# DEPARTMENT OF HEALTH

## BOARD OF DENTISTRY

DIVISION OF MEDICAL QUALITY ASSURANCE
Department of Health
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Tallahassee, Florida 32399-3258

CHAPTER 466 FLORIDA STATUTES

AND

RULES 64B5, 64B27

FLORIDA ADMINISTRATIVE CODE

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# INTRODUCTION

The purpose of this booklet is to assemble and/or identify in one place the Florida laws and rules to which the Board of Dentistry, the Department of Health and Florida licensed dentists and dental hygienists must adhere.

All of the Florida statutes and administrative rules mentioned in this introduction are not included in this booklet but are easily obtained on request. (Those in bold are included.)

**Chapter 466,** Florida Statutes, is the law which governs the practice of dentistry in the State of Florida. In addition to the law, the Board promulgates rules to further define the mandate of the law.

**Chapter 64B5 (formerly 59Q)**, Florida Administrative Code, includes the rules promulgated by the Board of Dentistry. The Board is required by law to promulgate certain rules to implement specific mandates with Florida Statutes, Chapters 466, 455, and 120, and the Board has specific authority to promulgate other rules within these statutes so long as the rules are not inconsistent with the laws.

Chapter 456, Florida Statutes, is the law that governs the Department of Health. Within Chapter 456, the Department's and the Board's scopes interrelate and intertwine and the Board must/may promulgate rules in order for the Department to carry pit the mandate of the law.

Chapter 120, Florida Statutes, is the Administrative Procedures Act. The purpose of the act is to ensure that the general public has access to information regarding the functions and duties of administrative bodies, e.g. Board of Dentistry and Department of Health, whose actions may affect the interests of private citizens.

Under Chapter 120, The Administration Commission (the Governor and Cabinet) has adopted model rules (Chapter 28) by which agencies are required to abide when dealing with rulemaking and hearing procedures to the extent that each agency does not adopt a specific rule of procedure covering the subject matter material contained in the model rules applicable to that agency.

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# CHAPTER 466
# DENTISTRY, DENTAL HYGIENE, AND DENTAL LABORATORIES
[Current as of July 1, 2016]

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**466.001 Legislative purpose and intent.**—The legislative purpose for enacting this chapter is to ensure that every dentist or dental hygienist practicing in this state meets minimum requirements for safe practice without undue clinical interference by persons not licensed under this chapter. It is the legislative intent that dental services be provided only in accordance with the provisions of this chapter and not be delegated to unauthorized individuals. It is the further legislative intent that dentists and dental hygienists who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state. All provisions of this chapter relating to the practice of dentistry and dental hygiene shall be liberally construed to carry out such purpose and intent.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 1, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 1, ch. 97-67.

**466.002 Persons exempt from operation of chapter.**—Nothing in this chapter shall apply to the following practices, acts, and operations:

(1) The practice of her or his profession including surgical procedures involving the oral cavity by a physician or surgeon licensed as such under the laws of this state.

(2) A qualified anesthetist giving an anesthetic for a dental operation under the direct supervision of a licensed dentist.

(3) The practice of dentistry in the discharge of their official duties by graduate dentists or dental surgeons in the United States Army, Air Force, Marines, Navy, Public Health Service, Coast Guard, or United States Department of Veterans Affairs.

(4) The practice of dentistry by licensed dentists of other states or countries at meetings of dental organizations approved by the board, while appearing as clinicians.

(5) Students in Florida schools of dentistry and dental hygiene or dental assistant educational programs, while performing regularly assigned work under the curriculum of such schools.

(6) Instructors in Florida schools of dentistry, instructors in dental programs that prepare persons holding D.D.S. or D.M.D. degrees for certification by a specialty board and that are accredited in the United States by January 1, 2005, in the same manner as the board recognizes accreditation for Florida

schools of dentistry that are not otherwise affiliated with a Florida school of dentistry, or instructors in Florida schools of dental hygiene or dental assistant educational programs, while performing regularly assigned instructional duties under the curriculum of such schools. A full-time dental instructor at a dental school or dental program approved by the board may be allowed to practice dentistry at the teaching facilities of such school or program, upon receiving a teaching permit issued by the board, in strict compliance with such rules as are adopted by the board pertaining to the teaching permit and with the established rules and procedures of the dental school or program as recognized in this section.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 2, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 22, ch. 93-268; s. 2, ch. 94-104; s. 250, ch. 97-103; s. 1, ch. 2005-189.

**466.003 Definitions.**—As used in this chapter:

(1) "Board" means the Board of Dentistry.

(2) "Dentist" means a person licensed to practice dentistry pursuant to this chapter.

(3) "Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning, and care of conditions within the human oral cavity and its adjacent tissues and structures. It includes the performance or attempted performance of any dental operation, or oral or oral-maxillofacial surgery and any procedures adjunct thereto, including physical evaluation directly related to such operation or surgery pursuant to hospital rules and regulations. It also includes dental service of any kind gratuitously or for any remuneration paid, or to be paid, directly or indirectly, to any person or agency. The term "dentistry" shall also include the following:

(a) The taking of an impression of the human tooth, teeth, or jaws directly or indirectly and by any means or method.

(b) Supplying artificial substitutes for the natural teeth or furnishing, supplying, constructing, reproducing, or repairing any prosthetic denture, bridge, appliance, or any other structure designed to be worn in the human mouth except on the written work order of a duly licensed dentist.

(c) The placing of an appliance or structure in the human mouth or the adjusting or attempting to adjust the same.

(d) Delivering the same to any person other than the dentist upon whose work order the work was performed.

(e) Professing to the public by any method to furnish, supply, construct, reproduce, or repair any prosthetic denture, bridge, appliance, or other structure designed to be worn in the human mouth.

(f) Diagnosing, prescribing, or treating or professing to diagnose, prescribe, or treat disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws or oral-maxillofacial region.

(g) Extracting or attempting to extract human teeth.

(h) Correcting or attempting to correct malformations of teeth or of jaws.

(i) Repairing or attempting to repair cavities in the human teeth.

(4) "Dental hygiene" means the rendering of educational, preventive, and therapeutic dental services pursuant to ss. 466.023 and 466.024 and any related extra-oral procedure required in the performance of such services.

(5) "Dental hygienist" means a person licensed to practice dental hygiene pursuant to this chapter.

(6) "Dental assistant" means a person, other than a dental hygienist, who, under the supervision and authorization of a dentist, provides dental care services directly to a patient. This term shall not include a certified registered nurse anesthetist licensed under part I of chapter 464.

(7) "Department" means the Department of Health.

(8) "Direct supervision" means supervision whereby a dentist diagnoses the condition to be treated, a dentist authorizes the procedure to be performed, a dentist remains on the premises while the procedures are performed, and a dentist approves the work performed before dismissal of the patient.

(9) "Indirect supervision" means supervision whereby a dentist authorizes the procedure and a dentist is on the premises while the procedures are performed.

(10) "General supervision" means supervision whereby a dentist authorizes the procedures which are being carried out but need not be present when the authorized procedures are being performed. The authorized procedures may also be performed at a place other than the dentist's usual place of practice. The issuance of a written work authorization to a commercial dental laboratory by a dentist does not constitute general supervision.

(11) "Irremediable tasks" are those intraoral treatment tasks which, when performed, are irreversible and create unalterable changes within the oral cavity or the contiguous structures or which cause an increased risk to the patient. The administration of anesthetics other than topical anesthesia is considered to be an "irremediable task" for purposes of this chapter.

(12) "Remediable tasks" are those intraoral treatment tasks which are reversible and do not create unalterable changes within the oral cavity or the contiguous structures and which do not cause an increased risk to the patient.

(13) "Oral and maxillofacial surgery" means the specialty of dentistry involving diagnosis, surgery, and adjunctive treatment of diseases, injuries, and defects involving the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. This term may not be construed to apply to any individual exempt under s. 466.002(1).

(14) "Health access setting" means a program or an institution of the Department of Children and Families, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head Start center, a federally qualified health center or look-alike as defined by federal law, a school-based prevention program, a clinic operated by an accredited college of dentistry, or an accredited dental hygiene program in this state if such community service program or institution immediately reports to the Board of Dentistry all violations of s. 466.027, s. 466.028, or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such setting.

(15) "School-based prevention program" means preventive oral health services offered at a school by one of the entities defined in subsection (14) or by a nonprofit organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c)(3) of the Internal Revenue Code.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 3, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 1, ch. 94-104; s. 126, ch. 94-218; s. 2, ch. 97-67; s. 107, ch. 97-264; s. 130, ch. 2000-318; s. 1, ch. 2008-64; s. 4, ch. 2011-95; s. 270, ch. 2014-19.

**466.004 Board of Dentistry.**—

(1) To carry out the provisions of this chapter, there is created within the department the Board of Dentistry consisting of 11 members who shall be appointed by the Governor and subject to confirmation by the Senate. Seven members of the board must be licensed dentists actively engaged in the clinical practice of dentistry in this state; two members must be licensed dental hygienists actively engaged in the practice of dental hygiene in this state; and the remaining two members must be laypersons who are not, and have never been, dentists, dental hygienists, or members of any closely related profession or occupation. Each member of the board who is a licensed dentist must have been actively engaged in the practice of dentistry primarily as a clinical practitioner for at least 5 years immediately preceding the date of her or his appointment to the board and must remain primarily in clinical practice during all subsequent periods of appointment to the board. Each member of the board who is connected in any way with any dental college or community college must be in compliance with s. 456.007. At least one member of the board must be 60 years of age or older. Members shall be appointed for 4-year terms, but may serve no more than a total of 10 years.

(2) To advise the board, it is the intent of the Legislature that councils be appointed as specified in paragraphs (a), (b), and (c). The department shall provide administrative support to the councils and shall provide public notice of meetings and agenda of the councils. Councils shall include at least one board member who shall chair the council and shall include nonboard members. All council members shall be appointed by the board chair. Council members shall be appointed for 4-year terms, and all members shall be eligible for reimbursement of expenses in the manner of board members.

(a) A Council on Dental Hygiene shall be appointed by the board chair and shall include one dental hygienist member of the board, who shall chair the council, one dental member of the board, and three dental hygienists who are actively engaged in the practice of dental hygiene in this state. In making the appointments, the chair shall consider recommendations from the Florida Dental Hygiene Association. The council shall meet at the request of the board chair, a majority of the members of the board, or the council chair; however, the council must meet at least three times a year. The council is charged with the responsibility of and shall meet for the purpose of developing rules and policies for recommendation to the board, which the board shall consider, on matters pertaining to that part of dentistry consisting of educational, preventive, or therapeutic dental hygiene services; dental hygiene licensure, discipline, or regulation; and dental hygiene education. Rule and policy recommendations of the council shall be considered by the board at its next regularly scheduled meeting in the same manner in which it considers rule and policy recommendations from designated subcommittees of the board. Any rule or policy proposed by the board pertaining to the specified part of dentistry defined by this subsection shall be referred to the council for a recommendation before final action by the board. The board may take final action on rules pertaining to the specified part of dentistry defined by this subsection without a council

recommendation if the council fails to submit a recommendation in a timely fashion as prescribed by the board.

(b) A Council on Dental Assisting shall be appointed by the board chair and shall include one board member who shall chair the council and three dental assistants who are actively engaged in dental assisting. The council shall meet at the request of the board chair or a majority of the members of the board. The council shall meet for the purpose of developing recommendations to the board on matters pertaining to that part of dentistry related to dental assisting.

(c) With the concurrence of the State Surgeon General, the board chair may create and abolish other advisory councils relating to dental subjects, including, but not limited to: examinations, access to dental care, indigent care, nursing home and institutional care, public health, disciplinary guidelines, and other subjects as appropriate. Such councils shall be appointed by the board chair and shall include at least one board member who shall serve as chair.

(3) The board shall maintain its headquarters in Tallahassee.

(4) The board is authorized to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter and chapter 456, including the establishment of a fee to defray the cost of duplicating any license certification or permit, not to exceed $10 per duplication.

(5) The board is authorized to publish and distribute such pamphlets, newsletters, and other publications as are reasonably necessary.

(6) All provisions of chapter 456 relating to the board shall apply.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 4, 23, 24, ch. 86-291; s. 17, ch. 87-172; s. 47, ch. 90-228; s. 1, ch. 90-341; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 97, ch. 92-149; s. 127, ch. 94-218; s. 1, ch. 96-281; s. 1107, ch. 97-103; s. 69, ch. 98-166; s. 128, ch. 98-200; s. 55, ch. 99-5; s. 1, ch. 99-183; s. 1, ch. 2000-115; s. 128, ch. 2000-160; s. 2, ch. 2005-189; s. 55, ch. 2006-1; s. 85, ch. 2008-6.

**466.005 Expert witness certificate.**—

(1)(a) The department shall issue a certificate authorizing a dentist who holds an active and valid license to practice dentistry in another state or a province of Canada to provide expert testimony in this state, if the dentist submits to the department:

1. A complete registration application containing the dentist's legal name, mailing address, telephone number, business locations, the names of the jurisdictions where the dentist holds an active and valid license to practice dentistry, and the license number or other identifying number issued to the dentist by the jurisdiction's licensing entity; and

2. An application fee of $50.

(b) The department shall approve an application for an expert witness certificate within 10 business days after receipt of the completed application and payment of the application fee if the applicant holds an active and valid license to practice dentistry in another state or a province of Canada and has not had a previous expert witness certificate revoked by the board. An application is approved by default if the department does not act upon the application within the required period. A dentist must notify the department in writing of his or her intent to rely on a certificate approved by default.

(c) An expert witness certificate is valid for 2 years after the date of issuance.

(2) An expert witness certificate authorizes the dentist to whom the certificate is issued to do only the following:

(a) Provide a verified written medical expert opinion as provided in s. 766.203.

(b) Provide expert testimony about the prevailing professional standard of care in connection with medical negligence litigation pending in this state against a dentist licensed under this chapter.

(3) An expert witness certificate does not authorize a dentist to engage in the practice of dentistry as defined in s. 466.003. A dentist issued a certificate under this section who does not otherwise practice dentistry in this state is not required to obtain a license under this chapter or pay any license fees. An expert witness certificate shall be treated as a license in any disciplinary action, and the holder of an expert witness certificate shall be subject to discipline by the board.

**History.**—s. 6, ch. 2011-233.

**466.006 Examination of dentists.**—

(1)(a) It is the intent of the Legislature to reduce the costs associated with an independent state-developed practical or clinical examination to measure an applicant's ability to practice the profession of dentistry and to use the American Dental Licensing Examination developed by the American Board of Dental Examiners, Inc., in lieu of an independent state-developed practical or clinical examination. The Legislature finds that the American Dental Licensing Examination, in both its structure and function, consistently meets generally accepted testing standards and has been found, as it is currently organized and operating, to adequately and reliably measure an applicant's ability to practice the profession of dentistry.

(b) Any person desiring to be licensed as a dentist shall apply to the department to take the licensure examinations and shall verify the information required on the application by oath. The application shall include two recent photographs. There shall be an application fee set by the board not to exceed $100 which shall be nonrefundable. There shall also be an examination fee set by the board, which shall not exceed $425 plus the actual per applicant cost to the department for purchase of some or all of the examination from the American Board of Dental Examiners or its successor entity, if any, provided the board finds the successor entity's clinical examination complies with the provisions of this section. The examination fee may be refundable if the applicant is found ineligible to take the examinations.

(2) An applicant shall be entitled to take the examinations required in this section to practice dentistry in this state if the applicant:

(a) Is 18 years of age or older.

(b)1. Is a graduate of a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting entity recognized by the United States Department of Education; or

2. Is a dental student in the final year of a program at such an accredited dental school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations. With respect to a dental student in the final year of a program at a dental school, a passing score on the examinations is valid for 365 days after the date the

examinations were completed. A dental school student who takes the licensure examinations during the student's final year of an approved dental school must have graduated before being certified for licensure pursuant to s. 466.011.

(c)1. Has successfully completed the National Board of Dental Examiners dental examination; or

2. Has an active health access dental license in this state; and

a. The applicant has at least 5,000 hours within 4 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; the applicant is a retired veteran dentist of any branch of the United States Armed Services who has practiced dentistry while on active duty and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; or the applicant has provided a portion of his or her salaried time teaching health profession students in any public education setting, including, but not limited to, a community college, college, or university, and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003;

b. The applicant has not been disciplined by the board, except for citation offenses or minor violations;

c. The applicant has not filed a report pursuant to s. 456.049; and

d. The applicant has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.

(3) If an applicant is a graduate of a dental college or school not accredited in accordance with paragraph (2)(b) or of a dental college or school not approved by the board, the applicant is not entitled to take the examinations required in this section to practice dentistry until she or he satisfies one of the following:

(a) Completes a program of study, as defined by the board by rule, at an accredited American dental school and demonstrates receipt of a D.D.S. or D.M.D. from said school; or

(b) Submits proof of having successfully completed at least 2 consecutive academic years at a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation. This program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation.

(4) Notwithstanding any other provision of law in chapter 456 pertaining to the clinical dental licensure examination or national examinations, to be licensed as a dentist in this state, an applicant must successfully complete the following:

(a) A written examination on the laws and rules of the state regulating the practice of dentistry;

(b)1. A practical or clinical examination, which shall be the American Dental Licensing Examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if any, that is administered in this state and graded by dentists licensed in this state and employed by the department for just such purpose, provided that the board has attained, and continues to maintain thereafter, representation on the board of directors of the American Board of Dental Examiners, the examination development committee of the American Board of Dental Examiners, and such other committees of the

American Board of Dental Examiners as the board deems appropriate by rule to assure that the standards established herein are maintained organizationally. A passing score on the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state is valid for 365 days after the date the official examination results are published.

2.a. As an alternative to the requirements of subparagraph 1., an applicant may submit scores from an American Dental Licensing Examination previously administered in a jurisdiction other than this state after October 1, 2011, and such examination results shall be recognized as valid for the purpose of licensure in this state. A passing score on the American Dental Licensing Examination administered out-of-state shall be the same as the passing score for the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state. The examination results are valid for 365 days after the date the official examination results are published. The applicant must have completed the examination after October 1, 2011.

b. This subparagraph may not be given retroactive application.

3. If the date of an applicant's passing American Dental Licensing Examination scores from an examination previously administered in a jurisdiction other than this state under subparagraph 2. is older than 365 days, then such scores shall nevertheless be recognized as valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional standards have been met:

a.(I) The applicant completed the American Dental Licensing Examination after October 1, 2011.

(II) This sub-subparagraph may not be given retroactive application;

b. The applicant graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting organization recognized by the United States Department of Education. Provided, however, if the applicant did not graduate from such a dental school, the applicant may submit proof of having successfully completed a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation of at least 2 consecutive academic years at such accredited sponsoring institution. Such program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation;

c. The applicant currently possesses a valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;

d. The applicant submits proof that he or she has never been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse. This sub-subparagraph does not apply if the applicant successfully appealed to have his or her name removed from the data banks of these agencies;

e.(I) In the 5 years immediately preceding the date of application for licensure in this state, the applicant must submit proof of having been consecutively engaged in the full-time practice of dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto

Rico, or, if the applicant has been licensed in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico for less than 5 years, the applicant must submit proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure.

(II) As used in this section, "full-time practice" is defined as a minimum of 1,200 hours per year for each and every year in the consecutive 5-year period or, where applicable, the period since initial licensure, and must include any combination of the following:

(A) Active clinical practice of dentistry providing direct patient care.

(B) Full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(C) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(III) The board shall develop rules to determine what type of proof of full-time practice is required and to recoup the cost to the board of verifying full-time practice under this section. Such proof must, at a minimum, be:

(A) Admissible as evidence in an administrative proceeding;

(B) Submitted in writing;

(C) Submitted by the applicant under oath with penalties of perjury attached;

(D) Further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant's practice and testifies with particularity that the applicant has been engaged in full-time practice; and

(E) Specifically found by the board to be both credible and admissible.

(IV) An affidavit of only the applicant is not acceptable proof of full-time practice unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant's practice. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant's witnesses to appear before the board and give oral testimony under oath;

f. The applicant must submit documentation that he or she has completed, or will complete, prior to licensure in this state, continuing education equivalent to this state's requirements for the last full reporting biennium;

g. The applicant must prove that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction;

h. The applicant must successfully pass a written examination on the laws and rules of this state regulating the practice of dentistry and must successfully pass the computer-based diagnostic skills examination; and

i. The applicant must submit documentation that he or she has successfully completed the National Board of Dental Examiners dental examination.

(5)(a) The practical examination required under subsection (4) shall be the American Dental Licensing Examination developed by the American Board of Dental Examiners, Inc., or its successor

entity, if any, provided the board finds that the successor entity's clinical examination complies with the provisions of this section, and shall include, at a minimum:

1. A comprehensive diagnostic skills examination covering the full scope of dentistry and an examination on applied clinical diagnosis and treatment planning in dentistry for dental candidates;

2. Two restorations on a live patient or patients. The board by rule shall determine the class of such restorations;

3. A demonstration of periodontal skills on a live patient;

4. A demonstration of prosthetics and restorative skills in complete and partial dentures and crowns and bridges and the utilization of practical methods of evaluation, specifically including the evaluation by the candidate of completed laboratory products such as, but not limited to, crowns and inlays filled to prepared model teeth;

5. A demonstration of restorative skills on a mannequin which requires the candidate to complete procedures performed in preparation for a cast restoration;

6. A demonstration of endodontic skills; and

7. A diagnostic skills examination demonstrating ability to diagnose conditions within the human oral cavity and its adjacent tissues and structures from photographs, slides, radiographs, or models pursuant to rules of the board. If an applicant fails to pass the diagnostic skills examination in three attempts, the applicant shall not be eligible for reexamination unless she or he completes additional educational requirements established by the board.

(b) The department shall consult with the board in planning the times, places, physical facilities, training of personnel, and other arrangements concerning the administration of the examination. The board or a duly designated committee thereof shall approve the final plans for the administration of the examination;

(c) If the applicant fails to pass the clinical examination in three attempts, the applicant shall not be eligible for reexamination unless she or he completes additional educational requirements established by the board; and

(d) The board may by rule provide for additional procedures which are to be tested, provided such procedures shall be common to the practice of general dentistry. The board by rule shall determine the passing grade for each procedure and the acceptable variation for examiners. No such rule shall apply retroactively.

The department shall require a mandatory standardization exercise for all examiners prior to each practical or clinical examination and shall retain for employment only those dentists who have substantially adhered to the standard of grading established at such exercise.

(6)(a) It is the finding of the Legislature that absent a threat to the health, safety, and welfare of the public, the relocation of applicants to practice dentistry within the geographic boundaries of this state, who are lawfully and currently practicing dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, based on their scores from the American Dental Licensing Examination administered in a state other than this state, is substantially related to

achieving the important state interest of improving access to dental care for underserved citizens of this state and furthering the economic development goals of the state. Therefore, in order to maintain valid active licensure in this state, all applicants for licensure who are relocating to this state based on scores from the American Dental Licensing Examination administered in a state other than this state must actually engage in the full-time practice of dentistry inside the geographic boundaries of this state within 1 year of receiving such licensure in this state. The Legislature finds that, if such applicants do not actually engage in the full-time practice of dentistry within the geographic boundaries of this state within 1 year of receiving such a license in this state, access to dental care for the public will not significantly increase, patients' continuity of care will not be attained, and the economic development goals of the state will not be significantly met.

(b)1. As used in this section, "full-time practice of dentistry within the geographic boundaries of this state within 1 year" is defined as a minimum of 1,200 hours in the initial year of licensure, which must include any combination of the following:

a. Active clinical practice of dentistry providing direct patient care within the geographic boundaries of this state.

b. Full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

c. Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

2. The board shall develop rules to determine what type of proof of full-time practice of dentistry within the geographic boundaries of this state for 1 year is required in order to maintain active licensure and shall develop rules to recoup the cost to the board of verifying maintenance of such full-time practice under this section. Such proof must, at a minimum:

a. Be admissible as evidence in an administrative proceeding;

b. Be submitted in writing;

c. Be submitted by the applicant under oath with penalties of perjury attached;

d. Be further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant's practice and testifies with particularity that the applicant has been engaged in full-time practice of dentistry within the geographic boundaries of this state within the last 365 days; and

e. Include such additional proof as specifically found by the board to be both credible and admissible.

3. An affidavit of only the applicant is not acceptable proof of full-time practice of dentistry within the geographic boundaries of this state within 1 year, unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant's practice within the last 365 days. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant's witnesses to appear before the board and give oral testimony under oath.

(c) It is the further intent of the Legislature that a license issued pursuant to paragraph (a) shall expire in the event the board finds that it did not receive acceptable proof of full-time practice within the

geographic boundaries of this state within 1 year after the initial issuance of the license. The board shall make reasonable attempts within 30 days prior to the expiration of such a license to notify the licensee in writing at his or her last known address of the need for proof of full-time practice in order to continue licensure. If the board has not received a satisfactory response from the licensee within the 30-day period, the licensee must be served with actual or constructive notice of the pending expiration of licensure and be given 20 days in which to submit proof required in order to continue licensure. If the 20-day period expires and the board finds it has not received acceptable proof of full-time practice within the geographic boundaries of this state within 1 year after the initial issuance of the license, then the board must issue an administrative order finding that the license has expired. Such an order may be appealed by the former licensee in accordance with the provisions of chapter 120. In the event of expiration, the licensee shall immediately cease and desist from practicing dentistry and shall immediately surrender to the board the wallet-size identification card and wall card. A person who uses or attempts to use a license issued pursuant to this section which has expired commits unlicensed practice of dentistry, a felony of the third degree pursuant to s. 466.026(1)(b), punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

**History.**—ss. 1, 3, ch. 79-330; ss. 13, 15, 25, 26, 30, 34, 62, ch. 80-406; ss. 2, 3, ch. 81-318; ss. 8, 38, 41, ch. 82-179; s. 1, ch. 82-220; s. 1, ch. 83-172; s. 87, ch. 83-218; s. 4, ch. 85-156; ss. 5, 23, 24, ch. 86-291; s. 15, ch. 88-205; s. 10, ch. 89-66; s. 48, ch. 90-228; s. 2, ch. 90-341; ss. 13, 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 251, ch. 97-103; s. 108, ch. 97-264; s. 1, ch. 2004-300; s. 3, ch. 2005-189; s. 2, ch. 2008-64; s. 9, ch. 2011-95; s. 1, ch. 2012-14.

**466.0065 Regional licensure examinations.**—

(1) It is the intent of the Legislature that schools of dentistry be allowed to offer regional licensure examinations to dental students who are in the final year of a program at an approved dental school for the sole purpose of facilitating the student's licensing in other jurisdictions. This section does not allow a person to be licensed as a dentist in this state without taking the examinations as set forth in s. 466.006, nor does this section mean that regional examinations administered under this section may be substituted for complying with testing requirements under s. 466.006.

(2) Each school of dentistry in this state which is accredited by the Commission on Accreditation of the American Dental Association or its successor agency may, upon written approval by the Board of Dentistry, offer regional licensure examinations only to dental students in the final year of a program at an approved dental school, if the board has approved the hosting school's written plan to comply with the following conditions:

(a) A member of the regional examination body's board of directors or equivalent thereof must be a member of the American Association of Dental Examiners.

(b) The student must have successfully passed parts I and II of the National Board of Dental Examiners examination within 2 years before taking the regional examination.

(c) The student must possess medical malpractice insurance in amounts not less than the amounts required to take the Florida licensure examinations.

(d) At least one of the examination monitors must be a dentist licensed in this state who has completed all necessary standardization exercises required by the regional examination body. Recruitment of examination monitors is the responsibility of the regional examination body.

(e) Adequate arrangements, as defined by the regional examination body and as otherwise required by law, must be made, when necessary, for patients who require followup care as a result of procedures performed during the clinical portion of the regional examination. The regional examination body must inform patients in writing of their right to followup care in advance of any procedures performed by a student.

(f) The board chair or the chair's designee must be allowed to observe testing while it is in progress.

(g) Each student, upon being deemed eligible by the dental school to apply to the regional examination body to take the regional examination, must receive written disclosure in at least 12-point boldface type that states: "This examination does not meet the licensure requirements of chapter 466, Florida Statutes, for licensure in the State of Florida. Persons wishing to practice dentistry in Florida must pass the Florida licensure examinations."

(h) The student must be enrolled as a dental student in the student's final year of a program at an approved dental school that is accredited by the Commission on Accreditation of the American Dental Association or its successor agency.

(i) The student must have completed all coursework deemed necessary by the dental school to prepare the student to perform all clinical and diagnostic procedures required to pass the regional examination.

(j) The student's academic record must not include any evidence suggesting that the student poses an unreasonable risk to any live patients who are required for the clinical portion of the regional examination. In order to protect the health and safety of the public, the dental school may request additional information and documents pertaining to the candidate's mental and physical health in order to fully assess the candidate's fitness to engage in exercises involving a live patient.

(3) A student who takes the examination pursuant to this section, a dental school that submits a plan pursuant to this section, or a regional examination body that a dental school proposes to host under this section does not have standing to assert that a state agency has taken action for which a hearing may be sought under ss. 120.569 and 120.57.

