating that the information on the original application is correct and requires no update or correction.

(d) All required information shall be completed and received in the Board office as a complete package at least two weeks prior to the renewal of the license. Incomplete applications shall be returned to the applicant. The applicant shall report any changes to submitted information within five days of when the licensee knew or should have known of the changes.

History Note: Authority G.S. 90-29; 90-37.2;
Eff. February 1, 2008;
Amended Eff. September 1, 2014.

SECTION .0900 – EXEMPTIONS FOR ACTIVE MILITARY

21 NCAC 16B .0901 DEFINITIONS

The following definitions apply only to this Section:

(1) "Dental Board” – the North Carolina State Board of Dental Examiners.

(2) "Eligible licensees” – all dentists currently licensed by and in good standing with the North Carolina State Board of Dental Examiners who are serving in the armed forces of the United States and who are eligible for an extension of time to file a tax return pursuant to G.S. 105-249.2.

(3) "Extension period” – the time period disregarded pursuant to 26 U.S.C. 7508.

(4) "Good standing” – a dentist whose license is not suspended, revoked or subject to a probationary order.

History Note: Authority G.S. 90-28; 93B-15;
Eff. April 1, 2010;
Amended Eff. September 1, 2014.

21 NCAC 16B .0902 EXEMPTIONS GRANTED

(a) Eligible licensees are granted a waiver of their mandatory continuing education requirements.

(b) Eligible licensees are granted an extension period in which to pay license renewal fees and comply with all other requirements imposed by the Dental Board as conditions for maintaining licensure and current sedation permits.

History Note: Authority G.S. 90-28; 93B-15;

SECTION .1000 - LICENSURE BY MILITARY ENDORSEMENT

21 NCAC 16B .1001 DENTAL LICENSURE BY ENDORSEMENT BASED ON MILITARY SERVICE

(a) An applicant for a dental license by endorsement based on military service shall submit to the Board:

(1) a completed, signed and notarized application form provided by the Board at www.ncdentalboard.org;

(2) the application fee required by Rule 16M .0101(a)(14) of this Chapter;
written evidence demonstrating that the applicant has been awarded a military occupational specialty in dentistry and that the applicant:
(A) has completed a military program of training substantially equivalent to or greater than that required for licensure as a dentist in North Carolina;
(B) has completed testing or equivalent training and experience substantially equivalent to or greater than that required for licensure as a dentist in North Carolina, as set forth in G.S. 90-30; and
(C) has engaged in the active practice of dentistry as defined by G.S. 90-29(b)(1) for at least 1,500 hours per year during at least two of the five years preceding the date of application; and

(4) a statement disclosing and explaining the commission of any act set out in G.S. 90-41(a) or (b), any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.

(b) All information required must be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant.

(c) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card, obtained from the Board.

History Note: Authority G.S. 90-30(b); 90-41; 93B-15.1;
Eff. September 1, 2013.

21 NCAC 16B .1002 DENTAL LICENSURE BY ENDORSEMENT BASED ON STATUS AS MILITARY SPOUSE
(a) An applicant for a dental license by endorsement based on the applicant's status as a military spouse shall submit to the Board:
(1) a completed, signed and notarized application form provided by the Board at www.ncdentalboard.org;
(2) the non-refundable application fee required by Rule 16M .0101(a)(14) of this Chapter;
(3) written evidence demonstrating that the applicant is married to an active member of the U.S. military and that such applicant:
(A) holds a current dental license from another jurisdiction whose standards for licensure are substantially equivalent to or greater than those required for licensure as a dentist in North Carolina as set forth in these Rules; and
(B) has engaged in the active practice of dentistry as defined by G.S. 90-29(b)(1) for at least 1,500 hours per year during at least two of the five years preceding the date of application; and

(4) a statement disclosing and explaining the commission of an act set out in G.S. 90-41(a) or (b), any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.

(5) a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program;
(6) a copy of a current CPR certification;
(7) a report from the National Practitioner Data Bank; and
(8) the applicant's passing score on the Dental National Board Part I and Part II written examination administered by the Joint Commission on National Dental Examinations.

(b) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant.

(c) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card and other forms required to perform a criminal history check. The form and cards may be obtained from the Board.

History Note: Authority G.S. 90-30(b); 90-41; 90-36; 93B-15.1;
Eff. September 1, 2013;
Amended Eff. September 1, 2014.
SECTION .1100 - REINSTATEMENT

21 NCAC 16B .1101  PROOF OF COMPETENCY
(a) All applications for reinstatement shall be submitted on forms furnished by the Board at www.ncdentalboard.org and no application shall be deemed complete that does not set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant.
(b) The application for reinstatement shall be accompanied by:
   (1) the non-refundable reinstatement fee;
   (2) two letters of character reference from non-family members;
   (3) a current report from the National Practitioner Databank;
   (4) proof of completion of continuing education courses in clinical patient care from Board-approved sponsors, as defined in Rule 16R .0104 of this Chapter in amounts equal to the hours required for renewal of a dental license; and
   (5) a copy of current CPR card.
(c) Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed.
(d) Applicants whose North Carolina license has been revoked, suspended, inactive or lapsed for more than one year shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check. The form and card are available from the Board office.
(e) Applicants for reinstatement whose North Carolina license has been revoked, suspended, inactive or lapsed for two to five years may be required, at the Board's discretion, to take refresher courses on topics specified by the Board. Refresher courses may be required if the Board determines, based upon the facts of the case, that the applicant may lack skills or knowledge to practice dentistry competently. Refresher courses for individuals whose licenses have been revoked or suspended shall relate to the deficiencies that led to the imposition of discipline. Refresher courses for individuals whose licenses have been inactive or lapsed shall take into account the amount of time the license has been inactive or lapsed and the individual's level of experience.
(f) Applicants seeking reinstatement of a North Carolina dental license that has been revoked, suspended, inactive or lapsed for more than five years must successfully pass the clinical examination given to first-time applicants before applying for reinstatement.
(g) Any applicant who changes his or her address shall notify the Board office within 10 business days.

History Note:  Authority G.S. 90-30; 90-41;  
Eff. September 1, 2014.

SUBCHAPTER 16C - LICENSURE DENTAL HYGIENISTS

SECTION .0100 - GENERAL PROVISIONS

21 NCAC 16C .0101  LICENSURE
(a) All dental hygienists shall be licensed by the North Carolina State Board of Dental Examiners before practicing dental hygiene in this state.
(b) The examination requirement does not apply to persons who do not hold a North Carolina dental hygiene license who are seeking volunteer licenses pursuant to G.S. 90-21.107 or license by endorsement pursuant to Rules 16G .0107 or .0108 of this Chapter.
(c) All dental hygienists shall maintain current CPR certification at all times.

History Note:  Authority G.S. 90-223; 90-224;  
Eff. September 3, 1976;  
Readopted Eff. September 26, 1977;  
Amended Eff. September 1, 2014; September 1, 2013; June 1, 2006; May 1, 1989; January 1, 1983.

21 NCAC 16C .0102  NO RECIPROCAL ARRANGEMENT
The Board does not grant any licenses by reciprocity.
SECTION .0200 - QUALIFICATIONS

21 NCAC 16C .0201 IN GENERAL

History Note: Authority G.S. 90-28; 90-48; 90-223; 90-224;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;

21 NCAC 16C .0202 STUDENT MAY APPLY
The Board shall accept dental hygienist applications from students currently enrolled in schools of dental hygiene. Applications shall automatically be denied if the applicant fails to complete the required course of study or fails a Board approved licensure examination.

History Note: Authority G.S. 90-223; 90-224;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. September 1, 2014; June 1, 2006; May 1, 1989.

21 NCAC 16C .0203 TRANSCRIPTS REQUIRED

History Note: Authority G.S. 90-223; 90-224;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. April 1, 2003; January 1, 1994; May 1, 1989;

SECTION .0300 - APPLICATION

21 NCAC 16C .0301 APPLICATION FOR LICENSURE
(a) All applications for licensure shall be made on the forms furnished by the Board at www.ncdentalboard.org and no application shall be deemed complete that does set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant. Any applicant who changes his or her address shall notify the Board office within 10 business days. Applicants shall ensure that proof of graduation from high school or its equivalent is sent to the Board office in a sealed envelope. Applicants shall also ensure that an official final transcript from a dental hygiene program as set forth in G.S. 90-224 is sent in a sealed envelope to the Board office.

(b) The nonrefundable application fee shall accompany the application.

(c) Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed. A photograph of the applicant, taken within six months prior to the date of the application, shall be affixed to the application.

(d) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office.
(e) All applicants shall arrange for and ensure the submission to the Board office the examination scores required by Rule .0303 of this Subchapter. The examination requirement does not apply to individuals who do not hold a North Carolina dental hygiene license who are seeking volunteer licenses pursuant to G.S. 90-21.107 or licensure by endorsement pursuant to Rules 16G .0107 or 16G .0108 of this Chapter.

(f) All applicants must include a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any drug treatment program, or impaired dental hygienists or other impaired professionals program.

(g) All applicants for dental hygiene licensure shall achieve a passing score on the Dental Hygiene National Board examination administered by the Joint Commission on National Dental Examinations.

History Note: Authority G.S. 90-223; 90-224; 90-229(a)(4); Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. September 1, 2014; September 1, 2013; June 1, 2006; May 1, 1989.

21 NCAC 16C .0302 CONSENT FOR BOARD INVESTIGATION

In making application, the applicant authorizes the Board to verify the information contained in the application or to seek such further information pertinent to the applicant's qualifications or character as the Board may deem proper. The applicant consents that his or her character and reputation may be inquired into, and waives any right he or she may have to recover damages against the Board, any member thereof, or its agents, or from any person who answers a Board inquiry in good faith without malicious intent.


21 NCAC 16C .0303 BOARD APPROVED EXAMINATIONS

(a) All applicants for dental hygiene licensure shall achieve passing scores on the Board's sterilization and jurisprudence examinations. Reexamination on the written examinations shall be governed by Rule .0311 of this Section.

(b) All applicants for dental hygiene licensure shall achieve passing scores on written and clinical examinations administered by Board approved testing agencies.

(c) Clinical testing agencies shall permit Board representation on the Board of Directors and the Examination Review Committee or equivalent committee and allow Board input in the examination development and administration.

(d) The clinical examination shall:

1. be substantially equivalent to or an improvement to the clinical licensure examination most recently administered by the Board;
2. include procedures performed on human subjects as part of the assessment of clinical competency;
3. include probing, supra and subgingival scaling and soft tissue management; and
4. provide the following:
   A. anonymity between applicants and examination graders;
   B. standardization and calibration of graders;
   C. a mechanism for post exam analysis;
   D. conjunctive scoring, which is scoring that requires applicants to earn a passing grade on all sections or areas tested and that does not allow weighted, averaged or overall scoring to compensate for failures in individual subject areas;
   E. a minimum passing score for each subject area tested;
   F. an annual review of the examination;
   G. a task analysis performed once every seven years that surveys dentists nationwide to determine the content domain to be scored and how the sections of the examination are scored;
a defined system of quality assurance to ensure uniform, consistent administration of the examination at each testing site; and

does not permit a dental hygiene instructor to grade candidates at any institution at which the instructor is employed on a full time basis.

c) The Board shall accept examination scores for five years following the date of the examination. Each applicant shall arrange for and ensure the submission to the Board office the applicant's scores. Individuals who apply for licensure more than five years after the examination date must re-take the examination.

Each applicant shall arrange for and ensure that the applicant's scores are submitted to the Board office. The applicant shall comply with all requirements of such testing agency in applying for and taking the examination.

(f) The Board shall specify the agencies that will conduct Board approved licensure examinations.

**History Note:**
Authority G.S. 90-224;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. September 1, 2014; June 1, 2009; June 1, 2006; May 1, 1989; March 1, 1988.

21 NCAC 16C .0304 OTHER REQUIREMENTS
21 NCAC 16C .0305 TIME FOR FILING
21 NCAC 16C .0306 EXAMINATIONS
21 NCAC 16C .0307 CLINICAL EXAMINATION
21 NCAC 16C .0308 SUPPLIES
21 NCAC 16C .0309 PATIENT
21 NCAC 16C .0310 REEXAMINATION

**History Note:** Authority G.S. 90-223; 90-224; 90-229;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2002; January 1, 1994; May 1, 1991; May 1, 1989; March 1, 1988; October 1, 1986; January 1, 1983;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. January 1, 2004; April 1, 2003;

21 NCAC 16C .0311 REEXAMINATION

(a) Any applicant who passed the written examination but failed the clinical portion of any Board approved examination shall also re-take the written examination unless the applicant successfully passes the clinical examination within one year of passing the written examination. The Board shall not accept scores from the written examination that are more than one year old.

(b) Any applicant who failed the written examination may retake the written portion of the examination two additional times during a one year period and need not retake the clinical portion of the examination. The applicant shall wait at least 72 hours before attempting to retake the written examination. If the applicant does not pass the written portion of the examination upon the second reexamination, the applicant shall retake the written and clinical portions of the examination upon subsequent reexamination.

(c) Any applicant who failed the written or clinical portions of the examination three times shall successfully complete an additional Board approved course of study in the area(s) of deficiency exhibited on the examination. Such applicant must send evidence of the additional study, along with the application, before being admitted for reexamination.

**History Note:** Authority G.S. 90-223; 90-224;
Eff. September 1, 2014.

SECTIONS .0400 – LICENSURE BY EXAMINATION CONDUCTED BY THE BOARD

21 NCAC 16C .0401 APPLICATION FOR EXAMINATION CONDUCTED BY THE BOARD
21 NCAC 16C .0402 TIME FOR FILING
21 NCAC 16C .0403 EXAMINATION CONDUCTED BY THE BOARD
SECTION .0500 – LICENSURE BY CREDENTIALS

21 NCAC 16C .0501  DENTAL HYGIENE LICENSURE BY CREDENTIALS

(a) An applicant for a dental hygiene license by credentials shall submit to the Board:

(1) a completed, notarized application form provided by the Board;
(2) the nonrefundable licensure by credentials fee;
(3) an affidavit from the applicant stating for the two years immediately preceding the application:
   (A) the dates that and locations where the applicant has practiced dental hygiene;
   (B) that the applicant has provided at least 2000 hours of clinical care directly to patients; and
   (C) that the applicant has continuously held an active, unrestricted dental hygiene license issued by another U.S. state or any U.S. territory.

(4) a statement disclosing and explaining any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges;

(5) a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to a hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dental hygiene or other impaired professionals program; and

(6) a copy of a current CPR certificate.

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental hygiene license by credentials shall arrange for and ensure the submission to the Board office the following documents as a package, with each document in an unopened envelope sealed by the entity involved:

(1) official transcripts certifying that the applicant graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association;

(2) if the applicant is or has ever been employed as a dental hygienist by or under contract with a federal agency, a letter certifying the applicant's current status and disciplinary history from each federal agency where the applicant is or has been employed or under contract;

(3) a certificate of the applicant's licensure status from the regulatory authority or other occupational or professional regulatory authority and a full, fair and accurate disclosure of all disciplinary actions taken or investigations pending, from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license or other occupational or professional license;

(4) a report from the National Practitioner Databank;

(5) a report of any pending or final malpractice actions against the applicant verified by the malpractice insurance carrier covering the applicant. The applicant shall submit a letter of coverage history from all current and all previous malpractice insurance carriers covering the applicant;

(6) the applicant's passing score on the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examinations; and

(7) the applicant's passing score on the licensure examination conducted by a regional testing agency or independent state licensure examination that is substantially equivalent to the clinical licensure examination required in North Carolina as set out in Rule .0303 of this Subchapter.

(c) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete applications shall be returned to the applicant.

(d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and other form(s) required to perform a criminal history check at the time of the application. The forms are available from the Board office.
An applicant for dental hygiene licensure by credentials shall pass written examinations and, if deemed necessary based on the applicant's history, a clinical simulation examination administered by the Board. If the applicant fails the written examinations, the applicant may retake the examination two additional times during a one year period, as required by Rule .0311 of this Subchapter. Applicants who fail the clinical examination or who do not pass the written examination after three attempts within one year may not reapply for licensure by credentials.

(f) Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall be required at the time of reapplication.

(g) Any license obtained through fraud or by any false representation shall be void ab initio and of no effect.

SECTION .0600 – REINSTATEMENT OF DENTAL HYGIENE LICENSE

(a) All applications for reinstatement shall be made on the forms furnished by the Board at www.ncdentalboard.org and no application shall be deemed complete that does not set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant. Any applicant who changes his or her address shall notify the Board office within 10 business days.

(b) The reinstatement fee shall accompany the application.

(c) All applicants for reinstatement whose North Carolina license has been revoked, suspended, inactive or lapsed for more than five years must successfully pass the clinical examination given to first-time applicants before seeking reinstatement.

(d) Applicants for reinstatement whose North Carolina license has been revoked, suspended, inactive or lapsed for two to five years may, at the Board's discretion, be required to take refresher courses as specified by the Board. Refresher courses may be required if the Board determines, based upon the facts of the case, that the applicant may lack skills or knowledge to practice dental hygiene competently. Refresher courses for individuals whose licenses have been revoked or suspended shall relate to the deficiencies that led to the imposition of discipline. Refresher courses for individuals whose licenses have been inactive or lapsed shall take into account the amount of time the license has been inactive or lapsed and the individual's level of experience.

(e) Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed.

(f) Applicants whose North Carolina license has been revoked, suspended, inactive or lapsed for more than one year shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application for reinstatement. The form and card are available from the Board office.

(g) Applicants shall provide proof of continuing education in clinical patient care, by Board-approved sponsors, equal to the number of hours currently required for the renewal of a dental hygiene license and current CPR certification.

(h) Two letters of character reference from non-family members.

(i) A report from the National Practitioner Databank.


SUBCHAPTER 16D - PROVISIONAL LICENSURE: DENTISTS

SECTION .0100 - GENERAL PROVISIONS
21 NCAC 16D .0101 ELIGIBILITY REQUIREMENTS
(a) Persons shall be eligible for provisional licensure under the provisions of G.S. 90-29.3 if they have been licensed to practice dentistry in another jurisdiction for a period of at least two years immediately preceding the date of application for provisional licensure.
(b) An applicant for provisional licensure must present to the Board documentary evidence satisfactory to the Board that he is in good standing with the dental licensing agencies of all jurisdictions wherein he is currently licensed to practice dentistry.
(c) No person shall be eligible for provisional licensure who has been censured, disciplined, or punished by any dental licensing agency or dental organization for violation of professional ethics or the laws of any jurisdiction.

History Note: Authority G.S. 90-28; 90-29.3; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;

21 NCAC 16D .0102 RESTRICTIONS ON PRACTICE
(a) Any provisional license issued to a member of the faculty of an educational institution shall limit the practice of such provisional licensee to the confines of the facilities provided by the educational institution of which he is a faculty member.
(b) The dental practice of a provisional licensee shall be restricted to a specific facility or, to a geographic location, or to a specialized field of dentistry, or any combination thereof. Direction by a dentist licensed in North Carolina shall also be required. Such dentist shall provide direction over the functions performed by the licensee and shall be responsible for all consequences or results arising from the licensee's practice of dentistry.
(c) For purposes of this Section, the acts of a provisional licensee are deemed to be under the direction of a licensed dentist when performed in a locale where a licensed dentist is not always required to be physically present during the performance of such acts and such acts are being performed pursuant to the dentist's order, control, and approval.

History Note: Authority G.S. 90-29.3;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2002; January 1, 1994; May 1, 1989.

21 NCAC 16D .0103 PATIENT RECORDS

History Note: Authority G.S. 90-29.3;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;

21 NCAC 16D .0104 APPLICATION
(a) All applications for provisional licensure shall be made on the forms furnished by the Board at www.ncdentalboard.org. No application shall be deemed complete that does not set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant. Any applicant who changes his or her address shall notify the Board within 10 business days. Applicants shall ensure that official transcripts of undergraduate college and dental school credits are sent in a sealed envelope to the Board office.
(b) The nonrefundable application fee shall accompany the application, along with a photograph of the applicant taken within six months of the date of the application.
(c) Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed.
(d) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office.
(e) All applicants shall include a statement disclosing and explaining periods, within the last 10 years, of any voluntary or involuntary commitment to any hospital or treatment facility, for observation, assessment or treatment for substance
abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any drug treatment program, or impaired dentists or other impaired professionals program.

History Note: Authority G.S. 90-29.3; 90-41(a);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Temporary Amendment Eff. January 1, 2003;

21 NCAC 16D .0105 EXAMINATION
As a condition precedent to issuing a provisional license, the Board may require an applicant to appear before the Board for oral examination, written examination(s), clinical evaluation or any combination thereof and satisfy the Board as to the applicant's professional competency.

History Note: Authority G.S. 90-29.3;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2002.

SECTION .0200 – EXAMINATIONS

21 NCAC 16D .0201 CLINICAL EXAMINATION

History Note: Authority G.S. 90-28; 90-29.5; 90-48;
Eff. January 1, 1983;

21 NCAC 16D .0202 ORAL EXAMINATION

History Note: Authority G.S. 90-28; 90-29.5; 90-48;
Eff. January 1, 1983;

SUBCHAPTER 16E - PROVISIONAL LICENSURE: DENTAL HYGIENIST

21 NCAC 16E .0101 ELIGIBILITY REQUIREMENTS

History Note: Authority G.S. 90-226;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. May 1, 1989;
RRC Objection November 21, 2002 and rule was returned to agency on February 20, 2003.

21 NCAC 16E .0102 RESTRICTIONS ON PRACTICE
(a) Any provisional license issued to a member of the faculty of an educational institution shall limit the practice of such provisional licensee to the confines of facilities provided by the educational institution of which he is a faculty member.
(b) In those instances in which the Board deems such restriction appropriate, the dental hygiene practice of a provisional licensee may be restricted to a geographical location.

History Note: Authority G.S. 90-226;
21 NCAC 16E .0103  APPLICATION
(a) All applications for provisional licensure shall be made on the forms furnished by the Board at www.ncdentalboard.org. No application shall be deemed complete that does not set forth all the information required relative to the applicant. Incomplete applications shall be returned to the applicant. Any applicant who changes his or her address shall notify the Board office within 10 business days. Applicants shall ensure that proof of a high school equivalency certificate issued by a government agency or unit or a final transcript from his or her high school is sent to the Board office in a sealed envelope. Applicants shall also ensure that official final transcripts from a dental hygiene program as set forth in G.S. 90-244 are sent in a sealed envelope to the Board office.
(b) The one hundred fifty dollar ($150.00) nonrefundable application fee shall accompany the application, along with a photograph of the applicant, taken within six months of the date of application.
(c) Applicants who are licensed in other states shall ensure that the Board receives verification of licensure from the board of each state in which they are licensed.
(d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card and other form(s) required to perform a criminal history check at the time of the application. The form and card are available from the Board office.

History Note:
Authority G.S. 90-226; 90-229(a); 90-232;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. May 1, 1989;
Temporary Amendment Eff. January 1, 2003;
Amended Eff. December 1, 2014; August 1, 2002; May 1, 1989.

21 NCAC 16E .0104  EXAMINATION
As a condition precedent to issuing a provisional license, the Board may require an applicant to demonstrate professional competency by appearing before the Board for oral examination, written examination(s), clinical evaluation or any combination thereof.
The Board shall consider the applicant's training, experience, gaps in practice history and malpractice and disciplinary history in determining whether proof of competency will be required.

History Note:
Authority G.S. 90-226; 90-229(a)(5).
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. December 1, 2014; August 1, 2002; May 1, 1989.

SUBCHAPTER 16F - PROFESSIONAL CORPORATIONS
SECTION .0100 - SCOPE

21 NCAC 16F .0101  CERTIFICATION OF LICENSURE REQUIRED

History Note:
Authority G.S. 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
21 NCAC 16F .0102 APPLICATION
Applications for certification that all proposed owners of stock in a professional corporation or all managers and members of a professional limited liability company are licensed to practice dentistry shall be submitted by letter to the Board's office requesting such certification, and setting forth the following information:

1. The proposed name of the corporation or professional limited liability company;
2. The names of all proposed owners of the shares of stock to be issued by the corporation, or all members and managers of the professional limited liability company together with their addresses and current dental license numbers; and
3. The name or names of the proposed incorporators or the members who executed the articles of organization of the professional limited liability company, their addresses, and the current dental license numbers of such of them as are duly licensed to practice dentistry in the State of North Carolina.

History Note: Authority G.S. 55B-4(4); 57C-2-01; 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. April 1, 1994; May 1, 1989.

21 NCAC 16F .0103 CORPORATE OR LIMITED LIABILITY COMPANY NAME
Corporation or limited liability company designations shall consist only of the use of the words "Professional Association," "P.A.,” “Professional Corporation,” or "P.C.” for professional corporations and "Professional Limited Liability Company", or "P.L.L.C.” for professional limited liability companies.

All names shall also contain only the name or surname of one or more of the shareholders or members and may include the words:

1. "Associate(s);" “D.D.S.;” “D.M.D.;” and
2. the geographic location of the company.

