

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;
Readopted Eff. September 26, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

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;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2016;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

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;
Amended Eff. August 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

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 shall complete:

- (1) a dental assisting program accredited by the Commission on Dental Accreditation ("CODA"), a list of which is available at no cost at coda.ada.org/find-a-program/search-dental-programs and is incorporated by reference, including subsequent amendments and editions;
- (2) one complete school year or longer in a CODA-accredited dental hygiene program;
- (3) a dental assisting program offered through a branch of the U.S. armed forces at the Medical Education & Training Campus that includes a clinical rotation providing dental assisting for live patients;
- (4) the Certified Dental Assistant certification examinations administered by the Dental Assisting National Board ("DANB") with a passing score as set by DANB; or

- (5) the following:
 - (A) employment as a Dental Assistant I for two years of the preceding five, consisting of at least 3,000 hours total; and
 - (B) a 3-hour course in sterilization and infection control, and a 3-hour course in dental office emergencies. The courses shall be offered by Board-approved course sponsors as set out in 21 NCAC 16I .0202.
- (b) A Dental Assistant I who has completed the requirements of Part (a)(5)(B) of this Rule but not completed the employment hours required pursuant to Part (a)(5)(A) may be trained by a licensed dentist and allowed to perform the functions of a Dental Assistant II, as specified in Rule .0203 of this Subchapter, under the direct control and supervision of a licensed dentist.
- (c) For purposes of this Rule, an unexpired CPR certification 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 Rule .0203 of this Subchapter.
- (d) A dental assistant shall not take radiographs before completing radiology training consistent with G.S. 90-29(c)(12).

*History Note: Authority G.S. 90-29(c)(9); 90-48;
 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.
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
 Amended Eff. August 1, 2024; September 1, 2020.*

21 NCAC 16H .0105 DENTAL RADIOLOGY COURSE AND EXAMINATION REQUIREMENTS

- (a) If a dental radiology course and the course's final examination meet the requirements of this Rule, the Board will recognize the course and final examination as satisfying the dental radiology training and equivalency examination requirements set out in G.S. 90-29(c)(12).
- (b) For the Board to recognize a dental radiology course and its final examination:
 - (1) The course shall include at least 7 hours of didactic, lecture-based instruction and at least 14 hours of laboratory instruction.
 - (2) The course curriculum shall include instruction and training in clinical dental radiology, in the production and use of dental x-rays, and on digital x-ray equipment. The course shall enable the student to:
 - (A) identify in sequence the steps necessary for operating dental x-ray equipment;
 - (B) identify the requirements of a diagnostic digital image;
 - (C) differentiate the effect of variations in amperage, kilo-voltage, distance, and exposure time on the resulting digital images;
 - (D) identify the terms used to measure radiation;
 - (E) establish guidelines for maintaining radiation safety and the ALARA ("as low as reasonably achievable") principle;
 - (F) follow principles of radiologic health practices and radiation biology;
 - (G) identify radiation safety techniques and monitoring devices;
 - (H) identify the parts and identification marks on dental x-ray sensors;
 - (I) identify and compare intraoral sensors according to size and customary usage;
 - (J) identify methods of sensor handling and storage;
 - (K) identify and perform in sequence the steps in processing digital images;
 - (L) differentiate between preliminary interpretation and diagnosis of the digital images;
 - (M) identify the anatomical landmarks of the face and skull;
 - (N) identify any dental radiograph according to its location in the maxilla or mandible, and position it on a digital image mount;
 - (O) identify the types of radiographic errors caused by faulty exposure techniques;
 - (P) identify the types of radiographic errors caused by incorrect digital mount positioning and angulation of the central ray;
 - (Q) identify the types of radiographic errors caused by faulty digital processing techniques;