**History.**—s. 2, ch. 2004-300; s. 11, ch. 2011-95.

[1]**466.0067 Application for health access dental license.**—The Legislature finds that there is an important state interest in attracting dentists to practice in underserved health access settings in this state and further, that allowing out-of-state dentists who meet certain criteria to practice in health access settings without the supervision of a dentist licensed in this state is substantially related to achieving this important state interest. Therefore, notwithstanding the requirements of s. 466.006, the board shall grant a health access dental license to practice dentistry in this state in health access settings as defined in s. 466.003 to an applicant that:

(1) Files an appropriate application approved by the board;

(2) Pays an application license fee for a health access dental license, laws-and-rule exam fee, and an initial licensure fee. The fees specified in this subsection may not differ from an applicant seeking licensure pursuant to s. 466.006;

(3) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;

(4) Submits proof of graduation from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency;

(5) Submits documentation that she or he has completed, or will obtain prior to licensure, continuing education equivalent to this state's requirement for dentists licensed under s. 466.006 for the last full reporting biennium before applying for a health access dental license;

(6) Submits proof of her or his successful completion of parts I and II of the dental examination by the National Board of Dental Examiners and a state or regional clinical dental licensing examination that the board has determined effectively measures the applicant's ability to practice safely;

(7) Currently holds a valid, active, dental license in good standing which has not been revoked, suspended, restricted, or otherwise disciplined from another of the United States, the District of Columbia, or a United States territory;

(8) Has never had a license revoked from another of the United States, the District of Columbia, or a United States territory;

(9) Has never failed the examination specified in s. 466.006, unless the applicant was reexamined pursuant to s. 466.006 and received a license to practice dentistry in this state;

(10) Has not been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have his or her name removed from the data bank;

(11) Submits proof that he or she has been engaged in the active, clinical practice of dentistry providing direct patient care for 5 years immediately preceding the date of application, or in instances when the applicant has graduated from an accredited dental school within the preceding 5 years, submits proof of continuous clinical practice providing direct patient care since graduation; and

(12) Has passed an examination covering the laws and rules of the practice of dentistry in this state as described in s. 466.006(4)(a).

**History.**—ss. 3, 6, ch. 2008-64; s. 104, ch. 2010-5; s. 10, ch. 2011-95; s. 2, ch. 2014-108.

[1]**Note.**—Repealed January 1, 2020, by s. 2, ch. 2014-108, unless reenacted by the Legislature.

[1]**466.00671 Renewal of the health access dental license.**—

(1) A health access dental licensee shall apply for renewal each biennium. At the time of renewal, the licensee shall sign a statement that she or he has complied with all continuing education requirements of an active dentist licensee. The board shall renew a health access dental license for an applicant that:

(a) Submits documentation, as approved by the board, from the employer in the health access setting that the licensee has at all times pertinent remained an employee;

(b) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;

(c) Has paid a renewal fee set by the board. The fee specified herein may not differ from the renewal fee adopted by the board pursuant to s. 466.013. The department may provide payment for these fees through the dentist's salary, benefits, or other department funds;

(d) Has not failed the examination specified in s. 466.006 since initially receiving a health access dental license or since the last renewal; and

(e) Has not been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have his or her name removed from the data bank.

(2) The board may undertake measures to independently verify the health access dental licensee's ongoing employment status in the health access setting.

**History.**—ss. 4, 6, ch. 2008-64; s. 12, ch. 2011-95; s. 2, ch. 2014-108.

[1]**Note.**—Repealed January 1, 2020, by s. 2, ch. 2014-108, unless reenacted by the Legislature.

[1]**466.00672 Revocation of health access dental license.**—

(1) The board shall revoke a health access dental license upon:

(a) The licensee's termination from employment from a qualifying health access setting;

(b) Final agency action determining that the licensee has violated any provision of s. 466.027 or s. 466.028, other than infractions constituting citation offenses or minor violations; or

(c) Failure of the Florida dental licensure examination.

(2) Failure of an individual licensed pursuant to s. 466.0067 to limit the practice of dentistry to health access settings as defined in s. 466.003 constitutes the unlicensed practice of dentistry.

**History.**—ss. 5, 6, ch. 2008-64; s. 8, ch. 2011-95; s. 2, ch. 2014-108.

[1]**Note.**—Repealed January 1, 2020, by s. 2, ch. 2014-108, unless reenacted by the Legislature.

**466.00673 Repeal of a health access dental license.**—Effective January 1, 2020, ss. 466.0067-466.00673 are repealed unless reenacted by the Legislature. Any health access dental license issued before January 1, 2020, shall remain valid according to ss. 466.0067-466.00673, without effect from repeal.

**History.**—s. 6, ch. 2008-64; s. 2, ch. 2014-108.

**466.007 Examination of dental hygienists.**—

(1) Any person desiring to be licensed as a dental hygienist shall apply to the department to take the licensure examinations and shall verify the information required on the application by oath. The application shall include two recent photographs of the applicant. There shall be a nonrefundable application fee set by the board not to exceed $100 and an examination fee set by the board which shall not be more than $225. The examination fee may be refunded if the applicant is found ineligible to take the examinations.

(2) An applicant is entitled to take the examinations required in this section to practice dental hygiene in this state if the applicant:

(a) Is 18 years of age or older.

(b)1. Is a graduate of a dental hygiene college or school approved by the board or accredited by the Commission on Accreditation of the American Dental Association or its successor entity, if any, or any

other dental hygiene program accrediting entity recognized by the United States Department of Education; or

2. Is a graduate of a dental college or school accredited in accordance with s. 466.006(2)(b), or a graduate of an unaccredited dental college or school, and has met the requirements of subsection (3).

(c)1. In the case of a graduate of a dental hygiene college or school under subparagraph (2)(b)1.:

a. Has successfully completed the National Board of Dental Hygiene examination at any time before the date of application;

b. Has been certified by the American Dental Association Joint Commission on National Dental Examinations at any time before the date of application;

c. Effective January 1, 1997, has completed coursework that is comparable to an associate in science degree;

d. Has not been disciplined by a board, except for citation offenses or minor violations; and

e. Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.

2. In the case of a graduate of a dental college or school under subparagraph (2)(b)2.:

a. Has successfully completed the National Board Dental Hygiene Examination or the National Board Dental Examination;

b. Has not been disciplined by a board, except for citation offenses or minor violations; and

c. Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.

(3) A graduate of a dental college or school shall be entitled to take the examinations required in this section to practice dental hygiene in this state if, in addition to the requirements specified in subsection (2), the graduate meets the following requirements:

(a) Submits the following credentials for review by the board:

1. Transcripts totaling 4 academic years of postsecondary dental education; and

2. A dental school diploma which is comparable to a D.D.S. or D.M.D.

Such credentials shall be submitted in a manner provided by rule of the board. The board shall approve those credentials which comply with this paragraph and with rules of the board adopted pursuant to this paragraph. The provisions of this paragraph notwithstanding, an applicant of a foreign dental college or school not accredited in accordance with s. 466.006(2)(b) who cannot produce the credentials required by this paragraph, as a result of political or other conditions in the country in which the applicant received his or her education, may seek the board's approval of his or her educational background by submitting, in lieu of the credentials required in this paragraph, such other reasonable and reliable evidence as may be set forth by board rule. The board shall not accept such other evidence until it has made a reasonable attempt to obtain the credentials required by this paragraph from the educational institutions the applicant is alleged to have attended, unless the board is otherwise satisfied that such credentials cannot be obtained.

(b) Successfully completes one or more courses, of a scope and duration approved and defined by board rule, that meet the requirements of law for instructing health care providers on the human immunodeficiency virus and acquired immune deficiency syndrome. In addition, the board may require an applicant who graduated from a nonaccredited dental college or school to successfully complete additional coursework, only after failing the initial examination, as defined by board rule, at an educational institution approved by the board or accredited as provided in subparagraph (2)(b)1. A graduate of a foreign dental college or school not accredited in accordance with s. 466.006(2)(b) may not take the coursework set forth in this paragraph until the board has approved the credentials required by paragraph (a).

(4) Effective July 1, 2012, to be licensed as a dental hygienist in this state, an applicant must successfully complete the following:

(a) A written examination on the laws and rules of this state regulating the practice of dental hygiene.

(b) A practical or clinical examination approved by the board. The examination shall be the Dental Hygiene Examination produced by the American Board of Dental Examiners, Inc. (ADEX) or its successor entity, if any, if the board finds that the successor entity's clinical examination meets or exceeds the provisions of this section. The board shall approve the ADEX Dental Hygiene Examination if the board has attained and continues to maintain representation on the ADEX House of Representatives, the ADEX Dental Hygiene Examination Development Committee, and such other ADEX Dental Hygiene committees as the board deems appropriate through rulemaking to ensure that the standards established in this section are maintained organizationally. The ADEX Dental Hygiene Examination or the examination produced by its successor entity is a comprehensive examination in which an applicant must demonstrate skills within the dental hygiene scope of practice on a live patient and any other components that the board deems necessary for the applicant to successfully demonstrate competency for the purpose of licensure. The ADEX Dental Hygiene Examination or the examination by the successor entity administered in this state shall be graded by dentists and dental hygienists licensed in this state who are employed by the department for this purpose.

(5) Effective July 1, 2012, an applicant who has completed the ADEX Dental Hygiene Examination in a jurisdiction other than this state and who has obtained a passing score may practice dental hygiene in this state if the applicant:

(a) Has successfully completed the National Board Dental Hygiene Examination at any time before the date of application;

(b) Has been certified by the American Dental Association Joint Commission on National Dental Examinations at any time before the date of application, as specified by state law;

(c) Has successfully completed a written examination on the laws and rules of this state regulating the practice of dental hygiene;

(d) Has not been disciplined by a board, except for citation offenses or minor violations; and

(e) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.

(6)(a) A passing score on the ADEX Dental Hygiene Examination administered out of state shall be considered the same as a passing score for the ADEX Dental Hygiene Examination administered in this state and graded by licensed dentists and dental hygienists.

(b) If an applicant fails to pass the ADEX Dental Hygiene Examination in three attempts, the applicant is not eligible to retake the examination unless the applicant completes additional education requirements as specified by the board.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 6, 23, 24, ch. 86-291; s. 16, ch. 88-205; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 98, ch. 92-149; s. 1, ch. 94-105; s. 2, ch. 96-281; s. 1108, ch. 97-103; s. 70, ch. 98-166; s. 129, ch. 2000-160; s. 4, ch. 2005-189; s. 11, ch. 2008-64; s. 13, ch. 2011-95; s. 2, ch. 2012-14; s. 85, ch. 2013-15.

**466.0075 Applicants for examination; medical malpractice insurance.**—The board may require any person applying to take the examination to practice dentistry in this state or the examination to practice dental hygiene in this state to maintain medical malpractice insurance in amounts sufficient to cover any incident of harm to a patient during the clinical examination.

**History.**—s. 4, ch. 96-281.

**466.008 Certification of foreign educational institutions.**—

(1) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education which is reasonably comparable to that of similar accredited institutions in the United States and which adequately prepare their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of accredited dental schools or colleges. It is the purpose of this section to provide for the evaluation of foreign dental schools and the certification of those foreign dental schools which provide an education which is reasonably comparable to that of similar accredited institutions in the United States and which adequately prepare their students for the practice of dentistry.

(2) The department shall be responsible for the certification of foreign dental schools based on standards established pursuant to subsection (4). The department may contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools. Such consultant or organization shall report to the department regarding its findings in the survey and evaluation.

(3) The department shall establish a technical advisory group to review and comment upon the survey and evaluation of a foreign dental school contracted for pursuant to subsection (2) prior to any final action by the department regarding certification of the foreign dental school. The technical advisory group shall be selected by the department and shall consist of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking certification. None of the members of the technical advisory group shall be affiliated with the school seeking certification.

(4) Any foreign dental school which wishes to be certified pursuant to this section shall make application to the department for such certification, which shall be based upon a finding that the educational program of the foreign dental school is reasonably comparable to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Curriculum, faculty qualifications, student attendance, plant and facilities, and other relevant factors shall

be reviewed and evaluated. The board, with the cooperation of the department, shall identify by rule the standards and review procedures and methodology to be used in the certification process consistent with this subsection. The department shall not grant certification if deficiencies found are of such magnitude as to prevent the students in the school from receiving an educational base suitable for the practice of dentistry.

(5) Periodic surveys and evaluations of all certified schools shall be made to ensure continued compliance with this section. Certification shall include provisional and full certification. The provisional form of certification shall be for a period determined by the department, not to exceed 3 years, and shall be granted to an institution, in accordance with rule, to provide reasonable time for the school seeking permanent certification to overcome deficiencies found by the department. Prior to the expiration of a provisional certification and before the full certification is granted, the school shall be required to submit evidence that deficiencies noted at the time of initial application have been remedied. A school granted full certification shall provide evidence of continued compliance with this section. In the event that the department denies certification or recertification, the department shall give the school a specific listing of the deficiencies which caused the denial and the requirements for remedying the deficiencies, and shall permit the school, upon request, to demonstrate by satisfactory evidence, within 90 days, that it has remedied the deficiencies listed by the department.

(6) A school shall pay a registration fee established by rule of the department, not to exceed $1,000, at the time of application for certification and shall pay all reasonable costs and expenses the department expects to incur, in an amount not to exceed $40,000, for the conduct of the certification survey.

(7) The department shall renew a certification upon receipt of a renewal application, accompanied by a fee not to exceed $500. Each fully certified institution shall submit a renewal application every 7 years. Any certification which is not renewed shall automatically expire.

**History.**—s. 99, ch. 92-149.

**466.009 Reexamination.**—

(1) The department shall permit any person who fails an examination which is required under s. 466.006 or s. 466.007 to retake the examination. If the examination to be retaken is a practical or clinical examination, the applicant shall pay a reexamination fee set by rule of the board in an amount not to exceed the original examination fee.

(2) If an applicant for a license to practice dentistry fails the practical or clinical examination because of a failing grade on just one part or procedure tested, she or he shall be required to retake only that part or procedure. However, if any such applicant fails more than one part or procedure of any such examination, she or he shall be required to retake the entire examination.

(3) If an applicant for a license to practice dental hygiene fails one portion of the practical or clinical examination, such applicant shall be required to retake only that portion if she or he reapplies within 12 months. If, however, the applicant fails the prophylaxis, she or he shall be required to retake the entire examination.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 252, ch. 97-103; s. 14, ch. 2011-95.

**466.011 Licensure.**—The board shall certify for licensure by the department any applicant who satisfies the requirements of s. 466.006, s. 466.0067, or s. 466.007. The board may refuse to certify an applicant who has violated any of the provisions of s. 466.026 or s. 466.028.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 50, ch. 90-228; s. 4, ch. 90-341; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 3, ch. 94-105; s. 3, ch. 96-281; s. 8, ch. 2008-64; s. 15, ch. 2011-95.

**466.013 Renewal of license.**—

(1) The department shall renew a license upon receipt of the renewal application and the fee set by the board not to exceed $300.

(2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 36, ch. 89-162; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 180, ch. 94-119.

**466.0135 Continuing education; dentists.**—

(1) In addition to the other requirements for renewal set out in this chapter, each licensed dentist shall be required to complete biennially not less than 30 hours of continuing professional education in dental subjects. Programs of continuing education shall be programs of learning that contribute directly to the dental education of the dentist and may include, but shall not be limited to, attendance at lectures, study clubs, college postgraduate courses, or scientific sessions of conventions; and research, graduate study, teaching, or service as a clinician. Programs of continuing education shall be acceptable when adhering to the following general guidelines:

(a) The aim of continuing education for dentists is to improve all phases of dental health care delivery to the public.

(b) Continuing education courses shall address one or more of the following areas of professional development, including, but not limited to:

1. Basic medical and scientific subjects, including, but not limited to, biology, physiology, pathology, biochemistry, and pharmacology;

2. Clinical and technological subjects, including, but not limited to, clinical techniques and procedures, materials, and equipment; and

3. Subjects pertinent to oral health and safety.

(c) The board may also authorize up to three hours of credit biennially for a practice management course that includes principles of ethical practice management, provides substance abuse, effective communication with patients, time management, and burnout prevention instruction.

(d) Continuing education credits shall be earned at the rate of one-half credit hour per 25-30 contact minutes of instruction and one credit hour per 50-60 contact minutes of instruction.

(2) Programs meeting the general requirements of subsection (1) may be developed and offered to dentists by any of the following agencies or organizations:

(a) The American Dental Association, the National Dental Association, and state, district, or local dental associations and societies affiliated with the American Dental Association or the National Dental Association.

(b) National, state, district, or local dental specialty organizations affiliated with the American Dental Association.

(c) Dental colleges or schools accredited as provided in this chapter.

(d) Other organizations, schools, or agencies approved by the board.

(3) A dentist shall complete the required continuing education as provided in this section and shall retain in her or his records any receipts, vouchers, or certificates necessary to document completion of such continuing education.

(4) Compliance with the continuing education requirements of this section shall be mandatory for the issuance of a renewal certificate by the department; however, the board shall have the authority to excuse licensees, as a group or as individuals, from said requirements, or any part thereof, in the event of an unusual circumstance, emergency, or special hardship.

**History.**—ss. 3, 5, ch. 85-156; ss. 7, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 253, ch. 97-103; s. 5, ch. 2005-189; s. 26, ch. 2016-230.

**466.014 Continuing education; dental hygienists.**—In addition to the other requirements for relicensure for dental hygienists set out in this chapter, the board shall require each licensed dental hygienist to complete at least 24 hours but not more than 36 hours of continuing professional education in dental subjects, biennially, in programs prescribed or approved by the board or in equivalent programs of continuing education. Programs of continuing education approved by the board shall be programs of learning which, in the opinion of the board, contribute directly to the dental education of the dental hygienist. The board shall adopt rules and guidelines to administer and enforce this section. The dental hygienist shall retain in her or his records any receipts, vouchers, or certificates necessary to document completion of such continuing education. Compliance with the continuing education requirements is mandatory for issuance of the renewal certificate. The board may excuse licensees, as a group or as individuals, from all or part of the continuing education requirements if an unusual circumstance, emergency, or hardship has prevented compliance with this section.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 8, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 254, ch. 97-103; s. 122, ch. 2000-153; s. 27, ch. 2016-230.

**466.015 Inactive status.**—

(1) The board shall adopt rules relating to application procedures for inactive status, to the renewal of inactive licenses, and to the reactivation of licenses. The board shall prescribe by rule an application fee for inactive status, a biennial renewal fee for inactive status, a delinquency fee, and a fee for the reactivation of a license. None of these fees may exceed the biennial renewal fee established by the board for an active license.

(2) The department shall not reactivate a license unless the inactive or delinquent licensee has paid any applicable biennial renewal or delinquency fee, or both, and a reactivation fee.

**History.**—ss. 1, 3, ch. 79-330; s. 327, ch. 81-259; ss. 2, 3, ch. 81-318; s. 101, ch. 83-329; ss. 9, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 181, ch. 94-119.

**466.016 License to be displayed.**—Every practitioner of dentistry or dental hygiene within the meaning of this chapter shall post and keep conspicuously displayed her or his license in the office wherein she or he practices, in plain sight of the practitioner's patients. Any dentist or dental hygienist who practices at more than one location shall be required to display a copy of her or his license in each office where she or he practices.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 255, ch. 97-103.

**466.017 Prescription of drugs; anesthesia.**—

(1) A dentist shall have the right to prescribe drugs or medicine, subject to limitations imposed by law; perform surgical operations within the scope of her or his practice and training; administer general or local anesthesia or sedation, subject to limitations imposed by law; and use such appliances as may be necessary to the proper practice of dentistry.

(2) Pharmacists licensed pursuant to chapter 465 may fill prescriptions of legally licensed dentists in this state for any drugs necessary for the practice of dentistry.

(3) The board shall adopt rules which:

(a) Define general anesthesia.

(b) Specify which methods of general or local anesthesia or sedation, if any, are limited or prohibited for use by dentists.

(c) Establish minimal training, education, experience, or certification for a dentist to use general anesthesia or sedation, which rules may exclude, in the board's discretion, those dentists using general anesthesia or sedation in a competent and effective manner as of the effective date of the rules.

(d) Establish further requirements relating to the use of general anesthesia or sedation, including, but not limited to, office equipment and the training of dental assistants or dental hygienists who work with dentists using general anesthesia or sedation.

(e) Establish an administrative mechanism enabling the board to verify compliance with training, education, experience, equipment, or certification requirements of dentists, dental hygienists, and dental assistants adopted pursuant to this subsection. The board may charge a fee to defray the cost of verifying compliance with requirements adopted pursuant to this paragraph.

(4) A dentist or dental hygienist who administers or employs the use of any form of anesthesia must possess a certification in either basic cardiopulmonary resuscitation for health professionals or advanced cardiac life support approved by the American Heart Association or the American Red Cross or an equivalent agency-sponsored course with recertification every 2 years. Each dental office which uses any form of anesthesia must have immediately available and in good working order such resuscitative equipment, oxygen, and other resuscitative drugs as are specified by rule of the board in order to manage possible adverse reactions.

(5) A dental hygienist under the direct supervision of a dentist may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, to a nonsedated patient who is 18 years of age or older, if the following criteria are met:

(a) The dental hygienist has successfully completed a course in the administration of local anesthesia which is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board. The course must include a minimum of 30 hours of didactic instruction and 30 hours of clinical experience, and instruction in:

1. Theory of pain control.
2. Selection-of-pain-control modalities.

3. Anatomy.
4. Neurophysiology.
5. Pharmacology of local anesthetics.
6. Pharmacology of vasoconstrictors.
7. Psychological aspects of pain control.
8. Systematic complications.
9. Techniques of maxillary anesthesia.
10. Techniques of mandibular anesthesia.
11. Infection control.
12. Medical emergencies involving local anesthesia.

(b) The dental hygienist presents evidence of current certification in basic or advanced cardiac life support.

(c) The dental hygienist possesses a valid certificate issued under subsection (6).

(6) Any dental hygienist seeking a certificate to administer local anesthesia must apply to the department, remit an application fee, and submit proof of successful completion of a course in the administration of local anesthesia pursuant to subsection (5). The board shall certify, and the department shall issue a certificate to, any dental hygienist who fulfills the qualifications of subsection (5). The board shall establish a one-time application fee not to exceed $35. The certificate is not subject to renewal but is part of the dental hygienist's permanent record and must be prominently displayed at the location where the dental hygienist is authorized to administer local anesthesia. The board shall adopt rules necessary to administer subsection (5) and this subsection.

(7) A licensed dentist may utilize an X-ray machine, expose dental X-ray films, and interpret or read such films. The provisions of part IV of chapter 468 to the contrary notwithstanding, a licensed dentist may authorize or direct a dental assistant to operate such equipment and expose such films under her or his direction and supervision, pursuant to rules adopted by the board in accordance with s. 466.024 which ensure that said assistant is competent by reason of training and experience to operate said equipment in a safe and efficient manner. The board may charge a fee not to exceed $35 to defray the cost of verifying compliance with requirements adopted pursuant to this section.

(8) The provisions of s. 465.0276 notwithstanding, a dentist need not register with the board or comply with the continuing education requirements of that section if the dentist confines her or his dispensing activity to the dispensing of fluorides and chlorohexidine rinse solutions; provided that the dentist complies with and is subject to all laws and rules applicable to pharmacists and pharmacies, including, but not limited to, chapters 465, 499, and 893, and all applicable federal laws and regulations, when dispensing such products.

**History.**—ss. 1, 3, ch. 79-330; ss. 13, 15, 25, 27, 30, 34, 62, ch. 80-406; s. 328, ch. 81-259; ss. 2, 3, ch. 81-318; s. 1, ch. 85-156; ss. 10, 23, 24, ch. 86-291; s. 1, ch. 87-208; s. 37, ch. 89-162; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 34, ch. 95-144; s. 256, ch. 97-103; s. 109, ch. 97-264; s. 3, ch. 2012-14.

**466.018 Dentist of record; patient records.**—

(1) Each patient shall have a dentist of record. The dentist of record shall remain primarily responsible for all dental treatment on such patient regardless of whether the treatment is rendered by the dentist or by another dentist, dental hygienist, or dental assistant rendering such treatment in conjunction with, at the direction or request of, or under the supervision of such dentist of record. The dentist of record shall be identified in the record of the patient. If treatment is rendered by a dentist other than the dentist of record or by a dental hygienist or assistant, the name or initials of such person shall be placed in the record of the patient. In any disciplinary proceeding brought pursuant to this chapter or chapter 456, it shall be presumed as a matter of law that treatment was rendered by the dentist of record unless otherwise noted on the patient record pursuant to this section. The dentist of record and any other treating dentist are subject to discipline pursuant to this chapter or chapter 456 for treatment rendered the patient and performed in violation of such chapter. One of the purposes of this section is to ensure that the responsibility for each patient is assigned to one dentist in a multidentist practice of any nature and to assign primary responsibility to the dentist for treatment rendered by a dental hygienist or assistant under her or his supervision. This section shall not be construed to assign any responsibility to a dentist of record for treatment rendered pursuant to a proper referral to another dentist not in practice with the dentist of record or to prohibit a patient from voluntarily selecting a new dentist without permission of the dentist of record.

(2) If the dentist of record is not identified in the patient record as required by subsection (1), it shall be presumed as a matter of law that the dentist of record is the owner of the dental practice in which the patient was treated. Further, the dentist of record in a multidentist practice shall not change unless the subsequent treating dentist acknowledges in writing in the record that she or he is now the dentist of record for the patient. It shall be presumed as a matter of law that a new dentist of record has taken or reviewed the patient's medical history and dental records, that she or he has examined the patient, and that she or he has either developed a new treatment plan or has agreed to continue the preexisting treatment plan. However, the dentist of record shall be changed when the dentist of record leaves the practice where the treatment was being rendered and the patient elects to continue treatment in the office where treatment began.

(3) Every dentist shall maintain written dental records and medical history records which justify the course of treatment of the patient. The records shall include, but not be limited to, patient history, examination results, test results, and, if taken, X rays.

(4) In a multidentist practice of any nature, the owner dentist shall maintain either the original or a duplicate of all patient records, including dental charts, patient histories, examination and test results, study models, and X rays, of any patient treated by a dentist at the owner dentist's practice facility. The purpose of this requirement is to impose a duty upon the owner of a multidentist practice to maintain patient records for all patients treated at the owner's practice facility whether or not the owner was involved in the patient's treatment. This subsection does not relieve the dentist of record in a multidentist practice of the responsibility to maintain patient records. An owner dentist of a multidentist practice may be relieved of the responsibility to maintain the original or duplicate patient records for patients treated at the owner dentist's practice facility if, upon request of the patient or the patient's legal representative,

she or he transfers custody of the records to another dentist, the patient, or the patient's legal representative and retains, in lieu of the records, a written statement, signed by the owner dentist, the person who received the records, and two witnesses, that lists the date, the records that were transferred, and the persons to whom the records were transferred. Further, the dentist of record may be relieved of the responsibility to maintain the original or duplicate patient records if she or he leaves the practice where the treatment was rendered, transfers custody of the records to the owner of the practice, and retains, in lieu of the records, a written statement, signed by the dentist of record, the owner of the practice, and two witnesses, that lists the date and the records that were transferred. The owner dentist shall provide reasonable access to duplicate records at cost.

(5) All patient records kept in accordance with this section shall be maintained for a period of 4 years from the date of the patient's last appointment.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 3, 41, ch. 82-179; ss. 11, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 257, ch. 97-103; s. 71, ch. 98-166; s. 130, ch. 2000-160.

**466.019 Advertising by dentists.**—

(1) The purpose of this section is to ensure that the public has access to information which provides a sufficient basis upon which to make an informed selection of dentists while also ensuring that the public is protected from false or misleading advertisements which would detract from a fair and rational selection process. The board shall adopt rules to carry out the intent of this section, the purpose of which shall be to regulate the manner of such advertising in keeping with the provisions hereof.

(2) No advertisement by a licensed dentist shall contain any false, fraudulent, misleading, or deceptive statement or claim or any statement or claim which:

(a) Contains misrepresentations of fact;

(b) Is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;

(c) Contains laudatory statements about the dentist or group of dentists;

(d) Is intended or is likely to create false, unjustified expectations of favorable results;

(e) Relates to the quality of dental services provided as compared to other available dental services;

(f) Is intended or is likely to appeal primarily to a layperson's fears;

(g) Contains fee information without a disclaimer that such is a minimum fee only; or

(h) Contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or to be deceived.

(3) For purposes of this section, D.D.S. or D.M.D. are synonymous and may be used interchangeably by licensed dentists who have graduated from an accredited American dental school with a D.D.S. or D.M.D. degree, when advertising dental services.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 12, 23, 24, ch. 86-291; ss. 14, 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429.

**466.021 Retention of dental laboratories by dentist; penalty.**—Each licensed dentist who uses the services of any dental laboratory for the purpose of constructing, altering, repairing, or

duplicating any denture, implant, veneer, partial denture, bridge splint, orthodontic or other prosthetic appliance, or other suitable form of artificial oral restorative device shall be required to furnish the dental laboratory with a written prescription in a form prescribed by rule of the board. This prescription shall be dated and signed by the dentist and shall include the license number of the dentist, the patient's name or number with sufficient descriptive information to clearly identify each separate and individual piece of work to be performed by the dental laboratory, and a specification of materials to be contained in each work product. A copy of the prescription shall be retained in a file in the prescribing dentist's office for a period of 4 years following the date the prescription was issued, and the original prescription shall be retained in a file by the dental laboratory for a period of 4 years. A registered dental laboratory shall disclose in writing at the time of delivery of the final restoration to the prescribing dentist the materials and all certificates of authenticity that constitute each product manufactured and the point of origin of manufacture of each restoration, including the address and contact information of the dental laboratory. The file of prescriptions to be kept by the dentist and the dental laboratory shall be open to inspection at any reasonable time by the department or its constituted agent. Failure of the dentist to keep records of each prescription shall subject the dentist to suspension or revocation of her or his license to practice dentistry in this state. Failure of a dental laboratory that has accepted a prescription to have the original or electronic copy of each prescription and to ensure the accuracy of each product's material disclosure at the time it is delivered to the prescribing dentist as required by this section is admissible evidence of a violation of this chapter and constitutes a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. This section does not preclude a registered dental laboratory from working for another registered dental laboratory if that work is performed pursuant to written authorization, in a form to be prescribed by rule of the board, which evidences that the originating laboratory has obtained a valid prescription and which sets forth the work to be performed and the resulting material certifications to be provided. A dental laboratory accepting prescriptions from dentists is liable for damages caused by inaccuracies in the material disclosure, certificates of authenticity, or point of origin provided by the dental laboratory to the prescribing dentist. This section does not preclude a registered laboratory from providing its services to dentists licensed and practicing in another state if that work is requested or otherwise authorized in written form that clearly identifies the name and address of the requesting dentist and sets forth the work to be performed and otherwise complies with all applicable laws and treaties.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 93, ch. 91-224; s. 4, ch. 91-429; s. 258, ch. 97-103; s. 2, ch. 99-183; s. 126, ch. 99-397; s. 6, ch. 2005-189; s. 9, ch. 2008-64.

