

---

NEW JERSEY ADMINISTRATIVE CODE  
TITLE 13  
LAW AND PUBLIC SAFETY  
CHAPTER 30  
NEW JERSEY BOARD OF DENTISTRY

---

# CHAPTER TABLE OF CONTENTS

<b>SUBCHAPTER 1. LICENSURE TO PRACTICE DENTISTRY .....</b>	<b>6</b>
13:30-1.1 Purpose and scope.....	6
13:30-1.2 Application for licensure to practice dentistry.....	6
13:30-1.3 Resident permit .....	9
13:30-1.4 Exemption from licensure .....	10
13:30-1.5 Retired licensure.....	11
13:30-1.6 (Reserved) .....	11
13:30-1.7 (Reserved) .....	11
13:30-1.8 (Reserved) .....	11
13:30-1.9 (Reserved) .....	11
13:30-1.10 (Reserved) .....	11
13:30-1.11 (Reserved) .....	11
13:30-1.12 (Reserved) .....	11
13:30-1.13 (Reserved) .....	11
13:30-1.14 (Reserved) .....	11
13:30-1.15 (Reserved) .....	11
13:30-1.16 (Reserved) .....	11
<b>SUBCHAPTER 1A. DENTAL HYGIENISTS.....</b>	<b>11</b>
13:30-1A.1 Definitions.....	11
13:30-1A.2 Application for licensure as dental hygienist .....	12
13:30-1A.3 Scope of practice of licensed dental hygienist under direct supervision .....	14
13:30-1A.4 Scope of practice of licensed dental hygienist under general supervision.....	18
13:30-1A.5 Administration of local anesthesia by licensed dental hygienists.....	23
13:30-1A.6 Scope of practice of licensed dental hygienists; general provisions .....	25
13:30-1A.7 Credit towards licensure as a dental hygienist for education, training, and experience received while serving as a member of the Armed Forces.....	26
<b>SUBCHAPTER 2. DENTAL ASSISTANTS.....</b>	<b>27</b>
13:30-2.1 Definitions .....	27
13:30-2.2 Application for registration as dental assistant.....	27
13:30-2.3 Application for registration as limited registered dental assistant in orthodontics.....	29
13:30-2.4 Scope of practice of registered dental assistant .....	31
13:30-2.5 Scope of practice of limited registered dental assistant in orthodontics .....	35
13:30-2.6 Scope of practice of unregistered dental assistant .....	37

13:30-2.7 Credit towards registration as a dental assistant for education, training, and experience received while serving as a member of the Armed Forces.....	38
13:30-2.8 Credit towards registration as a limited registered dental assistant in orthodontics for education, training, and experience received while serving as a member of the Armed Forces.....	39
<b>SUBCHAPTER 2A. (RESERVED) .....</b>	<b>41</b>
<b>SUBCHAPTER 3. APPLICANTS FOR LIMITED TEACHING CERTIFICATE IN A DENTAL SCHOOL.....</b>	<b>41</b>
13:30-3.1 Qualifications of applicants .....	41
13:30-3.2 Application procedure .....	42
13:30-3.3 Limitations on certificate .....	42
13:30-3.4 Educational institutions .....	42
<b>SUBCHAPTER 4. INDUSTRIAL OR CORPORATE CLINICS .....</b>	<b>43</b>
13:30-4.1 Industrial or corporate clinic defined .....	43
13:30-4.2 Application for permit.....	43
13:30-4.3 Documents submitted with application for permit.....	44
13:30-4.4 Permits not transferable .....	45
13:30-4.5 Annual certificate of renewal .....	46
13:30-4.6 Changes require Board approval.....	46
13:30-4.7 Provision of services .....	46
13:30-4.8 (Reserved) .....	46
13:30-4.9 Standards of service and facilities .....	46
13:30-4.10 Inspection; requirements of director.....	47
<b>SUBCHAPTER 5. CONTINUING EDUCATION .....</b>	<b>48</b>
13:30-5.1 Continuing dental education requirements for dentists .....	48
13:30-5.2 Continuing education requirements for dental hygienists .....	54
13:30-5.3 Continuing education requirements for registered dental assistants and limited registered dental assistants in orthodontics .....	58
<b>SUBCHAPTER 6. ADVERTISING .....</b>	<b>61</b>
13:30-6.1 Announcement of practice in a special area of dentistry .....	61
13:30-6.2 Professional advertising.....	62
<b>SUBCHAPTER 7. (RESERVED).....</b>	<b>68</b>
<b>SUBCHAPTER 8. GENERAL PROVISIONS .....</b>	<b>68</b>
13:30-8.1 Fee schedules .....	68
13:30-8.1A Deep sedation; sleep dentistry .....	70
13:30-8.2 Parenteral conscious sedation .....	71

13:30-8.3 Use of general anesthesia .....	77
13:30-8.4 Enteral sedation with single or multiple pharmacological agents .....	82
13:30-8.4A Administration of injectable pharmacologics .....	88
13:30-8.5 OSHA and CDC requirements .....	90
13:30-8.5A Infection control education .....	90
13:30-8.6 Biennial license and registration renewal .....	90
13:30-8.6A License and registration reactivation .....	91
13:30-8.6B License and registration reinstatement .....	93
13:30-8.7 Patient records .....	95
13:30-8.8 Reporting of incidents or deaths .....	100
13:30-8.9 Display of names; identifying badges .....	100
13:30-8.10 Third-party payor records .....	101
13:30-8.11 Removable prosthesis identification .....	102
13:30-8.12 Notification of change of address; service of process .....	103
13:30-8.12A Notification of conviction, arrest, or actions affecting privileges .....	104
13:30-8.13 Permissible business structures, prohibition on referral fees and fee splitting .....	104
13:30-8.14 Dental X-rays; lead shields .....	106
13:30-8.15 Dentist of record; fee reimbursement .....	106
13:30-8.16 Opportunity to be heard .....	107
13:30-8.17 Delegation of physical modalities .....	107
13:30-8.18 Issuance of prescriptions; NJPBs; limitations on prescribing, dispensing, or administering controlled dangerous substances; special requirements for management of acute and chronic pain ...	108
13:30-8.19 Practice name .....	114
13:30-8.20 Nitrous oxide/oxygen inhalation analgesia; duties of a licensed dentist, delegation to licensed dental hygienist and registered dental assistant .....	114
13:30-8.21 Divestiture of interest in professional corporations by disqualified licensees .....	116
13:30-8.22 Validity of diagnostic tests for traumatically induced temporomandibular dysfunction .....	117
13:30-8.23 Disclosure of participation in third-party payor plans .....	119
13:30-8.24 Animals and pets in dental office .....	119
13:30-8.25 Prohibited acts .....	119
13:30-8.26 Emergency protocol .....	120
<b>SUBCHAPTER 9. TELEMEDICINE AND TELEHEALTH .....</b>	<b>121</b>
13:30-9.1 Purpose and scope .....	121
13:30-9.2 Definitions .....	121
13:30-9.3 Standard of care .....	122
13:30-9.4 Licensee-patient relationship .....	123
13:30-9.5 Provision of dental care services through telemedicine or telehealth .....	124
13:30-9.6 Prescriptions .....	126
13:30-9.7 Records .....	126

13:30-9.8 Prevention of fraud and abuse ..... 126  
13:30-9.9 Privacy and notice to patients ..... 127

---

## **SUBCHAPTER 1. LICENSURE TO PRACTICE DENTISTRY**

---

### **13:30-1.1 PURPOSE AND SCOPE**

- a) The rules in this chapter implement the provisions of N.J.S.A. 45:6-1 et seq., the Dental Practice Act, and regulate the practice of dentistry in the State of New Jersey.
- b) The provisions of this chapter shall apply to all licensed dentists, licensed dental hygienists, registered dental assistants, limited registered dental assistants, and holders of dental clinic permits, and all applicants seeking licensure to engage in the practice of dentistry, dental hygiene, and dental assisting, and applicants seeking permits to operate dental clinics.
- c) Noncompliance with the rules in this chapter may be deemed professional misconduct and may subject the licensee, registrant or permit holder to disciplinary action pursuant to the provisions of N.J.S.A. 45:1-14 et seq.

### **13:30-1.2 APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY**

- a) All persons desiring to practice dentistry in New Jersey shall secure a license from the Board.
- b) To qualify as a candidate for dental licensure, an applicant shall submit a completed application to the Board which shall contain the following information and materials:
  - 1) A certified transcript from the secretary or dean of a dental school, college or department of a university approved by the Commission on Dental Accreditation verifying that the applicant has obtained a dental degree from such institution;
  - 2) A passport size photograph of the applicant signed by the applicant and notarized;
  - 3) Results from the successful completion of the ADEX dental examination, including the Periodontal Examination, administered by the Commission on Dental Competency Assessments and other entities administering the ADEX dental examination. If an applicant fails any portion of the ADEX dental examination three consecutive times, the Board may require the applicant to sit for and pass a remedial course in the subject area at a dental program accredited by the Commission on Dental Accreditation at a dental school, college, or department of a university;
  - 4) Results of the successful completion of parts I and II of the National Board Dental

Examination;

- 5) A certificate of completion of the online New Jersey Jurisprudence orientation taken within six months of the date of application;
  - 6) A certification by the board of dentistry in every state or jurisdiction in which the applicant holds a dental license verifying that the applicant's license in that state or jurisdiction is in good standing;
  - 7) Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.;
  - 8) The applicant's complete professional employment history; and
  - 9) The application fee as set forth in N.J.A.C. 13:30-8.1.
- c) An applicant for dental licensure who graduated from a dental school that has not been approved by the Commission on Dental Accreditation shall have completed at least two years of study at a dental school, college or department of a university approved by the Commission of Dental Accreditation, with a dental degree having been conferred by such institution.
- d) A candidate for dental licensure who has successfully completed the ADEX dental examination and who has not practiced as a licensed dentist for a period of five years or more prior to the date of application shall re-take the ADEX examination or a Board-approved refresher course with a post-course examination. The Board shall use the results of the clinical or post-course examination to assess competency and practice proficiencies. If the examination identifies deficiencies or educational needs, the Board may require the applicant as a condition of licensure to take and successfully complete any education or training or to submit to any supervision, monitoring, or limitations as the Board determines is necessary to assure that the applicant practices with reasonable skill and safety. A candidate for dental licensure shall submit a completed application to the Board, which shall contain the following information and materials:
- 1) A certified transcript from the secretary or dean of a dental school, college or department of a university approved by the Commission on Dental Accreditation verifying that the applicant has obtained a dental degree from such institution;
  - 2) A passport size photograph of the applicant signed by the applicant and notarized;

- 3) Results of the successful completion of parts I and II of the National Board Dental examination;
  - 4) A certificate of completion of the online New Jersey Jurisprudence orientation taken within six months of the date of application;
  - 5) A certification by the board of dentistry in every state or jurisdiction in which the applicant holds a dental license verifying that the applicant's license in that state or jurisdiction is in good standing. The applicant shall hold an active dental license in at least one state or jurisdiction upon application to the Board;
  - 6) Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.;
  - 7) The applicant's complete professional employment history; and
  - 8) The application fee as set forth in N.J.A.C. 13:30-8.1.
- e) A candidate for dental licensure by credentials, who is licensed to practice dentistry in another state or jurisdiction, shall submit a completed application to the Board, which shall contain the following information and materials:
- 1) Evidence demonstrating that the applicant has actively practiced dentistry, which may include practice in a dental residency, in a single state or jurisdiction for at least five years prior to the date of application;
  - 2) A certified transcript from the secretary or dean of a dental school, college or department of a university approved by the Commission on Dental Accreditation verifying that the applicant has obtained a dental degree from such institution;
  - 3) A passport size photograph of the applicant signed by the applicant and notarized;
  - 4) Results of the successful completion of parts I and II of the National Board Dental examination;
  - 5) Results of the successful completion of a clinical examination administered or recognized by another state or jurisdiction that is comparable to the examination recognized by the North East Regional Board or was comparable at the time the applicant took the examination;



- 6) A certification of completion of the online New Jersey Jurisprudence orientation taken within six months of the date of application;
  - 7) A certification by the board of dentistry in every state or jurisdiction in which the applicant holds a dental license verifying that the applicant's license in that state or jurisdiction is in good standing;
  - 8) Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.;
  - 9) The applicant's complete professional employment history; and
  - 10) The application fee and the fee for licensure by credentials as set forth in N.J.A.C. 13:30-8.1.
- f) The Board may require candidates applying for dental licensure pursuant to (d) and (e) above to submit satisfactory proof of continued competency to practice dentistry.
- g) As part of its review of applicants for licensure as a dentist, the Board shall consider and evaluate any prior record of disciplinary action or pending disciplinary action against the applicant, investigation of the applicant in any other state or jurisdiction, reports from the National Practitioner Data Bank (NPDB), and the applicant's complete professional employment history, or actions affecting the applicant's privileges taken by any institution, organization, or employer related to the practice of dentistry or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction.

### **13:30-1.3 RESIDENT PERMIT**

- h) Prior to obtaining licensure, a graduate of a dental school approved by the Commission on Dental Accreditation who has passed Part I and Part II of the National Board Dental examination may serve as a resident in a public or private licensed hospital or other public or private institution approved by the Commission on Dental Accreditation upon obtaining a resident permit from the Board. A resident permit shall be renewed annually for the length of the residency program, to a maximum of three years pursuant to N.J.S.A. 45:6-20.
- i) An applicant for a resident permit shall submit to the Board a completed application which shall contain the following:

- 1) A certified transcript from the secretary or dean of a dental school, college or department of a university approved by the Commission on Dental Accreditation verifying that the applicant has obtained a dental degree from such institution;
  - 2) A certification by the board of dentistry in any state or jurisdiction in which the applicant holds a dental license verifying that the applicant's license in that state or jurisdiction is in good standing;
  - 3) Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.; and
  - 4) The application fee as set forth in N.J.A.C. 13:30-8.1.
- j) A student who is enrolled in a post-graduate program for the awarding of a Certificate of Advanced Graduate Standing (CAGS) or its equivalent, at a Commission on Dental Accreditation-approved dental school, shall not be required to obtain a resident permit. This individual shall be identified as a student.

#### **13:30-1.4 EXEMPTION FROM LICENSURE**

- a) The following individuals shall not be required to obtain a license to practice dentistry pursuant to N.J.S.A. 45:6-19:
- 1) Physicians or surgeons, licensed in New Jersey, who treat diseases of the mouth, unless such individuals undertake to reproduce lost or missing teeth or to restore or replace lost or missing teeth in the mouth;
  - 2) Dentists discharging their duties in the United States Army, Navy, Air Force, Public Health Service or Veterans Administration;
  - 3) Licensed dentists of other states or jurisdictions appearing as clinicians at meetings of the American Dental Association or its constituents and components or other dental organizations or associations approved by the Board;
  - 4) Licensed dentists of other states or jurisdictions appearing as instructors of continuing education courses approved by the Board pursuant to N.J.A.C. 13:30-5.1;
  - 5) Licensed dentists of other states or jurisdictions appearing as instructors or attendees at Board-approved continuing education courses in which they will engage in hands-on training or demonstrations on live patients, provided the dentist is covered by malpractice insurance;

- 6) Licensed dentists of other states or jurisdictions engaged as expert witnesses in disciplinary matters or court actions in New Jersey; and
- 7) Residents holding permits issued pursuant to N.J.S.A. 45:6-20 and N.J.A.C. 13:30-1.3.

### **13:30-1.5 RETIRED LICENSURE**

A licensee who has practiced dentistry for at least 25 years may, upon application to the Board, be licensed as a retired dentist. A retired licensee shall not engage in the practice of dentistry for the entire biennial period in which he or she has been granted retired status. A retired licensee may resume the practice of dentistry upon fulfilling the requirements at N.J.A.C. 13:30-8.6A.

**13:30-1.6 (RESERVED)**

**13:30-1.7 (RESERVED)**

**13:30-1.8 (RESERVED)**

**13:30-1.9 (RESERVED)**

**13:30-1.10 (RESERVED)**

**13:30-1.11 (RESERVED)**

**13:30-1.12 (RESERVED)**

**13:30-1.13 (RESERVED)**

**13:30-1.14 (RESERVED)**

**13:30-1.15 (RESERVED)**

**13:30-1.16 (RESERVED)**

---

## **SUBCHAPTER 1A. DENTAL HYGIENISTS**

---

### **13:30-1A.1 DEFINITIONS**

For purposes of this subchapter, the following words and terms shall have the following meanings, unless the context clearly indicates otherwise:

“Commission on Dental Accreditation” means the Commission on Dental Accreditation of the American Dental Association (CODA).

“Dental clinic” as defined in N.J.S.A. 45:6-15.1 means and includes any clinic, infirmary, hospital, institution, or other place of any kind whatsoever in which science of dentistry in any of its branches is practiced, demonstrated, or taught, upon or with respect to human beings, but shall not include the private office of a regularly licensed dentist of this State. A dental clinic located inside a school setting is also considered a dental clinic.

“Direct supervision” means that a licensed dentist is physically present in the office or facility at all times during the performance of any act and that such acts are performed pursuant to the licensed dentist’s order, control, and full professional responsibility.

“General supervision” means that a licensed dentist shall provide a written order or protocol and shall maintain control and full professional responsibility for the performance of any act, whether or not the licensed dentist is physically present at the setting.

“Institution” means any nursing home, veterans’ home, hospital, or prison, or any State or county facility providing inpatient care, supervision, and treatment for persons with developmental disabilities.

“School setting” means any public or private school, with any grade(s) pre-kindergarten (pre-k) through 12, in the State. School setting shall not include a dental clinic located inside a school setting.

### **13:30-1A.2 APPLICATION FOR LICENSURE AS DENTAL HYGIENIST**

- a) All persons desiring to practice dental hygiene in New Jersey shall first secure a license from the Board.
- b) An applicant for licensure as a dental hygienist shall submit a completed application to the Board which shall contain the following information and materials:
  - 1) A certified transcript from the secretary or dean from an institution with an educational program in dental hygiene approved by the Commission on Dental Accreditation verifying that the applicant completed the educational program in dental hygiene;
  - 2) A passport size photograph of the applicant signed by the applicant and notarized;
  - 3) The results of the successful completion of the National Board Dental Hygiene Examination (NBDHE) administered by the Joint Commission on National Dental Examinations (JCNDE);

- 4) The results of the successful completion of the ADEX dental hygiene examination administered by the Commission on Dental Competency Assessments, except as provided at (d) and (e) below;
  - 5) A certificate of completion of the online New Jersey Jurisprudence orientation taken within six months of the date of application;
  - 6) A certification by the board of dentistry in every state or jurisdiction in which the applicant holds a license to practice dental hygiene verifying that the applicant's license in that state or jurisdiction is in good standing;
  - 7) Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.; and
  - 8) The application fee as set forth in N.J.A.C. 13:30-8.1.
- c) As part of its review of applicants for licensure as dental hygienists, the Board shall consider and evaluate any prior record of disciplinary action or pending disciplinary action against the applicant or investigation of the applicant in any other state or jurisdiction and the applicant's complete professional employment history.
- d) Upon a written request from an applicant, the Board may grant a waiver of the ADEX dental hygiene examination. The candidate requesting such a waiver shall submit, at a minimum, the following:
- 1) A certification by the board of dentistry in every state or jurisdiction in which the applicant holds a license to practice dental hygiene verifying that the applicant's license in that state or jurisdiction is in good standing;
  - 2) A certified transcript from the secretary or dean from an institution with an educational program in dental hygiene approved by the Commission on Dental Accreditation verifying that the applicant completed the educational program in dental hygiene; and
  - 3) Test results of any state or regional clinical examination other than the ADEX dental hygiene examination. The Board shall recognize successful completion of the examination results for up to five years. After five years, the Board shall review each request for recognition on a case-by-case basis.
- e) The Board shall recognize successful completion of the ADEX dental hygiene examination for up to five years. After five years, the Board shall review each request for

recognition of the ADEX dental hygiene examination on a case-by-case basis and may recognize successful completion of the examination provided the candidate submits, at a minimum, a certification by the board of dentistry in every state or jurisdiction in which the applicant holds a license to practice dental hygiene verifying that the applicant's license in that state or jurisdiction is in good standing.

- f) Notwithstanding the provisions of (b) above, an applicant for licensure as a dental hygienist who graduates from an educational program in dental hygiene approved by the Commission on Dental Accreditation two or more years prior to the date of application and who has not practiced dental hygiene during such time shall demonstrate that he or she has maintained proficiency in dental hygiene.

### **13:30-1A.3 SCOPE OF PRACTICE OF LICENSED DENTAL HYGIENIST UNDER DIRECT SUPERVISION**

- a) A licensed dental hygienist practicing under the direct supervision of a licensed dentist may:
  - 1) Perform a complete prophylaxis including the removal of all hard and soft deposits from all surfaces of human natural and restored teeth to the epithelial attachments and the polishing of natural and restored teeth;
  - 2) Perform root planing;
  - 3) Provide prophylactic and preventive measures such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort;
  - 4) Place intrasulcular therapeutic medications approved by the Food and Drug Administration, as directed by a dentist;
  - 5) Assess soft and hard tissue of the head, neck and oral cavity and note deformities, defects, and abnormalities therein;
  - 6) Fabricate mouth guard appliances;
  - 7) Remove excess cement from crowns or other restorations and orthodontic appliances;
  - 8) Remove sutures;

- 9) Place and remove periodontal dressings and other surgical dressings;
- 10) Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally or on diagnostic models;
- 11) Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq.;
- 12) Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;
- 13) Apply topical anesthetic agents;
- 14) Take and record vital signs;
- 15) Retract patient's cheek, tongue or other tissue parts during a dental procedure;
- 16) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water;
- 17) Take dental photographs including the use of intraoral cameras;
- 18) Select shades of prosthetic appliances;
- 19) Apply hot or cold packs pursuant to the direction of a licensed dentist;
- 20) Assess whether there is carious activity by the use of detecting agents and carious detection instruments. Such instruments shall not include lasers that are capable of altering, cutting, burning, or damaging hard or soft tissue;
- 21) Etch teeth in preparation for bonding, sealants, and desensitizing agents;
- 22) Use a curing light for any dental procedure. Such curing light shall not include a laser capable of altering, cutting, burning, or damaging hard or soft tissue or electrosurgery for tissue retraction;
- 23) Isolate the operative field, including the placement and removal of rubber dams;
- 24) Take alginate impressions;

- 25) Place and remove matrices and wedges;
- 26) Place temporary restorations;
- 27) Perform hand removal of soft temporary restorations;
- 28) Fabricate and cement temporary crowns and bridges after preparation of tooth (teeth) by a dentist. This shall not include intraoral occlusal adjustment;
- 29) Perform hand removal of crowns and bridges that have been temporarily cemented;
- 30) Place amalgam, composite or gold foil in a tooth for condensation by the dentist;
- 31) Place and remove retraction cords and medicated pellets. This shall not include electrosurgery or the use of lasers for tissue retraction;
- 32) Perform bite registration procedures;
- 33) Place and remove arch wires and ligature wires;
- 34) Demonstrate home-use bleaching systems and apply bleaching agents;
- 35) Use an in-office light activated bleaching system;
- 36) Assist a licensed dentist in the administration of nitrous oxide, provided the licensed dentist is physically present in the operatory at all times during the procedure.
  - i) In accordance with this subsection, a licensed dental hygienist who is monitoring a patient to whom the supervising dentist has administered nitrous oxide/oxygen inhalation analgesia may, while monitoring the patient, perform other functions within the dental hygienist scope of practice as delegated by the supervising dentist even if the dentist is not physically present in the operatory;
- 37) Administer local anesthesia provided he or she satisfies the requirements set forth in N.J.A.C. 13:30-1A.5;
- 38) Take impressions for orthodontic appliances;



- 39) Place orthodontic separators. The supervising licensed dentist shall review the placement to ensure proper placement of the orthodontic separators;
  - 40) Remove bands and brackets without the use of rotary instruments;
  - 41) Remove primary adhesive, without the use of rotary instruments, after debanding and/or debonding; and
  - 42) Perform emergency treatment to provide immediate relief from an offending appliance, such as clip a protruding arch wire or remove a loose bracket.
- b) In addition to the activities set forth in (a) above, a licensed dental hygienist practicing under the direct supervision of a licensed dentist pursuant to N.J.A.C. 13:30-8.20 may monitor a patient to whom the supervising dentist has administered nitrous oxide/oxygen inhalation analgesia, provided that:
- 1) The licensed dental hygienist has successfully completed a Board-approved course offered in a Commission on Dental Accreditation accredited college or university or in a hospital licensed by the Department of Health, which emphasizes the administration of nitrous oxide simultaneously with the administration of oxygen and safe and effective patient monitoring;
    - i) The course shall be submitted to the Board for review and approval of course outline, content and objectives, curriculum vitae of instructors and whether the training is visual, hands-on or lecture;
    - ii) The nitrous oxide/oxygen administration course shall be at least 14 hours in length, which shall include at least seven hours of didactic training and seven hours of clinical training; and
    - iii) The clinical training shall include, at a minimum, 10 monitored administrations of nitrous oxide/oxygen inhalation analgesia;
  - 2) The licensed dental hygienist holds a current certification in Basic or Advanced Cardiac Life Support by the American Heart Association, the American Red Cross or an equivalent association approved by the Board;
  - 3) The licensed dental hygienist completes a three-hour didactic or clinical course in nitrous oxide/oxygen inhalation analgesia in every other registration renewal period. Completion of the recertification course shall be in addition to the continuing education requirements set forth at N.J.A.C. 13:30-5.2;

- 4) The licensed dental hygienist monitors the patient and maintains the therapeutic level of nitrous oxide/oxygen inhalation analgesia as established by the dentist; and
  - 5) Upon any untoward reaction of the patient, the licensed dental hygienist immediately turns off the flow of nitrous oxide, maintains the established oxygen level, and immediately summons the dentist.
- c) The monitoring of nitrous oxide/oxygen inhalation analgesia by a licensed dental hygienist without first having met the minimum standards of training and procedures pursuant to (b) above, shall constitute a deviation from normal standards of practice required of a licensee.
- d) A licensed dental hygienist who engages in the activities outlined in (a) and (b) above without direct supervision, except as provided in N.J.A.C. 13:30-1A.4, shall be deemed to be engaging in the unauthorized practice of dental hygiene and professional misconduct and shall be subject to the penalties set forth in N.J.S.A. 45:6-58, 45:1-22, and 45:1-25.
- e) A licensed dentist who permits a licensed dental hygienist to engage in the activities outlined in (a) and (b) above without direct supervision, except as provided in N.J.A.C. 13:30-1A.4, shall be subject to the penalties set forth in N.J.S.A. 45:1-21 and 45:1-25.