The company name may not be false, deceptive or misleading.

History Note: Authority G.S. 55B-5; 57C-2-01; 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. May 1, 2011; August 1, 2009; August 1, 2002; April 1, 1994; May 1, 1989.

21 NCAC 16F .0104 CERTIFICATE OF REGISTRATION
(a) Application for a certificate of registration shall be made in writing to the Board, and shall be submitted upon the form provided by the Board for that purpose. The application shall be accompanied by a certified copy of the certificate of incorporation and articles of incorporation of a P.A. or P.C. or a certified copy of the articles of organization of a P.L.L.C., together with a check in the amount of fifty dollars ($50.00) in payment of the registration fee.

(b) The initial certificate of registration shall remain effective for one year from the date of issuance thereof, unless suspended or terminated as by law provided, and each subsequent renewal of the certificate shall be effective for a period of one year from the date of issue.

History Note: Authority G.S. 55B-10; 57C-2-01; 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. August 1, 2009; April 1, 1994; May 1, 1989.

21 NCAC 16F .0105 APPLICATION FOR RENEWAL
At least 20 days prior to the date of expiration of the certificate, the corporation or limited liability company shall submit its written application for renewal upon a form to be provided by the Board. The application must be accompanied by a check in the amount of twenty-five dollars ($25.00) in payment of the renewal fee.

History Note: Authority G.S. 55B-11; 57C-2-01; 90-48;
21 NCAC 16F .0106 TRANSFER OF STOCK

History Note: Authority G.S. 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. April 1, 1994; May 1, 1989.

21 NCAC 16F .0107 AMENDMENTS TO ARTICLES OF INCORPORATION OR ORGANIZATION

Amendments to the articles of incorporation or articles of organization shall be forwarded to the Board's office within 10 days after the filing of the same in the office of the Secretary of State of North Carolina.

History Note: Authority G.S. 55B-12; 57C-2-01; 57C-2-22; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. April 1, 1994; May 1, 1989.

21 NCAC 16F .0108 EMPLOYMENT OF DENTAL HYGIENIST

No corporation or limited liability company shall, at one and the same time, employ in clinical positions more than two dental hygienists for each dentist actively engaged in the practice of dentistry.

History Note: Authority G.S. 90-223(b); 90-233(b);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. April 1, 1994; January 1, 1983.

21 NCAC 16F .0109 RULES AND REGULATIONS OF THE BOARD APPLY

History Note: Authority G.S. 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;

21 NCAC 16F .0110 CORPORATE OFFICERS OR MANAGERS MUST EXECUTE DOCUMENTS

All documents required by these Rules to be submitted to the Board by the corporation or limited liability company shall be executed by the president or vice president of the corporation and attested to by the secretary/treasurer or by the managers of the limited liability company, and duly acknowledged before a notary public or some other officer qualified to administer oaths.

History Note: Authority G.S. 55B-12; 57C-2-01; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
SUBCHAPTER 16G - DENTAL HYGIENISTS

SECTION .0100 - FUNCTIONS THAT MAY BE DELEGATED

21 NCAC 16G .0101 FUNCTIONS THAT MAY BE DELEGATED
A dental hygienist may be delegated functions to be performed under the control and supervision of a dentist who shall be responsible for any and all consequences or results arising from performance of such acts and functions. In addition to the functions set out in G.S. 90-221(a) and 21 NCAC 16H .0203, functions that may be delegated to a dental hygienist, provided that a dentist has examined the patient and prescribed the procedure, include:

1. Taking impressions for study models and opposing casts that may be used for the construction of temporary or permanent dental appliances, adjustable orthodontic appliances, nightguards, and the repair of dentures or partials;
2. Applying sealants to teeth that do not require mechanical alteration prior to the application of such sealants;
3. Inserting matrix bands and wedges;
4. Placing cavity bases and liners;
5. Placing and removing rubber dams;
6. Cementing temporary restorations using temporary cement;
7. Applying acid etch materials and rinses;
8. Applying bonding agents;
9. Removing periodontal dressings;
10. Removing sutures;
11. Placing and removing gingival retraction cord;
12. Removing excess cement;
13. Flushing, drying, and temporarily closing root canals;
14. Placing and removing temporary restorations;
15. Placing and tying in or untying and removing orthodontic arch wires;
16. Inserting interdental spacers;
17. Fitting (sizing) orthodontic bands or brackets;
18. Applying dentin desensitizing solutions;
19. Performing periodontal screening;
20. Performing periodontal probing;
21. Performing subgingival exploration for or removal of hard or soft deposits;
22. Performing sulcular irrigation;
23. Applying resorbable sulcular antimicrobial or antibiotic agents;
24. Performing extra-oral adjustments that affect function, fit, or occlusion of any restoration or appliance; and
25. Initially forming and sizing orthodontic arch wires and placing arch wires after final adjustment and approval by the dentist.

History Note: Authority G.S. 90-41; 90-221; 90-223(b); 90-233;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. April 1, 2017; August 1, 2016; April 1, 2015; August 1, 2008; August 1, 2000; May 1, 1989; October 1, 1985; March 1, 1985.

21 NCAC 16G .0102 FUNCTIONS WHICH SHALL NOT BE DELEGATED

History Note: Authority G.S. 90-221(a); 90-223(b);
Eff. September 3, 1976;
21 NCAC 16G .0103  PROCEDURES PROHIBITED

Those procedures that require the professional education and skill of a dentist and may not be delegated to a dental hygienist shall include:

1. Comprehensive examination, diagnosis, and treatment planning;
2. Surgical or cutting procedures on hard or soft tissues, including laser, air abrasion, or micro-abrasion procedures;
3. Placement or removal of therapeutic sulcular nonresorbable agents;
4. The issuance of prescription drugs, medications, or work authorizations;
5. Final placement or intraoral adjustment of a fixed or removable appliance;
6. Intraoral occlusal adjustments which affect function, fit, or occlusion of any temporary or permanent restoration or appliance;
7. Extra-oral occlusal adjustments which affect function, fit, or occlusion of any permanent restoration or appliance;
8. Performance of direct pulp capping or pulpotomy;
9. Placement of sutures;
10. Final placement or cementation of orthodontic bands or brackets;
11. Placement or cementation of final restorations;
12. Administration of any anesthetic by any route except the administration of topically-applied agents intended to anesthetize only cutaneous tissue; and
13. Intraoral use of a high-speed handpiece.

History Note: Authority G.S. 90-221(a); 90-223(b);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2016; August 1, 2008; August 1, 2000; May 1, 1989; March 1, 1985.

21 NCAC 16G .0104  DEFINITION: DIRECT CONTROL AND SUPERVISION

History Note: Authority G.S. 90-223(b);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;

21 NCAC 16G .0105  EMPLOYMENT OF DENTAL HYGIENIST

History Note: Authority G.S. 90-28; 90-48; 90-223(b);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. January 1, 1983;

21 NCAC 16G .0106  DENTAL HYGIENE SCHOOL EXTENSION FACILITIES AND OFF CAMPUS CLASSES

(a) Dental hygiene schools may operate extension facilities and conduct off-campus hygiene classes in which dental hygiene services are provided to members of the public at Board approved sites, including non-profit health care facilities serving low income populations, state and county institutions with resident populations, hospitals, state or county health department and area health education centers.
(b) Dental hygiene schools which operate extension facilities or conduct hygiene classes off-campus must notify the Dental Board of the location and nature of each facility or off-campus course location, the names of the students assigned thereto, and the names and qualifications of all instructors functioning therein.

(c) No student enrolled in an off-campus dental hygiene class or extension facility may receive fees, compensation or remuneration of any kind for providing dental hygiene services in accordance with G.S. 90-29(c)(4) or G.S. 90-233(c)(2).

History Note: Authority G.S. 90-29(c)(4); 90-233(c)(2); Eff. November 1, 2009.

21 NCAC 16G .0107 DENTAL HYGIENE LICENSURE BY ENDORSEMENT BASED ON MILITARY SERVICE

(a) An applicant for a dental hygiene license by endorsement based on his or her status as a member of the U.S. military shall submit to the Board:

1. a completed, signed and notarized application form provided by the Board;
2. an application fee in the amount of two hundred sixty-five dollars ($265.00);
3. written evidence demonstrating that the applicant has been awarded a military occupational specialty in dental hygiene and that the applicant:
   A. completed a military program of training substantially equivalent to or greater than the requirements for licensure as a dental hygienist in North Carolina;
   B. completed testing or equivalent training and experience substantially equivalent to or greater than that required for licensure as a dental hygienist in North Carolina, as set forth in G.S. 90-224; and
   C. engaged in the active practice of dental hygiene as defined by G.S. 90-221 for at least 1,500 hours per year during at least two of the five years preceding the date of application; and
4. a statement disclosing and explaining the commission of any acts set out in G.S. 90-229, any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.

(b) All information required must be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant.

(c) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card. The form and card may be obtained from the Board office.

History Note: Authority G.S. 90-223; 90-224(c); 90-229; 93B-15.1; Eff. September 19, 2013.

21 NCAC 16G .0108 DENTAL HYGIENE LICENSURE BY ENDORSEMENT BASED ON STATUS AS MILITARY SPOUSE

(a) An applicant for a dental hygiene license by endorsement based on the applicant's status as a current spouse of an active member of the U.S. military shall submit to the Board:

1. a completed, signed and notarized application form provided by the Board;
2. a two hundred sixty-five dollar ($265.00) application fee;
3. written evidence demonstrating that the applicant is a military spouse and that such applicant:
   A. holds a current dental hygiene license from another jurisdiction whose standards for licensure are substantially equivalent to or greater than those required for licensure as a dental hygienist in North Carolina; and
   B. has engaged in the active practice of dental hygiene as defined by G.S. 90-221 for at least 1,500 hours per year during at least two of the five years preceding the date of application; and
4. a statement disclosing and explaining the commission of any act described in G.S. 90-229, any disciplinary actions, investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges.

(b) All information required must be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete application packages shall be returned to the applicant.

(c) All applicants shall submit to the Board a signed release form and completed Fingerprint Record Card.
SUBCHAPTER 16H - DENTAL ASSISTANTS

SECTION .0100 - CLASSIFICATION AND TRAINING

21 NCAC 16H .0101 CLASSIFICATION
Based upon education, training, and experience, a dental assistant shall be categorized as a Dental Assistant I or a Dental Assistant II.

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;

21 NCAC 16H .0102 DENTAL ASSISTANT I
(a) A Dental Assistant I is anyone performing any of the permitted or delegable functions under 21 NCAC 16H .0201, who does not satisfy the training and experience requirements for classification as a Dental Assistant II set forth in 21 NCAC 16H .0104, and is not licensed by the Board as a dentist or dental hygienist.
(b) A Dental Assistant I shall have an unexpired CPR certification in effect at all times while performing any of the permitted functions under 21 NCAC 16H .0201.
(c) No Dental Assistant I may take radiographs before completing radiology training consistent with G.S. 90-29(c)(12).

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;
Amended Eff. August 1, 2016.

21 NCAC 16H .0103 DENTAL ASSISTANT II
A Dental Assistant II is an expanded duty assistant who has completed training in accordance with Rule .0104 of this Section. Under direct control and supervision, a Dental Assistant II may be delegated intra-oral procedures in accordance with 21 NCAC 16H .0203 the supervising dentist deems appropriate, with the dentist personally and professionally responsible for any and all consequences or results arising from the performance of said acts. All delegated procedures must be reversible in nature.

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;

21 NCAC 16H .0104 APPROVED EDUCATION AND TRAINING PROGRAMS
(a) To be classified as a Dental Assistant II, an assistant shall have and maintain an unexpired CPR certification and also shall meet one of the following criteria:
   (1) completion of:
      (A) an ADA-accredited dental assisting program; or
      (B) one academic year or longer in an ADA-accredited dental hygiene program; or
   (2) completion of the Dental Assistant certification examination(s) administered by the Dental Assisting National Board; or
   (3) completion of:
(A) full-time employment as a Dental Assistant I for two years of the preceding five, consisting of at least 3,000 hours total;
(B) a 3-hour course in sterilization and infection control; and
(C) a 3-hour course in dental office emergencies.

(b) A Dental Assistant who has completed the requirements of sections (a)(3)(B)-(C) but not completed the training pursuant to section (a)(3)(A) may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II, as specified in 21 NCAC 16H .0203, under the direct control and supervision of a licensed dentist.
(c) An unexpired CPR certification as used herein is one that is in effect and valid at the time of classification as a Dental Assistant II and remains so at all times while employed as a Dental Assistant II or while performing any of the permitted functions under 21 NCAC 16H .0203.
(d) No Dental Assistant may take radiographs before completing radiology training consistent with G.S. 90-29(c)(12).

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2016; April 1, 2015; August 1, 2000; November 1, 1996; January 1, 1994; September 1, 1998; May 1, 1989; October 1, 1986.

SECTION .0200 – PERMITTED FUNCTIONS OF DENTAL ASSISTANT

21 NCAC 16H .0201 GENERAL PERMITTED FUNCTIONS OF DENTAL ASSISTANT I

(a) A Dental Assistant I may assist a dentist as a chairside assistant as long as the acts and functions of the Dental Assistant I do not constitute the practice of dentistry or dental hygiene.

(b) A Dental Assistant I may do and perform only routine dental assisting procedures such as oral hygiene instruction; chairside assisting; application of topical fluorides or topical anesthetics; and exposure of radiographs, provided that the assistant can show evidence of compliance with radiography training consistent with G.S. 90-29(c)(12). However, functions may be delegated to a Dental Assistant I pursuant to 21 NCAC 16H .0104(2)(a).

History Note: Authority G.S. 90-29(c)(9); 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2000; May 1, 1989.

21 NCAC 16H .0202 SPECIFIC PERMITTED FUNCTIONS OF DENTAL ASSISTANT I

History Note: Authority G.S. 90-29(c)(9); 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. November 1, 1996; May 1, 1989.

21 NCAC 16H .0203 PERMITTED FUNCTIONS OF DENTAL ASSISTANT II

(a) A Dental Assistant II may perform all acts or procedures that may be performed by a Dental Assistant I as set forth in 21 NCAC 16H .0201. In addition, a Dental Assistant II may be delegated the following functions to be performed under the direct control and supervision of a dentist who shall be responsible for any and all consequences or results arising from the performance of such acts and functions, provided that the dentist first examined the patient and prescribed the procedure:

1. Take impressions for study models and opposing casts that may be used for the construction of temporary or permanent dental appliances, adjustable orthodontic appliances, nightguards and the repair of dentures or partials;
2. Apply sealants to teeth that do not require mechanical alteration prior to the application of such sealants;
3. Insert matrix bands and wedges;
4. Place cavity bases and liners;
5. Place and remove rubber dams;
(6) Cement temporary restorations using temporary cement;
(7) Apply acid etch materials and rinses;
(8) Apply bonding agents;
(9) Remove periodontal dressings;
(10) Remove sutures;
(11) Place and remove gingival retraction cord;
(12) Remove excess cement;
(13) Flush, dry, and temporarily close root canals;
(14) Place and remove temporary restorations;
(15) Place and tie in or untie and remove orthodontic arch wires;
(16) Insert interdental spacers;
(17) Fit (size) orthodontic bands or brackets;
(18) Apply dentin desensitizing solutions;
(19) Perform extra-oral adjustments that affect function, fit or occlusion of any restoration or appliance;
(20) Initially form and size orthodontic arch wires and place arch wires after final adjustment and approval by the dentist; and
(21) Polish the clinical crown, pursuant to Paragraph (b) of this Rule using only:
   (A) a hand-held brush and polishing agents; or
   (B) a combination of a slow speed handpiece (not to exceed 10,000 rpm) with attached rubber cup or bristle brush, and polishing agents.

(b) A Dental Assistant II shall complete a course in coronal polishing identical to that taught in an ADA accredited dental assisting program, or by a licensed North Carolina hygienist or dentist lasting at least seven clock hours before using a slow speed handpiece with rubber cup or bristle brush attachment. The course shall include instruction on dental morphology, the periodontal complex, operation of handpieces, polish aids, and patient safety. A coronal polishing procedure shall not be represented to the patient as a prophylaxis and no coronal polishing procedure may be billed as a prophylaxis unless the dentist has performed an evaluation for calculus, deposits, or accretions and a dentist or dental hygienist has removed any substances detected.

History Note: Authority G.S. 90-29(c)(9); 90-41; 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2016; April 1, 2015; January 1, 2014; September 1, 2009; September 1, 2008; August 1, 2000; October 1, 1996; January 1, 1994; May 1, 1989; October 1, 1985; March 1, 1985.

21 NCAC 16H .0204 GENERAL PROHIBITED FUNCTIONS OF DENTAL ASSISTANTS I AND II

History Note: Authority G.S. 90-29(c)(9); 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. May 1, 1989.

21 NCAC 16H .0205 SPECIFIC PROHIBITED FUNCTIONS OF DENTAL ASSISTANTS I AND II

Those specific functions which shall not be delegated to either a Dental Assistant I or a Dental Assistant II include those procedures prohibited in 21 NCAC 16G .0103 for Dental Hygienists. In addition, neither a Dental Assistant I nor a Dental Assistant II shall perform a prophylaxis, or shall perform periodontal screening, periodontal probing, subgingival exploration for or removal of hard or soft deposits, or sulcular irrigation.

History Note: Authority G.S. 90-29(c)(9); 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2000; January 1, 1994; May 1, 1989; March 1, 1985.

21 NCAC 16H .0206 DIRECT CONTROL AND SUPERVISION DEFINED
In any instance in which the rules adopted by the Board or any portion of the North Carolina Dental Practice Act shall require or direct that any act or function be performed by a Dental Assistant I or II under the direct control and supervision of a dentist, the term "direct control and supervision of a dentist" means that the dentist must be present in the office when the act or function is being performed and that the dentist must directly and personally supervise, examine, and evaluate the results of any and all acts and functions lawfully done or performed by any person other than the dentist.

History Note: Authority G.S. 90-29(c)(9); 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. May 1, 1989.

21 NCAC 16H .0207 LIMITED EXCEPTION FOR ASSISTING HYGIENISTS
A Dental Assistant II may assist a Limited Supervision Hygienist, who is qualified and practicing pursuant to 21 NCAC 16Z .0101-.0103, in providing oral hygiene instruction, applying sealants, applying topical fluorides, applying fluoride varnishes, and while the Hygienist is performing prophylaxis, provided:

(1) The treatment is provided to children in school-based programs under the NC Children's Dental Home/School Based Sealant Initiative and the related pilot project developed by the North Carolina Dental Society and funded by Duke Endowment Grant No. 6564-SP; and

(2) Prior to any treatment being provided, a licensed North Carolina dentist has:
   (a) examined the patient;
   (b) ordered the treatment provided to the patient; and
   (c) agreed to provide the patient with any necessary additional treatment resulting from the treatment rendered in accordance with this Rule.

History Note: Authority G.S. 90-29(c)(9); 90-48; 90-233; Eff. December 1, 2016.

SUBCHAPTER 16I - ANNUAL RENEWAL OF DENTAL HYGIENIST LICENSE

SECTION .0100 - ANNUAL RENEWAL

21 NCAC 16I .0101 APPLICATIONS
A renewal application shall be completed and received in the Board's office before midnight on January 31 of each year. Any renewal applications received after that date will require a late fee.

History Note: Authority G.S. 90-227; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. April 1, 2015; February 1, 2008; April 1, 2003; August 1, 1998; May 1, 1989.

21 NCAC 16I .0102 CONTINUING EDUCATION REQUIRED
(a) As a condition of license renewal, each dental hygienist shall complete six clock hours of continuing education each calendar year. Any or all the hours may be acquired through self study courses. To count toward the mandatory continuing education requirement, self study courses shall be related to clinical patient care and offered by a board approved sponsor. The hygienist shall pass a test following the course and obtain a certificate of completion.
(b) Current certification in CPR is required in addition to the mandatory continuing education hours.
(c) A dental hygienist who can demonstrate a disabling condition may request a variance in required continuing education hours during a particular period. Written documentation of a disabling condition that interferes with the hygienist's ability to complete the required hours shall be provided to the Board. The Board may grant or deny such requests on a case by case basis, depending upon the nature of the disabling condition, its impact on the hygienist's ability to complete continuing education, and the likely duration of the disability.
(d) If a licensee who has been exempted from continuing education requirements wishes to resume practice, the licensee shall complete continuing education courses in accordance with this Rule. The Board may require licensees who have not practiced dental hygiene for more than a year to undergo a clinical test before allowing the licensee to resume practice if there is evidence that the licensee suffers from addiction or a mental or physical condition that impairs the licensee's ability to practice hygiene competently.

**History Note:** Authority G.S. 90-225.1; 90-229;
Eff. May 1, 1994;
Amended Eff. April 1, 2015; November 1, 2008; April 1, 2001; August 1, 1998.

21 NCAC 16I .0103 **APPROVED COURSES AND SPONSORS**

(a) Courses in satisfaction of the continuing education requirement must be related to clinical patient care. Hours spent reviewing dental or dental hygiene publications or videos shall not count toward fulfilling the continuing education requirement, with the exception of self study courses as described in .0102 of this Subchapter that are offered by a Board approved continuing education sponsor.

(b) Approved continuing education course sponsors include:

1. providers recognized by the American Dental Association's Continuing Education Recognition Program, the Academy of General Dentistry, the American Dental Hygienists' Association, or components of such organizations;
2. North Carolina Area Health Education Centers;
3. educational institutions with dental, dental hygiene or dental assisting schools or departments;
4. national, state or local societies or associations; and
5. local, state or federal governmental entities.

**History Note:** Authority G.S. 90-225.1;
Eff. May 1, 1994;
Amended Eff. November 1, 2008; April 1, 2001; August 1, 1998.

21 NCAC 16I .0104 **REPORTING CONTINUING EDUCATION**

(a) The number of hours completed to satisfy the continuing education requirement shall be indicated on the renewal application form submitted to the Board and certified by the hygienist. Upon request by the Board or its authorized agent, the hygienist shall provide documentation of attendance at courses indicated. Such documentation shall be provided by the organization offering or sponsoring the course. Documentation must include:

1. the title;
2. the number of hours of instruction;
3. the date of the course attended;
4. the name(s) of the course instructor(s); and
5. the name of the organization offering or sponsoring the course.

(b) All records, reports and certificates relative to continuing education hours must be maintained by the licensee for at least two years and shall be produced upon request of the Board or its authorized agent.

(c) Dental hygienists shall receive four hours credit per year for continuing education when engaged in the following:

1. service on a full-time basis on the faculty of an educational institution with direct involvement in education, training, or research in dental or dental auxiliary programs; or
2. service on a full-time basis with a federal, state or county government agency whose operation is directly related to dentistry or dental auxiliaries.

Verification of credit hours shall be maintained in the manner specified in this Rule.

(d) Evidence of service or affiliation with an agency as specified in Paragraph (c) of this Rule shall be in the form of verification of affiliation or employment which is documented by a director or an official acting in a supervisory capacity.

(e) Hygienists who work at least 20 hours per week in an institution or entity described in Subparagraph (c)(1) or (2) of this Rule shall receive two hours credit per year for continuing education.

(f) Hygienists may receive one hour of continuing education credits per year for performing at least five hours of dental hygiene on a volunteer basis at any state, city or county operated site approved by the Dental Board. Credit will not be given for less than five hours of volunteer work.

**History Note:** Authority G.S. 90-225.1;
21 NCAC 16I.0105    PENALTY/NON-COMPLIANCE/CONTINUING EDUCATION REQUIREMENT
(a) If the applicant for a renewal certificate fails to provide proof of completion of reported continuing education hours for the current year as required by Rules .0102 and .0104 of this Subchapter, the Board shall refuse to issue a renewal certificate for the year for which renewal is sought until the licensee completes the required hours of education for the current year and meets all other qualifications for renewal. If the applicant applies for credit for continuing education hours or a reduction of continuing education hours and fails to provide the required documentation upon request, the Board shall refuse to issue a certificate of renewal until the applicant meets the qualifications for credit.
(b) If an applicant fails to meet the qualifications for renewal, including completing the required hours of continuing education and delivering the required documentation to the Board's office before midnight on March 31 of each year, the license becomes void and the holder must petition the Board for reinstatement.

History Note:  Authority G.S. 90-225.1; 90-227;
Eff. May 1, 1994;
Amended Eff. April 1, 2015; February 1, 2008; April 1, 2001.

21 NCAC 16I.0106    FEE FOR LATE FILING AND DUPLICATE LICENSE
(a) If the application for a renewal certificate, accompanied by the fee required, is not received in the Board's office before the close of business on January 31 of each year, an additional fee of fifty dollars ($50.00) shall be charged for the renewal certificate.
(b) A fee of twenty-five dollars ($25.00) shall be charged for each duplicate of any license or certificate issued by the Board.