**466.022 Peer review; records; immunity; confidentiality.**—

(1) The Legislature finds that effective peer review of consumer complaints by professional associations of dentists is a valuable service to the public. In performing such service, any member of a peer review organization or committee shall, pursuant to s. 466.028(1)(f), report to the department the name of any licensee who he or she believes has violated this chapter. Any such peer review committee member shall be afforded the privileges and immunities of any other complainant or witness which are provided by s. 456.073(11). Furthermore, a professional organization or association of dentists which sponsors, sanctions, or otherwise operates or participates in peer review activities is hereby afforded the same privileges and immunities afforded to any member of a duly constituted medical review committee by s. 766.101(3).

(2) Information obtained from the official records of peer review organizations or committees shall not be subject to discovery or introduction into evidence in any disciplinary proceeding against a licensee. Further, no person who voluntarily serves on a peer review committee or who investigates a complaint for the committee shall be permitted or required to testify in any such disciplinary proceeding as to any evidence or other matters produced or presented during the proceedings of such organization or committee or as to any findings, recommendations, evaluations, opinions, or other actions of such organization or committee or any members thereof. However, nothing in this section shall be construed to mean that information, documents, or records otherwise available and obtained from original sources are immune from discovery or use in any such disciplinary proceeding merely because they were presented during proceedings of a peer review organization or committee. Members of peer review organizations shall assist the department in identification of such original sources when possible.

(3) Peer review information obtained by the department as background information shall remain confidential and exempt from ss. 119.07(1) and 286.011 regardless of whether probable cause is found. The provisions of s. 766.101 continue to apply in full notwithstanding the fact that peer review information becomes available to the department pursuant to this chapter. For the purpose of this section, official records of peer review organizations or committees include correspondence between the dentist who is the subject of the complaint and the organization; correspondence between the complainant and the organization; diagnostic data, treatment plans, and radiographs used by investigators or otherwise relied upon by the organization or committee; results of patient examinations; interviews; evaluation worksheets; recommendation worksheets; and peer review report forms.

(4) The provisions of this section shall apply to ethics review committees of a professional association of dentists.

**History.**—ss. 13, 24, ch. 86-291; s. 2, ch. 87-208; s. 8, ch. 89-162; s. 60, ch. 91-137; s. 22, ch. 91-140; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 35, ch. 95-144; s. 318, ch. 96-406; s. 1109, ch. 97-103; s. 72, ch. 98-166; s. 131, ch. 2000-160.

**466.023 Dental hygienists; scope and area of practice.**—

(1) Except as otherwise provided in s. 466.024, only dental hygienists may be delegated the task of removing calculus deposits, accretions, and stains from exposed surfaces of the teeth and from the gingival sulcus and the task of performing root planing and curettage. In addition, dental hygienists may expose dental X-ray films, apply topical preventive or prophylactic agents, and perform all tasks delegable by the dentist in accordance with s. 466.024. The board by rule shall determine whether such functions shall be performed under the direct, indirect, or general supervision of the dentist.

(2) Dental hygienists may perform their duties:

(a) In the office of a licensed dentist;

(b) In public health programs and institutions of the Department of Children and Families, Department of Health, and Department of Juvenile Justice under the general supervision of a licensed dentist;

(c) In a health access setting as defined in s. 466.003; or

(d) Upon a patient of record of a dentist who has issued a prescription for the services of a dental hygienist, which prescription shall be valid for 2 years unless a shorter length of time is designated by the dentist, in:

1. Licensed public and private health facilities;
2. Other public institutions of the state and federal government;
3. Public and private educational institutions;
4. The home of a nonambulatory patient; and
5. Other places in accordance with the rules of the board.

However, the dentist issuing such prescription shall remain responsible for the care of such patient. As used in this subsection, "patient of record" means a patient upon whom a dentist has taken a complete medical history, completed a clinical examination, recorded any pathological conditions, and prepared a treatment plan.

(3) Dental hygienists may, without supervision, provide educational programs, faculty or staff training programs, and authorized fluoride rinse programs; apply fluorides; instruct a patient in oral hygiene care; supervise the oral hygiene care of a patient; and perform other services that do not involve diagnosis or treatment of dental conditions and that are approved by rule of the board.

(4) The board by rule may limit the number of dental hygienists or dental assistants to be supervised by a dentist if they perform expanded duties requiring direct or indirect supervision pursuant to the provisions of this chapter. The purpose of the limitation shall be to protect the health and safety of patients and to ensure that procedures which require more than general supervision be adequately supervised. However, the Department of Children and Families, Department of Health, Department of Juvenile Justice, and public institutions approved by the board shall not be so limited as to the number of dental hygienists or dental assistants working under the supervision of a licensed dentist.

(5) Dental hygienists may, without supervision, perform dental charting as provided in s. 466.0235.

(6) Dental hygienists are exempt from the provisions of part IV of chapter 468.

(7) A dental hygienist may administer local anesthesia as provided in ss. 466.017 and 466.024.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 14, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 36, ch. 95-144; s. 5, ch. 96-281; s. 225, ch. 99-8; s. 1, ch. 2006-149; s. 5, ch. 2011-95; s. 4, ch. 2012-14; s. 271, ch. 2014-19.

**466.0235 Dental charting.**—

(1) For purposes of this section, the term "dental charting" means a recording of visual observations of clinical conditions of the oral cavity without the use of X rays, laboratory tests, or other diagnostic methods or equipment, except the instruments necessary to record visual restorations, missing teeth, suspicious areas, and periodontal pockets.

(2) A dental hygienist may, without supervision and within the lawful scope of his or her duties as authorized by law, perform dental charting of hard and soft tissues in public and private educational institutions of the state and Federal Government, nursing homes, assisted living and long-term care facilities, community health centers, county health departments, mobile dental or health units, health

access settings as defined in s. 466.003, and epidemiological surveys for public health. A dental hygienist may also perform dental charting on a volunteer basis at health fairs.

(3) Each person who receives a dental charting pursuant to this section, or the parent or legal guardian of the person, shall receive and acknowledge a written disclosure form before receiving the dental charting procedure that states that the purpose of the dental charting is to collect data for use by a dentist at a prompt subsequent examination. The disclosure form shall also emphasize that diagnosis of caries, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions can only be completed by a dentist in the context of delivering a comprehensive dental examination.

(4) The board shall approve the content of charting and disclosure forms to be used under this section. Both forms shall emphasize the inherent limitations of dental charting and encourage complete examination by a dentist in rendering a professional diagnosis of the patient's overall oral health needs.

(5) Dental charting performed under this section is not a substitute for a comprehensive dental examination.

(6) Medical clearance by a physician or dentist is required before a periodontal probe may be used on a person who receives a dental charting.

(7) Nothing in this section shall be construed to permit direct reimbursement for dental charting performed under this section by Medicaid, health insurers, health maintenance organizations, prepaid dental plans, or other third-party payors beyond what is otherwise allowable by law.

(8) All referrals made in conjunction with the provision of dental charting services under this section shall be in strict conformance with federal and state patient referral, anti-kickback, and patient brokering laws.

(9) A dental hygienist performing dental charting without supervision shall not be deemed to have created either a patient of record or a medical record.

**History.**—s. 2, ch. 2006-149; s. 6, ch. 2011-95.

**466.024 Delegation of duties; expanded functions.**—

(1) A dentist may not delegate irremediable tasks to a dental hygienist or dental assistant, except as provided by law. A dentist may delegate remediable tasks to a dental hygienist or dental assistant when such tasks pose no risk to the patient. A dentist may only delegate remediable tasks so defined by law or rule of the board. The board by rule shall designate which tasks are remediable and delegable, except that the following are by law found to be remediable and delegable:

(a) Taking impressions for study casts but not for the purpose of fabricating any intraoral restorations or orthodontic appliance.

(b) Placing periodontal dressings.

(c) Removing periodontal or surgical dressings.

(d) Removing sutures.

(e) Placing or removing rubber dams.

(f) Placing or removing matrices.

(g) Placing or removing temporary restorations.

(h) Applying cavity liners, varnishes, or bases.

(i) Polishing amalgam restorations.

(j) Polishing clinical crowns of the teeth for the purpose of removing stains but not changing the existing contour of the tooth.

(k) Obtaining bacteriological cytological specimens not involving cutting of the tissue.

(l) Administering local anesthesia pursuant to s. 466.017(5).

This subsection does not limit delegable tasks to those specified herein.

(2) A dental hygienist licensed in this state may perform the following remediable tasks in a health access setting as defined in s. 466.003 without the physical presence, prior examination, or authorization of a dentist:

(a) Perform dental charting as defined in s. 466.0235 and as provided by rule.

(b) Measure and record a patient's blood pressure rate, pulse rate, respiration rate, and oral temperature.

(c) Record a patient's case history.

(d) Apply topical fluorides, including fluoride varnishes, which are approved by the American Dental Association or the Food and Drug Administration.

(e) Apply dental sealants.

(f) Remove calculus deposits, accretions, and stains from exposed surfaces of the teeth and from tooth surfaces within the gingival sulcus.

1. A dentist licensed under this chapter or a physician licensed under chapter 458 or chapter 459 must give medical clearance before a dental hygienist removes calculus deposits, accretions, and stains from exposed surfaces of the teeth or from tooth surfaces within the gingival sulcus.

2. A dentist shall conduct a dental examination on a patient within 13 months after a dental hygienist removes the patient's calculus deposits, accretions, and stains from exposed surfaces of the teeth or from tooth surfaces within the gingival sulcus. Additional oral hygiene services may not be performed under this paragraph without a clinical examination by a dentist who is licensed under this chapter.

This subsection does not authorize a dental hygienist to perform root planing or gingival curettage without supervision by a dentist.

(3) For all remediable tasks listed in subsection (2), the following disclaimer must be provided to the patient in writing before any procedure is performed:

(a) The services being offered are not a substitute for a comprehensive dental exam by a dentist.

(b) The diagnosis of caries, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions will be completed only by a dentist in the context of delivering a comprehensive dental exam.

(4) This section does not prevent a program operated by one of the health access settings as defined in s. 466.003 or a nonprofit organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code and described in s. 501(c)(3) of the Internal Revenue Code from billing and

obtaining reimbursement for the services described in this section which are provided by a dental hygienist or from making or maintaining any records pursuant to s. 456.057 necessary to obtain reimbursement.

(5) A dental hygienist who performs, without supervision, the remediable tasks listed in subsection (2) shall:

(a) Provide a dental referral in strict compliance with federal and state patient referral, anti-kickback, and patient brokering laws.

(b) Encourage the establishment of a dental home.

(c) Maintain professional malpractice insurance coverage that has minimum limits of $100,000 per occurrence and $300,000 in the aggregate through the employing health access setting or individual policy.

(6) Notwithstanding subsection (1) or subsection (2), a dentist may delegate the tasks of gingival curettage and root planing to a dental hygienist but not to a dental assistant.

(7) All other remediable tasks shall be performed under the direct, indirect, or general supervision of a dentist, as determined by rule of the board, and after such formal or on-the-job training by the dental hygienist or dental assistant as the board by rule may require. The board by rule may establish a certification process for expanded-duty dental assistants, establishing such training or experience criteria or examinations as it deems necessary and specifying which tasks may be delegable only to such assistants. If the board does establish such a certification process, the department shall implement the application process for such certification and administer any examinations required.

(8) Notwithstanding subsection (1) or subsection (2), a dentist may not delegate to anyone other than another licensed dentist:

(a) Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician.

(b) Any diagnosis for treatment or treatment planning.

(9) Notwithstanding any other provision of law, a dentist is primarily responsible for all procedures delegated by her or him.

(10) A dental assistant may not perform an intraoral procedure except after such formal or on-the-job training as the board by rule shall prescribe.

**History.**—ss. 1, 3, ch. 79-330; ss. 13, 15, 25, 28, 30, 34, 62, ch. 80-406; ss. 2, 3, ch. 81-318; s. 2, ch. 85-156; ss. 15, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 259, ch. 97-103; s. 7, ch. 2011-95; s. 5, ch. 2012-14.

**466.025 Permitting of dental interns serving at state institutions; certification of dentists practicing at government facilities; permitting of nonprofit corporations.**—

(1) The department shall, upon presentation of satisfactory credentials meeting such requirements as the board may by rule prescribe, issue a permit to a graduate of an approved dental school or college who has not been licensed to practice dentistry in this state to serve as a dental intern in state-maintained and state-operated hospitals or institutes of Florida that may offer such a post or in such hospitals or institutions as shall be approved by the board; provided such hospitals or institutions

maintain a recognized staff of one or more licensed dentists. Such intern shall function under the general supervision of the dental staff of such hospital. Her or his work shall be limited to the patients confined to the hospital in which she or he serves, and she or he shall serve without fee or compensation other than that received in salary or other remuneration from such hospital. The board shall have the power to revoke the permit of any such intern at any time upon the recommendation by the executive officer of the dental staff of the hospital or institution in which the intern serves or for any other just cause.

(2) The department shall have the authority to issue temporary certificates to graduates of accredited dental schools to practice in state and county government facilities, working under the general supervision of licensed dentists of this state in the state or county facility, provided such certificates shall be issued only to graduates of schools approved by the board and further subject to cancellation for just cause. A certificate issued under this section is valid only for such time as the dentist remains employed by a state or county government facility.

(3) The department shall have the authority, upon presentation of satisfactory credentials and under such rules as the board may prescribe, to issue a permit to a nonprofit corporation chartered for one or more of the following purposes:

(a) Training and teaching dental assistants in the public schools of the state.

(b) Promoting research and training among duly licensed dentists in the state.

(c) Providing dental care for indigent persons.

Such nonprofit corporations shall function pursuant to rule of the board. The board shall have the power to revoke the permit issued to any such corporations for any violation of the rules. Such permits shall be granted and issued for a period of 1 year and shall be renewed only upon application and approval of the board and upon a showing by the nonprofit corporation that it is complying and will comply with the rules and regulations and all provisions prescribed by the board.

**History.**—ss. 1, 3, ch. 79-330; ss. 13, 15, 25, 29, 30, 34, 62, ch. 80-406; ss. 2, 3, ch. 81-318; ss. 16, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 100, ch. 92-149; s. 260, ch. 97-103; s. 7, ch. 2005-189.

**466.026 Prohibitions; penalties.**—

(1) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:

(a) Practicing dentistry or dental hygiene unless the person has an appropriate, active license issued by the department pursuant to this chapter.

(b) Using or attempting to use a license issued pursuant to this chapter which license has been suspended or revoked.

(c) Knowingly employing any person to perform duties outside the scope allowed such person under this chapter or the rules of the board.

(d) Giving false or forged evidence to the department or board for the purpose of obtaining a license.

(e) Selling or offering to sell a diploma conferring a degree from a dental college or dental hygiene school or college, or a license issued pursuant to this chapter, or procuring such diploma or license with

intent that it shall be used as evidence of that which the document stands for, by a person other than the one upon whom it was conferred or to whom it was granted.

(2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:

(a) Using the name or title "dentist," the letters "D.D.S." or "D.M.D.", or any other words, letters, title, or descriptive matter which in any way represents a person as being able to diagnose, treat, prescribe, or operate for any disease, pain, deformity, deficiency, injury, or physical condition of the teeth or jaws or oral-maxillofacial region unless the person has an active dentist's license issued by the department pursuant to this chapter.

(b) Using the name "dental hygienist" or the initials "R.D.H." or otherwise holding herself or himself out as an actively licensed dental hygienist or implying to any patient or consumer that she or he is an actively licensed dental hygienist unless that person has an active dental hygienist's license issued by the department pursuant to this chapter.

(c) Presenting as her or his own the license of another.

(d) Knowingly concealing information relative to violations of this chapter.

(e) Performing any services as a dental assistant as defined herein, except in the office of a licensed dentist, unless authorized by this chapter or by rule of the board.

**History.**—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 17, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 94, ch. 91-224; s. 4, ch. 91-429; s. 261, ch. 97-103; s. 56, ch. 2000-318.

**466.027 Sexual misconduct.**—The dentist-patient relationship is founded on mutual trust. Sexual misconduct in the practice of dentistry means violation of the dentist-patient relationship through which the dentist uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of dentistry is prohibited.

**History.**—ss. 1, 3, ch. 79-330; s. 329, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429.

**466.0275 Lawful investigations; consent handwriting samples; mental or physical examination.**—Every dentist who accepts a license to practice dentistry in this state shall, by so accepting the license or by making and filing a renewal of licensure to practice in this state, be deemed to have given consent, during a lawful investigation of a complaint to the following:

(1) To render a handwriting sample to an agent of the department and, further, to have waived any objections to its use as evidence against her or him.

(2) Only in those circumstances where there is probable cause that the dentist is guilty of violations involving moral turpitude, impairment, violations of laws governing controlled substances, or any violation of criminal law, the dentist shall be deemed to waive the confidentiality and to execute a release of medical reports pertaining to the mental or physical condition of the dentist herself or himself. The department shall issue an order, based on the need for additional information, to produce such medical reports for the time period relevant to the investigation. As used in this section, "medical reports" means a compilation of medical treatment of the dentist herself or himself which includes symptoms, diagnosis,

treatment prescribed, relevant history, and progress. The dentist shall also be deemed to waive any objection to the admissibility of the reports as constituting privileged communications. Such material maintained by the department shall remain confidential and exempt from s. 119.07(1) until probable cause is found and an administrative complaint issued.

**History.**—s. 20, ch. 88-392; s. 1, ch. 89-296; ss. 60, 64, ch. 91-137; s. 23, ch. 91-140; ss. 7, 8, ch. 91-156; s. 4, ch. 91-429; s. 319, ch. 96-406; s. 1110, ch. 97-103.

**466.02751 Establishment of practitioner profile for designation as a controlled substance prescribing practitioner.**—The Department of Health shall establish a practitioner profile for dentists licensed under this chapter for a practitioner's designation as a controlled substance prescribing practitioner as provided in s. 456.44.

**History.**—s. 29, ch. 2011-141; s. 23, ch. 2016-224.

**466.028 Grounds for disciplinary action; action by the board.**—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(a) Attempting to obtain, obtaining, or renewing a license under this chapter by bribery, fraudulent misrepresentations, or through an error of the department or the board.

(b) Having a license to practice dentistry or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

(c) Being convicted or found guilty of or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of dentistry or dental hygiene. A plea of nolo contendere shall create a rebuttable presumption of guilt to the underlying criminal charges.

(d) Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form or content contrary to s. 466.019 or rules of the board adopted pursuant thereto.

(e) Advertising, practicing, or attempting to practice under a name other than one's own.

(f) Failing to report to the department any person who the licensee knows, or has reason to believe, is clearly in violation of this chapter or of the rules of the department or the board.

(g) Aiding, assisting, procuring, or advising any unlicensed person to practice dentistry or dental hygiene contrary to this chapter or to a rule of the department or the board.

(h) Being employed by any corporation, organization, group, or person other than a dentist or a professional corporation or limited liability company composed of dentists to practice dentistry.

(i) Failing to perform any statutory or legal obligation placed upon a licensee.

(j) Making or filing a report which the licensee knows to be false, failing to file a report or record required by state or federal law, knowingly impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the capacity as a licensee.

(k) Committing any act which would constitute sexual battery, as defined in chapter 794, upon a patient or intentionally touching the sexual organ of a patient.

(l) Making deceptive, untrue, or fraudulent representations in or related to the practice of dentistry.

(m) Failing to keep written dental records and medical history records justifying the course of treatment of the patient including, but not limited to, patient histories, examination results, test results, and X rays, if taken.

(n) Failing to make available to a patient or client, or to her or his legal representative or to the department if authorized in writing by the patient, copies of documents in the possession or under control of the licensee which relate to the patient or client.

(o) Performing professional services which have not been duly authorized by the patient or client, or her or his legal representative, except as provided in ss. 766.103 and 768.13.

(p) Prescribing, procuring, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the professional practice of the dentist. For the purposes of this paragraph, it shall be legally presumed that prescribing, procuring, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the professional practice of the dentist, without regard to her or his intent.

(q) Prescribing, procuring, dispensing, or administering any medicinal drug appearing on any schedule set forth in chapter 893, by a dentist to herself or himself, except those prescribed, dispensed, or administered to the dentist by another practitioner authorized to prescribe them.

(r) Prescribing, procuring, ordering, dispensing, administering, supplying, selling, or giving any drug which is a Schedule II amphetamine or a Schedule II sympathomimetic amine drug or a compound thereof, pursuant to chapter 893, to or for any person except for the clinical investigation of the effects of such drugs or compounds when an investigative protocol therefor is submitted to, and reviewed and approved by, the board before such investigation is begun.

(s) Being unable to practice her or his profession with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or her or his designee that probable cause exists to believe that the licensee is unable to practice dentistry or dental hygiene because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of her or his profession with reasonable skill and safety to patients.

(t) Fraud, deceit, or misconduct in the practice of dentistry or dental hygiene.

(u) Failure to provide and maintain reasonable sanitary facilities and conditions.

(v) Failure to provide adequate radiation safeguards.

(w) Performing any procedure or prescribing any therapy which, by the prevailing standards of dental practice in the community, would constitute experimentation on human subjects, without first obtaining full, informed, and written consent.

(x) Being guilty of incompetence or negligence by failing to meet the minimum standards of performance in diagnosis and treatment when measured against generally prevailing peer performance, including, but not limited to, the undertaking of diagnosis and treatment for which the dentist is not qualified by training or experience or being guilty of dental malpractice. For purposes of this paragraph, it shall be legally presumed that a dentist is not guilty of incompetence or negligence by declining to treat an individual if, in the dentist's professional judgment, the dentist or a member of her or his clinical staff is not qualified by training and experience, or the dentist's treatment facility is not clinically satisfactory or properly equipped to treat the unique characteristics and health status of the dental patient, provided the dentist refers the patient to a qualified dentist or facility for appropriate treatment. As used in this paragraph, "dental malpractice" includes, but is not limited to, three or more claims within the previous 5-year period which resulted in indemnity being paid, or any single indemnity paid in excess of $25,000 in a judgment or settlement, as a result of negligent conduct on the part of the dentist.

(y) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that she or he is not competent to perform.

(z) Delegating professional responsibilities to a person who is not qualified by training, experience, or licensure to perform them.

(aa) The violation of a lawful order of the board or department previously entered in a disciplinary hearing; or failure to comply with a lawfully issued subpoena of the board or department.

(bb) Conspiring with another licensee or with any person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another licensee from lawfully advertising her or his services.

(cc) Being adjudged mentally incompetent in this or any other state, the discipline for which shall last only so long as the adjudication.

(dd) Presigning blank prescription or laboratory work order forms.

(ee) Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance. For the purposes of this subsection, the term "muscle building" does not include the treatment of injured muscle. A prescription written for the drug products listed above may be dispensed by the pharmacist with the presumption that the prescription is for legitimate medical use.

(ff) Operating or causing to be operated a dental office in such a manner as to result in dental treatment that is below minimum acceptable standards of performance for the community. This includes, but is not limited to, the use of substandard materials or equipment, the imposition of time limitations within which dental procedures are to be performed, or the failure to maintain patient records as required by this chapter.

(gg) Administering anesthesia in a manner which violates rules of the board adopted pursuant to s. 466.017.

(hh) Failing to report to the department any licensee under chapter 458 or chapter 459 who the dentist knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the dentist also provides services.

(ii) Failing to report to the board, in writing, within 30 days if action has been taken against one's license to practice dentistry in another state, territory, or country.

(jj) Advertising specialty services in violation of this chapter.

(kk) Allowing any person other than another dentist or a professional corporation or limited liability company composed of dentists to direct, control, or interfere with a dentist's clinical judgment; however, this paragraph may not be construed to limit a patient's right of informed consent. To direct, control, or interfere with a dentist's clinical judgment may not be interpreted to mean dental services contractually excluded, the application of alternative benefits that may be appropriate given the dentist's prescribed course of treatment, or the application of contractual provisions and scope of coverage determinations in comparison with a dentist's prescribed treatment on behalf of a covered person by an insurer, health maintenance organization, or a prepaid limited health service organization.

(ll) Providing deceptive or fraudulent expert witness testimony related to the practice of dentistry.

(mm) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

(2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

(3) There shall be a minimum 6-month suspension of the license of a dentist who is convicted of a violation of paragraph (1)(z).

(4) The department shall reissue the license of a disciplined licensee upon certification by the board that the disciplined licensee has complied with all of the terms and conditions set forth in the final order.

(5) In addition, if the department finds that an applicant has a complaint filed against her or him in another jurisdiction, the board may deny the application pending final disposition of the complaint.

(6) Upon the department's receipt from an insurer or self-insurer of a report of a closed claim against a dentist pursuant to s. 627.912 or upon the receipt from a claimant of a presuit notice against a dentist pursuant to s. 766.106 the department shall review each report and determine whether it potentially involved conduct by a licensee that is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply. However, if it is reported that a dentist has had any indemnity paid in excess of $25,000 in a judgment or settlement or has had three or more claims for dental malpractice within the previous 5-year period which resulted in indemnity being paid, the department shall investigate the occurrence upon which the claims were based and determine if action by the department against the dentist is warranted.

(7) Subject to the authority and conditions established in s. 456.073, the probable cause panel of the board may recommend that the department seek a specified penalty in cases in which probable cause has been found and the panel has directed that an administrative complaint be filed. If the department seeks a penalty other than that recommended by the probable cause panel, the department shall provide the board with a written statement which sets forth the reasons therefor. Nothing in this subsection shall preclude a probable cause panel of any other board under the jurisdiction of the department from making similar recommendations as penalties.

(8) The purpose of this section is to facilitate uniform discipline for those acts made punishable under this section and, to this end, a reference to this section constitutes a general reference under the doctrine of incorporation by reference.

**History.**—ss. 1, 3, ch. 79-330; s. 5, ch. 80-354; s. 330, ch. 81-259; ss. 2, 3, ch. 81-318; s. 2, ch. 83-172; s. 5, ch. 85-6; ss. 18, 23, 24, ch. 86-291; s. 42, ch. 88-1; s. 21, ch. 88-277; s. 21, ch. 88-392; s. 11, ch. 89-66; ss. 29, 49, ch. 90-228; s. 3, ch. 90-341; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 66, ch. 91-220; s. 4, ch. 91-429; s. 46, ch. 92-149; s. 6, ch. 92-178; s. 2, ch. 94-105; s. 61, ch. 95-144; s. 3, ch. 97-67; s. 262, ch. 97-103; s. 110, ch. 97-264; s. 73, ch. 98-166; s. 132, ch. 2000-160; s. 34, ch. 2001-277; s. 31, ch. 2003-416; s. 11, ch. 2005-240; s. 86, ch. 2008-6; s. 7, ch. 2011-233.

**466.0282 Specialties.**—

(1) A dentist licensed under this chapter may not hold himself or herself out as a specialist, or advertise membership in or specialty recognition by an accrediting organization, unless the dentist:

(a) Has completed a specialty education program approved by the American Dental Association and the Commission on Dental Accreditation and:

1. Is eligible for examination by a national specialty board recognized by the American Dental Association; or

2. Is a diplomate of a national specialty board recognized by the American Dental Association; or

(b) Has continuously held himself or herself out as a specialist since December 31, 1964, in a specialty recognized by the American Dental Association.

(2) A dentist licensed under this chapter may not represent to the public without appropriate disclosure that his or her practice is limited to a specific area of dentistry other than a specialty area of dentistry authorized under subsection (1), unless the dentist has attained membership in or has otherwise been credentialed by an accrediting organization which is recognized by the board as a bona fide organization for such an area of dental practice. In order to be recognized by the board as a bona fide accrediting organization for a specific area of dental practice other than a specialty area of dentistry authorized under subsection (1), the organization must condition membership or credentialing of its members upon all of the following:

(a) Successful completion of a formal, full-time advanced education program that is affiliated with or sponsored by a university-based dental school and is:

1. Beyond the dental degree;

2. At the graduate or postgraduate level; and

3. Of at least 12 months in duration.

(b) Prior didactic training and clinical experience in the specific area of dentistry which is greater than that of other dentists.

(c) Successful completion of oral and written examinations based on psychometric principles.

(3) Notwithstanding the requirements of subsections (1) and (2), a dentist who lacks membership in or certification, diplomate status, or other similar credentials from an accrediting organization approved as bona fide by either the American Dental Association or the board may announce a practice emphasis in any other area of dental practice if the dentist incorporates in capital letters or some other manner clearly distinguishable from the rest of the announcement, solicitation, or advertisement the following statement: "_(NAME OF ANNOUNCED AREA OF DENTAL PRACTICE)_ IS NOT RECOGNIZED AS A SPECIALTY AREA BY THE AMERICAN DENTAL ASSOCIATION OR THE FLORIDA BOARD OF DENTISTRY." If such an area of dental practice is officially recognized by an organization which the dentist desires to acknowledge or otherwise reference in the dentist's announcement, solicitation, or advertisement, the same announcement, solicitation, or advertisement shall also state prominently: "_(NAME OF REFERENCED ORGANIZATION)_ IS NOT RECOGNIZED AS A BONA FIDE SPECIALTY ACCREDITING ORGANIZATION BY THE AMERICAN DENTAL ASSOCIATION OR THE FLORIDA BOARD OF DENTISTRY."

(4) The purpose of this section is to prevent a dentist from advertising without appropriate disclosure membership in an organization which may be perceived by the public as recognizing or accrediting specialization or other unique competencies in an area of dentistry that is not recognized or accredited by the American Dental Association or the board in accordance with this section. The purpose of this section is also to prohibit a dentist from advertising a specialty or other area of dental practice without appropriate disclosure unless the special competencies held by the dentist satisfy the requirements of subsection (1) or subsection (2). The Legislature finds that dental consumers can reasonably rely on these requirements as satisfactory evidence of a dentist's attainment of meaningful competencies in the specialty or other bona fide area of dental practice advertised. The Legislature also finds that this process for the recognition of dental specialties and other bona fide areas of dental practice is the least restrictive means available to ensure that consumers are not misled about a dentist's unique credentials.