- (R) identify the conditions that cause digital images to be fogged;
 - (S) identify the advance preparations necessary before exposing digital images;
 - (T) carry out the task of digital image exposure to completion;
 - (U) use the paralleling technique to produce digital images of diagnostic quality addressing contrast, density, and definition;
 - (V) explain the principles of digital imaging and quality assurance;
 - (W) identify errors when using digital imaging in technique and processing;
 - (X) explain the utilization of beam aligning devices; and
 - (Y) describe the use of hand-held radiation exposure devices following guidelines from the Radiation Protection Section of the Department of Health and Human Services, Radiology Compliance Branch ("Radiation Protection Section"), which are incorporated by reference, including subsequent amendments and editions, and are available at no cost online at www.ncradiation.net/Xray/dentdose.htm.
- (3) The laboratory portion of the course shall have no more than six students per instructor, and shall include practice on dental radiography manikins. Students shall not practice on peer students unless the unit is turned off and all requirements of the Board's sterilization and infection control Rule, 21 NCAC 16J .0103, are satisfied. Students shall be required to achieve a passing score of at least 80 percent on a written examination on radiation safety prior to taking radiographs.
 - (4) To complete the course, students shall be required to achieve a passing score of at least 80 percent on a written examination upon completion of the didactic, lecture-based portion of the course and to achieve a passing score of at least 80 percent on a final laboratory examination. The final laboratory examination shall be conducted on a manikin and include completion of a full mouth series.
 - (5) The facility used as the training location for the course shall:
 - (A) assume all overhead costs involved in offering the course;
 - (B) comply with the Board's rules regarding sanitation, sterilization, and infection control set out in 21 NCAC 16J, the applicable guidelines of the Radiation Protection Section, and the OSHA guidelines and standards related to dentistry, which are incorporated by reference, including subsequent amendments and editions, and are available at no cost online at www.osha.gov/dentistry/standards;
 - (C) provide access to a room large enough to accommodate the number of participants for lecture purposes;
 - (D) have the number of x-ray machines necessary based on the course curriculum and enrollment to ensure there are no more than two students per machine; and
 - (E) have facilities for digital radiography.
 - (6) The didactic and laboratory portions of the course shall be taught by:
 - (A) an instructor of dental radiography at an institution accredited by the Commission on Dental Accreditation ("CODA"), a list of which is available at no cost at www.ada.org/coda and is incorporated by reference, including subsequent amendments and editions; or
 - (B) an instructor who has successfully completed a Board-approved radiology instructor course set forth in 21 NCAC 16H .0106 and has completed three hours of continuing education in the area of radiology every other year. The continuing education courses shall be offered by Board-approved continuing education course sponsors as set out in 21 NCAC 16I .0202 or 21 NCAC 16R .0202.
 - (7) The course sponsor shall provide students with all supplies.
 - (8) Course advertising shall comply with the Board's rules regarding advertisement of dental services set out in 21 NCAC 16P.
- (c) A course sponsor seeking Board recognition of a dental radiology course shall submit to the Board office:
- (1) the course outline, syllabus, and handouts;
 - (2) slides and other lecture materials;
 - (3) examinations and grading criteria; and
 - (4) the name, resume, and verification of credentials satisfying Subparagraph (b)(6) of this Rule for all course instructors.
- (d) After the course sponsor submits all the information and documents required by Paragraph (c) of this Rule, the course will be reviewed by the Board for compliance with this Rule at the next scheduled Board meeting. The Board

may delay reviewing a course until a later meeting if the Board's workload makes the review impracticable. If the Board delays reviewing a course, it shall notify the course sponsor. A course shall be recognized by a majority vote of the Board. A list of recognized courses is available on the Board's website at www.ncdentalboard.org.

(e) Upon receipt of evidence that a previously recognized course is not in compliance with this Rule, the Board will notify the course sponsor in writing of each item of noncompliance. Within 30 days from the date of the notice of noncompliance, the course sponsor shall provide a written response to the Board office which shall respond to each item of noncompliance. The response shall provide documentation of corrections made, and shall show each item is in compliance with this Rule. If the course sponsor fails to respond or correct noncompliance, the Board's recognition of the course shall be withdrawn. As of the date recognition is withdrawn, the course and its examination shall not satisfy the dental radiology training and equivalency examination requirements set out in G.S. 90-29(c)(12).

*History Note: Authority G.S. 90-29(c)(12); 90-48;
Eff. July 1, 2023;
Amended Eff. August 1, 2026.*

21 NCAC 16H .0106 DENTAL RADIOLOGY INSTRUCTOR COURSE REQUIREMENTS

(a) All instructors of a dental radiology course shall successfully complete a Board-approved instructor's course that covers the following topics:

- (1) foundational concepts of teaching including developing a syllabus, establishing course objectives, adjusting to different learning styles, and developing grading criteria;
- (2) a review of basic radiography, including:
 - (A) radiation history and physics;
 - (B) radiography techniques;
 - (C) radiography errors;
 - (D) radiography equipment, including hand-held devices;
 - (E) patient protection; and
 - (F) anatomy;
- (3) a review of sanitation, sterilization, and infection control standards and techniques, including the Rules in Subchapter 16J;
- (4) guidance on educational activities designed for the laboratory portion of the dental radiography course including demonstrations of shadow casting, paralleling technique, patient shielding and safe operator distancing; evaluation of occupational dose limits, and labeling diagrams of radiography equipment;
- (5) administration of written examinations to students;
- (6) examination of students' clinical skills in the laboratory including:
 - (A) evaluation and correction of student errors in radiographs;
 - (B) explanation of the physics and geometry of bisecting and paralleling techniques; and
 - (C) demonstration and explanation to students of inaccuracies in angulation;
- (7) a review of the requirements set forth in the following:
 - (A) 21 NCAC 16H .0105 of this Section;
 - (B) 10A NCAC 15;
 - (C) The Radiation Protection Guide for medical, dental, and veterinary arts published by the Radiation Protection Section of the Division of Health Services of the North Carolina Department of Health and Human Services available at no cost at <https://radiation.ncdhhs.gov/xray/documents/healartsprog.pdf>;
 - (D) The Hand-Held Dental X-Ray Guide published by the Radiation Protection Section of the Division of Health Services of the North Carolina Department of Health and Human Services available at no cost at <https://radiation.ncdhhs.gov/xray/documents/handhelddentgud.pdf>; and
 - (E) Entrance Skin Exposure Facts - Dental published by the Radiation Protection Section of the Division of Health Services of the North Carolina Department of Health and Human Services available at no cost at <https://radiation.ncdhhs.gov/xray/documents/eseguide.pdf>