History Note:  Authority G.S. 90-39; 90-227; 90-232;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. May 1, 1989;
Transferred and Recodified from 21 NCAC 16I .0002 Eff. May 1, 1994;
Amended Eff. February 1, 2008; April 1, 2003; August 1, 1998.

21 NCAC 16I.0107    LICENSE VOID UPON FAILURE TO RENEW
If an application for a renewal certificate, accompanied by the renewal fee and the additional late filing fee, is not received in the Board's office before midnight on March 31 of each year, the license becomes void and the hygienist must petition the Board for reinstatement.

History Note:  Authority G.S. 90-227;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Transferred and Recodified from21 NCAC 16I .0003 Eff. May 1, 1994;
Amended Eff. April 1, 2015; February 1, 2008; April 1, 2003; August 1, 2002.

21 NCAC 16I.0108    FORM OF CERTIFICATE
The certificate of renewal of license shall bear the original license number, the full name of the applicant, and the date of issuance.

History Note:  Authority G.S. 90-222; 90-223; 90-227;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. May 1, 1991;
Transferred and Recodified from 21 NCAC 16I .0004 Eff. May 1, 1994;
Amended Eff. April 1, 2015.

21 NCAC 16I.0109    CERTIFICATE DISPLAYED
(a) The original license and current certificate of renewal of license for a Dental Hygienist shall at all times be displayed where it is visible to patients receiving treatment at the office where the dental hygienist is employed.
(b) Hygienists providing treatment at more than one office shall only be required to display a current renewal certificate of license at each additional office where they provide dental hygiene services, as long as the original license is displayed in at least one office.
(c) Hygienists shall produce their original license and current renewal certificate on demand of the North Carolina State Board of Dental Examiners or its agents.


21 NCAC 16I .0110 DEFINITIONS
The following definitions apply only to this Subchapter:
(1) "Dental Board" -- the North Carolina State Board of Dental Examiners.
(2) "Eligible licensees" -- all hygienists currently licensed by and in good standing with the North Carolina State Board of Dental Examiners who are serving in the armed forces of the United States and who are eligible for an extension of time to file a tax return pursuant to G.S. 105-249.2.
(3) "Extension period" -- the time period disregarded pursuant to 26 U.S.C. 7508.
(4) "Good standing" – a hygienist whose license is not suspended or revoked and who is not practicing under any probationary terms.

History Note: Authority G.S. 90-222; 90-223; 93B-15; Eff. April 1, 2010; Amended Eff. April 1, 2015.

21 NCAC 16I .0111 EXEMPTIONS GRANTED
(a) Eligible licensees, as defined in Rule .0110 of this Section, are granted a waiver of their mandatory continuing education requirements for the period allowed pursuant to G.S. 105-249.2
(b) Eligible licensees are granted an extension for the period allowed pursuant to G.S. 105-249.2 in which to pay license renewal fees and comply with all other requirements imposed by the Dental Board as conditions for maintaining licensure.

History Note: Authority G.S. 90-222; 90-223; 93B-15; Eff. April 1, 2010; Amended Eff. April 1, 2015.

SUBCHAPTER 16J - SANITATION

21 NCAC 16J .0101 PREMISES
(a) The premises of a dental facility shall be kept neat and clean and free of accumulated rubbish and any substances that create a public health or safety hazard.
(b) The premises shall be kept free of all insects and vermin.
(c) Water of a safe, sanitary quality shall be piped under pressure, to all equipment and fixtures where the use of water is required.
(d) All plumbing shall be in accordance with the local plumbing ordinances.
(e) Comfortable and sanitary conditions for patients and employees shall be maintained at all times.
(f) All liquid and human waste, including floor wash water, shall be disposed of through trapped drains into a public sanitary sewer system in localities where such system is available. In localities where a public sanitary system is not available, liquid and human waste shall be disposed of in a manner approved by the state Department of Environment and Natural Resources.
(g) There shall be functioning toilet facilities on the premises of every dental office. They shall conform to standards of the state Department of Environment and Natural Resources.

(h) No animals, except certified assistance animals required to assist disabled individuals, shall be allowed in any area of a dental office where clinical work is being performed.

History Note:  Authority G.S. 90-41(a)(23); 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. April 1, 2015; May 1, 1989.

21 NCAC 16J .0102  HOUSEKEEPING


21 NCAC 16J .0103  STERILIZATION

All instruments or equipment used in the treatment of dental patients shall be sterilized according to usage. All dental health care settings shall follow the most current guidelines on infection control for the dental office and the dental laboratory adopted by the American Dental Association. Effective control techniques and precautions to prevent the cross contamination and transmission of infection to all persons is the professional responsibility of all dentists. All licensees are required to maintain and provide a safe, therapeutic environment for patients and employees and to follow a comprehensive and practical infection control program at all times.

History Note:  Authority G.S. 90-28; 90-41(a)(23); 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. February 1, 2008; May 1, 1991.

SUBCHAPTER 16K - DENTAL SCHOOL EXTENSION FACILITIES

21 NCAC 16K .0101  AUTHORITY FOR DESIGNATION

21 NCAC 16K .0102  SUPERVISION AND DIRECTION


21 NCAC 16K .0103  INSTRUCTORS TO BE APPROVED

All dentists acting as instructors in dental school extension facilities shall be approved by that official of a North Carolina school of dentistry who is generally responsible for faculty appointments.

History Note:  Authority G.S. 90-29(c)(4); Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. April 1, 2015; May 1, 1989.

21 NCAC 16K .0104  NO FEES FOR SERVICES
Any student enrolled in a dental school extension facility shall receive no fees, compensation or remuneration of any kind or nature for dental services rendered by him other than for expenses incurred or such subsistence allowance as is authorized and permitted by the agency or entity wherein or for which said services are rendered in accordance with G.S. 90-29(c)(4).

History Note:  Authority G.S. 90-29(c)(4);  
Eff. September 3, 1976;  
Readopted Eff. September 26, 1977;  
Amended Eff. May 1, 1989.

21 NCAC 16K .0105  EXTENSION OF SCHOOL OF DENTISTRY

History Note:  Authority G.S. 90-29(c)(4);  
Eff. September 3, 1976;  
Readopted Eff. September 26, 1977;  

21 NCAC 16K .0106  REPORTS TO BOARD

Every North Carolina school of dentistry shall keep the Board informed of the:  
(1) location and kind of patients seen at each dental school extension facility;  
(2) names of the students assigned there; and  
(3) names and qualifications of all instructors functioning therein.

History Note:  Authority G.S. 90-29(c)(4);  
Eff. September 3, 1976;  
Readopted Eff. September 26, 1977;  
Amended Eff. April 1, 2015; May 1, 1989.

SUBCHAPTER 16L - BOARD OF DENTAL ELECTIONS

21 NCAC 16L .0101  BALLOTS

Ballots shall contain the name and practicing address of each nominee.

History Note:  Authority G.S. 90-22;  
Eff. September 3, 1976;  

21 NCAC 16L .0102  NOTICE TO NOMINEE

Each nominee shall be notified by the Secretary of the Board of Elections of his nomination before midnight May 20.

History Note:  Authority G.S. 90-22;  
Eff. September 3, 1976;  

21 NCAC 16L .0103  NOMINATED BOARD MEMBER DISQUALIFIED FROM VOTE
SOLICITATIONS FOR VOTES

Solicitations for votes shall not:

1. be false or misleading or imply endorsement by the Board;
2. contain a material misrepresentation of fact;
3. misrepresent credentials, degrees, education, or experience of the candidate;
4. include false or misleading testimonials or endorsements;
5. mislead or deceive because only partial disclosure of relevant facts are made;
6. contain representations or implications that the solicitation materials were generated by the Board; or
7. use or refer to the Board's name or any variation of the Board's name on the candidate's letterhead, envelopes, postcards or other printed or electronic media. The candidate may indicate that he or she is a candidate for election to the Board.

SUBCHAPTER 16M - FEES PAYABLE

SECTION .0100 - FEES PAYABLE

DENTISTS

(a) The following fees shall be payable to the Board:

1. Application for general dentistry license $ 395.00
2. Renewal of general dentistry license $ 289.00
3. Application for instructor's license or renewal thereof $ 140.00
4. Application for provisional license $ 100.00
5. Application for intern permit or renewal thereof $ 150.00
6. Certificate of license to a resident dentist desiring to change to another state or territory $ 25.00
7. Duplicate license $ 25.00
8. Reinstatement of license $ 225.00
9. Fee for late renewal of any license or permit $ 50.00
10. Application for license by credentials $2000.00
11. Application for limited volunteer dental license $ 100.00
12. Renewal of limited volunteer dental license $ 25.00
13. Board conducted examination processing fee $ 805.00
14. Application for license by endorsement $ 395.00

(b) Each dentist renewing a license to practice dentistry in North Carolina shall be assessed a fee of forty dollars ($40.00), in addition to the annual renewal fee, to be contributed to the operation of the North Carolina Caring Dental Professionals.

History Note: Authority G.S. 90-22; 90-28; 90-39; 90-48; 150B-19(5); 93B-15.1;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 1998; December 1, 1994; May 1, 1989; March 1, 1988; May 1, 1987;
Temporary Amendment Eff. October 28, 1998;
DENTAL HYGIENISTS

(a) The following fees shall be payable to the Board:

1. Application for examination conducted by the Board $275.00
2. Renewal of dental hygiene license $81.00
3. Reinstatement of license $60.00
4. Application for provisional licensure $60.00
5. Certificate to a resident dental hygienist desiring to change to another state or territory $25.00
6. Application for license by credentials $750.00
7. License application processing fee $75.00

(b) Each dental hygienist renewing a license to practice dental hygiene in North Carolina shall be assessed a fee of twenty-five dollars ($25.00), in addition to the annual renewal fee, to be contributed to the operation of the North Carolina Caring Dental Professionals.

PRIMARY SOURCE VERIFICATION FEE

All primary source verification requests must be in writing. Primary source verifications shall be provided in writing only for a fee of fifteen dollars ($15.00).

PETITION FOR RULEMAKING HEARINGS

Any person wishing to submit a petition requesting the adoption, amendment or repeal of a rule by the Board shall address the petition to the Board's office. The envelope containing the petition should clearly bear the notation: RULEMAKING PETITION RE: and then the subject area, for example, DENTAL PRACTICE ACT or DENTAL HYGIENE ACT.
CONTENTS OF PETITION

The petition shall include the following information:

(1) An indication of the subject area to which the petition is directed; for example, "This is a petition to hold a rulemaking hearing to amend Rule .0000 of Subchapter X pertaining to delegable duties to dental auxiliaries";

(2) Either a draft of the proposed rule or a summary of its contents;

(3) Reasons for the proposal;

(4) The effect on existing rules or orders;

(5) Any data supporting the proposal;

(6) Affect of the proposed rule on existing practices in the area involved, including cost factors;

(7) Names of those most likely to be affected by the proposed rule, with addresses if reasonably known; and

(8) Name and address of each petitioner.

History Note: Authority G.S. 150B-16;
Amended Eff. May 1, 1989.

DISPOSITION OF PETITIONS

(a) The Board will determine whether the public interest would be served by the adoption, amendment or repeal of the requested rule. Prior to making this determination, the Board may:

(1) Request additional information from the petitioner;

(2) Contact interested persons or those likely to be affected by the proposed rule and request comments; and

(3) It may use any other appropriate method for obtaining information on which to base its determination.

(b) The Board shall act on a petition at its next regularly scheduled meeting or within 120 days after submission of a petition.

History Note: Authority G.S. 150B-16;
Amended Eff. May 1, 1989; October 1, 1986; January 1, 1983.

NOTICE OF RULEMAKING HEARINGS

NOTICE OF PROCEEDINGS

History Note: Authority G.S. 90-28; 90-48; 90-223(b); 150B-12; 150B-60;
Amended Eff. October 1, 1986;

NOTICE OF MAILING LIST
Any person or agency desiring to be placed on the mailing list for the Board's rulemaking notices may file a written request in the Board's office. The letter of request should state those particular subject areas within the authority of the Board concerning which notice is desired. The Board may require reasonable postage and stationery costs to be paid by those requesting such notices.

**History Note:** Authority G.S. 90-48; 90-223(b); 150B-12(c); Eff. August 25, 1977; Amended Eff. May 1, 1989; March 1, 1985.

### 21 NCAC 16N .0203 ADDITIONAL INFORMATION
Persons desiring information in addition to that provided in an individual rulemaking notice may contact the Board's office. Any written communication should clearly indicate the rulemaking proceeding which is the subject of the inquiry.

**History Note:** Authority G.S. 90-48; 90-223(b); 150B-12; Eff. August 25, 1977; Amended Eff. March 1, 1985.

### SECTION .0300 - RULEMAKING HEARINGS

#### 21 NCAC 16N .0301 REQUEST TO PARTICIPATE

**History Note:** Authority G.S. 90-48; 150B-12(a); Eff. August 25, 1977; Amended Eff. May 1, 1989; Repealed Eff. April 1, 2014.

#### 21 NCAC 16N .0302 CONTENT OF REQUEST: GENERAL TIME LIMITATIONS
Presentations at Board rule making hearings shall be limited to 15 minutes unless the Board prescribes some other time limit.

**History Note:** Authority G.S. 90-48; 90-223(b); 150B-12(a); Eff. August 25, 1977; Amended Eff. April 1, 2014; May 1, 1989.

#### 21 NCAC 16N .0303 RECEIPT OF REQUEST: SPECIFIC TIME LIMITS

**History Note:** Authority G.S. 90-48; 90-223(b); 150B-12(a); Eff. August 25, 1977; Amended Eff. May 1, 1989. Repealed Eff. April 1, 2014.

#### 21 NCAC 16N .0304 WRITTEN SUBMISSIONS
Any person may file a written submission containing data, comments or arguments after publication of notice of a rulemaking hearing up to the date of hearing. The Board may in its discretion grant an additional 30 days after a hearing for further comment and argument. These written comments should be sent to the Board's office. They should clearly state the rule or proposed rule to which such comments are addressed.

**History Note:** Authority G.S. 90-48; 90-223(b); 150B-12; Eff. August 25, 1977; Amended Eff. May 1, 1989; March 1, 1988; October 1, 1986; March 1, 1985.
21 NCAC 16N .0305  BOARD PRESIDENT TO PRESIDE: POWERS AND DUTIES
The president of the Board shall preside at a rulemaking hearing and shall be authorized to do the following:

1. Grant any extension of time in connection with a request for the presentation of oral data, views or arguments;
2. Recognize any prospective speaker;
3. Extend or shorten the time allotted for any particular presentation; and
4. Direct the overall proceedings including management of any questions directed to any speaker by any Board member.

History Note: Authority G.S. 90-48; 90-223(b); 150B-12(a);
Amended Eff. May 1, 1989.

21 NCAC 16N .0306  STATEMENT OF REASONS FOR DECISION

History Note: Authority G.S. 90-28; 150B-60(4); 90-48; 90-223(b); 150B-12(e);

21 NCAC 16N .0307  RECORD OF PROCEEDINGS
A record of all rulemaking proceedings will be maintained in the Board's office for as long as the rule is in effect, and for five years thereafter, following filing. This record will contain: the original petition if any, the notice, all written memoranda and information submitted, and any record or summary of oral presentations, if any. A record of the rulemaking proceedings will be available for public inspection during the regular office hours of the Board.

History Note: Authority G.S. 90-48; 90-223(b); 150B-12(e);
Amended Eff. May 1, 1989.

21 NCAC 16N .0308  TEMPORARY RULES

History Note: Authority G.S. 90-28; 150B-13;
Amended Eff. April 1, 1988;

SECTION .0400 - DECLARATORY RULINGS

21 NCAC 16N .0401  SUBJECTS OF DECLARATORY RULINGS

History Note: Authority G.S. 90-28; 90-48; 90-223(b); 150B-17;
21 NCAC 16N .0402 SUBMISSION OF REQUEST FOR RULING

All requests for declaratory rulings shall be written and mailed to the Board's office. The envelope containing the request should bear the notation: REQUEST FOR DECLARATORY RULING. The request must include the following information:

(1) Name and address of petitioner;
(2) Statute or rule to which petition relates;
(3) Concise statement of the manner in which petitioner is aggrieved by the rule or statute or its potential application to him; and
(4) A statement of whether an oral hearing is desired and if so, the reason therefor.

History Note: Authority G.S. 150B-17; Eff. August 25, 1977; Amended Eff. May 1, 1989; October 1, 1986; March 1, 1985.

21 NCAC 16N .0403 DISPOSITION OF REQUESTS

(a) When the Board deems it appropriate to issue a declaratory ruling it shall issue such declaratory ruling as soon as practicable but no longer than 60 days after receipt of the petition.
(b) A declaratory ruling proceeding may consist of written submissions or other procedures as may be appropriate in the circumstances of the particular request.
(c) Whenever the Board believes for good cause that the issuance of a declaratory ruling is undesirable, the Board may refuse to issue such ruling. When good cause is deemed to exist, the Board will notify the petitioner of its decision in writing, stating the reasons for the denial of the declaratory ruling.
(d) For purposes of Paragraph (c) of this Rule, the Board will ordinarily refuse to issue a declaratory ruling:

(1) Unless the petitioner shows that the circumstances are so changed since the adoption of the rule that such a ruling would be warranted;
(2) Unless the petitioner shows that the agency did not give to the factors specified in the request for a declaratory ruling a full consideration at the time the rule was adopted;
(3) Where there has been a previous determination of a contested case involving similar factual questions; and
(4) Where the subject matter of the request is involved in pending litigation in any state or federal court in North Carolina.

History Note: Authority G.S. 150B-17; Eff. August 25, 1977; Amended Eff. May 1, 1989; October 1, 1986.

21 NCAC 16N .0404 RECORD OF DECISION

A record of all declaratory ruling proceedings will be maintained in the Board's office for as long as the ruling is in effect and for five years thereafter. This record will contain: the request, all written submissions filed on the request, whether filed by the petitioner or any other person, and a record or summary of all the oral presentations, if any. Records of declaratory ruling proceedings will be available for public inspection during the Board's regular office hours.

21 NCAC 16N .0405  DEFINITION

History Note:  Authority G.S. 90-28; 150B-17; 90-48; 90-223(b); 150B-60(4); 150B-12(e);

SECTION .0500 - ADMINISTRATIVE HEARING PROCEDURES

21 NCAC 16N .0501  RIGHT TO HEARING
When the Board acts, or proposes to act, other than in rulemaking or declaratory ruling proceedings, in a manner which will affect the rights, duties, or privileges of a person, such person has a right to an administrative hearing. When the Board proposes to act in such a manner, it shall give such person notice of his right to a hearing by mailing by certified mail to him at his last known address a notice of the proposed action and a notice of a right to a hearing.

History Note:  Authority G.S. 150B-38(h);

21 NCAC 16N .0502  REQUEST FOR HEARING
(a) Any individual who believes his or her rights, duties, or privileges have been affected by the Board's administrative action, but who has not received a notice of a right to an administrative hearing, may file a request for hearing.
(b) The individual shall submit a request to the Board's office, containing the following information:
   (1) Name and address of the petitioner;
   (2) A concise statement of the action taken by the Board which is challenged;
   (3) A concise statement of the way in which petitioner has been aggrieved; and
   (4) A clear and specific statement of request for a hearing.

History Note:  Authority G.S. 150B-38;
    Amended Eff. April 1, 2015; May 1, 1989; March 1, 1985; November 20, 1980.

21 NCAC 16N .0503  GRANTING OR DENYING HEARING REQUEST
(a) The Board will decide whether to grant a request for a hearing.
(b) The denial of request for a hearing will be issued immediately upon decision, and in no case later than 60 days after the submission of the request. Such denial shall contain a statement of the reasons leading the Board to deny the request.
(c) Approval of a request for a hearing will be signified by issuing a notice as required by G.S. 150B-38(b) and explained in Rule .0504 of this Section.

History Note:  Authority G.S. 90-28; 150B-38;
    Amended Eff. May 1, 1989; April 1, 1988; October 1, 1986; November 20, 1980.

21 NCAC 16N .0504  NOTICE OF HEARING
(a) The Board shall give the party or parties in a contested case a notice of hearing not less than 15 days before the hearing. Said notice shall contain the following information, in addition to the items specified in G.S. 150B-38(b):
(1) The name, position, address and telephone number of a person at the office of the Board to contact for further information or discussion; and
(2) A statement explaining that the Respondent may be represented by counsel, testify, offer evidence, and cross examine adverse witnesses at the hearing.

(b) If the Board determines that the public health, safety, or welfare requires such action, it may issue an order summarily suspending a license pursuant to G.S. 150B-3. Upon service of the order, the licensee to whom the order is directed shall immediately cease practicing in North Carolina. The Board shall promptly give notice of hearing pursuant to G.S. 150B-38 following service of the order. The suspension shall remain in effect pending issuance by the Board of a final agency decision pursuant to G.S. 150B-42.

History Note: Authority G.S. 150B-3; 150B-38; Eff. August 25, 1977; Amended Eff. April 1, 2015; May 1, 1989; April 1, 1988; October 1, 1986; November 20, 1980.

21 NCAC 16N .0505 WHO SHALL HEAR CONTESTED CASES
All administrative hearings shall be conducted by a panel consisting of a majority of Board members eligible to vote on the issue, or an administrative law judge designated to hear the case pursuant to G.S. 150B-40(e).

History Note: Authority G.S. 150B-38; 150B-40; Eff. August 25, 1997; Amended Eff. April 1, 2015; March 1, 1988; October 1, 1986; November 20, 1980.

21 NCAC 16N .0506 PETITION FOR INTERVENTION
(a) A person desiring to intervene in a contested case shall file a written petition with the Board’s office. The request shall bear the notation: PETITION TO INTERVENE IN THE CASE OF (NAME OF CASE).
(b) The petition shall include the following information:
   (1) the name and address of petitioner;
   (2) the business or occupation of petitioner;
   (3) the name and citation of the hearing in which petitioner is seeking to intervene;
   (4) the grounds for intervention or a statement that no grounds exist;
   (5) any claim or defense in respect to which intervention is sought; and
   (6) a summary of the arguments or evidence petitioner seeks to present.
(c) The person desiring to intervene shall serve copies of the petition on all parties to the case.
(d) If the Board determines to allow intervention, it shall send written notice to the petitioner and all parties. In cases of discretionary intervention, such notification shall include a statement of any limitations of time, subject matter, evidence or whatever else the Board deems necessary that are imposed on the intervenor.
(e) If the Board decides to deny intervention it shall send written notice to the petitioner and all parties, stating the reasons for the denial.

History Note: Authority G.S. 150B-38; Eff. August 25, 1977; Amended Eff. April 1, 2015; May 1, 1989; March 1, 1985; November 20, 1980.

21 NCAC 16N .0507 TYPES OF INTERVENTION
(a) Intervention of Right. A petition to intervene of right, as provided in the North Carolina Rules of Civil Procedure, Rule 24, will be granted if the petitioner meets the criteria of that rule and his petition is timely.
(b) Permissive Intervention. A petition to intervene permissively, as provided in the North Carolina Rules of Civil Procedure, Rule 24, will be granted if the petitioner meets the criteria of that rule and the Board determines that:
   (1) There is sufficient legal or factual similarity between the petitioner's claimed rights, privileges, or duties and those of the parties to the hearings; and
   (2) Permitting intervention by the petitioner as a party would aid the purpose of the hearing.
(c) Discretionary Intervention. The Board may allow discretionary intervention, with whatever limits and restrictions are deemed appropriate. Upon the filing of a timely petition, discretionary intervention will be deemed advisable if:
   (1) The information petitioner desires to present is relevant, not repetitious and cumulative; and
   (2) The petitioner would lend added impact to the arguments of the parties.
21 NCAC 16N .0508 DISQUALIFICATION OF BOARD MEMBERS
(a) Self Disqualification. If a Board member determines that personal bias or other factors render that member unable to hear a contested case and perform all duties in an impartial manner, that Board member shall voluntarily decline to participate in the hearing or decision.
(b) Petition for Disqualification. If any party in a contested case believes that a Board member is personally biased or otherwise unable to hear a contested case and perform all duties in an impartial manner, the party may file a sworn, notarized affidavit with the Board. The title of such affidavit shall bear the notation: AFFIDAVIT OF DISQUALIFICATION OF BOARD MEMBER IN THE CASE OF (NAME OF CASE).
(c) Contents of Affidavit. The affidavit shall state all facts the party deems to be relevant to the disqualification of the Board member.
(d) Timeliness and Effect of Affidavit. An affidavit of disqualification shall be considered timely if filed 10 days before commencement of the hearing. Any other affidavit shall be considered timely provided it is filed at the first opportunity after the party becomes aware of facts which give rise to a reasonable belief that a Board member may be disqualified under this Rule. When a petition for disqualification is filed less than 10 days before or during the course of a hearing, the hearing shall continue with the challenged Board member sitting. The petitioner shall have the opportunity to present evidence supporting his or her petition, and the petition and any evidence presented at the hearing shall be made a part of the record. The Board, before rendering its decision, shall decide whether the evidence justifies disqualification. In the event of disqualification, the disqualified member shall not participate in further deliberation or decision of the case.
(e) Procedure for Determining Disqualification:
   (1) The Board shall appoint a Board member to investigate the allegations of the affidavit.
   (2) The investigator shall report to the Board the findings of the investigation.
   (3) The Board shall decide whether to disqualify the challenged individual.
   (4) The person whose disqualification is to be determined shall not participate in the decision but may be called upon to furnish information to the other members of the Board.
   (5) When a Board member is disqualified, the hearing shall continue with the remaining members sitting, provided that the remaining members still constitute a majority of the Board who are eligible to vote.
   (6) If a majority of the members of the Board who are eligible to vote are disqualified pursuant to this Rule, the Board shall petition the Office of Administrative Hearings to appoint an administrative law judge to hear the contested case pursuant to G.S. 150B-40(e).