#### **13:30-1A.4 SCOPE OF PRACTICE OF LICENSED DENTAL HYGIENIST UNDER GENERAL SUPERVISION**

- a) Dental office or dental clinic. A licensed dental hygienist practicing under the general supervision of a licensed dentist in a dental office or a dental clinic may:
- 1) Perform a complete prophylaxis including the removal of all hard and soft deposits from all surfaces of human natural and restored teeth to the epithelial attachments and the polishing of natural and restored teeth;
  - 2) Perform root planing;
  - 3) Provide prophylactic and preventive measures such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort;
  - 4) Place intrasulcular therapeutic medications approved by the Food and Drug Administration, as directed by a dentist;
  - 5) Assess soft and hard tissue of the head, neck, and oral cavity and note deformities, defects, and abnormalities therein;

- 6) Fabricate mouth guard appliances;
- 7) Remove excess cement from crowns or other restorations and orthodontic appliances;
- 8) Remove sutures;
- 9) Place and remove periodontal dressings and other surgical dressings;
- 10) Trial size (pre-select) orthodontic bands, wires, stainless steel crowns, and temporary crowns intra-orally or on diagnostic models;
- 11) Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq.;
- 12) Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;
- 13) Apply topical anesthetic agents;
- 14) Take and record vital signs;
- 15) Retract patient's cheek, tongue, or other tissue parts during a dental procedure;
- 16) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes, and water;
- 17) Take dental photographs including the use of intraoral cameras;
- 18) Select shades of prosthetic appliances;
- 19) Apply hot or cold packs pursuant to the direction of a licensed dentist;
- 20) Assess whether there is carious activity by the use of detecting agents and carious detection instruments. Such instruments shall not include lasers that are capable of altering, cutting, burning, or damaging hard or soft tissue;
- 21) Etch teeth in preparation for sealants and desensitizing agents;
- 22) Use a curing light for the application of sealants;

- 23) Isolate the operative field for the placement of sealants, including the placement and removal of rubber dams;
  - 24) Take alginate impressions for diagnostic casts, bleaching trays, and athletic mouth guards;
  - 25) Take impressions for orthodontic appliances;
  - 26) Place orthodontic separators. The supervising licensed dentist shall review the placement to ensure proper placement of the orthodontic separators;
  - 27) Remove bands and brackets without the use of rotary instruments;
  - 28) Remove primary adhesive, without the use of rotary instruments, after debanding and/or debonding; and
  - 29) Perform emergency treatment to provide immediate relief from an offending appliance, such as clip a protruding arch wire or remove a loose bracket.
- b) Institution. A licensed dental hygienist practicing under the general supervision of a New Jersey licensed dentist in an institution may:
- 1) Perform a complete prophylaxis including the removal of all hard and soft deposits from all surfaces of human natural and restored teeth to the epithelial attachments and the polishing of natural and restored teeth;
  - 2) Perform root planing;
  - 3) Provide prophylactic and preventive measures such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort;
  - 4) Assess soft and hard tissue of the head, neck, and oral cavity and note deformities, defects, and abnormalities therein;
  - 5) Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq.;
  - 6) Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;

- 7) Take and record vital signs;
  - 8) Take dental photographs including the use of intra-oral cameras;
  - 9) Use a curing light for the application of sealants;
  - 10) Etch teeth in preparation for sealants and desensitizing agents;
  - 11) Isolate the operative field for the placement of sealants, including the placement and removal of rubber dams;
  - 12) Apply topical anesthetic agents;
  - 13) Take impressions for orthodontic appliances;
  - 14) Remove bands and brackets without the use of rotary instruments;
  - 15) Remove primary adhesive, without the use of rotary instruments, after debanding and/or debonding; and
  - 16) Perform emergency treatment to provide immediate relief from an offending appliance, such as clip a protruding arch wire or remove a loose bracket.
- c) School setting. A licensed dental hygienist practicing under the general supervision of a licensed dentist in a school setting:
- 1) May administer to that school's students, with written parental or guardian consent, preventive measures such as the application of fluorides, complete removal of biofilm with prophy paste containing fluoride, pit and fissure sealants, as well as other recognized topical agents, including topical anesthetics, for the prevention of oral disease or associated discomfort and the detection of caries, and may use a curing light for the application of sealants, provided that:
    - i) The licensed dental hygienist complies with the Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) requirements of N.J.A.C. 13:30-8.5; and
    - ii) When applying sealants, the licensed dental hygienist conforms to the assessment guidelines set forth by the supervising dentist and adheres to acceptable treatment protocol standards, including maintaining a dry field;

- 2) When making radiographic exposures, shall make radiographic exposures as permitted by the Department of Environmental Protection, pursuant to N.J.S.A. 26:2D-24 et seq., provided that the exposures are made for the school's students and written parental or guardian consent is obtained; and
- 3) Shall comply with the notification requirements at (f)3 below and provide written notice of the administered treatment to the supervising dentist, school, and parent/guardian.
  - i) The notification to the parent/guardian shall include a statement that the assessment performed by the licensed dental hygienist is not a comprehensive dental examination and a list of sources for dental referrals in the community.
  - ii) If, after performing an assessment, a licensed dental hygienist reasonably believes that a student has either dental caries or some other medical or dental condition requiring diagnosis, treatment, or medical referral by a licensed dentist, the notification to the parent/guardian shall also include a statement that the student should be seen by a licensed dentist for a definitive diagnosis and possible treatment or medical referral.
- d) The supervising dentist of a licensed dental hygienist practicing under the general supervision in a school setting shall:
  - 1) Maintain for at least seven years:
    - i) A copy of the parental/guardian consent; and
    - ii) The written record of treatment by the licensed dental hygienist; and
  - 2) Review, within 30 days of treatment by the licensed dental hygienist, the written record of treatment to ensure compliance with the assessment guidelines, treatment protocol standards, and notification requirements set forth at (c) above.
    - i) If, upon review, the supervising dentist determines that the proper notification was not sent to the parent/guardian, the supervising dentist shall ensure that it is sent to the parent/guardian.
- e) Notwithstanding the provisions of (a) above, a New Jersey licensed dentist, in his or her sole discretion, may require direct supervision in his or her dental office.

- f) A licensed dental hygienist may practice dental hygiene under general supervision provided that:
- 1) The licensed dental hygienist treats only existing patients of record, except for school settings, as provided in (c) above. For purposes of this subchapter, an existing patient of record is a dental patient examined by a licensed dentist of the dental office, dental clinic, or institution, within the immediately preceding 365-day period and who has a dental treatment plan that is prescribed by the dentist.
  - 2) In dental offices, the patient is notified, as soon as it is known, that the dentist will not be present, and is given the option to reschedule to a time when the dentist will be present.
  - 3) After performing an assessment, a licensed dental hygienist who reasonably believes that a person has either dental caries or some other medical or dental condition requiring diagnosis, treatment, or medical referral by a dentist shall so inform the supervising dentist in writing, within seven days. If it appears that emergent care is indicated, the licensed dental hygienist shall immediately, but no later than 24 hours, notify the supervising dentist.
  - 4) The licensed dental hygienist holds a current certification in Basic or Advanced Cardiac Life Support by the American Heart Association, the American Red Cross, or an equivalent organization approved by the Board.

### **13:30-1A.5 ADMINISTRATION OF LOCAL ANESTHESIA BY LICENSED DENTAL HYGIENISTS**

- a) A licensed dental hygienist may administer local anesthesia if the minimum standards of training and procedure set forth in this section are followed. For purposes of this section "local anesthesia" is defined as the elimination of sensation, especially pain, in the oral cavity by the regional injection of an anesthetic agent.
- b) No licensed dental hygienist shall administer local anesthesia unless he or she possesses a local anesthesia permit issued by the Board of Dentistry.
- c) A licensed dental hygienist who has been issued a permit to administer local anesthesia may do so only under the direct supervision of a New Jersey licensed dentist who shall determine which anesthetic agent shall be administered by the hygienist and for which procedures the anesthetic agent shall be utilized, consistent with the following:
  - 1) The licensed hygienist may administer supraperiosteal (infiltration), periodontal ligament (PDL, intraligamentary), intraseptal and block anesthesia except as provided in (c)1i below.

- i) The licensed dental hygienist shall not administer a maxillary (second division, V2) nerve block via the high tuberosity approach or the greater palatine approach; and
  - 2) The licensed hygienist may administer local anesthetic reversal agents approved by the Federal Food and Drug Administration and the American Dental Association, as determined by the dentist.
- d) A licensed dental hygienist applying for a Board permit to administer local anesthesia shall satisfy the following requirements:
- 1) Successful completion of a Board-approved course in the administration of local anesthesia offered in a dental hygiene program approved by the Commission on Dental Accreditation, or in an accredited college or university, teaching hospital or other training institution or facility approved pursuant to N.J.S.A. 45:6-2.
    - i) The course outline, content and objectives, and curriculum vitae of course instructors shall be submitted to the Board for review and approval.

The course shall include instruction in: head and neck anatomy; pharmacology of anesthetic and analgesic agents, including appropriate and efficacious injection techniques and minimum and maximum dosages; administration of reversal agents; patient pre-evaluation, including medical and dental history considerations; recognition of adverse events, emergency procedures and basic life support; and selection of appropriate armamentarium, agents and techniques.
    - ii) The course shall consist of 20 hours of didactic training and 12 hours of clinical training. The clinical training shall include 25 monitored administrations of local anesthesia, including all types of blocks set forth in (c)1 above; and
  - 2) Passage of the written examination in the administration of local anesthesia administered by the Commission on Dental Competency Assessments (CDCA).
- e) A licensed dental hygienist who holds a permit to administer local anesthesia under the direct supervision of a licensed dentist shall complete four hours of continuing education in the administration of local anesthesia in every other biennial renewal period (that is, four hours every four years), consistent with the requirements at N.J.A.C. 13:30-5.2.
- f) The administration of local anesthesia by a licensed dental hygienist without a permit shall constitute a deviation from normal standards of practice required of a licensee.



- g) A licensed dental hygienist who administers local anesthesia without a permit and without direct supervision shall be deemed to be engaging in the unauthorized practice of dental hygiene and professional misconduct and shall be subject to the penalties set forth in N.J.S.A. 45:6-58, 45:1-22, and 45:1-25.
- h) A licensed dentist who permits a licensed dental hygienist to administer local anesthesia without a permit or without direct supervision shall be subject to the penalties set forth in N.J.S.A. 45:1-25 and shall be deemed to have engaged in willful and gross malpractice or willful and gross neglect in the practice of dentistry pursuant to N.J.S.A. 45:6-62.

### **13:30-1A.6 SCOPE OF PRACTICE OF LICENSED DENTAL HYGIENISTS; GENERAL PROVISIONS**

- a) A licensed dental hygienist may practice dental hygiene in a dental office, dental clinic, or institution under the general supervision or direct supervision of a licensed dentist provided that:
  - 1. The facility has readily available emergency equipment as specified in N.J.A.C. 13:30-8.26; and
  - 2. A second employee, who is also trained to implement the emergency protocol as required in N.J.A.C. 13:30-8.26, is present in the treatment facility at all times when patient care is rendered.
- b) A licensed dental hygienist may not establish an independent office or engage in independent practice in connection with the performance of traditional hygienist services under either the general supervision or direct supervision of a licensed dentist.
- c) Each licensed dentist may supervise, whether they are under general supervision or direct supervision, no more than a total of three licensed dental hygienists at one time in any setting.
- d) For patient care rendered by a licensed dental hygienist practicing under general supervision in an institution, a licensed dentist shall review all chart entries within 30 days of treatment of the patient by a licensed dental hygienist.
- e) A licensed dental hygienist may provide a written work authorization for emergency repair of a dental prosthesis provided that the prosthesis shall not require any intra-oral procedure and shall be thereafter inserted by a licensed dentist.

**13:30-1A.7 CREDIT TOWARDS LICENSURE AS A DENTAL HYGIENIST FOR EDUCATION, TRAINING, AND EXPERIENCE RECEIVED WHILE SERVING AS A MEMBER OF THE ARMED FORCES**

a) An applicant who has served in the Armed Forces of the United States (Armed Forces) and who does not meet all of the training, education, and experience requirements for licensure under N.J.A.C. 13:30-1A.1 may apply to the Board for recognition of the applicant's training, education, and/or experience received while serving as a member of the Armed Forces, which the Board shall consider together with any training, education, and/or experience obtained outside of the Armed Forces, for determining substantial equivalence to the training, education, and/or experience required for licensure.

b) The Board shall issue a license as a dental hygienist to the applicant if the applicant presents evidence to the Board that:

1) The applicant has been honorably discharged from active military service;

2) The relevant training, experience, and/or education the applicant has received in the military, together with any training, education, and/or experience obtained outside of the Armed Forces, is substantially equivalent in scope and character to the training, experience, and/or education required for licensure under N.J.A.C. 13:30-1A.1;

i) An applicant seeking credit for military training and/or experience shall submit to the Board the applicant's Verification of Military Experience and Training (VMET) Document, DD Form 2586 or a successor form, as amended and supplemented;

ii) An applicant seeking credit for education courses and/or training completed while in the military that is not part of an educational program in dental hygiene approved by the Commission on Dental Accreditation shall submit to the Board a Joint Services transcript of his or her education for a determination that the education courses and/or training completed is substantially equivalent in level, scope, and intent to those approved by the Commission on Dental Accreditation as required for licensure under N.J.A.C. 13:30-1A.1. For the purpose of determining substantial equivalence of the applicant's military education and/or training, the Board shall consider only those courses and/or training relevant to the practice of dental hygiene that have been evaluated by the American Council on Education for substantial equivalence to civilian postsecondary curricula; and

3) The applicant complies with all other requirements for licensure as a dental hygienist, including successful completion of the National Board Dental Hygiene Examination (NBDHE) administered by the Joint Commission on National Dental Examinations (JCNDE), the ADEX dental hygiene examination, and the online New Jersey Jurisprudence orientation within six months of the date of the application, as set forth at N.J.A.C. 13:30-1A.2.

c) It is the applicant's responsibility to provide timely and complete evidence of the education, training and/or experience gained in the military for review and consideration.

d) If the applicant's military training, education and/or experience, or a portion thereof, is not deemed to be substantially equivalent to that required for licensure, the Board shall credit whatever portion of the military training, education, and/or experience that is substantially equivalent towards meeting the requirements under N.J.A.C. 13:30-1A.1 for the issuance of the license as a dental hygienist.

e) Satisfactory evidence of such education, training, or experience shall be assessed on a case-by-case basis.

---

## **SUBCHAPTER 2. DENTAL ASSISTANTS**

---

### **13:30-2.1 DEFINITIONS**

For purposes of this subchapter, the following words and terms, shall have the following meanings, unless the context clearly indicates otherwise:

"Commission on Dental Accreditation" means the Commission on Dental Accreditation of the American Dental Association (CODA).

"Direct supervision" means that a licensed dentist is physically present in the office at all times during the performance of any act and that such acts are performed pursuant to the licensed dentist's order, control and full professional responsibility.

### **13:30-2.2 APPLICATION FOR REGISTRATION AS DENTAL ASSISTANT**

- a) An applicant desiring to secure registration as a dental assistant shall have a certificate of completion of the online New Jersey Jurisprudence orientation taken within six months of the date of application and:
- 1) Satisfactorily completed and graduated, within the past 10 years, from an educational program for dental assistants approved by the Board and the Commission on Dental Accreditation and shall have taken the Certified Dental Assistant Examination administered by the Dental Assisting National Board (DANB) within 10 years prior to the date of application; or
  - 2) Successfully completed high school (or its equivalent) and shall have:

- i) Obtained at least two years of work experience as a dental assistant during the five-year period prior to making application for registration, passed the Certified Dental Assistant Examination administered by DANB within 10 years prior to the date of application, successfully completed a Board-approved program in expanded functions, and passed the New Jersey Expanded Functions Examination administered by DANB; or
  - ii) Obtained at least two years of work experience as a dental assistant during the five-year period prior to making application for registration, passed the Certified Dental Assistant administered by DANB within 10 years prior to application, and passed the New Jersey Expanded Functions Examination administered by DANB.
- b) An applicant for registration as a dental assistant shall submit a completed application to the Board that contains the following information and materials:
- 1) A certification by the board of dentistry in every state or jurisdiction in which the applicant is a registered dental assistant verifying that the applicant's registration in that state or jurisdiction is in good standing;
  - 2) Proof of the following, if applicable pursuant to (a) above:
    - i) A certificate of graduation from an approved educational program in dental assisting in which the expanded functions or duties listed in N.J.A.C. 13:30-2.4 are taught;
    - ii) A certificate of successful completion of an examination for clinical competency in expanded functions in dental assisting administered by DANB;
    - iii) A certificate of successful completion of an approved program in expanded functions in dental assisting. The Board shall recognize the following as providers of approved programs in expanded functions:
      - (1) An institution approved by the Commission on Dental Accreditation;
      - (2) Institutions of higher education which have met the standards of the Commission on Higher Education or a regional agency recognized by the Council on Post-Secondary Accreditation; or

- (3) In-service training programs conducted at the graduate level by agencies of the Federal, State, or local government that are substantially similar to programs described at (b)2iii(1) and (2) above;
  - iv) A certificate of successful completion of the Certified Dental Assistant Examination administered by DANB; and
  - v) A certificate of completion of the online New Jersey Jurisprudence orientation within six months of the date of application;
- 3) Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.; and
  - 4) The application fee set forth in N.J.A.C. 13:30-8.1.

### **13:30-2.3 APPLICATION FOR REGISTRATION AS LIMITED REGISTERED DENTAL ASSISTANT IN ORTHODONTICS**

- a) An applicant desiring to secure registration as a limited registered dental assistant in orthodontics shall have a certificate of completion of the online New Jersey Jurisprudence orientation taken within six months of the date of application and:
  - 1) Satisfactorily completed and graduated, within the past 10 years, from a training program for dental assistants approved by the Board and accredited by the Commission on Dental Accreditation (CODA), and within 10 years prior to the date of application passed the Certified Orthodontic Assistant (COA) Examination, or successor examination, the Topical Fluoride Examination, or successor examination, and the Coronal Polish Examination, or successor examination, which are administered by the Dental Assisting National Board (DANB); or
  - 2) Successfully completed high school (or its equivalent) and shall have obtained at least two years work experience as a dental assistant under the supervision of a licensed dentist holding a specialty permit in orthodontics during the five-year period prior to making application for registration, passed the Certified Orthodontic Assistant (COA) Examination, or successor examination, the Topical Fluoride Examination, or successor examination, and the Coronal Polish Examination, or successor examination, which are administered by the Dental Assisting National Board (DANB) within 10 years prior to the date of application.
    - i) To satisfy the work experience required pursuant to this section, the applicant shall satisfy the work experience requirements to sit for the COA examination as

set forth in DANB's COA examination application packet, and which is available at [www.danb.org](http://www.danb.org).

- ii) An applicant obtaining work experience pursuant to this section shall not perform the duties of a registered dental assistant or a limited registered dental assistant. An applicant may perform the duties of an unregistered dental assistant as set forth in N.J.A.C. 13:30-2.6. Nothing in this subparagraph shall be construed to preclude an applicant from observing any tasks or duties performed in a dental office.
- b) An applicant for registration as a limited registered dental assistant in orthodontics shall submit a completed application to the Board that contains the following information and materials:
- 1) A certification by the board of dentistry in every state or jurisdiction in which the applicant is a registered dental assistant verifying that the applicant's registration in that state or jurisdiction is in good standing;
  - 2) Proof of the following, if applicable, pursuant to (a) above:
    - i) A certificate of graduation from an approved educational program in dental assisting in which the expanded functions or duties as listed in N.J.A.C. 13:30-2.5 are taught;
    - ii) A certificate of successful completion of an approved program in expanded functions in orthodontics. The Board shall recognize the following as providers of approved programs in expanded functions:
      - (1) An institution approved by the Commission on Dental Accreditation;
      - (2) Institutions of higher education which have met the standards of the Commission on Higher Education or a regional agency recognized by the Council on Post-Secondary Accreditation; or
      - (3) In-service training programs conducted at the graduate level by agencies of the Federal, State, or local government, which are substantially similar to programs described in (b)2ii(1) and (2) above; or
    - iii) A certification of work experience from the licensee(s) who possess(es) the specialty permit in orthodontics under whose supervision the applicant obtained

the required work experience. The certification shall be on a form provided by the Board;

- 3) A certificate of successful completion of the Certified Orthodontic Assistant (COA) Examination, or successor examination, administered by DANB, the Topical Fluoride Examination, or successor examination, administered by DANB, the Coronal Polish Examination, or successor examination, administered by DANB, and a certificate of completion of the online New Jersey Jurisprudence orientation within six months of the date of application;
- 4) Results from a criminal history background check conducted by the State of New Jersey pursuant to N.J.S.A. 45:1-28 et seq.; and
- 5) The application fee set forth in N.J.A.C. 13:30-8.1.

#### **13:30-2.4 SCOPE OF PRACTICE OF REGISTERED DENTAL ASSISTANT**

- a) A registered dental assistant may perform the following duties under the direct supervision of a licensed dentist:
  - 1) Isolate the operative field, including the placement and removal of rubber dams;
  - 2) Place and remove matrices and wedges;
  - 3) Place temporary restorations;
  - 4) Remove excess cement from crowns or other restorations and orthodontic appliances. Such removal shall not include any subgingival cement or debris;
  - 5) Remove sutures;
  - 6) Fabricate and cement temporary crowns and bridges after preparation of tooth (teeth) by a dentist. This does not include intra-oral occlusal adjustment;
  - 7) Etch teeth in preparation for bonding, sealants and desensitizing agents;
  - 8) Place caries detecting agents;
  - 9) Use instruments for caries detection. Such instruments shall not include lasers that are capable of altering, cutting, burning or damaging hard or soft tissue;

- 10) Perform hand removal of soft temporary restorations;
- 11) Perform hand removal of crowns and bridges that have been temporarily cemented;
- 12) Prepare coronal surfaces for bonding and restoration, with pumice and water only, not to include a prophylaxis;
- 13) Take alginate impressions;
- 14) Place amalgam, composite or gold foil in a tooth for condensation by the dentist;
- 15) Place and remove retraction cords and medicated pellets. This shall not include electrosurgery or the use of lasers for tissue retraction;
- 16) Perform bite registration procedures;
- 17) Place and remove periodontal dressings and other surgical dressings;
- 18) Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally or on diagnostic models;
- 19) Place and remove arch wires and ligature wires;
- 20) Take impressions for and perform laboratory fabrication of mouth guards. This shall not include insertion of the appliance;
- 21) Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq.;
- 22) Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;
- 23) Apply topical anesthetic agents;
- 24) Take and record vital signs;
- 25) Retract patient's cheek, tongue or other tissue parts during a dental procedure;



- 26) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water;
  - 27) Use a curing light for any dental procedure. Such curing light shall not include a laser capable of altering, cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction;
  - 28) Take dental photographs including the use of intraoral cameras;
  - 29) Select shades of prosthetic appliances;
  - 30) Demonstrate home-use bleaching systems and apply bleaching agents;
  - 31) Apply hot or cold packs pursuant to the direction of a licensed dentist;
  - 32) Administer a topical treatment on a patient after a licensed dentist or licensed dental hygienist has performed. a prophylaxis;
  - 33) Assist a licensed dentist in the administration of nitrous oxide, provided the licensed dentist is physically present in the operatory at all times during the procedure;
  - 34) Provide prophylactic and preventive measures, such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort. This shall not include prophylaxis;
  - 35) Take impressions for orthodontic appliances. The supervising licensed dentist shall review and evaluate the impression prior to its use for fabrication;
  - 36) Place orthodontic separators. The supervising licensed dentist shall ensure proper placement;
  - 37) Remove bands and brackets without the use of rotary instruments; and
  - 38) Perform emergency treatment to provide immediate relief from an offending appliance, such as clip a protruding arch wire or remove a loose bracket.
- b) A registered dental assistant practicing under the direct supervision of a licensed dentist pursuant to N.J.A.C. 13:30-8.20 may monitor a patient to whom the supervising dentist has administered nitrous oxide/oxygen inhalation analgesia provided the registered

dental assistant does not perform any other function while monitoring the patient, and provided that:

- 1) The registered dental assistant has successfully completed a Board-approved course offered in a CODA (Commission on Dental Accreditation of the American Dental Association) approved college or university clinical setting or hospital setting which emphasizes the administration of nitrous oxide simultaneous with the administration of oxygen and safe and effective patient monitor:
    - i) The course shall be submitted to the Board for review and approval of course outline, content and objectives, curriculum vitae of instructors and whether the training is visual, hands-on or lecture;
    - ii) The nitrous oxide/oxygen administration course shall be at least 14 hours in length, which shall include at least seven hours of didactic training and seven hours of clinical training; and
    - iii) The clinical training shall include, at a minimum, 10 monitored administrations of nitrous oxide/oxygen inhalation analgesia.
  - 2) The registered dental assistant holds a current certification in Basic or Advanced Cardiac Life Support by the American Heart Association, the American Red Cross or an equivalent association approved by the Board;
  - 3) The registered dental assistant completes a three-hour didactic or clinical course in nitrous oxide/oxygen inhalation analgesia in every other registration renewal period. Completion of the recertification course shall be in addition to the continuing education requirements set forth at N.J.A.C. 13:30-5.3.
  - 4) The registered dental assistant monitors the patient and maintains the therapeutic level of the nitrous oxide/oxygen inhalation analgesia as established by the dentist; and
  - 5) Upon any untoward reaction of the patient, the registered dental assistant immediately turns off the flow of nitrous oxide, maintains the established oxygen level, and immediately summons the dentist.
- c) The monitoring of nitrous oxide/oxygen inhalation analgesia by a registered dental assistant without first having met the minimum standards of training and procedures as contained in this section shall constitute a deviation from normal standards of practice required of a licensee.

