

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

DENTISTRY – GENERAL RULES

(By authority conferred on the director of the department of licensing and regulatory affairs by section 16631 of 1978 PA 368, MCL 333.16631 and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, and 2011-4, MCL 330.3101, 445.2001, 445.2011, and 445.2030)

PART 1. GENERAL PROVISIONS

R 338.11101 Definitions.

Rule 1101. As used in these rules:

(a) "Act" means 1978 PA 368, MCL 333.1101.

(b) "Analgesia" means the diminution or elimination of pain in the conscious patient.

(c) "Approved course" means a course offered by either a dental, dental hygiene, or dental assisting program accredited by the commission on dental accreditation of the American dental association and approved by the department, or as defined in section 16611 of the act.

(d) "Assignment" means that a dentist has designated a patient of record upon whom services are to be performed by an assistant, a registered dental assistant, or registered dental hygienist and has described the procedure to be performed. The dentist need not be physically present in the office or in the treatment room at the time the procedures are performed.

(e) "Assistant" means a nonlicensed person who may perform basic supportive procedures under the supervision of a dentist as provided in these rules.

(f) "Board" means the Michigan board of dentistry.

(g) "Conscious sedation" means a minimally depressed level of consciousness that retains a patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or a non-pharmacological method or a combination of both.

(h) "Combination inhalation-enteral conscious sedation" means conscious sedation using inhalation and enteral agents. Nitrous oxide/oxygen when used in combination with sedative agents may produce conscious or deep sedation or general anesthesia.

(i) "Dental school" means an institution that offers a curriculum that provides a core of required dental education, training, and experience, and includes at least 4 years of academic instruction or its equivalent leading to the degree of doctor of dental surgery or doctor of dental medicine. The dental school is a component of an institution of higher education that is accredited by an agency recognized by the United States department of education and that the American dental association's commission on dental accreditation has accredited as a dental education program.

(j) "Dentist" means a person licensed by the board under the act and these rules.

(k) "Direct supervision" means that a dentist has designated a patient of record upon whom services are to be performed by an assistant, registered dental assistant, or registered dental hygienist and has described the procedures to be performed. The dentist shall examine the patient before prescribing the procedure to be performed and again upon completion of the procedure. The dentist shall be physically present in the office at the time the procedures are performed.

(l) "Enteral" means any technique of administration in which the agent is absorbed through the gastrointestinal or oral mucosa.

(m) "General anesthesia" means the elimination of all sensations accompanied by a state of unconsciousness and loss of reflexes necessary to maintain a patient airway.

(n) "General supervision" means that a dentist has designated a patient of record upon whom services are to be performed. The dentist shall be physically present in the office at the time the procedures are being performed.

(o) "Licensed" means the possession of a full license to practice, unless otherwise stated.

(p) "Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

(q) "Office" means the building or suite in which dental treatment is performed.

(r) "Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal (gi) tract, such as intramuscular (im), intravenous (iv), intranasal (in), submucosal (sm), subcutaneous (sc), and intraocular (io).

(s) "Patient of record" means a patient who has been examined and diagnosed by a licensed dentist and whose treatment has been planned by a licensed dentist.

(t) "Public health service" means the United States public health service. A person applying for an exemption under this classification shall submit a certified copy of his or her official papers verifying active duty status.

(u) "Registered dental assistant" means a person licensed as such by the board under the act and these rules. A dental hygienist may perform the functions of a registered dental assistant if he or she is licensed by the board as a registered dental assistant.

(v) "Registered dental hygienist" means a person licensed as such by the board under the act and these rules.

(w) "Second pair of hands," as used in R 338.11109, means acts, tasks, functions, and procedures performed by a dental assistant, registered dental assistant, or registered dental hygienist at the direction of a dentist who is in the process of rendering dental services and treatment to a patient. The acts, tasks, functions, and procedures performed by a dental assistant, registered dental assistant, or registered dental hygienist are ancillary to the procedures performed by the dentist and intended to provide help and assistance at the time the procedures are performed. This definition shall not be deemed to expand the duties of the dental assistant, registered dental assistant, or registered dental hygienist as provided by the act and rules promulgated by the board.

(x) "Sedation" means the calming of a nervous, apprehensive individual, without inducing loss of consciousness, through the use of systemic drugs. Agents may be given orally, parenterally, or by inhalation.

(y) "Titration" means the administration of small incremental doses of a drug until a desired clinical effect is observed. In accordance with this definition, titration of oral

medication for the purposes of sedation is unpredictable. Repeated dosing of orally administered sedative agents may result in an alteration of the state of consciousness beyond the intent of the practitioner. The maximum recommended dose (mrd) of an oral medication shall not be exceeded. Facilities, personnel, and standards for enteral sedation are the same as those for parenteral sedation.

(z) "Treatment room" means the particular room or specific area in which the dental treatment is performed upon a patient.

History: 1984 AACS; 1989 AACS; 2006 AACS; 2011 AACS.

R 338.11103 Applicability of rules.

Rule 1103. These rules apply to dentists, registered dental assistants, and registered dental hygienists.

History: 1984 AACS.

R 338.11105 Rescinded.

History: 1984 AACS; 1997 AACS.

R 338.11107 Signs; disclosure of names of dentists practicing in an establishment.

Rule 1107. The name of the dentist actually practicing dentistry within an establishment shall be clearly disclosed by means of a sign or letting on or near a door, window, or wall of the establishment. If more than 1 dentist practices in a single establishment, the names of all the dentists practicing at the establishment shall be listed.

History: 1984 AACS.

R 338.11109 Second pair of hands.

Rule 1109. A person, while assisting a licensed dentist who at the time is actively performing services in the mouth of a patient, may function as a second pair of hands for the dentist.

History: 1984 AACS.

R 338.11115 Assessment of fines.

Rule 1115. (1) When a fine has been designated as an available sanction for a violation of sections 16221 to 16226 of the act, in the course of assessing a fine, the board shall take into consideration the following factors without limitation:

(a) The extent to which the licensee obtained financial benefit from any conduct comprising part of the violation found by the board.

(b) The willfulness of the conduct found to be part of the violation determined by the board.

(c) The public harm, actual or potential, caused by the violation found by the board.

(d) The cost incurred in investigating and proceeding against the license.

(2) A fine shall not exceed the sum of \$50,000.00 for each violation found to have been committed by the licensee.

History: 1989 AACS

#### R 338.11117 Violations of the act.

Rule 1117. All of the following activities are violations of the act:

(a) Abandonment of dental treatment of a patient of record without advising the patient of the necessity of immediate dental or medical treatment when needed and without advising the patient to seek treatment from another health professional is a violation of section 16221(a) of the act.

(b) Performance of dental treatment without the patient's express or implied consent or the express or implied consent of the patient's guardian is a violation of section 16221(a) of the act.

(c) Practicing or offering to practice professional responsibilities which the licensee knows or has reason to know he or she is not competent to perform is a violation of section 16221(a) and (b)(i) of the act.

(d) Practicing or offering to practice, without adequate supervision, professional services which the licensee is authorized to perform only under the supervision of a licensed dentist as provided for in these rules, except in an emergency situation where a person's life or health is in immediate danger, is a violation of section 16221(a) and (b)(i) of the act.

(e) Delegating or assigning professional responsibilities to a person when the licensee delegating or assigning such responsibilities knows or has reason to know that such person is not qualified by training, by experience, or by licensure to perform them is a violation of section 16221(a) and (b)(i) of the act.

(f) Failure to be present in the office as needed to supervise, or failure to provide needed level of supervision of, the work of an assistant, registered dental assistant, registered dental hygienist, or other employee not licensed as a dentist under the act is a violation of section 16221(a) of the act.

(g) Failure to provide the same level of emergency care at all offices or facilities is a violation of section 16221(a) of the act.

(h) It shall be deemed a violation of section 16221(c)(ii) of the act if a dentist allows his or her license to be used by a person who is unlawfully engaged in the practice of dentistry. "Person," as used in this rule, is defined in section 1106 of the act.

History: 1984 AACS.

#### R 338.11120 Dental treatment records; requirements.

Rule 1120. (1) A dentist shall make and maintain a dental treatment record on each patient.

(2) The dental treatment records for patients shall include all of the following information:

(a) Dental procedures performed upon the patient, including the charting of all restorations, missing teeth, or other developmental deformities.

(b) The date the procedure was performed.

(c) Identity of the dentist or the dental auxiliary performing each procedure.

(d) The date, dosage, and amount of any medication or drug prescribed, dispensed, or administered to the patient.

(e) Radiographs taken in the course of treatment. If radiographs are transferred to another dentist, the name and address of that dentist shall be entered in the treatment record.

(3) All dental treatment records shall be permanent and shall be maintained for not less than 10 years from the date of the last treatment provided.

History: 1989 AACCS.

R 338.11121 Scheduled controlled substances; inventory record requirements.

Rule 1121. (1) When a controlled substance, as described in article 7 of the act, is stocked in a dental office for dispensing or administering to a patient, an accurate inventory of the drug shall be maintained and include all of the following information:

(a) The date and quantity of the drug purchased.

(b) The amount, dosage, and date dispensed or administered.

(c) The name of the patient to whom it was dispensed or administered.

(2) The inventory record shall be available for inspection for not less than 10 years.

(3) The inventory record shall be in addition to the dental treatment records required by R 338.11120.

History: 1989 AACCS.

R 338.11199 Rescission.

Rule 1199. R 338.4101 to R 338.4555 of the Michigan Administrative Code, appearing on pages 2672 to 2693 of the 1979 Michigan Administrative Code, are rescinded.

History: 1984 AACCS.

## PART 2. LICENSURE

R 338.11201 Licensure by examination to practice dentistry; graduates of schools in compliance with board standards.

Rule 1201. An applicant for dentist licensure by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the requirements of the code and administrative rules promulgated under the code, an applicant for dentist licensure by examination shall meet all of the following requirements:

(a) Graduate from a dental school that is in compliance with the standards in R 338.11301.

(b) Pass all parts of the national board examination that is conducted and scored by the joint commission on national dental examinations in order to qualify for the licensing examination provided in subdivision (c) of this rule. The requirement does not apply to applicants who have graduated before 1950.

(c) Pass a dental simulated clinical written examination that is conducted and scored by the northeast regional board of dental examiners, incorporated, or a successor organization, and 1 of the following:

(i) Pass all parts of a clinical examination that is conducted and scored by the north east regional board of dental examiners, incorporated, or a successor organization, or pass all parts of a clinical examination that is conducted by a regional testing agency that is approved by the board.

(ii) Pass all parts of a clinical examination developed and scored by a state or other entity and that is substantially equivalent, as provided in R 338.11203(5), to the clinical examination of the north east regional board of dental examiners, incorporated, or a successor organization.

History: 1984 AACCS; 1989 AACCS; 1997 AACCS; 2006 AACCS.

R 338.11202 Licensure to practice dentistry; graduates of school not meeting board standards; requirements.

Rule 1202. An individual who graduated from a school of dentistry that does not comply with the standards provided in R 338.11301 may be licensed by the board if the individual meets all of the following requirements:

(a) Complies with section 16174 of the act.

(b) Presents to the board a final, official transcript establishing graduation from a school in which he or she has obtained a dental degree. If the transcript is issued in a language other than English, an original, official translation shall also be submitted.

(c) Meets one of the following requirements:

(i) Successfully completes a minimum 2-year program in dentistry in a dental school that complies with the standards in R 338.11301 and that leads to the awarding of a doctor of dental surgery (dds) or doctor of dental medicine (dmd) degree. The completion of the program shall be confirmed by the dean of the school attended or official transcripts from the dental school.