21 NCAC 16N .0601 FAILURE TO APPEAR

History Note:  Authority G.S. 90B-38; 150B-40; Eff. August 25, 1977; Amended Eff. April 1, 2015; May 1, 1989; October 1, 1986; November 20, 1980.

SECTION .0600 - ADMINISTRATIVE HEARINGS: DECISIONS:RELATED RIGHTS AND PROCEDURES
21 NCAC 16N .0602 SIMPLIFICATION OF ISSUES
The parties to a contested case, specifically including the Board, may agree in advance to simplify the hearing by decreasing the number of the issues to be contested at the hearing, accepting the validity of certain proposed evidence, accepting the findings in some other case which relates to the case at hand or agreeing to such other matters as may expedite the hearing.


21 NCAC 16N .0603 SUBPOENAS
(a) A request for subpoenas for the attendance and testimony of witnesses or for the production of documents, either at a hearing or for the purposes of discovery, shall:
   (1) be made in writing to the Board;
   (2) identify any documents sought with specificity; and
   (3) include the full name and home or business address of all persons to be subpoenaed; and
   (4) if known, the date, time, and place for responding to the subpoena.
(b) The Board shall issue the requested subpoenas within three days of the receipt of the request.
(c) Subpoenas shall contain:
   (1) the caption of the case;
   (2) the name and address of the person subpoenaed;
   (3) the date, hour and location of the hearing in which the witness is commanded to appear;
   (4) a particularized description of the books, papers, records, or objects the witness is directed to bring with him to the hearing, if any;
   (5) the identity of the party on whose application the subpoena was issued; and
   (6) a return of service form.
(d) The "return of service" form, as filled out, shows the name and capacity of the person serving the subpoena, the date the subpoena was delivered to the person directed to make service, the date service was made, the person on whom service was made, the manner in which service was made, and the signature of the person making service.
(e) Subpoenas shall be served as permitted by Rule 45 of the North Carolina Rules of Civil Procedure, as set forth in G.S. 1A-1.
(f) Any person receiving a subpoena from the Board may object thereto by filing a written objection to the subpoena with the Board's office. Such objection shall include a statement of all reasons why the subpoena should be revoked or modified. These reasons may include any basis sufficient in law for holding the subpoena invalid, such as that the evidence is privileged, that appearance or production would be so disruptive as to be unreasonable in light of the significance of the evidence sought, or other undue hardship.
(g) Any objection to a subpoena shall be served on the party who requested the subpoena simultaneously with the filing of the objection with the Board.
(h) The party who requested the subpoena, at such time as may be granted by the Board, may file a written response to the objection. The written response shall be served by the requesting party on the objecting witness simultaneously with the filing of the response with the Board.
(i) After receipt of the objection and response thereto, if any, the Board shall issue a notice to the party who requested the subpoena and the party challenging the subpoena, and may notify any other party or parties of a hearing, at which evidence and testimony may be presented, limited to the narrow questions raised by the objection and response.
(j) The majority of the Board members hearing the contested case shall rule on the challenge and issue a written decision to all parties and made a part of the record.

21 NCAC 16N .0604  FINAL DECISION
The Board will issue the final decision in all contested cases. This decision is the prerequisite "final agency decision" for the right to judicial review.

History Note:  Authority G.S. 90-48; 90-223(b); 150B-43;
Amended Eff. May 1, 1989.

21 NCAC 16N .0605  PROPOSALS FOR DECISIONS
(a) When an administrative law judge conducts a hearing pursuant to G.S. 150B-40(e), a "proposal for decision" shall be rendered. Any party may file written exceptions to this "proposal for decision" and submit their own proposed findings of fact and conclusions of law. Exceptions and alternative proposals must be received within ten days after the party has received the "proposal for decision" as drafted by the administrative law judge.
(b) Any exceptions to the procedure during the hearing, the handling of the hearing by the administrative law judge, rulings on evidence, or any other matter must be written and refer specifically to pages of the record or otherwise precisely identify the occurrence to which the exception is taken. Exceptions must be filed with the Board within ten days of the receipt of the proposal for decision. The written exceptions must bear the notation: EXCEPTIONS TO THE PROCEEDINGS IN THE CASE (NAME OF CASE).
(c) Any party may present oral argument to the Board upon request. The request must be included with the written exceptions.
(d) Upon receipt of request for further oral argument, notice will be issued promptly to all parties designating the time and place for such oral argument.
(e) Giving due consideration to the proposal for decision and the exceptions and arguments of the parties, the Board may adopt the proposal for decision or may modify it as the Board deems necessary. The decision rendered will be a part of the record and a copy thereof shall be given to all parties. The Board decision becomes the "final agency decision" for the right to judicial review. Said decision will be rendered by the Board within 60 days of the next regularly scheduled meeting following the oral arguments, if any. If there are no oral arguments presented, the decision will be rendered within 60 days of the next regularly scheduled Board meeting following receipt of the written exceptions.

History Note:  Authority G.S. 150B-38; 150B-40;
Amended Eff. May 1, 1989; March 1, 1988; October 1, 1986; November 20, 1980.

21 NCAC 16N .0606  FAILURE TO APPEAR
Should a party fail to appear at a scheduled hearing, the Board, or the designated administrative law judge, may proceed with the hearing and make its decision in the absence of the party, provided that the party has been given proper notice. The Board or the administrative law judge may order a continuance in order to give the party another opportunity to appear.

History Note:  Authority G.S. 90-28; 90-48; 90-223(b); 150B-25(a); 150B-60(4);

SUBCHAPTER 16O – NITROUS-OXIDE-OXYGEN CONSCIOUS SEDATION
SECTION .0100 - REGISTRATION AND REPORTING

21 NCAC 16O .0101 REGISTRATION
21 NCAC 16O .0102 REPORTING

History Note: Authority G.S. 90-28; 90-29(b)(6); 90-48; 90-223; 150B-12;
Eff. May 24, 1978;

SECTION .0200 - QUALIFICATIONS OF DENTAL ASSISTANTS AND HYGIENISTS

21 NCAC 16O .0201 EDUCATIONAL REQUIREMENTS
21 NCAC 16O .0202 DEFINITION
21 NCAC 16O .0203 APPROVED COURSE(S)

History Note: Authority G.S. 90-28; 90-29(b)(6); 90-48; 90-223; 150A-12;
Eff. May 24, 1978;

SECTION .0300 - DEFINITIONS

21 NCAC 16O .0301 CONSCIOUS SEDATION
"Conscious sedation" means the use of drugs for controlling pain or apprehension without rendering the patient unconscious.

History Note: Authority G.S. 90-29(b)(6); 90-48; 90-223;
Eff. July 16, 1980;
Amended Eff. May 1, 1989;
Amended Eff. April 1, 2016 (See S.L. 2016-31).

21 NCAC 16O .0302 MONITORING
"Monitoring" means observation of the patient during the flow of sedation agents and includes reducing the flow of sedation or shutting off equipment controlling such flow. Monitoring does not include increasing the flow of sedation agents.

History Note: Authority G.S. 90-29(b)(6); 90-48; 90-223;
Eff. July 16, 1980;
Amended Eff. May 1, 1989;
Amended Eff. April 1, 2016 (See S.L. 2016-31).

SECTION .0400 - QUALIFICATIONS TO PERFORM FUNCTIONS

21 NCAC 16O .0401 NON-DELEGABLE FUNCTIONS
Conscious sedation shall not be induced by anyone other than a dentist or a lawfully qualified nurse or anesthetist who does so under the supervision and direction of a dentist or physician.

History Note: Authority G.S. 90-29(b)(6); 90-48; 90-223;
Eff. July 16, 1980;
Amended Eff. May 1, 1989;
Amended Eff. April 1, 2016 (See S.L. 2016-31).

21 NCAC 16O .0402 EDUCATIONAL REQUIREMENTS
A Dental Assistant may aid and assist a licensed dentist in the monitoring of nitrous oxide-oxygen inhalant sedation by completing a Board-approved course totaling at least seven hours that covers the following topics:

1. Definitions and descriptions of physiological and psychological aspects of pain and anxiety;
2. The states of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and unconscious state;
3. Respiratory and circulatory physiology, and related anatomy;
4. Pharmacology of agents used in the nitrous oxide techniques being taught, including drug interaction and incompatibility;
5. Patient monitoring, with particular attention to vital signs and reflexes related to consciousness;
6. Prevention, recognition, and management of complications and life threatening situations that may occur during the use of the nitrous oxide techniques, including cardio pulmonary resuscitation;
7. Description and use of ventilation sedation equipment; and
8. Potential health hazards of trace anesthetics, and proposed techniques for elimination of these potential health hazards.

**History Note:** Authority G.S. 90-29(b)(6); 90-29(c)(13); 90-48; 90-223; Eff. July 16, 1980; Amended Eff. April 1, 2016; May 1, 1989.

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**21 NCAC 16O .0403 PREVIOUS COMPLIANCE**

**History Note:** Authority G.S. 90-28; 90-29(b)(6); 90-48; 90-223; 150B-12; Eff. July 16, 1980; Repealed Eff. May 1, 1989.

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**SUBCHAPTER 16P - ADVERTISEMENT OF DENTAL SERVICES**

**21 NCAC 16P .0101 COMMUNICATIONS CONCERNING DENTAL SERVICES**

A dentist shall not make a false or misleading communication about the dentist or the dentist's services. A communication is false or misleading if it:

1. Contains a material misrepresentation of fact;
2. Is likely to mislead or deceive because it makes only a partial disclosure of relevant facts;
3. Is intended or is likely to create false or unjustified expectations of favorable results;
4. Contains express or implied claims of superiority which cannot reasonably be substantiated by the advertising practitioner; or
5. Contains other representations or implications which are intended or likely to cause an ordinary, prudent person to misunderstand or be deceived.

**History Note:** Authority G.S. 90-41(a)(16),(17),(18); 90-48; Eff. March 1, 1985; Amended Eff. May 1, 1989; October 1, 1986.

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**21 NCAC 16P .0102 ADS MUST INCLUDE DENTIST'S NAME AND AREA OF PRACTICE**

All advertisements of dental services shall contain the name or names of the dentist or dentists whose services are being advertised and shall state whether each dentist is a general dentist or, if qualified, a specialist in the named area of specialization. The dentist's name and designation as a general dentist or specialist shall be stated prominently in the advertisement. The dentist whose services are being advertised shall be personally responsible for determining that the content of the advertisement is not contrary to North Carolina law or Board rules.
21 NCAC 16P .0103   ADVERTISEMENT OF FEES
Advertisements of dental services shall:

(1) Not quote a range of fees for a given service unless the basic factors upon which the actual fees will be determined are disclosed;

(2) Specify any related services which usually are required in conjunction with the advertised services and for which additional fees will be charged; and

(3) If discounts are advertised, state the amount of the discounts. The dentist must be available in the office and provide upon request a list of actual standard fees to which the discounts will be applied.

History Note: Authority G.S. 90-41(a)(16),(17),(18); 90-48; Eff. March 1, 1985; Amended Eff. May 1, 1989; October 1, 1986.

21 NCAC 16P .0104   TESTIMONIALS AND ENDORSEMENTS
Advertisements for dental services shall not:

(1) Include false or misleading testimonials and endorsements; or

(2) Reveal a patient's identity or personally identifiable facts, data or other information obtained in a professional capacity without first obtaining the patient's consent.

History Note: Authority G.S. 90-41(a)(16),(17),(18); 90-48; Eff. March 1, 1985; Amended Eff. May 1, 1989; October 1, 1986.

21 NCAC 16P .0105   ADVERTISING AS A SPECIALIST
Only dentists who have successfully completed a postdoctoral course approved by the American Dental Association Commission on Accreditation in a specialty area recognized by the ADA or have been approved by one of the specialty examining Boards recognized by the ADA may announce a specialty practice and advertise as a specialist. Nothing in this Section shall be construed to prohibit a dentist who does not qualify as a specialist under the preceding paragraph from restricting his practice to one or more specific areas of dentistry or from advertising the availability of his services. Such advertisements may not, however, include the terms "specialist," "specialty," or "specializing," and must state that the services advertised are to be provided by a general dentist.

History Note: Authority G.S. 90-41(a)(16),(17),(18); 90-48; Eff. March 1, 1985; Amended Eff. April 1, 2003; May 1, 1989.

SUBCHAPTER 16Q - GENERAL ANESTHESIA AND SEDATION

SECTION .0100 – DEFINITIONS

21 NCAC 16Q .0101   GENERAL ANESTHESIA AND SEDATION DEFINITIONS
For the purpose of these Rules relative to the administration of minimal conscious sedation, moderate conscious sedation, moderate pediatric conscious sedation, or general anesthesia by or under the direction of a dentist, the following definitions shall apply:

1. "Analgesia" – the diminution or elimination of pain.
2. "Anti-anxiety sedative" – a sedative agent administered in a dosage intended to reduce anxiety without diminishing consciousness or protective reflexes.
3. "Anxiolysis" – pharmacological reduction of anxiety through the administration of a single dose of a minor psychosedative, possibly in combination with nitrous oxide, to children or adults prior to commencement of treatment on the day of the appointment that allows for uninterrupted interactive ability in an awake patient with no compromise in the ability to maintain a patent airway independently and continuously. Nitrous oxide may be administered in addition to the minor psychosedative without constituting multiple dosing for purpose of these Rules.
5. "Administer" – to direct, manage, supervise, control, and have charge of all aspects of selection, dosage, timing, and method of delivery to the patient of any pharmacologic agent intended to reduce anxiety or depress consciousness.
7. "Auxiliaries" – non-dentist staff members involved in general anesthesia or sedation procedures.
9. "Behavior control" – the use of pharmacological techniques to control behavior to a level that dental treatment may be performed without injury to the patient or dentist.
10. "Behavioral management" – the use of pharmacological or psychological techniques, singly or in combination, to modify behavior to a level that dental treatment may be performed without injury to the patient or dentist.
11. "Competent" – displaying special skill or knowledge derived from training and experience.
12. "Conscious sedation" - an induced state of a depressed level of consciousness that retains the patient's ability to maintain an airway without assistance and respond to physical stimulation and verbal commands, and that is produced by pharmacologic or non-pharmacologic agents, or a combination thereof. All dentists who perform conscious sedation shall have an unexpired sedation permit from the Dental Board.
14. "Deep sedation" – an induced state of a depressed level of consciousness accompanied by partial loss of protective reflexes, including the ability to maintain an airway without assistance or respond to verbal command, produced by pharmacological agents. All dentists who perform deep sedation shall have an unexpired general anesthesia permit from the Dental Board.
15. "Deliver" – to assist a permitted dentist in administering sedation or anesthesia drugs by providing the drugs to the patient pursuant to a direct order from the dentist and while under the dentist's direct supervision.
16. "Direct supervision" – the dentist responsible for the sedation or anesthesia procedure shall be immediately available and shall be aware of the patient's physical status and well being at all times.
17. "Emergencies manual" – a written manual that documents:
   (a) the location of all emergency equipment and medications in each facility;
   (b) each staff member's role during medical emergencies; and
   (c) the appropriate treatment for laryngospasm, bronchospasm, emesis and aspiration, respiratory depression and arrest, angina pectoris, myocardial infarction, hypertension, hypotension, allergic reactions, convulsions, syncope, bradycardia, hypoglycemia, cardiac arrest, and airway obstruction.
18. "Enteral" - the administration of pharmacological agents orally, intranasally, sublingually, or rectally.
20. "Facility" – the location where a permit holder practices dentistry and provides anesthesia or sedation services.
21. "Facility inspection" – an on-site inspection to determine if a facility where the applicant proposes to provide anesthesia or sedation is supplied, equipped, staffed, and maintained in a condition to support provision of anesthesia or sedation services in compliance with the Dental Practice Act set forth in Article 2 of G.S. 90 and the Board's rules of this Chapter.
"General anesthesia" - the intended controlled state of a depressed level of consciousness that is produced by pharmacologic agents and accompanied by a partial or complete loss of protective reflexes, including the ability to maintain an airway and respond to physical stimulation and verbal commands. All dentists who perform general anesthesia shall have an unexpired general anesthesia permit from the Dental Board.

"Good standing" – a licensee whose license is not suspended or revoked and who is not subject to a current disciplinary order imposing probationary terms.

"Immediately available" – on-site in the facility and available for use without delay.

"Itinerant general anesthesia provider"- a permittee who has complied with Rule .0206 of this Subchapter and who administers general anesthesia at another practitioner's facility.

"Local anesthesia" – the elimination of sensations, including pain, in one part of the body by the regional application or injection of a drug.

"Minimal conscious sedation" – conscious sedation characterized by a minimally depressed level of consciousness, in which the patient retains the ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command, provided to patients 13 years or older, by oral or rectal routes of administration of a single pharmacological agent, in one or more doses, not to exceed the manufacturer's maximum recommended dose, at the time of treatment, possibly in combination with nitrous oxide. Minimal conscious sedation may be provided for behavioral management.

"Moderate conscious sedation" – conscious sedation characterized by a drug induced depression of consciousness, during which patients respond to verbal commands, either alone or accompanied by light tactile stimulation, provided to patients 13 years of age or older, by oral, nasal, rectal, or parenteral routes of administration of single or multiple pharmacological agents, in single or multiple doses, within a 24 hour period, including the time of treatment, possibly in combination with nitrous oxide. Moderate conscious sedation may be provided for behavior control by licensed dentists who comply with the terms of Rule .0301 of this Subchapter. A moderate conscious sedation provider shall not use the following:

(a) drugs designed by the manufacturer for use in administering general anesthesia or deep sedation; or

(b) drugs contraindicated for use in moderate conscious sedation.

"Moderate pediatric conscious sedation" - conscious sedation characterized by a drug induced depression of consciousness, during which patients respond to verbal commands, either alone or accompanied by light tactile stimulation, provided to patients up to 18 years of age, or special needs patients, by oral, nasal, rectal, or parenteral routes of administration of single or multiple pharmacological agents, in single or multiple doses, within a 24 hour period, including the time of treatment, possibly in combination with nitrous oxide. Moderate pediatric conscious sedation may be provided for behavior control by licensed dentists who comply with the terms of Rule .0404 of this Subchapter. A moderate pediatric conscious sedation permit holder shall not use the following:

(a) drugs designed by the manufacturer for use in administering general anesthesia or deep sedation; or

(b) drugs contraindicated for use in moderate pediatric conscious sedation.

"Parenteral" - the administration of pharmacological agents intravenously, intraosseously, intramuscularly, subcutaneously, submucosally, intranasally, or transdermally.

"PALS" – Pediatric Advanced Life Support.

"Protective reflexes" – includes the ability to swallow and cough.

"RN" – Registered Nurse licensed by the North Carolina Board of Nursing.

"Sedation Procedure" – process begins when any pharmacological agent is first administered to a patient to induce general anesthesia or sedation and continues until the dentist permit holder determines that the patient has met the recovery and discharge criteria set forth in the applicable rules in this Subchapter.
"Special needs patients" – patients with diminished mental and or physical capacity who are unable to cooperate to receive ambulatory dental care without sedation or anesthesia.

"Supplemental dosing" – the oral administration of a pharmacological agent that results in an enhanced level of conscious sedation when added to the primary sedative agent administered for the purpose of oral moderate conscious sedation, and when added to the primary agent, does not exceed the maximum safe dose of either agent, separately or synergistically.

"Vested adult" – a responsible adult who is the legal parent or guardian, or designee of a legal parent or guardian, entrusted with the care of a patient following the administration of general anesthesia or conscious sedation.

History Note: Authority G.S. 90-30.1; 90-48; Eff. February 1, 1990; Temporary Amendment Eff. December 11, 2002; Amended Eff. June 1, 2017; August 1, 2008.

SECTION .0200 - GENERAL ANESTHESIA

21 NCAC 16Q .0201 GENERAL ANESTHESIA CREDENTIALS AND PERMIT
(a) Before a dentist licensed to practice in North Carolina may administer or supervise a CRNA to administer general anesthesia or perform deep sedation, the dentist shall obtain a general anesthesia permit from the Board by completing the application requirements of this Rule and paying a four hundred seventy-five dollar ($475.00) fee that includes the one-hundred dollar ($100.00) application fee and the three-hundred seventy-five dollar ($375.00) inspection fee. The permit shall be renewed annually and shall be displayed with the current renewal at all times in the permit holder's facility where it is visible to patients receiving treatment.
(b) A dentist applying for a general anesthesia permit shall be in good standing with the Board, has an unexpired ACLS certification, and demonstrates that he or she has one of the following qualifications:
   (1) has completed a minimum of two years of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level;
   (2) has graduated from a program certified by the American Dental Association in Oral and Maxillofacial Surgery;
   (3) is a Diplomate of or eligible for examination by the American Board of Oral and Maxillofacial Surgery; or
   (4) is a Fellow of the American Dental Society of Anesthesiology.
(c) Before receiving a general anesthesia permit, all applicants shall pass an evaluation and inspection as set out in Rule .0202 of this Section. Every location other than a hospital or credentialed surgery center where a general anesthesia permit holder administers general anesthesia shall pass an inspection as set out in Rule .0204 of this Section.
(d) A dentist who holds a general anesthesia permit may administer any level of sedation without obtaining a separate sedation permit.
(e) A dentist who does not hold a general anesthesia permit may not employ a CRNA to administer general anesthesia services. A dentist who holds a general anesthesia permit may employ a CRNA to administer general anesthesia services under supervision of the dentist.
(f) A general anesthesia permit holder may provide general anesthesia at the office of another licensed dentist, regardless of the permit, if any held, by the hosting dentist. The permit holder shall ensure that the facility where the general anesthesia is administered has been inspected and complies with the requirements set out in Rule .0202 of this Section and shall obtain an itinerant general anesthesia permit and comply with the requirements of Rule .0206 of this Section.

History Note: Authority G.S. 90-28; 90-30.1; 90-39; Eff. February 1, 1990; Amended Eff. April 1, 2001; August 1, 2000; Temporary Amendment Eff. December 11, 2002; Amended Eff. June 1, 2017; February 5, 2008.

21 NCAC 16Q .0202 GENERAL ANESTHESIA EQUIPMENT AND CLINICAL REQUIREMENTS
(a) A dentist administering general anesthesia shall be responsible to ensure that the facility where the general anesthesia is administered meets the following requirements:
   (1) The facility shall be equipped with the following:
(A) an operatory of size and design to permit access of emergency equipment and personnel and to permit emergency management;
(B) a CPR board or dental chair without enhancements, suitable for providing emergency treatment;
(C) lighting as necessary for specific procedures and back-up lighting; and
(D) suction equipment as necessary for specific procedures, including non-electrical back-up suction;
(E) positive pressure oxygen delivery system, including full face masks for small, medium, and large patients, and back-up E-cylinder portable oxygen tank apart from the central system;
(F) small, medium, and large oral and nasal airways;
(G) blood pressure monitoring device;
(H) EKG monitor; electrocardiograph;
(I) pulse oximeter;
(J) defibrillator;
(K) precordial stethoscope or capnograph;
(L) thermometer;
(M) vascular access as necessary for specific procedures, including hardware and fluids;
(N) laryngoscope with working batteries;
(O) intubation forceps and advanced airway devices;
(P) tonsillar suction with back-up suction;
(Q) syringes as necessary for specific procedures; and
(R) tourniquet and tape.

(2) The following unexpired drugs shall be maintained in the facility and with access from the operatory and recovery rooms:
(A) Epinephrine;
(B) Atropine;
(C) antiarrhythmic;
(D) antihistamine;
(E) antihypertensive;
(F) bronchodilator;
(G) antihypoglycemic agent;
(H) vasopressor;
(I) corticosteroid;
(J) anticonvulsant;
(K) muscle relaxant;
(L) appropriate reversal agents;
(M) nitroglycerine; and
(N) antiemetic.