- d) A registered dental assistant who engages in the activities outlined in (b) and (c) above without direct supervision shall be deemed to be engaging in the unauthorized practice of dental assisting and professional misconduct, and shall be subject to the penalties set forth in N.J.S.A. 45:1-22 and 45:1-25.
- e) A dental assistant may provide a written work authorization for emergency repair of a dental prosthesis provided that the prosthesis shall not require any intra-oral procedure and shall be thereafter inserted by a licensed dentist.

### **13:30-2.5 SCOPE OF PRACTICE OF LIMITED REGISTERED DENTAL ASSISTANT IN ORTHODONTICS**

- a) A limited registered dental assistant in orthodontics may perform the following duties under the direct supervision of a New Jersey licensed dentist who has obtained a Board permit number to announce a specialty in orthodontics pursuant to N.J.A.C. 13:30-6.1:
  - 1) Take alginate impressions;
  - 2) Fabricate mouth guard appliances. This shall not include insertion of the appliance;
  - 3) Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26.2D-24 et seq.;
  - 4) Isolate the operative field, not to include rubber dams;
  - 5) Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally or on diagnostic models;
  - 6) Take dental photographs including the use of intraoral cameras;
  - 7) Perform bite registration procedures;
  - 8) Remove excess cement from crowns and other restorations and orthodontic appliances. Such removal shall not include any subgingival cement or debris;
  - 9) Remove arch wires and ligature wires;
  - 10) Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;

- 11) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes, and water;
  - 12) Use a curing light for any dental procedure. Such curing light shall not include a laser capable of altering, cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction;
  - 13) Apply topical anesthetic agents;
  - 14) Apply topical fluoride;
  - 15) Etch teeth in preparation for bonding, sealants, and desensitizing agents;
  - 16) Place and ligate arch wires. Before a limited registered dental assistant in orthodontics places the arch wire, the supervising licensed dentist shall verify the fit. Only the supervising licensed dentist shall customize the arch wire for the patient;
  - 17) Take impressions for orthodontic appliances. The supervising licensed dentist shall review and evaluate the impression prior to its use for fabrication;
  - 18) Place orthodontic separators. The supervising licensed dentist shall ensure proper placement;
  - 19) Remove bands and brackets without the use of rotary instruments;
  - 20) Perform emergency treatment to provide immediate relief from an offending appliance, such as clip a protruding arch wire or remove a loose bracket; and
  - 21) Apply hot or cold packs pursuant to the direction of a licensed dentist.
- b) A limited registered dental assistant in orthodontics may provide a written work authorization for emergency repair of a dental prosthesis provided that the prosthesis shall not require any intra-oral procedure and shall be thereafter inserted by a licensed dentist.
- c) A limited registered dental assistant in orthodontics who engages in the activities outlined in (a) above without direct supervision shall be deemed to be engaging in the unauthorized practice of limited registered dental assisting in orthodontics and professional misconduct, and shall be subject to the penalties set forth in N.J.S.A. 45:1-22 and 45:1-25.

**13:30-2.6 SCOPE OF PRACTICE OF UNREGISTERED DENTAL ASSISTANT**

- a) A dental assistant who has not obtained a registration from the Board may perform the following duties under the direct supervision of a licensed dentist:
- 1) Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq.;
  - 2) Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;
  - 3) Apply topical anesthetic agents;
  - 4) Take and record vital signs;
  - 5) Retract patient's cheek, tongue or other tissue parts during a dental procedure;
  - 6) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water;
  - 7) Isolate the operative field, not to include rubber dams;
  - 8) Trial size (pre-select) orthodontic bands, wires, stainless steel crown, and temporary crowns on a diagnostic model only;
  - 9) Use a curing light in any dental procedure. Such curing light shall not include a laser capable of altering, cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction;
  - 10) Take dental photographs including the use of intraoral cameras;
  - 11) Select shades for prosthetic appliances;
  - 12) Apply hot or cold packs pursuant to the direction of a licensed dentist; and
  - 13) Assist a licensed dentist in the administration of nitrous oxide, provided the licensed dentist is physically present in the operatory at all times during the procedure.

- b) An unregistered dental assistant may provide a written work authorization for emergency repair of a dental prosthesis provided that the prosthesis shall not require any intra-oral procedure and shall be thereafter inserted by a licensed dentist.

**13:30-2.7 CREDIT TOWARDS REGISTRATION AS A DENTAL ASSISTANT FOR EDUCATION, TRAINING, AND EXPERIENCE RECEIVED WHILE SERVING AS A MEMBER OF THE ARMED FORCES**

a) An applicant who has served in the Armed Forces of the United States (Armed Forces) and who does not meet all of the training, education, and experience requirements for registration as a dental assistant under N.J.A.C. 13:30-2.2 may apply to the Board for recognition of the applicant's training, education, and/or experience received while serving as a member of the Armed Forces, which the Board shall consider together with any training, education, and/or experience obtained outside of the Armed Forces, for determining substantial equivalence to the training, education, and/or experience required for registration as a dental assistant.

b) The Board shall issue a registration as a dental assistant to the applicant if the applicant presents evidence to the Board that:

- 1) The applicant has been honorably discharged from active military service;
- 2) The relevant training, experience, and/or education the applicant has received in the military, together with any training, education, and/or experience obtained outside of the Armed Forces, is substantially equivalent in scope and character to the training, experience, and/or education required for registration under N.J.A.C. 13:30-2.2;
  - i) An applicant seeking credit for military training and/or experience shall submit to the Board the applicant's Verification of Military Experience and Training (VMET) Document, DD Form 2586 or a successor form, as amended and supplemented;
  - ii) An applicant seeking credit for education courses and/or training completed while in the military that are not part of an educational program for dental assistants approved by the Board and the Commission on Dental Accreditation shall submit to the Board a Joint Services Transcript of his or her education courses and/or training for a determination that the education courses and/or training completed are substantially equivalent in level, scope, and intent to those in an educational program for dental assistants approved by the Board and the Commission on Dental Accreditation as required for registration under N.J.A.C. 13:30-2.2. For the purpose of determining substantial equivalence of the applicant's military education courses and/or training, the Board shall consider only those education courses and/or training relevant to the practice of a registered dental assistant that have been evaluated by the American Council on Education for substantial equivalence to civilian postsecondary curricula;

iii) An applicant seeking credit for education courses and/or training completed while in the military that are not part of a Board-approved program in expanded functions as set forth in N.J.A.C. 13:30-2.2(b) shall submit to the Board a Joint Services Transcript of his or her education courses and/or training for a determination that the education courses and/or training completed are substantially equivalent in level, scope, and intent to those of a Board-approved program in expanded functions as set forth in N.J.A.C. 13:30-2.2(b) as required for registration under N.J.A.C. 13:30-2.2. For the purpose of determining substantial equivalence of the applicant's military education courses and/or training, the Board shall consider only those education courses and/or training relevant to the practice of a dental assistant that have been evaluated by the American Council on Education for substantial equivalence to civilian postsecondary curricula; and

- 3) The applicant complies with all other requirements for registration, including successful completion of the Certified Dental Assistant Examination administered by the Dental Assisting National Board (DANB), the New Jersey Expanded Functions Examination administered by DANB, as applicable, as set forth at N.J.A.C. 13:30-2.2, and completion of the online New Jersey Jurisprudence orientation within six months of the date of application.

c) It is the applicant's responsibility to provide timely and complete evidence of the education, training, and/or experience gained in the military for review and consideration.

d) If the applicant's military training, education, and/or experience, or a portion thereof, is not deemed to be substantially equivalent to that required for registration as a dental assistant, the Board shall credit whatever portion of the military training, education, and/or experience that is substantially equivalent towards meeting the requirements under N.J.A.C. 13:30-2.2 for the issuance of the registration as a dental assistant.

e) Satisfactory evidence of such education, training, and/or experience shall be assessed on a case-by-case basis.

### **13:30-2.8 CREDIT TOWARDS REGISTRATION AS A LIMITED REGISTERED DENTAL ASSISTANT IN ORTHODONTICS FOR EDUCATION, TRAINING, AND EXPERIENCE RECEIVED WHILE SERVING AS A MEMBER OF THE ARMED FORCES**

a) An applicant who has served in the Armed Forces of the United States (Armed Forces) and who does not meet all of the training, education, and experience requirements for registration as a limited registered dental assistant in orthodontics under N.J.A.C. 13:30-2.3 may apply to the Board for recognition of the applicant's training, education, and/or experience received while serving as a member of the Armed Forces, which the Board shall consider together with any training, education, and/or experience obtained outside of the Armed Forces, for determining substantial equivalence to the training, education, and/or experience required for registration as a limited registered dental assistant in orthodontics.

b) The Board shall issue a registration as a limited registered dental assistant in orthodontics to the applicant if the applicant presents evidence to the Board that:

- 1) The applicant has been honorably discharged from active military service;
- 2) The relevant training, experience, and/or education the applicant has received in the military, together with any training, education, and/or experience obtained outside of the Armed Forces, is substantially equivalent in scope and character to the training, experience, and/or education required for registration under N.J.A.C. 13:30-2.3.
  - i. An applicant seeking credit for military training and/or experience shall submit to the Board the applicant's Verification of Military Experience and Training (VMET) Document, DD Form 2586 or a successor form, as amended and supplemented.
  - ii. An applicant seeking credit for education courses and/or training completed while in the military that are not part of a Board-approved educational program in dental assisting in which the expanded functions or duties as listed in N.J.A.C. 13:30-2.5 are taught, as set forth in N.J.A.C. 13:30-2.3(b), shall submit to the Board a Joint Services Transcript of his or her education courses and/or training for a determination that the education courses and/or training completed are substantially equivalent in level, scope, and intent to those of a Board approved educational program in dental assisting in which the expanded functions or duties as listed in N.J.A.C. 13:30-2.5 are taught as required for registration under N.J.A.C. 13:30-2.3. For the purpose of determining substantial equivalence of the applicant's military education courses and/or training, the Board shall consider only those education courses and/or training relevant to the practice of a limited registered dental assistant in orthodontics that have been evaluated by the American Council on Education for substantial equivalence to civilian postsecondary curricula.
  - iii. An applicant seeking credit for education courses and/or training completed while in the military that are not part of a Board-approved program in expanded functions in orthodontics as set forth in N.J.A.C. 13:30-2.3(b) shall submit to the Board a Joint Services Transcript of his or her education courses and/or training for a determination that the education courses and/or training completed are substantially equivalent in level, scope, and intent to those in a program in expanded functions in orthodontics approved by the Board as required for registration under N.J.A.C. 13:30-2.3. For the purpose of determining substantial equivalence of the applicant's military education courses and/or training, the Board shall consider only those education courses and/or training relevant to the practice of a limited registered dental assistant in orthodontics that have been evaluated by the American Council on Education for substantial equivalence to civilian postsecondary curricula; and



- 3) The applicant complies with all other requirements for registration, including successful completion of the examination requirements as set forth at N.J.A.C. 13:30-2.3, and completion of the online New Jersey Jurisprudence orientation within six months of the date of application.
- c) It is the applicant's responsibility to provide timely and complete evidence of the education, training, and/or experience gained in the military for review and consideration.
- d) If the applicant's military training, education, and/or experience, or a portion thereof, is not deemed to be substantially equivalent to that required for registration as a limited registered dental assistant in orthodontics, the Board shall credit whatever portion of the military training, education, and/or experience that is substantially equivalent towards meeting the requirements under N.J.A.C. 13:30-2.3 for the issuance of the registration as a limited registered dental assistant in orthodontics.
- e) Satisfactory evidence of such education, training, and/or experience shall be assessed on a case-by-case basis.

---

**SUBCHAPTER 2A.  
(RESERVED)**

---

---

**SUBCHAPTER 3.  
APPLICANTS FOR LIMITED TEACHING CERTIFICATE IN A DENTAL  
SCHOOL**

---

**13:30-3.1 QUALIFICATIONS OF APPLICANTS**

- a) A dentist desiring to teach in any branch of dentistry shall hold an active New Jersey license to practice dentistry or shall have procured a Limited Teaching Certificate from the New Jersey State Board of Dentistry, renewable annually prior to October 1.
- b) An applicant for such limited license must have the competency to teach the science of dentistry as predicated upon the applicant's general and technical knowledge.
- c) An applicant for a limited teaching certificate shall submit a certified transcript from the secretary or dean of a dental school, college, or department of a university, verifying that the applicant has obtained a dental degree from such institution.

**13:30-3.2 APPLICATION PROCEDURE**

- a) The applicant for a limited teaching certificate shall:
  - 1) Submit a completed and notarized application, which shall include a certified transcript of graduation from a dental school by an authorized official of the dental school;
  - 2) Provide employment history and professional history from the time the dental degree was conferred; and
  - 3) Provide two character references from licensed New Jersey dentists.
- b) In addition to the requirements at (a) above, the dean of the dental school in which the applicant seeks employment shall submit to the Board:
  - 1) A certification that the applicant is properly qualified to teach, demonstrate, and practice dentistry at the dental school; and
  - 2) Supporting information from which the Board can determine that the applicant's general and technical level of knowledge and moral character suitably qualifies the applicant to teach, demonstrate, and practice dentistry at a dental school in this State.

**13:30-3.3 LIMITATIONS ON CERTIFICATE**

- a) Teaching certificates shall be valid only in and upon the premises designated in the certificate in which the science of dentistry in any of its branches is taught.
- b) No limited teaching certificate shall be deemed to authorize the licensee to engage in the private practice of dentistry outside of the premises of the dental school or its clinical facilities.
- c) A limited teaching certificate shall automatically expire upon the termination of the certificate holder's employment by a dental school in this State.

**13:30-3.4 EDUCATIONAL INSTITUTIONS**

- a) Every educational institution where the science of dentistry is practiced, demonstrated or taught in any of its branches shall submit to the Board each year prior to October 1, a roster of all persons engaged in teaching any of the clinical subjects or who act as

demonstrators or teachers in the laboratories or clinics where the practice of dentistry of any kind is performed on patients.

- b) The Board shall prescribe a form for such roster and make rules governing their submission.
- c) No dental school in this State shall employ, at any one time, more than 15 persons with limited teaching certificates who have graduated from dental schools not approved by the Board. For the purposes of this subsection, if the dental school from which the applicant graduated is located in the United States, Canada, or a territory or possession of the United States, the dental school shall be approved by the Board.

---

## **SUBCHAPTER 4. INDUSTRIAL OR CORPORATE CLINICS**

---

### **13:30-4.1 INDUSTRIAL OR CORPORATE CLINIC DEFINED**

"An industrial or corporate clinic" means a privately owned clinic maintained and operated by an industrial corporation, an organization composed of the management of several industries, or a labor organization(s) or any combination thereof where dentistry in any or all of its branches is practiced, demonstrated or taught on a nonprofit basis for the benefit of the employees of the industries involved and their dependents or for the benefit of the members of the labor organization(s) and their dependents.

### **13:30-4.2 APPLICATION FOR PERMIT**

- a) All industrial or corporate agencies that wish to operate a dental clinic in New Jersey shall make application to the New Jersey State Board of Dentistry and pay the fee set forth in N.J.A.C. 13:30-8.1 for a permit to operate such a clinic.
- b) A dental clinic permit shall be effective upon the date the Board approves the application and shall terminate on December 31, of the same year.
- c) All industrial or corporate agencies that wish to operate a dental clinic in New Jersey shall define in the dental clinic application the type of services to be rendered at the clinic.
- d) All industrial or corporate agencies that wish to operate more than one dental clinic shall apply for a separate permit for each dental clinic to be operated.

**13:30-4.3 DOCUMENTS SUBMITTED WITH APPLICATION FOR PERMIT**

- a) The following information and materials shall accompany the application for a dental clinic permit:
  - 1) A floor plan of the clinic (to scale) setting forth:
    - i) Operatories;
    - ii) Recovery rooms;
    - iii) Reception room or rooms;
    - iv) Rest-room facilities;
    - v) Laboratory facilities;
    - vi) Storage-room facilities; and
    - vii) Record room;
  - 2) A list of all personnel connected with the clinic setting forth:
    - i) The name, home address and license number of the director;
    - ii) The name, home address and license number of each dentist;
    - iii) The name, home address and license number of each dental hygienist;
    - iv) The name and home address of each dental assistant;
    - v) The name and home address of each dental technician;
    - vi) The names, titles and home addresses of all other personnel;
    - vii) If the clinic is to be operated by a public corporation, the names and addresses of all directors and officers of the corporation;

- viii) If the clinic is to be operated by a closed corporation, the names and addresses of all directors, officers and stockholders of the corporation;
  - ix) If the clinic is to be operated by an entity other than a public or closed corporation, the names and addresses of all persons having any responsibility with respect to the maintenance, operation, or establishment of the clinic in either a professional or business capacity; and
  - x) Information concerning whether any person listed in the clinic application pursuant to (a)2 above has been convicted of a crime, including the dates of the conviction and a description of the nature of the conviction or whether any criminal charges are pending;
- 3) A copy of all contracts involving the clinic including:
- i) A list of services to which eligible persons are entitled;
  - ii) A copy of the contract between the owner of the clinic and the dental director;
  - iii) A copy of the contract between the owner of the clinic and the dentists;
  - iv) A copy of the contract between the owner of the clinic and the dental hygienists and all other personnel;
  - v) If the dental director engages the services of dentists and dental hygienists and other personnel, a copy of such contracts;
  - vi) If the dentists are to be remunerated on a fee for service basis, a copy of the fee schedule; and
- 4) A proposed budget for the operation of the clinic and a financial statement of the applicant.
- b) All contracts specified in (a)3 above shall be filed with the New Jersey State Board of Dentistry and no change shall be made to such contracts without prior Board approval.

#### **13:30-4.4 PERMITS NOT TRANSFERABLE**

Clinic permits shall not be transferable.

**13:30-4.5 ANNUAL CERTIFICATE OF RENEWAL**

- a) Every dental clinic in New Jersey that has been issued a permit to operate pursuant to this subchapter shall procure from the Executive Director of the Board on or before January 1 each year an annual certificate of renewal. Such certificate shall be issued by the Executive Director upon the payment of the renewal fee set forth in N.J.A.C. 13:30-8.1.
- b) The Executive Director of the Board shall on or before December 1 each year, mail to each holder of a clinic permit a printed renewal application to be filled out and returned by the permit holder to the Executive Director.
- c) Upon receipt of the renewal application, the annual certificate of renewal shall be issued and transmitted to the permit holder.
- d) Any industrial or corporate clinic that fails to procure an annual certificate of renewal or gives misleading or false information on a request for an annual certificate of renewal shall be subject to disciplinary action pursuant to the provisions of N.J.S.A. 45:1-25.

**13:30-4.6 CHANGES REQUIRE BOARD APPROVAL**

No industrial or corporate clinic shall make a change in its administrative organization, personnel, construction, physical plant or, stated objectives without first apprising the Board of such contemplated changes and receiving written approval from the Board.

**13:30-4.7 PROVISION OF SERVICES**

No dental procedure shall be performed in any dental clinics operated, conducted or maintained in this State pursuant to this subchapter except by licensed dentists or licensed dental hygienists in accordance with the provisions of N.J.S.A. 45:6-1 et seq. and this chapter.

**13:30-4.8 (RESERVED)****13:30-4.9 STANDARDS OF SERVICE AND FACILITIES**

- a) A dental clinic shall provide only those services set forth in the clinic permit application pursuant to N.J.A.C. 13:30-4.2.
- b) The dental clinic permit holder shall ensure that:
  - 1) The services rendered at the dental clinic are provided consistent within the requisite standard of care for Board licensees;

- 2) The clinic facilities consist of adequate dental equipment and armamentarium, including proper and efficiently operating sterilizing and sanitary devices;
- 3) The recovery rooms and emergency equipment meet hospital standards;
- 4) The rest rooms and waiting rooms are of sufficient number and size to accommodate the number of patients to be treated at the clinic; and
- 5) The clinic complies with all rules adopted for such places of health service as promulgated by the New Jersey State Department of Health and Senior Services and any other State and/or local governmental agency.

### **13:30-4.10 INSPECTION; REQUIREMENTS OF DIRECTOR**

- a) Members of the New Jersey State Board of Dentistry or their duly appointed representatives may visit the dental clinic for the purpose of inspection.
- b) The director of the clinic shall be a dentist. The director and all dentists or dental hygienists employed in the dental clinic shall be licensed to practice dentistry or dental hygiene in the State of New Jersey.
- c) The director shall be responsible for all activities performed by clinic personnel, including any dental decisions made by professional and auxiliary personnel employed in the clinic.
- d) The director shall be responsible for the use of the dental clinic by any person engaged in the illegal practice of dentistry and shall be subject to prosecution if any offenders are found guilty of such illegal practice.
- e) All names of persons employed by the dental clinic and their titles of employment shall be furnished to the Board at the time of permit renewal.
- f) Dental hygienists employed by the dental clinic shall provide only those services permitted pursuant to N.J.A.C. 13:30-1A.3 and 1A.4.
- g) The director shall furnish to the Board the clinic's method of operation as to control, direction and authority in dental matters including:
  - 1) To whom the director reports; and

- 2) Type of service rendered by the clinic.