(ii) Successfully completes a minimum 2-year master's degree or certificate program in a dental school that complies with the standards in R 338.11301 and that leads to the awarding of a degree or certificate from a dental specialty program that complies with the standards in R 338.11501 and R 338.11503(b) and (c).

(d) Passes all parts of the national board examination that is conducted and scored by the joint commission on national dental examinations.

(e) Passes the dental simulated clinical written examination and a clinical examination, as described in R 338.11201(c).

History: 1989 AACCS; 1997 AACCS; 2006 AACCS.

R 338.11203 Dental examinations; required passing scores.

Rule 1203. (1) The board approves and adopts the examination developed and scored by the joint commission on national dental examinations. An applicant shall present evidence of passing each component of the examination with a converted score of not less than 75.

(2) The board approves and adopts the dental simulated clinical written examination developed and scored by the north east regional board of dental examiners, incorporated, or a successor organization. An applicant shall present evidence of passing each component of the examination with a converted score of not less than 75.

(3) The board approves and adopts the clinical examination developed and scored by the north east regional board of dental examiners, incorporated. A passing score on the clinical examination shall be the score recommended by the north east regional board of dental examiners, incorporated, or its successor organization. In no case shall the applicant present evidence of less than a converted score of 75 on each component of the examination.

(4) The board approves and adopts the clinical examinations of other regional testing agencies or state boards if the examinations are considered to be substantially equivalent to the clinical examination of the north east regional board of dental examiners, incorporated. A passing score on the clinical examination shall be the score recommended by the sponsoring organization. In no case shall the applicant present evidence of less than a converted score of 75 on each component of the examination.

(5) To determine substantial equivalency as specified in subrule (4) of this rule, the board shall consider factors such as the following:

- (a) Subject areas included.
- (b) Detail of material.
- (c) Comprehensiveness.
- (d) Length of an examination.
- (e) Degree of difficulty.

(6) To demonstrate substantial equivalency as specified in subrule (4) of this rule, an applicant may be required to submit, or cause to be submitted, materials such as the following:

(a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.

(b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards which were in effect at the time of the examination.

(c) An affidavit from a state licensing board or examination agency that describes the examination.

History: 1984 AACS; 1997 AACS; 2006 AACS.

R 338.11205 Rescinded.

History: 1984 AACS; 1997 AACS.

R 338.11207 Rescinded.

History: 1984 AACS; 1997 AACS.

R 338.11211 Rescinded.

History: 1984 AACS; 1997 AACS.

R 338.11215 Rescinded.

History: 1984 AACS; 1989 AACS; 1997 AACS.

R 338.11217 Rescinded.

History: 1984 AACS; 1989 AACS; 1997 AACS.

R 338.11219 Rescinded.

History: 1984 AACS; 1989 AACS; 1997 AACS.

R 338.11221 Licensure by examination to practice dental hygiene; requirements; graduates of schools in compliance with board standards.

Rule 1221. An applicant for dental hygienist licensure by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the requirements of the code and administrative rules promulgated under the code, an applicant for dental hygienist licensure by examination shall meet all of the following requirements:

(a) Graduate from a dental hygiene program in compliance with the standards in R 338.11303.



(b) Pass all parts of the dental hygiene national board examination that is conducted and scored by the joint commission on national dental examinations in order to qualify for the licensing examination provided for in subdivision (c) of this rule. The requirement does not apply to applicants who have graduated before 1962.

(c) Pass a dental hygiene simulated clinical written examination conducted and scored by the north east regional board of dental examiners, incorporated, or a successor organization, and 1 of the following:

(i) Pass all parts of a clinical examination that is conducted and scored by the north east regional board of dental examiners, incorporated, or a successor organization or pass all parts of a clinical examination that is conducted by a regional testing agency approved by the board.

(ii) Pass all parts of a clinical examination developed and scored by a state or other entity that is substantially equivalent to the clinical examination of the north east regional board of dental examiners, incorporated, or a successor organization.

History: 1984 AACS; 1997 AACS; 2006 AACS.

R 338.11222 Licensure to practice dental hygiene; graduates of schools not in compliance with board standards; requirements.

Rule 1222. An individual who graduated from a school of dental hygiene that is not in compliance with the standards provided in R 338.11303 may be licensed by the board if the individual meets all of the following requirements:

(a) Complies with section 16174 of the act.

(b) Presents to the board a final, official transcript establishing graduation from a school in which he or she has obtained a dental hygiene degree.

(c) Successfully completes a program in a dental hygiene school that is in compliance with R 338.11303. The completion of the program shall be confirmed by the administrator of the school attended.

(d) Passes all parts of the dental hygiene national board examination that is conducted and scored by the joint commission on national dental examinations.

(e) Passes a dental hygiene simulated clinical written examination conducted and scored by the north east regional board of dental examiners, incorporated, or a successor organization, and 1 of the following:

(i) Passes all parts of a clinical examination that is conducted and scored by the north east regional board of dental examiners, incorporated, or a successor organization or pass all parts of a clinical examination that is conducted by a regional testing agency approved by the board.

(ii) Passes all parts of a clinical examination developed and scored by a state or other entity that is substantially equivalent to the clinical examination of the north east regional board of dental examiners, incorporated, or a successor organization.

History: 1989 AACS; 1997 AACS; 2006 AACS.

R 338.11223 Registered dental hygienist examinations; passing scores.

Rule 1223. (1) The board approves and adopts the dental hygiene examination developed and scored by the joint commission on national dental examinations. An applicant shall present evidence of passing each component of the examination with a converted score of not less than 75.

(2) The board approves and adopts the dental hygiene simulated clinical written examination developed and scored by the northeast regional board of dental examiners, incorporated, or a successor organization. An applicant shall present evidence of passing each component of the examination with a converted score of not less than 75.

(3) The board approves and adopts the clinical examination developed and scored by the north east regional board of dental examiners, incorporated. A passing score on the clinical examination shall be the score recommended by the north east regional board of dental examiners, incorporated, or its successor organization. In no case shall the applicant present evidence of less than a converted score of 75 on each component of the examination.

(4) The board approves and adopts the clinical examinations of other regional testing agencies or state boards, if they are considered to be substantially equivalent. A passing score on the clinical examination shall be the score recommended by the sponsoring organization. In no case shall the applicant present evidence of less than a converted score of 75 on each component of the examination.

(5) To determine substantial equivalency, as specified in subrule (4) of this rule, the board shall consider factors such as the following:

- (a) Subject areas included.
- (b) Detail of material.
- (c) Comprehensiveness.
- (d) Length of an examination.
- (e) Degree of difficulty.

(6) To demonstrate substantial equivalency as specified in subrule (4) of this rule, an applicant may be required to submit, or cause to be submitted, materials such as the following:

(a) A copy of the examination booklet or description of the examination content and examination scores issued by the testing agency.

(b) An affidavit from the appropriate state licensing agency that describes the examination and sets forth the legal standards which were in effect at the time of the examination.

(c) An affidavit from a state licensing board or examination agency that describes the examination.

History: 1984 AACS; 1997 AACS; 2006 AACS.

R 338.11225 Rescinded.

History: 1984 AACS; 1997 AACS.

R 338.11227 Rescinded.

History: 1984 AACS; 1997 AACS.

R 338.11233 Registered dental hygienist; use of letters "R.D.H."; registered dental assistant; use of letters "R.D.A."

Rule 1233. (1) Pursuant to section 16264 of the act, the registered dental hygienist who has received a bona fide degree or certificate of dental hygiene from a duly recognized and accredited school of dental hygiene and who has completed all requirements for licensure may use the letters "R.D.H." after his or her name in connection with the practice of dental hygiene.

(2) Pursuant to section 16264 of the act, a registered dental assistant who has received a bona fide degree or certificate of dental assisting from a duly recognized and accredited school of dental assisting and who has completed all requirements for licensure may use the letters "R.D.A." after his or her name in connection with the practice of dental assisting.

History: 1984 AACS.

R 338.11235 Licensure to practice as a registered dental assistant; requirements.

Rule 1235. An individual applying for a license to practice as a registered dental assistant shall meet all of the following requirements:

- (a) Comply with section 16174 of the act.
- (b) Graduate or receive a certificate from a school which meets the standards set forth in R 338.11307.
- (c) Pass the board comprehensive and clinical examination.

History: 1984 AACS.

R 338.11239 Registered dental assistant examination; content; time; place; passing score.

Rule 1239. (1) The board shall conduct a written and clinical examination for individuals seeking licensure as a registered dental assistant.

(2) Examination for licensure as a registered dental assistant shall be both written and clinical and shall include, but not be limited to, all of the following:

- (a) Oral anatomy.
- (b) Law and rules governing dental auxiliaries.
- (c) Instrumentation and use of dental materials.
- (d) Mouth mirror inspection.
- (e) Rubber dam application.
- (f) Application of anticariogenics.
- (g) Placement and removal of temporary crowns and bands.
- (h) Radiography.

- (i) Periodontal dressings,; application, and removal.
  - (j) Removal of sutures.
  - (k) Construction of temporary crowns.
  - (l) Placing, condensing, and carving amalgam restorations.
  - (m) Making final impressions for indirect restorations.
  - (n) Assisting and monitoring in the administration of nitrous oxide analgesia.
  - (o) Placing, condensing, and carving intracoronal temporaries.
- (3) The examination shall be given at least once a year. The passing score for the examination shall be a converted score of 75 on each section.
- (4) A candidate who fails to achieve a passing score on all parts within an 18-month period shall reapply to take the entire clinical and written examination.

History: 1984 AACCS; 1989 AACCS; 2011 AACCS.

R 338.11241 Registered dental assisting licensure candidate who fails the clinical or comprehensive examination twice; requirements before reexamination.

Rule 1241. (1) Before being permitted to retake the clinical examination, a registered dental assisting licensure candidate who sustains 2 successive failures in the clinical examination shall be required to meet both of the following requirements subsequent to the last examination failed:

(a) The candidate shall present evidence of additional education consisting of a minimum of 20 hours of board-approved instruction, which shall be both didactic and clinical, in a school approved by the board.

(b) The course shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.

(2) Before being permitted to retake the comprehensive examination, a registered dental assisting licensure candidate who sustains 2 successive failures in the comprehensive section of the examination shall be required to meet both of the following requirements subsequent to the last examination failed:

(a) The candidate shall present evidence of additional education consisting of a minimum of 20 hours of board-approved instruction in a school approved by the board.

(b) The course shall be satisfactorily completed as evidenced by a certification by the dean or his or her appointee.

History: 1984 AACCS.

R 338.11245 Registered dental assisting licensure candidate who fails the examination 3 times; requirements before reexamination.

Rule 1245. Before being permitted to retake the examination, a registered dental assisting licensure candidate who fails any part of the examination 3 times shall be required by the board to return to an accredited school for 1 academic semester or term. The course of the 1 academic semester or term shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.

History: 1984 AACCS.

R 338.11247 Limited licenses; issuance; requirements.

Rule 1247. (1) The board may issue a limited license, under section 16182(2)(a) of the act, to an individual who is a graduate of a dental, dental hygiene, or dental assisting program approved by the board and who is enrolled or involved in a postgraduate course of study.

(2) The board may issue a limited license, under section 16182(2)(b) of the act, to an individual who is a graduate dentist, dental hygienist, or dental assistant who is employed by a dental program or a dental auxiliary program as a faculty member, and who functions only in a nonclinical academic research setting or in an administrative setting.