**History.**—s. 4, ch. 94-105; s. 6, ch. 96-281; s. 1111, ch. 97-103; s. 3, ch. 99-183.

**466.0285 Proprietorship by nondentists.**—

(1) No person other than a dentist licensed pursuant to this chapter, nor any entity other than a professional corporation or limited liability company composed of dentists, may:

(a) Employ a dentist or dental hygienist in the operation of a dental office.

(b) Control the use of any dental equipment or material while such equipment or material is being used for the provision of dental services, whether those services are provided by a dentist, a dental hygienist, or a dental assistant.

(c) Direct, control, or interfere with a dentist's clinical judgment. To direct, control, or interfere with a dentist's clinical judgment may not be interpreted to mean dental services contractually excluded, the application of alternative benefits that may be appropriate given the dentist's prescribed course of treatment, or the application of contractual provisions and scope of coverage determinations in

comparison with a dentist's prescribed treatment on behalf of a covered person by an insurer, health maintenance organization, or a prepaid limited health service organization.

Any lease agreement, rental agreement, or other arrangement between a nondentist and a dentist whereby the nondentist provides the dentist with dental equipment or dental materials shall contain a provision whereby the dentist expressly maintains complete care, custody, and control of the equipment or practice.

(2) The purpose of this section is to prevent a nondentist from influencing or otherwise interfering with the exercise of a dentist's independent professional judgment. In addition to the acts specified in subsection (1), no person who is not a dentist licensed pursuant to this chapter nor any entity that is not a professional corporation or limited liability company composed of dentists shall enter into a relationship with a licensee pursuant to which such unlicensed person or such entity exercises control over the following:

(a) The selection of a course of treatment for a patient, the procedures or materials to be used as part of such course of treatment, and the manner in which such course of treatment is carried out by the licensee;

(b) The patient records of a dentist;

(c) Policies and decisions relating to pricing, credit, refunds, warranties, and advertising; and

(d) Decisions relating to office personnel and hours of practice.

(3) Any person who violates this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(4) Any contract or arrangement entered into or undertaken in violation of this section shall be void as contrary to public policy. This section applies to contracts entered into or renewed on or after October 1, 1997.

**History.**—ss. 4, 41, ch. 82-179; ss. 19, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 4, ch. 97-67.

**466.031 "Dental laboratory" defined.**—The term "dental laboratory" as used in this chapter:

(1) Includes any person, firm, or corporation who performs for a fee of any kind, gratuitously, or otherwise, directly or through an agent or employee, by any means or method, or who in any way supplies or manufactures artificial substitutes for the natural teeth, or who furnishes, supplies, constructs, or reproduces or repairs any prosthetic denture, bridge, or appliance to be worn in the human mouth or who in any way holds itself out as a dental laboratory.

(2) Excludes any dental laboratory technician who constructs or repairs dental prosthetic appliances in the office of a licensed dentist for such dentist only and under her or his supervision and work order.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 20, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 263, ch. 97-103.

**466.032 Registration.**—

(1) Every person, firm, or corporation operating a dental laboratory in this state shall register biennially with the department on forms to be provided by the department and, at the same time, pay to

the department a registration fee not to exceed $300 for which the department shall issue a registration certificate entitling the holder to operate a dental laboratory for a period of 2 years.

(2) Upon the failure of any dental laboratory operator to comply with subsection (1), the department shall notify her or him by registered mail, within 1 month after the registration renewal date, return receipt requested, at her or his last known address, of such failure and inform her or him of the provisions of subsections (3) and (4).

(3) Any dental laboratory operator who has not complied with subsection (1) within 3 months after the registration renewal date shall be required to pay a delinquency fee of $40 in addition to the regular registration fee.

(4) The department is authorized to commence and maintain proceedings to enjoin the operator of any dental laboratory who has not complied with this section from operating a dental laboratory in this state until she or he has obtained a registration certificate and paid the required fees.

(5) A dental laboratory owner or at least one employee of any dental laboratory renewing registration on or after July 1, 2010, shall complete 18 hours of continuing education biennially. Programs of continuing education must be programs of learning that contribute directly to the education of the dental technician and may include, but are not limited to, attendance at lectures, study clubs, college courses, or scientific sessions of conventions and research.

(a) The aim of continuing education for dental technicians is to improve dental health care delivery to the public as such is impacted through the design, manufacture, and use of artificial human oral prosthetics and related restorative appliances.

(b) Continuing education courses shall address one or more of the following areas of professional development, including, but not limited to:

1. Laboratory and technological subjects, including, but not limited to, laboratory techniques and procedures, materials, and equipment; and

2. Subjects pertinent to oral health, infection control, and safety.

(c) Programs that meet the general requirements of continuing education may be developed and offered to dental technicians by the Florida Dental Laboratory Association and the Florida Dental Association. Other organizations, schools, or agencies may also be approved to develop and offer continuing education in accordance with specific criteria established by the department.

(d)1. This subsection does not apply to a dental laboratory that is physically located within a dental practice operated by a dentist licensed under this chapter.

2. A dental laboratory in another state or country which provides service to a dentist licensed under this chapter is not required to register with the state and may continue to provide services to such dentist with a proper prescription. However, a dental laboratory in another state or country may voluntarily comply with this subsection.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 21, 23, 24, ch. 86-291; s. 38, ch. 89-162; s. 1, ch. 89-374; s. 1, ch. 89-543; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 7, ch. 96-281; s. 1112, ch. 97-103; s. 10, ch. 2008-64; s. 28, ch. 2016-230.

**466.033 Registration certificates.**—The department shall not require an examination, but shall issue a registration certificate upon completion of the registration form and compliance with any rules promulgated by the department under s. 466.038.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429.

**466.034 Change of ownership or address.**—When the ownership or address of any dental laboratory operating in this state is changed, the owner thereof shall notify the department within 30 days of such change of ownership or address.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429.

**466.035 Advertising.**—Dental laboratories shall not solicit or advertise, directly or indirectly, by mail, card, newspaper, pamphlet, radio, television, or otherwise to the general public to construct, reproduce, or repair prosthetic dentures, bridges, plates, or other appliances to be used or worn as substitutes for natural teeth or for the regulation of natural teeth.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429.

**466.036 Information; periodic inspections; equipment and supplies.**—The department may require from the applicant for a registration certificate to operate a dental laboratory any information necessary to carry out the purpose of this chapter, including proof that the applicant has the equipment and supplies necessary to operate as determined by rule of the department, and shall require periodic inspection of all dental laboratories operating in this state. Such inspections shall include, but not be limited to, inspection of sanitary conditions, equipment, supplies, and facilities on the premises. The department shall specify dental equipment and supplies that are not permitted in a registered dental laboratory.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 2, ch. 89-374; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 3, ch. 98-130.

**466.037 Suspension and revocation; administrative fine.**—The department may suspend or revoke the certificate of any dental laboratory registered under s. 466.032, for failing to comply with the provisions of this chapter or rules adopted by the department under this chapter. The department may impose an administrative fine.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 3, ch. 89-374; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 35, ch. 2001-277.

**466.038 Rules.**—The department, upon consultation with the Board of Dentistry and industry representatives of the dental laboratory profession, has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to enforce the provisions of this chapter pertaining to and regulating dental laboratories.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 4, ch. 89-374; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 129, ch. 98-200.

**466.039 Violations.**—It shall be unlawful for any person, firm, or corporation to operate as a dental laboratory as defined in this chapter, except those registered as provided in s. 466.032. Violation shall constitute a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

**History.**—ss. 2, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 95, ch. 91-224; s. 4, ch. 91-429.

**466.041 Hepatitis B carriers.**—

(1) Any licensee or applicant for licensure who is a carrier of the hepatitis B virus is required to so notify the board.

(2) The board shall by rule establish procedures for reporting carrier status and shall establish practice requirements which will protect the public from transmission of the hepatitis B virus in a dental practice setting or during dental procedures.

(3) Any report of hepatitis B carrier status filed by a licensee or applicant in compliance with the requirements established by the board shall be confidential and exempt from the provisions of s. 119.07(1), except for the purpose of the investigation or prosecution of alleged violations of this chapter by the department.

**History.**—ss. 18, 19, ch. 89-374; ss. 60, 65, ch. 91-137; s. 25, ch. 91-140; ss. 7, 9, ch. 91-156; s. 4, ch. 91-429; s. 320, ch. 96-406.

**466.051 Confidentiality of certain information contained in dental workforce surveys.**—

(1) Personal identifying information that is contained in a record provided by a dentist or dental hygienist licensed under this chapter in response to a dental workforce survey and held by the Department of Health is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Personal identifying information in such a record:

(a) Shall be disclosed with the express written consent of the individual to whom the information pertains or the individual's legally authorized representative.

(b) Shall be disclosed by court order upon a showing of good cause.

(c) May be disclosed to a research entity, if the entity seeks the records or data pursuant to a research protocol approved by the Department of Health, maintains the records or data in accordance with the approved protocol, and enters into a purchase and data-use agreement with the department, the fee provisions of which are consistent with s. 119.07(4). The department may deny a request for records or data if the protocol provides for intrusive follow-back contacts, does not plan for the destruction of the confidential records after the research is concluded, is administratively burdensome, or does not have scientific merit. The agreement must prohibit the release of information by the research entity which would identify individuals, limit the use of records or data to the approved research protocol, and prohibit any other use of the records or data. Copies of records or data issued pursuant to this paragraph remain the property of the department.

(2) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2019, unless reviewed and saved from repeal through reenactment by the Legislature.

**History.**—s. 1, ch. 2014-78.

# RULE 64B5, FLORIDA ADMINISTRATIVE CODE
# BOARD OF DENTISTRY
[Current as of July 1, 2016]

## CHAPTER 64B5-1
## BOARD ORGANIZATION AND PROCEDURE


64B5-1.001 Public Comment
64B5-1.021 List of Approved Forms; Incorporation (Repealed)
64B5-1.025 Delegation of Certification for Licensure to Chair of Examination Committee; When Permitted (Repealed)


### 64B5-1.001 Public Comment.

The Board of Dentistry invites and encourages all interested parties to provide comment on matters or propositions before the Board or a committee of the Board. The opportunity to provide comment shall be subject to the following:

(1) Interested parties will be given an opportunity to provide comment on subject matters before the Board after an agenda item is introduced at a properly noticed board meeting.

(2) Interested parties shall be limited to three (3) minutes to provide comment. This time shall not include time spent by the presenter responding to questions imposed by Board members, staff or board counsel. The chair of the Board may extend the time to comment if time permits.

(3) An interested party shall notify board staff in writing of its interest to be heard on a proposition or matter before the Board. The notification shall identify the party, indicate its support, opposition, or neutrality, and identify who will speak on behalf of the party if the interested party is a group or faction of persons consisting of five (5) or more persons. Interested parties may use pseudonyms if they do not wish to identify themselves.

*Rulemaking Authority 286.0114 FS. Law Implemented 286.0114 FS. History–New 3-9-14.*

### 64B5-1.021 List of Approved Forms; Incorporation.

*Rulemaking Authority 466.004 FS. Law Implemented 120.52(15) FS. History–New 8-19-97, Amended 9-20-01, 5-28-09, Repealed 10-29-15.*

### 64B5-1.025 Delegation of Certification for Licensure to Chair of Examination Committee; When Permitted.

*Rulemaking Authority 466.004(4) FS. Law Implemented 456.013(2) FS. History–New 4-19-87, Formerly 21G-1.025, 61F5-1.025, 59Q-1.025, Amended 5-20-01, Repealed 2-13-12.*

## CHAPTER 64B5-2
## EXAMINATION AND LICENSURE OF DENTISTS AND DENTAL HYGIENISTS


64B5-2.0125 Examination Security (Repealed)
64B5-2.0126 Conduct at Examination Site (Repealed)
64B5-2.013 Florida Dental Examinations.
64B5-2.0135 Dental Hygiene Examination
64B5-2.014 Licensure Requirements for Applicants from Accredited Schools or Colleges
64B5-2.0142 Application for Health Access Dental License
64B5-2.0144 Licensure Requirements for Dental Hygiene Applicants from Unaccredited Dental Schools or Colleges
64B5-2.0146 Licensure Requirements for Applicants from Non-Accredited Schools or Colleges
64B5-2.0148 Credentials Requirements for Applicants from Non-Accredited Schools or Colleges, Whose Records Are Unavailable (Repealed)

64B5-2.0150 American Dental Licensing Exam Scores from Other Jurisdiction: Full-Time Practice Requirements
64B5-2.0152 Licenses Granted Based on The American Dental Licensing Exam From Other Jurisdiction: Full-Time Practice Requirements
64B5-2.0155 Time Requirements for Application, Disposition of Untimely or Incomplete Applications and Associated Fees (Repealed)
64B5-2.016 Evaluation of Credentials (Repealed)
64B5-2.017 Acceptable Variance of Examiners
64B5-2.020 Selection of Examiners
64B5-2.021 Additional Education Requirements for Reexamination
64B5-2.022 Examination Review (Repealed)

**64B5-2.0125 Examination Security.**

*Rulemaking Authority 456.017(1)(d) FS. Law Implemented 456.017(1)(d) FS. History–New 3-25-90, Formerly 21G-2.0125, 61F5-2.0125, 59Q-2.0125, Repealed 10-29-15.*

**64B5-2.0126 Conduct at Examination Site.**

*Rulemaking Authority 456.004(5), 466.004(4) FS. Law Implemented 456.017(1)(d), 456.079 FS. History–New 2-7-96, Amended 5-21-96, Formerly 59Q-2.0126, Amended 5-1-02, Repealed 3-18-12.*

**64B5-2.013 Dental Examination.**

Each applicant applying for a Florida dental license is required to complete the examinations as provided for in Section 466.006, F.S. The Florida examinations for dentistry shall consist of a Written Examination, a Practical or Clinical Examination and a Diagnostic Skills Examination. All three examinations will be conducted in English. Applicants for examination or re-examination must have taken and successfully completed Part I and Part II of the National Board of Dental Examiners dental examination.

(1) Practical or Clinical Examination:

(a) Effective October 1, 2011, the Florida Practical or Clinical Examination and the Diagnostic Skills Examination is currently the American Dental Licensing Examination (ADLEX) developed by the American Board of Dental Examiners, Inc., or its successor entity if the successor entity is determined by the Board of Dentistry to comply with the provision of Section 466.006, F.S. The ADLEX is inclusive of a comprehensive diagnostic skills examination covering the full scope of the practice of dentistry.

(b) The ADLEX shall be administered in the State of Florida and shall be graded by Florida licensed dentists.

(c) All parts of the ADLEX shall be completed within eighteen (18) months from the initial start of any portion of the examination. A failure to complete all parts of the examination within eighteen (18) months will require the applicant to retake the entire examination.

(d) Each part of the ADLEX shall be completed with a grade of at least seventy-five (75%) percent.

(e) Provided the Board of Dentistry maintains representation on the Board of Directors of the American Board of Dental Examiners, Inc., and the Examination Development Committee of the American Board of Dental Examiners Inc., the practical or clinical examination procedures, standards, and criteria of the ADLEX are approved.

(f) If any portion of the clinical or practical portion of the ADLEX exam was completed in a jurisdiction other than Florida, applicants must comply with the applicable provisions of Sections 466.006(4)(b)3. and 466.006(6), F.S., Rules 64B5-2.0150 and 64B5-2.0152, F.A.C.

(g) Candidates for the dental examination may only assess patients for suitability as exam patients at a dental office under the direct supervision of a Florida licensed dentist, or at an accredited dental program under the direct supervision of a program faculty member.

(2) Written Examination:

(a) The Written Examination for dental licensure shall consist of the laws and rules of the State of Florida regulating the practice of dentistry and dental hygiene.

(b) A final grade of seventy-five (75%) percent or better is required to pass the Written Examination.

*Rulemaking Authority 456.017(1)(b), 466.004(4), 466.006(5)(a) FS. Law Implemented 456.017(1)(b),*

*(2), 466.006(4), 466.006(5)(a), 466.009 FS. History–New 10-8-79, Amended 6-22-80, 12-3-81, 12-6-82, 5-24-83, 12-12-83, 5-2-84, 5-27-84, Formerly 21G-2.13, Amended 12-8-85, 12-31-86, 5-10-87, 10-19-87, 12-10-89, 12-24-91, 2-1-93, Formerly 21G-2.013, 61F5-2.013, Amended 1-9-95, 2-7-96, 7-16-97, Formerly 59Q-2.013, Amended 8-25-98, 3-25-99, 11-15-99, 8-3-05, 7-17-07, 8-1-08, 6-28-09, 8-25-10, 5-8-12, 2-25-15.*

**64B5-2.0135 Dental Hygiene Examination.**

(1) Practical or Clinical Examination:

(a) Currently, the Florida practical or clinical examination is the Dental Hygiene Examination developed by the American Board of Dental Examiners, Inc. (ADEX) and administered by the North Eastern Regional Board, Inc. (NERB). Any ADEX Dental Hygiene Examination administered after June 1, 2010, will meet the clinical or practical examination requirement, regardless of the jurisdiction in which the exam was administered.

(b) Any dental hygiene applicant, who fails to pass the Practical or Clinical Examination in three (3) attempts, shall not be eligible for reexamination until the successful completion of one academic semester of clinical course work at the senior clinical practice level at a dental hygiene school approved by the American Dental Association Commission on Accreditation. A failure to comply with the remedial course work in this paragraph will result in a denial of licensure or a denial to sit for reexamination.

(c) The Board of Dentistry hereby approves the practical or clinical Dental Hygiene Examination developed by ADEX. All ADEX clinical or practical examination procedures, standards, and criteria are approved and shall remain approved contingent on the Board of Dentistry maintaining representation on the ADEX House of Representatives and the ADEX Dental Hygiene Examination Development Committee.

(d) Candidates for the dental hygiene examination may only assess patients for suitability as exam patients at a dental office under the direct supervision of a Florida licensed dentist, or at an accredited dental hygiene program, or an accredited dental school under the direct supervision of a program faculty member.

(2) Laws and Rules Examination:

(a) The written examination shall be an examination covering the laws and rules applicable to the practice of a health care profession, the practice of dentistry and the practice of dental hygiene in the State of Florida.

(b) The examination shall, at a minimum, cover the following subject areas:

1. The provisions of Chapter 466, F.S.;
2. The provisions of Chapter 456, F.S.; and
3. The provisions of Chapter 64B5, F.A.C.

(c) No more than three percent (3%) of the examination shall cover the topic of Chapter 456, F.S.

(3) Grading, Passing Results, and Time Requirements:

(a) The practical or clinical examination administered in the State of Florida shall be graded by Florida licensed dentists and hygienists.

(b) The practical or clinical examination must be completed with a score of seventy-five (75) points or greater on both portions of the examinations, whether administered in Florida or another jurisdiction.

(c) The written examination shall be completed with a seventy-five percent (75%) or greater.

(4) Historical Note Florida Dental Hygiene Exam:

(a) On March 23, 2012, legislation became effective, SB 1040, which amended Section 466.007, F.S. Beginning July 1, 2012, the amendment made the Florida Dental Hygiene Exam the hygiene examination developed by ADEX.

(b) Prior to the legislative change, the Board voted and implemented the Dental Hygiene Exam developed by ADEX and set June 1, 2010, as the controlling date for acceptance of this exam. Preceding June 1, 2010, the hygiene examination was an independent administered state exam.

(c) In accordance with the applicable rules and statutes, June 1, 2010, is the earliest date the Board shall accept for a valid Dental Hygiene Exam developed by ADEX, as this is the earliest date the Board and Council found the ADEX exam met the requirements of Section 466.007, F.S.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.007 FS. History–New 3-16-82, Amended 5-2-84, 5-19-85, 10-8-85, 12-8-85, Formerly 21G-2.135, Amended 12-31-86, 10-19-87, 2-21-88, 5-29-88,*

*Formerly 21G-2.0135, 61F5-2.0135, Amended 11-15-95, Formerly 59Q-2.0135, Amended 10-31-01, 7-6-05, 12-31-09, 10-10-10, 12-28-11, 8-8-12, 1-27-15, 9-1-15.*

**64B5-2.014 Licensure Requirements for Applicants from Accredited Schools or Colleges.**
Any person who has graduated, or expects to graduate prior to the examination, or is in their final year of a dental or dental hygiene program and has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations, from a school or college accredited by the Commission on Accreditation of the American Dental Association or its successor agency, or any other dental or dental hygiene program accredited by an accrediting entity recognized by the United States Department of Education, may seek licensure as a dentist or dental hygienist in the following manner:

(1) *Dental Hygiene Candidates*:

(a) Successfully complete the practical or clinical dental hygiene examination developed by American Board of Dental Examiners, Inc., (ADEX), as specified in Rule 64B5-2.0135, F.A.C., through the North East Regional Board of Dental Examiners, Inc.;

(b) Successfully complete the National Board Dental Hygiene Written Examination prior to application;

(c) Submit a completed application for licensure, Dental Hygiene Licensure Application, Form DH-MQA 1210 (Rev 8/12), incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-02013or available on the Department of Health's website at http://www.doh.state.fl.us/mqa/dentistry. An applicant is eligible for licensure upon receipt of a completed application, passing scores from the ADEX clinical examination, National Board Dental Hygiene Examination, and successful completion of the written examination on the laws and rules of Florida regulating the practice of dentistry and dental hygiene. Applicants must comply with all time requirements for passing the examinations as specified in Rule 64B5-2.0135, F.A.C.

(2) *Dental Candidates*:

(a) Successfully complete the American Dental Licensing Examination (ADLEX) produced by the American Board of Dental Examiners, Inc., as specified in Rule 64B5-2.013, F.A.C., through the North East Regional Board of Dental Examiners, Inc., which includes the Diagnostic Skills Examination. Candidates who have completed the ADLEX after October 1, 2011 in another jurisdiction other than Florida and whose scores are over 365 days old are subject to additional application requirements as mandated in Section 466.006(4)(b)3., F.S. Additionally, all Candidates who submit ADLEX scores from another jurisdiction other than Florida are subject to post licensure requirements as mandated in Section 466.006(6), F.S.

(b) Successfully complete the National Board of Dental Examiners Written Examination;

(c) Submit a completed application for licensure, Dental Licensure Application, DH-MQA 1182 (Rev. 8/12), incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-02014 or available on the Department of Health's website at http://www.doh.state.fl.us/maq/dentistry. An applicant is eligible for licensure upon receipt of a completed application, passing scores from the ADLEX clinical examination, Diagnostic Skills Examination, National Board Dental Examination and successful completion of the written examination on the laws and rules of Florida regulating the practice of dentistry and dental hygiene. Applicants must comply with all time requirements for passing the examinations as specified in Rule 64B5-2.013, F.A.C.

(3) It is the applicant's responsibility to ensure that the application for licensure is complete, including ensuring that all required documents are submitted timely.

*Rulemaking Authority 466.004 FS. Law Implemented 456.033, 466.006, 466.007, 466.028 FS. History–New 10-8-79, Amended 4-1-80, 4-20-81, 3-16-82, 5-2-84, 9-4-84, Formerly 21G-2.14, Amended 12-31-86, 10-8-87, 11-16-89, 10-18-90, Formerly 21G-2.014, 61F5-2.014, Amended 9-24-96, Formerly 59Q-2.014, Amended 8-20-97, 3-16-06, 12-26-06, 4-26-10, 3-18-12, 8-5-12, 12-11-12.*

**64B5-2.0142 Application for Health Access Dental License.**
Any person wishing to be issued a Health Access Dental License shall apply to the Board of Dentistry. The application shall be made on the Application for Health Access Dental License form #DH-MQA 1154 (Rev. 8/12), available at http://www.flrules.org/Gateway/reference.asp?No=Ref-02023, hereby adopted and

incorporated by reference, and can be obtained from the Board of Dentistry's website at http://www.doh.state.fl.us/mqa/dentistry/.

*Rulemaking Authority 466.004 FS. Law Implemented 466.0067 FS. History–New 2-12-12, Amended 12-11-12.*

**64B5-2.0144 Licensure Requirements for Dental Hygiene Applicants from Unaccredited Dental Schools or Colleges.**

Applicants for licensure as dental hygienists who have graduated from an unaccredited dental school or college may seek licensure in the following manner:

(1) Submit the following: A completed credentials application, Application for Credentials Review for Graduates From Non-Accredited Dental Colleges or Schools, Form DH-MQA 1253, 10/11, and incorporated herein by reference. Application for Credentials Review for Graduates From Non-Accredited Dental Colleges or Schools, Form DH-MQA 1253, 10/11 can be obtained at http://www.flrules.org/Gateway/reference.asp?No=Ref-01037 or at the Board of Dentistry website at http://www.doh.state.fl.us/mqa/dentistry.

(2) An initial credential evaluation is not an approval for licensure; rather, the applicant must comply with all provisions of Chapter 466, F.S.

(3) A certified photocopy of the dental school diploma and a certified translation if the diploma is in a language other than English, which diploma shall be comparable to a D.D.S. or a D.M.D.

(4) Final official transcripts received directly from the schools where post-secondary dental education was received and from the dental school which reflects the applicant's matriculation and graduation dates and degree earned; the transcript shall be authenticated by the official school stamp or seal as well as the signature of an authorized school official and shall be accompanied with a certified translation if the documents are in a language other than English.

(5) Proof which establishes successful completion of 4 academic years of post-secondary dental education. Proof of the 4 years of required education shall include a report from an Education Credential Evaluators (ECE) approved evaluating service, which evaluation includes a year by year evaluation of the applicant's credentials. Said report shall not be conclusive, but shall only be advisory to the Board.

(6) Any graduate of a foreign dental college or school not accredited or approved in accordance with Section 466.007(2)(b), F.S., and not accredited in accordance with Section 466.006(2)(b), F.S., who seeks licensure as a dental hygienist pursuant to Section 466.007(2)(b)2., F.S., but is unable to supply proper educational credentials due to the political or other conditions of the country in which the education was received, shall submit any and all documents which would tend to support the applicant's claim of proper credentials and shall submit with the application.

(a) A written statement which shall include:

1. A complete chronological account of all schools attended during the candidate's entire education, including dates of attendance and graduation, the addresses of all schools attended;

2. A description of all dental school courses which the applicant successfully completed;

(b) At least five (5) written statements concerning the applicant's dental education from persons who are directly acquainted with the candidate's educational credentials. If the applicant relies on these written statements to establish qualifications for licensure, then at least three (3) of the written statements must be from dentists who are not related to the applicant;

(c) Any applicant who provides false information to the Florida Board of Dentistry on his or her licensure application and/or written statements as required by this rule will be referred for criminal prosecution pursuant to Section 456.067, F.S.

(d) Unless the Board is otherwise satisfied that the credentials required by subsections (3) through (5) above cannot be obtained, the Board will not accept such other evidence as described in this section until the applicant has demonstrated to the Board that he or she has made a reasonable attempt to obtain the credentials.

(7) Proof received directly from the American Dental Association, that the National Board of Dental Examiners Written Examination has been successfully completed, or that the National Board of Dental Hygiene Examination has been successfully completed.

(8) If the applicant's name has changed since initiation of dental education, a certified copy of the

legal document changing the name or an affidavit sworn before a notary public or other person authorized to administer oaths that the person named in credentials submitted and the applicant are the same person.

(9) Two 2 inch by 2 inch photographs of the applicant which are suitable for identification.

(10) Upon approval of the credentials, the applicant shall apply for licensure in the following manner:

(a) Successfully complete the Florida practical or clinical examination developed by the American Board of Dental Examiners, Inc., (ADEX), as specified in Rule 64B5-2.0135, F.A.C., through the North East Regional Board of Dental Examiners, Inc. (NERB); and,

(b) Submit a complete application, Dental Hygiene Licensure Application, Form DH-MQA 1210 (Rev. 8/12), incorporated herein by reference. Dental Hygiene Licensure Application, Form DH-MQA 1210 (Rev. 8/12), is available at http://www.flrules.org/Gateway/reference.asp?No=Ref-02016 on the Department of Health's website at http://www.doh.state.fl.us/mqa/dentistry. An applicant is eligible for licensure upon receipt of a completed application, passing scores from the ADEX dental hygiene examination, the National Board Dental Hygiene or National Board Dental Examination, and successful completion of the written laws and rules of Florida regulating the practice of dentistry and dental hygiene. Applicants must comply with all time requirements for passing the examinations as specified in Rule 64B5-2.0135, F.A.C.

*Rulemaking Authority 466.004, 466.007 FS. Law Implemented 466.007 FS. History–New 1-18-95, Formerly 59Q-2.0144, Amended 8-19-97, 8-20-97, 5-20-01, 12-21-06, 5-8-08, 4-26-10, 3-18-12, 12-11-12, 12-15-14, 4-17-16.*

**64B5-2.0146 Licensure Requirements for Applicants from Non-Accredited Schools or Colleges.**

Prior to applying to take the American Dental Licensing Examination (ADLEX), as specified in Rule 64B5-2.013, F.A.C., complete and submit Application for Credentials Review For Graduates From Non-Accredited Dental Colleges or Schools, Form DH-MQA 1254, (10-11), incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-02022 or the Department of Health's website at http://www.doh.state.fl.us/mqa/dentistry.

(1) An applicant who otherwise meets the requirements of Section 466.006(3), F.S., and chooses to apply pursuant to Section 466.006(3)(a), F.S., will be required to:

(a) Complete, at an accredited American dental school, a matriculated general dental program which consists of either 4 years of dental subjects or 2 years of predental education followed by 3 years of dental subjects.

(b) Receive a D.D.S. or D.M.D. from the institution at which the dental school is located.

(c) Present to the Board at least 30 days prior to the dental examination the following documents:

1. Official transcripts issued by the dental school which verify completion of all coursework requirements of the dental program or certified copies thereof.