(3) The permit holder shall maintain written emergency and patient discharge protocols and training to familiarize auxiliaries in the treatment of clinical emergencies shall be provided;

(4) The permit holder shall maintain the following records for 10 years:
(A) Patient's current written medical history, including a record of known allergies and previous surgeries;
(B) Consent to general anesthesia, signed by the patient or guardian, identifying the risks and benefits, level of anesthesia, and date signed;
(C) Consent to the procedure, signed by the patient or guardian identifying the risks, benefits, and date signed; and
(D) Patient base line vital signs, including temperature, SPO2, blood pressure, and pulse;

(5) The anesthesia record shall include:
(A) base line vital signs, blood pressure (unless patient behavior prevents recording), oxygen saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the patient recorded in real time at 15 minute intervals;
(B) procedure start and end times;
(C) gauge of needle and location of IV on the patient, if used;
(D) status of patient upon discharge; and
(E) documentation of complications or morbidity; and

(6) The facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall be dedicated to patient monitoring and recording general anesthesia or sedation data throughout the sedation procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the sedation procedure and is not performing the surgery or other dental procedure.

(b) During an inspection or evaluation, the applicant or permit holder shall demonstrate the administration of anesthesia while the evaluator observes, and shall demonstrate competency in the following areas:

(1) monitoring of blood pressure, pulse, ET CO2 if capnography is utilized, and respiration;
(2) drug dosage and administration;
(3) treatment of untoward reactions including respiratory or cardiac depression;
(4) sterile technique;
(5) use of BLS certified auxiliaries;
(6) monitoring of patient during recovery; and
(7) sufficiency of patient recovery time.

(c) During an inspection or evaluation, the applicant or permit holder shall verbally demonstrate competency in the treatment of the following clinical emergencies:

(1) laryngospasm;
(2) bronchospasm;
(3) emesis and aspiration;
(4) respiratory depression and arrest;
(5) angina pectoris;
(6) myocardial infarction;
(7) hypertension and hypotension;
(8) syncope;
(9) allergic reactions;
(10) convulsions;
(11) bradycardia;
(12) hypoglycemia;
(13) cardiac arrest; and
(14) airway obstruction.

(d) A general anesthesia permit holder shall evaluate a patient for health risks before starting any anesthesia procedure.

(e) Post-operative monitoring and discharge shall include the following:

(1) vital signs shall be continuously monitored when the sedation is no longer being administered and the patient shall have direct continuous supervision until oxygenation and circulation are stable and the patient is recovered as defined by Subparagraph (e)(2) of this Rule and is ready for discharge from the office; and

(2) recovery from general anesthesia shall include documentation of the following:

(A) cardiovascular function stable;
(B) airway patency uncompromised;
(C) patient arousable and protective reflexes intact;
(D) state of hydration within normal limits;
(E) patient can talk, if applicable;
(F) patient can sit unaided, if applicable;
(G) patient can ambulate, if applicable, with minimal assistance; and
(H) for the special needs patient or a patient incapable of the usually expected responses, the pre-sedation level of responsiveness or the level as close as possible for that patient shall be achieved; and

(3) before allowing the patient to leave the office, the dentist shall determine that the patient has met the recovery criteria set out in Subparagraph (e)(2) of this Rule and the following discharge criteria:

(A) oxygenation, circulation, activity, skin color, and level of consciousness are sufficient, stable, and have been documented;
(B) explanation and documentation of written postoperative instructions have been provided to the patient or a responsible adult at time of discharge; and
(C) vested adult is available to transport the patient after discharge.
21 NCAC 16Q .0203  TEMPORARY APPROVAL PRIOR TO SITE EVALUATION

21 NCAC 16Q .0204  PROCEDURE FOR GENERAL ANESTHESIA EVALUATION OR INSPECTION AND RE-INSPECTION

(a) When an evaluation or on-site inspection is required, the Board shall designate two or more qualified persons to serve as evaluators, each of whom has administered general anesthesia for at least three years preceding the inspection. Training in general anesthesia shall not be counted in the three years. When an on-site inspection involves only a facility and equipment check and not an evaluation of the dentist, the inspection may be accomplished by one evaluator.

(b) An inspection fee of three hundred seventy five dollars ($375.00) shall be due 10 days after the dentist receives notice of the inspection of each additional location at which the dentist administers general anesthesia.

(c) Any dentist-member of the Board may observe or consult in any evaluation or inspection.

(d) The inspection team shall determine compliance with the requirements of the Rules in this Subchapter, as applicable, by assigning a grade of "pass" or "fail."

(e) Each evaluator shall report his or her recommendation to the Board's Anesthesia and Sedation Committee, setting forth the details supporting his or her conclusion. The Committee shall not be bound by these recommendations. The Committee shall determine whether the applicant has passed the evaluation or inspection and shall notify the applicant in writing of its decision.

(f) An applicant who fails an inspection or evaluation shall not receive a permit to administer general anesthesia. If a permit holder fails an evaluation, the permit shall be summarily suspended as provided by G.S. 150B-3(c). If a permit holder's facility fails an inspection, no further anesthesia procedures shall be performed at the facility until it passes a re-inspection by the Board.

(g) An applicant who fails an inspection or evaluation may request a re-evaluation or re-inspection within 15 days of receiving the notice of failure. The request shall be directed to the Board in writing and shall include a statement of the grounds supporting the re-evaluation or re-inspection. The Board shall require the applicant to receive additional training prior to the re-evaluation to address the areas of deficiency determined by the evaluation. The Board shall notify the applicant in writing of the need for additional training.

(h) Re-evaluations and re-inspections shall be conducted by Board-appointed evaluators not involved in the failed evaluation or inspection.

21 NCAC 16Q .0205  RESULTS OF SITE EVALUATION AND REEVALUATION

21 NCAC 16Q .0206  ITINERANT (MOBILE) GENERAL ANESTHESIA PERMIT, EQUIPMENT AND EVALUATION

(a) A dentist who holds a general anesthesia permit from the Board and who wishes to provide general anesthesia or other sedation services in the office of another practitioner shall obtain a mobile general anesthesia permit from the Board
by completing the application requirements of this Rule and paying a one hundred ($100.00) application fee. No mobile permit shall be required to administer general anesthesia in a hospital or credentialed surgery center.

(b) Before a mobile general anesthesia permit may be issued, a general anesthesia permit holder appointed by the Board shall inspect the applicant’s equipment and medications to ensure that they comply with Paragraphs (c) and (d) of this Rule.

(c) The permit holder shall maintain the following equipment:

1. positive pressure ventilation system and back-up E cylinder portable oxygen tank;
2. standard ASA monitors with back-up power;
3. EKG monitor;
4. precordial stethoscope or capnograph;
5. small, medium, and large oral airways and nasal trumpets;
6. small, medium, and large laryngoscope blades and back-up laryngoscope;
7. small, medium, and large nasal and oral endotracheal tubes;
8. Magill forceps;
9. small, medium, and large supraglottic airway devices;
10. back-up suction;
11. defibrillator with pediatric capability;
12. small, medium, and large anesthesia circuits;
13. back-up lighting;
14. gastric suction device;
15. endotracheal tube and pulmonary suction device;
16. equipment for performing emergency cricothyrotomies and delivering positive pressure ventilation;
17. back-up ventilation measurement;
18. rebreathing device;
19. scavenging system;
20. intermittent compression devices;
21. CPR board or dental chair without enhancements suitable for providing emergency treatment;
22. laryngoscope with working batteries; and
23. tourniquet and tape.

(d) The following unexpired medications shall be immediately available to the permit holder:

1. Epinephrine;
2. Atropine;
3. antiarrhythmic;
4. antihistamine;
5. antihypertensive;
6. bronchodilator;
7. antihypoglycemic agent;
8. vasopressor;
9. corticosteroid;
10. anticonvulsant;
11. muscle relaxant;
12. appropriate reversal agents;
13. nitroglycerine;
14. antiemetic;
15. neuromuscular blocking agent; and
16. anti-malignant hyperthermia agent.

(e) The evaluation and on-site inspection shall be conducted as set out in Rule .0204 of this Section.

(f) Before administering general anesthesia or sedation at another provider’s office, the mobile permit holder shall inspect the host facility to ensure that:

1. the operatory’s size and design permit emergency management and access of emergency equipment and personnel;
2. there is a CPR board or dental chair without enhancements suitable for providing emergency treatment;
3. there is lighting to permit performance of all procedures planned for the facility;
4. there is suction equipment, including non-electrical back-up suction; and
the facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall be dedicated to patient monitoring and recording general anesthesia or sedation data throughout the sedation procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the sedation procedure and is not performing the surgery or other dental procedure.

(g) At least 24 hours before the procedure is scheduled to begin, the mobile permit holder shall send written notice to the Board office confirming that the facility where the general anesthesia or sedation will be performed meets the requirements of Paragraph (f) of this Rule and documenting when the inspection was conducted. The permit holder shall retain a copy of the written notice for 10 years following the procedure. No procedure shall be performed until the report required by this Paragraph is filed.

(h) The mobile general anesthesia permit shall be displayed in the host facility where it is visible to patients receiving treatment.

(i) All applicants for mobile general anesthesia permit shall be in good standing with the Board.

History Note: Authority G.S. 90-28; 90-30.1; 90-39; 90-48; Eff. June 1, 2017.

21 NCAC 16Q .0207 ANNUAL RENEWAL OF GENERAL ANESTHESIA AND ITINERANT (MOBILE) GENERAL ANESTHESIA PERMIT REQUIRED

(a) General anesthesia permits shall be renewed by the Board annually at the same time as dental licenses by paying a one hundred dollar ($100.00) fee and completing the application requirements of this Rule. If the completed renewal application and renewal fee are not received before January 31 of each year, a one hundred dollar ($100.00) late fee shall be paid.

(b) Itinerant general anesthesia permits shall be renewed by the Board annually at the same time as dental licenses by paying a one hundred dollar ($100.00) fee and completing an application available from the Board's website: www.ncidentalboard.org. If the completed itinerant general sedation permit and renewal fee are not received before January 31 of each year, a one hundred dollar ($100.00) late fee shall be paid.

(c) Any dentist who fails to renew a general anesthesia permit or itinerant general anesthesia permit before March 31 of each year shall complete a reinstatement application, pay the renewal fee, late fee, and comply with all conditions for renewal set out in this Rule. Dentists whose anesthesia permits or itinerant general anesthesia permits have been lapsed for more than 12 calendar months shall pass an inspection and an evaluation as part of the reinstatement process.

(d) A dentist who administers general anesthesia in violation of this Rule shall be subject to the penalties prescribed by Rule .0701 of this Subchapter.

(e) As a condition for renewal of the general anesthesia and itinerant general anesthesia permit, the permit holder shall maintain the clinical equipment and requirements set out in Rules .0202 and .0206 of this Section and shall document the following:

1. six hours of continuing education each year in one or more of the following areas, which may be counted toward fulfillment of the continuing education required each calendar year for license renewal:
   (A) sedation;
   (B) medical emergencies;
   (C) monitoring IV sedation and the use of monitoring equipment;
   (D) pharmacology of drugs and agents used in general anesthesia and IV sedation;
   (E) physical evaluation, risk assessment, or behavioral management; or
   (F) airway management;

2. unexpired ACLS certification, which shall not count towards the six hours required in Subparagraph (e)(1) of this Rule;

3. that the permit holder and all auxiliaries involved in anesthesia or sedation procedures have practiced responding to dental emergencies as a team at least once every six months in the preceding year;

4. that the permit holder and all auxiliaries involved in anesthesia or sedation procedures have read the practice's emergency manual in the preceding year; and

5. that all auxiliaries involved in sedation procedures have completed BLS certification and three hours of continuing education annually in any of the areas set forth in Subparagraph (e)(1) of this Rule.

(f) All permit holders applying for renewal of a general anesthesia or itinerant general anesthesia permit shall be in good standing and their office shall be subject to inspection by the Board.
SECTION .0300 - PARENTERAL CONSCIOUS SEDATION

21 NCAC 16Q .0301 CREDENTIALS AND PERMITS FOR MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION

(a) Before a dentist licensed to practice in North Carolina may administer or supervise a CRNA employed to administer or RN employed to deliver moderate conscious sedation, the dentist shall obtain a permit from the Board by completing the application requirements in this Rule and paying a fee of three hundred seventy five dollars ($375.00) fee that includes the one-hundred dollar ($100.00) application fee and the two-hundred seventy-five dollar ($275.00) inspection fee. The permit shall be renewed annually and shall be displayed with the current renewal at all times in the facility of the permit holder where it is visible to patients receiving treatment.

(b) The permit holder shall provide supervision to any CRNA employed to administer or RN employed to deliver sedation, and shall ensure that the level and duration of the sedation does not exceed the permit holder's permit.

(c) A dentist applying for a permit to administer moderate conscious sedation shall document the following:

(1) Training which may consist of either:
   (A) Completion of 60 hours of Board approved didactic training in intravenous conscious sedation, and 30 hours of clinical training that shall include successful management of a minimum of 20 live patients, under supervision of the course instructor, using intravenous sedation. Training shall be provided by one or more individuals who meet the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists that is hereby incorporated by reference, including subsequent amendments and editions. The guidelines may be found at www.ada.org/coda; or
   (B) Completion of a pre-doctoral dental or postgraduate program that included intravenous conscious sedation training equivalent to that defined in Part (c)(1)(A) of this Rule;

(2) Unexpired ACLS certification; and

(3) That all auxiliaries involved in sedation procedures have unexpired BLS certification.

(d) All applicants for a moderate conscious sedation permit shall be in good standing with the Board.

(e) Prior to issuance of a moderate conscious sedation permit, the applicant shall pass an evaluation and a facility inspection. The applicant shall be responsible for passing the evaluation and inspection of his or her facility within 90 days of notification. An extension of no more than 90 days shall be granted if the designated evaluator or applicant requests one by contacting the Board in writing.

(f) A dentist who holds a moderate conscious sedation permit shall not intentionally administer deep sedation.

History Note: Authority G.S. 90-28; 90-30.1; 90-31; 90-39(12); 90-48; Eff. June 1, 2017.

21 NCAC 16Q .0302 MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION CLINICAL REQUIREMENTS AND EQUIPMENT

(a) A dentist administering moderate conscious sedation or supervising any CRNA employed to administer or RN employed to deliver moderate conscious sedation shall be responsible to ensure that the facility where the sedation is administered meets the following requirements:

(1) The facility shall be equipped with the following:
   (A) an operatory of size and design to permit access of emergency equipment and personnel and to permit emergency management;
   (B) a CPR board or a dental chair without enhancements, suitable for providing emergency treatment;
   (C) lighting as necessary for specific procedures and back-up lighting; and
   (D) suction equipment as necessary for specific procedures, including non-electrical back-up suction;

positive oxygen delivery system, including full face masks for small, medium, and large
patients and back-up E-cylinder portable oxygen tank apart from the central system;
small, medium, and large oral and nasal airways;
blood pressure monitoring device;
pulse oximeter;
automatic external defibrillator (AED);
EKG monitor;
precordial stethoscope or capnograph;
thermometer;
vascular access set-up as necessary for specific procedures, including hardware and fluids;
syringes as necessary for specific procedures;
tourniquet and tape;
advanced airway devices; and
tonsillar suction with back-up suction.

(2) The following unexpired drugs shall be maintained in the facility and with access from the operatory
and recovery rooms:
injectable epinephrine;
injectable Atropine;
injectable appropriate reversal agents;
injectable antihistamine;
injectable corticosteroid;
nitroglycerine;
bronchodilator;
injectable antiemetic;
Dextrose; and
injectable anti-arrhythmic.

(3) The permit holder shall maintain written emergency and patient discharge protocols and training to
familiarize auxiliaries in the treatment of clinical emergencies shall be provided; and

(4) The dentist shall maintain the following records for at least 10 years:
Patient's current written medical history and pre-operative assessment; and
Drugs administered during the procedure, including route of administration, dosage, strength,
time, and sequence of administration.

(5) The sedation record shall include:
base line vital signs, blood pressure (unless patient behavior prevents recording), oxygen
saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the patient
recorded in real time at 15 minute intervals;
procedure start and end times;
gauge of needle and location of IV on the patient, if used;
status of patient upon discharge;
documentation of complications or morbidity; and
consent form, signed by the patient or guardian, identifying the procedure, risks and benefits,
level of sedation, and date signed.

(6) The following conditions shall be satisfied during a sedation procedure:
The facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall be
dedicated to patient monitoring and recording sedation data throughout the sedation
procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to
patient care and monitoring regarding general anesthesia or sedation throughout the sedation
procedure and is not performing the surgery or other dental procedure.
If IV sedation is used, IV infusion shall be administered before the start of the procedure and
maintained until the patient is ready for discharge.

(b) During an inspection or evaluation, the applicant or permit holder shall demonstrate the administration of moderate
conscious sedation on a patient, including the deployment of an intravenous delivery system, while the evaluator
observes. During the demonstration, the applicant or permit holder shall demonstrate competency in the following areas:
monitoring blood pressure, pulse, ET CO2 if capnography is utilized, and respiration;
drug dosage and administration;
(3) treatment of untoward reactions including respiratory or cardiac depression if applicable;
(4) sterile technique;
(5) use of BLS certified auxiliaries;
(6) monitoring of patient during recovery; and
(7) sufficiency of patient recovery time.

(c) During an inspection or evaluation, the applicant or permit holder shall verbally demonstrate competency to the evaluator in the treatment of the following clinical emergencies:

(1) laryngospasm;
(2) bronchospasm;
(3) emesis and aspiration;
(4) respiratory depression and arrest;
(5) angina pectoris;
(6) myocardial infarction;
(7) hypertension and hypotension;
(8) allergic reactions;
(9) convulsions;
(10) syncope;
(11) bradycardia;
(12) hypoglycemia;
(13) cardiac arrest; and
(14) airway obstruction.

(d) A moderate conscious sedation permit holder shall evaluate a patient for health risks before starting any sedation procedure as follows:

(1) a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's current medical history and medication use or;
(2) a patient who is not medically stable or who is ASA III or higher shall be evaluated by a consultation with the patient's primary care physician or consulting medical specialist regarding the potential risks posed by the procedure.

(e) Post-operative monitoring and discharge:

(1) vital signs shall be continuously monitored when the sedation is no longer being administered and the patient shall have direct continuous supervision until oxygenation and circulation are stable and the patient is recovered as defined in Subparagraph (e)(2) of this Rule and is ready for discharge from the office.

(2) recovery from moderate conscious sedation shall include documentation of the following:
   (A) cardiovascular function stable;
   (B) airway patency uncompromised;
   (C) patient arousable and protective reflexes intact;
   (D) state of hydration within normal limits;
   (E) patient can talk, if applicable;
   (F) patient can sit unaided, if applicable;
   (G) patient can ambulate, if applicable, with minimal assistance; and
   (H) for special needs patients or patients incapable of the usually expected responses, the pre-sedation level of responsiveness or the level as close as possible for that patient shall be achieved.

(3) before allowing the patient to leave the office, the dentist shall determine that the patient has met the recovery criteria set out in Subparagraph (e)(2) of this Rule and the following discharge criteria:
   (A) oxygenation, circulation, activity, skin color, and level of consciousness are stable, and have been documented;
   (B) explanation and documentation of written postoperative instructions have been provided to the patient or a responsible adult at time of discharge; and
   (C) a vested adult is available to transport the patient after discharge.

History Note: Authority G.S. 90-28; 90-30.1; 90-48;
Eff. February 1, 1990;
Amended Eff. August 1, 2002; August 1, 2000;
21 NCAC 16Q .0303  TEMPORARY APPROVAL PRIOR TO SITE INSPECTION

History Note:  Authority G.S. 90-28; 90-30.1;
Eff. February 1, 1990;
Amended Eff. August 1, 2002; January 1, 1994;
Temporary Amendment Eff. December 11, 2002;
Amended Eff. September 1, 2014; February 1, 2009; July 3, 2008; August 1, 2004;
Repealed Eff. April 1, 2016.

21 NCAC 16Q .0304  OFF SITE USE OF MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION PERMITS

The holder of a moderate conscious sedation permit may travel to the office of a licensed dentist and provide moderate conscious sedation for the patients of that dentist who are undergoing dental procedures. The permit holder shall be responsible to ensure that the facility where the sedation is administered has passed inspection by the Board and meets the requirements set out in Rule .0302 of this Section. The permit holder shall be responsible to ensure that the facility is staffed with at least two BLS certified auxiliaries, one of whom shall be dedicated to patient monitoring and recording general anesthesia or sedation data throughout the sedation procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the sedation procedure and is not performing the surgery or other dental procedure.

History Note:  Authority G.S. 90-28; 90-30; 90-30.1; 90-48;
Recodified from 21 NCAC 16Q .0302(e)(f), Eff. November 1, 2013;
Amended Eff. June 1, 2017.

21 NCAC 16Q .0305  ANNUAL RENEWAL OF MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION PERMIT REQUIRED

(a) Moderate conscious sedation permits shall be renewed by the Board annually at the same time as dental licenses by paying a one hundred dollar ($100.00) fee and completing the application requirements in this Rule.

(b) If the completed permit renewal application and renewal fee are not received before January 31 of each year, a one hundred dollar ($100.00) late fee shall be paid.

(c) Any dentist who fails to renew a moderate conscious sedation permit before March 31 of each year shall complete a reinstatement application, pay the renewal fee, late fee, and comply with all conditions for renewal set out in this Rule. Dentists whose sedation permits have been lapsed for more than 12 calendar months shall pass an inspection and an evaluation as part of the reinstatement process.

(d) A dentist who administers moderate conscious sedation in violation of this Rule shall be subject to the penalties prescribed by Rule .0701 of this Subchapter.

(e) As a condition for renewal of the moderate conscious sedation permit, the permit holder shall meet the clinical and equipment requirements of Rule .0302 of this Section and shall document the following:

(1) six hours of continuing education each year in one or more of the following areas, which may be counted toward fulfillment of the continuing education required each calendar year for license renewal:
   (A) sedation;
   (B) medical emergencies;
   (C) monitoring IV sedation and the use of monitoring equipment;
   (D) pharmacology of drugs and agents used in IV sedation;
   (E) physical evaluation, risk assessment, or behavioral management; or
   (F) airway management;

(2) unexpired ACLS certification, which shall not count towards the six hours of continuing education required in Subparagraph (e)(1) Rule;

(3) that the permit holder and all auxiliaries involved in sedation procedures have practiced responding to dental emergencies as a team at least once every six months in the preceding year;

(4) that the permit holder and all auxiliaries involved in sedation procedures have read the practice's emergency manual in the preceding year; and
(5) that all auxiliaries involved in sedation procedures have completed BLS certification and three hours of continuing education annually in any of the areas set forth in Subparagraph (e)(1) of this Rule.

(f) All permit holders applying for renewal of a moderate conscious sedation permit shall be in good standing and their office shall be subject to inspection by the Board.

History Note: Authority G.S. 90-28; 90-30.1; 90-31; 90-39(12); 90-48; Eff. June 1, 2017.

21 NCAC 16Q .0306 PROCEDURE FOR MODERATE CONSCIOUS SEDATION EVALUATION OR INSPECTION AND RE-INSPECTION

(a) When an evaluation or on-site inspection is required, the Board shall designate one or more qualified persons to serve as evaluators each of whom has administered moderate conscious sedation for at least three years preceding the inspection. Training in moderate conscious sedation shall not be counted in the three years.

(b) An inspection fee of three hundred seventy five dollars ($375.00) shall be due 10 days after the dentist receives notice of the inspection of each additional location at which the dentist administers moderate conscious sedation.

(c) Any dentist-member of the Board may observe or consult in any evaluation or inspection.

(d) The inspection team shall determine compliance with the requirements of the rules in this Subchapter, as applicable, by assigning a grade of "pass" or "fail."

(e) Each evaluator shall report his or her recommendation to the Board's Anesthesia and Sedation Committee, setting forth the details supporting his or her conclusion. The Committee shall not be bound by these recommendations. The Committee shall determine whether the applicant has passed the evaluation or inspection and shall notify the applicant in writing of its decision.

(f) An applicant who fails an inspection or evaluation shall not receive a permit to administer moderate conscious sedation. If a permit holder fails an evaluation, the permit shall be summarily suspended as provided by G.S. 150B-3(c). If a permit holder's facility fails an inspection, no further sedation procedures shall be performed at the facility until it passes a re-inspection by the Board.

(g) An applicant who fails an inspection or evaluation may request a re-evaluation or re-inspection within 15 days of receiving the notice of failure. The request shall be directed to the Board in writing and shall include a statement of the grounds supporting the re-evaluation or re-inspection. The Board shall require the applicant to receive additional training prior to the re-evaluation to address the areas of deficiency determined by the evaluation. The Board shall notify the applicant in writing of the need for additional training.

(h) Re-evaluations and re-inspections shall be conducted by Board-appointed evaluators not involved in the failed evaluation or inspection.

History Note: Authority G.S. 90-30.1; 90-39; 90-48; Eff April 1, 2016.