---

## **SUBCHAPTER 5. CONTINUING EDUCATION**

---

### **13:30-5.1 CONTINUING DENTAL EDUCATION REQUIREMENTS FOR DENTISTS**

- a) Continuing education shall be a mandatory requirement for license renewal, except that the Board shall not require completion of continuing dental education credits for initial registration of dentists. All licensed dentists holding active licenses shall submit a certification verifying completion of 40 hours of continuing dental education every two years at the time of registration renewal, including the 10 mandatory hours of continuing dental education specified at (e) below, except for the following:
  - 1) Except as set forth in (a)2 below, a licensee who was initially licensed during the first year of the preceding biennial period shall submit a certification verifying the completion of 40 credits of continuing dental education. A licensee who was initially licensed during the second year of the preceding biennial period shall submit a certification verifying the completion of 20 credits of continuing dental education; and
  - 2) An individual who graduates from a dental school and is licensed in the first year of the biennial period shall complete 20 credits of continuing education. An individual who graduates from a dental school and is licensed in the second year of the biennial period shall be exempt from continuing education requirements for that biennial period.
- b) One hour of continuing education credit shall be granted for each hour of instruction at lectures, seminars, clinical or laboratory participatory courses, the program portion of dinner and other meetings of national, constituents, and components of dental professional associations recognized by the Board, or other educational methods as may be approved by the Board, excluding time spent at meals, breaks or business sessions. Credit shall be granted only for full instructional hours, but not for less than one instructional hour. Successful completion of an entire course or segment of course instruction is required in order to receive any continuing education credit. Unless otherwise provided, only in class participation, not student time devoted to preparation, shall be counted toward continuing dental education.
- c) It shall be the responsibility of each licensee to maintain a record of all continuing education activity completed and to be prepared to submit evidence of completion of the credit requirements to the Board upon request. Records shall be maintained for two full biennial periods from the date of completion of the continuing education activity. Each



licensee shall obtain from the continuing education course sponsor a record of attendance which shall include, at a minimum, the following:

- 1) The participant's name;
  - 2) The title or subject area of the course;
  - 3) The instructor's name;
  - 4) The course sponsor;
  - 5) The date and location of the course;
  - 6) The number of hours; and
  - 7) Verification of successful completion by the course sponsor.
- d) The Board shall monitor compliance with the mandatory continuing dental education requirement by requesting some licensees, at the discretion of the Board, to provide documentary proof of successful completion of continuing education credits.
- e) All continuing education activities to be accepted for credit shall have significant intellectual or practical content which deals primarily with matters directly related to the practice of dentistry or with the professional responsibilities or ethical obligations of licensees.
- 1) The following 10 hours of continuing education shall be completed by each licensee during each biennial renewal period, as required at (a) above:
    - i) Three hours of continuing education with practical hands-on certification for cardiopulmonary resuscitation (CPR), which meets the American Heart Association certification standards for healthcare providers. The training shall include the use of an automatic external defibrillator (AED), unconscious and conscious choking, and rescue breathing. Webinars and electronic media distance learning courses shall not satisfy this requirement;
    - ii) Three hours of continuing education of pharmacology and internal medicine, which includes the appropriate use of analgesics, antibiotics, local anesthesia and agents to control anxiety, drug (medication) knowledge and interactions, prescription writing, abuse of prescriptions by patients, taking complete medical

histories, and the use of the New Jersey Prescription Monitoring Program (NJMPMP);

- iii) Two hours of continuing education in preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. Examples of such education include: modes of disease transmission and the chain of infection; strategies that can prevent occupational exposures to blood and bodily fluids; methods to ensure that patient-care items and environmental surfaces are safe for use; selection and use of safe dental devices and dental water quality assurance and practice monitoring; and evaluation of dental infection control programs;
  - iv) One hour of continuing education in professional ethics and New Jersey law concerning the practice of dentistry. Examples of such education include: dental ethics, professionalism, New Jersey jurisprudence, ethical issues concerning the abuse of prescriptions by patients, child abuse, competence and judgment, and patient confidentiality. The online New Jersey Jurisprudence orientation shall not satisfy this continuing education requirement; and
  - v) Pursuant to P.L. 2017, c. 28, one hour of continuing education in educational programs or topics concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion. This one credit shall not be eligible for carry-over as described at (k) below.
- 2) In accordance with P.L. 2017, c. 28, if the Board deems it appropriate, on an individual basis, the Board may waive the specific one credit continuing education requirement concerning prescription opioid drugs. Any such waiver request shall be filed pursuant to (m) below.
- 3) Notwithstanding the exemption from the completion of continuing education credits as set forth at (a)2 above, the applicant, once licensed by the Board, shall complete, within 24 months of becoming licensed, one credit in educational programs or topics concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion.
- 4) The Board shall not accept the following topics for continuing education credit:
- i) Estate planning;
  - ii) Financial or investment/tax planning; or

- iii) Personal health.
- f) If a continuing education sponsor desires prior approval for a course of acceptable subject matter and seeks to be assigned a designated number of continuing education credits by the Board, the program sponsor shall provide, in writing and on a form provided by the Board, the curriculum vitae of all instructors and/or discussion leaders, the outline of the course, the course objectives and information to document that the course meets the following requirements:
  - 1) The course is offered in a subject matter and in a format permissible pursuant to the provisions of this section;
  - 2) The course is conducted by a qualified instructor or discussion leader; and
  - 3) The course is at least one hour in length.
- g) Applications for pre-approval of continuing education programs shall be submitted by the program sponsor on the form provided by the Board at least 45 days prior to the date the continuing education program is to be offered. Incomplete applications shall be returned to the sponsor and may result in an inability to grant approval prior to commencement of the program. Although an inability to obtain prior approval may not preclude acceptance of the program, there is no assurance that the Board will grant approval retroactively.
- h) Continuing education course approval granted pursuant to this section shall be valid for two years from the date of approval provided that the course subject matter, course instructor and course length remain unchanged from the initial application.
- i) A licensee may obtain continuing education credits from any of the areas of study listed below. A licensee shall not receive credit for more than the maximum number of hours permitted in each area of study for each biennial period, as set forth at (i)1 through 4 below.
  - 1) Educational and scientific courses related to the practice of dentistry.
    - i) A licensee may obtain 40 hours of continuing education in this category.
    - ii) The following shall satisfy the requirement of 40 hours of continuing education, including the 10 mandatory hours required at (e) above, for a biennial registration period:

- (1) Completion of an accredited one-year dental residency program; or
  - (2) Attendance at, or completion of, an approved advanced education program leading to certification in endodontics, oral and maxillofacial surgery, oral and maxillofacial pathology, orthodontics, pediatric dentistry, periodontics, prosthodontics, public health, or oral and maxillofacial radiology.
  - iii) A maximum of five hours of continuing education credit shall be given to a student or an instructor for basic Cardiopulmonary Resuscitation courses and a maximum of 15 hours of continuing education credit shall be given to a student or an instructor for Advanced Cardiac Life Support courses.
  - iv) A maximum of 20 hours of continuing education credit shall be given for any form of written or electronic media distance learning courses. A written or electronic media distance learning course shall include a written post-test, and such test shall be retained by the licensee as an additional record of completion of the course. Webinars shall not be considered electronic media distance learning courses if they are live (not previously recorded) and synchronous (the instructor and licensee interact with each other in real time).
  - v) A maximum of seven hours of continuing education credit shall be given for practice management/managed care courses;
- 2) Papers, publications and scientific presentations:
  - i) A licensee may obtain a maximum of 20 hours of continuing education credit in this category.
  - ii) A maximum of 10 hours of continuing education credit shall be given for each original scientific paper authored by the licensee and published in a refereed journal. At the discretion of the Board, the 10 hours may be divided among co-authors based upon the length of the scientific paper and the contributions of each author.
  - iii) For each original presentation of a paper, essay or formal lecture to a recognized group of fellow professionals as part of a course or program eligible for Board approval for credit pursuant to this section, a licensee shall receive two hours of continuing education credit for every hour of presentation;
- 3) Teaching and research appointments:

- i) A licensee involved in teaching or research activities at least one full day or the equivalent of one full day per week per academic year and who holds at least a part-time faculty or research appointment shall receive five hours of continuing education credit annually for each full day of teaching or research activity up to a maximum of 10 hours of credit per biennial period or two and one-half hours annually for each half day of teaching or research activity up to a maximum of five hours of credit per biennial period.
- 4) Table clinics and scientific exhibits:
- i) A licensee may obtain a maximum of eight continuing education hours in this category.
  - ii) A licensee may obtain up to one hour of continuing education for each two hours of original presentation of a table clinic or scientific exhibit at a professional meeting.
- j) Licensees who complete the required 20 hours of continuing education credit pursuant to the requirements for parenteral conscious sedation and/or general anesthesia permit holders as set forth in N.J.A.C. 13:30-8.2 and 8.3 shall be given credit for all 20 hours so completed. Licensees who complete the required 20 hours of continuing education credit pursuant to the requirements for enteral sedation permit holders as set forth in N.J.A.C. 13:30-8.4 shall be given credit for all 20 hours so completed.
  - k) A maximum of seven continuing education credits completed by a licensee in excess of the 40 credit hours required pursuant to (a) above may be credited to the subsequent biennial registration period.
  - l) Any continuing education courses taken by a licensee at the direction or order of the Board as a remedial measure shall not be used to fulfill the continuing education requirement set forth in (a) above.
  - m) The Board may, in its discretion, waive all or a portion of the requirements for continuing education on an individual basis for reasons of hardship such as illness or disability or other good cause. Any licensee seeking a waiver of continuing education requirements shall apply to the Board in writing and set forth with specificity the reasons for requesting the waiver. The licensee shall also provide the Board with such additional information as the Board may reasonably request in support of the application.
  - n) Pursuant to N.J.S.A. 45:6-10.4, consistent with the provisions of this subsection, the Board shall waive up to one-half of the required biennial continuing dental education

hours set forth at (a) above for a licensee who renders volunteer dental services to eligible persons.

- 1) For purposes of this subsection, the following words and terms shall have the following meanings, unless the context clearly indicates otherwise:

“Eligible person” means:

(1) Any person under the age of 19 whose parent or guardian attests that he or she meets the eligibility requirements for, and is enrolled in, the NJ FamilyCare Program established pursuant to P.L. 2005, c. 156 (N.J.S.A. 30:4J-8 et seq.);

(2) A child who is in the custody of the Division of Child Protection and Permanency in the Department of Children and Families; or

(3) Any person who attests that he or she meets the eligibility requirements for, and is enrolled in, the Medicaid program established pursuant to P.L. 1968, c. 413 (N.J.S.A. 30:4D-1 et seq.), the Pharmaceutical Assistance to the Aged and Disabled program established pursuant to P.L. 1975, c. 194 (N.J.S.A. 30:4D-20 et seq.), or the Senior Gold Prescription Discount Program established pursuant to P.L. 2001, c. 96 (N.J.S.A. 30:4D-43 et seq.).

"Volunteer dental service" means dental care provided, without charge, to an eligible person, or to a minor in a primary school, secondary school, or other school setting, or to a patient through a dental clinic as defined by section 1 of P.L. 1951, c. 199 (N.J.S.A. 45:6-15.1), consistent with the requirements of this subsection.

- 2) One half-hour of one continuing dental education credit hour shall be waived for each hour of volunteer dental service.
- 3) The 10 mandatory continuing education hours set forth at (e) above shall not be eligible for waiver.
- 4) As part of biennial renewal, a licensee shall submit to the Board, on a form supplied by the Board and available on the Board's website at <http://www.njconsumeraffairs.gov/den>, documentation evidencing the total number of credits that are eligible for the waiver in accordance with this subsection.

### **13:30-5.2 CONTINUING EDUCATION REQUIREMENTS FOR DENTAL HYGIENISTS**

- a) All licensed dental hygienists shall submit a certification verifying the completion of 20 hours of continuing education every two years at the time of license renewal, except as

provided at (b) and (d) below, including the six mandatory continuing education credits specified in this subsection. No more than one-half of the required continuing education hours in the two-year period may be obtained through written or electronic media distance learning courses. Webinars shall not be considered electronic media distance learning courses if they are live (not previously recorded) and synchronous (the instructor and licensee interact with each other in real time).

- 1) The following six hours of continuing education shall be completed by each licensee during each biennial renewal period:
  - i) Three hours of continuing education with practical hands-on certification for cardiopulmonary resuscitation (CPR) that meets the American Heart Association certification standards for healthcare providers. The training shall include the use of an automatic external defibrillator (AED), unconscious and conscious choking, and rescue breathing. Webinars and electronic media distance learning courses shall not satisfy this requirement;
  - ii) One hour of continuing education in preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. Examples of such education include: modes of disease transmission and the chain of infection; strategies that can prevent occupational exposures to blood and bodily fluids; methods to ensure that patient-care items and environmental surfaces are safe for use; selection and use of safe dental devices and dental water quality assurance and practice monitoring; and evaluation of dental infection control programs;
  - iii) One hour of continuing education in professional ethics and New Jersey law concerning the practice of dental hygiene. Examples of such education include: dental ethics, professionalism, New Jersey jurisprudence, ethical issues concerning the abuse of prescriptions by patients, child abuse, competence and judgment, and patient confidentiality. The online New Jersey Jurisprudence orientation shall not satisfy this continuing education requirement; and
  - iv) One hour of continuing education in educational programs or topics concerning prescription opioid drugs, including the risks and signs of opioid abuse, addiction, and diversion.
- b) An individual who graduates from a program in dental hygiene in the first year of the biennial period shall complete 10 credits of continuing education for biennial renewal. An individual who graduates from a program in dental hygiene in the second year of the biennial period shall be exempt from continuing education requirements for that biennial period.

- c) The following shall be considered acceptable forms of continuing education:
- 1) Scientific courses applicable to the delivery of dental care by dental hygienist, including preventive services, radiography, dental photography, nutrition, patient counseling, community health, Cardiopulmonary Resuscitation or Advanced Cardiac Life Support certification, and infection control;
  - 2) Courses which directly relate to or concern the practice of dentistry, including organization and office management, office design, communication skills, behavioral science, dental-legal matters and methods of health care delivery; and
  - 3) Teaching and research appointments:
    - i) A licensee involved in teaching or research activities at least one full day or the equivalent of one full day per week per academic year and who holds at least a part-time faculty or research appointment shall receive two hours of continuing education credit annually for each full day of teaching or research up to a maximum of four hours of credit per biennial period and one credit annually for each half day of teaching or research up to a maximum of two hours of credit per biennial period.
- d) The Board shall recognize as acceptable the courses of study and amount of hours credited in continuing education programs approved by the following, provided that the courses satisfy the minimum requirements set forth in this subchapter:
- 1) The American Dental Association and its constituents and components;
  - 2) The Academy of General Dentistry and its constituents and components;
  - 3) The American Dental Hygienists Association and its constituents and components;
  - 4) The American Dental Assistants' Association and its constituents and components;
  - 5) The American Academy of Dental Hygiene and its constituents and components; and
  - 6) Accredited colleges or universities.



- e) A licensee shall maintain a record of all continuing education activity completed and shall submit a certification verifying the completion of the credit requirements to the Board upon request. Records shall be maintained for two full biennial periods from the date of completion of the continuing education activity. Each licensee shall obtain from the continuing education course sponsor a record of attendance which shall include, at a minimum, the following:
- 1) The participant's name;
  - 2) The title or subject area of the course;
  - 3) The instructor's name;
  - 4) The course sponsor;
  - 5) The date and location of the course;
  - 6) The number of hours; and
  - 7) Verification of successful completion by the course sponsor.
- f) The Board may inspect the licensee's records upon request as may be necessary to insure that the continuing education requirements have been satisfied.
- g) Consistent with the provisions of this subsection, the Board shall waive up to one-half of the required biennial continuing dental hygiene education hours set forth at (a) above for a licensee who renders volunteer services as a clinician to eligible persons as defined at N.J.A.C. 13:30-5.1(n).
- 1) One half-hour of one continuing dental hygiene education credit hour shall be waived for each hour of volunteer clinician service. "Volunteer clinician service" means clinician services provided, without charge, to an eligible person, as defined at N.J.A.C. 13:30-5.1(n), or to a minor in a primary school, secondary school, or other school setting, or to a patient through a dental clinic as defined by section 1 of P.L. 1951, c. 199 (N.J.S.A. 45:6-15.1), consistent with the requirements of this subsection.
  - 2) The six mandatory continuing education hours set forth at (a)1 above shall not be eligible for waiver.

- 3) As part of the biennial renewal, a licensee shall submit to the Board, on a form supplied by the Board and available on the Board's website at <http://www.njconsumeraffairs.gov/den>, documentation evidencing the total number of credits that are eligible for the waiver in accordance with this subsection.

### **13:30-5.3 CONTINUING EDUCATION REQUIREMENTS FOR REGISTERED DENTAL ASSISTANTS AND LIMITED REGISTERED DENTAL ASSISTANTS IN ORTHODONTICS**

- a) All registered dental assistants and limited registered dental assistants in orthodontics shall submit a certification verifying the completion of 10 hours of continuing education every two years at the time of registration renewal, including the six mandatory continuing education hours set forth at (f) below. No more than one-half of the required continuing education hours in the two-year period may be obtained through written or electronic media distance learning courses. Webinars shall not be considered electronic media distance learning courses if they are live (not previously recorded) and synchronous (the instructor and registrant interact with each other in real time).
- b) The following shall be considered acceptable forms of continuing education:
  - 1) Scientific courses applicable to the delivery of dental care by dental auxiliaries, including preventive services, radiography, dental photography, nutrition, patient counseling, community health, Cardiopulmonary Resuscitation or Advanced Cardiac Life Support certification, and infection control;
  - 2) Courses which directly relate to or concern the practice of dentistry, including organization and office management, office design, communication skills, behavioral science, dental-legal matters and methods of health care delivery; and
  - 3) Teaching and research appointments:
    - i) A registrant involved in teaching or research activities at least one full day or the equivalent of one full day per week per academic year and who holds at least a part-time faculty or research appointment shall receive two hours of continuing education credit annually for each full day of teaching or research up to a maximum of four hours of credit per biennial period and one credit annually for each half day of teaching or research up to a maximum of two hours of credit per biennial period.
- c) The Board shall recognize as acceptable the courses of study and amount of hours credited in continuing education programs approved by the following, provided that the courses satisfy the minimum requirements set forth in this subchapter:

- 1) The American Dental Association and its constituents and components;
  - 2) The Academy of General Dentistry and its constituents and components;
  - 3) The American Dental Hygienists Association and its constituents and components;
  - 4) The American Dental Assistants' Association and its constituents and components;
  - 5) The American Academy of Dental Hygiene and its constituents and components; and
  - 6) Accredited colleges or universities.
- d) A registrant shall maintain a record of all continuing education activity completed and shall submit a certification verifying the completion of the continuing education credit requirements to the Board upon request. Records shall be maintained for two full biennial periods from the date of completion of the continuing education activity. Each registrant shall obtain from the continuing education course sponsor a record of attendance which shall include, at a minimum, the following:
- 1) The participant's name;
  - 2) The title or subject area of the course;
  - 3) The instructor's name;
  - 4) The course sponsor;
  - 5) The date and location of the course;
  - 6) The number of hours; and
  - 7) Verification of successful completion by the course sponsor.
- e) The Board may inspect the registrant's records upon request as may be necessary to insure that the continuing education requirements have been satisfied.
- f) The following six hours of continuing education shall be completed by each registrant during each biennial renewal period:

- 1) Three hours of continuing education with practical hands-on certification for cardiopulmonary resuscitation (CPR), which meets the American Heart Association certification standards for healthcare providers. The training shall include the use of an automatic external defibrillator (AED), unconscious and conscious choking, and rescue breathing. Webinars and electronic media distance learning courses shall not satisfy this requirement;
  - 2) One hour of continuing education in preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. Examples of such education include: modes of disease transmission and the chain of infection; strategies that can prevent occupational exposures to blood and bodily fluids; methods to ensure that patient-care items and environmental surfaces are safe for use; selection and use of safe dental devices and dental water quality assurance and practice monitoring; and evaluation of dental infection control programs;
  - 3) One hour of continuing education in professional ethics and New Jersey law concerning the practice of dental assisting. Examples of such education include: dental ethics, professionalism, New Jersey jurisprudence, ethical issues concerning the abuse of prescriptions by patients, child abuse, competence and judgment, and patient confidentiality. The online New Jersey Jurisprudence orientation shall not satisfy this continuing education requirement; and
  - 4) One hour of continuing education in educational programs or topics concerning prescription opioid drugs, including the risks and signs of opioid abuse, addiction, and diversion.
- g) Consistent with the provisions of this subsection, the Board shall waive up to two of the required biennial continuing dental assistant education hours set forth at (a) above for a registrant who renders volunteer services as a clinician to eligible persons as defined at N.J.A.C. 13:30-5.1(n).
- 1) One half-hour of one continuing dental assisting education credit hour shall be waived for each hour of volunteer clinician service. "Volunteer clinician service" means clinician services provided, without charge, to an eligible person, as defined at N.J.A.C. 13:30-5.1(n), or to a minor in a primary school, secondary school, or other school setting, or to a patient through a dental clinic as defined by section 1 of P.L. 1951, c. 199 (N.J.S.A. 45:6-15.1), consistent with the requirements of this subsection.
  - 2) The six mandatory continuing education hours set forth at (f) above shall not be eligible for waiver.

- 3) As part of the biennial renewal, a registrant shall submit to the Board, on a form supplied by the Board and available on the Board's website at <http://www.njconsumeraffairs.gov/den>, documentation evidencing the total number of credits that are eligible for the waiver in accordance with this subsection.

---

## SUBCHAPTER 6. ADVERTISING

---

### 13:30-6.1 ANNOUNCEMENT OF PRACTICE IN A SPECIAL AREA OF DENTISTRY

- a) A licensee who seeks to announce to the public that he or she is a specialist or specializes in one or more area(s) of dental practice listed in (c) below shall first obtain a permit to do so from the Board of Dentistry.
- b) A licensee shall apply to the Board for permission to announce a dental specialty. When granted a permit to announce a specialty in a designated area(s) of dentistry, a licensee shall display the specialty permit or a copy of the specialty permit in all office location(s) during the period of specialty practice. If a licensee discontinues a specialty practice, the specialty permit shall be returned to the Board.
- c) The following special areas of dentistry may be announced as specialty dental practices:
- 1) Endodontics;
  - 2) Oral or maxillofacial surgery;
  - 3) Oral or maxillofacial radiology;
  - 4) Oral pathology;
  - 5) Orthodontics;
  - 6) Pediatric dentistry (also called Pedodontics);
  - 7) Periodontics;
  - 8) Prosthodontics; and
  - 9) Public health.

- d) The Board shall grant permission to announce a dental specialty or specialization of a dental practice to:
- 1) A licensed dentist who is certified or eligible for certification by a specialty board recognized by the American Dental Association appropriate to that area of dental practice listed in (c) above; or
  - 2) A licensed dentist who successfully completes a post-doctoral education of two or more years in duration in one or more of the specialty areas listed in (c) above and which, at the time of completion, was accredited or provisionally accredited by the American Dental Association Council on Dental Education.
- e) A licensed dentist permitted to announce a specialty in an area of dentistry pursuant to (d) above shall avoid any inference, implication or announcement by press, sign, card, letterhead or printed matter or any other means of public advertising that another licensed dentist who is associated with or employed in the same practice, but who is not permitted to announce a specialization, is also qualified for the announcement in the specialty practice area.
- f) This section shall not prohibit any licensed dentist from engaging in any aspect of the practice of dentistry in accordance with N.J.S.A. 45:6-1 et seq., and the rules in this chapter.
- g) Applications for a specialty permit may be obtained by writing to the Office of the Board of Dentistry, 124 Halsey Street, PO Box 45005, Newark, New Jersey 07101.

### **13:30-6.2 PROFESSIONAL ADVERTISING**

- a) The following words and terms shall have the following meanings, unless the context clearly indicates otherwise:

"Advertisement" means any attempt directly or indirectly by publication, dissemination, solicitation, endorsement or circulation or in any other way to attract directly or indirectly any person to enter into an express or implied agreement to accept dental services or treatment related thereto.

"Electronic media" means radio, television and the Internet.

"Print media" means newspapers, magazines, periodicals, professional journals, telephone directories, circulars, handbills, flyers and other similar documents or comparable

publications, the content of which is disseminated by means of the printed word. "Printed media" shall also include stationery and business cards.

"Range of fees" means an expressly stated upper and lower limit on the fee charged for a professional service.

"Routine professional service" means a service which the advertising licensee, professional association or institution providing dental care routinely performs.

- b) A licensed dentist who is actively engaged in the practice of dentistry in the State of New Jersey may advertise in print or electronic media in a dignified manner. For purposes of this section, "dignified manner" means that an advertisement does not rely in any way on techniques to obtain attention that depend upon absurdity or that demonstrate a clear and intentional lack of relevance to the selection of a dentist; included in this category are all advertisements that contain any extreme portrayal of dentists exhibiting characteristics clearly unrelated to the competence of the dentist.
- c) No advertisement shall contain:
- 1) Any statement or claim which is false, fraudulent, misleading or deceptive;
  - 2) Claims that the service performed or the materials used are professionally superior to that which is ordinarily performed or used;
  - 3) Promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform;
  - 4) Techniques of communication which appear to intimidate, exert undue pressure or undue influence over a prospective patient;
  - 5) The use of any personal testimonial attesting to the technical quality or technical competence of a service or treatment offered by a licensee. Other testimonials shall be permitted provided the testimonials do not violate any other section of this chapter;
  - 6) The communication of personally identifiable facts, data, or information about a patient without first obtaining the written consent of the patient;
  - 7) The use of any misrepresentation;

- 8) The suppression, omission or concealment of any material fact under circumstances which a licensee knows or should know that the omission is improper or prohibits a prospective patient from making a full and informed judgment, on the basis of the information set forth in the advertisement; and
  - 9) Any print, language or format which directly or indirectly obscures a material fact.
- d) The Board may require a licensee to substantiate the truthfulness of any objective assertion or representation set forth in an advertisement.
  - e) All advertisements shall contain the licensee's name and the phrase "General Dentist," or, if the licensee holds a specialty permit pursuant to N.J.A.C. 13:30-6.1, the specialty for which the licensee has been granted a permit by the Board.
  - f) If a dentist, other than a specialist granted a specialty permit by the Board, wishes to advertise services in one or more of the special areas of dentistry in N.J.A.C. 13:30-6.1(c), such advertisement shall contain the licensee's name and the phrase "General Dentist" immediately preceding or following each specialty area claim in a type size and style at least as prominent as any service described as being offered in the practice. The advertisement shall not use the terms "specialist," "specialty," "specializing," "practice limited to," or any other word or phrase connoting that the licensee is a specialist. The advertisement of services exclusively in one specialty area shall be limited to those licensees who practice that specialty at all times and in all locations.
  - g) If a dentist advertises under a banner heading for any of the special areas of dentistry in N.J.A.C. 13:30-6.1(c) in any directory (for example, telephone book yellow pages), such advertisement shall contain the licensee's name, and either the phrase "General Dentist" or the specialty for which the licensee has been granted a permit by the Board.
  - h) If a dentist wishes to advertise services in an area of dentistry other than the recognized special areas of dentistry in N.J.A.C. 13:30-6.1(c), such advertisement shall not use the term "specialist," "specialty," "specializing," "practice limited to," or any other word or phrase connoting that the licensee is a specialist or that the area of dentistry is a recognized specialty.
  - i) If a licensee advertises that he or she has obtained master, member, fellow or diplomate status in any dental organization, the advertisement shall disclose the licensee's status as either a general dentist or as the holder of a specialty permit pursuant to N.J.A.C. 13:30-6.1, the name of the dental organization, and if the advertisement concerns an area of practice not recognized by the Board as a specialty pursuant to N.J.A.C. 13:30-6.1(c), that the services provided are not a recognized dental specialty.