2. A D.D.S. or D.M.D. issued by the dental school or a certified copy thereof.

(2) An applicant who otherwise meets the requirements of Section 466.006(3), F.S., and chooses to apply pursuant to Section 466.006(3)(b), F.S., will be required to:

(a) Complete a full-time, matriculated Commission on Dental Accreditation of the American Dental Association accredited supplemental general dentistry program, which provides didactic and clinical education to the level of an accredited D.D.S. or D.M.D. program, which has a duration of at least two consecutive academic years at the sponsoring institution.

(b) Receive a dental diploma, degree or certificate from the sponsoring institution upon successful completion of the program.

(c) Present to the Board the following documents:

1. Official transcripts issued by the sponsoring institution which verify completion of all coursework requirements of the supplemental dental education program;

2. A dental diploma, degree or certificate issued by the sponsoring institution or a certified copy thereof; and

(3) It is the applicant's responsibility to assure that the application for licensure is complete, including assuring that all required documents are submitted timely.

(4) After approval to sit for the ADLEX examination, the applicant shall successfully complete the

practical or clinical examination which is the American Dental Licensing Examination (ADLEX) produced by the American Board of Dental Examiners and the Diagnostic Skills Examination, as specified in Rule 64B5-2.013, F.A.C., through the North East Regional Board of Dental Examiners, Inc. (NERB). Cndidates who have completed the ADLEX after October 1, 2011 in another jurisdiction other than Florida are subject to additional requirements as stated in Section 466.006, F.S.

(5) After completion of the ADLEX examination, applicants shall submit Dental Licensure Application, Form DH-MQA 1182 (Rev. 8/12), incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-02019 or the Department of Health's website at http://www.doh.state.fl.us/mqa/dentistry.

*Rulemaking Authority 466.004(4), 466.006(3) FS. Law Implemented 466.006 FS. History–New 10-15-92, Formerly 21G-2.0146, 61F5-2.0146, Amended 9-24-96, Formerly 59Q-2.0146, Amended 8-19-97, 5-20-01, 6-7-05, 12-26-06, 6-30-09, 3-18-12, 12-11-12, 2-25-15.*

**64B5-2.0148 Credentials Requirements for Applicants from Non-Accredited Schools or Colleges, Whose Records Are Unavailable.**

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.006 FS. History–New 11-16-89, Amended 10-18-90, Formerly 21G-2.0148, 61F5-2.0148, 59Q-2.0148, Amended 7-29-97, 12-26-06, 3-18-12, Repealed 10-29-15.*

**64B5-2.0150 American Dental Licensing Exam Scores from Other Jurisdiction: Full-Time Practice Requirements.**

The Florida dental clinical or practical examination is currently the American Dental Licensing Examination (ADLEX) developed by the American Board of Dental Examiners, Inc. The examination shall be administered in Florida and shall be graded by dentists licensed in Florida. An applicant for a dental license in Florida can submit ADLEX scores from a jurisdiction other than Florida if the examination was completed after October 1, 2011. If, however, the passing scores from the ADLEX are over 365 days old, the results will not be recognized unless all criteria below are met.

(1) Applicable Definitions:

(a) Full-time practice – means completing one thousand two hundred (1,200) hours of practice per calendar year; when applicable, the hours shall be broken down to one hundred (100) hours per month.

(b) Month – means thirty (30) days.

(c) Practice – means any combination of the following: 1) Active clinical practice of dentistry providing direct patient care; 2) Full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation; or 3) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(d) Recognized or Other Jurisdiction – means a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

(e) Verified – means the document shall be verified in compliance with Section 92.525, F.S.

(2) Mandatory Criteria: The applicant shall meet all of the following criteria.

(a) Compliance with all provisions of Section 466.006(4)(b)3., F.S. The applicant should carefully review this section of the Florida Statutes.

(b) Provide documentation that the applicant has been consecutively engaged in full-time practice in a recognized jurisdiction for the preceding five (5) years or since initial licensure, if less than five years, prior to the date of application for licensure to the Florida Board of Dentistry.

(3) Mandatory Documentation: The applicant shall comply with providing the following mandatory documentation.

(a) Full-Time Practice Spreadsheet:

1. The submission of a calendar month-by-calendar month and year-by-year chronological history of the applicant's full-time practice in a spreadsheet format.

2. The spreadsheet shall be headed with the applicant's full legal name and sub-headed "History of Full-Time Practice."

3. Each page shall be sequentially paginated in the lower right hand corner with the applicant's last name followed by a hyphen with an Arabic numeral. (Example: Smith-2, Smith-3, Smith-4, etcetera).

4. The applicant shall verify the Full-Time Practice Spreadsheet by placing at the end of the document, "Under penalties of perjury, I declare that I have read the foregoing History of Full-Time Practice Spreadsheet and that the facts stated in it are true." The applicant shall sign directly under the verification statement and date the document. Reference Section 92.525, F.S., concerning verification of documents.

5. Someone unrelated to the applicant shall verify the Full-Time Practice Spreadsheet, by signing the same document with the same verification clause or by submitting a document (affidavit) verified in compliance with Section 92.525, F.S. The verified document must attest that the applicant has been engaged in the full-time practice as indicated by the Full-Time Practice Spreadsheet.

(b) Additional Verified Documents:

Each category of full-time practice claimed must be supported by the following documentation, which establishes or supports the spreadsheet submitted. There must be documentation submitted from subparagraph 1. and 2. below, if applicable.

1. A verified copy of financial or business record documents, reflecting the dates of employment that match the spreadsheet; a verified copy of a patient log or appointment schedule (names of patients shall be redacted to reflect the initials only). The Board will request verified financial billing documents to corroborate the patient log if the Board finds the patient log or appointment schedule lacking credibility.

2. An original and official letter from the dean of the school or program sent directly from the program or school to the Board, that supports that the applicant did engage in full-time practice as a faculty member or as a student which matches the dates month-for-month and year-for-year as listed on the Full-Time Practice Spreadsheet.

3. Any other verified documentation that supports the Full-Time Practice Spreadsheet.

(4) Mandatory Board Appearance and Delays:

(a) It is in the best interest of the applicant to carefully review all documents submitted for accuracy, authenticity, legibility, and statutory and rule compliance to avoid unnecessary delays, board appearances, or denials.

(b) The Board is authorized to require the applicant and the applicant's witness to appear before the Board to give oral testimony under oath to assess credibility or accuracy of the full-time practice requirements. Section 466.006(4)(b)3.e.(IV), F.S. In addition, the Board can require a mandatory appearance regarding any licensure application and a failure to appear at one of the next two regularly scheduled meetings shall result in a denial of licensure and will toll the time for ruling on the application. Section 456.013(3), F.S. Finally, any incomplete submission can delay the application process. Section 120.60(1), F.S.

*Rulemaking Authority 466.004(4), 466.006(4)(b)3.e.(III) FS. Law Implemented 466.004, 466.006(6) FS. History–New 7-1-12.*

**64B5-2.0152 Licenses Granted Based on The American Dental Licensing Exam From Other Jurisdiction: Full-Time Practice Requirements.**

The Florida dental clinical or practical examination is currently the American Dental Licensing Examination (ADLEX) developed by the American Board of Dental Examiners, Inc. The examination shall be administered in Florida and shall be graded by dentists licensed in Florida. An applicant for a dental license in Florida can submit ADLEX scores from a jurisdiction other than Florida if the examination was completed after October 1, 2011. Applicants who are relocating to this state based on scores from the ADLEX that was administered in a jurisdiction other than Florida must engage in the full-time practice of dentistry inside the geographical boundaries of this state within the first year of receiving a dental license in Florida. In order to maintain the dental license the licensee must meet the following criteria.

(1) Applicable Definitions:

(a) Full-Time Practice – means completing one thousand two hundred (1,200) hours of practice within the geographical boundaries of Florida within the first year of obtaining a Florida dental license.

(b) Practice – means any combination of the following: 1) Active clinical practice of dentistry providing direct patient care; 2) Full-time practice as a faculty member employed by a dental or dental

hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation; or 3) Full-Time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(c) Another or Other Jurisdiction – means another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

(d) Full-Time Practice Log – means a log the licensee must keep from the initial date of licensure in Florida which documents the daily practice time of the licensee.

(e) Relocating Applicants – means those applicants who are lawfully and currently practicing dentistry in another jurisdiction who apply for licensure in Florida based on the ADLEX administered in another jurisdiction. Lawfully and currently means those applicants that have or had a license to practice dentistry in another jurisdiction within the past six (6) months and those who have practiced the profession in any manner utilizing such license within the past six (6)months, prior to submitting the application for licensure in Florida.

(f) Verified – means the document shall be verified in compliance with Section 92.525, F.S.

(2) Mandatory Criteria:

The licensee shall meet all of the following criteria.

(a) Compliance with all provisions of Section 466.006(6), F.S. The dentist should carefully review this section of the Florida Statutes.

(b) Provide documentation that the relocating dentist has been consecutively engaged in full-time practice within the first year of licensure in Florida.

(c) Maintain a Full-Time Practice Log.

(d) A failure to meet the required full-time practice requirements will cause the dental license to expire as enumerated in Section 466.006(6), F.S.

(3) Mandatory Documentation:

The dentist shall comply with providing the following mandatory documentation.

(a) Full-Time Practice Spreadsheet:

1. The submission of a month-by-month chronological history of the dentist's full-time practice in a spreadsheet format from the date of initial license in Florida.

2. The spreadsheet shall be headed with the dentist's full legal name and sub-headed "History of Full-Time Practice."

3. Each page shall be sequentially paginated in the lower right hand corner with the dentist's last name followed by a hyphen with an Arabic numeral. (Example: Smith-2, Smith-3, Smith-4, etcetera.).

4. The dentist shall verify the Full-Time Practice Spreadsheet by placing at the end of the document, "Under penalties of perjury, I declare that I have read the foregoing History of Full-Time Practice Spreadsheet and that the facts stated in it are true." The dentist shall sign directly under the verification statement and date the document. Reference Section 92.525, F.S., concerning verification of documents.

5. Someone unrelated to the dentist shall verify the Full-Time Practice Spreadsheet, by signing the same document with the same verification clause or by submitting a document (affidavit) verified in compliance with Section 92.525, F.S. The verified document must attest that the dentist has been engaged in the full-time practice as indicated by the Full-Time Practice Spreadsheet.

(b) Additional Verified Documents:

Each category of full-time practice claimed must be supported by the following documentation, which establishes or supports the spreadsheet submitted.

1. A verified copy of financial or business record documents, reflecting the dates of employment that match the spreadsheet; a verified copy of a patient log or appointment schedule (names of patients shall be redacted to reflect initials only). The Board will request verified financial billing documents to corroborate the patient log if the Board finds the patient log or appointment schedule lacking credibility.

2. A verified copy of the Full-Time Practice Log.

3. An original and official letter from the dean of the school or program sent directly from the program or school to the Board, that supports that the dentist did engage in full-time practice as a faculty member or as a student which matches the dates month-for-month as listed on the spreadsheet.

4. Any other verified document that supports the Full-Time Practice Spreadsheet.

(4) Mandatory Submission:

(a) All documentation shall be submitted to the Board office within thirty days prior to the expiration of the first year of practice. The initial day of licensure shall not count. A failure to timely submit all required documentation will lead to the expiration of licensure in compliance with Section 466.006(6)(c), F.S.

(b) The dentist shall make certain that all submissions are timely, accurate, legible, and authentic to avoid the expiration of the dental licensee. The Board is authorized to require the licensee and the licensees' witnesses to appear before the Board and give oral testimony under oath to assess credibility and accuracy.

*Rulemaking Authority 466.004(4), 466.006(6)(b)2 FS. Law Implemented 466.004, 466.006(6) FS. History–New 5-13-12.*

**64B5-2.0155 Time Requirements for Application, Disposition of Untimely or Incomplete Applications and Associated Fees.**

*Rulemaking Authority 466.004 FS. Law Implemented 466.006, 466.007 FS. History–New 11-16-89, Formerly 21G-2.0155, 61F5-2.0155, 59Q-2.0155, Repealed 3-18-12.*

**64B5-2.016 Evaluation of Credentials.**

*Rulemaking Authority 466.004 FS. Law Implemented 466.006, 466.007 FS. History–New 10-8-79, Amended 10-26-80, 5-2-84, Formerly 21G-2.16, Amended 11-16-89, Formerly 21G-2.016, 61F5-2.016, 59Q-2.016, Repealed 3-18-12.*

**64B5-2.017 Acceptable Variance of Examiners.**

(1) All clinical gradings by examiners are to be made independently. Each clinical procedure shall be graded by three (3) examiners. On the clinical portion of the dental hygiene examination described in Rule 64B5-2.0135, F.A.C., the three independent grades shall be utilized in a system of corroborated errors to determine an applicant's final grade on each procedure of the clinical portion. The corroborated errors grading system requires that at least two of the independent examiners must agree on the presence of the error before the error may be used in calculating an applicant's grade.

(2) There shall be a variance review of all grades of all applicants taking the clinical part of the examination for the purpose of determining inter-examiner variance.

*Rulemaking Authority 466.004(4), 466.006(5)(d) FS. Law Implemented 466.006(5)(d) FS. History–New 12-10-79, Amended 6-22-80, 4-20-81, 5-24-82, 12-6-82, 5-24-83, 5-2-84, 5-19-85, Formerly 21G-2.17, 21G-2.017, 61F5-2.017, 59Q-2.017, Amended 10-12-04, 10-10-10, 1-10-12.*

**64B5-2.020 Selection of Examiners.**

(1) In order to be eligible for selection and retention as an examiner, a Florida licensed dentist or dental hygienist must meet the following minimum qualifications:

(a) Has been actively engaged in the practice of dentistry or dental hygiene in Florida for five years immediately preceding selection;

(b) Has demonstrated interest in continuing dental education; and

(c) Is not connected in any way with any medical college or dental college.

(2) Licensees who meet the base qualifications listed in paragraphs (1)(a) and (b) and have never acted as an examiner must be recommended to the Department of Health by the Board. Those licensees who meet the base qualifications listed in paragraphs (1)(a) and (b) and have acted as an examiner at previous examinations may be asked to be an examiner by the Department so long as their previous performance as an examiner was satisfactory as determined by post-examination examiner variance statistics compiled by the Department.

(3) Prior to each examination the Department will determine the number of examiners it will need to administer the examination. Once that determination is made, the Department will establish a pool of individuals from which the actual examiners will be selected. In forming this pool the Department will initially contact those individuals who have previously examined and whose past performance is deemed satisfactory based on post-examination examiner variance statistics compiled by the Department. When

the Department is unable to establish a sufficient pool of individuals with satisfactory experience as examiners, it will notify the Board who will then recommend a list of individuals meeting the qualifications of paragraphs (1)(a) and (b). The Department will select from the Board's recommended list sufficient individuals to insure that there will be an adequate pool from which to draw the requisite number of examiners.

(4) Those individuals forming the pool from which the examiners will be selected shall attend every session of the pre-examination standardization exercise conducted by the Department. At the conclusion of standardization, the individual members of the pool will be tested on their ability to adhere to and apply the examination grading criteria and they will be rank-ordered based on their performance on the standardization test. Selecting those individuals in the pool with the highest rank-order, the Department will submit a list of proposed examiners to the Board for its approval. However, if an individual has examined previously and his score on the Department's post-examination examiner variance study reflects a higher adherence to the criteria than his rank-order on the standardization test, the Department will utilize his post-examination variance score rather than his standardization rank-order in determining whether to recommend him as an examiner. If the Board rejects any proposed examiner the Department shall return to the rank-order list and shall recommend remaining pool members based on their rank-order.

(5) Subsequent to the examination, the Department will compile post-examination variance statistics for each examiner which statistics shall be utilized in determining whether a particular examiner will be requested to participate in any future pools of prospective examiners.

(6) In an attempt to continually replenish the pool of possible examiners, no individual will be permitted to examine for more than four (4) consecutive years. Any such individual will be eligible for the pool of prospective examiners after not examining for a period of one (1) year. However, this prohibition will not be enforced when the Department is unable to establish a sufficient pool of prospective examiners.

(7) In determining whether to ask an otherwise qualified individual to participate in the examiner pool, the Department and the Board may also consider the following factors:

(a) Whether the individual is currently or has ever had a license to practice dentistry or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure by the licensing authority of another state, territory or country;

(b) Whether the individual limits his practice of dentistry to a recognized specialty area;

(c) Whether the individual has any criminal convictions;

(d) Whether the individual has been involved in any civil litigation and, if so, the nature and result of the litigation;

(e) Whether the individual has been associated with a dental hygiene program.

*Rulemaking Authority 456.017(1)(b), 466.004(3) FS. Law Implemented 456.017(1)(b) FS. History–New 5-24-83, Amended 5-27-84, Formerly 21G-2.20, 21G-2.020, 61F5-2.020, 59Q-2.020, Amended 2-15-06.*

**64B5-2.021 Additional Education Requirements for Reexamination.**

(1) Any applicant who has failed to pass the clinical examination in three attempts shall not be eligible for reexamination until he or she completes a one year general practice residency, advanced education general dentistry residency, or pedodontic residency or a minimum of one academic year of undergraduate clinical coursework in dentistry at a dental school approved by the American Dental Association's Commission on Dental Accreditation. At the time of application for reexamination the applicant must furnish proof from the educational institution of successful completion of one of the residency programs listed above or the required coursework. However, for those applicants completing their coursework immediately prior to the examination or those applicants who have completed at least 9 months of a general practice residency, who cannot provide an official transcript, proof of having successfully completed the required coursework or residency shall consist of a statement from the dean of the school where the coursework or residency was completed that the requirements of this rule will have been met prior to the date set for issuance of examination grades. Grades received by a candidate taking the examination pursuant to this exception will not be certified, and grade results will be null and void if successful completion of the coursework or residency has not been established prior to the date

set for issuance of examination grades. Successful completion of coursework shall be established by submission of an official transcript.

(2) The statutory provision that an applicant complete additional educational requirements if he or she fails to pass a specified portion of the examination three times is interpreted by the Board to mean that additional education shall be required after every third unsuccessful attempt, i.e., after the third, sixth, ninth, etc., attempts.

*Rulemaking Authority 466.004 FS. Law Implemented 466.006 FS. History–New 9-4-84, Formerly 21G-2.21, Amended 1-6-87, 11-16-89, Formerly 21G-2.021, 61F5-2.021, 59Q-2.021, Amended 6-12-00.*

**64B5-2.022 Examination Review.**

*Rulemaking Authority 456.017(2) FS. Law Implemented 456.017(2) FS. History–New 3-25-90, Formerly 21G-2.022, 61F5-2.022, 59Q-2.022, Repealed 10-29-15.*

## CHAPTER 64B5-4
## ADVERTISING

64B5-4.002 Advertising and Soliciting by Dentists
64B5-4.003 Advertisement of Fees and Discounted Services
64B5-4.004 Advertising Specialty Services (Repealed)
64B5-4.005 Advertising of HIV/AIDS Status

**64B5-4.002 Advertising and Soliciting by Dentists.**

(1) As used in the rules of the Board, the terms "advertisement" and "advertising" shall mean any statements, oral or written, disseminated to or before the public or any portion thereof with the intent of furthering the purpose, either directly or indirectly, of selling professional services, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services. The provisions of this rule shall apply to media exposure of any nature regardless of whether it is in the form of paid advertising.

(2) All advertising in any media must identify the Florida licensed dentist, who assumes total responsibility for the advertisement. The term "identify" shall mean the use of the license number of the dentist as it appears on his license and renewal certificate or the use of the licensee's commonly used name together with the current address and telephone number the licensee has on file with the Department.

(3) No dentist shall disseminate or cause the dissemination of any advertisement or advertising which is in any way fraudulent, false, deceptive, or misleading in form or content. Additionally, no dentist shall disseminate or cause the dissemination of any advertisement or advertising which:

(a) Contains misrepresentations of fact;

(b) Is likely to mislead or deceive because in its context or in the context in which it is presented it makes only a partial disclosure of relevant facts;

(c) Contains laudatory statements about the dentist or group of dentists;

(d) Is intended or is likely to create false, unjustified expectations of favorable results;

(e) Relates to the quality of dental services provided as compared to other available dental services;

(f) Contains other representations or implications that in reasonable probability will cause an ordinary prudent person to misunderstand or to be deceived. For example, it is fraudulent, false, deceptive, and misleading for a dentist who utilizes the laser in his dental practice to advertise that the use of lasers is painless, heals faster, or provides better results than other dental procedures. However, a dentist may advertise that he treats patients with a laser in certain instances.

(g) Is intended or is likely to appeal primarily to a layperson's fears.

(4) In person and telephone solicitation of dental services by a dentist or his agent poses an inherent danger to the public because such advertising cannot be supervised, may exert pressure, and often demands an immediate response without affording the recipient an opportunity for comparison or reflection. Unlike an advertisement appearing in print or on television or radio, in person and telephone solicitation does not simply provide information and leave the recipient free to act or not, but is ripe with the potential for overbearing persuasion. Accordingly, in person and telephone solicitation of dental

services by a dentist or his agent is prohibited. The term "solicitation" as used in this rule does not include in person or telephone communication by a dentist or his or her agent with a patient or former patient for purposes of scheduling an appointment or offering follow-up care.

(5) Advertising which includes the name of a person who is not either actually involved in the practice of dentistry at the advertised location or an owner of the practice being advertised is not permitted. However, to facilitate the smooth transition of a practice after its sale from one licensee to another, it is permissible to identify the previous owner in advertising by the new owner for a reasonable period of time not to exceed a period of 2 years. This rule does not provide authority to use a previous owner's name in any advertising without first obtaining that licensee's written permission to do so.

(6) Any dentist who advertises by, through or with a referral service shall be held responsible for the content of such advertising and all such advertisements shall comply with this rule and contain the following:

(a) A statement that the advertisement is for a dental referral service and is in behalf of the dentist members of the referral service.

(b) A statement that the referral service refers only to those dentists who have paid or been otherwise selected for membership in the referral service.

(c) A statement that membership in the referral service is limited by the referral agency.

(d) A statement that dentists who receive referrals from the referral service charge no more than their usual and customary professional fees for service.

(e) These required statements shall be present in reasonably recognizable print or volume equivalent to the size or volume of other information in the advertisement.

(7) No licensee may use, or cause the use of the term "sleep dentistry" in any advertisement, unless the licensee possesses a valid general anesthesia permit issued by the Board of Dentistry pursuant to the requirement of subsection 64B5-14.003(1) and Rule 64B5-14.005, F.A.C.

*Rulemaking Authority 466.004(4), 466.019 FS. Law Implemented 466.019, 466.028(1)(d) FS. History–New 7-7-87, Amended 1-11-89, 10-29-90, 4-24-91, 7-14-92, Formerly 21G-4.002, Amended 3-30-94, Formerly 61F5-4.002, 59Q-4.002, Amended 5-20-01, 1-29-03, 2-26-06.*

**64B5-4.003 Advertisement of Fees and Discounted Services.**

(1) An appropriate disclosure regarding advertised fees is necessary to protect the public since there is no uniform code available which would enable a fair and rational selection based upon advertised fees.

(2) Any advertisement containing fee information shall contain a disclaimer that the fee is a minimum fee only.

(3) Any advertised fee for a dental service shall state a specified period during which the fee is in effect or that service shall remain available at or below the advertised fee for at least 90 days following the final advertisement for that service.

(4) Any dental service for which a fee is advertised shall be accompanied either by a description of that service using the exact wording for that service contained in the American Dental Association's "Code on Dental Procedures and Nomenclature" which is hereby adopted and incorporated by reference or by the specific ADA Code number or numbers which accurately and fully describes the advertised dental service. Listing of a category of service (diagnostic, preventive, restorative, endodontics, periodontics, prosthodontics-removable, prosthodontics-fixed, oral surgery, orthodontics) or a sub-category (any procedure whose ADA Code # ends in 00, i.e., root canal therapy 03300) is not sufficient for the purpose of advertising a fee. The advertisement must specify by use of exact nomenclature or exact code number what procedure within the sub-category is being offered. If no fee is specified for a procedure advertised then a general description of procedure by category or sub-category is permitted.

(5) Any advertisement for free or discounted services must comply with the requirements of Section 456.062, F.S., and must also clearly identify the dates that free, discounted or reduced fee services will be available.

*Rulemaking Authority 466.004(4), 466.019 FS. Law Implemented 466.019, 466.028(1)(d) FS. History–New 1-11-89, Amended 10-29-90, 3-11-92, Formerly 21G-4.003, 61F5-4.003, 59Q-4.003.*

**64B5-4.004 Advertising Specialty Services.**

*Rulemaking Authority 466.004(4), 466.019 FS. Law Implemented 466.019, 466.028(1)(d), 466.0282 FS. History–New 1-11-89, Formerly 21G-4.004, 61F5-4.004, Amended 6-9-96, Formerly 59Q-4.004, Repealed 7-5-10.*

**64B5-4.005 Advertising of HIV/AIDS Status.**

(1) Public fear regarding the possibility of HIV transmission from health care workers to patients, although scientifically unfounded, has resulted in concerns regarding the safety of dental care. In order to prevent the inappropriate exploitation of such fears and the fostering of such concerns, the advertising of dental health care workers' HIV status must be sufficiently regulated.

(2) Public misunderstanding of the significance of HIV test results may cause an inappropriate reliance on negative test results. Reliance on test results may diminish vigilance necessary for the success of universal precautions in the safe practice of dentistry. HIV antibody testing is extremely accurate in detecting existing HIV antibodies. However, there are limitations to the testing technology. The "window" period between infection and the appearance of HIV antibodies may produce false negative results. The existence of this "window" period diminishes the reliability of any negative test results.

(3) It is the position of the Board of Dentistry that HIV/AIDS issues are best handled on an individual basis directly between patients and dental health care workers. However, if such advertising is to be utilized the following guidelines must be followed:

(a) No dental health care licensee may represent that he or she is HIV negative or free from AIDS. Only representations as to test results may be advertised or noticed; and

(b) Any such advertisement or notice must clearly state the following:

THIS NEGATIVE HIV TEST CANNOT GUARANTEE THAT I AM CURRENTLY FREE OF HIV.

(c) Any referral or endorsement of a dental health care licensee based upon the licensee's negative HIV test result must clearly state the following:

THIS NEGATIVE HIV TEST CANNOT GUARANTEE THAT THE PERSON TESTED IS CURRENTLY FREE OF HIV.

(d) Any representation as to a dental health care licensee's HIV test results must include the exact date of the HIV test result that is the basis of such representations.

(e) No dental health care licensee may state or imply in any advertisement or notice of his or her own HIV test results that any other licensee is or may be a greater risk to patients due to a failure or refusal to provide similar advertising or notice.

(f) Any dental health care licensee who advertises or provides notice of his or her HIV test results must produce upon the request of a patient, a prospective patient, a former patient, or a Department of Health Investigator, an original HIV test result provided by a clinical laboratory regulated by the Department of Health, indicating the result of an HIV test. If the advertisement or notice states that the dental health care licensee has tested negative for HIV, the required test result must indicate a negative result.

*Rulemaking Authority 456.032, 466.004 FS. Law Implemented 456.032, 466.019 FS. History–New 12-10-91, Formerly 21G-4.005, 61F5-4.005, 59Q-4.005.*

## CHAPTER 64B5-7
## DENTAL PRACTICE PERMITS

64B5-7.001 Requirements for Approval and Operation of Internship and Residency Programs
64B5-7.003 Permit Requirements for Dental Interns and Residents
64B5-7.0035 Temporary Certificate Requirements for Dentists Practicing in State and County Government Facilities
64B5-7.005 Teaching Permits
64B5-7.006 Non-Profit Corporation Permits
64B5-7.007 Limited License as Allowed in Section 456.015, F.S

**64B5-7.001 Requirements for Approval and Operation of Internship and Residency Programs.**

(1) For the purpose of receiving a dental intern permit pursuant to Section 466.025(1), F.S., dental internships include dental residency programs for dental school graduates.

(2) All dental internships or residency programs approved by the American Dental Association's Commission on Dental Accreditation are deemed to be Board approved programs.

(3) Any hospital or institution which seeks to provide a dental internship or residency program which has not been approved pursuant to subsection 64B5-7.001(2), F.A.C., shall apply to the Board for approval. The application for approval shall contain:

(a) A plan for operation of the program which establishes compliance with subsection 64B5-7.001(4), F.A.C.;

(b) An outline of the duties and proposed schedule for dental interns or residents;

(c) Any information relating to the program review by the American Dental Association's Commission on Dental Accreditation or information regarding the program not being reviewed; and

(d) Any other information requested by the Board which is relevant to the Board's evaluation of the program.

(4) Any dental internship or residency program shall be directed by an identified staff consisting of at least one Florida licensed dentist who shall provide for the continued education and instruction of the dental interns or residents.

*Rulemaking Authority 466.004(4), 466.025 FS. Law Implemented 466.025 FS. History–Repromulgated 1-1-75, Formerly 21G-7.01, Amended 1-29-89, Formerly 21G-7.001, 61F5-7.001, 59Q-7.001, Amended 3-28-99.*

**64B5-7.003 Permit Requirements for Dental Interns and Residents.**

(1) Any person wishing to be issued a permit as a dental intern or resident, pursuant to Section 466.025(1), F.S., shall apply on the Residency/Intern Application, form DH-MQA 1224, (8/12), incorporated herein by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-01891 or on the Department of Health's website at http://www.doh.state.fl.us/mqa/dentistry, and provide proof of the following:

(a) Applicant's name and age;

(b) Applicant's graduation from a dental college or school or verification that the applicant is expected to graduate within the next sixty days. (The proof submitted shall include either a true and correct copy of a diploma awarded by the dental school or college or a letter from the dean of the dental school or college.);

(c) Applicant's licensure status in other jurisdictions, including disciplinary action and pending disciplinary action;

(d) The status of any dental malpractice actions that have been noticed or filed in any jurisdiction;

(e) The name and address of the internship or residency program at which the applicant will be practicing dentistry; and

(2) Graduates of dental schools or colleges that are not accredited by the ADA shall be issued permits only for practice in internship or residency programs that are accredited by the ADA.