SECTION .0400 - ENTERAL CONSCIOUS SEDATION

21 NCAC 16Q .0401 MINIMAL CONSCIOUS SEDATION CREDENTIALS, EVALUATION AND PERMIT

(a) Before a dentist licensed to practice in North Carolina may administer or supervise a certified registered nurse anesthetist to administer minimal conscious sedation, the dentist shall obtain a Board-issued permit for minimal conscious sedation, moderate pediatric conscious sedation, moderate conscious sedation or general anesthesia. A permit is not required for prescription administration of DEA controlled drugs prescribed for postoperative pain control intended for home use. A dentist may obtain a minimal conscious sedation permit from the Board by completing an application form provided by the Board and paying a fee of one hundred dollars ($100.00). Such permit must be renewed annually and shall be displayed with the current renewal at all times in a conspicuous place in the office of the permit holder.

(b) Only a dentist who holds a general anesthesia license may administer deep sedation or general anesthesia.

(c) Application:

(1) A minimal conscious sedation permit may be obtained by completing an application form provided by Board, a copy of which may be obtained from the Board office, and meeting the requirements of Section .0400 of this Subchapter.

(2) The application form must be filled out completely and appropriate fees paid.

(3) An applicant for a minimal conscious sedation permit shall be licensed and in good standing with the Board in order to be approved. For purposes of these Rules "good standing" means that the applicant
is not subject to a disciplinary investigation and his or her licensee has not been revoked or suspended and is not subject to a probation or stayed suspension order.

(d) Evaluation:

(1) Prior to issuance of a minimal conscious sedation permit the applicant shall undergo a facility inspection. The Board shall direct an evaluator qualified to administer minimal sedation to perform this inspection. The applicant shall be notified in writing that an inspection is required and provided with the name of the evaluator who shall perform the inspection. The applicant shall be responsible for successful completion of inspection of his or her facility within three months of notification. An extension of no more than 90 days shall be granted if the designated evaluator or applicant requests one.

(2) During an inspection or evaluation, the applicant or permit holder shall demonstrate competency in the following areas:
   (A) Monitoring of blood pressure, pulse, pulse oximetry and respiration;
   (B) Drug dosage and administration (by verbal demonstration);
   (C) Treatment of untoward reactions including respiratory or cardiac depression (by verbal demonstration);
   (D) Sterilization;
   (E) Use of CPR certified personnel;
   (F) Monitoring of patient during recovery (by verbal demonstration); and
   (G) Sufficiency of patient recovery time (by verbal demonstration).

(3) During an inspection or evaluation, the applicant or permit holder shall verbally demonstrate competency to the evaluator in the treatment of the following clinical emergencies:
   (A) Laryngospasm;
   (B) Bronchospasm;
   (C) Emesis and aspiration;
   (D) Respiratory depression and arrest;
   (E) Angina pectoris;
   (F) Myocardial infarction;
   (G) Hypertension/Hypotension;
   (H) Syncope;
   (I) Allergic reactions;
   (J) Convulsions;
   (K) Bradycardia;
   (L) Insulin shock; and
   (M) Cardiac arrest.

(4) The evaluator shall assign a grade of pass or fail and shall report his recommendation to the Board, setting out the basis for his conclusion. The Board is not bound by the evaluator's recommendation and shall make a final determination regarding whether the applicant has passed the evaluation. The applicant shall be notified of the Board's decision in writing.

(e) Educational/Professional Requirements:

(1) The dentist applying for a minimal conscious sedation permit shall meet one of the following criteria:
   (A) Successful completion of training consistent with that described in Part I or Part III of the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, and have documented administration of minimal conscious sedation in a minimum of five cases;
   (B) Successful completion of an ADA accredited post-doctoral training program which affords comprehensive training necessary to administer and manage minimal conscious sedation;
   (C) Successful completion of an 18-hour minimal conscious sedation course which must be approved by the Board based on whether it affords comprehensive training necessary to administer and manage minimal conscious sedation;
   (D) Successful completion of an ADA accredited postgraduate program in pediatric dentistry; or
   (E) Is a North Carolina licensed dentist in good standing who has been using minimal conscious sedation in a competent manner for at least one year immediately preceding October 1, 2007 and his or her office facility has passed an on-site inspection by a Board evaluator as required.
in Paragraph (d) of this Rule. Competency shall be determined by presentation of successful administration of minimal conscious sedation in a minimum of five clinical cases.

(2) All applicants for a minimal sedation permit must document successful completion of a Basic Life Saving (BLS) course within the 12 months prior to the date of application.

History Note:
Authority G.S. 90-28; 90-30.1;
Temporary Adoption Eff. March 13, 2003; December 11, 2002;
Eff. August 1, 2004;

21 NCAC 16Q .0402 MINIMAL CONSCIOUS SEDATION PERMIT REQUIREMENTS, CLINICAL PROVISIONS AND EQUIPMENT
(a) Minimal conscious sedation is indicated for use only as defined in Rule .0101(15) of this Subchapter (relating to Definitions). Minimal conscious sedation is not indicated for use to achieve deep sedation.
(b) A minimal conscious sedation permit is not required for minor psychosedatives used for anxiolysis prescribed for administration outside of the dental office when pre-procedure instructions are likely to be followed. Medication administered for the purpose of minimal conscious sedation shall not exceed the maximum doses recommended by the drug manufacturer, sedation textbooks, or juried sedation journals. Except for nitrous inhalation, drugs in combination are not permitted for minimal conscious sedation. During longer periods of minimal conscious sedation, in which the amount of time of the procedures exceeds the effective duration of the sedative effect of the drug used, the incremental doses of the sedative shall not exceed total safe dosage levels based on the effective half-life of the drug used.
(c) Each dentist shall:
   (1) adhere to the clinical requirements as detailed in Paragraph (e) of this Rule;
   (2) maintain under continuous direct supervision any auxiliary personnel, who shall be capable of assisting in procedures, problems, and emergencies incident to the use of minimal conscious sedation or secondary to an unexpected medical complication;
   (3) utilize sufficient auxiliary personnel for each procedure performed who shall document annual successful completion of basic life support training; and
   (4) not allow a minimal conscious sedation procedure to be performed in his or her office by a Certified Registered Nurse Anesthetist (CRNA) unless the dentist holds a permit issued by the Board for the procedure being performed. This provision addresses dentists and is not intended to address the scope of practice of persons licensed by any other agency.
(d) Each dentist shall meet the following requirements:
   (1) Patient Evaluation. Patients who are administered minimal conscious sedation must be evaluated for medical health risks prior to the start of any sedative procedure. A patient receiving minimal conscious sedation must be healthy or medically stable (ASA I, or ASA II as defined by the American Society of Anesthesiologists). An evaluation is a review of the patient's current medical history and medication use. However, for individuals who are not medically stable or who have a significant health disability Physical Status III (ASA III, as defined by the American Society of Anesthesiologists) a consultation with their primary care physician or consulting medical specialist regarding potential procedure risk is required.
   (2) Pre-procedure preparation, informed consent:
      (A) The patient or guardian must be advised of the procedure associated with the delivery of the minimal conscious sedation.
      (B) Equipment must be evaluated and maintained for proper operation.
      (C) Baseline vital signs shall be obtained at the discretion of the operator depending on the medical status of the patient and the nature of the procedure to be performed.
      (D) Dentists administering minimal conscious sedation shall use sedative agents that he/she is competent to administer and shall administer such agents in a manner that is within the standard of care.
(e) Patient monitoring:
   (1) Patients who have been administered minimal conscious sedation shall be monitored during waiting periods prior to operative procedures. An adult who has accepted responsibility for the patient and been given written pre-procedural instruction may provide such monitoring. The patient shall be monitored for alertness, responsiveness, breathing and skin coloration.
Dentists administering minimal conscious sedation shall maintain direct supervision of the patient during the operative procedure and for such a period of time necessary to establish pharmacologic and physiologic vital sign stability.

(A) Oxygenation. Color of mucosa, skin or blood shall be continually evaluated. Oxygen saturation shall be evaluated continuously by pulse oximetry, except as provided in Paragraph (e)(4) of this Rule.

(B) Ventilation. Observation of chest excursions or auscultation of breath sounds or both shall be performed.

(C) Circulation. Blood pressure and pulse shall be taken and recorded initially and thereafter as appropriate except as provided in Paragraph (e)(4) of this Rule.

(D) AED. Dentists administering minimal conscious sedation shall maintain a functioning automatic external defibrillator (AED).

An appropriate time oriented anesthetic record of vital signs shall be maintained in the permanent record including documentation of individual(s) administering the drug and showing the name of drug, strength and dosage used.

If the dentist responsible for administering minimal conscious sedation must deviate from the requirements set out in this Rule, he or she shall document the occurrence of such deviation and the reasons for such deviation.

Post-operative procedures:

(1) Following the operative procedure, positive pressure oxygen and suction equipment shall be immediately available in the recovery area or operatory.

(2) Vital signs shall be continuously monitored when the sedation is no longer being administered and the patient shall have direct continuous supervision until oxygenation and circulation are stable and the patient is sufficiently responsive for discharge from the office.

(3) Patients who have adverse reactions to minimal conscious sedation shall be assisted and monitored either in an operatory chair or recovery area until stable for discharge.

(4) Recovery from minimal conscious sedation shall include:

(A) cardiovascular function stable;
(B) airway patency uncompromised;
(C) patient easily arousable and protective reflexes intact;
(D) state of hydration within normal limits;
(E) patient can talk, if applicable;
(F) patient can sit unaided, if applicable;
(G) patient can ambulate, if applicable, with minimal assistance; and
(H) for the patient who is disabled, or incapable of the usually expected responses, the pre-sedation level of responsiveness or the level as close as possible for that patient shall be achieved.

(5) Prior to allowing the patient to leave the office, the dentist shall determine that the patient has met the recovery criteria set out in Paragraph (f)(4) of this Rule and the following discharge criteria:

(A) oxygenation, circulation, activity, skin color and level of consciousness are sufficient and stable and have been documented;
(B) explanation and documentation of written postoperative instructions have been provided to the patient or a responsible adult at time of discharge;
(C) responsible individual is available for the patient to transport the patient after discharge;
(D) A vested adult must be available to transport patients for whom a motor vehicle restraint system is required and an additional responsible individual must be available to attend to the patients.

The dentist, personnel and facility shall be prepared to treat emergencies that may arise from the administration of minimal conscious sedation, and shall have the ability to provide positive pressure ventilation with 100% oxygen with an age appropriate device.

21 NCAC 16Q .0403  TEMPORARY APPROVAL PRIOR TO SITE INSPECTION

History Note:  Authority G.S. 90-28; 90-30.1.
Temporary Adoption Eff. March 13, 2003; December 11, 2002;
Eff. August 1, 2004;
Amended Eff. February 1, 2009; July 3, 2008;
Repealed Eff. April 1, 2016.

21 NCAC 16Q .0404  CREDENTIALS AND PERMITS FOR MODERATE PEDIATRIC CONSCIOUS SEDATION

(a) Before a dentist licensed to practice in North Carolina may administer moderate pediatric conscious sedation, the dentist shall obtain a general anesthesia or moderate pediatric conscious sedation permit from the Board by completing the application requirements of this Rule and paying a fee of three hundred seventy-five dollars ($375.00) that includes the one-hundred dollar ($100.00) application fee and the two-hundred seventy-five dollar ($275.00) inspection fee. The permit shall be renewed annually and shall be displayed with the unexpired renewal at all times in the permit holder’s facility where it is visible to patients receiving treatment.

(b) A dentist applying for a permit to administer moderate pediatric conscious sedation shall meet at least one of the following criteria:
   (1) completion of a postgraduate program that included pediatric intravenous conscious sedation training;
   (2) completion of a Commission On Dental Accreditation (CODA) approved pediatric residency that included intravenous conscious sedation training; or
   (3) completion of a pediatric degree or pediatric residency at a CODA approved institution that includes training in the use and placement of IVs or intraosseous vascular access. A list of CODA approved institutions that is hereby incorporated by reference, including subsequent amendments and editions, appears at www.ada.org/coda and is available at no cost.

(c) All applicants for moderate pediatric conscious sedation permits shall have completed the training required by Paragraph (b) of this Rule within the last two years or show evidence of moderate pediatric conscious sedation practice within the last two years in another state or U.S. Territory.

(d) All applicants for moderate pediatric conscious sedation permits shall be in good standing with the Board.

History Note:  Authority G.S. 90-30.1; 90-39; 90-48;

21 NCAC 16Q .0405  MODERATE PEDIATRIC CONSCIOUS SEDATION CLINICAL REQUIREMENTS AND EQUIPMENT

(a) A dentist administering moderate pediatric conscious sedation shall be responsible to ensure that the facility where the sedation is administered meets the following requirements:

   (1) The facility shall be equipped with the following:

      (A) an operatory of size and design to permit access of emergency equipment and personnel and to permit emergency management;
      (B) a CPR board or a dental chair without enhancements, suitable for providing emergency treatment;
      (C) lighting as necessary for specific procedures and back-up lighting;
      (D) suction equipment as necessary for specific procedures, including non-electrical back-up suction;
      (E) positive oxygen delivery system, including full face masks for small, medium, and large patients and back-up E-cylinder portable oxygen tank apart from the central system;
      (F) oral and nasal airways of various sizes;
      (G) blood pressure monitoring device;
      (H) pulse oximeter;
      (I) precordial stethoscope or capnograph;
      (J) defibrillator;
      (K) EKG monitor;
      (L) thermometer;
vascular access set-up as necessary for specific procedures, including hardware and fluids;
(2) syringes as necessary for specific procedures;
(O) advanced airways; and
(P) tourniquet and tape.

The following unexpired drugs shall be maintained in the facility and with access from the operatory and recovery rooms:

(A) epinephrine;
(B) Atropine;
(C) appropriate reversal agents;
(D) antihistamine;
(E) corticosteroid;
(F) nitroglycerine;
(G) bronchodilator;
(H) antiemetic; and
(I) Dextrose.

The permit holder shall maintain written emergency and patient discharge protocols and training to familiarize auxiliaries in the treatment of clinical emergencies shall be provided;

The following records are maintained for at least 10 years:

(A) patient's current written medical history and pre-operative assessment;
(B) drugs administered during the procedure, including route of administration, dosage, strength, time, and sequence of administration;
(C) a sedation record;
(D) a consent form, signed by the patient or a guardian, identifying the procedure, risks and benefits, level of sedation, and date signed.

The sedation record shall include:

(A) base line vital signs, blood pressure (unless patient behavior prevents recording), oxygen saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the patient recorded in real time at 15 minute intervals;
(B) procedure start and end times;
(C) gauge of needle and location of IV on the patient, if used;
(D) status of patient upon discharge; and
(E) documentation of complications or morbidity; and

The following conditions shall be satisfied during a sedation procedure:

(A) the facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall be dedicated to patient monitoring and recording sedation data throughout the sedation procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the sedation procedure and is not performing the surgery or other dental procedure; and
(B) when IV sedation is used, IV infusion shall be administered before the commencement of the procedure and maintained until the patient is ready for discharge.

(b) During an inspection or evaluation, applicants and permit holders who use intravenous sedation shall demonstrate the administration of moderate pediatric conscious sedation on a live patient, including the deployment of an intravenous delivery system, while the evaluator observes. Applicants and permit holders who do not use IV sedation shall describe the proper deployment of an intravenous delivery system to the evaluator and shall demonstrate the administration of moderate pediatric conscious sedation on a live patient while the evaluator observes.

(c) During the demonstration, all applicants and permit holders shall demonstrate competency in the following areas:

(1) monitoring blood pressure, pulse, and respiration;
(2) drug dosage and administration;
(3) treatment of untoward reactions including respiratory or cardiac depression if applicable;
(4) sterile technique;
(5) use of BLS certified auxiliaries;
(6) monitoring of patient during recovery; and
(7) sufficiency of patient recovery time.

(d) During an inspection or evaluation, the applicant or permit holder shall verbally demonstrate competency in the treatment of the following clinical emergencies:
(1) laryngospasm;
(2) bronchospasm;
(3) emesis and aspiration;
(4) respiratory depression and arrest;
(5) angina pectoris;
(6) myocardial infarction;
(7) hypertension and hypotension;
(8) allergic reactions;
(9) convulsions;
(10) syncope;
(11) bradycardia;
(12) hypoglycemia;
(13) cardiac arrest;
(14) airway obstruction; and
(15) vascular access.

(e) A moderate pediatric conscious sedation permit holder shall evaluate patients for health risks before starting any sedation procedure as follows:

1. a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's current medical history and medication use; or
2. a patient who is not medically stable or who is ASA III or higher shall be evaluated by a consultation with the patient's primary care physician or consulting medical specialist regarding the potential risks posed by the procedure.

(f) Patient monitoring:

1. Patients who have been administered moderate pediatric conscious sedation shall be monitored for alertness, responsiveness, breathing, and skin coloration during waiting periods before operative procedures.
2. Vital signs shall be continuously monitored when the sedation is no longer being administered and the patient shall have direct continuous supervision until oxygenation and circulation are stable and the patient is recovered as defined in Subparagraph (f)(3) of this Rule and is ready for discharge from the office.
3. Recovery from moderate pediatric conscious sedation shall include documentation of the following:
   (A) cardiovascular function stable;
   (B) airway patency uncompromised;
   (C) patient arousable and protective reflexes intact;
   (D) state of hydration within normal limits;
   (E) patient can talk, if applicable;
   (F) patient can sit unaided, if applicable;
   (G) patient can ambulate, if applicable, with minimal assistance; and
   (H) for the special needs patient or a patient incapable of the usually expected responses, the pre-sedation level of responsiveness or the level as close as possible for that patient shall be achieved.
4. Before allowing the patient to leave the office, the dentist shall determine that the patient has met the recovery criteria set out in Subparagraph (f)(3) of this Rule and the following discharge criteria:
   (A) oxygenation, circulation, activity, skin color, and level of consciousness are sufficient and stable, and have been documented;
   (B) explanation and documentation of written postoperative instructions have been provided to a responsible adult at time of discharge;
   (C) a vested adult is available to transport the patient after discharge; and
   (D) a vested adult shall be available to transport patients for whom a motor vehicle restraint system is required and an additional responsible individual shall be available to attend to the patients.

History Note: Authority G.S. 90-28; 90-30.1; 90-48; Eff. June 1, 2017.
21 NCAC 16Q .0406  OFF SITE USE OF MODERATE PEDIATRIC CONSCIOUS SEDATION PERMITS
The holder of a moderate pediatric conscious sedation permit may travel to the office of a licensed dentist and provide moderate pediatric conscious sedation. The permit holder shall be responsible to ensure that the facility where the sedation is administered has been inspected by the Board as required by Rule .0404 of this Section, and that the equipment, facility, and auxiliaries meet the requirements of Rule .0405 of this Section.

History Note:   Authority G.S. 90-28; 90-30.1; 90-48;

21 NCAC 16Q .0407  ANNUAL RENEWAL OF MODERATE PEDIATRIC CONSCIOUS SEDATION PERMIT REQUIRED
(a) Moderate pediatric conscious sedation permits shall be renewed by the Board annually at the same time as dental licenses by paying a one hundred ($100.00) fee and completing the application requirements in this Rule.
(b) If the completed renewal application and renewal fee are not received before January 31 of each year, a one hundred ($100.00) late fee shall be paid.
(c) Any dentist who fails to renew a moderate pediatric conscious sedation permit before March 31 of each year shall complete a reinstatement application, pay the renewal fee, late fee, and comply with all conditions for renewal set out in this Rule. Dentists whose sedation permits have been lapsed for more than 12 calendar months shall pass an inspection and an evaluation as part of the reinstatement process.
(d) A dentist who administers moderate pediatric conscious sedation in violation of this Rule shall be subject to the penalties prescribed by Rule .0701 of this Subchapter.
(e) As a condition for renewal of the moderate pediatric conscious sedation permit, the permit holder shall meet the clinical and equipment requirements of Rule .0405 of this Section and shall document the following:
   (1) six hours of continuing education each year in one or more of the following areas, which may be counted toward fulfillment of the continuing education required each calendar year for license renewal:
      (A) sedation;
      (B) medical emergencies;
      (C) monitoring IV sedation and the use of monitoring equipment;
      (D) pharmacology of drugs and agents used in IV sedation;
      (E) physical evaluation, risk assessment, or behavioral management; or
      (F) airway management;
   (2) unexpired PALS certification, which shall not count towards the six hours of continuing education required in Subparagraph (e)(1) of this rule;
   (3) that the permit holder and all auxiliaries involved in sedation procedures have practiced responding to dental emergencies as a team at least once every six months in the preceding year.
   (4) that the permit holder and all auxiliaries involved in sedation procedures have read the practice’s emergency manual in the preceding year; and
   (5) that all auxiliaries involved in sedation procedures have completed BLS certification and three hours of continuing education annually in any of the areas set forth in Subparagraph (e)(1) of this Rule.
(f) All permit holders applying for renewal of a moderate pediatric conscious sedation permit shall be in good standing and their office shall be subject to inspection by the Board.

History Note:   Authority G.S. 90-28; 90-30.1; 90-31; 90-39(12); 90-48;

21 NCAC 16Q .0408  PROCEDURE FOR MODERATE PEDIATRIC SEDATION EVALUATION OR INSPECTION AND RE-INSPECTION
(a) When an evaluation or on-site inspection is required, the Board shall designate one or more qualified persons to serve as evaluators, each of whom has administered moderate pediatric sedation for at least three years preceding the evaluation or inspection. Training in moderate pediatric sedation shall not count toward the three years.
(b) An inspection fee of three hundred seventy five dollars ($375.00) shall be due 10 days after the dentist receives notice of the inspection of each additional location at which the dentist administers moderate pediatric sedation.
(c) Any dentist-member of the Board may observe or consult in any evaluation or inspection.
(d) The inspection team shall determine compliance with the requirements of the rules in this Subchapter, as applicable, by assigning a grade of "pass" or "fail."
(e) Each evaluator shall report his or her recommendation to the Board’s Anesthesia and Sedation Committee, setting forth the details supporting his or her conclusion. The Committee shall not be bound by these recommendations. The Committee shall determine whether the applicant has passed the evaluation or inspection and shall notify the applicant in writing of its decision.

(f) An applicant who fails an inspection or evaluation shall not receive a permit to administer moderate pediatric sedation. If a permit holder fails an evaluation, the permit shall be summarily suspended as provided by G.S. 150B-3(c). If a permit holder’s facility fails an inspection, no further sedation procedures shall be performed at the facility until it passes a re-inspection by the Board.

(g) An applicant who fails an inspection or evaluation may request a re-evaluation or re-inspection within 15 days of receiving the notice of failure. The request shall be directed to the Board in writing and include a statement of the grounds supporting the re-evaluation or re-inspection. The Board shall require the applicant to receive additional training prior to the re-evaluation to address the areas of deficiency determined by the evaluation. The Board shall notify the applicant in writing of the need for additional training.

(h) Re-evaluations and re-inspections shall be conducted by Board-appointed evaluators not involved in the failed evaluation or inspection.

History Note: Authority G.S. 90-30.1; 90-39; 90-48; Eff. April 1, 2016.

SECTION .0500 - RENEWAL OF PERMITS

21 NCAC 16Q .0501 ANNUAL RENEWAL REQUIRED

(a) General anesthesia and all sedation permits shall be renewed by the Board annually. Such renewal shall be accomplished in conjunction with the license renewal process, and applications for permits shall be made at the same time as applications for renewal of licenses. A one hundred ($100.00) annual renewal fee shall be paid at the time of renewal.

(b) All sedation permits shall be subject to the same renewal deadlines as are dental practice licenses, in accordance with G.S. 90-31. If the permit renewal application is not received by the date specified in G.S. 90-31, continued administration of general anesthesia or any level of conscious sedation shall be unlawful and shall subject the dentist to the penalties prescribed by Section .0700 of this Subchapter.

(c) As a condition for renewal of the general anesthesia permit, the permit holder shall meet the requirements of 21 NCAC 16Q .0202 and document current, successful completion of advanced cardiac life support (ACLS) training, or its age-specific equivalent or other equivalent course, and auxiliary personnel shall document annual, successful completion of basic life support (BLS) training.

(d) As a condition for renewal of the moderate conscious sedation permit or moderate pediatric conscious sedation permit, the permit holder shall meet the requirements of 21 NCAC 16Q .0302 and:

   (1) document annual, successful completion of BLS training and obtain three hours of continuing education each year in one or more of the following areas, which may be counted toward fulfillment of the continuing education required each calendar year for license renewal:

   (A) sedation;
   (B) medical emergencies;
   (C) monitoring IV sedation and the use of monitoring equipment;
   (D) pharmacology of drugs and agents used in IV sedation;
   (E) physical evaluation, risk assessment, or behavioral management;
   (F) audit ACLS/Pediatric Advanced Life Support (PALS) courses; and
   (G) airway management; or

   (2) document current, successful completion of ACLS training or its age-specific equivalent, or other equivalent course and annual successful completion of BLS.

(e) moderate pediatric conscious sedation permit holders must have current PALS at all times.