(b) The instructor course may apply toward fulfillment of the continuing education requirements, including the requirements of 21 NCAC 16H .0105(b)(6)(B), and all existing dental radiology instructors must successfully complete the instructor course on or before December 31, 2028.

(c) Beginning on January 1, 2029, all instructors must complete a Board-approved instructor's course before teaching a dental radiology course.

History Note: Authority G.S. 90-29(c)(12); 90-48;
Eff. August 1, 2026.

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 provided that the acts and functions of the Dental Assistant I do not constitute the practice of dentistry or dental hygiene as set out in G.S. 90-29(b) and G.S. 90-221(a).

(b) A Dental Assistant I may 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 compliance with radiography training consistent with G.S. 90-29(c)(12).

(c) Functions of a Dental Assistant II also may be delegated to a Dental Assistant I in accordance with 21 NCAC 16H .0104(b).

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;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. October 1, 2019.

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.
Repealed Eff. August 1, 2000.

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) 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 and surgical dressings;
- (10) removing sutures;

- (11) placing and removing gingival retraction cord;
- (12) removing excess cement with hand scaler supragingivally;
- (13) flushing, drying, and temporarily closing root canals or pulpotomies;
- (14) placing and removing temporary restorations;
- (15) placing and tying in or untying and removing orthodontic arch wires, ligature wires, or lock pins;
- (16) inserting interdental spacers;
- (17) fitting (sizing) orthodontic bands or brackets;
- (18) applying dentin desensitizing solutions;
- (19) performing extra-oral adjustments that affect function, fit, or occlusion of any restoration or appliance;
- (20) initially forming and sizing orthodontic arch wires and placing arch wires after final adjustment and approval by the dentist;
- (21) polishing 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;
- (22) exposing radiographs and cone beam images;
- (23) polishing removable appliances extra-orally;
- (24) preparing and loading amalgam in carrier;
- (25) measuring pulse, blood pressure, and temperature;
- (26) using micro-etcher extra-orally;
- (27) placing a throat shield in oropharynx during administration of general anesthesia;
- (28) delivering dentures to patient for insertion, provided the dentist approves the denture placement; or
- (29) removing or replacing healing abutments or cover screws for implants that may be accessed supragingivally.

(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 list of ADA accredited programs offering courses in coronal polishing, which is incorporated by reference along with its subsequent amendments and editions, is available at no cost on the American Dental Association's website at <http://www.ada.org/en/coda/find-a-program>. A coronal polishing procedure shall not be represented to the patient as a prophylaxis. 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;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
 Amended Eff. April 1, 2018.

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.
 Repealed Eff. August 1, 2000.

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

The specific functions that shall not be delegated to either a Dental Assistant I or a Dental Assistant II include procedures prohibited in 21 NCAC 16G .0103 for dental hygienists. In addition, those procedures that require the professional education and skill of a dentist or dental hygienist and shall not be delegated to a Dental Assistant I or Dental Assistant II include:

- (1) performing prophylaxis;
- (2) performing periodontal screening;
- (3) performing periodontal probing;
- (4) performing exploration for or removal of hard or soft deposits, except as provided by Rule .0203 of this Section;
- (5) performing sulcular irrigation;
- (6) using ultrasonic scalers;
- (7) applying antibiotic-coated materials;
- (8) applying resorbable antimicrobial agents;
- (9) performing root planing;
- (10) applying oral cancer screening products; or
- (11) using laser fluorescence detectors in preparation for the dentist's examination and diagnosis of cavities.

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;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. June 1, 2025; April 1, 2018.

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;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 16H .0207 LIMITED EXCEPTION FOR ASSISTING HYGIENISTS

History Note: Authority G.S. 90-29(c)(9); 90-48; 90-233;
Eff. December 1, 2016;
Expired Eff. May 31, 2019 (Agency did not readopt rule by RRC established deadline).

21 NCAC 16H .0208 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 oral health programs under the "ECU School-based Oral Health Expansion Readiness" grant, proposal number 19-0786 and related project number A19-0231, developed by the East Carolina University School of Dental Medicine and funded by The Duke Endowment; and
- (2) Prior to any treatment being provided, a licensed North Carolina dentist has:

- (a) examined the patient;
- (b) ordered in writing 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. October 1, 2019.