(3) Any hospital, institution or clinic employing a dental intern or resident shall inform the Board office of the termination of that individual. Such notice shall be in writing and within 30 days of termination of employment or training.

(4) Experience obtained by an individual pursuant to a permit issued under the authority of this rule and Section 466.025, F.S., is not acceptable for the purpose of fulfilling the supplemental education program set forth in Section 466.006(3)(b), F.S.

(5) Every applicant is required to provide proof of current CPR certification prior to being issued a permit. Applicants who are not certified but who are otherwise eligible for a permit shall be allowed 60 days to obtain such certification following issuance of the permit.

(6) Dental intern and resident permits are subject to cancellation, revocation or other discipline by the Board for failure to comply with Chapters 456 and 466, F.S., and Chapter 64B5, F.A.C.

*Rulemaking Authority 466.004(4), 466.025 FS. Law Implemented 456.0635, 466.025 FS. History–*

*Repromulgated 1-1-75, Amended 1-9-77, Formerly 21G-7.03, Amended 1-29-89, Formerly 21G-7.003, Amended 8-12-93, 3-30-94, 7-18-94, Formerly 61F5-7.003, Amended 7-12-95, Formerly 59Q-7.003, Amended 11-10-98, 3-28-99, 11-19-12.*

**64B5-7.0035 Temporary Certificate Requirements for Dentists Practicing in State and County Government Facilities.**

(1) Any unlicensed dentist who wishes to practice dentistry at a state or county government facility in Florida is required to obtain a temporary certificate.

(2) Any unlicensed dentist who is a graduate of a dental school accredited by the Commission on Accreditation of the American Dental Association and who applies to the Board for such certification shall be certified by the Board for receipt of a temporary certificate.

(3) Prior to issuance of a temporary certificate, the unlicensed dentist shall submit proof of current CPR certification. The facility at which the unlicensed dentist intends to practice shall provide to the board office the name(s) and license number(s) of the licensed dentist(s) under whose supervision the certificate holder shall work.

(4) Each state or county facility at which an unlicensed dentist practices dentistry shall inform the Board office of the termination or transfer of the temporary certificate holder. Such notice shall be in writing and within 30 days of termination or transfer of the certificate holder.

(5) A temporary certificate shall be renewed each biennium. At the time of renewal the certificate holder shall sign a statement that he or she has complied with all continuing education requirements of active licensees. Additionally, each certificate holder shall complete, no later than upon first renewal, a Board-approved course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pertinent to the practice of dentistry and dental hygiene. A temporary certificate shall be canceled by the Board upon the unlicensed dentist being terminated from employment by a state or county government facility or upon a finding by the Board that the temporary certificate holder has violated any provision of Section 466.027 or 466.028, F.S., or has failed the Florida dental licensure examination.

*Rulemaking Authority 466.004(4) FS. Law Implemented 456.033, 466.017(4), 466.025 FS. History–New 8-12-93, Formerly 61F5-7.0035, 59Q-7.0035, Amended 11-10-98, 3-25-99, 12-25-01, 1-12-04, 12-25-06.*

**64B5-7.005 Teaching Permits.**

(1) A teaching permit shall be issued by the Board of Dentistry to a full time dental instructor of a dental program accredited by the Commission on Dental Accreditation of the American Dental Association and, except for the orthodontic specialty program at Jacksonville University, shall be located within a dental school as defined herein or in a medical school accredited by the American Medical Association's Liaison Committee for Medical Education upon the request of the dean if the faculty member:

(a) Has a degree in dentistry and either: 1) is eligible to take the Florida dental licensure examination and has not failed the examination on three occasions or; 2) was at one time eligible to take the Florida examination, and has not failed the Florida dental licensure examination on three occasions or; 3) has successfully completed a post-doctoral training program of at least two years in duration and accredited by the Commission on Dental Accreditation of the American Dental Association or; 4) is not eligible to take the Florida examination, but obtained the degree from a foreign dental education program and agrees to practice dentistry only under the general supervision of a Florida licensed dentist; and

(b) Is a full-time dental instructor; and

(c) Beginning on March 1, 2014, all new applicants must pass the Florida Dental Laws & Rules Examination; and

(d) Beginning with the March 1, 2014 biennium licensure renewal cycle, all teaching permit holder's must comply with the continuing education mandates in Rule Chapter 64B5-12, F.A.C.; and

(e) Does not engage in the practice of dentistry, except at the teaching facilities under the accredited dental program.

(2) A dental school is an educational institution that includes a predoctoral dental education program of not less than four years from which students graduate with a D.D.S. or D.M.D. degree.

(3) A teaching permit or temporary teaching permit authorizes the holder to practice dentistry at the teaching facility under the following terms and conditions:

(a) All records pertaining to the teaching practice shall be subject to review and available to the Board.

(b) Upon the Board's request, the permit holder shall submit any information the Board deems necessary to evaluate compliance with Chapters 456 and 466, F.S., and Chapter 64B5, F.A.C.

(c) Permits shall be in effect only as long as the holder is a full-time dental instructor and shall be automatically cancelled and nullified by the termination of the holder as a dental instructor at the teaching facility or third time failure of the Florida dental licensure examination.

(d) Teaching permits are subject to cancellation or revocation by the Board for failure to comply with Chapters 456 and 466, F.S., and Chapter 64B5, F.A.C.; and the biennium continuing education licensure requirements.

(4) Prior to issuance of a teaching permit, each faculty member must provide proof of current CPR certification. If otherwise eligible, the faculty member will be granted a permit with the requirement that current CPR certification be obtained within 60 days. Each faculty member holding a teaching faculty permit shall maintain current CPR certification.

(5) An applicant for a teaching permit shall submit Application for Teaching Permit, form DH-MQA 1225 (2/13), incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-03126 or on the Department of Health's website at http://www.doh.state.fl.us/Mqa/dentistry.

*Rulemaking Authority 466.002(6), 466.004(4) FS. Law Implemented 466.002(6) FS. History–New 4-30-80, Amended 1-13-81, Formerly 21G-7.05, Amended 1-29-89, Formerly 21G-7.005, 61F5-7.005, Amended 10-16-96, 3-16-97, Formerly 59Q-7.005, Amended 11-10-98, 8-3-00, 1-12-04, 9-11-06, 11-19-12, 9-17-13.*

**64B5-7.006 Non-Profit Corporation Permits.**

(1) Any non-profit corporation which is chartered for the purposes specified in Section 466.025(3), F.S., seeking a permit to employ a non-Florida licensed dentist who is a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association shall file an application with the Board which contains the following information:

(a) A certified copy of the non-profit corporation's charter which establishes one or more of the purposes for the organization which are specified in Section 466.025(3), F.S., and proof of registration with the Internal Revenue Service as a nonprofit organization pursuant to 26 U.S.C. § 501(c)(3).

(b) Justification for the need to provide dental services by dentists who are not licensed in this state.

(c) A plan of operation which establishes that any non-Florida licensed dentist employed by the permit holder will be practicing dentistry under the general supervision of a Florida licensed dentist.

(d) For non-profit corporations which provide dental care to indigent patients, statistics which establish that only indigent patients have been treated or admission criteria that only indigent patients will be treated. A description of the physical plant, available equipment and resources which establish that minimum standards of dentistry are or will be practiced at the facility.

(e) Any other information pertinent to the application which is requested by the Board.

(f) As to each non-Florida licensed dentist employed or sought to be employed:

1. The dentist's name and age,

2. Proof of said dentist's graduation from an accredited dental college or school,

3. The dentist's licensure status in other jurisdictions, including disciplinary action and pending disciplinary action,

4. The status of any dental malpractice actions that have been noticed or filed in any jurisdiction,

5. Proof of having successfully completed Board approved courses on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, a course in domestic violence, and proof of current CPR certification.

(2) A non-profit corporation permit holder shall follow the requirements of subsection 64B5-7.001(4), F.A.C., and Rule 64B5-7.003, F.A.C., regarding application, requirements for conducting the program and qualifications for any permit holders who will be employed at their facility.

(3) Any non-Florida licensed dentist employed by the holder of a permit pursuant to this rule shall be bound by all requirements for permit holders set forth in Rule 64B5-7.003, F.A.C., and shall be

compensated only by salary which is not based upon productivity.

(4) Each non-profit corporation at which a non-Florida licensed dentist practices dentistry shall inform the Board office of the termination of practice of said dentist. Such notice shall be in writing and within thirty (30) days of termination.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.025(3) FS. History–New 11-16-89, Formerly 21G-7.006, 61F5-7.006, 59Q-7.006, Amended 3-25-99, 6-12-00, 12-25-06.*

**64B5-7.007 Limited License as Allowed in Section 456.015, F.S.**

(1) A limited license shall be issued by the Board of Dentistry to an applicant who has retired or intends to retire from the practice of dentistry or dental hygiene and intends to practice only pursuant to the restrictions of the limited license granted pursuant to Section 456.015, F.S., if the applicant:

(a) Has been licensed for practice in any jurisdiction in the United States for at least ten (10) years in the profession for which the applicant seeks a limited license.

(b) Has not committed or is not under investigation for prosecution for any act which would constitute the basis for discipline pursuant to the provisions of Chapter 466, F.S.

(c) Practices only in the employ of public agencies or non-profit agencies or institutions which meet the requirements of Section 501(c)(3), F.S., of the Internal Revenue Code, are permitted under Rule 64B5-7.006, F.A.C., and which provide professional liability coverage for acts or omissions of the limited licensee.

(d) Complies with all continuing education requirements of active licensees.

(e) If the applicant for a limited license submits a notarized statement from the employer stating the applicant will not receive monetary compensation for any service involving the practice of dentistry or dental hygiene, the application fee and all licensure fees shall be waived.

(f) Submits Form DH-MQA 1201, Application for Limited Licensure Dentist/Dental Hygienist (Rev. 8/12), incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-01939 or available on the Department of Health's website at http://www.doh.state.fl.us/mqa/dentistry.

(2) A limited licensee may provide services only to the indigent, or critical need populations within the state. The standard for determining indigency shall be recognized by the Federal Poverty Income Guidelines produced by the United States Department of Health and Human Services.

*Rulemaking Authority 456.015, 466.004 FS. Law Implemented 456.015, 466.006, 466.007, 466.011 FS. History–New 7-19-01, Amended 6-22-05, 11-29-12.*

## CHAPTER 64B5-9
## PRESCRIPTIONS FOR DENTAL HYGIENE SERVICES AND CERTIFICATION OF DENTAL RADIOGRAPHERS

64B5-9.010 Prescriptions for the Services of a Dental Hygienist
64B5-9.011 Radiography Training for Dental Assistants

**64B5-9.010 Prescriptions for the Services of a Dental Hygienist.**

(1) For the purposes of Section 466.023(2)(c), F.S., a dentist's prescription for his patient of record for dental hygiene services shall contain the following information:

(a) The patient's name and address;

(b) The dentist's name, business address and license number;

(c) The name, business address and professional license number of the dental hygienist who is being authorized to perform the service; and

(d) A statement of the specific services authorized and the frequency of the services authorized.

(2) The prescription must be printed, handwritten or typed on the dentist's prescription pad or on his professional letterhead stationery.

(3) The original prescription shall be given to the patient, and a copy shall be maintained in the patient's file in the office of the prescribing dentist.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.023(2)(d) FS. History–New 8-4-80, Formerly 21G-9.10, Amended 1-18-89, Formerly 21G-9.010, 61F5-9.010, 59Q-9.010.*

**64B5-9.011 Radiography Training for Dental Assistants.**

(1) Dental assistants may position and expose dental radiographic images only if they have been certified by the Department as dental radiographers or have graduated from a Board-approved dental assisting school or program.

(2) Dental assistants may be certified as dental radiographers if they comply with the following requirements:

(a) Apply for certification on DH-MQA 1202, Dental Radiography Certification Application (Rev. 8/12), incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-02027 and available on the Department of Health's website at http://www.doh.state.fl.us/mqa/dentistry, and submit the nonrefundable fee prescribed by Rule 64B5-15.015, F.A.C.;

(b) Document having completed at least 3 months of continuous on-the-job training through assisting in the positioning of digital radiographic sensors and positioning and exposing of dental radiographic images under the direct supervision of a Florida licensed dentist; and

(c) Document successful completion of a Board-approved course which meets the requirements of subsection 64B5-9.011(3), F.A.C., within 12 months after completion of the on-the-job training required by subsection 64B5-9.011(2), F.A.C.

(3) Only courses which provide training in the following areas may receive Board approval:

(a) Dental radiography practice and equipment;

(b) Radiation biology and radiation safety techniques;

(c) Hands-on instruction in the positioning of digital radiographic sensors and films through the use of appropriate mannequins that will provide the didactic objectives;

(d) Radiographic anatomy;

(e) Radiographic images, films, and processing;

(f) Intra-oral radiographic techniques;

(g) Supplemental techniques of dental radiography; and

(h) Infection control and sterilization techniques.

(4) A dental assistant's certification as a dental radiographer must be conspicuously displayed to the public in any dental office where these services are performed.

*Rulemaking Authority 466.004, 466.017(7) FS. Law Implemented 466.017(7) FS. History–New 9-20-80, Amended 1-28-81, Formerly 21G-9.11, Amended 12-31-86, 1-18-89, 4-24-91, Formerly 21G-9.011, 61F5-9.011, 59Q-9.011, Amended 6-12-00, 5-20-01, 12-11-12, 5-12-16.*

## CHAPTER 64B5-10
## INACTIVE LICENSURE STATUS, RENEWAL, REACTIVATION, AND EXEMPTIONS


64B5-10.004 Exemption of Spouses of Members of Armed Forces From Licensure Renewal Provisions
64B5-10.005 Inactive Status and Renewal of Inactive Status
64B5-10.007 Requirements for Reactivation of an Inactive License
64B5-10.010 Delinquent Status License (Repealed)
64B5-10.011 Retired Status and Reactivation of Retired Status License.


**64B5-10.004 Exemption of Spouses of Members of Armed Forces From Licensure Renewal Provisions.**

A licensee who is the spouse of a member of the Armed Forces of the United States and was caused to be absent from the State of Florida for a period of at least six consecutive months because of the spouse's duties with the armed forces and who at the time the absence became necessary was in good standing with the Board of Dentistry and entitled to practice dentistry or dental hygiene in Florida shall be exempt from all licensure renewal provisions under these rules. The licensee must show satisfactory proof of the absence and the spouse's military status.

*Rulemaking Authority 456.024(2), 466.004(4) FS. Law Implemented 456.024(2) FS. History–New 12-31-86, Formerly 21G-10.004, 61F5-10.004, 59Q-10.004.*

**64B5-10.005 Inactive Status and Renewal of Inactive Status.**

(1) A licensee may elect at any time to place the license into inactive status by filing with the

Department a completed application for inactive status as set forth in Section 456.036, F.S., and the appropriate fees required by Rule Chapter 64B5-15, F.A.C. Active status licensees choosing inactive status at the time of license renewal must pay the fee for renewal of inactive license required by Rule 64B5-15.008, F.A.C., any applicable delinquency fee as required by Rule 64B5-15.011, F.A.C., and the Change of Status Processing fee required by Rule 64B5-15.012, F.A.C. Active status licensees choosing inactive status at any time other than at the time of license renewal shall pay the change of status processing fee required by Rule 64B5-15.012, F.A.C.

(2) Inactive licenses must be renewed biennially including payment of the renewal fee set forth in Rule 64B5-15.008, F.A.C.

(3) An inactive license can be reactivated at any time provided the licensee meets the requirements of Rule 64B5-10.007, F.A.C. Inactive status licensees choosing active status at the time of license renewal must pay the renewal fee required by Rule 64B5-15.006, F.A.C., the reactivation fee as required by Rule 64B5-15.009, F.A.C., any applicable delinquency fee as required by Rule 64B5-15.011, F.A.C., and the change of status processing fee required by Rule 64B5-15.012, F.A.C. Inactive status licensees choosing active status at any time other than at the time of license renewal shall pay the reactivation fee as required by Rule 64B5-15.009, F.A.C., and the change of status processing fee required by Rule 64B5-15.012, F.A.C.

*Rulemaking Authority 466.004(4), 466.015 FS. Law Implemented 456.036 FS. History–New 7-12-95, Formerly 59Q-10.005, Amended 5-20-01.*

**64B5-10.007 Requirements for Reactivation of an Inactive License.**

An inactive license shall be reactivated upon demonstration that the licensee has paid the applicable fees set forth in Rule Chapter 64B5-15, F.A.C., and has complied with the following requirements:

(1) As a condition to the reactivation of an inactive license, a dentist or dental hygienist must submit proof of having completed the appropriate continuing education requirements as set forth in Rule 64B5-12.013, F.A.C.

(2) However, any licensee whose license has been inactive for more than two consecutive biennial licensure cycles and who has not practiced for two out of the previous four years in another jurisdiction shall be required to appear before the Board and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the licensee must:

(a) Show compliance with subsection (1) above;

(b) Account for any activities related to the practice of dentistry in this or any other jurisdiction during the period that the license was inactive and establish an absence of malpractice or disciplinary actions pending in any jurisdiction;

(c) Prove compliance with the financial responsibility requirements of subsection 456.048, F.S., and Rule 64B5-17.011, F.A.C. (dentists only);

(d) Prove compliance with subsection 456.033, F.S., and Rule 64B5-12.019, F.A.C.

(3) The Department shall not reactivate the license of any dentist or dental hygienist who has:

(a) Committed any act or offense in this or any other jurisdiction which would constitute the basis for disciplining a licensee pursuant to subsection 466.028, F.S.

(b) Failed to comply the financial responsibility requirements of Section 456.048, F.S., and Rule 64B5-17.011, F.A.C. (dentists only).

(c) Failed to comply with the provisions of Section 456.033, F.S., and Rule 64B5-12.019, F.A.C.

*Rulemaking Authority 466.004(4), 466.015 FS. Law Implemented 456.036, 466.015 FS. History–New 7-12-95, Formerly 59Q-10.007, Amended 5-20-01.*

**64B5-10.010 Delinquent Status License.**

*Rulemaking Authority 466.004(4), 466.015 FS. Law Implemented 456.036 FS. History–New 7-12-95, Formerly 59Q-10.010, Repealed 10-29-15.*

**64B5-10.011 Retired Status and Reactivation of Retired Status License.**

(1) A licensee may place an active or inactive license in retired status at any time. If the license is

placed in retired status at the time of renewal the licensee shall pay the retired status fee set forth in Rule 64B5-15.0122, F.A.C. If the licensee chooses to place the license in retired status at any time other than at the time of license renewal the licensee shall pay the change of status processing fee set forth in Rule 64B5-15.0121, F.A.C., and the retired status fee set forth in Rule 64B5-15.0122, F.A.C.

(2) A licensee may reactivate a retired status license at any time, subject to meeting the following requirements:

(a) Paying the reactivation fee set forth in Rule 64B5-15.0091, F.A.C.;

(b) Showing documentary proof of satisfying the continuing education requirements of Rules 64B5-12.013, 64B5-12.016, 64B5-12.019, 64B5-12.020, F.A.C., for each licensure biennial period in which the license was in retired status.

(c) Dentists must demonstrate compliance with Rule 64B5-17.011, F.A.C., Financial Responsibility.

(3) Any dentist whose license has been on retired status for more than five (5) years or a licensee from another state who has not been in the active practice of dentistry within the past five (5) years shall be required to appear before the Credentials Committee of the Board and establish the ability to practice with care and skill sufficient to protect the health, safety and welfare of the public. At the time of such appearance, the dentist must:

(a) Demonstrate compliance with subsection (2) above;

(b) Account for any activities related to the practice of dentistry during the period that the licensee was on retired status or not practicing in another jurisdiction and establish an absence of malpractice or disciplinary actions pending in any jurisdiction.

(4) The Department shall refuse to reactivate the license of a retired status dentist who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until 15 days after the Department receives the final results of the investigation or prosecution.

*Rulemaking Authority 456.036 FS. Law Implemented 456.036 FS. History–New 2-14-06, Amended 6-9-10.*

## CHAPTER 64B5-12
## CONTINUING PROFESSIONAL EDUCATION


64B5-12.013 Continuing Education Requirements
64B5-12.0135 Licensees Excused from Continuing Educational Requirements
64B5-12.014 Committee on Continuing Professional Education (Repealed)
64B5-12.016 Subject Area Requirements
64B5-12.017 Application for Provider Status
64B5-12.0175 Standards for Approved Providers
64B5-12.018 Individual Study
64B5-12.0185 Standards for Board Approval of Pro Bono Programs
64B5-12.019 Courses Required for Initial Licensure, Renewal, or Reactivation
64B5-12.020 Courses Required of Licensees for Renewal and Reactivation


**64B5-12.013 Continuing Education Requirements.**

(1) Dentists shall complete 30 hours of continuing professional education during each license renewal biennium as a condition of license renewal. Dentists shall also complete a Board-approved two (2) hour continuing education course on domestic violence as defined in Section 741.28, F.S., and described in Rule 64B5-12.019, F.A.C., as part of every third biennial licensure renewal. In addition to the 30 hours required herein, each licensed dentist shall complete the training in cardiopulmonary resuscitation (CPR) required in subsection 64B5-12.020(1), F.A.C. Furthermore, each person is required to complete no later than upon first licensure renewal a Board approved course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) as required by Section 456.033, F.S., and described in Rule 64B5-12.019, F.A.C.

(2) Dental hygienists shall complete 24 hours of continuing professional education as a condition of license renewal. Dental hygienists shall also complete a Board-approved two (2) hour continuing education course on domestic violence as defined in Section 741.28, F.S., and described in Rule 64B5-

12.019, F.A.C., as part of every third biennial licensure renewal. In addition, during each license renewal biennium licensed dental hygienists shall complete training in cardiopulmonary resuscitation (CPR) at the basic support level, which results in certification or recertification in CPR by the American Heart Association, the American Red Cross or an entity with equivalent requirements. Furthermore, each person is required to complete no later than upon first licensure renewal a Board approved course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) as required by Section 456.033, F.S., and described in Rule 64B5-12.019, F.A.C.

(3) Continuing education credit shall be awarded only for educational experiences that are specifically appropriate for, and contain useful information directly pertinent to, dentistry and only if received through the following methods:

(a) By participating in courses offered by a Board-approved continuing education provider; or

(b) By participating in courses offered by:

1. The American or National Dental Associations and their constituent and component and affiliate dental associations and societies, including affiliated specialty organizations or a provider organization recognized by either the American or National Dental Associations;

2. The American or National Dental Hygienist Association and their constituent and component associations and societies;

3. The Academy of General Dentistry and its constituent and component organizations or a provider approved by the Academy of General Dentistry's National Sponsor Approval Program;

4. A dental, dental hygiene or dental assisting school accredited by the American Dental Association's Commission on Dental Accreditation;

5. A hospital, college, university, or community college, accredited by an accrediting agency approved by the United States Department of Education;

6. The American Red Cross, American Heart Association, and the America Cancer Society; and

7. An educational program or course associated with a medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education;

(c) By participating in Board-Approved individual study; and

(d) By participating in examination standardization exercises. Dentists and dental hygienists may receive a maximum of 6 continuing education credits per biennium for participating in the dental hygiene exercise; dentists may receive a maximum of 8 continuing education credits for the dental clinical exercise; and dentists may receive a maximum of 11 continuing education credits per biennium for participating in both exercises;

(e) By participating in programs approved by the Board pursuant to Rule 64B5-12.0185, F.A.C., that provide substantial pro bono dental and dental hygiene services to the indigent, to dentally underserved populations or to persons who reside in areas of critical need within Florida. Dentists and dental hygienists may obtain a maximum of 7 hours per biennium of required continuing education credit for participating in such programs. Continuing education credit shall be calculated at a ratio of 1 continuing education credit for each 1 hour of patient services provided to approved programs.

(f) By participating as an expert witness in the review of disciplinary cases, a licensee may receive a maximum of 11 hours of continuing education credit for completing five disciplinary cases in each biennium. By participating as an expert witness in the review of disciplinary cases, a licensee may receive a maximum of 4 hours of continuing education credit for completing two disciplinary cases in each biennium. A maximum of 11 hours in any one biennium may be earned toward license renewal.

(g) By participating as part of a course at a dental, dental hygiene or dental assisting school accredited by the ADA Commission on Dental Accreditation, its successor agency or other nationally recognized accrediting agency, an adjunct, part-time faculty member may receive 3 continuing education hours per semester/quarter by providing the following requirements: application, documentation from the teaching institution which shall include the number of the semesters/quarters the licensee taught the course.

(h) Up to 4 hours of credit per renewal cycle may be earned by attending a meeting of the Board of Dentistry wherein disciplinary cases are considered. The licensee must check in with staff prior to the beginning of the disciplinary proceedings. After the conclusion of the meeting, Board staff will issue a certificate of attendance to the licensee. Credit hours shall be awarded on an hour for hour basis up to a maximum of 4 hours. Credit hours may not be earned when the licensee attends a disciplinary case

session as a party to a disciplinary action.

(i) By participating as an anesthesia inspection consultant, a licensee may receive two hours of continuing education credit each biennium.

(4) The Department shall send a license renewal application to each licensee at the licensee's last address of record during each license renewal period. The application shall contain an affidavit form to be completed and sworn to by the licensee stating that the licensee has completed required continuing education. The licensee shall retain documentation of having completed the continuing education hours claimed on the renewal application for a period of 4 years.

(5) Failure of the Department to send or the licensee to receive a license renewal notice shall not affect the licensee's responsibility to timely renew licensure.

(6) The Board will randomly audit licensees' continuing education documentation to assure compliance with continuing education requirements. Failure to maintain documentation or the submission of false or misleading information or documentation shall subject the licensee to discipline, up to and including revocation of licensure.

*Rulemaking Authority 456.013(8), 456.031, 466.004(4), 466.0135, 466.014, 466.017(3), (4) FS. Law Implemented 456.013(8), 456.031, 466.0135, 466.014, 466.017(3), (5), 466.028(1)(i), (bb) FS. History–New 4-2-86, Amended 12-31-86, 4-26-87, 7-20-87, 9-16-87, 11-18-89, 7-9-90, Formerly 21G-12.013, Amended 5-19-94, 7-18-94, Formerly 61F5-12.013, Amended 11-15-95, 4-8-96, Formerly 59Q-12.013, Amended 2-17-98, 2-15-99, 3-11-99, 11-9-00, 5-20-01, 8-25-03, 5-31-04, 7-13-05, 2-14-06, 12-25-06, 10-10-10.*

**64B5-12.0135 Licensees Excused from Continuing Educational Requirements.**

(1) Licensees shall not be required to complete continuing education requirements during the biennium in which they receive initial licensure.

(2) Dentists shall not be required to complete continuing education requirements during any biennium in which they are:

(a) Enrolled full-time in a post-graduate specialty training or residency program at a dental school accredited by the American Dental Association's Commission on Dental Accreditation; or

(b) Serving as full-time faculty members at a dental, dental hygiene or dental assisting school accredited by the American Dental Association's Commission of Dental Accreditation.

(3) Dental hygienists shall not be required to complete continuing education requirements during any biennium in which they are:

(a) Enrolled full-time in an academic program directly related to dentistry or dental hygiene; or

(b) Serving as full-time faculty members at a dental, dental hygiene school or dental assisting school accredited by the American Dental Association's Commission on Dental Accreditation.

(4) No provision of this section shall relieve a licensee from the obligation to obtain training required by Sections 456.013(7), 456.031, 456.033, F.S., as a condition of licensure renewal.

*Rulemaking Authority 466.004(4), 466.0135, 466.014 FS. Law Implemented 456.013(7), 456.031, 456.033, 466.0135, 466.014 FS. History–New 1-18-89, Formerly 21G-12.0135, 61F5-12.0135, 59Q-12.0135, Amended 5-17-06.*

**64B5-12.014 Committee on Continuing Professional Education.**

*Rulemaking Authority 466.004(4), 466.014 FS. Law Implemented 466.0135, 466.014 FS. History–New 4-2-86, Amended 6-30-86, 1-18-89, Formerly 21G-12.014, 61F5-12.014, 59Q-12.014, Repealed 10-29-15.*

**64B5-12.016 Subject Area Requirements.**

(1) Regardless of the manner by which a licensee obtains continuing education, no credit will be awarded unless the subject matter falls within the following subject matter categories:

(a) Basic medical and scientific subjects, including but not limited to – biology, microbiology, anatomy, dental anatomy, microscopic anatomy, pathology, physiology, chemistry, organic chemistry, biochemistry, neurology, pharmacology, anesthesia, analgesia, diet and nutrition as it relates to the conditions of the human oral cavity.

(b) Clinical and technical subjects, including but not limited to – techniques in general dentistry or

recognized specialties, dental materials and equipment, diagnosis and treatment planning, asepsis and sterilization techniques and radiology.

(c) Patient health and safety subjects including but not limited to – public health problems, communicable diseases, emergency care, cardiopulmonary resuscitation, advanced life support, anesthesia, patient stress management and risk management.

(d) Subjects dealing with licensees' legal responsibilities, including but not limited to the laws and rules governing the practice of dentistry and dental hygiene.

(e) Formal group discussions concerning case presentations sponsored by approved providers.

(2) Except as expressly allowed below in this section, no continuing education credit shall be given for courses which do not directly relate to providing dental care. The following types of courses do not relate directly to providing dental care – organization or design of a dental office, practice development or management, marketing of dental services, investments or financial management and personnel management.

(3) No continuing education credit shall be given for identical courses taken during the same biennium.

(4) Notwithstanding any other provision of this section to the contrary, a dentist and a dental hygienist may earn up to three hours of continuing education renewal credit per biennium, by completing an approved course in dentistry practice management, that meets the criteria set forth in paragraph (c) of subsection 466.0135(1), F.S.