(f) As a condition for renewal of the minimal conscious sedation permit and the moderate conscious sedation permit limited to oral routes and nitrous oxide inhalation, the permit holder shall meet the requirements of 16Q .0402 and shall document annual, successful completion of BLS training and obtain six hours of continuing education every two years in one or more of the following areas, which may be counted toward fulfillment of the continuing education required each calendar year for license renewal:

   (1) pediatric or adult sedation;
(2) medical emergencies;
(3) monitoring sedation and the use of monitoring equipment;
(4) pharmacology of drugs and agents used in sedation;
(5) physical evaluation, risk assessment, or behavioral management; or
(6) audit ACLS/PALS courses; and
(7) airway management.

(g) Any dentist who fails to renew a general anesthesia or sedation permit on or before March 31 of each year must complete a reinstatement application, pay the one hundred dollar ($100.00) renewal fee and a one hundred dollar ($100.00) penalty and comply with all conditions for renewal set out in this Rule for the permit sought. Dentists whose anesthesia or sedation permits have been lapsed for more than 12 calendar months must pass a facilities inspection as part of the reinstatement process.

History Note:  Authority G.S. 90-28; 90-30.1; 90-48;
Eff. February 1, 1990;
Amended Eff. August 1, 2002;
Transferred and Recodified from 16Q .0401 to 16Q .0501;
Temporary Amendment Eff. December 11, 2002;

21 NCAC 16Q .0502 PAYMENT OF FEES
A fee of fifty dollars ($50.00) shall accompany the permit renewal application, such fee to be separate and apart from the annual license renewal fee imposed by the Board.

History Note:  Authority G.S. 90-28; 90-30.1;
Eff. February 1, 1990;
Transferred and Recodified from 16Q .0402 to .0502.

21 NCAC 16Q .0503 INSPECTION AUTHORIZED
Incident to the renewal of an anesthesia or sedation permit, for cause or routinely at reasonable time intervals in order to ensure compliance, the Board may require an on-site inspection of the dentist's facility, equipment, personnel and procedures. Such inspection shall be conducted in accordance with Rules .0204, .0205, .0303, and .0401 of this Subchapter.

History Note:  Authority G.S. 90-28; 90-30.1;
Eff. February 1, 1990;
Amended Eff. January 1, 1994;
Transferred and Recodified from 16Q .0403 to 16Q .0503;
Temporary Amendment Eff. December 11, 2002;

SECTION .0600 - REPORTING AND PENALTIES

21 NCAC 16Q .0601 REPORTS OF ADVERSE OCCURRENCES
21 NCAC 16Q .0602 FAILURE TO REPORT

History Note:  Authority G.S. 90-28; 90-30.1; 90-41;
Eff. February 1, 1990;
Transferred and Recodified from 16Q .0501 to 16Q .0601;
Transferred and Recodified from 16Q .0502 to 16Q .0602;
Temporary Amendment Eff. December 11, 2002;
Amended Eff. August 1, 2004;
Repealed Eff. April 1, 2016.

SECTION .0700 - PENALTY FOR NON-COMPLIANCE
Failure to comply with the provisions of this Subchapter may result in suspension or revocation of the permit and/or the dentist's license to practice dentistry in accordance with G.S. 90-41.

History Note: Authority G.S. 90-28; 90-30.1; 90-41; Eff. February 1, 1990; Transferred and Recodified from 16Q .0601 to 16Q .0701.

21 NCAC 16Q .0703 REPORTS OF ADVERSE OCCURRENCES
(a) A dentist who holds a permit to administer general anesthesia or sedation shall report to the Board within 72 hours after each adverse occurrence related to the administration of general anesthesia or sedation that results in the death of a patient within 24 hours of the procedure. Sedation permit holders shall cease administration of sedation until the Board has investigated the death and approved resumption of permit privileges. General anesthesia permit holders shall cease administration of general anesthesia and sedation until the Board has reviewed the incident report and approved resumption of permit privileges.
(b) A dentist who holds a permit to administer general anesthesia or sedation shall report to the Board within 30 days after each adverse occurrence related to the administration of general anesthesia or sedation that results in permanent organic brain dysfunction of a patient occurring within 24 hours of the procedure or that results in physical injury or severe medical emergencies, causing hospitalization of a patient occurring within 24 hours of the procedure.
(c) The adverse occurrence report shall be in writing and shall include the following:
   (1) dentist's name, license number and permit number;
   (2) date and time of the occurrence;
   (3) facility where the occurrence took place;
   (4) name and address of the patient;
   (5) surgical procedure involved;
   (6) type and dosage of sedation or anesthesia utilized in the procedure;
   (7) circumstances involved in the occurrence; and
   (8) anesthesia records.
(d) Upon receipt of any such report, the Board shall investigate and shall take disciplinary action if the evidence demonstrates that a licensee has violated the Dental Practice Act set forth in Article 2 of G.S. 90 or the Board's rules of this Chapter.

History Note: Authority G.S. 90-28; 90-30.1; 90-41; 90-48; Eff. April 1, 2016.

SUBCHAPTER 16R - CONTINUING EDUCATION REQUIREMENTS: DENTISTS
SECTION .0100 - RENEWAL OF LICENSE

21 NCAC 16R .0101 APPLICATIONS
(a) A renewal application shall be completed and received in the Board's office before midnight on January 31 of each year. The renewal form may be obtained on the board's website: www.ncdentalboard.org.
(b) Eligible licensees as defined by Rule .0206 of this Subchapter shall be granted an extension period in accordance with 26 U.S.C. 7508 in which to pay license, general anesthesia, and sedation permit renewal fees, obtain CPR certification, renew professional association and corporation registrations and comply with the Dental Board's continuing education rules.

History Note: Authority G.S. 90-28; 90-31; 90-39; 93B-15; Eff. April 1, 2003; Amended Eff. July 1, 2015; February 1, 2008.

21 NCAC 16R .0102 FEE FOR LATE FILING AND DUPLICATE LICENSE
(a) If the application for a renewal certificate, accompanied by the fee required by 21 NCAC 16M .0101, is not received in to the Board's office before midnight on January 31 of each year, an additional fee of fifty dollars ($50.00) shall be charged for the renewal certificate.

(b) A fee of twenty-five dollars ($25.00) shall be charged for each duplicate of any license or certificate issued by the Board.

History Note: Authority G.S. 90-31; 90-39;
Eff. April 1, 2003;
Amended Eff. July 1, 2015; February 1, 2008.

21 NCAC 16R .0103 CONTINUING EDUCATION REQUIRED
21 NCAC 16R .0104 APPROVED COURSES AND SPONSORS
21 NCAC 16R .0105 REPORTING OF CONTINUING EDUCATION
21 NCAC 16R .0106 VARIANCES AND EXEMPTION FROM AND CREDIT FOR CONTINUING EDUCATION
21 NCAC 16R .0107 PENALTY/NON-COMPLIANCE/CONTINUING EDUCATION

History Note: Authority G.S. 90-31.1; 90-38;
Eff. May 1, 1994;
Amended Eff. Amended Eff. November 1, 2008; September 1, 2008; February 1, 2008; April 1, 2003;
August 1, 2002; April 1, 2001; August 1, 1998.

21 NCAC 16R .0108 LICENSE VOID UPON FAILURE TO TIMELY RENEW

If an application for a renewal certificate, accompanied by the renewal fee and any applicable late filing fees required by 21 NCAC 16M .0101 is not received in the Board's office before midnight on March 31 of each year, the license shall become void and the applicant must apply for reinstatement. A copy of the reinstatement application form and the location of the Board's office can be found at www.ncdentalboard.org.

History Note: Authority G.S. 90-31; 90-34;
Eff. July 1, 2015;
Amended Eff. August 1, 2016.

21 NCAC 16R .0110 RENEWAL CERTIFICATE MUST BE DISPLAYED

The current certificate of renewal of license for a dentist shall be posted where it is visible to patients receiving treatment in the office where the dentist is employed, and shall be exhibited or produced to the North Carolina State Board of Dental Examiners or its investigators during every visit to the office.

History Note: Authority G.S. 90-33;
Eff. July 1, 2015;
Amended Eff. August 1, 2016.

SECTION .0200 - CONTINUING EDUCATION

21 NCAC 16R .0201 CONTINUING EDUCATION REQUIRED

(a) Except as permitted in Rule .0204 of this Section as a condition of license renewal, every dentist shall complete a minimum of 15 clock hours of continuing education each calendar year.

(b) One hour of the total required continuing education hours shall consist of a course designed to address prescribing practices, including instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management.

(c) Any or all of the hours may be acquired through self-study courses, provided that the self-study courses shall be related to clinical patient care and offered by a Board approved sponsor listed in Rule .0202 of this Section. The dentist shall pass a test following every self-study course and obtain a certificate of completion.

(d) Courses taken to maintain current CPR certification shall not count toward the mandatory continuing education hours set forth in this Rule.
21 NCAC 16R .0202 APPROVED COURSES AND SPONSORS
(a) Courses allowed to satisfy the continuing education requirement shall be related to clinical patient care. Hours devoted to financial issues or practice development topics shall not be counted toward the continuing education requirement. Hours spent reviewing dental journals, publications or videos shall not count toward fulfilling the continuing education requirement, with the exception of self-study courses as described in Rule .0201 of this Section offered by Board approved sponsors.
(b) Approved continuing education course sponsors include:
   (1) those recognized by the Continuing Education Recognition Program of the American Dental Association;
   (2) the Academy of General Dentistry;
   (3) North Carolina Area Health Education Centers;
   (4) educational institutions with dental, dental hygiene or dental assisting schools or departments;
   (5) national, state or local societies or associations; and
   (6) local, state or federal governmental entities.

21 NCAC 16R .0203 REPORTING CONTINUING EDUCATION
(a) All licensed dentists shall report the number of continuing education hours completed annually on the license renewal application form submitted to the Board. The organization offering or sponsoring each course shall provide to each attendee a report containing the following information:
   (1) course title;
   (2) number of hours of instruction;
   (3) date of the course attended;
   (4) name(s) of the course instructor(s); and
   (5) name of the organization offering or sponsoring the course.
(b) Evidence of employment by or affiliation with an agency or institution as specified in Rule .0204(c) of this Section shall be verified by a director or official acting in a supervisory position.
(c) All licensed dentists shall maintain the report referred to in Paragraph (a) of this Rule for at least two years following completion of the course and shall produce a copy of the report to the Board or its investigator during every Board audit of the licensee's continuing education hours.

21 NCAC 16R .0204 VARIANCES AND EXEMPTION FROM AND CREDIT FOR CONTINUING EDUCATION
(a) Upon receipt of written evidence, the Board may grant exemptions from the mandatory continuing education requirements set out in Rule .0201 of this Section as follows:
   (1) A dentist who practices not more than 250 clock hours in a calendar year shall be exempt from all continuing education requirements. Such dentists, who shall be known as semi-retired Class I dentists, shall maintain current CPR certification.
   (2) A dentist who practices not more than 1,000 clock hours in a calendar year shall be exempt from one half of the continuing education courses required of dentists who practice full time. Such dentists, who shall be known as semi-retired Class II dentists, shall maintain current CPR certification.
   (3) A retired dentist who does not practice any dentistry shall be exempt from all continuing education and CPR certification requirements.
(4) A dentist who is unable to practice dentistry because of a physical or mental illness may request a variance in continuing education hours during the period of the disability. The Board may grant or deny requests for variance in continuing education hours based on a disabling condition on a case by case basis, taking into consideration the particular disabling condition involved and its effect on the dentist's ability to complete the required hours. In considering the request, the Board may require additional documentation substantiating any specified disability.

(b) In those instances where continuing education is waived and the exempt individual wishes to resume practice, the Board shall require continuing education courses in accordance with Paragraph (a) of this Rule when reclassifying the licensee. The Board may require those licensees who have not practiced dentistry for a year or more to undergo a bench test before allowing the licensee to resume practice if there is evidence that the licensee is unable to practice dentistry competently, such as a failing score on a dental licensing examination, a written report of a licensed physician, evaluation conducted by a substance abuse treatment facility, appointment of a guardian for the dentist or adjudication of incompetence by a court.

c) Dentists shall receive 10 hours credit per year for continuing education when engaged in any of the following:

(1) service on a full-time basis on the faculty of an educational institution with involvement in education, training, or research in dental or dental auxiliary programs; or

(2) service on a full time basis with a federal, state, or county government agency whose operation is related to dentistry or dental auxiliaries. Verification of credit hours shall be maintained in the manner specified in Rule .0203 of this Section.

d) Dentists who work at least 20 hours per week in an institution or entity described in Subparagraph (c)(1) or (2) of this Rule shall receive five hours credit per year for continuing education.

e) Dentists shall receive up to two hours of continuing education credits per year for providing dental services on a volunteer basis at any state, city, or county operated site. Credit will be given at ratio of 1:5, with one hour credit given for every five hours of volunteer work.

(f) Eligible licensees as defined by Rule .0206 of this Section shall be granted a waiver of their mandatory continuing education requirements.

History Note: Authority G.S. 90-31.1; 90-38; Eff. July 1, 2015.

21 NCAC 16R .0205 PENALTY/NON-COMPLIANCE/CONTINUING EDUCATION
If an applicant for a renewal of license fails to provide proof of completion of reported continuing education hours for the current year as required by Rule .0203 of this Section, the Board shall refuse to issue a renewal certificate until the licensee completes the required hours of education for the current year and complies with the requirements of Rules 21 NCAC 16R .0101 and .0102. If an applicant applies for credit for or exemption from continuing education hours and fails to provide the required documentation upon request, the Board shall refuse to issue a certificate of renewal until the applicant meets the qualifications for exemption or credit. If an applicant fails to meet the qualifications for renewal, including completing the required hours of continuing education and delivering the required documentation to the Board's office before midnight on March 31 of each year, the license shall become void and the licensee must seek reinstatement.

History Note: Authority G.S. 90-31.1; Eff. July 1, 2015.

SUBCHAPTER 16S - CARING DENTAL PROFESSIONALS PROGRAM

SECTION .0100 - GENERAL

21 NCAC 16S .0101 DEFINITIONS
The following definitions are applicable to impaired dentist programs established in accordance with G.S. 90-48.2:

(1) "Board" -- the North Carolina State Board of Dental Examiners;

(2) "Impairment" -- chemical dependency or mental illness;

(3) "Board of Directors" -- individuals comprising the oversight panel consisting of representatives from the North Carolina Dental Society, the Board, licensed dental hygienists, and the UNC School of
Dentistry established to function as a supervisory body to the North Carolina Caring Dental Professionals;

(4) "Director" -- the person designated by the Board of Directors to organize and coordinate the activities of the North Carolina Caring Dental Professionals;

(5) "North Carolina Caring Dental Professionals" -- the program established through agreements between the Board and special impaired dentist peer review organizations formed by the North Carolina Dental Society made up of Dental Society members designated by the Society, the Board, a licensed dental hygienist upon recommendation of the dental hygienist member of the Board, and the UNC School of Dentistry to conduct peer review activities as provided in G.S. 90-48.2(a).

(6) "North Carolina Caring Dental Professionals members" -- the two hygienists appointed by the Dental Board and volunteer Dental Society members selected by the Board of Directors from peer review organizations to serve as parties to interventions, to direct impaired dentists into treatment, and as monitors of those individuals receiving treatment. Peer liaisons and volunteers participating in programs for impaired dental hygienists shall be dental hygienists.


21 NCAC 16S .0102 BOARD AGREEMENTS WITH PEER REVIEW ORGANIZATIONS

The Board may enter into agreements with special impaired dentist peer review organizations, pursuant to G.S. 90-48.2, to establish the North Carolina Caring Dental Professionals to be supervised by the Board of Directors. Such agreements shall provide for:

(1) investigation, review and evaluation of records, reports, complaints, litigation, and other information about the practice and practice patterns of licensed dentists and dental hygienists as may relate to impaired dentists and dental hygienists;

(2) identification, intervention, treatment, referral, and follow up care of impaired dentists and dental hygienists; and

(3) due process rights for any subject dentist or dental hygienist.


SECTION .0200 - GUIDELINES FOR PROGRAM ELEMENTS

21 NCAC 16S .0201 RECEIPT AND USE OF INFORMATION OF SUSPECTED IMPAIRMENT

(a) Information concerning suspected impairment may be received by the North Carolina Caring Dental Professionals through any of the following sources:

(1) reports of physicians, psychologists or counselors;

(2) reports from family members, staff or other individuals;

(3) self-referral; or

(4) referral by the Board.

(b) When information of suspected impairment is received, the Program shall conduct an investigation and routine inquiries to determine the validity of the report.

(c) Dentists and dental hygienists suspected of impairment may be required to submit to personal interviews if the investigation and inquiries indicate the report of impairment may be valid.


21 NCAC 16S .0202 CONFIDENTIALITY
Information received by the Program regarding voluntary participants shall remain confidential and shall not be released to the Dental Board or members of the public, except as set out in Rule .0203(b) of this Section. Voluntary participants who meet the requirements of Rule .0203(b) of this Section shall be reported to the Board along with evidence of the events leading to the report. Information received about participants referred to the Program by the Board shall be exchanged with the Board or its investigators.

History Note: Authority G.S. 90-48; 90-48.2; Eff. April 1, 1994; Amended Eff. July 1, 2015.

21 NCAC 16S .0203 INTERVENTION AND REFERRAL
(a) Following an investigation, if an impairment is determined to exist and confirmed, an intervention shall be conducted using specialized techniques designed to assist the dentist or dental hygienist in acknowledging responsibility for dealing with the impairment. The dentist or dental hygienist shall be referred to an appropriate treatment source.
(b) Following an investigation, intervention, treatment, or upon receipt of a complaint or other information, a peer review organization participating in the North Carolina Caring Dental Professionals shall report to the Board detailed information about any dentist or dental hygienist licensed by the Board, if it is determined that:
   (1) the dentist or dental hygienist constitutes an imminent danger to the public or himself or herself;
   (2) the dentist or dental hygienist refuses to cooperate with the program, refuses to submit to treatment, or is still impaired after treatment and exhibits professional incompetence; or
   (3) it reasonably appears that there are other grounds for disciplinary action.
(c) Program members may consult with medical professionals and treatment sources as necessary in carrying out the Program's directives.
(d) Interventions shall be arranged and conducted as expeditiously as possible. When interventions are conducted as a direct result of a Board-initiated referral, a Board representative may be present.
(e) Treatment sources shall be evaluated and determined applicable before an individual is referred for treatment, and any treatment contracts or aftercare agreements shall be documented and recorded by the Program.


21 NCAC 16S .0204 MONITORING TREATMENT
A treatment source or facility receiving referrals from the Program shall be continually monitored to determine its ability to provide:
   (1) adequate medical and non-medical staffing;
   (2) appropriate treatment;
   (3) affordable treatment;
   (4) adequate facilities; and
   (5) appropriate post-treatment support.

History Note: Authority G.S. 90-48; 90-48.2; Eff. April 1, 1994.

21 NCAC 16S .0205 MONITORING REHABILITATION AND PERFORMANCE AFTER TREATMENT
(a) Program members shall monitor dentists and dental hygienists following treatment. Testing for impairment shall be conducted until rehabilitation has been accomplished.
(b) Treatment sources shall submit reports to the Director concerning a dentist's or dental hygienist's rehabilitation and performance.
(c) Impaired dentists and dental hygienists shall submit to periodic personal interviews before the Director or Program members designated by the Director; or, for those referred to the Program by the Board, before the Board's agents. The
frequency of personal interviews shall be determined by the dentist's or dental hygienist's ability to accomplish rehabilitation and adequately perform after treatment.

(d) Complete records shall be maintained by the Program on all dentists and dental hygienists reporting for assistance, treatment, or monitoring and such records shall remain confidential in accordance with G.S. 90-48.2(e).

(e) The Program shall maintain statistical information regarding impairment, to be reported to the Board periodically, but no less than once a year.

(f) The Program shall compile and report information periodically to the Board regarding investigations, reports, complaints, intervention, treatment, referral, rehabilitation and follow up care of impaired dentists and dental hygienists. Such reports shall not identify the subject dentist or dental hygienist unless the dentist or dental hygienist was referred by the Board or a determination under Rule .0203(b) of this Section has been made.

History Note: Authority G.S. 90-48; 90-48.2;
Eff. April 1, 1994;
Temporary Amendment Eff. August 20, 1999;

SUBCHAPTER 16T – PATIENT RECORDS

SECTION .0100 – PATIENT RECORDS

21 NCAC 16T .0101 RECORD CONTENT
A dentist shall maintain complete treatment records on all patients for a period of at least 10 years from the last treatment date. Treatment records may include such information as the dentist deems appropriate but shall include:

(1) Patient's full name, address, and treatment dates;
(2) Patient's nearest relative or responsible party;
(3) Current health history;
(4) Diagnosis of condition;
(5) Specific treatment rendered and by whom;
(6) Name and strength of any medications prescribed, dispensed, or administered along with the quantity and date provided;
(7) Work orders issued during the past two years;
(8) Treatment plans for patients of record, except that treatment plans are not required for patients seen only on an emergency basis;
(9) Diagnostic radiographs, orthodontic study models, and other diagnostic aids, if taken;
(10) Patients' financial records and copies of all insurance claim forms; and
(11) Rationale for prescribing each narcotic.

History Note: Authority G.S. 90-28; 90-48;
Eff. October 1, 1996;
Amended Eff. May 1, 2016; July 1, 2015.

21 NCAC 16T .0102 TRANSFER OF RECORDS UPON REQUEST
A dentist shall, upon request by the patient of record, provide all information required by the Health Insurance Portability and Accountability Act (HIPAA) and this Rule, including original or diagnostic copies of radiographs and a legible copy of all treatment records to the patient or to a licensed dentist identified by the patient. The dentist may charge a fee not exceeding the actual cost of duplicating the records. The records shall be provided within 30 days of the request and production shall not be contingent upon current, past or future dental treatment or payment of services.

History Note: Authority G.S. 90-28; 90-48;
Eff. October 1, 1996;
Amended Eff. July 1, 2015; April 1, 2014; November 1, 2008.
SUBCHAPTER 16U - INVESTIGATIONS

SECTION .0100 - PROCEDURES

21 NCAC 16U .0101  SECRETARY-TREASURER
The Board's Secretary-Treasurer or another Board member appointed by the Secretary-Treasurer shall supervise and direct investigations of acts or practices that might violate the provisions of the Dental Practice Act, the Dental Hygiene Act or the Board's Rules. The Secretary-Treasurer or other Board member appointed by the Secretary-Treasurer in consultation with the Investigative Panel, shall determine whether cases involving licensees, interns or applicants for licenses or permits shall be set for hearing or settlement conference and recommend to the Board dispositions of cases that are not set for hearing or settlement conference.

History Note:  Authority G.S. 90-28; 90-41; 90-41.1; 90-48; 90-223; 90-231;
Eff. October 1, 1996.

21 NCAC 16U .0102  INVESTIGATIVE PANEL
The Secretary-Treasurer or another Board member appointed by the Secretary-Treasurer shall chair the Investigative Panel. The Board's Counsel, Director of Investigations, Investigators and other staff members appointed by the Secretary-Treasurer shall serve on the Panel. The Investigative Panel shall conduct investigations and prepare and present the Board's case in all reinstatement cases, and disciplinary proceedings and in civil actions to enjoin the unlawful practice of dentistry.

History Note:  Authority G.S. 90-28; 90-41; 90-41.1; 90-48; 90-223; 90-231; 150B-40;
Eff. October 1, 1996.

21 NCAC 16U .0103  REPORTS FROM THE CONTROLLED SUBSTANCES REPORTING SYSTEM
The Department of Health and Human Services (DHHS) may submit a report to the North Carolina State Board of Dental Examiners if it receives information that DHHS believes provides a basis to investigate whether a dentist has issued prescriptions for controlled substances in a manner that may violate laws governing the prescribing of controlled substances or the practice of dentistry.

History Note:  Authority G.S. 90-41; 90-113.74;

SECTION .0200 - COMPLAINTS

21 NCAC 16U .0201  PROCESSING
Licensees shall be notified of patient complaints against them and given an opportunity to respond except:
(1) In cases requiring emergency action for the protection of the public health, safety or welfare; or
(2) In cases where notification may jeopardize the preservation or procurement of relevant evidence.

History Note:  Authority G.S. 90-28; 90-41; 90-41.1; 90-48; 90-223; 90-231; 150B-41;
Eff. October 1, 1996.

21 NCAC 16U .0202  DISPOSITION
The Secretary-Treasurer or other Board member chairing the Investigative Panel shall direct one or more of the following dispositions of each complaint or other investigation:
(1) Submission to the Board with a recommendation to dismiss with no action;
(2) Submission to the Board with a recommendation to resolve by consent;
(3) Scheduling for pre-hearing conference with the Investigative Panel;
(4) Scheduling for settlement conference with the Board; or
Scheduling, with appropriate notice, for contested case hearing.

History Note: Authority G.S. 90-28; 90-41; 90-41.1; 90-48; 90-223; 90-229; 90-231; 150B-38; 150B-41; Eff. October 1, 1996.