- j) If a dentist advertises that he or she possesses an M.D. or D.O. degree, the advertisement shall not imply in any manner that the dentist is licensed to practice medicine in this State unless he or she holds a license to practice medicine issued by the State Board of Medical Examiners.
- k) A licensee may use a patient's photograph as part of an advertisement provided the licensee obtains the patient's written permission to do so. A licensee may use a photograph of a model as part of an advertisement to represent services that may be performed by the licensee provided the licensee discloses in the advertisement that the photograph does not represent services actually performed by the licensee.
- l) A licensee shall not engage in uninvited, in-person solicitation of actual or potential patients who, because of their particular circumstances, are vulnerable to undue influence. This subsection shall not prohibit the offering of services by a licensee to any bona fide representative of prospective patients including employers, labor union representatives, or insurance carriers.
- m) Advertising making reference to setting forth a fee or the provision of a free service shall contain a fixed or a stated range of fees for a specifically described professional service.
- 1) Such advertisements shall disclose all the relevant variables and considerations which are ordinarily included in such a service so that the fees will not be misunderstood, including the actual components of the specific professional service described, and any other services that are recommended as part of advertised professional service for which a fee may be charged. In the absence of such a disclosure, the stated fees shall be presumed to include everything ordinarily required for such a service.
- n) Offers of discounts or fee reductions or free services shall indicate the advertiser's fixed or stated range of fees against which the discount is to be made and/or the value of the free service.
- 1) The fixed or stated range of fees or value of free service shall mean and be established on the basis of the advertiser's most commonly charged fee for the stated service within the most recent 60 days prior to, or to be charged in the first 60 days following, the effective date of the advertisement.
- 2) Offers of across-the-board discounts shall include a representative list of services and the fixed or stated range of fees against which discounts are to be made for these services. The list for general dentistry shall include a sampling of the

advertiser's most frequently performed services from the areas of preventive, diagnostic, restorative, endodontic, periodontic, prosthodontic (fixed and removable) dentistry, and oral surgery.

- i) "Across-the-board discounts" shall mean the offer of a specified discount on an undefined class of services or the offer of a specified discount to a defined class of patients (for example, "15 percent discount during April on all dental services" or " 15 percent discount to senior citizens on all dental services").

ii) Example of Representative List of Services:

	<u>Regular Fee</u>	<u>Discount Fee</u>
Prophylaxis .....	\$	\$
Examination .....		
Complete X-Rays .....		
One Surface Filling .....		
Root Canal .....		
Crown .....		
Periodontal services.....		
Complete Denture .....		
Simple Extraction .....		

- 3) The effective period during which a fee or discount shall remain in effect shall be set forth on the face of the advertisement. In the absence of such disclosure and solely for the purposes of enforcement, the effective period shall be deemed to be 30 days from the date of the advertisement's initial publication.
- 4) Services advertised as complimentary, free of charge or for a discounted fee shall be offered equally to all patients identified as eligible in the advertisement (for example "new patients"), regardless of the patient's third-party coverage.
- 5) A licensee who holds a specialty permit, as permitted by N.J.A.C. 13:30-6.1, shall in a manner similar to that in (n)2 above, include a representative list of the most frequently performed services in the advertiser's office.
- o) All licensee advertisements shall contain the name, address and telephone number of the licensee, professional service corporation or trade name under which the practice is conducted and shall also set forth the names of all licensees who are principals, partners, or officers in the professional service facility identified in the advertisement.

- p) A licensee shall be presumed to have approved and shall be personally responsible for the form and contents of an advertisement that contains the licensee's name, office address, or telephone number or which is published or caused to be published by an entity to which the licensee has paid a fee or when the licensee has agreed to have his or her name listed as a participant pursuant to (q) below. A licensee who employs or allows another to employ for his or her benefit an intermediary source or other agent in the course of advertising shall be personally responsible for the form and contents of the advertisement.
- q) Two or more licensees who are not associates, as defined in N.J.A.C. 13:30-8.13, may collectively advertise dental services. If the design of the collective advertisement could reasonably have the appearance to the public of being a dental referral service, the advertisement shall be accompanied by the phrase, prominently displayed in capital letters, in type no smaller than the smallest type in the advertisement, and in no event less than 10 point type: "THIS IS AN ADVERTISEMENT PAID FOR BY THE PARTICIPATING DENTISTS—IT IS NOT A DENTIST REFERRAL SERVICE." Whenever such advertisement has an audio component, the phrase shall be recited by the narrator at least once prior to the conclusion of the advertisement at decibel level equal to the highest decibel level used in the advertisement and at a speed equal to or slower than any other statement contained in the advertisement.
- 1) An advertisement shall contain the name, address, telephone number and license number of at least one licensee who is a participant in the collective advertising program. A licensee whose name, address, telephone number and license number appears in a collective advertisement shall provide a list of all other program participants to the Board or a member of the public upon oral or written request. If more than 50 percent of the patients who respond to a collective advertisement are directed to one licensee or one dental practice, disclosure of that fact shall be made clearly and unambiguously in all advertisements.
- r) A licensee shall be required to keep copies of all advertisements for a period of three years and such copies shall be made available to the Board upon request. A video or audio tape of every advertisement communicated by electronic media, or a printed copy of an advertisement communicated on the Internet, shall also be retained by the licensee. All copies of advertisements in the licensee's possession shall indicate the date and place of publication.
- s) A dentist advertising sedation services who uses the terms "sleep," "sleep dentistry," "sleeplike-state," or any similar words or combinations thereof in connection with the provision of dental services shall be considered to be inducing deep sedation as defined at N.J.A.C. 13:30-8.1A(a) and shall comply with the requirements of N.J.A.C. 13:30-8.3.

---

**SUBCHAPTER 7.  
(RESERVED)**

---



---

**SUBCHAPTER 8.  
GENERAL PROVISIONS**

---

**13:30-8.1 FEE SCHEDULES**

a) The application fees charged by the New Jersey State Board of Dentistry shall be the following:

- 1) Dentists ..... \$125.00
- 2) Dentists Hygienists ..... \$ 75.00
- 3) Registered Dental Assistants and Limited Registered Dental Assistants  
..... \$ 35.00

b) The biennial license and registration fees charged by the New Jersey State Board of Dentistry shall be the following:

- 1) Dentists:
  - i) Initial license fee:
    - (1) If paid during the first year of a biennial renewal period..... \$390.00
    - (2) If paid during the second year of a biennial renewal period..... \$195.00
  - ii) Active license renewal ..... \$390.00
  - iii) (Reserved)
  - iv) Initial branch office registration, dentist:
    - (1) If paid during the first year of a biennial renewal period..... \$90.00

- (2) If paid during the second year of a biennial renewal period..... \$45.00
- v) Branch office renewal registration renewal, dentist..... \$90.00
- 2) Dental Hygienists:
  - i) Initial license fee:
    - (1) If paid during the first year of a biennial renewal period..... \$120.00
    - (2) If paid during the second year of a biennial renewal period..... \$60.00
  - ii) Active license renewal ..... \$120.00
- 3) Registered Dental Assistants, Limited Registered Dental Assistants and Limited Registered Orthodontic Assistants:
  - i) Initial registration fee:
    - (1) If paid during the first year of a biennial renewal period..... \$90.00
    - (2) If paid during the second year of a biennial renewal period..... \$45.00
  - ii) Active registration renewal ..... \$90.00
- c) Late fee for dentists, dental hygienists, registered dental assistants and limited registered dental assistant..... \$100.00
- d) Reinstatement fee:
  - 1) Dentists ..... \$200.00
  - 2) Dental hygienists, registered dental assistants and limited registered dental assistants ..... \$100.00
- e) Other fees:
  - 1) Limited teaching certificate .....
    - i) Application ..... \$125.00

- ii) Annual renewal ..... \$ 80.00
- 2) Resident permit ..... \$ 10.00
- 3) Licensure of dentists by credentials—application fee ..... \$125.00
- 4) Licensure of dental hygienists by credentials—application fee ..... \$125.00
- 5) Verification of licensure ..... \$ 25.00
- 6) Duplicate wall certificate ..... \$ 50.00
- 7) Duplicate license ..... \$ 50.00
- 8) Industrial or corporate dental clinic permit .....

  - i) Application ..... \$100.00
  - ii) Annual renewal ..... \$100.00

- f) Except for the fee herein established, other fees prescribed by statute shall continue to be assessed by the Board in the lawful amount.

**13:30-8.1A DEEP SEDATION; SLEEP DENTISTRY**

- a) No dentist shall administer, dispense or prescribe any pharmacological agent which shall cause a patient to lapse into deep sedation unless the dentist possesses a general anesthesia (GA) permit issued by the State Board of Dentistry pursuant to N.J.A.C. 13:30-8.3 and the dentist complies with all requirements set forth in N.J.A.C. 13:30-8.3. For purposes of this section, "deep sedation" means an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, which is produced by pharmacological or non-pharmacological agents or a combination thereof.
- b) A dentist who uses or advertises the terms "sleep," "sleep dentistry," "sleeplike-state," or any similar words or combinations thereof in connection with the provision of dental services shall be considered to be inducing deep sedation as defined in (a) above.

**13:30-8.2 PARENTERAL CONSCIOUS SEDATION**

- a) No dentist shall administer parenteral conscious sedation ("PCS") unless the minimum standards of training and procedure set forth in this section are satisfied.
- b) PCS is defined as a depressed level of consciousness produced by the parenteral administration of pharmacologic substances that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. This modality includes administration of medications via all parenteral routes, that is, intravenous, intra-muscular, subcutaneous, submucosal, or inhalation, but does not include nitrous-oxide inhalation analgesia.
- c) No dentist shall use PCS for dental patients unless such dentist possesses a PCS permit issued by the State Board of Dentistry for a specified practice location, which shall be renewed biennially. A dentist shall obtain a separate PCS permit for each practice location at which PCS is administered, except as set forth at (l) below.
- d) A dentist applying for a Board permit to administer PCS shall complete an application as provided by the Board. The dentist shall submit as part of a completed application a certification from an accredited university, teaching hospital, or other training institution or facility approved pursuant to N.J.S.A. 45:6-2, establishing that the applicant has completed formal training in the administration of PCS. Such formal training shall consist of, at a minimum, 40 hours in didactic instruction and 40 hours of supervised clinical training in the administration of PCS. Such formal training shall have been completed within three years preceding the date of application. Supervised clinical training shall consist of, at a minimum, delivering intravenous, intramuscular, subcutaneous, submucosal and inhalation medications, monitoring patient activity, and managing patient care for 20 PCS patients. As part of the dentist's PCS permit application, the institution shall certify the applicant is competent to:
  - 1) Evaluate the medical status of patients and perform risk management assessments according to American Society of Anesthesiology (ASA) Classification by use of patient histories, physical examinations, vital signs, and pertinent laboratory data and information obtained by medical consultations, and that the applicant can modify treatment plans accordingly;
  - 2) Understand and evaluate the effects of conscious sedation agents on the medical, physical and psychological status of patients;
  - 3) Perform venipunctures and maintain intravenous access during PCS procedures;
  - 4) Recognize and manage complications from drug administrations;

- 5) Understand the clinical pharmacology of the drugs used for PCS and the interactions of these drugs;
  - 6) Maintain patient airways and support ventilation;
  - 7) Monitor patients during the administration of PCS using clinical evaluations and mechanical means, including the use of an EKG monitor and a pulse oximeter, capnography, and the interpretation of such readings;
  - 8) Manage patients during the post-operative period and assess patients' suitability for discharge; and
  - 9) Maintain accurate anesthetic records including drug dosages, vital signs and patient responses.
- e) All offices in which parenteral conscious sedation is conducted shall be inspected and approved once every five years by the State Board of Dentistry, or its designee, and shall, at a minimum, have the equipment and supplies set forth at (i) below and at N.J.A.C. 13:30-8.26, which shall be readily accessible and maintained in good operating condition and shall meet the following standards:
- 1) The operating room shall have space large enough to provide adequate accommodation of the patient on a table or in an operating chair, and allow an operating team consisting of at least three individuals to move about the patient without restriction or limitation;
  - 2) A recovery area that has available oxygen and monitoring equipment, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theatre; and
  - 3) A lighting system adequate to permit visual evaluation of the patient's skin and mucosal color.
- f) A licensee who administers parenteral conscious sedation shall:
- 1) Be able to recognize and manage complications and medical emergencies from drug administrations;
  - 2) Understand the clinical pharmacology of the drugs used for parenteral conscious sedation and the interactions of these drugs;



- 3) Maintain patient airways and support ventilation;
  - 4) Monitor patients during the administration of parenteral conscious sedation using clinical evaluations and mechanical means, including the use of an EKG monitor, pulse oximeter, and capnogram, and the interpretation of such readings;
  - 5) Manage patients during the post-operative period and assess patients' suitability for discharge; and
  - 6) Maintain accurate and contemporaneous anesthetic records including drugs, dosages, vital signs, and patient responses.
- g) An applicant for a PCS permit shall obtain emergency training by completing the American Heart Association course in Basic Life Support for Healthcare Professionals, or its equivalent, and a course in Advanced Cardiac Life Support, or its equivalent, and shall maintain current certification in such courses. The applicant shall furnish proof of this training and certification to the Board upon application for a PCS permit and proof of recertification upon biennial renewal of the permit.
- h) An applicant for a PCS permit shall certify to the Board upon application for a permit and upon biennial renewal of the permit that the dentist employs no fewer than two persons who will be present in the office, at least one of whom shall assist in monitoring the patient whenever PCS is employed. The applicant shall further certify that these persons are trained in, and capable of, monitoring vital signs and of assisting in emergency procedures and that they maintain current certification in the American Heart Association course in Basic Life Support for Healthcare Professionals, or its equivalent, or in Advanced Cardiac Life Support, or its equivalent.
- i) An applicant for a PCS permit shall certify as part of the application for a permit and upon biennial renewal of the permit that he or she possesses basic equipment and supplies to deal with emergency situations. The permit holder's facility shall contain the following readily accessible and properly operating equipment:
- 1) Emergency drug kit, consisting of, at a minimum, the following:
    - i) Analgesics;
    - ii) Local anesthetics;
    - iii) Vasopressors;

- iv) Vasodilators (coronary);
- v) Anti-bradycardic agents;
- vi) Bronchodilators;
- vii) Muscle relaxant for treatment of laryngospasm;
- viii) Antihistamine;
- ix) Narcotic antagonist;
- x) Anticonvulsant;
- xi) Steroids;
- xii) Tranquilizers;
- xiii) Anti-hypertensive;
- xiv) Benzodiazepines;
- xv) Benzodiazepine antagonist;
- xvi) Anti-arrhythmic (for example, lidocaine or amiodarone);
- xvii) Aspirin;
- xviii) Nitroglycerine (tablets, paste, or spray);
- xix) Antiemetic; and
- xx) Dantrolene for those practice locations where succinylcholine is used routinely, but not for emergency use, or where halogenated hydrocarbon general anesthetic inhalation agents are used;

- 2) Battery-powered clocks or watches;
  - 3) Stethoscope;
  - 4) Mouth props (assorted adult and pediatric sizes);
  - 5) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
  - 6) Emergency suction device;
  - 7) Nasopharyngeal tubes;
  - 8) Oropharyngeal tubes;
  - 9) A blood pressure monitoring device;
  - 10) An EKG monitor;
  - 11) A pulse oximeter or its equivalent;
  - 12) Respiration monitoring equipment (for example, visible reservoir bag);
  - 13) Intravenous solutions ("ACLS compatible" IV administration sets and tubing);
  - 14) Syringes, needles, IV catheters, and tape scissors;
  - 15) Laryngoscopes, assorted size blades, and spare batteries;
  - 16) Endotracheal tubes (adult and pediatric sizes);
  - 17) Magill forceps;
  - 18) Yankauer type suction tips and catheter suction; and
  - 19) A capnometer.
- j) A licensee who holds a current general anesthesia permit issued by the Board of Dentistry shall be authorized to use PCS and shall not be required to apply for a PCS permit pursuant to this section.

- k) A dentist who utilizes the services of a PCS permit holder or an M.D. or D.O. who is a member of the anesthesiology staff of an accredited hospital or who is authorized to perform anesthesia services by the Board of Medical Examiners pursuant to N.J.A.C. 13:35-4A shall not be deemed to be administering PCS, provided that the PCS permit holder or M.D. or D.O. remains present during the administration of PCS through patient discharge, and bears full responsibility during the entire procedure until the patient has recovered fully and has been discharged.
  
- l) A PCS permit holder invited by a dentist to provide PCS services at a specific location shall bear full responsibility for compliance with all provisions of this section including the minimum requirements for assisting staff and equipment set forth at (e), (h), and (i) above. When a PCS permit holder utilizes mobile equipment and supplies to administer PCS pursuant to this section, the mobile equipment, drugs, and supplies of the permit holder shall be inspected by the Board or its designee not less than once every three years. "Mobile equipment, drugs, and supplies," for purposes of this subsection, means any equipment, drugs, and/or supplies that are transported and used by a permit holder to administer PCS in one or more locations. When more than one permit holder utilizes the mobile equipment and supplies, it shall be the responsibility of the permit holder using the equipment and supplies to ensure that the mobile equipment, drugs, and supplies satisfy the requirements of this section as set forth at (i) above prior to the administration of PCS.
  
- m) Prior to the administration of a PCS agent, the permit holder shall conduct a physical evaluation of the patient, review the patient's up-to-date medical history, which shall include any changes and any medications, including natural and homeopathic medications, allergies, and sensitivities. The patient history shall be maintained in the files of each dentist for a period of not less than seven years. Specific contemporaneous records on the use of PCS shall be kept as part of every patient chart and shall include the agents utilized, the dosage, and the duration of sedation. The patient record, including medical history, shall be maintained in accordance with N.J.A.C. 13:30-8.7.
  
- n) A licensee who holds a PCS permit shall certify to the Board upon biennial renewal that the holder has completed a least 20 hours during the previous two-year period in continuing education courses devoted to PCS consistent with the requirements set forth in N.J.A.C. 13:30-5.1.
  
- o) Any designee of the Board shall be authorized during ordinary business hours to enter and inspect any dental office or mobile equipment and supplies for the purpose of enforcing the provisions of this rule.

**13:30-8.3 USE OF GENERAL ANESTHESIA**

- a) The use or employment of general anesthesia by a dentist without first having met the minimum standards of training and procedure as stated herein shall constitute a deviation from the normal standards of practice required of a licensee.
- b) General anesthesia consists of the deliberate use of any drug, combination of drugs, element or other material with the specified intent to induce a loss of sensation and consciousness.
- c) No dentist shall employ or use general anesthesia on an outpatient basis for dental patients unless such dentist possesses a permit or authorization issued by the State Board of Dentistry for a specified practice location, which shall be renewed biennially. A dentist shall obtain a separate general anesthesia permit for each practice location at which general anesthesia is administered, except as set forth at (i) below.
- d) In order to receive a permit pursuant to (c) above, the dentist shall apply on an official application form and submit certified or verifiable proof of the following:
  - 1) Completion of a minimum of three years of post-doctoral training in oral surgery, or a minimum one-year training course in anesthesiology; or
  - 2) Being a diplomate in oral surgery or is Board-eligible in oral surgery; or
  - 3) Being a fellow of the American Dental Society of Anesthesiology, or is a member of the American Association of Oral and Maxillofacial Surgeons and/or is a member of the New Jersey Society of Oral and Maxillofacial Surgeons.
- e) Every applicant for a general anesthesia permit must certify that he or she employs no fewer than two persons who must be present in the office, at least one of whom shall assist in monitoring the patient under general anesthesia. Such personnel shall be certified by the permit holder as being trained in and capable of monitoring vital signs, and of assisting in emergency procedures.
- f) Every applicant for a general anesthesia permit must certify that he or she possesses basic equipment and supplies to deal with emergency situations, as required by the Board, which shall be readily accessible and maintained in good operating condition. The permit holder's facility shall contain the following readily accessible and properly operating equipment:
  - 1) Emergency drug kit, consisting of, at a minimum, the following:

- i) Analgesics;
- ii) Local anesthetics;
- iii) Vasopressors;
- iv) Vasodilators (coronary);
- v) Anti-bradycardic agents;
- vi) Bronchodilators;
- vii) Muscle relaxant for treatment of laryngospasm;
- viii) Antihistamine;
- ix) Narcotic antagonist;
- x) Anticonvulsant;
- xi) Steroids;
- xii) Tranquilizers;
- xiii) Anti-hypertensive;
- xiv) Benzodiazepines;
- xv) Benzodiazepine antagonist;
- xvi) Anti-arrhythmic (for example, lidocaine or amiodarone);
- xvii) Aspirin;
- xviii) Nitroglycerine (tablets, paste, or spray);
- xix. Antiemetic; and

- xx. Dantrolene for those practice locations where succinylcholine is used routinely, but not for emergency use, or where halogenated hydrocarbon general anesthetic inhalation agents are used;
- 2) Battery-powered clocks or watches;
- 3) Stethoscope;
- 4) Mouth props (assorted adult and pediatric sizes);
- 5) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
- 6) Emergency suction device;
- 7) Nasopharyngeal tubes;
- 8) Oropharyngeal tubes;
- 9) A blood pressure monitoring device;
- 10) An EKG monitor;
- 11) A pulse oximeter or its equivalent;
- 12) Respiration monitoring equipment (for example, visible reservoir bag);
- 13) Intravenous solutions ("ACLS compatible" IV administration sets and tubing);
- 14) Syringes, needles, IV catheters, and tape scissors;
- 15) Laryngoscopes, assorted size blades, and spare batteries;
- 16) Endotracheal tubes (adult and pediatric sizes);
- 17) Magil forceps;
- 18) Yankauer type suction tips and catheter suction; and
- 19) A capnometer.

- g) Any permit holder invited by a dentist to provide general anesthesia services shall be responsible for compliance with all terms and conditions of this section, including the minimum requirements for assisting staff, as set forth at (e) above, equipment, as set forth at (f) above, and facility standards as set forth at (j) below.
- h) The dental facility of any permit holder shall be inspected and approved by the State Board of Dentistry, or its designee, once every five years.
- i) In a dental facility where a permit holder administers general anesthesia pursuant to this section, the mobile equipment, drugs, and supplies of the permit holder shall be inspected and approved by the State Board of Dentistry or its designee once every three years. "Mobile equipment, drugs, and supplies," for purposes of this subsection, means any equipment, drugs, and/or supplies that are transported and used by a permit holder to administer anesthesia in one or more dental facilities.
- j) All offices in which general anesthesia is administered shall, at a minimum, have the equipment and supplies as set forth at (f) above and N.J.A.C. 13:30-8.6, which shall be readily accessible and maintained in good operating condition and shall meet the following standards:
  - 1) An operating room with space large enough to provide adequate accommodation of the patient on a table or in an operating chair, and allow an operating team consisting of at least three individuals to move about the patient without restriction or limitation;
  - 2) A recovery area that has available oxygen and monitoring equipment, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theatre; and
  - 3) A lighting system adequate to permit visual evaluation of the patient's skin and mucosal color.
- k) This permit shall be renewed biennially upon satisfactory proof being submitted to the Board that the holder has completed at least 20 hours during the previous two year period in continuing education courses devoted to general anesthesia and approved by the Board.
- l) Satisfactory credit hours to fulfill the continuing education requirement may be obtained in any one of the following areas:
  - 1) Professional service review organizations;



- 2) Teaching;
  - 3) Lectures;
  - 4) Seminars; or
  - 5) Other methods approved by the Board.
- m) Prior to the administration of an anesthetic agent, the permit holder shall conduct a physical evaluation of the patient, review the patient's up-to-date medical history, which shall include any changes and any medications, including natural and homeopathic medications, allergies, and sensitivities. The patient history shall be maintained in the files of each dentist for a period of not less than seven years succeeding the taking of the same. Specific contemporaneous records on use of general anesthesia shall be kept and shall include the agents utilized, dosage, and duration. The patient record, including medical history, shall be maintained in accordance with N.J.A.C. 13:30-8.7.
- n) Any dentist who utilizes the services of a general anesthesia permit holder or an M.D. or D.O. who is a member of the anesthesiology staff of an accredited hospital or who is authorized to perform anesthesia services by the Board of Medical Examiners pursuant to N.J.A.C. 13:35-4A shall not be deemed to be practicing general anesthesia provided that the general anesthesia permit holder or M.D. or D.O. remains present through patient discharge and bears full responsibility during the entire procedure and until any patient regains consciousness. Any general anesthesia permit holder invited by a dentist to provide general anesthesia services shall bear full responsibility for compliance with all terms and conditions of this rule including, but not limited to, the minimum requirements for equipment and assisting staff.
- o) A licensee who administers general anesthesia shall:
- 1) Be able to recognize and manage complications and medical emergencies from general anesthetic drug administrations;
  - 2) Understand the clinical pharmacology of the drugs used for general anesthesia and the interactions of these drugs;
  - 3) Maintain patient airways and support ventilation;
  - 4) Monitor patients during the administration of general anesthesia using clinical evaluations and mechanical means, including the use of an EKG monitor, pulse oximeter, and capnogram, and the interpretation of such readings;

- 5) Manage patients during the post-operative period and assess patients' suitability for discharge; and
- 6) Maintain accurate anesthetic contemporaneous records including drugs, dosages, vital signs, and patient responses.
- p) Every applicant for a permit to use general anesthesia must obtain emergency training by completing the American Heart Association course in Basic Life Support for Healthcare Professionals, or its equivalent, and a course in Advanced Cardiac Life Support, or its equivalent, and must maintain current certification in these courses. All persons who assist in monitoring a patient under general anesthesia must have emergency training by completing the American Heart Association course in Basic Life Support for Healthcare Professionals, or its equivalent, or a course in Advanced Cardiac Life Support, or its equivalent. The permit applicant must furnish proof of the training and certification to the Board.
- q) Any designee of the Board shall be authorized during ordinary business hours to enter and inspect any dental office for the purpose of enforcing the provisions of this rule.
- r) Any licensee who administers general anesthesia without first having obtained a permit from the Board or any licensee who fails to comply with the rules set forth herein, shall be deemed to have engaged in professional misconduct and/or gross malpractice or negligence and may be subjected to appropriate disciplinary action including an action for the suspension or revocation of the licensee's license to practice dentistry in the State of New Jersey.