(3) The board may issue a limited license, under section 16182(2)(c) of the act, to an individual who is a graduate dentist, dental hygienist, or dental assistant and who is employed by a dental program or a dental auxiliary program as a faculty member.

(a) A limited licensed dentist or a limited licensed dental hygienist may perform dental procedures upon patients while employed as a faculty member by the dental or dental auxiliary program, if the procedures are performed under the general supervision of a faculty member who is a fully licensed dentist.

(b) A limited licensed dental assistant may perform dental procedures upon patients while employed as a faculty member of a dental or dental auxiliary program, if such procedures are performed under the general supervision of a faculty member who is fully licensed as a dentist and the limited licensed dental assistant has satisfied the 35 hours of additional education required under section 16611(7), (11), (12) and (13) of the code.

(4) An individual licensed under this rule shall not do either of the following:

(a) Hold himself or herself out to the public as being engaged in the practice of dentistry or the practice as a dental hygienist or a dental assistant, other than as a faculty member.

(b) Provide dental services outside his or her employment as a faculty member.

(5) An individual applying for a limited license under section 16182(2) of the act shall meet both of the following requirements:

(a) Comply with section 16174 of the act.

(b) Submit proof of graduation from an accredited school of dentistry, dental hygiene, or dental assisting or a certified copy of the diploma and transcript from a nonaccredited school of dentistry, dental hygiene, or dental assisting.

(c) Submit proof of appointment to a faculty position.

(6) Limited licenses shall be renewed annually at the discretion of the board.

History: 1984 AACCS; 2006 AACCS; 2011 AACCS.

R 338.11249 Rescinded.

History: 1984 AACCS; 1989 AACCS.

R 338.11253 Certification of renewal; display.

Rule 1253. A licensee shall display a currently renewed certificate of licensure in his or her principal place of practice. A licensee whose practice involves more than 1 office shall have his or her pocket card portion of the currently renewed certificate of licensure available for viewing upon request.

History: 1984 AACCS.

R 338.11255 Licensure by endorsement of dentist; requirements.

Rule 1255. (1) An applicant for licensure by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee. In addition, an applicant shall meet the requirements of the act and administrative rules promulgated under the act.

(2) An applicant who was first licensed in another state is presumed to have met the requirements of section 16186 of the act if he or she meets all of the following requirements:

(a) Graduated from a dental school that meets the standards in R 338.11301 and provides for the school to submit original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) Passed all phases of the national board examination for dentists, in sequence. This requirement is waived for persons who graduated from an accredited school before 1950.

(c) Verification of his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a dentist, which includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed on the applicant.

(d) Show proof of successful completion of 1 of the regional examinations as described in R 338.11203(2), (3), and (4). This requirement is waived for individuals who were licensed initially in another state before 2002 and who were not required to complete any regional examination as part of the initial licensing process as confirmed by the state in which the initial license was awarded.

(e) If an applicant was licensed as a dentist in another state that required the successful completion of a regional examination and the applicant has been practicing for a minimum of 5 years immediately preceding the application for licensure in Michigan, it is presumed that the applicant meets the requirements of subrule (2)(a), (b), and (d) of this rule.

(f) If an applicant is licensed as a dentist in another state that does not require the successful completion of a regional examination and the applicant has been practicing for a minimum of 5 years immediately preceding the application for licensure in Michigan, it is presumed that the applicant meets the requirements of subrule (2)(a) and (b) of this rule.

(3) The board may deny an application for licensure by endorsement upon finding the existence of a board action in any other state for a violation related to applicable

provisions of section 16221 of the act or upon determining that the applicant does not fulfill the requirements of section 16186 of the act.

History: 1989 AACS; 2006 AACS; 2011 AACS.

R 338.11259 Licensure by endorsement of dental hygienists; requirements.

Rule 1259. (1) An applicant for licensure by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee. In addition, an applicant shall meet the requirements of the code and administrative rules promulgated under the code.

(2) An applicant who was first licensed in another state is presumed to have met the requirements of section 16186 of the act, if he or she meets all of the following requirements:

(a) Graduated from a dental hygiene school that meets the standards provided in R 338.11303 and provides for the school to submit original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) Passed all phases of the national board examination for dental hygienists. This requirement is waived for persons who graduated from an accredited school before 1962.

(c) Verification of his or her license, on a form supplied by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a dental hygienist license which includes, but is not limited to, showing proof of having no record of final or pending disciplinary action against the applicant.

(d) Show proof of successful completion of a substantially equivalent written and clinical examination under R 338.11223(2), (3), and (4). This requirement is waived for individuals who were licensed initially in another state of the United States before 2002 and who were not required to complete any regional examination as part of the initial licensing process as confirmed by the state of the United States in which the initial license was awarded.

(e) If an applicant was licensed as a dental hygienist in another state that requires the successful completion of a regional examination and the applicant has been practicing for a minimum of 3 years immediately preceding the application for licensure in Michigan, it is presumed that the applicant meets the requirements of subrule (2)(a), (b), and (d) of this rule.

(f) If an applicant is licensed as a dental hygienist in another state that does not require the successful completion of a regional examination and the applicant has been practicing for a minimum of 3 years immediately preceding the application for licensure in Michigan, it is presumed that the applicant meets the requirement of subrule (2)(a) and (b) of this rule.

(3) The board may deny an application for licensure by endorsement upon finding the existence of a board action in any other state of the United States for a violation related to applicable provisions of section 16221 of the act or upon determining that the applicant does not fulfill the requirements of section 16186 of the act.

History: 1989 AACCS; 2006 AACCS; 2011 AACCS.

R 338.11261 Licensure by endorsement of registered dental assistants; requirements.

Rule 1261. (1) An applicant for licensure by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee. In addition, an applicant shall meet the requirements of the act and administrative rules promulgated under the act.

(2) An applicant who was first licensed or registered in another state for performance of expanded functions as described in R 338.11405 and R 338.11405(a) is presumed to have met the requirements of section 16186 of the act, if he or she meets all of the following requirements:

(a) Graduated from a dental assisting school that meets the standards provided in R 338.11307 and provide for the school to submit original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) Passed the Michigan registered dental assistant licensing examination or show proof of successful completion of a substantially equivalent written and clinical examination as specified under R 338.11239. To determine substantial equivalency, the board shall consider factors such as the following:

(i) Subject areas included.

(ii) Detail of material.

(iii) Comprehensiveness.

(iv) Length of examination.

(v) Degree of difficulty.

(c) To demonstrate substantial equivalency as specified in subdivision (b) of this subrule, the applicant may be required to submit or cause to be submitted such materials as the following:

(i) A certified copy of the examination.

(ii) An affidavit that describes the examination and sets forth the legal standards which were in effect at the time of the examination. The affidavit shall be issued by an official who is responsible for the state agency that administered the examination.

(iii) An affidavit that describes the examination and that was issued by an official with a state society or another organization that administered the examination.

(iv) Other credible evidence.

(d) Verification of his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license for performance of expanded functions which includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action against the applicant.

(3) A dental assistant who does not fulfill the requirements of subrule (2) of this rule shall not be eligible for licensure by endorsement in this state and shall comply with the provisions of R 338.11235.

(4) The board may deny an application for licensure by endorsement upon finding the existence of a board action in any other state of the United States for a violation related to applicable provisions of section 16221 of the act or upon determining that the applicant does not fulfill the requirements of section 16186 of the act.



History: 1989 AACCS; 2006 AACCS; 2011 AACCS.

R 338.11267 Licensure of specialty by endorsement; requirements.

Rule 1267. (1) A dentist applying for licensure of a specialty by endorsement shall hold a current Michigan dental license and shall comply with section 16186 of the act and all of the following requirements:

(a) Have graduated from a program in the specific specialty which meets the standards provided in R 338.11301 and submit original, official transcripts of professional education and documentation of graduation for board evaluation.

(b) Verification of his or her license, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current specialty license or ever held a specialty license, which includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed on the applicant.

(c) Show proof of diplomate status in the appropriate American board specialty examination or successful completion of a substantially equivalent clinical and written examination in the applicant's specialty. The board shall request the review of the applicant's examination documentation by representatives of the relevant specialty association or through the council of Michigan dental specialties. The specialty representative shall provide a statement to the board regarding the equivalence of the examination in comparison to the board approved examination for that specialty.

(2) To determine substantial equivalency as specified in subrule (1)(c) of this rule, the board shall consider such factors as the following:

- (a) Subject areas included.
- (b) Detail of material.
- (c) Comprehensiveness.
- (d) Length of the examination.
- (e) Degree of difficulty.

(3) To demonstrate substantial equivalency as specified in subrule (1)(c) of this rule, the applicant may be required to submit or cause to be submitted such materials as the following:

- (a) A certified copy of the examination.
- (b) An affidavit from the responsible official of the appropriate state agency describing the examination and setting forth the legal standards which were in effect at the time of the examination.
- (c) An affidavit describing the examination from the responsible official within a state society or another organization with knowledge of the examination.
- (d) Other credible evidence.

(4) A dentist who does not fulfill the requirements of subrule (1) of this rule shall not be eligible for licensure by endorsement in this state and shall be required to take the Michigan examination in the specific specialty as described in part 5 of these rules.

(5) The board may deny an application for licensure by endorsement upon finding the existence of a board action in any other state for a violation related to applicable

subdivisions of section 16221 of the act or upon determining that the applicant does not fulfill the requirements of section 16186 of the act.

History: 1989 AACS; 2011 AACS.

### PART 3. EDUCATION

R 338.11301 Approval of dental schools; standards; adoption by reference.

Rule 1301. (1) The board adopts by reference in these rules the standards of the commission on dental accreditation of the American dental association, as set forth in the publication entitled "Accreditation Standards for Dental Education Programs," copyright 1998 and revised 2005, as the standards by which the board shall determine whether to approve a school that complies with these standards. Certification by the commission on dental accreditation that a school complies with these standards constitutes a prima facie showing that the school complies with these standards. The board shall actively participate in the evaluation process.

(2) These standards may be obtained at no cost from the Commission on Dental Accreditation of the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P. O. Box 30670, Lansing, MI 48909.

History: 1984 AACS; 1997 AACS; 2006 AACS.

R 338.11303 Approval of dental hygiene schools; standards; adoption by reference.

Rule 1303. (1) The board adopts by reference in these rules the standards of the commission on dental accreditation of the American dental association, as set forth in the publication entitled "Accreditation Standards for Dental Hygiene Education Programs," copyright 1998 and revised 2005, as the standards by which the board shall determine whether to approve a school that prepares persons for licensure as dental hygienists.

Certification by the commission on dental accreditation that a school complies with these standards constitutes a prima facie showing that the school complies with these standards. The board shall actively participate in the evaluation process.

(2) These standards may be obtained at no cost from the Commission on Dental Accreditation of the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

History: 1984 AACS; 1997 AACS; 2006 AACS.

R 338.11307 Approval of dental assisting schools; standards; adoption by reference.

Rule 1307. (1) The board adopts by reference the standards of the commission on dental accreditation of the American dental association, as set forth in the publication entitled "Accreditation Standards for Dental Assisting Education Programs," copyright 1998 and revised 2005, as the standards by which the board shall determine whether to approve a school that complies with these standards. Certification by the commission on dental accreditation that a school complies with these standards constitutes a prima facie showing that the school complies with the standards. The board shall actively participate in the evaluation process.

(2) These standards may be obtained at no cost from the Commission on Dental Accreditation of the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678 or at no cost from the association's website at <http://www.ada.org>. Copies of these standards are available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

History: 1984 AACS; 1997 AACS; 2006 AACS.