21 NCAC 16U .0203 PRE-HEARING CONFERENCES
(a) A pre-hearing conference shall not be conducted unless the Respondent agrees to participate.
(b) A pre-hearing conference shall be conducted before the Investigative Panel. At the pre-hearing conference, a Board investigator shall summarize the circumstances of the investigation. The Respondent shall have an opportunity to respond and to submit documentation. The pre-hearing conference shall not be recorded nor open to the public.
(c) Following the pre-hearing conference, the Respondent shall be advised in writing of the proposal for disposition of the matter by the Board member presiding over the pre-hearing conference. If the Board member presiding over the pre-hearing conference deems sanctions are appropriate, a Consent Order or letter of reprimand shall be proposed. Should the Respondent accept the terms, the proposed Consent Order or letter of reprimand must be approved by the full Board. Should the Respondent reject the terms of a proposed Consent Order or letter of reprimand, the Board member presiding over the pre-hearing conference shall direct disposition of the matter under Rule .0202 of this Subchapter.

History Note: Authority G.S. 90-28; 90-41; 90-41.1; 90-48; 90-223; 90-229; 90-231; 150B-41; Eff. October 1, 1996.

21 NCAC 16U .0204 SETTLEMENT CONFERENCES
(a) A settlement conference shall not be conducted unless the Respondent agrees to participate and to waive any objection to the Board being exposed to a forecast of the evidence.
(b) A settlement conference shall be conducted before the Board or a panel of the Board appointed by the President. At the settlement conference, a Board investigator shall summarize the circumstances of the investigation and present a forecast of the Board's evidence. The Respondent shall have an opportunity to forecast his or her evidence. Forecasts of the evidence may be presented orally or in writing and exhibits may be presented. Witnesses may forecast their own testimony but shall not be sworn nor cross-examined. The settlement conference shall not be recorded nor open to the public. The allowed time for initial presentations shall be agreed upon by counsel ten days prior to the conference, subject to approval by the presiding Board member.
(c) If the Board deems sanctions are appropriate, a Consent Order or letter of reprimand shall be proposed. Should the Respondent reject the terms of the Consent Order or letter of reprimand, a contested case hearing may be scheduled.

History Note: Authority G.S. 90-28; 90-41; 90-41.1; 90-48; 90-223; 90-229; 90-231; 150B-41; Eff. October 1, 1996.

SECTION .0100 - UNPROFESSIONAL CONDUCT

21 NCAC 16V .0101 DEFINITION: UNPROFESSIONAL CONDUCT BY A DENTIST
Unprofessional conduct by a dentist shall include the following:

(1) Having professional discipline imposed, including the denial of licensure, by the dental licensing authority of another state, territory, or country. For purposes of this Rule, the surrender of a license under threat of disciplinary action shall be considered the same as if the licensee had been disciplined;

(2) Presenting false or misleading testimony, statements, or records to the Board or the Board's investigator or employees during the scope of any investigation, or at any hearing of the Board;

(3) Committing any act that would constitute sexual assault or battery as defined by Chapter 14 of the North Carolina General Statutes in connection with the provision of dental services;
(4) Violating any order of the Board previously entered in a disciplinary hearing, or failing to comply with a subpoena of the Board;
(5) Conspiring with any person to commit an act, or committing an act that would tend to coerce, intimidate, or preclude any patient or witness from testifying against a licensee in any disciplinary hearing, or retaliating in any manner against any patient or other person who testifies or cooperates with the Board during any investigation under the Dental Practice or Dental Hygiene Acts;
(6) Failing to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders dental treatment or services upon request;
(7) Prescribing, procuring, dispensing, or administering any controlled substance for personal use, which does not include those prescribed, dispensed, or administered by a practitioner authorized to prescribe them;
(8) Pre-signing blank prescription forms or using pre-printed or rubber stamped prescription forms containing the dentist's signature or the name of any controlled substance;
(9) Forgiving the co-payment provisions of any insurance policy, insurance contract, health prepayment contract, health care plan, or nonprofit health service plan contract by accepting the payment received from a third party as full payment, unless the dentist discloses to the third party that the patient's payment portion will not be collected;
(10) Failing to provide radiation safeguards required by the State Department of Health and Human Services, the federal Occupational and Safety Health Administration, the Food and Drug Administration, and the Environmental Protection Agency;
(11) Having professional connection with or lending one's name to the unlawful practice of dentistry;
(12) Using the name of any deceased or retired and licensed dentist on any office door, directory, stationery, bill heading, or any other means of communication any time after one year following the death or retirement from practice of said dentist;
(13) Failing to comply with any provision of any contract or agreement with the Caring Dental Professionals Program;
(14) Failing to file a truthful response to a notice of complaint within the time allowed in the notice;
(15) Failing to notify the Board of a change in current physical address within 10 business days;
(16) Permitting more than two dental hygienists for each licensed dentist in the office to perform clinical hygiene tasks;
(17) Failing to produce diagnostic radiographs or other treatment records on request of the Board or its investigator;
(18) Soliciting employment of potential patients by live telephone solicitation or permitting or directing another to do so;
(19) Giving or paying anything of value in exchange for a promise to refer or referral of potential patients;
(20) Failing to offer 30 days of emergency care upon dismissing a patient from a dental practice;
(21) Withholding or refusing treatment to an existing patient conditioned upon payment of an outstanding balance;
(22) Using protected patient health information, as defined by 45 CFR 160.103, to solicit potential patients;
(23) Making misleading or untruthful statements for the purpose of procuring potential patients, or directing or allowing an employee or agent to do so;
(24) Making material false statements or omissions in any communication with the Board or its agents regarding the subject of any disciplinary matter under investigations by the Board;
(25) Refusing to permit a Board agent or employee to conduct a sterilization inspection;
(26) Acquiring any controlled substance from any source by fraud, deceit or misrepresentation; and
(27) Practicing outside the scope of dentistry, as set forth in G.S. 90-29.

History Note: Authority G.S. 90-28; 90-29;90-41; 90-48; 90-223(b); Eff. August 1, 1998; Amended Eff. August 1, 2016; July 1, 2015; October 1, 2001; August 1, 2000.

21 NCAC 16V .0102 DEFINITION: UNPROFESSIONAL CONDUCT BY A DENTAL HYGIENIST
Unprofessional conduct by a dental hygienist shall include the following:
(1) Having professional discipline imposed, including the denial of licensure, by the dental hygiene licensing authority of another state, territory, or country. For purposes of this Rule, the surrender of a
license under threat of disciplinary action shall be considered the same as if the licensee had been disciplined;

(2) Presenting false or misleading testimony, statements, or records to the Board or a Board employee during the scope of any investigation or at any hearing of the Board;

(3) Committing any act that would constitute sexual assault or battery as defined by Chapter 14 of the North Carolina General Statutes in connection with the provision of dental hygiene services;

(4) Violating an order of the Board previously entered in a disciplinary hearing or failing to comply with a subpoena of the Board;

(5) Conspiring with any person to commit an act, or committing an act that would tend to coerce, intimidate, or preclude any patient or witness from testifying against a licensee in any disciplinary hearing, or retaliating in any manner against any person who testifies or cooperates with the Board during any investigation of any licensee;

(6) Failing to identify to a patient, patient's guardian, an employer, or the Board the name of any person or agent who renders dental treatment or services upon request;

(7) Procuring, dispensing, or administering any controlled substance for personal use except those prescribed, dispensed, or administered by a practitioner authorized to prescribe them;

(8) Acquiring any controlled substance from any pharmacy or other source by misrepresentation, fraud or deception;

(9) Having professional connection with or lending one's name to the illegal practice of dental hygiene;

(10) Failing to comply with any provision of any contract or agreement with the Caring Dental Professionals Program;

(11) Failing to file a truthful response to a notice of complaint, within the time allowed in the notice;

(12) Failing to notify the Board of a change in current physical address within 10 business days;

(13) Working in a clinical hygiene position if the ratio of hygienists to licensed dentists present in the office is greater than 2:1;

(14) Soliciting employment of potential patients in person or by telephone or assisting another person to do so;

(15) Giving or paying anything of value in exchange for a promise to refer or referral of potential patients;

(16) Using protected patient health information, as defined by 45 CFR 160.103, to solicit potential patients;

(17) Making misleading or untruthful statements for the purpose of procuring potential patients or assisting another to do so;

(18) Making material false statements or omissions in any communication with the Board or its agents regarding the subject of any disciplinary matter under investigation by the Board; and

(19) Practicing outside the scope of dental hygiene, as defined in 90-221(a).

History Note: Authority G.S. 90-29; 90-221; 90-223; 90-229;
Eff. August 1, 1998;
Amended Eff. August 1, 2016; July 1, 2015; October 1, 2001; August 1, 2000; September 1, 1998.

SUBCHAPTER 16W - PUBLIC HEALTH HYGIENISTS

SECTION .0100 - PUBLIC HEALTH HYGIENISTS

21 NCAC 16W .0101 DIRECTION DEFINED
(a) Pursuant to G.S. 90-233(a), a public health hygienist may perform clinical procedures "under the direction of a licensed dentist," as defined by 21 NCAC 16Y .0104(c) of this Chapter, who is employed by a State government dental public health program or a local health department as a public health dentist.

(b) The specific clinical procedures delegated to the hygienist shall be completed, in accordance with a written order from the dentist, within 120 days of the dentist's in-person evaluation of the patient.

(c) The dentist's evaluation of the patient shall include a comprehensive oral examination, medical and dental health history, and diagnosis of the patient's condition.

(d) Direction of a licensed dentist is not required for public health hygienists who provide only educational information, such as instruction in brushing and flossing.
21 NCAC 16W .0102 TRAINING FOR PUBLIC HEALTH HYGIENISTS

(a) Prior to performing clinical procedures pursuant to G.S. 90-233(a) under the direction of a duly licensed dentist, a public health hygienist must have:

1. five years of experience in clinical dental hygiene;
2. current CPR certification, taken in a live hands-on course;
3. six hours of continuing education in medical emergencies each year in addition to the minimum continuing education required for license renewal; and
4. such other training as may be required by the Dental Health Section of the Department of Health and Human Services.

(b) For purposes of this Rule, a minimum of 4,000 hours performing primarily prophylaxis or periodontal debridement under the supervision of a duly licensed dentist shall be equivalent to five years experience in clinical dental hygiene.

21 NCAC 16W .0103 TRAINING FOR PUBLIC HEALTH HYGIENISTS PERFORMING PREVENTIVE PROCEDURES

(a) Public health hygienists who provide only educational and preventive procedures such as application of fluorides, fluoride varnishes, and oral screenings, and not clinical procedures, shall be subject to the training provisions set out in Paragraph (b) of this Rule instead of the training provisions required by 21 NCAC 16W .0102.

(b) A public health hygienist may perform preventive procedures as set out in Paragraph (a) of this Rule under the direction of a duly licensed public health dentist if the hygienist:

1. maintains CPR certification; and
2. completes such other training as may be required by the Oral Health Section of the Department of Health and Human Services.

SUBCHAPTER 16X – MANAGEMENT ARRANGEMENTS

SECTION .0100 – MANAGEMENT ARRANGEMENTS

21 NCAC 16X .0101 MANAGEMENT ARRANGEMENTS

(a) No dentist or professional entity shall enter into a management arrangement, contractual agreement, stipulation, or other legal binding instrument with a business entity, corporation, proprietorship, or other business entity, for the provision of defined business services, bundled business services, or other business services, the effect of which may provide control of business activities or clinical/professional services of that dentist or professional entity, unless such management arrangement meets the requirements of Paragraphs (b) and (c) of this Rule. This Rule shall not apply to agreements for the provision of legal, financial, or other services not related to the provision of management services for a fee or to employment arrangements between an employee and the dentist or professional entity.

(b) Any management arrangement, contractual agreement, stipulation, or other binding instrument shall:

1. be in a writing that:
   (A) is signed by all parties to the agreement;
   (B) sets forth all material terms of the arrangement between or among the parties thereto;
(C) describes all of the types of services to be provided by the management company and the
time periods during which those services will be provided; and

(D) sets forth the aggregate compensation to be paid under the management arrangement,
contractual agreement, stipulation, or other legal binding instrument with a business entity or
the precise methodology for calculating such compensation.

(2) be reviewed by the Board.

(c) No management arrangement shall provide for or permit any of the following:

(1) direct or indirect ownership of, or control over clinical aspects of, the dental business of a dentist or
professional entity by a management company or the grant to the management company or another
non-professional entity control over the distribution of a revenue stream or control over a line of
business of the professional entity except for the sale of fixed assets of a dentist or professional entity
permitted under the laws of the State of North Carolina;

(2) ownership or exclusive control of patient records by a management company;

(3) direct or indirect control over, or input into, the clinical practices of the professional entity or its
dentists or ancillary personnel by a management company;

(4) direct or indirect control over the hiring and firing of clinical personnel or material terms of clinical
personnel's relationship with the dentist or professional entity by a management company or a related
person;

(5) authority in the management company to enter into or approve any contract or other arrangement, or
material terms of such contract or arrangement, between the professional entity and a dentist for the
provision of dental services or the requirement that the management company or related person
approve or give input into such contract or arrangement;

(6) direct or indirect control over the transfer of ownership interests in the professional entity by a
management company or other non-professional entity including, without limitation, any agreement or
arrangement limiting or requiring in whole or in part the transfer of ownership interests in a
professional entity;

(7) payment to the management company of anything of value based on a formula that will foreseeably
increase or decrease because of the increase or decrease in profitability, gross revenues or net revenues
of the dentist or professional entity; or

(8) payments to the management company that, at the time of execution of an agreement as required under
Paragraph (b) of this Rule, are likely, foreseeably and purposely in excess of the likely profits of the
professional entity not taking into account the compensation to be paid to the management company
under the management arrangement.

(d) Notwithstanding Subparagraphs (c)(7) and (c)(8) of this Rule, a management arrangement may provide for the
following:

(1) increased payments to the management company based upon the lowering of costs to the professional
entity or dentist;

(2) decreased payments to the management company based upon increases in costs to the professional
entity or dentist; or

(3) collection of monies, or payment of costs, of the professional entity or dentist by the management
company so long as the amounts retained by the management company following payment of any costs
of the professional entity or dentist comply with the provisions of this Rule relating to compensation to
the management company and all sums collected or retained by the management company in excess of
costs paid by the management company plus its compensation are paid at least monthly and at regular
intervals to the professional entity.

(e) No dentist or professional entity shall enter into an oral or written arrangement or scheme that the dentist or
professional entity knows or should know has a material purpose of creating an indirect arrangement that, if entered into
directly, would violate this Rule.

(f) For purposes of this Rule, the following terms shall have the following meanings:

(1) "Ancillary personnel" shall mean any individual that regularly assists a dentist in the clinical aspects of
the practice of dentistry;

(2) "Clinical" shall mean of or relating to the activities of a dentist as described in G.S. 90-29(b)(1)-(10);

(3) "Employment arrangement" shall mean an arrangement between a professional entity or dentist and an
individual who is considered an employee of the professional entity or dentist under the common law
test of an employer/employee relationship, or a leased employee working under a written employee leasing agreement which provides that:
(A) the individual, although employed by the leasing company, provides services as the leased employee of the dentist or professional entity; and
(B) the dentist or professional entity exercises control over all actions taken by the leased employee with regard to the rendering of services to the same extent as the dentist or professional entity would exercise such control if the leased employee were directly employed by the dentist or professional entity;

(4) "Management arrangement" shall mean any one or more agreements, understandings or arrangements, alone or together, whether written or oral, between a management company and a dentist or professional entity whereby:
(A) a management company regularly provides services for the clinical-related business of a dentist or professional entity; or
(B) a management company exerts control over the management or clinical aspects of the business of a dentist or professional entity or its or their employees or contractors; or
(C) a management company receives a percentage of the net or gross revenues or profits of a dentist or professional entity.

(5) "Management company" shall mean any individual, business corporation, nonprofit corporation, partnership, limited liability company, limited partnership or other legal entity that is not a professional entity or dentist;

(6) "Professional entity" shall mean a professional corporation, nonprofit corporation, partnership, professional limited liability company, professional limited partnership or other entity or aggregation of individuals that is licensed or certified or otherwise explicitly permitted to practice dentistry under North Carolina General Statutes; and

(7) "Related person" shall mean any person or entity, other than a dentist or professional entity, that owns, is employed by, or regularly receives consideration from, a management company or another related person.

History Note: Authority G.S. 90-29(b)(11); 90-48; Eff. April 1, 2001.

SUBCHAPTER 16Y - INTERN PERMITTING: DENTISTS

21 NCAC 16Y.0101 ELIGIBILITY REQUIREMENTS
(a) Persons shall be eligible for an intern permit under the provisions of G.S. 90-29.4 if they are:
   (1) not licensed to practice dentistry in North Carolina, but are a graduate of and have a DMD or DDS degree from a dental school or program accredited by the Commission on Dental Accreditation of the American Dental Association; or
   (2) a graduate of a dental program other than a program accredited by the Commission on Dental Accreditation of the American Dental Association who has been accepted into a graduate, intern, fellowship, or residency program at a North Carolina Dental School or teaching hospital offering programs in dentistry.

(b) An intern permit shall not be granted to an individual who:
   (1) lacks good moral character;
   (2) has been disciplined by any dental board or other licensing body in another state or country.

History Note: Authority G.S. 90-28; 90-29.4; 90-30; Eff. August 1, 2002; Amended Eff. July 1, 2015; August 1, 2009.

21 NCAC 16Y.0102 APPLICATION
(a) Applicants for intern permit who are graduates of dental schools or programs as set out in Rule .0101(1) of this Subchapter shall:
   (1) complete the Application for Intern Permit available on the Board's website: www.ncdentalboard.org.
   (2) submit an official copy of dental school transcripts;
forward a letter from a prospective employer;
submit a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application;
pass written examination(s) approved by the Board, as set out on its website: www.ncdentalboard.org.
and
pay the nonrefundable intern permit fee referred to in 21 NCAC 16M .0101(a)(5).

(b) Applicants for intern permit who are graduates of a dental program as set out in Rule .0101(2) of this Subchapter shall:
submit written confirmation that the applicant has qualified for and is currently enrolled in a graduate, intern, fellowship, or residency program in the North Carolina Dental School or teaching hospital offering programs in dentistry;
submit written confirmation that an ad hoc committee (consisting of three associate or full professors, only one of whom represents the department in question) has evaluated the applicant's didactic and clinical performance with the point of observation being not less than three months from the applicant's start of the program, and has determined that the applicant is functioning at a professional standard consistent with a dental graduate from an ADA-accredited dental school;
complete a simulated clinical offered by a Board-approved provider set out on its website: www.ncdentalboard.org.
submit written confirmation that the applicant has completed a program of study at the training facility in:
(A) clinical pharmacology;
(B) prescription writing in compliance with Federal and State laws; and
(C) relevant laws and administrative procedures pertaining to the DEA;
submit a written statement of the total time required to complete the graduate, intern, fellowship, or residency program, and the date that the applicant is scheduled to complete said program;
submit a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application;
complete written examination(s) administered by the Board; and
pay the non-refundable intern permit fee referred to in 21 NCAC 16M .0101(a)(5).

(c) In making application, the applicant shall authorize the Board to verify the information contained in the application or documents submitted or to seek such further information pertinent to the applicant's qualifications or character as the Board may deem necessary pursuant to G.S. 90-41.

(d) Intern permits shall expire on an annual basis and are subject to renewal by the Board upon application and payment of the renewal fee.

History Note: Authority G.S. 90-28; 90-29.4;
Eff. August 1, 2002;
Temporary Amendment Eff. January 1, 2003;

21 NCAC 16Y .0103 EMPLOYMENT
(a) The practice of dentistry under an intern permit is limited to the confines and registered patients of the following employment sites:
(1) a nonprofit hospital, sanatorium, or a like institution;
(2) a nonprofit health care facility serving low-income populations; or
(3) a state or governmental facility or entity or any political subdivision of such.
Each facility or entity set out in Paragraph (a) of this Rule shall submit documentation to the Board evidencing that it meets the qualifications set out in G.S. 90-29.4(3) in order for the facility or site to be considered an approved employment site.
(b) A listing of approved sites is available on the Board's website: www.ncdentalboard.org.
(c) A request for change in practice location shall: be submitted in writing to the Board and is subject to the new practice location meeting the requirements of Paragraph (a) of this Rule.
(d) The holder of an intern permit shall not receive any compensation in excess of an allowance for salaries or other compensation for personal services provided.
21 NCAC 16Y .0104  DIRECTION AND SUPERVISION
(a) Holders of a valid intern permit who are currently licensed in Canada, a U.S. territory or state may practice under direction of one or more dentists with a current and valid North Carolina license. Such directing dentist shall be responsible for all consequences or results arising from the permit holder's practice of dentistry.
(b) Holders of a valid intern permit who are not currently licensed in Canada, a U.S. territory or state may work only under supervision of one or more dentists with a current and valid North Carolina license. Such supervising dentist shall be responsible for all consequences or results arising from the permit holder's practice of dentistry.
(c) For purposes of this Section, the acts of a permit holder are deemed to be under the direction of a licensed dentist when performed in a locale where a licensed dentist is not always required to be physically present during the performance of such acts and such acts are being performed pursuant to the dentist's order, control, and approval.
(d) For purposes of this Section, the acts of a permit holder are deemed to be under the supervision of a licensed dentist when performed in a locale where a licensed dentist is physically present during the performance of such acts and such acts are being performed pursuant to the dentist's order, control, and approval.

21 NCAC 16Y .0105  COMPLIANCE
A permit holder shall comply with limitations delineated in this Subchapter and placed on the permit and shall comply with rules of the Board. Failure to comply with the provisions of this Subchapter may result in suspension or revocation of the intern permit to practice dentistry in accordance with G.S. 90-41.

SUBCHAPTER 16Z - LIMITED SUPERVISION HYGIENISTS
21 NCAC 16Z .0101  ELIGIBILITY TO PRACTICE HYGIENE OUTSIDE DIRECT SUPERVISION
(a) To be eligible to perform the clinical hygiene procedures set out in G.S. 90-221(a) without the direct supervision of a dentist, a dental hygienist shall:
   (1) maintain an active license to practice dental hygiene in this State;
   (2) have no prior disciplinary history in any State;
   (3) complete at least three years of experience in clinical dental hygiene or at least 2,000 hours of performing prophylaxis or periodontal debridement under the supervision of a dentist licensed in this State within the five calendar years immediately preceding initial approval to work without direct supervision;
   (4) maintain current CPR certification;
   (5) complete at least six hours of Board approved continuing education in dental office medical emergencies, in addition to the minimum hours of continuing education required for license renewal.
A list of Board-approved sponsors appears in 21 NCAC 161 .0103.
(b) To retain eligibility to perform the clinical hygiene procedures set out in G.S. 90-221(a) without direct supervision of a dentist, a dental hygienist shall:
   (1) complete at least six hours of Board approved continuing education in dental office medical emergencies each year, in addition to the minimum hours of continuing education required for license renewal;
   (2) maintain current CPR certification;
   (3) comply with all provisions of the N.C. Dental Practice Act and all rules of the Dental Board applicable to dental hygienists; and
(4) cooperate with all Board inspections of any facility at which the hygienist provides dental hygiene services without direct supervision of a dentist.

History Note: Authority G.S. 90-221; 90-233;
Eff. February 1, 2008;

21 NCAC 16Z .0102 RECORD KEEPING
(a) A dentist who designates a dental hygienist employee as capable of providing clinical dental hygiene procedures without direct supervision of the dentist must keep and maintain the following records for at least ten years:
   (1) names of all hygienists who provide clinical dental hygiene procedures without direct supervision;
   (2) proof that each hygienist, at the time of initial approval, met the experience requirements set out in Rule .0101(a) of this Subchapter;
   (3) names and locations of all facilities at which each hygienist has provided clinical dental hygiene procedures without direct supervision;
   (4) work schedules reflecting all locations at which each hygienist is scheduled to provide clinical dental hygiene procedures without direct supervision in the next 30 days;
   (5) work schedules of all hygienists indirectly supervised by the dentist, with sufficient detail to demonstrate that a single dentist does not supervise more than two hygienists employed in clinical dental hygiene positions at any given time;
   (6) records reflecting the personal examination of the patient and the procedures directed by the dentist; and
   (7) proof that the dentist and hygienist complied with the requirements of G.S. 90-233(a1)(1) – (3).
(b) The dentist shall produce all records required to be kept under this Rule to the Dental Board or its employees upon request and shall provide an annual report to the Board in compliance with G.S. 90-233(a4).

History Note: Authority G.S. 90-221; 90-233;
Eff. February 1, 2008.

21 NCAC 16Z .0103 INSPECTIONS
All locations at which a hygienist performs clinical dental hygiene procedures without direct supervision of a dentist shall be subject to random, unannounced inspection by the Dental Board or its agents for the purpose of determining if services are provided in compliance with the Center for Disease Control and OSHA standards for infection control and patient treatment.

History Note: Authority G.S. 90-221; 90-233;
Eff. February 1, 2008.