#### **13:30-8.4 ENTERAL SEDATION WITH SINGLE OR MULTIPLE PHARMACOLOGICAL AGENTS**

- a) For purposes of this section, the following words and terms shall have the following meanings, unless the context clearly indicates otherwise.

"Anxiolysis" means the diminution or elimination of anxiety.

"Enteral" means any method for the introduction of pharmacological agents, including oral, sublingual, rectal or any other method which relies upon absorption through the gastrointestinal tract or oral mucosa and introduction through the nasal passages or any other mucous membrane.

"Enteral sedation with single or multiple pharmacological agents" means the administering, dispensing or prescribing of one or more pharmacological agents to be used concurrently or sequentially for the purposes of causing anxiolysis and a depressed level of

consciousness, but not a loss of consciousness. For purposes of this section, pharmacological agents shall include any non-parenteral agent, and shall exclude any agent introduced by intravenous, intramuscular, subcutaneous, submucosal, or inhalation routes, including nitrous oxide inhalation analgesia.

- b) No dentist shall administer, dispense or prescribe enteral sedation with single or multiple pharmacological agents (hereinafter "enteral sedation") unless the minimum standards of training and procedure set forth in this section are satisfied.
- c) No dentist shall administer, dispense or prescribe enteral sedation unless such dentist possesses an enteral sedation permit issued by the State Board of Dentistry, except as provided in (d) below, for a specified practice location which shall be renewed biennially. A dentist shall obtain a separate enteral sedation permit for each practice location at which enteral sedation is administered, dispensed or prescribed.
- d) A dentist who holds a current general anesthesia (GA) permit issued by the Board pursuant to N.J.A.C. 13:30-8.3, or a current parenteral conscious sedation (PCS) permit issued by the Board pursuant to N.J.A.C. 13:30-8.2, shall be authorized to use enteral sedation and shall not be required to apply for an enteral sedation permit pursuant to this section, provided the dentist complies with all requirements set forth in N.J.A.C. 13:30-8.3 or 8.2.
- e) No dentist may administer, dispense or prescribe any pharmacological agent in a dosage which has the potential to inhibit patient response beyond anxiolysis without the possession of an enteral sedation permit issued pursuant to this section.
- f) A dentist applying for a Board permit to administer, dispense or prescribe enteral sedation shall complete an application as provided by the Board. The dentist shall submit as part of a completed application, a certification verifying that the dentist has completed Board approved post-doctoral course work at an accredited dental school, in a hospital-based program or in a college or university clinical setting sufficient to prepare a dentist to satisfactorily use enteral sedation safely and effectively. Such course work shall consist of a minimum of 40 hours of didactic training in basic enteral sedation, physical evaluation, recognition and management of complications and emergencies, and patient monitoring.
- g) A dentist applying for an enteral sedation permit shall be exempt from the course work requirements set forth in (f) above provided the applicant submits proof of having satisfied one of the following conditions:
  - 1) The dentist holds a current general anesthesia (GA) permit issued by the Board pursuant to N.J.A.C. 13:30-8.3;

- 2) The dentist holds a current parenteral conscious sedation (PCS) permit issued by the Board pursuant to N.J.A.C. 13:30-8.2;
  - 3) The dentist has completed an accredited general practice residency, or has graduated from a post-doctoral training program within the three years immediately preceding application. The general practice residency or the post-doctoral training program shall include a minimum of 60 hours of training in general anesthesia or conscious sedation; or
  - 4) The dentist has completed an accredited general practice residency, or has graduated from a post-doctoral training program more than three years preceding application, and has completed a minimum of 20 hours of didactic training in basic enteral sedation, physical evaluation, recognition and management of complications and emergencies, and patient monitoring within the three years immediately preceding application. The general practice residency or the post-doctoral training program shall include a minimum of 60 hours of training in general anesthesia or conscious sedation.
- h) An applicant for an enteral sedation permit shall obtain emergency training by completing the American Heart Association Basic Life Support for Healthcare Professionals, or its equivalent, and a course in Advanced Cardiac Life Support, or its equivalent, and shall maintain current certification in such course. The applicant shall furnish proof of this training and certification to the Board upon application for an enteral sedation permit and proof of recertification upon biennial renewal of the permit.
- i) A dentist may administer, dispense, or prescribe enteral sedation medications for purposes of dental treatment and its management in a dental treatment setting and shall:
- 1) Provide for appropriate monitoring of the patient during the administration of the enteral sedation;
  - 2) Be prepared to manage any reasonably foreseeable complications, including, but not limited to, being capable of rescuing the patient from a deeper level of sedation than intended and from a level other than anxiolysis that has produced sedation; and
  - 3) Be in attendance immediately in the operatory to ensure the patient's protective reflexes are sufficient to protect the patient's airway and the patient can breathe spontaneously and without assistance and until the patient is determined by the dentist to be appropriately stable for discharge.

- j) An applicant for an enteral sedation permit shall certify to the Board upon application for a permit and upon biennial renewal of the permit that the dentist employs a licensed health care professional who will be present in the office, trained to assist in the monitoring of the patient whenever enteral sedation is employed. The applicant shall further certify such health care professional is trained in, and capable of, monitoring vital signs and assisting in emergency procedures and that the health care professional maintains current certification in the American Heart Association course in Basic Life Support for Healthcare Professionals, or its equivalent, or in Advanced Cardiac Life Support, or its equivalent.
- k) An applicant for an enteral sedation permit shall certify as part of the application for a permit and upon biennial renewal of the permit that he or she possesses basic equipment and supplies to deal with emergency situations, as required by the Board, which shall be readily accessible and maintained in good operating condition. In addition to the equipment and supplies set forth at N.J.A.C. 13:30-8.26, the permit holder's facility shall contain the following readily accessible and properly operating equipment:
- 1) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
  - 2) Emergency suction device;
  - 3) Mouth props (assorted adult and pediatric sizes);
  - 4) Blood pressure monitoring device;
  - 5) A pulse oximeter or its equivalent;
  - 6) An emergency drug kit consisting of, at a minimum, the following:
    - i) Analgesics;
    - ii) Local anesthetics;
    - iii) Vasopressors;
    - iv) Vasodilators (coronary);
    - v) Anti-bradycardic agents;
    - vi) Bronchodilators;

- vii) A muscle relaxant for treatment of laryngospasm;
  - viii) Antihistamine;
  - ix) A narcotic antagonist;
  - x) An anticonvulsant;
  - xi) Steroids;
  - xii) Tranquilizers;
  - xiii) Anti-hypertensive;
  - xiv) Benzodiazepines;
  - xv) Benzodiazepine antagonist;
  - xvi) Anti-arrhythmic (for example, lidocaine, amiodarone);
  - xvii) Aspirin;
  - xviii) Nitroglycerine (tablets, paste, or spray); and
  - xix) An antiemetic;
- 7) Battery-powered clocks or watches; and
- 8) Yankauer type suction tips and catheter suction.
- I) Prior to the administration, dispensing, or prescribing of enteral sedation, the permit holder shall conduct a physical evaluation of the patient, review the patient's up-to-date medical history, which shall include the patient's any changes and any medications, including natural and homeopathic medications, allergies, and sensitivities. The patient history shall be maintained in the patient's record for a period of not less than seven years. Specific contemporaneous notations on the use of enteral sedation shall be kept as part of every patient record and shall include the agents utilized, the dosage, the duration of sedation, the patient's vital signs during administration and recovery, and any untoward reaction. The patient record, including medical history, shall be maintained in accordance with N.J.A.C. 13:30-8.7.

- m) A dentist who holds an enteral sedation permit shall certify to the Board upon biennial license renewal that the holder has completed at least 20 hours during the previous two-year period in continuing education courses, consistent with the requirements set forth in N.J.A.C. 13:30-5.1, in at least one of the following areas:
- 1) Physiology;
  - 2) Pharmacology;
  - 3) Patient evaluation;
  - 4) Patient monitoring; and/or
  - 5) Medical emergencies.
- n) Any designee of the Board shall be authorized during ordinary business hours to enter and inspect any dental office for the purpose of enforcing the provisions of this section.
- o) A dentist who utilizes the services of an enteral sedation permit holder or an M.D. or D.O. who is a member of the anesthesiology staff of an accredited hospital or who is authorized to perform anesthesia services by the Board of Medical Examiners pursuant to N.J.A.C. 13:35-4A shall not be deemed to be administering enteral sedation, provided that the enteral sedation permit holder, M.D. or D.O. remains present during the administration of the enteral sedation through patient discharge, and bears full responsibility during the entire procedure until the patient has recovered fully and has been discharged.
- p) An enteral sedation permit holder invited by a dentist to provide enteral sedation services at a specific location shall bear full responsibility for compliance with all provisions of this section including the minimum requirements for assisting staff and equipment set forth at (j) and (k) above. When an enteral sedation permit holder utilizes mobile equipment and supplies to administer enteral sedation pursuant to this section, the mobile equipment, drugs, and supplies of the permit holder shall be inspected by the Board or its designee not less than once every three years. "Mobile equipment, drugs, and supplies," for purposes of this subsection, means any equipment, drugs, and/or supplies which are transported and used by a permit holder to administer enteral sedation in one or more locations. When more than one permit holder utilizes the mobile equipment, drugs, and supplies, it shall be the responsibility of the permit holder using the equipment, drugs, and supplies to ensure that the mobile equipment and supplies satisfy the requirements of this section as set forth at (k) above prior to the administration of enteral sedation.

**13:30-8.4A ADMINISTRATION OF INJECTABLE PHARMACOLOGICS**

- a) For purposes of this section, the following words and terms shall have the following meanings, unless the context clearly indicates otherwise.

"Injectable pharmacologic" means any medication classified as a neurotoxin, adjuvant or therapeutic agent including, but not limited to, hyaluronic acid (such as Restylane®), fillers (such as collagen), Botulinum Toxin Type A (such as Botox®) or similar products that have been approved by the Federal Food and Drug Administration.

"Peri-oral area" means the gums, cheeks, jaws, lips and oral cavity and associated tissues.

- b) No dentist shall administer an injectable pharmacologic unless the minimum standards of training and procedure set forth in this section are satisfied.
- c) A dentist may administer an injectable pharmacologic for the cosmetic or functional enhancement of peri-oral tissue only in a dental treatment setting.
- d) A dentist may administer an injectable pharmacologic only after having completed a Board-approved post-doctoral course that is sufficient to prepare a dentist to satisfactorily administer injectable pharmacologics safely and effectively, as provided in (f) below. The course shall be offered at an accredited dental school, in a hospital-based program or in a college or university clinical setting.
- e) Notwithstanding (d) above, a dentist who holds a specialty permit in oral and maxillofacial surgery issued by the Board pursuant to N.J.A.C. 13:30-6.1 shall not be required to complete the Board-approved course set forth in (f) below prior to administering injectable pharmacologics.
- f) In order to obtain Board approval for a course on injectable pharmacologics, a course provider shall submit a course outline, including course content and objectives and the curriculum vitae of the instructor(s), for Board review and approval. The course outline shall indicate whether the training is visual, hands-on or lecture. An approved course shall be at least 21 hours in length and shall include instruction in the following:
- 1) Anatomy of head and neck;
  - 2) Neurophysiology, including facial tissues, parasympathetic, sympathetic and peripheral nervous systems relative to peri-oral tissue, and facial architecture;



- 3) Patient selection, including indications and contraindications;
  - 4) Pharmacological effects and contraindications, including potential drug interactions;
  - 5) Management of complications; and
  - 6) Informed consent.
- g) The course administrator shall issue a certificate of completion to a dentist who successfully completes the approved course.
- h) A dentist who desires to administer injectable pharmacologics shall submit to the Board, within 30 days of completing the course, a certified true copy of the certificate of course completion provided to the dentist by the course administrator.
- i) Prior to administering, dispensing or prescribing injectable pharmacologics to a patient, the dentist shall conduct an appropriate physical examination within the scope of dental practice, obtain a complete medical history, including the patient's previous medications, allergies and sensitivities and comprehensively assess the dental needs of the patient. The patient history shall be maintained in the patient's record for a period of not less than seven years. Specific notations on the use of injectable pharmacologics, including the type of agent, dosage, duration and any untoward reactions, shall be recorded in the patient record.
- j) A dentist shall not delegate the administration of an injectable pharmacologic, except to a licensed health care professional who is authorized pursuant to the laws and/or rules in this State governing the professional's health care practice to provide injections under the direction of a dentist.
- k) The use of injectable pharmacologics without first having met the minimum standards for training and the procedures contained in this section shall constitute a deviation from the acceptable standards of practice required of a licensee and may subject a dentist to the penalties set forth in N.J.S.A. 45:1-21 et seq.
- l) A dentist shall not advertise, offer or otherwise represent the provision of treatment or services related to injectable pharmacologics unless the dentist has completed the Board-approved course outlined in (f) above.
- m) Nothing in this section shall be construed to authorize a dentist to treat diseases, disorders or conditions that are outside the scope of the practice of dentistry, as defined in N.J.S.A. 45:6-19.

**13:30-8.5 OSHA AND CDC REQUIREMENTS**

- a) When providing dental services, all licensees and registrants shall comply with:
- 1) Occupational Safety and Health Administration (OSHA) regulations set forth at 29 CFR 1910.1030, concerning occupational exposure to blood or other potentially infectious materials, in the provision of dental services, the requirements of the New Jersey Public Employees Occupational Safety and Health (PEOSH) Act, N.J.S.A. 34:6A-25, incorporated herein by reference; and
  - 2) Centers for Disease Control and Prevention (CDC) Recommended Infection Control Practices for Dentistry, incorporated herein by reference, as amended and supplemented, and available at the CDC website, [www.cdc.gov](http://www.cdc.gov), specifically, <http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>.

**13:30-8.5A INFECTION CONTROL EDUCATION**

At least once every biennial renewal period, all licensed dentists shall provide or make available infection prevention education and training to all personnel involved in patient-related sterilization, patient care, and/or maintaining equipment. Such education and training shall include, at a minimum, the topics covered at N.J.A.C. 13:30-5.1(e)1iii.

**13:30-8.6 BIENNIAL LICENSE AND REGISTRATION RENEWAL**

- a) The Board shall send a notice of renewal to each licensee or registrant, at least 60 days prior to the expiration of the license or registration. The notice of renewal shall explain inactive renewal and advise the licensee or registrant of the option to renew as inactive. If the notice to renew is not sent 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew provided that the license or registration is renewed within 60 days from the date the notice is sent or within 30 days following the date of license or registration expiration, whichever is later.
- b) A licensee or registrant shall renew his or her license or registration for a period of two years from the last expiration date. The licensee or registrant shall submit a renewal application to the Board, along with the renewal fee set forth at N.J.A.C. 13:30-8.1, prior to the date of license or registration expiration.
- c) A licensee or registrant may renew his or her license or registration by choosing inactive status. A licensee or registrant electing to renew his or her license or registration as inactive shall not engage, as applicable, in the practice of dentistry, dental hygiene, or dental assisting, or hold himself or herself out as eligible to engage, as applicable, in the practice of dentistry, dental hygiene, or dental assisting in New Jersey until such time as the license or registration, as applicable, is returned to active status.

- d) If a licensee or registrant does not renew the license or registration prior to its expiration date, the licensee or registrant may renew the license or registration within 30 days of its expiration by submitting a renewal application, a renewal fee, and a late fee as set forth at N.J.A.C. 13:30-8.1. During this 30-day period, the license or registration shall be valid and the licensee or registrant shall not be deemed practicing without a license or registration, as applicable.
- e) A licensee or registrant who fails to submit a renewal application within 30 days of license or registration expiration shall have his or her license or registration, as applicable, suspended without a hearing.
- f) A licensee or registrant who continues to engage in the practice of dentistry, dental hygiene, or dental assisting, as applicable, with a suspended license or registration shall be deemed to be engaging in the unauthorized practice of dentistry, dental hygiene, or dental assisting, as applicable, and shall be subject to action consistent with N.J.S.A. 45:1-14 et seq., even if no notice of suspension has been provided to the individual.

#### **13:30-8.6A LICENSE AND REGISTRATION REACTIVATION**

- a) A licensee or registrant who holds an inactive license or registration, pursuant to N.J.A.C. 13:30-8.6(c), or a retired license pursuant to N.J.A.C. 13:30-1.5, may apply to the Board for reactivation of the inactive or retired license or inactive registration. A licensee or registrant seeking reactivation of an inactive or retired license or inactive registration shall submit:
  - 1) A renewal application;
  - 2) A certification of employment listing each job held during the period the license or registration was inactive, which includes the name, address, and telephone number of each employer;
  - 3) The renewal fee for the biennial period for which reactivation is sought as set forth at N.J.A.C. 13:30-8.1.
    - i) If the renewal application is sent during the first year of the biennial period, the applicant shall submit the renewal fee as set forth at N.J.A.C. 13:30-8.1.
    - ii) If the renewal application is sent during the second year of the biennial period, the applicant shall submit one-half of the renewal fee as set forth at N.J.A.C. 13:30-8.1; and

- 4) Evidence of having completed all continuing education credits that were required to be completed during the biennial period immediately prior to the renewal period for which reactivation is sought, consistent with the requirements set forth at N.J.A.C. 13:30-5.1, 5.2, and 5.3, as applicable.
  - i) An applicant who holds a valid, current license or registration in good standing issued by another state to engage in the practice of dentistry, dental hygiene, dental assisting, or dental assisting in orthodontics, as applicable, and submits proof of having satisfied that state's continuing education requirements for that license or registration, shall be deemed to have satisfied the requirements of this paragraph. If the other state does not have any continuing education requirements, the requirements of this paragraph shall apply.
  - ii) To the extent that specific courses are required to satisfy the continuing education requirement for, or are required to have been satisfied prior to, the biennial period for which reactivation is sought, the Board will allow applicants to take the courses within 12 months following reactivation.
- b) If a Board review of an application establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reactivation, the Board may require the applicant to submit to, and successfully pass, an examination or an assessment of skills, a refresher course, or other requirements as determined by the Board prior to reactivation of the license or registration. If that examination or assessment identifies deficiencies or educational needs, the Board may require the applicant, as a condition of reactivation of licensure or registration, to take, and successfully complete, any education or training or to submit to any supervision, monitoring, or limitations as the Board determines is necessary to assure that the applicant practices with reasonable skill and safety. The Board, in its discretion, may restore the license or registration subject to the applicant's completion of the training within a period of time prescribed by the Board following the restoration of the license or registration. In making its determination whether there are practice deficiencies requiring remediation, the Board shall consider the following non-exhaustive factors:
  - 1) Length of time license or registration was inactive;
  - 2) Employment history;
  - 3) Professional history;
  - 4) Disciplinary history and any action taken against the applicant's license or registration by any licensing board;

- 5) Actions affecting the applicant's privileges taken by any institution, organization, or employer related to the practice of dentistry, dental hygiene, dental assisting, or dental assisting in orthodontics, as applicable, or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction;
- 6) Pending proceedings against a professional or occupational license or registration issued to the licensee or registrant by a professional board in New Jersey, any other state, the District of Columbia, or in any other jurisdiction; and
- 7) Civil litigation related to the practice of dentistry, dental hygiene, or dental assisting, as applicable, or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction.

### **13:30-8.6B LICENSE AND REGISTRATION REINSTATEMENT**

- a) A licensee or registrant who has had his or her license or registration suspended pursuant to N.J.A.C. 13:30-8.6(e) may apply to the Board for reinstatement. A licensee or registrant applying for reinstatement shall submit:
  - 1) A reinstatement application;
  - 2) A certification of employment listing each job held during the period of suspended license or registration, which includes the name, address, and telephone number of each employer;
  - 3) The renewal fee for the biennial period for which reinstatement is sought;
  - 4) The past due renewal fee for the biennial period immediately preceding the renewal period for which reinstatement is sought;
  - 5) The reinstatement fee set forth at N.J.A.C. 13:30-8.1; and
  - 6) Evidence of having completed all continuing education credits that were required to be completed during the biennial period immediately prior to the renewal period for which reinstatement is sought, consistent with the requirements set forth at N.J.A.C. 13:30-5.1, 5.2, and 5.3, as applicable.
    - i) An applicant who holds a valid, current license or registration in good standing issued by another state to engage in the practice of dentistry, dental hygiene, dental assisting, or dental assisting in orthodontics, as applicable, and submits proof of having satisfied that state's continuing education

requirements for that license or registration, shall be deemed to have satisfied the requirements of this paragraph. If the other state does not have any continuing education requirements, the requirements of this paragraph shall apply.

- ii) To the extent that specific courses are required to satisfy the continuing education requirement for, or are required to have been satisfied prior to, the biennial period for which reinstatement is sought, the Board will allow applicants to take the courses within 12 months following reinstatement.
- b) If a Board review of an application establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reinstatement, the Board may require the applicant to submit to, and successfully pass, an examination or an assessment of skills, a refresher course, or other requirements as determined by the Board prior to reinstatement of the license or registration. If that examination or assessment identifies deficiencies or educational needs, the Board may require the applicant, as a condition of reinstatement of licensure, to take, and successfully complete, any education or training or to submit to any supervision, monitoring, or limitations as the Board determines is necessary to ensure that the applicant practices with reasonable skill and safety. The Board, in its discretion, may restore the license or registration subject to the applicant's completion of the training within a period of time prescribed by the Board following the restoration of the license or registration. In making its determination whether there are practice deficiencies requiring remediation, the Board shall consider the following non-exhaustive factors:
- 1) Length of time license or registration was suspended;
  - 2) Employment history;
  - 3) Professional history;
  - 4) Disciplinary history and any action taken against the applicant's license by any licensing board;
  - 5) Actions affecting the applicant's privileges taken by any institution, organization, or employer related to the practice of dentistry, dental hygiene, dental assisting, or dental assisting in orthodontics, as applicable, or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction;

- 6) Pending proceedings against a professional or occupational license or registration issued to the licensee or registrant by a professional board in New Jersey, any other state, the District of Columbia, or in any other jurisdiction; and
- 7) Civil litigation related to the practice of dentistry, dental hygiene, dental assisting, or dental assisting in orthodontics, as applicable, or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction.