*Rulemaking Authority 466.004(4), 466.0135, 466.014 FS. Law Implemented 456.031, 466.0135, 466.014 FS. History–New 4-2-86, Amended 1-18-89, 7-9-90, 2-1-93, Formerly 21G-12.016, 61F5-12.016, Amended 9-27-95, Formerly 59Q-12.016, Amended 10-29-00, 5-20-01, 5-31-04, 7-6-06, 12-25-06, 12-15-14.*

**64B5-12.017 Application for Provider Status.**

(1) Entities or individuals who wish to become approved providers of continuing education must submit the approval fee set forth in subsection 64B5-15.022(1), F.A.C., and an application on the appropriate form set forth in Rule 64B5-1.021, F.A.C., which contains the following information and which is accompanied by the following documentation:

(a) The name of the contact person who will fulfill the reporting and documentation requirements for approved providers and who will assure the provider's compliance with Rule 64B5-12.0175, F.A.C.; and

(b) The qualifications of all instructors, which may be evidenced by a curriculum vitae or professional licensure in the subject area taught. Because domestic violence courses must contain information specifically appropriate for, directly pertinent to, and useful in, dentistry, all domestic violence instructors shall identify dental injuries indicative of domestic violence, mandatory reporting and patient records confidentiality for dentists under Florida and federal law, and incidence statistics in the dental profession.

(2) Provider approval may be granted for a period not to exceed the time from the date of approval to the end of the next successive licensure biennium after approval was obtained. Application for renewal of provider status shall be made at least 90 days prior to the end of the biennium in which approval expires and must be accompanied by the biennial renewal fee set forth in subsection 64B5-15.022(2), F.A.C. Renewal applications shall contain all information required for initial provider approval as well as course outlines and information evidencing compliance with Rule 64B5-12.0175, F.A.C., for each course offered during the provider status.

(3) Study clubs which are composed of at least five licensees, are formed for the purpose of scientific study and which have adopted written by-laws may apply to become approved continuing education providers.

*Rulemaking Authority 456.027, 466.004(4), 466.014 FS. Law Implemented 456.027, 466.0135, 466.014 FS. History–New 4-2-86, Amended 10-26-87, 1-18-89, 7-9-90, 5-2-91, Formerly 21G-12.017, 61F5-12.017, 59Q-12.017, Amended 8-19-97, 10-29-00, 5-20-01.*

**64B5-12.0175 Standards for Approved Providers.**

Approved continuing professional education providers and providers authorized pursuant to paragraph 64B5-12.013(3)(b), F.A.C., shall comply with the following requirements:

(1) All courses shall reflect appropriate didactic and clinical training for the subject matter and shall be designed to meet specifically stated educational objectives.

(2) Instructors shall be adequately qualified by training, experience or licensure to teach specified courses. Because domestic violence courses must contain information specifically appropriate for, directly pertinent to, and useful in, dentistry, all domestic violence instructors shall be familiar with dental injuries indicative of domestic violence, reporting obligations under Florida and federal law, and incidence statistics in the dental profession. Instructors who have had a professional license revoked, suspended, or otherwise acted against, in Florida or in another jurisdiction, shall be disqualified when the nature and number of disciplinary actions indicate a conscious disregard for the laws, rules and ethics of the profession.

(3) Any clinical dental hygiene course in which patients are treated during instruction must be supervised by a licensed dentist.

(4) Facilities and equipment for each course in which patients are treated during instruction shall be adequate for the subject matter and method of instruction.

(5) Course length shall be sufficient to provide meaningful education in the subject matter presented. One half hour or one hour of continuing education credit shall be awarded for each 25 or 50 minutes of actual classroom or clinical instruction, respectively. No continuing education credit shall be awarded for participation of less than 25 minutes.

(6) Providers shall provide written certification to each participant who completes a continuing education course or portion of that course which consists of at least 25 minutes of instruction. Certification shall include the participant's name and license number, the provider's name and number, the course title, instructor, location, date offered and hours of continuing education credit awarded and validation through the signature of the provider, official representative or instructor.

(7) Providers shall maintain records of each course offering for 4 years following each licensure biennium during which the course was offered. Course records shall include a course outline which reflects its educational objectives, the instructor's name, the date and location of the course, participants' evaluations of the course, the hours of continuing education credit awarded for each participant and a roster of participants by name and license number.

(8) Providers' records and courses shall be subject to Board review. Failure to maintain the standards set forth in this rule shall subject the provider to the suspension or rescission of the providership.

(9) The provider number shall not be used on any advertisement or certification for a course that does not meet the requirements of Rule 64B5-12.016, F.A.C.

(10) A licensee who has been approved as a provider may not give more than 12 hours of continuing education credit in subjects other than cardiopulmonary resuscitation to office staff, employees, or fellow employees during a biennium.

*Rulemaking Authority 466.004(4), 466.014 FS. Law Implemented 466.0135, 466.014 FS. History–New 1-18-89, Amended 7-9-90, Formerly 21G-12.0175, 61F5-12.0175, 59Q-12.0175, Amended 10-3-99, 10-29-00, 3-7-02.*

**64B5-12.018 Individual Study.**

(1) Licensees may receive continuing education credit for individual study by submitting an application for approval on a form provided by the Board which is accompanied by documentation of compliance with the requirements of this rule.

(2) Credit for individual study shall only be awarded in the following manner, for the following educational experiences:

(a) The initial presentation of material falling within the subject areas set forth in Rule 64B5-12.016, F.A.C., which is part of a professional conference or meeting or which is offered at a formal course given in conjunction with a professional conference or meeting. Two hours of continuing education credit shall be awarded for each 50 minute segment of a presentation. The licensee must submit documentation which includes: the name of the professional conference or meeting and its sponsoring organization; the

date, location and subject of the presentation; and written confirmation of this information by the sponsoring organization.

(b) Publication of an article or book devoted to a subject area set forth in Rule 64B5-12.016, F.A.C., in journals or other media which select materials through an editorial review process. Continuing education credits in an amount determined by the Board may be awarded for a published article or for a published book upon the licensee's documentation of the following: the title, authors, subject and length of the article or book; the publisher's name and date published; and if the licensee co-authored an article or book, documentation of the licensee's actual contribution to the finished product.

(c) Presentation of a lecture devoted to a subject area set forth in Rule 64B5-12.016, F.A.C., when given as part of a course at a dental, dental hygiene or dental assisting school accredited by the American Dental Association's Commission on Dental Accreditation, its successor agency or other nationally recognized accrediting agency, or as part of a formal course or program approved by the Board pursuant to Rule 64B5-16.002, F.A.C. Two hours of continuing education credit shall be awarded for each 50 minutes of actual lecture time upon the licensee's documentation of the following: name of the institution, course and program; subject, length and date of the lecture; and written confirmation of this information from the sponsoring institution or program. Licensees may obtain a maximum of 15 hours per biennium.

*Rulemaking Authority 466.004(4), 466.014 FS. Law Implemented 466.0135, 466.014 FS. History–New 4-2-86, Amended 9-7-87, 3-28-88, 1-18-89, Formerly 21G-12.018, 61F5-12.018, 59Q-12.018, Amended 7-13-05.*

**64B5-12.0185 Standards for Board Approval of Pro Bono Programs.**

(1) To receive Board approval, programs seeking to provide continuing education credit for the provision of pro bono dental services must meet the following guidelines:

(a) Programs must be organized as or as part of a not-for-profit entity that provides substantial pro bono dental services to the indigent or dentally underserved populations or persons who reside in areas of critical need within Florida.

(b) The program must require the dentist and dental hygienist volunteers to provide beneficial dental services to indigent patients, without compensation.

(c) Any volunteer dental hygienist must be under the appropriate supervision of a Florida licensed dentist as set forth in Chapter 64B5-16, F.A.C.

(d) The program must require the volunteer dentist or dental hygienist to register with the program director or designee before commencing to provide dental or dental hygiene services. Such registration shall occur on each day that the volunteer participates in the pro bono activities.

(e) The program must require the volunteer dentist or dental hygienist to sign out with the program's director or designee upon concluding the rendering of pro bono dental or dental hygiene services.

(f) The program shall calculate the award of continuing education credit based upon the time each dentist or dental hygienist has actually dedicated to the performance of substantial professional dental or dental hygiene services for indigent patients.

(g) The program must retain documentation of the number of hours of volunteer professional service contributed by each volunteer involved in the program's pro bono activities. This documentation shall contain the name and license number of each participant; the dates and times of all pro bono activity; the location of the related patient records; and in the case of dental hygienist volunteers, the name and license number of the supervising Florida licensed dentist. Such records must be maintained for a minimum of 4 years following the biennium in which the pro bono services are provided.

(2) The following pro bono programs are found by the Board to meet the foregoing requirements and are hereby approved by the Board:

(a) Programs affiliated with Project Dentists Care.

(b) Programs operated by accredited dental colleges or schools and accredited dental hygiene programs.

(c) Florida Dental Association Foundation and Florida Mission of Mercy.

(3) Other formalized not-for-profit programs may petition for Board approval by filing a written petition with the Board that establishes the program's compliance with the requirements of this rule.

*Rulemaking Authority 456.013(9) FS. Law Implemented 456.013(9) FS. History–New 2-15-99, Amended 5-12-16.*

**64B5-12.019 Courses Required for Initial Licensure, Renewal, or Reactivation.**

(1) No license shall be granted and no license shall be renewed or reactivated unless the applicant or licensee submits confirmation to the Board that he or she has successfully completed, no later than upon first renewal, a Board-approved course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), and other infectious diseases pertinent to the practice of dentistry and dental hygiene and a Board-approved course on prevention of medical errors. All licensees must complete a Board approved two (2) hour continuing education course on domestic violence as defined in Section 741.28, F.S., as part of every third biennial licensure renewal.

(2) To receive Board approval, courses on HIV/AIDS and infectious diseases pertinent to the practice of dentistry and dental hygiene shall consist of instruction which shall include, but need not be limited to, viral counts, hepatitis, sterilization and infection control requirements, identification of oral lesions associated with infectious disease, how the presence of infectious disease directly affects treatment decisions of dentists, and the subject areas set forth under Section 456.033, F.S.

(3) Every such course for the purpose of obtaining initial licensure shall have a minimum of two (2) hours dedicated to the subject areas set forth. Every such course for the purpose of renewal or reactivation of licensure shall have no less than one (1) hour dedicated to the subject areas set forth. Furthermore, every such course shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients. However, any such course completed outside of Florida, which complies with the criteria set forth in paragraph (2) above shall be approved by the Board if the applicant or licensee submits to the Board a statement that he or she has reviewed and studied current Florida law and its impact on testing, confidentiality of test results, and treatment of patients. To fulfill the requirements of this paragraph every HIV/AIDS course shall include or each applicant or licensee shall review and study Chapters 381 and 384, F.S.

(4) Only courses on HIV/AIDS and infectious diseases pertinent to the practice of dentistry and dental hygiene that meet the requirements set forth in subsections 64B5-12.019(2) and (3), F.A.C., and that are offered in compliance with subsection 64B5-12.013(3), F.A.C., shall be and are hereby approved by the Board. Home study courses are permitted for the purpose of meeting the requirements of HIV/AIDS and infectious diseases pertinent to the practice of dentistry and dental hygiene education, provided they comply with the requirements set forth in subsections (2) and (3), above.

(5) Each applicant or licensee may submit confirmation of having completed a course which complies with subsections 64B5-12.019(1), (2) and (3), F.A.C., on the form prepared by the Department of Health and provided by the Board. Each licensee shall submit confirmation of having completed a Board-approved domestic violence continuing education course, on a form provided by the Board, when submitting fees for every third biennial renewal.

(6) The requirements of this rule shall also apply to the initial issuance and renewal of any permit held pursuant to Chapter 64B5-7, F.A.C. Confirmation of completion shall be submitted at the time of applying for an initial permit and biennially thereafter.

(7) Courses taken subsequent to licensure and for the purpose of compliance with the HIV/AIDS portion of this rule may be included by the licensee in the total continuing education hours required pursuant to subsections 64B5-12.013(1) and (2), F.A.C., as a condition of biennial license renewal.

(8) To receive Board approval, courses on domestic violence must be a minimum of 2 hours long, must cover the substantive areas set forth in Section 456.031, F.S., and must be approved by any state or federal government agency or professional association or offered by a Board-approved continuing education provider.

(9) To receive Board approval, courses on prevention of medical errors shall include a study of root cause analysis, error reduction and prevention, and patient safety. Every such course shall have a minimum of two (2) hours dedicated to the subject areas set forth.

*Rulemaking Authority 456.031, 456.033 FS. Law Implemented 456.013, 456.031, 456.033 FS. History–New 1-18-89, Amended 10-28-91, 2-1-93, Formerly 21G-12.019, Amended 6-14-94, Formerly 61F5-12.019, Amended 11-15-95, 2-10-97, Formerly 59Q-12.019, Amended 10-29-00, 8-2-01, 9-27-01, 12-23-*

*02, 1-12-04, 12-25-06.*

**64B5-12.020 Courses Required of Licensees for Renewal and Reactivation.**
Licensed dentists and dental hygienists are required to complete the following continuing education during each license renewal biennium.

(1) Training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the relief of foreign body airway obstructions for adults, children, and infants; the use of an automatic external defibrillator (AED); and the use of ambu-bags resulting in certification or recertification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.

(2) A course in the prevention of medical errors of at least 2 hours in relevant topics including a study of root cause analysis, error reduction and prevention, and patient safety.

*Rulemaking Authority 466.004 FS. Law Implemented 456.013(6), (7), (8), 466.0135, 466.014, 466.017(4) FS. History–New 4-11-94, Amended 7-18-94, Formerly 61F5-12.020, 59Q-12.020, Amended 1-23-01, 6-7-01, 9-27-01, 12-23-02, 10-8-03, 5-11-05.*

## CHAPTER 64B5-13
## DISCIPLINARY ACTION


64B5-13.001 Determination of Probable Cause
64B5-13.002 Time for Payment of Administrative Fines (Repealed)
64B5-13.0045 Minor Violations
64B5-13.0046 Citation Authority
64B5-13.005 Disciplinary Guidelines
64B5-13.006 Post Board Order Activity


**64B5-13.001 Determination of Probable Cause.**

(1) The probable cause panel by majority vote shall determine whether probable cause exists to believe that a licensee has violated the provisions of Chapter 456 or 466, F.S., or the rules of the Department or Board.

(2) The probable cause panel shall be appointed by the Chairman and shall be composed of three members, two of which must be dentists who hold valid and active dental licenses in this State. At least two members of the probable cause panel must be present to constitute a quorum. If only two members are present, the determination of probable cause shall require the affirmative vote of both members present.

(a) One or two members may be former dentist or consumer Board members.

(b) At least one member must be a current Board member who holds a valid and active license in this State.

(c) At least one member must be a current or former consumer member of the Board if one is available and willing to serve.

(d) Any former dentist member of the Board appointed to the panel must currently hold a valid and active dental license in this State.

(e) Probable cause panel members shall serve for one year terms but may serve successive terms.

(3) The probable cause panel shall meet as necessary to conduct business as determined by the Chairman of the Board or the Chairman of the panel.

*Rulemaking Authority 456.073(4), 466.004(4) FS. Law Implemented 456.073(4) FS. History–New 11-11-79, Amended 12-7-81, 7-13-82, Formerly 21G-13.01, Amended 1-18-89, Formerly 21G-13.001, Amended 11-22-93, Formerly 61F5-13.001, 59Q-13.001, Amended 9-27-01.*

**64B5-13.002 Time for Payment of Administrative Fines.**

*Rulemaking Authority 456.072(2), 466.004(4) FS. Law Implemented 456.072(2) FS. History–New 10-26-80, Formerly 21G-13.02, Amended 1-18-89, Formerly 21G-13.002, 61F5-13.002, 59Q-13.002, Repealed*

*10-29-15.*

**64B5-13.0045 Minor Violations.**

(1) Subject to the limitations imposed by this rule, the following violations are designated as minor for the purposes of Section 456.073(3), F.S.

(a) Violation of Section 466.026(1)(a), F.S., by practicing for a period of less than two months without an active license.

(b) Violation of Section 466.028(1)(d), F.S., by the following errors or omissions:

1. Violation of subsection 64B5-4.002(2), F.A.C.

2. Violation of subsection 64B5-4.003(2), (3), (4) or (5), F.A.C., so long as there is no allegation of consumer injury as a result of the violation and the advertisement which is in violation is capable of being withdrawn from circulation to the public within 15 days of issuance of the notice of noncompliance.

(c) Violation of Section 466.028(1)(n), F.S., so long as the records have been released.

(d) Violation of Section 466.028(1)(mm), F.S., by violating Rule 64B5-17.0011, F.A.C., which requires the licensee to notify the Board of changes of address.

(e) Violation of Section 466.028(1)(dd), F.S., by presigning laboratory work order forms.

(2) This designation of violations as minor for the purposes of Section 456.073(3), F.S., is limited to initial violations.

(3) A monthly report of notices of noncompliance issued by the Department shall be reviewed by the Board to monitor the use and success of this procedure.

*Rulemaking Authority 456.073(3) FS. Law Implemented 456.073(3) FS. History–New 7-9-90, Formerly 21G-13.0045, 61F5-13.0045, 59Q-13.0045, 5-12-16.*

**64B5-13.0046 Citation Authority.**

(1) The Board sets forth below those violations for which there is no substantial threat to the public health, safety, and welfare; or, if there is a substantial threat to the public health, safety, and welfare, such potential for harm has been removed prior to the issuance of the citation and the appropriate penalties for specific violations. The following subsections indicate those violations which may be disposed of by citation, with the accompanying penalty.

(2) Violation of Section 466.026(1)(a) and/or 466.028(1)(aa), F.S., by practicing for a period of 2-6 months without an active license. The penalty for a dentist shall be a $1,000.00 fine to be in addition to any reactivation fee, and completion within 6 months of 4 hours of continuing education in risk management. Said continuing education to be in compliance with Rule Chapter 64B5-12, F.A.C., and in addition to any continuing education required for biennial renewal of licensure. The penalty for a dental hygienist shall be a $250.00 administrative fine.

(3) A first time violation of Sections 466.028(1)(i) and/or 466.028(1)(a), F.S., and/or subsection 64B5-12.013(1) or (2), F.A.C., by renewing a license without completing the required continuing education credits. The penalty for a dentist shall be an administrative fine of $100.00 per hour not completed as required and completion of all continuing education hours that were not completed. The penalty for a dentist shall be an administrative fine of $150 for not completing the required training in cardiopulmonary resuscitation (CPR) at the basic life support level. Said continuing education shall be in compliance with Rule Chapter 64B5-12, F.A.C., and shall not count toward any continuing education required for the biennium in which it is completed. Furthermore, the licensee shall submit proof of completion of all required continuing education under this rule to the Board office no later than 12 months from the date of the citation. The penalty for a dental hygienist shall be an administrative fine of $25.00 per hour not completed as required and completion of all continuing education hours that were not completed. The penalty for a dental hygienist shall be an administrative fine of $50 for not completing the required training in cardiopulmonary resuscitation (CPR) at the basic life support level. Said continuing education shall be in compliance with Rule Chapter 64B5-12, F.A.C., and shall not count toward any continuing education required for the biennium in which it is completed. Furthermore, the licensee shall submit proof of completion of all required continuing education under this rule to the Board office no later than 12 months from the date of citation.

(4) Violation of Rule 64B5-4.002, F.A.C., as follows:

(a) Violation of Rule 64B5-4.002, F.A.C., by failing to properly identify through license number or use

of the licensee's commonly used name the Florida licensed dentist, who assumes total responsibility for the advertisement.

(b) Violation of subsection 64B5-4.002(3), F.A.C., by disseminating or causing the dissemination of any advertisement or advertising which is in any way fraudulent, false, deceptive, or misleading in form or content.

(c) Violation of paragraph 64B5-4.002(3)(a), F.A.C., by disseminating or causing the dissemination of any advertisement that contains misrepresentations of facts.

(d) Violation of paragraph 64B5-4.002(3)(b), F.A.C., by disseminating or causing the dissemination of any advertisement that is likely to mislead or deceive because in its context or in the context in which it is presented it makes only a partial disclosure of relevant facts.

(e) Violation of paragraph 64B5-4.002(3)(c), F.A.C., by disseminating or causing the dissemination of any advertisement that contains laudatory statements about the dentist or group of dentists.

(f) Violation of paragraph 64B5-4.002(3)(d), F.A.C., by disseminating or causing the dissemination of any advertisement that is intended or is likely to create false, unjustified expectations of favorable results.

(g) Violation of paragraph 64B5-4.002(3)(e), F.A.C., by disseminating or causing the dissemination of any advertisement that relates to the quality of dental services provided as compared to other available dental services.

(h) Violation of paragraph 64B5-4.002(3)(f), F.A.C., by disseminating or causing the dissemination of any advertisement that contains other representations or implications that in reasonable probability will cause an ordinary prudent person to misunderstand or to be deceived.

(i) Violation of subsection 64B5-4.002(4), F.A.C., by disseminating or causing the dissemination of any advertisement through in person and telephone solicitation of dental services by a dentist or his agent.

(j) Violation of subsection 64B5-4.002(5), F.A.C., by disseminating or causing the dissemination of any advertisement that includes the name of a person who is not either actually involved in the practice of dentistry at the advertised location or an owner of the practice being advertised.

(5) Violation of Rule 64B5-4.003, F.A.C., as follows:

(a) Violation of subsection 64B5-4.003(2), F.A.C., by providing an advertisement that failed to contain fee information with a disclaimer that the fee is a minimum fee only.

(b) Violation of subsection 64B5-4.003(3), F.A.C., by providing an advertised fee for a dental service which does not state a specified period during which the fee is in effect.

(c) Violation of subsection 64B5-4.003(4), F.A.C., by providing an advertisement which states a particular dental service is for a fee yet it is not accompanied by a description of that service using the exact wording for that service contained in the American Dental Association's "Code on Dental Procedures and Nomenclature".

(d) Violation of subsection 64B5-4.003(5), F.A.C., by providing an advertisement for free or discounted services which does not comply with the requirements of Section 456.062, F.S., and/or clearly identify the dates that free, discounted or reduced fee services will be available.

(6) The penalty for a violation of Rule Chapter 64B5-4, F.A.C., as enumerated above is as follows: first offense will result in a $250.00 fine; second offense will result in a $1,000.00 fine, reprimand and four (4) hour continuing education in ethics. Violations occurring subsequent to the second offense of the same rule or statute shall require the procedures of Section 456.073, F.S., to be followed.

(7) Violation of paragraph 466.028(1)(n), F.S., failure to timely make available to a patient or client, or to his legal representative or to the Department, if authorized in writing by the patient, copies of documents in the possession or under control of the licensee, which relate to the patient or client. Timely means less than 30 days from the receipt of the written authorization. The subject of the citation has 10 business days from the date the citation becomes a final order to release the patient records. Failure to comply will result in a $1,000.00 fine.

(8) Violation of subsection 466.028(1)(mm), F.S., by violation of Section 456.035(1), F.S., which requires licensees to notify the Board of change of address. Failure to comply will result in a $250.00 fine.

(9) Violation of subsection 466.028(1)(dd), F.S., by presigning laboratory work order forms. Failure to comply will result in a $500.00 fine.

(10) Violations of Rule 64B5-15.030, F.A.C., through a violation of Section 466.028(1)(ll), F.S., for failing to pay the one-time fee by no later than February 28, 2008, will result in a $1,000 fine.

(11) Violation of Sections 466.028(1)(a), (aa) and (ll), F.S., by means of submission of insufficient funds for initial license or renewal or any other payment to the Department of Health.

(12) Citations shall be issued to licensees by the Bureau of Investigative Services only after review by the legal staff of the Department of Health. Such review may be by telephone, in writing or facsimile machine.

(13) Except for violations of Rule Chapter 64B5-4, F.A.C., as stated above, the procedures described herein apply only for an initial offense of the alleged violation. Subsequent violation(s) of the same rule or statute shall require the procedures of Section 456.073, F.S., to be followed. In addition, should an initial offense for which a citation could be issued occur in conjunction with violations not described herein, then the procedures of Section 456.073, F.S., shall apply.

(14) Citations are to be served upon the subject either by personal service or by certified mail, restricted delivery, to the last known business or residence address of the subject.

(15) The subject has 30 days from the date the citation becomes a final order to pay the fine and costs. All fines and costs are to be made payable to the "Board of Dentistry – Citations" and sent to the Department of Health in Tallahassee. A copy of the citation shall accompany the payment of the fine or costs.

(16) If the subject rejects the Department of Health's offer of the citation then the procedures of Section 456.073, F.S., shall apply to the original charge. In cases where the subject fails to comply with the penalty, a complaint for violation of Section 456.072(1)(q), F.S., shall be filed and investigated.

*Rulemaking Authority 456.077, 466.004(4) FS. Law Implemented 456.072(3)(a), 456.077 FS. History–New 12-24-91, Formerly 21G-13.0046, Amended 11-22-93, Formerly 61F5-13.0046, 59Q-13.0046, Amended 7-19-01, 10-9-06, 2-7-08, 8-25-10, 2-11-15.*

**64B5-13.005 Disciplinary Guidelines.**

(1) When the Board finds an applicant, licensee, or certificate holder whom it regulates under Chapter 466, F.S., has committed any of the acts set forth in Section 456.072(1) or 466.028, F.S., it shall issue a final order imposing appropriate penalties as recommended in these disciplinary guidelines. For any violation found that is for fraud or making a false or fraudulent representation, the Board will impose a fine of $10,000.00 per count or offense. The use of terms to describe the offenses herein within the individual guidelines is intended to be only a generally descriptive use of the terms. For an accurate description of the actual offenses, the reader should refer to the statutory disciplinary provisions. The maximum penalties set forth in any individual offense guideline include all of the less severe penalties that would fall in between the maximum and the minimum penalties stated:

| VIOLATION | PENALTY RANGE | |
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| | MINIMUM | MAXIMUM |
| (a) Attempting to obtain, obtaining or renewing a license by bribery, fraudulent misrepresentations or error of the Board. (Sections 466.028(1)(a), 456.072(1)(h), F.S.) | | |
| First Offense | Denial $500 fine and referral to State Attorney's office if not licensed | Denial/revocation $10,000 fine and referral to State Attorney's office if not licensed |
| Second Offense | Probation with conditions $500 fine | Revocation $10,000 fine permanent denial and revocation |
| (b) Having a license to practice dentistry | | |

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| or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country. (Sections 466.028(1)(b), 456.072(1)(f), F.S.) | | |
| First Offense | $1,000 fine | Suspension/denial until the license is unencumbered and active in the jurisdiction in which the disciplinary action was originally taken, or up to five years followed by probation and $10,000 fine or revocation |
| Second Offense | Imposition of discipline which would have been imposed if the substantive violation occurred in Florida. Probation and $1,000 fine | Revocation until the license is unencumbered in the jurisdiction in which disciplinary action was taken and $10,000 fine |
| Third Offense | One year suspension followed by probation and $5,000 fine | Revocation and permanent denial and $10,000 fine |
| (c) Guilty of a crime directly relating to practice or ability to practice. (Sections 466.028(1)(c), 456.072(1)(c), F.S.) | | |
| First Offense | $1,000 fine | Denial or 2 years suspension, 2 years probation with conditions and $10,000 fine, or revocation |
| Second Offense | One year suspension followed by probation and $1,000 fine | Denial or revocation and $10,000 fine, with conditions |
| Third Offense | Revocation and $2,500 fine | Revocation and $10,000 fine |
| (d) Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form. (Section 466.028(1)(d), F.S.) | | |
| First Offense | $500 fine | 1 year probation with conditions and $10,000 fine |
| Second Offense | 1 year probation with conditions and $3,000 | 1 year suspension 2 years probation with conditions and $10,000 fine |

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| | fine | |
| Third Offense | 2 years probation with conditions and $5,000 fine | Revocation and $10,000 fine |
| (e) Advertising, practicing, or attempting to practice under a name other than one's own. (Section 466.028(1)(e), F.S.) | | |
| First Offense | $1,000 fine | 1 year suspension and $10,000 fine |
| Second Offense | Probation with conditions and $3,000 fine | Denial or revocation and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Revocation and $10,000 fine |
| (f) Failing to report any person in violation of this chapter or of the rules of the department or the board. (Sections 466.028(1)(f), 456.072(1)(i), F.S.) | | |
| First Offense | $500 fine | 1 year probation with conditions and $1,000 fine |
| Second Offense | 1 year probation with conditions and $1,000 fine | 6 months suspension, 1 year probation with conditions and $3,000 fine |
| Third Offense | 1 year probation with conditions and $3,000 fine | 1 year suspension, 1 year probation with conditions and $5,000 fine |
| (g) Aiding, assisting, procuring, or advising any unlicensed person to practice dentistry or dental hygiene. (Sections466.028(1)(g), 456.072(1)(j), F.S.) | | |
| First Offense | $1,000 fine | 6 months suspension, 1 year probation with conditions and $10,000 fine |
| Second Offense | 1 year suspension, 2 years probation with conditions and $5,000 fine | 2 years suspension, 2 years probation with conditions and $10,000 fine |
| Third Offense | 2 years suspension followed by 2 years | Denial/revocation and $10,000 fine |

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| | probation with conditions and $10,000 fine | |
| (h) Being employed by any corporation, organization, group, or person other than a dentist or a professional corporation or limited liability company composed of dentists to practice dentistry. (Section 466.028(1)(h), F.S.) | | |
| First Offense | $1,000 fine | 2 years probation with conditions and up to suspension, and $10,000 fine |
| Second Offense | 1 year probation with conditions, reprimand and $3,000 fine | Suspension, 1 year probation with conditions and $10,000 fine |
| Third Offense | 1 year suspension, reprimand and $5,000 fine | Revocation and $10,000 fine |
| (i) Failing to perform any statutory or legal obligation placed upon a licensee. (Sections 466.028(1)(i), 456.072(1)(k), F.S.) | | |
| First Offense | $500 fine | 2 years probation with conditions and $10,000 fine |
| Second Offense | 1 year probation with conditions and $1,000 fine | 2 years probation with conditions and $10,000 fine |
| Third Offense | 2 years probation with conditions and $2,000 fine | 1 year suspension and $10,000 fine |
| (j) Making or filing a false report, failing to file a report or record required by state or federal law, knowingly impeding or obstructing such filing. (Sections 466.028(1)(j), 456.072(1)(l), F.S.) | | |
| First Offense | $1,000 fine | 1 year probation with conditions and up to suspension, and $10,000 fine |
| Second Offense | 1 year probation with conditions and $2,500 fine | Suspension, probation with conditions and $10,000 fine |
| Third Offense | 2 years probation with conditions and $5,000 | Denial/revocation and $10,000 fine |

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| | fine | |
| (k) Sexual battery, as defined in Chapter 794, F.S., upon a patient. (Sections 466.028(1)(k), 456.072(1)(u), F.S.) | | |
| First Offense | 6 months suspension followed by probation and $2,500 fine | Denial or revocation and $10,000 fine |
| Second or Subsequent Offense | 5 years suspension followed by probation with conditions and $5,000 fine | Denial/revocation and $10,000 fine |
| (l) Making deceptive, untrue, or fraudulent representations in or related to the practice of dentistry. (Sections 466.028(1)(l), 456.072(1)(a), F.S.) | | |
| First Offense | $1,000 fine | 6 months probation with conditions and $10,000 fine |
| Second Offense | 1 year probation with conditions and $1,000 fine | 6 months suspension and $10,000 fine |
| Third Offense | 2 years probation with conditions and $2,500 fine | Revocation and $10,000 fine |
| (m) Failing to keep written records and history justifying the course of treatment of the patient. (Section 466.028(1)(m), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $7,500 fine |
| Second Offense | Probation with conditions and $1,000 fine | Suspension and $10,000 fine |
| Third Offense | Probation with conditions and $2,500 fine | Revocation and $10,000 fine |
| (n) Failing to make available to a patient or client, copies of documents which relate to the patient or client. (Section 466.028(1)(n), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $7,500 fine |

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| Second Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Third Offense | $2,500 fine | Revocation and $10,000 fine |
| (o) Performing professional services which have not been authorized by the patient or client. (Section 466.028(1)(o), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $8,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Revocation and $10,000 fine |
| (p) Prescribing a legend drug, other than in the course of the professional practice of the dentist. (Section 466.028(1)(p), F.S.) | | |
| First Offense | $500 fine | Probation with conditions, $10,000 fine and up to suspension |
| Second Offense | Probation with conditions and $2,500 fine | Suspension and $10,000 fine |
| Third Offense | Suspension followed by probation and $5,000 fine | Revocation and $10,000 fine |
| (q) Prescribing any medicinal drug scheduled in Chapter 893, F.S., to herself or himself. (Section 466.028(1)(q), F.S.) | | |
| First Offense | $500 fine | Suspension followed by probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension and $10,000 fine |
| Third Offense | Suspension followed by probation and $5,000 fine | Revocation and $10,000 fine |
| (r) Prescribing any drug which is a Schedule II amphetamine or a Schedule II sympathomimetic amine drug, pursuant to Chapter 893, F.S. | | |

(Section 466.028(1)(r), F.S.)