#### PART 4. DELEGATION, SUPERVISION, ASSIGNMENT

R 338.11401 Delegation or assignment of procedures by dentist to assistant, registered dental assistant, or registered dental hygienist; certain procedures prohibited.

Rule 1401. (1) A dentist shall not delegate or assign the following functions to an assistant or a registered dental assistant unless authorized by these rules or the code:

(a) Diagnosing, or prescribing for, any of the following:

(i) Disease.

(ii) Pain.

(iii) Deformity.

(iv) Deficiency.

(v) Injury.

(vi) Physical condition.

(b) Cutting of hard and soft tissue.

(c) Removal of any of the following:

(i) Accretions.

(ii) Stains.

(iii) Calculus deposits.

(d) Deep scaling.

(e) Root planing.

(f) Any intra-oral restorative procedures.

(g) Administration of any of the following:

(i) Local anesthesia.

- (ii) Nitrous oxide analgesia.
  - (iii) Acupuncture.
  - (h) Irrigation and medication of root canals, try-in of cones or points, filing, or filling of root canals.
  - (i) Taking impressions for any purpose other than study or opposing models.
  - (j) Permanent cementation of any restoration or appliance.
- (2) A dentist shall not assign to a registered dental hygienist the procedures described in subrule (1) (a), (b), (f), (g), (h), (i), and (j) of this rule unless authorized by these rules or the code.

History: 1984 AACS; 1998-2000 AACS.

R 338.11403 Assistant; delegation of intra-oral procedures under general supervision.

Rule 1403. (1) The following intra-oral procedures shall not be delegated to an assistant unless the procedures are performed under general supervision:

- (a) Trial sizing of orthodontic bands.
- (b) Holding the matrix for anterior resin restorations.
- (c) Making impressions for study and opposing models.
- (d) Applying of topical anesthetic solutions (nonaerosol).
- (e) Instructing in the use and care of dental appliances.
- (f) Operating dental radiographic equipment if the assistant has successfully completed a course in dental radiography which is substantially equivalent to a course taught in a program approved by the board pursuant to R 338.11303 or R 338.11307. This subdivision takes effect July 26, 1992.

History: 1984 AACS; 1989 AACS; 2006 AACS.

R 338.11404 Dental assistant; delegation of intra-oral procedures under direct supervision.

Rule 1404. The following intra-oral procedures shall be delegated to a dental assistant only if the procedures are performed under direct supervision:

- (a) Placing and removing orthodontic separators.
- (b) Placing and removing orthodontic elastics, ligatures, and arch wires.
- (c) Dispensing aligners.

History: 2006 AACS; 2011 AACS.

R 338.11404a Registered dental assistant; performance of intra-oral procedures under assignment.

Rule 1404a. A dentist may assign to a registered dental assistant the following intra-oral dental procedures, if they are performed under the assignment of a dentist, as defined in R 338.11101:

- (a) Operating dental radiographic equipment.
- (b) Making impressions for study and opposing models.
- (c) Placing and removing a rubber dam.
- (d) Removing excess cement from supragingival surfaces of a tooth with a non-rotary instrument.
- (e) Polishing specific teeth with a slow-speed rotary hand piece immediately before a procedure that would require acid etching before placement of sealants, resin-bonded orthodontic appliances, and direct restorations.
- (f) Applying anticarcinogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications.
- (g) Polishing and contouring of sealants with a slow-speed rotary hand piece immediately following the procedure for the purpose of occlusal adjustment.
- (h) Inspecting and charting of the oral cavity using a mouth mirror and radiographs.
- (i) Replacing existing temporary restorations and existing temporary crowns and temporary bridges.
- (j) Removing orthodontic elastics, ligatures, and elastic or wire separators.
- (k) Replacing elastic or wire separators.

History: 2011 AACS.

R 338.11405 Registered dental assistant; performance of intra-oral procedures under general supervision.

Rule 1405. (1) A dentist shall assign the intra-oral dental procedures detailed in R 338.11403(1) and the following additional intra-oral procedures to a registered dental assistant only if the procedures are performed under the general supervision of a dentist:

(a) Placing and removing a nonmetallic temporary restoration with nonrotary instruments.

(b) Sizing of temporary crowns and bands.

(2) A dentist shall assign the following additional intra-oral procedures to a registered dental assistant only if the registered dental assistant has successfully completed an approved course, as defined in section 16611(12) and (13) of the act. The following procedures shall be performed under the general supervision of a dentist:

(a) Performing pulp vitality testing.

(b) Placing and removing matrices and wedges.

(c) Applying cavity liners and bases.

(d) Placing and removing nonpinephrine retraction cords.

(e) Applying desensitizing agents.

(f) Making an impression for orthodontic appliances, mouth guards, bite splints, and bleaching trays.

(g) Drying endodontic canals with absorbent points.

(h) Etching and placing adhesives before placement of orthodontic brackets.

History: 1984 AACS; 1998-2000 AACS; 2006 AACS; 2011 AACS.

R 338.11405a Registered dental assistant; assignment of intra-oral procedures under direct supervision.

Rule 1405a. (1) A dentist shall assign the following intra-oral dental procedures to a registered dental assistant only if the procedures are performed under the direct supervision of a dentist:

- (a) Placing and removing periodontal dressings.
- (b) Temporarily cementing and removing temporary crowns and bands.
- (c) Removing sutures.
- (d) Applying in-office bleaching.
- (e) Cementing orthodontic bands or initial placement of orthodontic brackets.

(2) A dentist shall assign the following intra-oral procedures to a registered dental assistant only if the registered dental assistant has successfully completed an approved course, as defined in section 16611(11) of the act, followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a criterion-based assessment instrument. The following procedures shall be performed under the direct supervision of a dentist:

- (a) Placing, condensing, and carving amalgam restorations.
- (b) Making final impressions for indirect restorations.

(3) A dentist shall assign the assisting and monitoring of the administration of nitrous oxide analgesia by the dentist or registered dental hygienist to a registered dental assistant only if the registered dental assistant has successfully completed an approved course, as defined in section 16611(7) of the act, in the assisting and monitoring of the administration of nitrous oxide analgesia. This procedure shall be performed under the direct supervision of a dentist.

(4) Except for the procedures described in R 338.11405 and this rule, a dentist shall not assign intra-oral procedures to a registered dental assistant.

History: 2006 AACS; 2011 AACS.

R 338.11406 Assignment of intra-oral procedures to registered dental hygienist.

Rule 1406. The intra-oral procedures listed in R 338.11405(1)(b) and (f) and shall not be assigned to a registered dental hygienist unless the registered dental hygienist is also licensed as a registered dental assistant under R 338.11235.

History: 1984 AACS; 2006 AACS.

R 338.11408 Registered dental hygienist; performance of intra-oral procedures under assignment of dentist.

Rule 1408. (1) A registered dental hygienist shall not perform the following intra-oral dental procedures only if the procedures are performed under the assignment of a dentist as defined in section 16601 of the code:

- (a) Removing accretions and stains from the surfaces of the teeth and applying of topical agents essential to complete prophylaxis.
- (b) Root planning or debridement.

- (c) Polishing and contouring restorations.
- (d) Applying anticariogenic and desensitizing agents including, but not limited to, sealants, fluoride varnish, and fluoride applications.
- (e) Charting of the oral cavity, including all of the following:
  - (i) Periodontal charting.
  - (ii) Intra- and extra-oral examining of soft tissue.
  - (iii) Charting of radiolucencies or radiopacities, existing restorations, and missing teeth.
- (f) Preliminary examining that includes both of the following:
  - (i) Classifying occlusion.
  - (ii) Testing pulp vitality using an electric pulp tester.
- (g) Applying nonaerosol and noncaustic topical anesthetic agents by prescription of the dentist.
- (h) Placing and removing intra-coronal temporary sedative dressings.
- (i) Taking intra-oral measurements for orthodontic procedures.
- (j) Placing and removing postextraction and periodontal dressings.
- (k) Removing excess cement from tooth surfaces.
- (l) Providing nutritional counseling for oral health and maintenance.
- (m) Applying commonly accepted emergency procedures.
- (n) Removing sutures.
- (o) Placing and removing a rubber dam.
- (p) Making impressions for study or opposing models, orthodontic appliances, mouth guards, bite splints, and bleaching trays.
- (q) Operating dental radiographic equipment.
- (r) Placing subgingival medicaments.
- (s) Temporarily cementing and removing of temporary crowns and bands.
- (t) Applying or dispensing in-office bleaching products.

History: 1984 AACCS; 1998-2000 AACCS; 2006 AACCS; 2011 AACCS.

R 338.11409 Registered dental hygienist; assignment of intra-oral procedures under direct supervision.

Rule 1409. (1) A registered dental hygienist shall not perform the following intra-oral dental procedures unless the procedures are performed under the direct supervision of a dentist as defined in section 16601 of the code:

- (a) Performing soft tissue curettage.
- (b) Administering intra-oral block or infiltration anesthesia or nitrous oxide analgesia or both to a patient 18 years of age or older and only if the registered dental hygienist has met the following requirements:
  - (i) Successfully completed an approved course, as defined in section 16611(4) of the act, in the administration of local anesthesia and/or nitrous oxide analgesia.
  - (ii) Successfully completed a state or regional board administered written examination in local anesthesia within 18 months of completion of the approved course.

(iii) Successfully completed a state or regional board administered written examination on nitrous oxide analgesia, within 18 months of completion of the approved course, if such an examination exists.

(iv) Maintains and provides evidence of current certification in basic or advanced cardiac life support.

(2) A dental hygienist who meets the requirements of this rule may not administer more than 50% nitrous oxide.

History: 2006 AACS; 2011 AACS.

## PART 5. SPECIALTIES

R 338.11501 Specialties; recognition by the board.

Rule 1501. (1) The board recognizes all of the following branches of dentistry as specialties:

- (a) Oral and maxillofacial surgery.
- (b) Orthodontics or orthodontics and dentofacial orthopedics.
- (c) Prosthodontics.
- (d) Periodontics.
- (e) Pediatric dentistry.
- (f) Endodontics.
- (g) Oral pathology or oral and maxillofacial pathology.

(2) Each dental specialty recognized by the board is identified by the definition of each specialty as stated in these rules, and by the standards set forth by the commission on dental accreditation under R 338.11301.

History: 1984 AACS; 1994 AACS; 2011 AACS.

R 338.11503 Eligibility to qualify for state board specialty examination; exception.

Rule 1503. (1) To be eligible to take the state board specialty examination, an applicant shall comply with all of the following requirements:

- (a) Possess a current license to practice dentistry in Michigan.
- (b) Fulfill the requirements in these rules for that specialty.
- (c) Submit evidence of completion or anticipated completion within 90 days of the examination date from the dean or hospital administrator of a graduate program of dentistry that is approved by the board under R 338.11301.
- (d) Submit a completed application on a form provided by the department, together with the requisite fee not less than 45 days before the examination.

(2) An applicant for licensure in oral pathology, pediatric dentistry, or prosthodontics is not required to take a state board specialty examination.

History: 1984 AACS; 1994 AACS; 2011 AACS.



R 338.11505 Specialty licensure; general requirements.

Rule 1505. An applicant for a specialty license shall comply with all of the following requirements:

(a) Submit a final official transcript of dental postgraduate training from a graduate program of dentistry approved by the board under R 338.11301 or, in the case of a hospital program that does not issue transcripts, certification by the hospital administrator or other official of the satisfactory completion of the program.