### **13:30-8.7 PATIENT RECORDS**

- a) A contemporaneous, permanent patient record shall be prepared and maintained by a licensee for each person seeking or receiving dental services, regardless of whether any treatment is actually rendered or whether any fee is charged. Licensees shall also maintain records relating to charges made to patients and third-party carriers for professional services. All treatment records, bills and claim forms shall accurately reflect the treatment or services rendered. Such records shall include, at a minimum:
  - 1) The name, address, and date of birth of the patient and, if a minor, the name of the parent or guardian;
  - 2) The patient's medical history;
  - 3) A record of results of a clinical examination where appropriate or an indication of the patient's chief complaint;
  - 4) A diagnosis and a treatment plan, which shall also include the material treatment risks and clinically acceptable alternatives, and costs relative to the treatment that is recommended and/or rendered;
  - 5) The dates of each patient visit and an accurate description of all treatment or services rendered and the materials used at each visit;
  - 6) Radiographs, if any, of a diagnostic quality and a description of all diagnostic models made, identified with the patient's name and the date. If the radiographs are sent out of the dental office, the dentist shall retain the originals or a diagnostic copy of the radiographs in the patient record;
  - 7) The date and a description of any medications prescribed, dispensed or sold including the dosage or a copy of any written prescriptions;

- 8) Copies of any prescriptions to laboratories for dental prostheses;
  - 9) Complete financial data concerning the patient's account, including each amount billed to or received from the patient or third party payor and the date of each such bill and payment;
  - 10) Copies of all claim forms submitted to third party payors by a licensee or the licensee's agent or employee;
  - 11) Payment vouchers received from third party payors;
  - 12) A record of any recommendations or referrals for treatment or consultation by a specialist, including those which were refused by the patient;
  - 13) The name of the dentist of record consistent with the requirements of N.J.A.C. 13:30-8.15; and
  - 14) If written notations appear in the patient record, the notations shall be legible, written in ink and contain no erasures or white-outs. If incorrect information is placed in the record, it shall be crossed out with a single non-deleting line and shall be initialed and dated by the licensee on the date the change was made. If additions are made to the record, the additions shall be initialed and dated by the licensee on the date the change was made.
- b) Each dentist or dental auxiliary shall sign or initial each entry on the patient record pertaining to the treatment he or she rendered. If no such signature or initialing appears on the patient record, it shall be presumed that such treatment was rendered by the dentist of record, unless the latter shall establish, to the satisfaction of the Board, the identity of the individual who rendered such treatment.
- c) A patient record may be prepared and maintained on a personal or other computer provided that the licensee complies with all of the following requirements:
- 1) The licensee shall use a computer system which contains an internal, permanently activated date recordation for all entries;
  - 2) The computer system shall have the capability to print on demand a hard copy of all current and historical data contained in each patient record file;



- 3) The licensee shall identify each patient record by the patient's name and at least one other form of identification so that the record may be readily accessed;
- 4) The licensee shall post record entries at least once a month so that the entries are permanent and cannot be deleted or altered in any way. The licensee may subsequently make a new entry to indicate a correction to a permanent entry, provided that the new entry generates a permanent audit trail which is maintained in the patient record. The audit trail shall show the original entry, the revised entry, the date of the revised entry, the reason for the change and the identity of the person who authorized the change;
- 5) The licensee shall prepare a back-up of all computerized patient records at least quarterly, except that if a licensee changes computer systems or software programs, the licensee shall prepare a back-up as of the last date when the system to be replaced shall be used.
  - i) For purposes of this section, "back-up" shall include data files and the software programs required to retrieve those files including the operating system and the program file.
  - ii) The back-ups shall be clearly dated and marked with an external label as "Back-up of computerized data as of (date)."
  - iii) The licensee shall maintain and store at least the last three quarterly back-ups onsite.
  - iv) The licensee shall maintain and store the fourth quarter (annual) back-up offsite; and
- 6) The licensee shall provide to the Board upon request any back-up data maintained off premises, together with the following information:
  - i) The name of the computer operating system containing the patient record files and instructions on using such system;
  - ii) Current passwords;
  - iii) Previous passwords if required to access the system;

- iv) The name of a contact person at the practice management company, if any, that provides technical support for the licensee's computer system; and
- 7) Electronic records shall comply with the Federal Health Insurance Portability and Accountability Act of 1996 and the Federal health privacy rule set forth at 45 CFR Parts 160 and 164.
- d) Patient records, including all radiographs, shall be maintained for at least seven years from the date of the last entry, except that diagnostic and study models used for definitive treatment shall be maintained for at least three years from the date the model is made.
- e) Licensees shall provide patient records to the patient or the patient's authorized representative or another dentist of the patient's choosing in accordance with the following:
  - 1) Upon receipt of a written request from a patient or the patient's authorized representative and within 14 days thereof, legible copies of the patient record including, if requested, duplicates of models and copies of radiographs, shall be furnished to the patient, the patient's authorized representative, or a dentist of the patient's choosing. "Authorized representative" means a person who has been designated by the patient or a court to exercise rights under this section. An authorized representative shall include the patient's attorney or an agent of an insurance carrier with whom the patient has a contract which provides that the carrier be given access to records to assess a claim for monetary benefits or reimbursement. If the patient is a minor, a parent or guardian who has custody (whether sole or joint) shall be deemed an authorized representative.
  - 2) A licensee may require any unpaid balance for diagnostic services only to be paid prior to release of such records. Where treatment of a patient whose dental expenses are paid through Medicaid is discontinued by the dentist prior to completion of the treatment, no charge for the records shall be made, nor shall any payment be required.
  - 3) The licensee may charge a reasonable fee for:
    - i) The reproduction of records, which shall be no greater than \$1.00 per page or \$100.00 for the entire record, whichever is less. (If the record requested is less than 10 pages, the licensee may charge up to \$10.00 to cover postage and the miscellaneous costs associated with retrieval of the record.); and/or

- ii) The reproduction of radiographs or any other material within a patient record, which cannot be routinely copied or duplicated on a commercial duplicating machine. The fee for duplication for a set of up to nine radiographs shall not exceed \$15.00. The fee for duplication for a set of up to 18 radiographs shall not exceed \$30.00. The fee for duplication of a panorex shall not exceed \$30.00.
- 4) Licensees shall not charge a patient for a copy of the patient's record when the licensee has affirmatively terminated a patient from the practice.
- 5) To the extent that the record is illegible or prepared in a language other than English, the licensee shall provide a typed or written transcription and/or translation at no additional cost to the patient.
- f) Licensees shall maintain the confidentiality of patient records, except that:
  - 1) The licensee shall release patient records as directed by the Board of Dentistry or the Office of the Attorney General, or by a Demand for Statement in Writing under Oath, pursuant to N.J.S.A. 45:1-18. Such records shall be originals, unless otherwise specified, and shall be unedited, with full patient names. To the extent that the record is illegible, the licensee, upon request, shall provide a typed or written transcription of the record. If the record is in a language other than English, the licensee shall also provide a translation. All radiographs, models, and reports maintained by the licensee, including those prepared by other dentists, shall also be provided. The costs of producing such records shall be borne by the licensee.
  - 2) The licensee, in the exercise of professional judgment and in the best interests of the patient (even absent the patient's request), may release pertinent information about the patient's treatment to another licensed health care professional who is providing or who has been asked to provide treatment to the patient, or whose expertise may assist the licensee in his or her rendition of professional services.
  - 3) The licensee shall release information as required by statute or rule, such as the reporting of communicable diseases or gunshot wounds or suspected child abuse, or when the patient's treatment is the subject of peer review.
- g) If a licensee ceases to engage in the practice of dentistry or it is anticipated that he or she will remain out of practice for more than six months, the licensee or a designee shall:
  - 1) Establish a procedure by which patients may obtain treatment records or agree to the transfer of those records to another licensee who is assuming the responsibilities of that practice;

- 2) If the practice will not be attended by another licensee, publish a notice of the cessation and the established procedure for the retrieval of records in a newspaper of general circulation in the geographic location of the licensee's practice, at least once each month for the first three months after the cessation;
  - 3) File a notice of the established procedure for the retrieval of records with the Board of Dentistry;
  - 4) Make reasonable efforts to directly notify any patient treated during the six months preceding the cessation of the practice to provide information concerning the established procedure for retrieval of records; and
  - 5) Conspicuously post a notice on the premises of the procedure for the retrieval of records.
- h) Patient records need not be maintained in situations where no patient-dentist relationship exists, such as where the professional services of a dentist are rendered at the behest of a third party for the purposes of examination and evaluation only, at the behest of the Board or for dental screenings.
- i) Services not recorded in the patient record in accordance with the requirements of this section shall be presumed not to have been performed. It shall be the responsibility of the licensee to produce evidence to establish that the non-recorded services were actually performed.

### **13:30-8.8 REPORTING OF INCIDENTS OR DEATHS**

- a) All licensees shall report to the State Board of Dentistry within seven days, in writing, on a form supplied by the Board and available on the Board's website at [www.njconsumeraffairs.gov/den](http://www.njconsumeraffairs.gov/den), any incident occurring in a dental office, clinic or any other dental facility after dental treatment has been initiated that requires the removal of a patient to a hospital for observation or treatment.
- b) All licensees shall report to the Board within seven days, in writing, on a form supplied by the Board and available on the Board's website at [www.njconsumeraffairs.gov/den](http://www.njconsumeraffairs.gov/den), any death, which may be related to dental treatment, whether or not the death occurred in a dental office, clinic or other dental facility.

### **13:30-8.9 DISPLAY OF NAMES; IDENTIFYING BADGES**

- a) Every facility offering dental care to the public shall legibly display on all exterior signs or other means of exterior display the names of the licensees who are responsible for the

administration of the facility. A dental facility may display on exterior signs or other means of exterior display the names of licensees associated with the facility.

- b) Every dental care facility where two or more dental licensees are engaged in providing dental care shall legibly display in its office, the names and professional status of all licensees associated with the facility.
- c) Every dental care facility engaged in providing dental care shall conspicuously display in its office, the names of the owners associated with the facility.
- d) Any licensee shall wear an identifying badge indicating his or her name and professional status while working in the facility.

### **13:30-8.10 THIRD-PARTY PAYOR RECORDS**

- a) No licensee shall submit any claim, bill or governmental assistance claim to a third party payor for dental services rendered to any patient which involves dishonesty, fraud, deception or misrepresentation.
- b) No licensee shall submit to a third-party payor any claim, bill, or governmental assistance claim that contains any of the following:
  - 1) Any treatment date, which does not accurately reflect the date when the service and procedures were actually performed;
  - 2) Any description of a dental service or procedure, which does not accurately reflect the actual work performed;
  - 3) Any service or procedure, which cannot be justified by the licensee as necessary, proper, and/or beneficial;
  - 4) Any statement or attachment material to the claim, which is known to be false or misleading; or
  - 5) A charge for any service or procedure the amount of which has been advertised as free or complimentary or for an amount that exceeds the advertised charge for discounted services or procedures.
- c) A licensee who renders dental services or procedures to a patient enrolled in any dental plan with co-payment features and who intends to waive any part of the co-payment or all of the co-payment by the patient shall, when submitting any claim or bill to the third party

payor, conspicuously disclose on the face of the claim or bill in a legible manner, or in the electronic claim submission, that the co-payment, or a portion of the co-payment, shall not be billed to, or collected from, the patient.

- d) The accuracy of all information contained in written or electronic submissions to a third party-payor including predeterminations, claims, bills, or governmental assistance claims, shall be the personal responsibility of the licensee whose name, license number, or signature appears on the signature line of the claim. In the case of electronic claims the licensee identified as the provider shall be held responsible for the accuracy of the information whether or not the licensee actually completed the claim. The Board shall presume that the licensee identified on the claim reviewed its contents and approved its submission.
- 1) In the event that no licensee is identified on the claim, the patient's dentist of record as defined in N.J.A.C. 13:30-8.15 shall be the licensee responsible for the claim.
  - 2) It shall not be a defense to an allegation of a violation of this section that the claim was completed or submitted by an agent of the licensee.
- e) All third-party payor records shall be maintained pursuant to the provisions of N.J.A.C. 13:30-8.7 or be readily retrievable.

### **13:30-8.11 REMOVABLE PROSTHESIS IDENTIFICATION**

- a) The following words and terms, as used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

"Prosthesis" means an artificial substitute for a missing part of the oral cavity, such as a tooth, used for functional and/or cosmetic reasons.

"Rebasing" means the act of replacing the base material of a denture without changing the occlusal relationship of the teeth.

- b) Every complete maxillary and mandibular denture and removable partial denture prosthesis constructed by a Board licensee or fabricated pursuant to a work order shall be marked with the name and social security number of the patient for whom the prosthesis is prepared unless the patient objects to the marking. In the event the patient, after being so informed, objects to the marking of the prosthesis, the licensee shall place such objection on the patient's permanent dental record.

- c) The marking of a dental prosthesis as provided in (b) above shall be accomplished during processing and shall be permanent, legible and cosmetically acceptable. The exact location of the markings and the methods used to place them shall be determined by the licensee.
- d) If, in the licensee's professional judgment, marking of the prosthesis with the patient's complete name and social security number is not practicable, identification shall be provided as follows:
  - 1) The social security number may be omitted if the patient's complete name is marked; or
  - 2) The initials of the patient may be marked alone if the marking of the patient's full name is impracticable; or
  - 3) The identification marks may be omitted in their entirety if none of the forms of identification specified in (d)1 and 2 above are practicable or clinically safe, provided that the licensee sets forth the reason for the omission of the identification marks in the patient's record.
- e) Any complete or partial removable dental prosthesis in existence prior to April 15, 1985, which has not been marked in accordance with (b) above, shall be so marked at the time of any subsequent rebasing or repair.
- f) A reasonable fee may be charged for the marking of the complete or partial removable dental prosthesis.

### **13:30-8.12 NOTIFICATION OF CHANGE OF ADDRESS; SERVICE OF PROCESS**

- a) A licensee shall notify the Board in writing of any change of his or her address of record. For purposes of this section, "address of record" means an address designated by a licensee which is part of the public record and which may be disclosed upon request. "Address of record" may be a licensee's home, business or mailing address, but shall not be a post office box unless the licensee also provides another address which includes a street, city, state and zip code. Notice shall be sent to the Board by mail or by electronic means not later than 30 days following the change of address of record.
- b) Service of an administrative complaint or other Board-initiated process at a licensee's address currently on file with the Board shall be deemed adequate notice for the purposes of N.J.A.C. 1:1-7.1 and the commencement of any disciplinary proceedings.

**13:30-8.12A NOTIFICATION OF CONVICTION, ARREST, OR ACTIONS AFFECTING PRIVILEGES**

A licensee or registrant shall notify the Board in writing within 30 days of receiving a summons; being arrested or taken into custody; being indicted, tried, charged with, or admitted into pre-trial intervention (P.T.I.); plead guilty to any violation of law, ordinance, felony, misdemeanor, or disorderly persons offense in this State or any other state; being disciplined or denied a dental license or any other professional license; or having a professional license or certificate of any type suspended, revoked, or surrendered. Parking or speeding violations need not be disclosed, but motor vehicle violations, such as driving while impaired or intoxicated, shall be disclosed.

**13:30-8.13 PERMISSIBLE BUSINESS STRUCTURES, PROHIBITION ON REFERRAL FEES AND FEE SPLITTING**

- a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

"Associate" means a health care professional who is a partner, an employee, a fellow shareholder in a professional service corporation or a fellow member of another permissible practice format, properly organized pursuant to law.

"Board" means the New Jersey State Board of Dentistry.

"Closely allied health care professional" means an individual who provides professional services and is licensed to practice by a professional or occupational licensing board or other State agency, in any of the following fields: dentistry, medicine (or its branches), nursing, optometry and physical therapy.

"Health care provider" means an individual who or entity which provides health care services, including, but not limited to, closely allied health care professionals.

"Limited liability company" means a limited liability company formed under the laws of this State, pursuant to the New Jersey Limited Liability Company Act, N.J.S.A. 42:2B-1 et seq., except where inconsistent with these rules.

"Permissible business format" means:

1. Sole proprietorships;



2. All partnerships, including limited liability partnerships (comprised of dentists or closely allied health care professionals);
3. Professional service corporations (comprised of dentists or closely allied health care professionals); and
4. Limited liability companies (comprised of dentists or closely allied health care professionals).

"Professional service corporation" means a business entity as defined in N.J.S.A. 14A:17-1 et seq.

"Referral" means the sending or directing of a person to any health care provider (other than an associate) for diagnosis, evaluation, treatment or the furnishing of dental or other health services.

"Remuneration" means any salary, payment, distribution of income, dividend, interest income, loan, bonus, commission, kickback, bribe, rebate, gift, free goods or services of more than nominal value, discount, the furnishing of supplies, facilities or equipment, credit arrangement and waiver of financial obligations.

- b) Dentists may engage in the practice of dentistry in any permissible business format in which they are not shielded from liability for their own breaches of professional duties, they retain responsibility for the quality of care and the appropriateness of their professional judgments, and they are assured access to information and involvement in issues pertaining to quality of care, professional judgment, recordkeeping, advertising practices, and the finances of the permissible business format.
- c) Dentists may be employed by a permissible business format which includes one or more closely allied health care professionals, including at least one licensed dentist, provided their professional practice is not supervised and evaluated by a professional who is not a dentist.
- d) Dentists shall not receive, solicit, offer or pay any remuneration as an inducement to make a referral or as compensation for a referral of a patient for a service, product, drug or device or to purchase, prescribe or recommend a product, drug or device. Nothing contained in this section shall prohibit a licensee from paying the reasonable costs of any advertisement permitted pursuant to N.J.A.C. 13:30-6.1 and 6.2. Nothing contained in this section shall prohibit a dentist from providing a gift to a patient, or from providing a credit for dental services to a patient, provided the gift or credit does not exceed \$25.00 in value.

- e) Dentists shall not participate in any arrangement or agreement, with any person other than an associate, whereby any remuneration received by that person in payment for the provision of space, professional services, facilities, equipment, personnel, marketing or management services used by the dentist is to be determined or calculated as a fixed percentage of, or otherwise dependent upon, the income or receipts derived from the practice of dentistry. Nothing in this section, however, shall preclude a dentist from entering into a bona fide profit sharing plan or retaining the services of a collection agency.
- f) Dentists may provide professional services in connection with a permissible dental practice as independent contractors provided the arrangement complies with all State and Federal laws.

### **13:30-8.14 DENTAL X-RAYS; LEAD SHIELDS**

Every licensee, as well as any employee or agent of such licensee duly licensed by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq. shall use a lead shield to provide protection to the greatest extent possible to the torso and thyroid areas of patients during all dental X-ray procedures.

### **13:30-8.15 DENTIST OF RECORD; FEE REIMBURSEMENT**

- a) Each patient shall have a dentist of record who shall remain primarily responsible for assuring the proper implementation of the dental treatment plan on such patient regardless of whether the treatment is rendered by the dentist of record, by another dentist or by a dental hygienist rendering such treatment in conjunction with, in the employ of, at the direction or request of, or under the supervision of such dentist of record.
- b) The name of the dentist of record shall be conspicuously identified on the patient record. If the dentist of record is not identified on the patient record, it shall be presumed that the dentist of record is the owner(s) of the practice in which the patient was treated.
- c) In a multi-dentist practice, the dentists of record shall not change unless the subsequent treating dentist acknowledges in writing in the patient record that he or she is currently the dentist of record for the patient. The dentist of record shall be changed when the licensee leaves the practice where treatment was provided and the patient elects to continue treatment in the facility in which treatment began.
- d) A new dentist of record shall be presumed to have obtained or reviewed the patient's medical history and dental records, examined the patient, and either developed a new treatment plan or concurred with the continuance of the preexisting treatment plan.

- e) A licensee found to have rendered deficient treatment and the owner of the facility in which the licensee rendered the deficient treatment shall be jointly and severally responsible for the reimbursement to the patient and/or third party payor of any fees as may be directed by the Board.

### **13:30-8.16 OPPORTUNITY TO BE HEARD**

Prior to any suspension, revocation or refusal to renew a license, the licensee shall have an opportunity to be heard consistent with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

### **13:30-8.17 DELEGATION OF PHYSICAL MODALITIES**

- a) A dentist may delegate the administration of certain physical modalities to licensed dental hygienists, registered dental assistants, limited registered dental assistants and unregistered dental assistants consistent with their particular scopes of practice as set forth in N.J.A.C. 13:30-1A.3, 1A.4, 2.4, 2.5, and 2.6 and as set forth in this section.
- b) Physical modalities, for the purpose of this section, shall be limited to hot and cold packs, ultrasound, electro-galvanic stimulation, transcutaneous electrical nerve stimulation ("T.E.N.S.") and phonophoresis.
- c) A dentist may delegate the administration of the physical modalities set forth in (b) above to licensed dental hygienists, registered dental assistants and limited registered dental assistants consistent with their particular scopes of practice as set forth in N.J.A.C. 13:30-1A.3, 1A.4, 2.4, and 2.5, provided all of the following conditions are satisfied:
  - 1) The dentist shall examine the patient to ascertain the nature of the dental condition or disease; to determine whether the application of a physical modality will encourage the alleviation of dentally related pain and the promotion of healing; to assess the risks of the modality for a given patient and the diagnosed condition, injury or disease, and to decide that the anticipated benefits are likely to outweigh those risks.
  - 2) The dentist shall examine the patient prior to each visit and shall determine all components of the treatment to be performed. This determination shall include all types of modalities to be employed, a delineation of the precise area to which the application of each modality shall be limited, the dosage, wattage, or other applicable setting, the length of the treatment, and any and all other factors peculiar to the risks of that modality such as strict avoidance of certain parts of the body or static placement of the applicator. This information shall be written on the patient's chart prior to each patient's treatment after the dentist has examined the patient, and it shall be made available at all times to the licensed dental hygienist, registered dental

- assistant or limited registered dental assistant who is responsible for administering the modality.
- 3) The dentist shall evaluate the patient prior to any subsequent scheduled application of the modality to ascertain that continued treatment is appropriate and that no contraindications to treatment have become apparent.
  - 4) The dentist shall be physically present in the dental office at all times that treatment orders are being carried out and shall be within reasonable proximity to the treatment room.
- d) A dentist may delegate the administration of hot or cold packs to unlicensed assistants. No other physical modalities as set forth in (b) above shall be performed by an unlicensed assistant.
  - e) On a health insurance claim form pertaining to physical modalities and requiring certification by the dentist, the dentist shall identify the specific modality applied and shall not generically identify the treatment as physical therapy.

**13:30-8.18 ISSUANCE OF PRESCRIPTIONS; NJPBS; LIMITATIONS ON PRESCRIBING, DISPENSING, OR ADMINISTERING CONTROLLED DANGEROUS SUBSTANCES; SPECIAL REQUIREMENTS FOR MANAGEMENT OF ACUTE AND CHRONIC PAIN**

- a) The following words and terms when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

"Acute pain" means the pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the licensee reasonably expects to last only a short period of time. "Acute pain" does not include chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or pain being treated as part of palliative care.

"Chronic pain" means pain that persists or recurs for more than three months.

"Initial prescription" means a prescription issued to a patient who:

1. Has never previously been issued a prescription for the drug or its pharmaceutical equivalent; or
2. Was previously issued a prescription for, or used or was administered, the drug or its pharmaceutical equivalent, and the date on which the current prescription is

being issued is more than one year after the date the patient last used or was administered the drug or its equivalent. When determining whether a patient was previously issued a prescription for, or used or was administered, a drug or its pharmaceutical equivalent, the licensee shall consult with the patient, review prescription monitoring information and, to the extent they are available, review the patient's dental and medical records.

"Licensee" means a licensed dentist who is currently authorized to prescribe drugs in the course of professional practice.

"Opioid antidote" means any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. "Opioid antidote" includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods.

"Palliative care" means care provided to an individual suffering from an incurable progressive illness that is expected to end in death, which is designed to decrease the severity of pain, suffering, and other distressing symptoms, and the expected outcome of which is to enable the individual to experience an improved quality of life..

- b) licensee shall issue written prescriptions only on New Jersey Prescription Blanks (NJPB) that have been secured from an approved vendor and which meet the security requirements of the prescription blanks program set forth in N.J.A.C. 13:45A-27. A licensee's NJPB shall include all information required to appear on the blank pursuant to Division of Consumer Affairs rules, set forth at N.J.A.C. 13:45A-27, including the licensee's National Provider Identifier, if one has been obtained.
- c) Licensees issuing prescriptions for controlled dangerous substances shall comply with all State and Federal laws concerning the issuance of such prescriptions, including the requirements of the controlled dangerous substances rules set forth at N.J.A.C. 13:45H and the prescription monitoring program rules at N.J.A.C. 13:45A-35.
- d) When prescribing, dispensing, or administering controlled dangerous substances, a licensee shall:
  - 1) Take a thorough medical history of the patient, which reflects the nature, frequency, and severity of any pain being experienced before or after a dental procedure, the patient's history of substance use or abuse, and the patient's experience with non-opioid medication and non-pharmacological pain management approaches;

- 2) Conduct a comprehensive dental examination;
- 3) Access relevant prescription monitoring information as maintained by the Prescription Monitoring Program (PMP) pursuant to N.J.S.A. 45:1-46.1 and consider that information in accordance with N.J.A.C. 13:45A-35;
- 4) Develop a treatment plan, which includes the nature, frequency, and severity of any pain expected after a dental procedure or associated with dental conditions and identifies the objectives by which treatment success is to be evaluated, such as pain relief and improved function, and any further diagnostic evaluations or other treatments planned, with particular attention focused on determining the cause of the patient's pain; and
- 5) Include in the patient's dental record the medical history, including the information described in (d)1 above, the findings on examination, any relevant PMP data, and the treatment plan, as well as:
  - i. The complete name of the controlled substance;
  - ii. The dosage, strength, and quantity of the controlled substance; and
  - iii. The instructions as to frequency of use.
- e) With respect to Schedule II controlled dangerous substances, unless the prescribing of opioids is subject to limitations as set forth in (i) below, a licensee may authorize a quantity, not to exceed a 30-day supply, which shall be at the lowest effective dose as determined by the directed dosage and frequency of dosage. The prescribing of opioids in any schedule is subject to limitations as set forth in (i) below.
- f) Prior to issuing an initial prescription for a Schedule II controlled dangerous substance or any opioid drug in the course of treatment for acute pain, a licensee shall discuss with the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, the reasons why the medication is being prescribed, the possible alternative treatments, and the risks associated with the medication. With respect to opioid drugs, the discussion shall include, but not be limited to, the risks of addiction, including that opioids are highly addictive, even when taken as prescribed and used as directed, physical or psychological dependence, and overdose associated with opioid drugs and the danger of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants, and requirements for proper storage and disposal.