(b) Except as provided in R 338.11503(2), secure a minimum converted score of 75 in the state board written and clinical examination in the specific specialty under these rules. Submission of verification that an applicant for specialty licensure has successfully passed the American board written examination is satisfactory compliance with the requirement for the written portion of the state board examination for licensure in Michigan for the applicant's specialty.

(c) The provisions of subdivision (b) of this rule are waived if the applicant has provided satisfactory evidence of the successful completion of either of the following:

(i) Diplomate status in the appropriate American board specialty association through completion of the American board specialty examinations.

(ii) An examination deemed substantially equivalent to the Michigan examination as provided in R 338.11267.

History: 1984 AACS; 1989 AACS; 1994 AACS; 2011 MR 4, Eff. Feb. 23, 2011.

R 338.11507 Examination failure; candidate for licensure as specialist.

Rule 1507. (1) An applicant who has failed a Michigan specialty licensure examination may apply for reexamination.

(2) An applicant who fails to pass the examination upon the first attempt shall be given credit for the subjects passed and may take the examination a second time. Credits given for subjects passed shall apply to the second attempt only provided it is taken within 18 months of the date of notification of failure.

(3) If the applicant fails to pass the examination on the second attempt, the applicant shall, on any subsequent attempt, take the entire examination.

(4) If the applicant is unsuccessful on the second attempt, the applicant shall comply with R 338.11509.

(5) If the applicant is unsuccessful on the third attempt, the applicant may not retake the examination for 1 year and shall comply with R 338.11511.

History: 1984 AACS; 2011 AACS.

R 338.11509 Dental specialty licensure candidate failing examination twice; requirements before reexamination.

Rule 1509. Any candidate for licensure as a dental specialist who sustains 2 successive failures in a Michigan specialty examination shall present evidence of additional education in the area in which the failure occurred. The additional education shall

consist of a minimum of 40 clock hours of board-approved clinical instructions, which shall be both didactic and practical, shall be in a dental program or hospital approved by the board, and shall be completed subsequent to the date of the last examination failed. A proposed plan shall be submitted for approval by the board or board designee before starting the additional education. The additional education shall be satisfactorily completed as evidenced by certification by the program dean or designated appointee.

History: 1984 AACCS; 2011 AACCS.

R 338.11511 Dental specialty licensure candidate failing examination 3 times; requirements before reexamination.

Rule 1511. Before being permitted to retake the examination, a dental specialty licensure candidate who fails a Michigan specialty examination 3 times shall be required by the board to return to an accredited program for 1 academic year. The program shall be satisfactorily completed as evidenced by certification by the dean or designated appointee.

History: 1984 AACCS; 2011 AACCS.

R 338.11512 Oral and maxillofacial pathology explained; licensure requirements.

Rule 1512. (1) The practice of oral and maxillofacial pathology deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The term "oral and maxillofacial pathology" shall mean the same as the term "oral pathology."

(2) The specialty of oral and maxillofacial pathology shall include, but not be limited to, the research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(3) An applicant for licensure as an oral and maxillofacial pathologist shall meet all of the following requirements:

(a) Hold a current license to practice dentistry in Michigan.

(b) Have graduated from a program of oral and maxillofacial pathology approved by the board under R 338.11301.

(c) Provide verification of a passing score on the specialty certification examination which is conducted and scored by the American board of oral and maxillofacial pathology.

History: 1994 AACCS; 2011 AACCS.

R 338.11513 Oral and maxillofacial surgery explained; licensure requirements; examination content.

Rule 1513. (1) The practice of oral and maxillofacial surgery includes the diagnosis, surgical and adjunctive treatment of diseases, injuries, and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(2) The specialty of oral and maxillofacial surgery shall include, but not be limited to, the care, treatment, and procedures associated with an office and hospital-based practice under R 338.11301.

(3) A dentist who applies for licensure as an oral and maxillofacial surgeon shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in Michigan.

(b) Have completed a residency in oral and maxillofacial surgery approved by the board under R 338.11301.

(c) Have completed an examination for licensure as an oral and maxillofacial surgeon that shall include, but not be limited to, a written and clinical examination as defined by the board. The examination shall include, but not be limited to, both of the following:

(i) The written examination covering all of the following topics:

(A) Anatomy.

(B) Radiology.

(C) Pathology.

(D) Local anesthesia.

(E) General anesthesia.

(F) Major surgical procedures.

(G) History and physical evaluation for admitting patients to the hospital.

(H) Management of hospitalized patient.

(I) Intra-oral surgery including infections.

(d) The clinical examination including, but not limited to, the following:

(i) Completion and submission of case histories documented by the hospital administrator and the respective chief of oral and maxillofacial surgery. These case histories shall be representative of major oral and maxillofacial surgery.

(ii) An oral examination.

(5) A dentist who applies for licensure as an oral and maxillofacial surgeon shall comply with R 338.11505.

History: 1984 AACCS; 2011 AACCS.

R 338.11515 Orthodontics and orthodontics and dentofacial orthopedics explained; licensure requirements; examination content.

Rule 1515. (1) The practice of orthodontics includes the diagnosis, prevention, interception, and correction of malocclusion, as well as the neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. The term "orthodontics and dentofacial orthopedics" means the same as the term "orthodontics."

(2) The specialty of orthodontics shall include, but not be limited to, all of the following:

(a) The diagnosis, prevention, interception, and comprehensive treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures.

(b) The design, application, and control of functional and corrective appliances.

(c) The growth guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(3) A dentist who desires licensure as an orthodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in Michigan.

(b) Have graduated from a program of orthodontics approved by the board under R 338.11301.

(c) Have completed an examination for licensure as an orthodontist that shall include, but not be limited to, a written and clinical examination as defined by the board. Both of the following apply:

(i) The written test shall be the written portion of the specialty certification examination conducted and scored by the American board of orthodontics (abo) written examination known as Phase II or equivalent successor examination.

(ii) The clinical examination shall include, but not be limited to, the following:

(A) Submission and defense by oral examination of 5 case histories, presented in American board of orthodontics format, by not less than 2 examiners. These case histories shall be completed cases solely diagnosed, treatment planned, treated and retained by the candidate with at least 1 non-extraction case and 1 adult tooth extraction case. Recent graduates may, instead of 2 of the completed cases, submit records of 2 patients in treatment for each completed case that is not available. A minimum of 3 completed cases shall be presented.

(B) Demonstration of satisfactory knowledge of wire bending and ability to fabricate first, second, and third degree ideal arch wire bends to accommodate a zero prescription appliance.

(C) Diagnosis and treatment planning of patients that are provided by the examiner, using complete diagnostic records as recommended by the American board of orthodontics.

(D) Oral examination.

(5) A dentist who desires licensure as an orthodontist shall comply with R 338.11505.

History: 1984 AACCS; 2011 AACCS.

R 338.11517 Prosthodontics explained; licensure requirements; examination content.

Rule 1517. (1) The practice of prosthodontics includes the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance, and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes.

(2) The specialty of prosthodontics shall include, but not be limited to, the restoration and maintenance of oral function, comfort, appearance, and health of the patient by the

restoration of natural teeth and the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

(3) A dentist who desires licensure as a prosthodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in Michigan.

(b) Have graduated from a program of prosthodontics approved by the board under R 338.11301.

(c) Provide verification of a passing score on the specialty certification examination which is conducted and scored by the American board of prosthodontics.

(4) A dentist who desires licensure as a prosthodontist shall comply with R 338.11505.

History: 1984 AACCS; 1998-2000 AACCS; 2011 AACCS.

R 338.11519 Periodontics explained; licensure requirements; examination content.

Rule 1519. (1) The practice of periodontics includes the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function, and esthetics of these structures and tissues.

(2) A dentist who desires licensure as a periodontist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in Michigan.

(b) Have graduated from a program of periodontics approved by the board under R 338.11301.

(c) Provide verification of a passing score on an examination for licensure as a periodontist that shall include, but not be limited to, a written and a clinical examination as defined by the board. Both of the following apply:

(i) The written examination shall include, but not be limited to, all of the following:

(A) Histology.

(B) Pathology.

(C) Cell biology.

(D) Pharmacology.

(E) Oral physiology.

(F) Oral bacteriology.

(G) Physiology of occlusion.

(H) Surgical anatomy of the head and neck.

(I) Dental materials in restorative dentistry.

(J) Pathology and radiology of periodontal disease.

(K) Pathology of caries, pulp, periapical diseases.

(L) Dental implants.

(ii) The clinical examination shall include, but not be limited to, all of the following:

(A) Completion and submission of patient histories for evaluation of treatment for periodontal disease submitted in the American board of periodontics format by not less than 2 examiners.

(B) Diagnosis and treatment planning of patients that are provided by the examiner, using complete diagnostic records as recommended by the American board of periodontics for evaluation by not less than 2 examiners.

(C) An oral examination.

(3) A dentist who desires licensure as a periodontist shall comply with R 338.11505.

History: 1984 AACCS; 2011 AACCS.

R 338.11521 Pediatric dentistry explained; licensure requirements; examination content.

Rule 1521. (1) The practice of pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(2) A dentist who desires licensure as a pediatric dentist shall comply with all of the following requirements:

(a) Hold a current license to practice dentistry in Michigan.

(b) Have graduated from a program of pediatric dentistry approved by the board under R 338.11301.

(c) Provide verification of a passing score on the written examination used for specialty certification which is conducted and scored by the American board of pediatric dentistry since 2005 or provide documentation of diplomate status with the American board of pediatric dentistry.

(3) A dentist who desires licensure as a pediatric dentist shall comply with R 338.11505.

History: 1984 AACCS; 2011 AACCS.

R 338.11523 Endodontics explained; licensure requirements; examination content.

Rule 1523. (1) The practice of endodontics includes the morphology, physiology, and pathology of the human dental pulp and periradicular tissues. Its study encompasses related basic and clinical sciences, including the biology of the normal pulp and the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(2) The specialty of endodontics shall include all of the following:

(a) Pulpotomy.

(b) Pulp capping.

(c) Hemisections.

(d) Pulp extirpation.

(e) Root amputations.

(f) Implants.

(g) Treatment of the pulp canals.

(h) Bleaching of discolored teeth.

(i) Obturation of canals of the teeth.

- (j) Replantation and intentional replantation.
  - (k) Periapical and lateral pathosis of pulpal origin.
  - (l) Selective surgical removal of lesions of endodontic origin and affected teeth.
  - (m) Differential diagnosis and control of pain of pulpal origin.
  - (n) Pulp restoration.
- (3) A dentist who desires licensure as an endodontist shall comply with all of the following requirements:
- (a) Hold a current license to practice dentistry in Michigan.
  - (b) Have graduated from a program of endodontics approved by the board under R 338.11301.
  - (c) Provide verification of a passing score on an examination for licensure as an endodontist that shall include both a written and a clinical examination, as defined by the board in the examination brochure. All of the following apply:
    - (i) The written examination shall include, but not be limited to, all of the following:
      - (A) Radiology.
      - (B) Cell biology.
      - (C) Pharmacology.
      - (D) Oral pathology.
      - (E) Trauma.
      - (F) Local anesthesia.
      - (G) Surgical anatomy.
      - (H) Orofacial pain.
      - (I) Endodontic surgery.
      - (J) Head and neck anatomy.
      - (K) Oral and maxillofacial surgery.
      - (L) Dental materials in endodontics.
      - (M) Oral physiology, histology, and physiology.
    - (ii) The clinical examination shall include, but not be limited to, all of the following:
      - (A) Submission and defense of patient case histories and treatment plans for evaluation by not less than 2 examiners. This paragraph includes the completion and presentation of 16 case histories with complete radiographs before and after completion of the cases which shall include all of the following:
        - (i) Eight molars.
        - (ii) Two premolars.
        - (iii) Two atypical treatment cases.
        - (iv) Two surgical cases, 1 of which shall be a posterior case.
        - (v) Two retreatment cases.
      - (B) An oral examination.
- (5) A dentist who desires licensure as an endodontist shall comply with R 338.11505.

History: 1984 AACCS; 2011 AACCS.

R 338.11525 Specialists; holding self out to public.

Rule 1525. (1) A dentist who is not licensed as a specialist by the board shall not announce or hold himself or herself out to the public as limiting his or her practice to, as

being specially qualified in, or as giving special attention to, a branch of dentistry. A dentist is considered to be holding himself or herself out as a specialist in either of the following situations:

(a) When, in any way, he or she gives public emphasis to the practice of some particular specialty of dentistry without disclosing that he or she is a dentist who is not licensed as a specialist.

(b) When he or she identifies himself or herself with a specialty, whether or not he or she claims special attention to, or a practice limited to, the specialty or if he or she employs the use of signs, professional cards, letterheads, other listings, or letters to the public or the profession which, in any way, implies special knowledge or ability in a specialty. This subdivision does not apply to specialists who are advertising in the specialty for which they are licensed. For purposes of this subrule, a specialist who advertises services in an area other than his or her specialty is considered a general dentist and shall comply with the provisions of subdivision (a) of this subrule.

(2) A dentist who is licensed as a specialist shall include his or her license number in all public advertisements for that specialty, including, but not limited to, telephone books, solicitations, print media, newspapers, and internet advertising.

(3) Identification as an employer, employee, or partner, with an individual who is duly licensed as a specialist by the board constitutes announcement to the public of qualifications for specialization, unless the individual so associating himself or herself publicly states, by signs, cards, or announcements, that he or she is engaged in the practice of general dentistry or the practice of some other specialty of dentistry in which he or she is duly licensed.

History: 1984 AACS; 1994 AACS; 2011 AACS.

R 338.11527 Dental license suspension or revocation; automatic suspension or revocation of specialty licensure.

Rule 1527. The suspension or revocation of the dental license of a dentist shall automatically cause the suspension or revocation of a specialty licensure issued to that dentist under the act and these rules.

History: 1984 AACS; 2011 AACS.

## PART 6. GENERAL ANESTHESIA AND INTRAVENOUS CONSCIOUS SEDATION AND ENTERAL SEDATION

R 338.11601 General anesthesia; conditions; violation.

Rule 1601. (1) A dentist shall not administer general anesthesia to a dental patient or delegate and supervise the performance of any act, task, or function involved in the administration of general anesthesia to a dental patient, unless all of the following conditions are satisfied:



(a) The dentist has completed a minimum of 1 year of advanced training in general anesthesia and pain control in a program which meets the standards adopted in R 338.11603(1). This subdivision takes effect 1 year after the effective date of this amendatory rule.

(b) The dentist and the delegatee, if any, maintain current certification in basic and advanced cardiac life support from an agency or organization that grants such certification pursuant to standards substantially equivalent to the standards adopted in R 338.11603(3).

(c) The facility in which the anesthesia is administered meets the equipment standards adopted in R 338.11603(4).

(d) The dentist shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the premises until such patient is capable of being discharged.

(2) A dentist who does not meet the requirements of subrule (1) of this rule shall not offer general anesthesia services for dental patients unless all of the following conditions are met:

(a) General anesthesia services are directly provided through association with, and by, either of the following individuals:

(i) A physician who is licensed under the provisions of part 170 or 175 of the act and who is a member in good standing on the anesthesiology staff of a hospital accredited by the joint commission on accreditation of hospitals.

(ii) A dentist who meets the requirements of subrule (1)(a) and (b) of this rule.

(b) A person who administers anesthesia, as authorized by the provisions of subdivision (a) of this subrule, shall be physically present with the patient who is given any general anesthesia until he or she regains consciousness and the dentist shall remain on the actual premises where the general anesthesia is administered until the patient anesthetized is capable of being discharged.

(c) The provisions of subrule (1)(b) and (c) of this rule shall be complied with.

(3) A dentist is in violation of section 16221(1)(g) of the act if he or she administers general anesthesia to a dental patient or delegates and supervises the performance of any act, task, or function involved in the administration of general anesthesia to a dental patient or offers general anesthesia services for dental patients without being in compliance with subrules (1) and (2) of this rule.

History: 1990 AACCS; 2011 AACCS.

R 338.11602 Intravenous conscious sedation; conditions; violations.

Rule 1602. (1) A dentist shall not administer intravenous conscious sedation to a dental patient or delegate and supervise the performance of any act or function involved in the administration of intravenous conscious sedation to a dental patient unless 1 of the following conditions is satisfied:

(a) The dentist complies with R 338.11601(1) or (2).

(b) The dentist complies with both of the following provisions:

(i) The dentist has completed a minimum of 60 hours of training in intravenous conscious sedation and related academic subjects, including a minimum of 40 hours

of supervised clinical instruction in which the individual has sedated not less than 20 cases in a course that is in compliance with the standards adopted in R 338.11603(2).

(ii) The dentist and the delegatee, if any, maintains current certification in basic or advanced cardiac life support from an agency or organization that grants such certification under standards substantially equivalent to the standards adopted in R 338.11603(3).

(c) The facility in which the anesthesia is administered complies with the equipment standards adopted in R 338.11603(4).

(2) A dentist is in violation of section 16221(1)(g) of the act if he or she administers intravenous conscious sedation to a dental patient or delegates and supervises the performance of any act, task, or function involved in the administration of intravenous conscious sedation to a dental patient without complying with the provisions of subrule (1) of this rule.

History: 1990 AACCS; 1997 AACCS; 2011 AACCS.

R 338.11603 Adoption of standards; effect of certification of programs.

Rule 1603. (1) The board adopts the standards for advanced training in anesthesia and pain control set forth by the commission on dental education of the American dental association in part 2 of the publication entitled "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry," October 2003 edition. Part 2 of the guidelines may be obtained at no cost from the Commission on Dental Education, American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611, or on the association's website at <http://www.ada.org/prof/resources>. A copy of the standards is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Certification of programs by the council on dental education as meeting the standards adopted constitutes a prima facie showing that the program is in compliance with the standards.

(2) The board adopts the standards for training in intravenous conscious sedation and related subjects set forth by the council on dental education of the American dental association in part 1 of the publication entitled "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry," October 2003 edition. Part 1 of the guidelines may be obtained at no cost from the Commission on Dental Education, American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611, or on the association's website at <http://www.ada.org/prof/resources>. A copy of the standards is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Certification of programs by the council on dental education as meeting the standards adopted constitutes a prima facie showing that the program is in compliance with the standards.

(3) The board adopts the standards for credentialing in basic and advanced life support set forth by the American heart association in the guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers and published in "Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular

Care (70-2041). A copy of the guidelines for cardiopulmonary resuscitation and emergency cardiac care may be obtained from the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231 or at <http://www.americanheart.org> at a cost of \$20.00 as of the adoption of these rules. A copy of this document is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(4) The board adopts the standards regarding the equipment within a facility set forth by the American association of oral and maxillofacial surgeons in the publication entitled "Office Anesthesia Evaluation Manual," sixth edition. A copy of this manual may be obtained from the American Association of Oral and Maxillofacial Surgeons, 9700 West Bryn Mawr Avenue, Rosemont, IL 60018, or at the association's website at <http://www.aaoms.org> at a cost of \$95 for members and professional/allied staff, \$285 for nonmembers, and \$190 for institutions as of the adoption of these rules. A copy of this document is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

History: 1990 AACS; 1997 AACS; 2006 AACS; 2011 AACS.

R 338.11604 "Morbidity" and "Mortality" defined; reporting requirements.

Rule 1604. (1) As used in this rule:

(a) "Morbidity" means an incident that results in mental or physical impairment which is related to or results from the administration of general anesthesia or intravenous conscious sedation by a dentist, under the delegation and supervision of a dentist, or in a dental facility.

(b) "Mortality" means an incident that results in death related to the administration of general anesthesia or intravenous conscious sedation by a dentist, under the delegation and supervision of a dentist, or in a dental facility.

(2) A dentist shall file a morbidity report with the board within 30 days after the occurrence of an incident.

(3) A dentist shall file a mortality report with the board within 5 days after the occurrence of an incident.

(4) A dentist who fails to file a report as required by this rule is in violation of section 16221(l)(g) of the act.

History: 1990 AACS; 2011 AACS.

R 338.11605 Enteral sedation; requirements for approval of course and instructor.

Rule 1605. (1) A course in enteral sedation shall be approved by the board of dentistry and shall, at a minimum, be consistent with the enteral sedation course as outlined in the American dental association's educational guidelines "Part Three: Teaching the Comprehensive Control of Pain and Anxiety in a Continuing Education Program," October 2003, whose guidelines are adopted by the board. Such a course must provide training in patient assessment, recognition of emergencies and airway management,

including the ability to manage an unconscious airway. Part 3 of the guidelines may be obtained at no cost from the American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611 or on the association's website at <http://www.ada.org>. A copy of the guidelines is available for inspection and distribution at cost from the Michigan Board of Dentistry, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(2) An instructor of a course in enteral sedation shall be approved by the board of dentistry and shall have at least 3 years of experience which includes his or her formal postdoctoral training in anxiety and pain control.

(3) An instructor of an approved enteral sedation course shall certify the competency of a participant upon a participant's satisfactorily completing training in each conscious sedation technique, including instruction, clinical experience, and airway management.

History: 2006 AACCS; 2011 AACCS.

## PART 7. CONTINUING EDUCATION

R 338.11701 Renewal of a dentist license; requirements; applicability.

Rule 1701. (1) This rule applies to applications for the renewal of a dentist license under section 16201(1) and (2) of the act.

(2) An applicant for license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall possess current certification in basic or advanced cardiac life support from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(3) and shall comply with either of the following requirements, as applicable:

(a) For a dentist license, the applicant shall have completed not less than 60 hours of continuing education acceptable to the board during the 3-year period immediately preceding the date of the application. Each licensee shall complete a minimum of 20 hours of approved continuing education in programs directly related to clinical issues such as delivery of care, materials used in delivery of care, and pharmacology.

(b) Dental specialists shall have completed 20 hours of the 60 required board-approved continuing education hours in the dental specialty field in which they are certified within the 3-year period immediately preceding the renewal application.

(c) Each licensee shall complete at least 1 continuing education credit in pain and symptom management in each renewal period. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.

(d) If an organized continuing education course or program is offered in segments of 50 to 60 minutes each, 1 hour of credit shall be given for each segment.

(3) The submission of the application for renewal shall constitute the applicant's certification of compliance with the requirements of this rule. The board may require an applicant or a licensee to submit evidence to demonstrate compliance with this rule.

The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 4 years from the date of the application.

History: 1991 AACCS; 2004 AACCS; 2011 AACCS.

R 338.11703 Acceptable continuing education for dentists; limitations.

Rule 1703. The board shall consider any of the following as acceptable continuing education for dentists:

(a) Successful completion of a course or courses offered for credit in a dental school or a hospital-based dental specialty program approved by the board pursuant to the provisions of R 338.11301, a dental hygiene school approved by the board pursuant to the provisions of R 338.11303, or a dental assisting school approved by the board pursuant to the provisions of R 338.11307. Ten hours of continuing education shall be credited for each quarter credit earned and 15 hours shall be credited for each semester credit earned, without limitation.