- 1) If the patient is under 18 years of age and is not an emancipated minor, the licensee shall have the discussion required under (f) above prior to the issuance of each subsequent prescription for any opioid drug that is a Schedule II controlled dangerous substance.
  - 2) The licensee shall reiterate the discussion required at (f) above prior to issuing a prescription at the outset of a course of treatment for chronic pain for a Schedule II controlled dangerous substance or any opioid drug.
  - 3) The licensee shall include a note in the patient record that the required discussion(s) took place.
- g) Prior to the commencement of an ongoing course of treatment for chronic pain with a Schedule II controlled dangerous substance or any opioid drug, the licensee shall enter into a pain management agreement with the patient. The pain management agreement shall be a written contract or agreement that is executed between a licensee and a patient, that is signed and dated prior to the commencement of an ongoing course of treatment for chronic pain using a Schedule II controlled dangerous substance or any opioid drug, and which shall:
- 1) Document the understanding of both the licensee and the patient regarding the patient's pain management plan;
  - 2) Establish the patient's rights in association with treatment, and the patient's obligations in relation to the responsible use, discontinuation of use, and storage and disposal of Schedule II controlled dangerous substances and any opioid drugs, including any restrictions on the refill or acceptance of such prescriptions from licensees and other prescribers;
  - 3) Identify the specific medications and other modes of treatment, including physical therapy or exercise, relaxation, or psychological counseling, that are included as part of the treatment plan;
  - 4) Specify the measures the licensee may employ to monitor the patient's compliance including, but not limited to, random specimen screens and pill counts; and
  - 5) Delineate the process for terminating the agreement, including the consequences if the licensee has reason to believe that the patient is not complying with the terms of the agreement.
- h) When controlled dangerous substances are continuously prescribed for management of chronic pain, the licensee shall:

- 1) Review, at a minimum of every three months, the course of treatment, any new information about the etiology of the pain and the patient's progress toward treatment objectives, and document the results of that review;
  - 2) Assess the patient prior to issuing each prescription to determine whether the patient is experiencing problems associated with physical and psychological dependence, and document the results of that assessment;
  - 3) Make periodic reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled dangerous substance, taper the dosage, try other drugs, such as nonsteroidal anti-inflammatories, or utilize alternative treatment modalities in an effort to reduce the potential for abuse or the development of physical or psychological dependence, and document, with specificity, the efforts undertaken;
  - 4) Access relevant prescription monitoring information as maintained by the Prescription Monitoring Program (PMP) pursuant to N.J.S.A. 45:1-46.1 and consider that information in accordance with N.J.A.C. 13:45A-35;
  - 5) Monitor compliance with the pain management agreement and any recommendations that the patient seek a referral and discuss with the patient any breaches that reflect that the patient is not taking the drugs prescribed or is taking drugs, illicit or prescribed by licensees or other prescribers, and document within the patient's record the plan after that discussion;
  - 6) Conduct random urine screens at least once every 12 months;
  - 7) Advise the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, of the availability of an opioid antidote; and
  - 8) Refer the patient to a pain management or addiction specialist for independent evaluation or treatment in order to achieve treatment objectives, if those objectives are not being met.
- i) A licensee shall not issue an initial prescription for an opioid drug for treatment of acute pain in a quantity exceeding a five-day supply as determined by the directed dosage and frequency of dosage. The initial prescription shall be for the lowest effective dose of an immediate-release opioid drug. A licensee shall not issue an initial prescription for an opioid drug that is for an extended-release or long-acting opioid. No less than four days after issuing the initial prescription, upon request of the patient, a licensee may issue a subsequent prescription for an opioid drug for the continued treatment of acute pain associated with the condition that necessitated the initial prescription provided the following conditions are met:



- 1) The licensee consults (in person, via telephone, or other means of direct communication) with the patient;
  - 2) After the consultation with the patient, the licensee, in the exercise of his or her professional judgment, determines that an additional days' supply of the prescribed opioid drug is necessary and appropriate to the patient's treatment needs and does not present an undue risk of abuse, addiction, or diversion;
  - 3) The licensee documents the rationale for the authorization in the patient record;
  - 4) The subsequent prescription for an additional days' supply of the prescribed opioid drug is tailored to the patient's expected need at the stage of recovery, as determined under (i)2 above and any subsequent prescription for an additional days' supply shall not exceed a 30-day supply.
- j) When a licensee issues an initial prescription for an opioid drug for the treatment of acute pain, the licensee shall so indicate it on the prescription.
- k) Except as provided at (k)1 below, when a licensee issues a prescription for an opioid drug that is a controlled dangerous substance to a patient, the licensee shall also issue the patient a prescription for an opioid antidote when the patient has a history of substance use disorders, the prescription for the opioid drug is for a daily dose of more than 90 morphine milligram equivalents, or the patient holds a current, valid prescription for a benzodiazepine drug that is a Schedule III or Schedule IV controlled dangerous substance.
- 1) A licensee shall not be required to issue more than one prescription for an opioid antidote to a patient per year.
  - 2) Nothing at (k)1 above shall be construed to prohibit a licensee from issuing additional prescriptions for an opioid antidote to a patient upon the patient's request or when the licensee determines there is a clinical or practical need for the additional prescription.
- l) The requirements for prescribing controlled dangerous substances set forth at (f) through (k) above shall not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice, receiving palliative care, or is a resident of a long-term care facility or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.
- m) Nothing in (i) above shall be construed to limit a licensee's professional judgment to authorize a subsequent prescription for an opioid drug in a quantity consistent with (i)4

above for the continued treatment of acute pain associated with the condition that necessitated the initial prescription.

### **13:30-8.19 PRACTICE NAME**

- a) A licensee shall not engage in the practice of dentistry under a practice name which is misleading in any way as to the legal form of the practice or as to the persons who are partners, members or shareholders of the practice.
- b) If a licensee ceases to be associated with a practice through the sale of the business, retirement or death, such licensee's name shall be removed from the practice name within six months of the sale, retirement or death, except as provided in (c) below.
- c) A practice name may include the name of a licensee who has ceased to be associated with the practice through retirement or death, provided that the laws governing the practice's business format do not prohibit such inclusion, and provided that the status of such a licensee is clearly set forth on the practice letterhead, business cards, signs and advertisements. The status of a retired licensee shall be indicated on the practice letterhead by the word "retired" or by numerals showing the dates the licensee engaged in the practice. The status of a deceased licensee shall be indicated on the practice letterhead by the word "deceased," by numerals showing the dates the licensee engaged in the practice or by numerals showing the years of the licensee's birth and death.

### **13:30-8.20 NITROUS OXIDE/OXYGEN INHALATION ANALGESIA; DUTIES OF A LICENSED DENTIST, DELEGATION TO LICENSED DENTAL HYGIENIST AND REGISTERED DENTAL ASSISTANT**

- a) The following words and terms, as used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

"Administration" means the determination and introduction of a therapeutic level of nitrous oxide/oxygen inhalation analgesia.

"Direct supervision" means acts performed in the office of a licensed dentist wherein the dentist is physically present on the premises at all times during the performance of such acts and such acts are performed pursuant to the dentist's order, control, and full professional responsibility.

"Monitoring" means observing or checking a patient's condition to assess the safety and comfort of the patient receiving nitrous oxide/oxygen inhalation analgesia.

"Nitrous oxide/oxygen inhalation analgesia" means the introduction by inhalation of a combination of nitrous oxide and oxygen gases to a conscious patient.

"Supervising dentist" means the dentist who induces or administers the nitrous oxide/oxygen inhalation analgesia to the patient.

- b) If a patient is to receive nitrous oxide/oxygen inhalation analgesia, a supervising dentist shall induce or administer the nitrous oxide/oxygen inhalation analgesia and shall exercise direct supervision and full responsibility for the patient.
- c) A supervising dentist may delegate the monitoring of the nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist during the performance of dental hygiene procedures provided that the patient is stabilized and that the licensed dental hygienist satisfies the requirements set forth in N.J.A.C. 13:30-1A.3.
- d) A supervising dentist may delegate the monitoring of the nitrous oxide/oxygen inhalation analgesia to a registered dental assistant who will perform no other function while monitoring the patient provided the patient is stabilized and the registered dental assistant satisfies the requirements set forth in N.J.A.C. 13:30-2.4.
- e) If a supervising dentist delegates the monitoring of the nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist pursuant to N.J.A.C. 13:30-1A.3, or to a registered dental assistant pursuant to N.J.A.C. 13:30-2.4, the supervising dentist shall ensure that:
  - 1) The nitrous oxide/oxygen inhalation delivery system is a fail-safe unit which shall not deliver nitrous oxide unless oxygen is continuously flowing at a minimum of 30 percent and includes a scavenging system operating while the nitrous oxide is in use; and
  - 2) The dental office is equipped, at a minimum, with the following:
    - i) A high speed vacuum source;
    - ii) Suction equipment;
    - iii) Equipment to deliver positive pressure oxygen; and
    - iv) Blood pressure monitoring equipment.
- f) A supervising dentist shall not delegate the monitoring of nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist or to a registered dental assistant if a patient is taking any medications, whether prescribed by the dentist or by another licensed

practitioner, that in the professional judgment of the dentist may potentiate the effects of the nitrous oxide/oxygen inhalation analgesia, or may change the level of consciousness of the patient.

- g) The supervising dentist shall be responsible for ensuring that the patient records are documented to reflect the nitrous oxide and oxygen flow rates and the analgesia duration and clearing times.
- h) The supervising dentist shall personally discharge the patient following the administration of nitrous oxide/oxygen inhalation analgesia.
- i) The delegation of the monitoring of nitrous oxide/oxygen inhalation analgesia to a licensed dental hygienist pursuant to N.J.A.C. 13:30-1A.3 or registered dental assistant pursuant to N.J.A.C. 13:30-2.4 who has not yet met the minimum standards of training and procedures as stated therein shall constitute a deviation from normal standards of practice required of a licensee.

### **13:30-8.21 DIVESTITURE OF INTEREST IN PROFESSIONAL CORPORATIONS BY DISQUALIFIED LICENSEES**

- a) As used in this section, the following terms shall have the following meanings unless the context indicates otherwise:

"Disqualify" means to prohibit a licensee from engaging in professional practice and from deriving income from that practice as a result of a revocation, permanent surrender, with or without prejudice, or active suspension of licensure of one year or more. As used in this section, a licensee shall not be deemed disqualified if he or she is permitted to practice dentistry in a limited fashion, is the subject of an order of suspension which is stayed or if the duration of a suspension is less than one year.

"Divest" means to relinquish interest of all shares or equity interest in a professional corporation or other permissible business format, as defined in N.J.A.C. 13:30-8.13.

"Licensee" means any person licensed by the Board to engage in the practice of dentistry.

"Professional practice" means that activity which is defined as "practicing dentistry" pursuant to N.J.S.A. 45:6-19.

- b) A licensee disqualified pursuant to Board order shall divest his or her interest in each professional corporation for which the holding of a license issued by the Board is a

prerequisite. The licensee shall complete such divestiture within 90 days of the entry of the Board order and shall furnish proof of divestiture to the Board.

- c) If all shareholders of a professional corporation are disqualified pursuant to Board order, the employees of the professional corporation shall cease to engage in professional practice in the professional corporation until the professional corporation is restructured in membership and in a format authorized to engage in professional practice pursuant to N.J.S.A. 14A: 17-13.
- d) Transfer of any shares or equity interest to a member of the licensee's immediate family shall not be deemed a divestiture as required in (b) above unless:
  - 1) The immediate family member held an interest in the professional corporation prior to the licensee's disqualification; and
  - 2) The immediate family member was actively engaged in the practice of dentistry within the professional corporation prior to the licensee's disqualification.

### **13:30-8.22 VALIDITY OF DIAGNOSTIC TESTS FOR TRAUMATICALLY INDUCED TEMPOROMANDIBULAR DYSFUNCTION**

- a) As used in this section, the following terms shall have the following meanings, unless the context clearly indicates otherwise.

"Clinically supported" means that a licensee, prior to selecting, performing or ordering the administration of a diagnostic test, has:

- 1. Personally performed a physical examination, making an assessment of any current and/or historical subjective complaints, observations, and objective findings;
- 2. Considered any and all previously performed tests relating to the patient's injury; and
- 3. Documented in the patient record positive and negative findings, observations and clinical indications to justify the test.

"Conservative treatment" means therapy which is not considered aggressive; avoiding the utilization of invasive procedures until such procedures are clearly indicated.

"Diagnostic test" means a service or procedure intended to assist in establishing a dental diagnosis for the purpose of recommending a course of treatment to be implemented by the treating dentist or by the consultant.

"Medically necessary" means that the treatment is consistent with the symptoms or diagnosis, and treatment of the injury:

1. Is not primarily for the convenience of the injured person or provider;
  2. Is the most appropriate standard or level of service which is in accordance with standards of good practice and standard professional treatment protocols, as such protocols may be recognized or designated by the Commissioner of Banking and Insurance, in consultation with the Commissioner of Health and Senior Services or with a professional licensing or certifying board in the Division of Consumer Affairs in the Department of Law and Public Safety, or by a nationally recognized professional organization; and
  3. Does not involve unnecessary diagnostic testing.
- b) A licensee may charge the patient or bill a third party for the following diagnostic tests to determine the presence of temporomandibular dysfunction (TMD) resulting from traumatic injury, which tests have been determined to have value in the evaluation of traumatic injuries and the diagnosis and development of a treatment plan, when medically necessary and consistent with clinically supported findings:
- 1) Diagnostically acceptable panoramic x-ray or transcranial temporomandibular joint x-ray: This diagnostic test may be repeated post surgery.
  - 2) Magnetic resonance imaging (MRI): Where there are clinical signs of internal derangement such as nonself-induced clicking, deviation, limited opening, and pain with a history of trauma to the lower jaw, an MRI is allowable to show displacement of the condylar disc, such procedure following a panoramic or transcranial x-ray and six to eight weeks of conservative treatment. This diagnostic test may be repeated post surgery and/or post appliance therapy.
  - 3) Tomography: Where there are clinical signs of degenerative joint disease as a result of traumatic injury of the temporomandibular joint, tomograms may not be performed sooner than 12 months following traumatic injury.
- c) A licensee shall not charge the patient or bill a third party for the following diagnostic tests to determine the presence of temporomandibular dysfunction (TMD) resulting from traumatic injury, as these tests fail to yield data of sufficient value, not otherwise available from a comprehensive clinical examination and/or tests listed in (b) above, which would alter or influence the development, evaluation, or implementation, of a plan of treatment for injuries sustained as a result of trauma:
- 1) Mandibular tracking;

- 2) Surface EMG;
  - 3) Sonography;
  - 4) Doppler ultrasound;
  - 5) Needle EMG;
  - 6) Electroencephalogram (EEG);
  - 7) Thermograms/thermographs;
  - 8) Video fluoroscopy;
  - 9) Reflexology.
- d) Notwithstanding the limitations set forth in (c) above, a licensee may perform such enumerated diagnostic tests for which there shall be no charge to the patient or third party payor only after obtaining written informed consent from the patient.

### **13:30-8.23 DISCLOSURE OF PARTICIPATION IN THIRD-PARTY PAYOR PLANS**

If a dentist providing services in a dental practice does not participate in a third-party payor plan in which other providers in the dental office participate, the dentist shall clearly disclose this fact to the patient prior to treatment.

### **13:30-8.24 ANIMALS AND PETS IN DENTAL OFFICE**

A licensee shall not permit animals or pets in a dental office unless the animals or pets are maintained in an enclosed space that cannot be accessed by patients. This requirement shall not apply to trained guide or service dogs (or dogs in training) for the disabled, sightless or hearing impaired, consistent with the provisions of the Laws Against Discrimination, N.J.S.A. 10:5-29.

### **13:30-8.25 PROHIBITED ACTS**

- a) Except as otherwise provided in N.J.S.A. 45:6-16.1 et seq., 45:6-19, and 45:6-20, no person other than a person duly licensed to practice dentistry in this State shall:

- 1) Make any diagnosis or develop any treatment plan with respect to the dental condition or treatment of any living person in this State;
- 2) Perform any surgical or irreversible procedure, including but not limited to, the cutting of hard or soft tissue or the extraction of any tooth on any living person in this State;
- 3) Either bill or submit a claim for any service rendered involving the practice of dentistry or dental hygiene in this State; or
- 4) Receive payment for the performance of dental or dental hygienist services from any source other than an employer authorized by law to practice dentistry in this State or any dental clinic, institution, or employment agency, as defined pursuant to N.J.S.A. 34:8-43, that employs licensed dental hygienists to provide temporary dental hygiene services.

### **13:30-8.26 EMERGENCY PROTOCOL**

- a) Each dental office, facility, dental clinic, or institution at which there is patient contact, at a minimum, shall:
  - 1) Have a written protocol for managing medical or dental emergencies;
  - 2) Have equipment to maintain adult and pediatric airways, including:
    - i) A portable oxygen delivery system, including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure and oxygen-enriched patient ventilation; and
    - ii) Positive pressure oxygen;
  - 3) Have an automatic external defibrillator (AED);
  - 4) Contain back-up, battery-operated equipment consisting of, at a minimum, lighting, a blood pressure monitoring device, and a pulse oximeter, which shall be readily accessible and properly operating; and
  - 5) Ensure that all staff are trained upon hire, and at least annually thereafter, to implement the emergency protocol.



---

## SUBCHAPTER 9. TELEMEDICINE AND TELEHEALTH

---

### 13:30-9.1 PURPOSE AND SCOPE

- a) The purpose of this subchapter is to implement the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.), which authorizes healthcare providers to engage in telemedicine and telehealth.
- b) This subchapter shall apply to all persons who are licensed by the Board.
- c) Pursuant to N.J.S.A. 45:1-62, a dentist or dental hygienist must hold a license, as applicable, issued by the Board, if he or she:
  - 1) Is located in New Jersey and provides health care services to any patient located in or out of New Jersey by means of telemedicine or telehealth; or
  - 2) Is located outside of New Jersey and provides health care services to any patient located in New Jersey by means of telemedicine or telehealth.
- d) Notwithstanding N.J.S.A. 45:1-62 and (c) above, a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct patient care, will not be considered as providing health care services to a patient in New Jersey consistent with N.J.S.A. 45:6-1 et seq., and will not be required to obtain licensure in New Jersey in order to provide such consultation.

### 13:30-9.2 DEFINITIONS

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Asynchronous store-and-forward" means the acquisition and transmission of images, diagnostics, data, and medical information either to or from an originating site or to or from the licensee at a distant site, which allows for the patient to be evaluated without being physically present.

"Board" means the New Jersey State Board of Dentistry.

"Cross-coverage" means a licensee engages in a remote dental evaluation of a patient, without in-person contact, at the request of another licensee who has established a proper licensee-patient relationship with the patient.

"Distant site" means a site at which a licensee is located while providing health care services by means of telemedicine or telehealth.

"Licensee" means an individual licensed by the Board.

"On-call" means a licensed dentist is available, where necessary, to physically attend to the urgent and follow-up needs of a patient for whom the licensed dentist has temporarily assumed responsibility, as designated by the patient's primary care licensed dentist or other health care provider of record.

"Originating site" means a site at which a patient is located at the time that health care services are provided to the patient by means of telemedicine or telehealth.

"Proper licensee-patient relationship" means an association between a licensee and patient, wherein the licensee owes a duty to the patient to be available to render professional services consistent with his or her training and experience, which is established pursuant to the requirements at N.J.A.C. 13:30-9.4.

"Telehealth" means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.).

"Telemedicine" means the delivery of a health care service, including supportive mental health services, using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care licensee who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening licensee, and in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

### **13:30-9.3 STANDARD OF CARE**

- a) Prior to providing services through telemedicine or telehealth, a licensee shall determine whether providing those services through telemedicine or telehealth would be consistent with the standard of care applicable for those services when provided in-person.
- b) If a licensee determines, either before or during the provision of health care services, that services cannot be provided through telemedicine or telehealth in a manner that is

consistent with in-person standards of care, the licensee shall not provide services through telemedicine or telehealth.

- 1) A licensed dental hygienist working under supervision shall be responsible for determining whether health care services can be provided through telemedicine or telehealth in a manner that is consistent with in-person standards of care.
- c) A licensee who determines that services cannot be provided through telemedicine or telehealth pursuant to (b) above shall advise the patient to obtain services in-person.
- d) A licensed dentist who provides a diagnosis, treatment, or consultation recommendation, including discussions regarding the risk and benefits of a patient's treatment options, through telemedicine or telehealth shall be held to the same standard of care or practice standards as are applicable to in-person settings.
- e) A licensed dental hygienist who provides an assessment, treatment, or consultation recommendation, including discussions regarding the risk and benefits of a patient's treatment options, through telemedicine or telehealth, shall be held to the same standard of care or practice standards as are applicable to in-person settings.

### **13:30-9.4 LICENSEE-PATIENT RELATIONSHIP**

- a) Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-patient relationship by:
  - 1) Identifying the patient with, at a minimum, the patient's name, date of birth, phone number, and address. A licensed dentist may also use a patient's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the patient; and
  - 2) Disclosing and validating the licensee's identity, license, title, and, if applicable, professional certifications.
- b) Prior to initiating contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, a licensed dentist shall:
  - 1) Review the patient's medical and dental history and any available dental records;
  - 2) Determine as to each unique patient encounter whether the licensee will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in-person; and

- 3) Provide the patient the opportunity to sign a consent form that authorizes the licensed dentist to release dental records of the encounter to the patient's primary care licensed dentist or other healthcare provider identified by the patient.
- c) Notwithstanding (a) and (b) above, health care services may be provided through telemedicine or telehealth without a proper licensed dentist-patient relationship if the provision of health care services is:
- 1) For informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
  - 2) During episodic consultations by a medical or dental specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;
  - 3) Related to dental assistance provided in response to an emergency or disaster, provided that there is no charge for the dental assistance; or
  - 4) Provided by a substitute licensee acting on behalf, and at the designation of, an absent licensee in the same specialty on an on-call or cross-coverage basis.

### **13:30-9.5 PROVISION OF DENTAL CARE SERVICES THROUGH TELEMEDICINE OR TELEHEALTH**

- a) As long as a licensee has satisfied the requirements at N.J.A.C. 13:30-9.4, a licensee may provide health care services to a patient through the use of telemedicine and may engage in telehealth to support and facilitate the provision of health care services to patients.
- b) Prior to providing services through telemedicine or telehealth, a licensee shall determine the patient's originating site and record this information in the patient's record.
- c) A licensee providing healthcare services through telemedicine shall use interactive, real-time, two-way communication technologies, which shall include, except as provided at (e) below, a video component that allows a licensee to see a patient and the patient to see the licensee during the provision of health care services.
- d) A licensee providing services through telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of:
  - 1) Images;

- 2) Diagnostics;
  - 3) Data; and
  - 4) Medical or dental information.
- e) If, after accessing and reviewing the patient's medical and/or dental records, a licensee determines that he or she is able to meet the standard of care for such services if they were being provided in-person without using the video component described at (c) above, the licensee may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without a video component.
- f) Prior to providing services through telemedicine or telehealth, a licensed dentist shall review any medical history or medical or dental records provided by a patient as follows:
- 1) For an initial encounter with a patient, medical and dental history and dental records shall be reviewed prior to the provision of health care services through telemedicine or telehealth; and
  - 2) For any subsequent interactions with a patient, medical and dental history and dental records shall be reviewed either prior to the provision of health care services through telemedicine or telehealth or contemporaneously with the encounter with the patient.
- g) During and after the provision of health care services through telemedicine or telehealth, a licensed dentist, or another designated licensee, shall provide his or her name, professional credentials, and contact information to the patient. Such contact information shall enable the patient to contact the licensee for at least 72 hours following the provision of services, or for a longer period if warranted by the patient's circumstances and accepted standards of care.
- h) After the provision of health care services through telemedicine or telehealth, a licensed dentist shall, consistent with N.J.A.C. 13:30-8.7(e), provide the patient, upon request, with his or her dental records reflecting the services provided.
- i) A licensed dentist shall provide, upon a patient's written request, the patient's dental information to the patient's primary dental care provider or to other health care providers.
- j) A licensed dentist engaging in telemedicine or telehealth shall refer a patient for follow-up care when necessary.

- k) A licensed dental hygienist who engages in telemedicine or telehealth and who practices dental hygiene under general supervision shall comply with the provisions at N.J.A.C. 13:30-1A.4.

### **13:30-9.6 PRESCRIPTIONS**

- a) A licensed dentist shall not issue a prescription based solely on responses provided in an online questionnaire, unless the licensee has established a proper licensed dentist-patient relationship pursuant to N.J.A.C. 13:30-9.4.
- b) A licensed dentist shall not issue a prescription for a Schedule II controlled dangerous substance, unless the licensed dentist has had an initial in-person examination of the patient and a subsequent in-person visit with the patient at least every three months for the duration of the time the patient is prescribed the Schedule II controlled dangerous substance.

### **13:30-9.7 RECORDS**

A licensee who provides services through telemedicine or telehealth shall maintain a record of the care provided to a patient. Such records shall comply with the requirements at N.J.A.C. 13:30-8.7, and all other applicable State and Federal statutes, rules, and regulations for recordkeeping, confidentiality, and disclosure of a patient's dental record.

### **13:30-9.8 PREVENTION OF FRAUD AND ABUSE**

- a) In order to establish that a licensee has made a good faith effort to prevent fraud and abuse when providing services through telemedicine or telehealth, a licensee must establish written protocols that address:
  - 1) Authentication and authorization of users;
  - 2) Authentication of the patient during the initial intake pursuant to N.J.A.C. 13:30-9.4(a)1;
  - 3) Authentication of the origin of information;
  - 4) The prevention of unauthorized access to the system or information;
  - 5) System security, including the integrity of information that is collected, program integrity, and system integrity;
  - 6) Maintenance of documentation about system and information usage;

- 7) Information storage, maintenance, and transmission; and
- 8) Synchronization and verification of patient profile data.

### **13:30-9.9 PRIVACY AND NOTICE TO PATIENTS**

- a) Licensed dentists who communicate or who have staff communicate with patients by electronic communications other than telephone or facsimile shall establish written privacy practices that are consistent with Federal standards pursuant to 45 CFR 160 and 164, which are incorporated herein by reference, relating to privacy of individually identifiable health information.
- b) Written privacy practices required pursuant to (a) above shall include privacy and security measures that assure confidentiality and integrity of patient-identifiable information. Transmissions, including patient email, prescriptions, and laboratory results must be password protected, encrypted electronic prescriptions, or protected through substantially equivalent authentication techniques.
- c) A licensee, registrant, or other employee of the dentist who becomes aware of a breach in confidentiality of patient information, as defined at 45 CFR 164.402, shall comply with the reporting requirements at 45 CFR 164.
- d) Licensees, or their authorized representatives, shall provide a patient, prior to evaluation or treatment, with copies of written privacy practices and shall obtain the patient's written acknowledgement of receipt of the notice.
- e) Licensees who provide services through telemedicine or telehealth, or their authorized representatives, shall, prior to providing services, give patients notice regarding telemedicine and telehealth, including the risks and benefits of being treated through telemedicine or telehealth and how to receive follow-up care or assistance in the event of an adverse reaction to the treatment, or in the event of an inability to communicate as a result of a technological or equipment failure. A licensee shall obtain a signed and dated statement indicating that the patient received this notice.
- f) When telemedicine or telehealth is unable to provide all pertinent clinical information that a licensee exercising ordinary skill and care would deem reasonably necessary to provide care to a patient, the licensee shall inform the patient of this prior to the conclusion of the provision of care through telemedicine or telehealth and shall advise the patient regarding the need for the patient to obtain an additional in-person medical evaluation reasonably able to meet the patient's needs.