(b) Satisfactory participation for a minimum of 7 months in a postgraduate dental clinical training program in a hospital or institution that is approved by the board under the provisions of R 338.11301. A maximum of 20 credit hours per calendar year may be earned for participation.

(c) Attendance at a continuing education program offered by a dental school or a hospital-based dental specialty program approved by the board pursuant to the provisions of R 338.11301, a dental hygiene school approved by the board pursuant to the provisions of R 338.11303, or a dental assisting school approved by the board under the provisions of R 338.11307. One hour of continuing education shall be credited for each hour of program attendance, without limitation.

(d) Attendance at a continuing education program approved by the board under the provisions of R 338.11705 of this part. One hour of continuing education shall be credited for each hour of program attendance, without limitation.

(e) Development and presentation of a table clinical demonstration or a continuing education lecture offered in conjunction with the presentation of continuing education programs approved by the board. One hour of continuing education shall be credited for each hour devoted to the development and initial presentation of a table clinical demonstration or a continuing education lecture, with a maximum of 10 hours of continuing education credited for the development and presentation of the same table clinical demonstration or lecture.

(f) The initial publication of an article or articles related to the practice of dentistry, dental hygiene, or dental assisting in the journal of an accredited school of dentistry, dental hygiene, or dental assisting or a state or state component association of dentists, dental specialists, dental hygienists, or dental assistants. Twelve hours of continuing education shall be credited.

(g) The initial publication of an article or articles related to the practice of dentistry, dental hygiene, or dental assisting in a textbook or in the journal of a national association of dentists, dental specialists, dental hygienists, or dental assistants. Twenty-five hours of continuing education shall be credited.

(h) Reading articles, viewing, or listening to media, other than on-line programs, devoted to dental, dental hygiene, or dental assisting education. One hour of continuing education shall be credited for each hour devoted to such education, with a maximum of 10 hours credited under this category.

(i) Participation in board-approved, on-line continuing education activities, including webinars and teleconferences. Twenty hours of continuing education may be earned.

(j) Successful completion of an American board specialty examination. Ten hours of continuing education shall be credited in the year in which the applicant is advised he or she passed the examination.

(k) Renewal of a license held in another state that requires continuing education for license renewal that is substantially equivalent to that required in these rules if the applicant resides and practices in another state. For a dentist, 60 hours of continuing education shall be credited for evidence of current licensure in another state.

(l) Attendance at a continuing education program which has been granted approval by another state board of dentistry. One continuing education hour may be granted for each hour of program attendance.

(m) Attendance at dental-related programs which shall be documented by the licensee as relevant to health care and advancement of the licensee's dental education. The board shall deny a request for approval if the continuing education request does not meet the criteria used by the board for approval of continuing education hours. Ten hours of continuing education shall be credited.

(n) Attendance at programs related to topics approved for category 1 continuing education by the boards of medicine or osteopathic medicine. A maximum of 30 credit hours per renewal period for a dentist may be earned.

History: 1991 AACS; 2004 AACS; 2011 AACS.

R 338.11704 License renewal for registered dental hygienists and registered dental assistants; relicensure; requirements; applicability.

Rule 1704. (1) This rule applies to applications for the renewal of a registered dental hygienist license or a registered dental assistant license and applications for relicensure under section 16201(1) and (2) of the act.

(2) An applicant for license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall possess current certification in basic or advanced cardiac life support for an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted in R 338.11705(3) and shall comply with the following requirements, as applicable:

(a) For a registered dental hygienist license or a registered dental assistant license, the applicant shall have completed not less than 36 hours of continuing education acceptable to the board during the 3-year period immediately preceding the date of the application. Each licensee shall complete a minimum of 12 hours of approved continuing education in programs directly related to clinical issues such as delivery of care, materials used in the delivery of care, and pharmacology.

(b) Applicants holding both a registered dental hygienist license and a registered dental assistants license shall have completed not less than a total of 36 hours of continuing education acceptable to the board during the 3-year period immediately preceding the date of the application. The 36 hours shall include not less than 12 hours devoted to registered dental hygienist functions, and not less than 12 hours devoted to registered dental assistants functions.

(c) If an organized continuation course or program is offered in segments of 50 to 60 minutes each, 1 hour of credit shall be given for each segment.

(d) Each licensee shall complete at least 1 continuing education credit in pain and symptom management in each renewal period. Continuing education credits in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions.

(3) The submission of the application for renewal shall constitute the applicant's certification of compliance with the requirement of this rule. The board may require an applicant or licensee to submit evidence to demonstrate compliance with this rule. The applicant or licensee shall maintain evidence of complying with the requirements of this rule for a period of 4 years from the date of the application.

History: 2004 AACS; 2011 AACS.

R 338.11704a Acceptable continuing education for registered dental hygienists and registered dental assistants; limitations.

Rule 1704a. The board shall consider any of the following as acceptable continuing education for registered dental hygienists and registered dental assistants:

(a) Successful completion of a course or courses offered for credit in a dental school or hospital-based dental specialty program approved by the board under R 338.11301, a dental hygiene school approved by the board under R 338.11303, or a dental assisting school approved by the board under of R

338.11307. Ten hours of continuing education shall be credited for each quarter credit earned and 15 hours shall be credited for each semester credit earned, without limitation.

(b) Attendance at a continuing education program offered by a dental school or hospital-based dental specialty program approved by the board under R

338.11301, a dental hygiene school approved by the board under R 338.11303, or a dental assisting school approved by the board under R 338.11307. One hour of continuing education shall be credited for each hour of program attendance, without limitation.

(c) Attendance at a continuing education program approved by the board under R 338.11705 of this part. One hour of continuing education shall be credited for each hour of program attendance, without limitation.

(d) Development and presentation of a table clinic demonstration or a continuing education lecture offered in conjunction with the presentation of continuing education programs approved by the board. One hour of continuing education shall be credited for each hour devoted to the development and

initial presentation of a table clinic demonstration or a continuing education lecture, with a maximum of 10 hours of continuing education credited for the development and presentation of the same table clinic demonstration or continuing education lecture.

(e) The initial publication of an article or articles related to the practice of dentistry, dental hygiene, or dental assisting in the journal of an accredited school of dentistry, dental hygiene or dental assistant, or in a state or state component association of dentists, dental specialists, dental hygienists, or dental assistants. Twelve hours of continuing education shall be credited.

(f) The initial publication of an article or articles related to the practice of dentistry, dental hygiene, or dental assisting in a textbook or in the journal of a national association of dentists, dental specialists, dental hygienists, or dental assistants. Twenty-five hours of continuing education shall be credited.

(g) Participation in board-approved, online continuing education activities, including webinars and teleconferences. Twelve hours of continuing education may be earned.

(h) Reading articles and viewing or listening to media, other than online programs, devoted to dental, dental hygiene, or dental assisting education. One hour of continuing education shall be credited for each hour of participation with a maximum of 10 hours credited under this category.

(i) Renewal of a license held in another state that requires continuing education for license renewal that is substantially equivalent to that required in these rules if the applicant resides and practices in another state. For a registered dental hygienist or registered dental assistant, 36 hours of continuing education shall be credited for evidence of current licensure in such other state.

(j) For a registered dental assistant, meeting the requirements for recertification in R 338.11705(3). Thirty-six hours of continuing education shall be credited for evidence of current certification, other than life certification, by the dental assisting national board.

(k) Attendance at a continuing education program which has been granted approval by another state board of dentistry. One continuing education contact hour may be granted for each hour of program attendance.

(l) Attendance by dental hygienists or registered dental assistants at dental related programs which are documented by the licensee as relevant to health care and advancement of the licensee's dental education. The board shall deny a request for approval if the continuing education request does not meet the criteria used by the board for approval of continuing education sponsors. Six hours of continuing education credited.

(m) Attendance at programs related to specific dental specialty topics approved for category 1 continuing education by the boards of medicine or osteopathic medicine. A maximum of 18 credit hours per renewal period may be earned.

History: 2004 AACS; 2006 AACS; 2011 AACS.

R 338.11704b Requirements for relicensure; dentists.



Rule 1704b. (1) An applicant for relicensure whose license has been lapsed for 3 years or less, under provisions of section 16201(3) the act, may be relicensed by complying with both of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11701.

(2) An applicant for relicensure whose license has been lapsed for more than 3 years but less than 5 years may be relicensed by complying with all of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11701.

(c) Passing the dental simulated clinical written examination developed and scored by the north east regional board of dental examiners, incorporated or a successor organization with a passing score required in R 338.11203(2).

(3) An applicant for relicensure whose license has been lapsed for more than 5 years may be relicensed by complying with R 338.11201.

(4) In addition to meeting the requirements of this rule, an applicant who is or has ever been licensed as a dentist in any state or territory of the United States during the period that the applicant's Michigan license is lapsed shall have his or her license verified, on a form supplied by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license as a dentist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

History: 2011 AACCS.

R 338.11704c Requirements for relicensure; registered dental hygienists and registered dental assistants.

Rule 1704c. (1) Pursuant to section 16201(3) of the code, an applicant for relicensure as a registered dental hygienist or a registered dental assistant whose license has been lapsed for 3 years or less, under section 16201(3) the code, may be relicensed by complying with both of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education as specified in R 338.11704.

(2) An applicant for relicensure as a registered dental hygienist whose license has been lapsed for more than 3 years but less than 5 years may be relicensed by complying with all of the following requirements:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11704.

(c) Passing a dental hygiene simulated clinical written examination that is developed and scored by the north east regional board of dental examiners, incorporated, or a successor organization with a passing score required in R 338.11223(2).

(3) An applicant for relicensure as a registered dental assistant whose license has been lapsed for more than 3 years but less than 5 years may be relicensed by complying with all of the following:

(a) Submitting a completed application, on a form provided by the department, together with the requisite fee.

(b) Submitting proof of having completed within the 2-year period immediately preceding the relicensure application the number of hours of continuing education required in R 338.11704.

(c) Completing an evaluation of his or her dental assisting skills conducted by a dental assisting educational program that complies with the accreditation standards of the commission on dental accreditation, required in R 338.11307.

(4) An applicant for relicensure as a dental hygienist whose license has been lapsed for more than 5 years may be relicensed by complying with R 338.11221.

(5) An applicant for relicensure as a dental assistant whose license has been lapsed for more than 5 years may be relicensed by complying with the R 338.11235.

(6) In addition to meeting the requirements of this rule, an applicant who is or has ever been licensed as a registered dental hygienist or a registered dental assistant in any state of the United States during the period that the applicant's Michigan license is lapsed shall have his or her license verified, on a form supplied by the department, by the licensing agency of any state of the United States in which the applicant holds a current license or ever held a license. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

History: 2011 AACCS.

R 338.11705 Standards and requirements; adoption by reference.

Rule 1705. (1) The board approves and adopts by reference the standards and criteria of the national sponsor approval program of the academy of general dentistry for approval of continuing education sponsoring organizations, institutions, and individuals, which are set forth in the publication entitled "Program Approval for Continuing Education (PACE), Program Guidelines, Revised March 2008". Information on the pace standards and criteria is available at no cost from the Academy of General Dentistry, 211 East Chicago Avenue, Suite 900, Chicago, IL 60611 or from the academy's internet website at <http://www.agd.org>. A copy of the guidebook is available for inspection and distribution at no cost from the Michigan Department of Community Health, Bureau of Health Professions, 611 West Ottawa, P.O. Box 30670,

Lansing, MI 48909. Approval of a sponsor by the academy of general dentistry committee on national sponsor approvals or by any academy of general dentistry constituent academy shall constitute prima facie evidence that the sponsor meets the standards and criteria adopted by the board.

(2) The board approves and adopts by reference the standards and criteria of the National Sponsor Approval Program of the American Dental Association Continuing Education Recognition Program (ADA CERP) for approval of continuing education sponsoring organizations, which are set forth in the publication entitled "ADA CERP Recognition Standards and Procedures, Revised April 2008." A copy of this publication may be obtained at no cost from the association at ADA CERP 211 E. Chicago Avenue, Chicago, IL 60611-2678 or from the association's internet website at <http://www.ada.org/prof/ed/ce/cerp>. A copy of the publication is available for inspection and distribution at cost from the Department of Community Health, Bureau of Health Professions, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909. Approval of a sponsor by the ADA CERP or by any constituent group of ADA CERP shall constitute prima facie evidence that the sponsor meets the standards and criteria adopted by the board.

(3) The board approves and adopts by reference the requirements for recertification established by the dental assisting national board and set forth in the publication entitled "2009 Recertification Requirements." A copy of the publication may be obtained at no cost from the Dental Assisting National Board, 676 N. St. Clair Street, Suite 1880, Chicago, IL 60611 or from the national board's internet website at <http://www.danb.org>. A copy of the guidelines and requirements are available for inspection and distribution at cost from the Department of Community Health, Bureau of Health Professions, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(4) The board shall consider any continuing education program that is offered by a sponsor that applies to the board and demonstrates it substantially meets the standards and criteria adopted by the board as a continuing education program approved by the board.

(5) The board adopts by reference the standards for certification in basic and advanced cardiac life support set forth by the American heart association in the standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care for professional providers and published in "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care ("Circulation," Volume 112, Issue 24 Supplement, December 13, 2005.) A copy of the guidelines for cardiopulmonary resuscitation and emergency cardiac care may be obtained at no cost from the AmericanHeart Association's website at [http://circ.ahajournals.org/content/vol112/24\\_suppl/](http://circ.ahajournals.org/content/vol112/24_suppl/). A copy of this document is available for inspection and distribution at cost from the Department of Community Health, Bureau of Health Professions, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(6) The board may approve a state, regional, or national dental organization as an acceptable provider of continuing education courses if the organization presents standards, criteria, and course monitoring procedures for its courses that are acceptable to the board. The board may withdraw the approval if it determines the organization is not complying with the standards and criteria presented. The standards, criteria,

and monitoring procedures will be retained in the department's board files. An organization shall update its file with the department every 5 years.

History: 1991 AACCS; 2004 AACCS; 2006 AACCS; 2011 AACCS.

## PART 8. DENTAL AMALGAM

### R 338.11801 Definitions.

Rule 1801. (1) As used in these rules:

(a) "Amalgam separator" means a device designed to remove dental amalgam waste particles from dental office wastewater.

(b) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.

(c) "Dental amalgam" means a mixture of mercury and other metals used as a dental restorative material.

(d) "Dental amalgam waste" means waste from a dental office containing any of the following:

(i) Contact amalgam waste, which means dental amalgam that has been in contact with the patient including, but not limited to, extracted teeth with dental amalgam restorations; carving scrap collected at chair-side; and dental amalgam captured by chair-side traps, vacuum pump filters, amalgam separators, or other dental amalgam capture devices.

(ii) Non-contact amalgam scrap, which means dental amalgam that has not been in contact with the patient including, but not limited to, excess dental amalgam mix remaining at the end of a dental procedure.

(iii) Empty amalgam capsules, which means individually dosed containers left over after mixing precapsulated dental amalgam.

(iv) Dental amalgam that may have accumulated in the plumbing system or that is found in other areas of a dental office.

(e) "Dentist," for the purposes of these rules, means an individual licensed under section 16611 of the code who uses or removes dental amalgam or who owns or operates a dental office that generates dental amalgam waste.

(f) "Department" means the department of licensing and regulatory affairs.

(g) "Discharge" means the release of any dental amalgam waste into the environment. This includes any releases to land, ground or surface waters, septic systems, or wastewater treatment systems.

(h) "Holding tank" means a closed, watertight, sealed structure designed and used to receive and store wastewater. Holding tanks are designed and constructed for ultimate disposal of collected wastewater at another site.

(2) Terms defined in the code have the same meanings when used in these rules.

History: 2012 MR 22, Eff. Nov. 29, 2012.

R 338.11811 Amalgam separator; installation and operation; requirements.

Rule 1811. (1) On or before December 31, 2013, a dentist shall install, or shall have installed, an amalgam separator on each wastewater drain in his or her dental office that is used to discharge dental amalgam waste. In addition to meeting the requirements of the code and these rules, a dentist who is required to install an amalgam separator shall comply with all of the following:

(a) Install an amalgam separator that meets the requirements of R 338.11813.

(b) Install, operate, and maintain the amalgam separator according to the manufacturer's instructions.

(c) Ensure the installed amalgam separator is properly sized to accommodate maximum dental amalgam wastewater flow rates at the dental office. The maximum allowable flow rate through an amalgam separator at a dental office shall not exceed the maximum flow rate capacity at which the amalgam separator was tested under R 338.11813(1)(a).

(d) Ensure that all wastewater from the dental office containing dental amalgam waste passes through an installed and properly functioning and maintained amalgam separator before being discharged.

(2) Subrule (1) of this rule shall not apply to any of the following:

(a) Oral and maxillofacial surgeons.

(b) Oral and maxillofacial radiologists.

(c) Oral pathologists.

(d) Orthodontists.

(e) Periodontists.

(f) Dentists while providing services in a dental school, in a hospital, or through a local health department.

(g) Dentists who install and use a holding tank and do not discharge amalgam waste.

History: 2012 MR 22, Eff. Nov. 29, 2012.

R 338.11813 Amalgam separator; requirements.

Rule 1813. (1) An amalgam separator that is installed in a dental office under R 338.11811 shall meet all of the following requirements:

(a) Be certified as passing the international organization for standardization (iso) 11143:2008 standard for evaluating amalgam separators.

(b) Have a removal efficiency of not less than 95% as determined by the testing required under subdivision (a) of this subrule, based on the overall average of the 3 empty and the 3 simulated full test results.

(c) Be tested and certified by any of the following:

(i) SP technical research institute of Sweden.

(ii) Tuv nord, Germany.

(iii) NSF international.

(iv) Both of the following:

(A) A testing laboratory accredited by an accreditation body that is a signatory to the international laboratory accreditation cooperation's mutual recognition arrangement and has a scope of accreditation that includes iso 11143.

(B) A certification body accredited by an accreditation body that is a signatory to the international accreditation forum's multilateral recognition arrangement and has a scope of accreditation that includes iso 11143.

(2) Any amalgam separator that meets the requirements of subrule (1) of this rule shall qualify as an amalgam separator approved by the board.

History: 2012 MR 22, Eff. Nov. 29, 2012.

R 338.11815 Collection, disposal, and recycling of dental amalgam waste; requirements.

Rule 1815. (1) A dentist shall comply with all of the following:

(a) Use amalgam only in a precapsulated form.

(b) Salvage, store, and recycle non-contact and contact dental amalgam materials, including empty amalgam capsules. As used in this rule and R 338.11817, "recycle" or "recycling" means sending mercury or dental amalgam waste to either the contracted separator company or a facility in the United States that will reclaim or distill the mercury for reuse. "Recycle" or "recycling" shall not include any of the following:

(i) The on-site processing of mercury or dental amalgam waste.

(ii) The sale, donation, or exchange of mercury or dental amalgam waste through internet lists.

(iii) The sale or donation of mercury or dental amalgam waste to any individual or company for any other reuse purpose.

(c) Collect and recycle extracted teeth or portions of teeth that contain dental amalgam materials.

(d) Store all dental amalgam waste in enclosed and structurally sound containers until a sufficient amount has been collected for shipment to a reclamation facility or recycler or at a minimum, recycled annually.

(e) Label all containers holding dental amalgam waste. The label shall include, at a minimum, the title "dental amalgam waste for recycling" and the date the waste was initially placed in the container.

(f) Use chair-side traps to retain amalgam and recycle the content.

(g) Recycle all amalgam materials collected in amalgam separators, vacuum pump filters, chair-side traps or other waste water processing devices.

(h) Ensure that the separators operate properly and do not become full and bypass. This may include inspecting the separators annually, halfway through the operating life, or as required by the manufacturer.

(i) Follow the steps for the cleanup of mercury spills as recommended by the department at [www.michigan.gov/mercury](http://www.michigan.gov/mercury).

(2) A dentist shall not do any of the following:

(a) Store bulk elemental mercury that is not in capsule form.

(b) Put dental amalgam waste down a toilet or drain.

(c) Put dental amalgam waste or empty amalgam capsules into trash containers, or biohazard or infectious waste bags.

(d) Disinfect teeth or any item containing dental amalgam by autoclaving or using heat.

(e) Use cleaners containing bleach or chlorine to flush drains or wastewater lines.

(3) A dentist shall train and have written procedures for training dental office staff who manage or dispose of dental amalgam waste to ensure compliance with this rule.

(4) This rule shall not apply to a dentist listed in R 338.11811(2)(a) to (f). A dentist who installs and uses a holding tank and does not discharge amalgam waste shall comply with the requirements of subrule (1), (2), and (3) of this rule, as applicable.

History: 2012 MR 22, Eff. Nov. 29, 2012.

#### R 338.11817 Record keeping.

Rule 1817. (1) A dentist who is subject to the provisions of R 338.11811 shall maintain records at his or her dental office that include all of the following:

(a) Type of amalgam separator installed, including the manufacturer and model.

(b) Date the amalgam separator became operational.

(c) Documentation verifying that the amalgam separator meets the requirements of R 338.11813.

(d) Documentation of the manufacturer's instructions for the operation and maintenance of the amalgam separator.

(e) Service records for each amalgam separator in use at the dental office that includes all of the following:

(i) Dates of maintenance.

(ii) Dates separator contents were recycled.

(iii) Name of the staff or contractor performing the service.

(f) Documentation verifying that the dentist disposed of and recycled any dental amalgam waste that was generated from the individual's dental office consistent with the requirements of R 338.11815. The documentation shall include all of the following:

(i) Name and address of the collection service or recycler.

(ii) Amount by weight of dental amalgam waste that was collected and the date it was collected or shipped from the dental office for recycling.

(iii) Name and address of the facility where the dental amalgam waste will be recycled.

(iv) Shipping or manifest papers documenting transfer of the dental amalgam waste to the recycler.

(2) The records required under subrule (1) of this rule shall be provided upon request to an authorized state official, local public health department staff, or local municipality's representative.

(3) All records required under subrule (1) of this rule shall be retained for a minimum of 3 years.

History: 2012 MR 22, Eff. Nov. 29, 2012.

#### R 338.11819 Verification.

Rule 1819. A dentist who is subject to the provisions of R 338.11811 shall verify that he or she is in compliance with these rules and provide with each license renewal application the amalgam separator make and year that each separator was installed.

History: 2012 MR 22, Eff. Nov. 29, 2012.

R 338.11821 Compliance and enforcement.

Rule 1821. Failure to comply with the requirements of these rules is a violation of section 16221(h) of the code and may result in sanctions as provided for in the code, or as otherwise provided for under state or federal law.

History: 2012 MR 22, Eff. Nov. 29, 2012.