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| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension followed by probation and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Revocation and $10,000 fine |

(s) Being unable to practice her or his profession with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.
(Sections 466.028(1)(s), 456.072(1)(y), F.S.)

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| First Offense | Denial, or suspension until licensee petitions the Board and demonstrates ability to practice with reasonable skill and safety, followed by probation with conditions and up to $5,000 fine | |
| Second Offense | Denial, or suspension until licensee petitions the Board and demonstrates ability to practice with reasonable skill and safety, followed by probation with conditions and up to $5,000 fine | Suspension followed by probation and $10,000 fine |
| Third Offense | Denial, or suspension until licensee petitions the Board and demonstrates ability to practice with reasonable skill and safety, followed by probation with conditions and up to $10,000 fine | Revocation and $10,000 fine |

(t) Fraud, deceit, or misconduct in the practice of dentistry or dental hygiene.
(Section 466.028(1)(t), F.S.)

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| First Offense | $2,500 fine | Probation with conditions and $8,000 fine |
| Second Offense | Probation with conditions and $8,000 fine | Suspension followed by probation and $10,000 fine |
| Third Offense | Probation with conditions and $10,000 fine | Revocation and $10,000 fine |
| (u) Failure to provide and maintain reasonable sanitary facilities and conditions.<br>(Section 466.028(1)(u), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $8,000 fine |
| Second Offense | Probation with conditions and $3,000 fine | Suspension, probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and $8,000 fine | Revocation and $10,000 fine |
| (v) Failure to provide adequate radiation safeguards.<br>(Section 466.028(1)(v), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $8,000 fine |
| Second Offense | Probation with conditions and $3,000 fine | Suspension followed by probation and $10,000 fine |
| Third Offense | Probation with conditions and $8,000 fine | Revocation and $10,000 fine |
| (w) Performing any procedure which would constitute experimentation on human subjects, without first obtaining full, informed, and written consent.<br>(Section 466.028(1)(w), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $3,000 fine |
| Second Offense | Probation with conditions and $3,500 fine | Suspension followed by probation and $10,000 fine |
| Third Offense | Suspension followed by probation and $5,000 fine | Revocation and $10,000 fine |
| (x) Being guilty of incompetence or | | |

negligence, including, but not limited to, being guilty of dental malpractice. (Section 466.028(1)(x), F.S.)

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| First Offense | $500 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $1,000 fine | Suspension and $10,000 fine |
| Third Offense | $2,500 fine | Revocation and $10,000 fine |

(y) Practicing beyond the scope that she or he is competent to perform. (Sections 466.028(1)(y), 456.072(1)(o), F.S.)

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| First Offense | $500 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $1,000 fine | Suspension and $10,000 fine |
| Third Offense | $2,500 fine | Revocation and $10,000 fine |

(z) Delegating or contracting for professional responsibilities to a person who is not qualified to perform them. (Sections 466.028(1)(z), 456.072(1)(p), F.S.)

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| First Offense | $2,500 fine | Probation with conditions, $10,000 fine and suspension |
| Second Offense | Probation with conditions and $5,000 fine | Suspension followed by probation and $10,000 fine |
| Third Offense | Probation with conditions and $7,500 fine | Revocation and $10,000 fine |

Any violation of Section 466.028(1)(z), F.S., will result in a minimum licensure suspension of six months, in addition to any other penalty authorized for this violation, except where revocation is imposed.

(aa) The violation of a lawful order of the board, or failure to comply with subpoena of the board or department. (Sections 466.028(1)(aa), 456.072(1)(q), F.S.)

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| First Offense | $5,000 fine | Suspension until compliant with order or subpoena, probation with conditions and $10,000 fine |

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| Second Offense | $10,000 fine | Suspension until compliant with order or subpoena followed by probation with conditions and $10,000 fine |
| Third Offense | Revocation and $10,000 fine | Revocation and $10,000 fine |
| (bb) Conspiring with another licensee or with any person to commit an act, which would tend to coerce, intimidate, or preclude another licensee from advertising services.<br>(Section 466.028(1)(bb), F.S.) | | |
| First Offense | $1,000 fine | $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Suspension and $10,000 fine |
| (cc) Being adjudged mentally incompetent in this or any other state, the discipline for which shall last only so long as the adjudication.<br>(Section 466.028(1)(cc), F.S.) | | |
| First and any subsequent offense | Suspension until adjudged competent by same court | Suspension until adjudged competent by same court |
| (dd) Presigning blank prescription forms. | | |
| First Offense | $500 fine | Probation with conditions and $500 fine |
| Second Offense | $1,000 fine | Probation with conditions and $7,500 fine |
| Third Offense | Probation with conditions and $2,500 fine | Suspension and $10,000 fine |
| (ee) Prescribing growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance.<br>(Section 466.028(1)(ee), F.S.) | | |

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| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Probation with conditions and $10,000 fine |
| Third Offense | $5,000 fine | Suspension and $10,000 fine |
| (ff) Operating a dental office such as to result in dental treatment that is below minimum acceptable standards of performance for the community.<br>(Section 466.028(1)(ff), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension and $10,000 fine |
| Third Offense | Probation with conditions and $4,000 fine | Revocation and $10,000 fine |
| (gg) Administering anesthesia in a manner which violates rules of the board.<br>(Section 466.028(1)(gg), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension and $10,000 fine |
| Third Offense | Probation with conditions and $4,000 fine | Revocation and $10,000 fine |
| (hh) Failing to report any licensee under Chapter 458 or 459, F.S., who the dentist knows has violated the grounds for disciplinary action.<br>(Section 466.028(1)(hh), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | $2,500 fine | $10,000 fine |
| Third Offense | $3,500 fine | $10,000 fine |
| (ii) Failing to report to the board, within 30 days action has been | | |

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| taken against one's license to practice dentistry in another state, territory, or country. (Section 466.028(1)(ii), F.S.) | | |
| First Offense | $1,000 fine | Denial, revocation and $8,000 fine |
| Second Offense | Probation and $1,500 fine | Denial, revocation and $10,000 fine |
| Third Offense | Suspension followed by probation and $3,000 fine | Denial, revocation and $10,000 fine |
| (jj) Advertising specialty services in violation of this chapter. (Section 466.028(1)(jj), F.S.) | | |
| First Offense | $1,000 fine | $7,500 fine |
| Second Offense | $2,500 fine | Probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Suspension followed by probation and $10,000 fine |
| (kk) Allowing any person to interfere with a dentist's clinical judgment. (Section 466.028(1)(kk), F.S.) | | |
| First Offense | $1,000 fine | $5,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Suspension and $10,000 fine |
| (ll) Violating any provision of Chapters 456 and 466, F.S., or any rules adopted pursuant thereto. (Sections 466.028(1)(ll), 456.072(1)(b), 456.072(1)(cc), F.S.) | | |
| First Offense | $750 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $1,000 fine | Probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and | Suspension followed by |

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| | $2,500 fine | probation and $10,000 fine |
| (mm) Failing to comply with the educational course requirements for HIV.<br>(Section 456.072(1)(e), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $1,500 fine |
| Second Offense | $1,000 fine | Probation with conditions and $5,000 fine |
| Third Offense | $1,500 fine | Probation with conditions and $7,500 fine |
| (nn) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.<br>(Section 456.072(1)(g), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $8,000 fine |
| Second Offense | $3,500 fine | Probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Suspension and $10,000 fine |
| (oo) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.<br>(Section 456.072(1)(m), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $8,000 fine |
| Second Offense | $3,500 fine | Probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Suspension and $10,000 fine |
| (pp) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party.<br>(Section 456.072(1)(n), F.S.) | | |

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| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension and $10,000 fine |
| Third Offense | Probation with conditions and $3,500 fine | Revocation and $10,000 fine |
| (qq) Wrong patient, wrong-site procedure, a wrong procedure, medically unnecessary. (Section 456.072(1)(aa), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,000 fine | Suspension followed by probation with conditions and $10,000 fine |
| Third Offense | Suspension followed by probation with conditions and $3,000 fine | Revocation and $10,000 fine |
| (rr) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding. (Section 456.072(1)(r), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension followed by probation and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Revocation and $10,000 fine |
| (ss) Failing to comply with the educational course requirements for domestic violence. (Section 456.072(1)(s), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $2,500 fine |
| Second Offense | Probation with conditions and $1,000 fine | Probation with conditions and $4,000 fine |
| Third Offense | $2,500 fine | Probation with conditions and $8,000 fine |

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| (tt) Failing to comply with Sections 381.026 and 381.0261, F.S., patient rights and how to file a patient complaint. (Section 456.072(1)(t), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $2,500 fine |
| Second Offense | Probation with conditions and $1,000 fine | Probation with conditions and $4,000 fine |
| Third Offense | $2,500 fine | Probation with conditions and $8,000 fine |
| (uu) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S. (Section 456.072(1)(u), F.S.) | | |
| First Offense | $2,500 fine | Revocation or probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $5,000 fine | Suspension followed by probation with conditions or revocation, and $10,000 fine |
| Third Offense | Suspension followed by probation with conditions and $8,000 fine | Revocation and $10,000 fine |
| (vv) Failing to report to the board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to regardless of adjudication, a crime in any jurisdiction. (Section 456.072(1)(w), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $1,000 fine | Probation with conditions and $10,000 fine |
| Third Offense | Suspension followed by probation with conditions and $2,500 fine | Revocation and $10,000 fine |
| (ww) Using information about people involved in motor vehicle accidents which has been derived from accident reports. (Section 456.072(1)(x), F.S.) | | |

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| First Offense | $500 fine | Probation with conditions and $5,000 fine |
| Second Offense | $1,000 fine | Probation with conditions and $8,000 fine |
| Third Offense | $2,500 fine | Suspension followed by probation and $10,000 fine |
| (xx) Leaving a foreign body in a patient.<br>(Section 456.072(1)(bb), F.S.) | | |
| First Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Second Offense | Probation with conditions and $2,500 fine | Suspension followed by probation with conditions and $10,000 fine |
| Third Offense | Probation with conditions and $5,000 fine | Suspension and/or revocation and $10,000 fine |
| (yy) Testing positive for any drug, on any preemployment or employer-ordered drug screening.<br>(Section 456.072(1)(z), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $8,000 fine |
| Second Offense | $1,000 fine | Suspension followed by probation with conditions and $10,000 fine |
| Third Offense | $2,500 fine | Revocation and $10,000 fine |
| (zz) Intentionally submitting a personal injury protection claim required by Section 627.736, F.S., statement that has been "upcoded" as defined in Section 627.732, F.S.<br>(Section 456.072(1)(dd), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $8,000 fine |
| Second Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Third Offense | $2,500 fine | Suspension followed by probation with conditions and |

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| | | $10,000 fine |
| (aaa) Intentionally submitting a personal injury protection claim required by Section 627.736, F.S., for services that were not rendered.<br>(Section 456.072(1)(ee), F.S.) | | |
| First Offense | $500 fine | Probation with conditions and $8,000 fine |
| Second Offense | $1,000 fine | Probation with conditions and $10,000 fine |
| Third Offense | $2,500 fine | Suspension followed by probation with conditions and $10,000 fine |
| (bbb) Engaging in a pattern of practice of prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients.<br>(Section 456.072(1)(ff), F.S.) | | |
| First Offense | $1,500 fine | Probation with conditions and $8,000 fine |
| Second Offense | Probation with conditions and $3,000 fine | Suspension and $10,000 fine |
| Third Offense | $5,000 fine | Revocation and $10,000 fine |
| (ccc) Failing to comply with, failing to successfully complete, or being terminated from an impaired practitioner treatment program.<br>(Section 456.072(1)(gg), F.S.) | | |
| First Offense | Suspension, until compliant, followed by 2 years probation with conditions and $2,000 fine | Suspension until compliant, followed by 5 years probation with conditions and $5,000 fine |
| Second or Subsequent Offense | Three years suspension followed by 5 years probation with conditions and $10,000 fine | Revocation and $10,000 fine |
| (ddd) Being convicted of, or entering a plea of nolo contendere to, any misdemeanor or felony, regardless of adjudication, under | | |

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| 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program. (Section 456.072(1)(ii), F.S.) | | |
| First Offense | Misdemeanor – Reprimand, $10,000 fine, suspension | Misdemeanor – $10,000 fine, revocation |
| Second Offense | Felony – Revocation | Felony – revocation |
| (eee) Failing to remit the sum owed to the state for any overpayment from the Medicaid program pursuant to a final order, judgement, or stipulation or settlement. (Section 456.072(1)(jj), F.S.) | | |
| First Offense | $1,000 fine, letter of concern | $10,000 fine suspension |
| Second Offense | $7,500 fine, reprimand | $10,000 fine, revocation |
| (fff) Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored. (Section 456.072(1)(kk), F.S. | | |
| First Offense | $1,000 fine, letter of concern | $10,000 fine, suspension |
| Second Offense | $7,500 fine, reprimand | $10,000 fine, revocation |
| (ggg) Being convicted of, or entering a plea of guilty or nolo contendere, to any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud. (Section 456.072(1)(ll), F.S.) | | |
| First Offense | Misdemeanor – $10,000 fine, Reprimand | Misdemeanor – $10,000 fine, suspension |
| Second Offense | $10,000 fine, revocation | $10,000 fine, revocation |

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| (hhh) Failure to comply with the controlled substance prescribing requirements of Section 456.44, F.S. (Section 456.072(1)(mm), F.S.) | | |
| First Offense | Suspension of license for a period of six (6) months followed by a period of probation and an administrative fine in the amount of $10,000.00 | Revocation and an administrative fine of $10,000.00 |
| Second Offense | Suspension of license for a period of one (1) year followed by probation and an adminstrative fine in the amount of $10,000.00 | Revocation and an administrative fine in the amount of $10,000.00 |
| (iii) Providing false or deceptive expert witness testimony related to the practice of dentistry. (Section 466.028(1)(ll), F.S.) | | |
| First Offense | Reprimand and an administrative fine of $5,000.00 | Revocation and an administrative fine of $10,000.00 |
| Second Offense | Revocation and an administrative fine of $10,000.00 | Revocation and an administrative fine of $10,000.00 |

(2) Based upon consideration of aggravating or mitigating factors, present in an individual case, except for explicit statutory maximum and minimum penalty requirements, the Board may deviate from the penalties recommended in subsections (1) above and (3) below. The Board shall consider as aggravating or mitigating factors the following:

(a) The danger to the public;

(b) The number of specific offenses, other than the offense for which the licensee is being punished.;

(c) Prior discipline that has been imposed on the licensee;

(d) The length of time the licensee has practiced;

(e) The actual damage, physical or otherwise, caused by the violation and the reversibility of the damage;

(f) The deterrent effect of the penalty imposed;

(g) The effect of the penalty upon the licensee;

(h) Efforts by the licensee towards rehabilitation;

(i) The actual knowledge of the licensee pertaining to the violation;

(j) Attempts by the licensee to correct or stop the violation or refusal by the licensee to correct or stop the violation; and

(k) Any other relevant mitigating or aggravating factor under the circumstances.

(3) Penalties imposed by the Board pursuant to subsections (1) and (2) above may be imposed in combination or individually, and are as follows:

(a) Issuance of a reprimand or letter of concern, which may be imposed in any disciplinary case, regardless of whether the penalty is referenced in any individual offense guideline;

(b) Imposition of an administrative fine not to exceed $10,000.00 for each count or separate offense;

for any violation found that is for fraud or making a false or fraudulent representation, the Board will impose a fine of $10,000.00 per each count or offense, pursuant to Section 456.072(2)(d), F.S.;

(c) Restriction of the authorized scope of practice or license. In taking disciplinary action against any person, whether or not the action also involves placing a licensee on probation, or imposing any penalty, the Board may impose restrictions on the practice or the license that include, but are not limited to the following:

1. Requiring remedial education as a requirement of continued practice;

2. Restricting the licensee from practicing in certain settings;

3. Restricting the licensee to work in only certain settings or under designated conditions;

4. Restricting the licensee from performing or providing designated clinical and administrative services;

5. Restricting the licensee from practicing a designated number of hours;

6. Any other restriction found to be necessary for the protection of the public health, safety, and welfare.

(d) Placement of the licensee on probation for a period of time and subject to such conditions as the Board may specify:

1. Probation Term. Unless otherwise specified above within each individual offense guideline, or unless a lesser period of time is stated in the order imposing probation, the period of probation will be for a period of five (5) years;

2. Probation Conditions. Probation conditions may include but not be limited to the following and may be imposed regardless of whether the term "conditions" is referenced in an individual offense guideline:

a. Requiring the licensee to attend additional continuing education courses or remedial education,

b. Requiring the licensee to pass an examination on the content and requirements of Chapters 456 and 466, F.S., and Chapter 64B5, F.A.C.,

c. Requiring the licensee to work under the supervision of another licensee, including the submission of documents and reports from the supervisor and licensee,

d. Tolling of the running of the probationary period when the licensee ceases to practice in Florida, or fails to maintain compliance with the probation requirements,

e. Compliance with all terms of the order that imposes probation,

f. Evaluation by an impaired practitioners network or program and entering or maintaining compliance with a recommended impaired practitioners program contract,

g. Submitting to a continuing education audit for the next two consecutive biennial licensure renewal periods beginning with the date of the order imposing probation

h. Corrective action related to the violation, including but not limited to the repayment of any fees billed and collected from a patient or third party on behalf of the patient.

i. The licensee is responsible for all costs associated with compliance with the terms of probation.

(e) Suspension of a license. Unless otherwise specified above within each individual offense guideline, or unless a lesser period of time is stated in the order imposing suspension, the period of suspension will be for a period of three years;

(f) Revocation of a license; which shall be permanent unless specified otherwise in the final order;

(g) Denial of an application for licensure, any violation of a provision of Section 456.072(1) or Section 466.028(1), F.S,. may be the basis for denial or issuance of licensure with restrictions or conditions; and

(h) Costs. The licensee is responsible for payment of all costs of investigation and prosecution related to a disciplinary case. Additionally, all costs related to compliance with an order taking disciplinary action are the obligation of the licensee.

(4) The provisions of subsections (1) through (3) above are not intended and shall not be construed to limit the ability of the Board to informally dispose of disciplinary actions by stipulation, agreed settlement or consent order pursuant to Section 120.57(4), F.S.

(5) The provisions of subsections (1) through (4) above are not intended and shall not be construed to limit the ability of the Board to pursue or recommend the Agency pursue collateral civil or criminal actions when appropriate.

*Rulemaking Authority 456.079(1) FS. Law Implemented 456.072(2), 456.079(1), 466.028 FS. History–*

*New 12-31-86, Amended 2-21-88, 1-18-89, 12-24-91, Formerly 21G-13.005, 61F5-13.005, 59Q-13.005, Amended 4-2-02, 8-25-03, 2-27-06, 12-25-06, 6-11-07, 9-15-10, 12-2-10, 1-24-12.*

**64B5-13.006 Post Board Order Activity.**

(1) Any licensee whose license to practice dentistry or dental hygiene has been revoked or suspended by the Board shall:

(a) Immediately surrender the revoked or suspended license to the Department of Health or its authorized representatives. When a suspension is ordered, the license shall be held by the Department for the duration of the suspension period;

(b) Refrain from misrepresenting the status of his license to practice dentistry or dental hygiene to any patient or to the general public;

(c) Be prohibited from receiving any compensation from any person, group practice, partnership, or corporate practice for dental or dental hygiene services provided to any person subsequent to revocation or during the period of suspension. This subsection is not intended to preclude a revoked or suspended licensee from receiving fees to which he is entitled as a result of services performed prior to the effective date of his suspension or revocation but which are received subsequent to revocation or during the period of suspension;

(d) During a period of suspension, a licensee shall not accept fees from any capitation or third party payment program to which he might otherwise be entitled. This subsection is not intended to preclude a suspended licensee from receiving such fees for services performed during a period of time prior to the effective date of his suspension.

(2) Any licensee whose license to practice dentistry or dental hygiene in Florida has been revoked or suspended for a period of one (1) year or more in length shall:

(a) Notify his patients of record of the suspension or revocation by mail no later than one (1) month after the effective date of the suspension or revocation;

(b) Remove any telephone listings identifying him as licensed to practice dentistry or dental hygiene in the State of Florida;

(c) Remove his name from any sign, door or advertising material identifying him as one licensed to practice dentistry or dental hygiene in the State of Florida;

(d) Refrain from addressing the public in any manner which may suggest that he is licensed to practice dentistry or dental hygiene in the State of Florida.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.028(2) FS. History–New 9-1-87, Formerly 21G-13.006, 61F5-13.006, 59Q-13.006.*

## CHAPTER 64B5-14
## ANESTHESIA


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**64B5-14.001 Definitions.**

(1) Anesthesia – The loss of feeling or sensation, especially loss of the sensation of pain.

(2) General anesthesia – A controlled state of unconsciousness, produced by a pharmacologic agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command. This modality includes administration of medications via parenteral routes; that is: intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal.

(3) Deep Sedation – A controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including either or both the inability to continually maintain an airway independently or to respond appropriately to physical stimulation or verbal command, produced by pharmacologic or non-pharmacologic method or combination thereof. Deep sedation includes administration of medications via parenteral routes; that is intravenous, intra muscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal.

(4) Conscious sedation – A depressed level of consciousness produced by the administration of pharmacologic substances, that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command. This modality includes administration of medications via all parenteral routes, that is, intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal. The drugs, and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

(5) Pediatric Conscious Sedation – A depressed level of consciousness produced by the administration of pharmacologic substances, that retains a child patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. This modality includes administration of medication via all parenteral routes; that is intravenous, intramuscular, subcutaneous, submucosal, or inhalation, and all enteral routes; that is oral, rectal, or transmucosal. The drugs, doses, and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. For the purposes of this chapter, a child is defined as an individual under 18 years of age, or any person who has special needs, which means having a physical or mental impairment that substantially limits one or more major life activities.

(6) Nitrous-oxide inhalation analgesia – The administration by inhalation of a combination of nitrous-oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(7) Local anesthesia – The loss of sensation of pain in a specific area of the body, generally produced by a topically applied agent or injected agent without causing the loss of consciousness.

(8) Analgesia – Absence of sensibility of pain, designating particularly the relief of pain without loss of consciousness.

(9) Office team approach – A methodology employed by a dentist in the administration of general anesthesia, deep sedation, conscious sedation, and pediatric sedation whereby the dentist uses one or more qualified assistants/dental hygienists who, working under the direct supervision of the dentist, assist the dentist, and assist in emergency care of the patient.

(10) Minimal Sedation (anxiolysis) – The perioperative use of medication to relieve anxiety before or during a dental procedure which does not produce a depressed level of consciousness and maintains the patient's ability to maintain an airway independently and to respond appropriately to physical and verbal stimulation. This minimal sedation shall include the administration of a single enteral sedative or a single narcotic analgesic medication administered in doses appropriate for the unsupervised treatment of anxiety and pain. If clinically indicated, an opiod analgesic may also be administered during or following a procedure if needed for the treatment of pain. Except in extremely unusual circumstances, the cumulative dose shall not exceed the maximum recommended dose (as per the manufacturers recommendation). It is understood that even at appropriate doses a patient may occasionally drift into a state that is deeper than minimal sedation. As long as the intent was minimal sedation and all of the above guidelines were

observed, this shall not automatically constitute a violation. A permit shall not be required for the perioperative use of medication for the purpose of providing anxiolysis.

(11) Titration of Oral Medication – The administration of small incremental doses of an orally administered medication until an intended level of conscious sedation is observed.

(12) Physician anesthesiologist – Any physician licensed pursuant to Chapter 458 or 459, F.S., who is currently board certified or board eligible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or is credentialed to administer anesthesia in a hospital or ambulatory surgical facility licensed by the Department of Health.

(13) Qualified Anesthetist: means an Advanced Registered Nurse Practitioner who is licensed in this state to practice professional nursing and who is certified in the advanced or specialized nursing practice as a certified registered nurse anesthetist pursuant to Chapter 464, Part I, F.S.

(14) Certified Registered Dental Hygienist: means any Florida licensed dental hygienist who is certified by the Board and has received a certificate from the Department of Health that allows the administration of local anesthesia while the CRDH is appropriately supervised by a Florida licensed dentist.

*Rulemaking Authority 466.004(4), 466.017(3), 466.17(6) FS. Law Implemented 466.002(3), 466.017(3), 466.017(5) FS. History–New 1-31-80, Amended 4-7-86, Formerly 21G-14.01, Amended 12-31-86, 6-1-87, 9-1-87, 2-1-93, Formerly 21G-14.001, Amended 12-20-93, Formerly 61F5-14.001, Amended 8-8-96, Formerly 59Q-14.001, Amended 3-9-03, 11-4-03, 7-3-06, 6-11-07, 8-5-12.*

**64B5-14.002 Prohibitions.**

(1) General anesthesia or deep sedation. No dentists licensed in this State shall administer general anesthesia or deep sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.

(2) Conscious sedation. No dentists licensed in this State shall administer conscious sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.

(3) Pediatric Conscious Sedation: No dentist licensed in this State shall administer Pediatric Conscious Sedation in the practice of dentistry until such dentist has obtained a permit as required by the provisions of this rule chapter.

(4) Nitrous-oxide inhalation analgesia. No dentists licensed in this State shall administer nitrous-oxide inhalation analgesia in the practice of dentistry until they have complied with the provisions of this rule chapter.

(5) Local anesthesia. Dentists licensed in this State may use local anesthetics to produce local anesthesia in the course of their practice of dentistry. Certified Registered Dental Hygienists are the only hygienists allowed to adminster local anesthesia.

(6) The only agents that can be used for inhalation analgesia pursuant to Rule 64B5-14.003, F.A.C., below are nitrous-oxide and oxygen.

(7) Titration of Oral Medication. The Board of Dentistry has determined that the perioperative titration of oral medication(s) with the intent to achieve a level of conscious sedation poses a potential overdosing threat due to the unpredictability of enteral absorption and may result in an alteration of the state of consciousness of a patient beyond the intent of the practitioner. Such potentially adverse consequences may require immediate intervention and appropriate training and equipment. Beginning with the effective date of this rule, no dentist licensed in this state shall use any oral medication(s) to induce conscious sedation until such dentist has obtained a permit as required by the provisions of this rule chapter. The use of enteral sedatives or narcotic analgesic medications for the purpose of providing minimal sedation (anxiolysis) as defined by and in accordance with subsection 64B5-14.001(10), F.A.C., shall not be deemed titration of oral medication and shall not be prohibited by this rule.

(8) The following general anesthetic drugs shall not be employed on or administered to a patient by a dentist unless the dentist possesses a valid general anesthesia permit issued by the Board pursuant to the requirements of this chapter: propofol, methohexital, thiopental, etomidate, ketamine, or volatile gases (i.e., sevoflurane, isoflurane).

(9) A hygienist certified by the board to administer local anesthesia shall not administer local anesthesia to a patient sedated by general anesthesia, deep sedation, conscious sedation, or pediatric

conscious sedation. If a dentist has administered nitrous-oxide to the patient, the certified dental hygienist may administer local anesthesia under the direct supervision of the supervising dentist. A patient who has been prescribed a medical drug by their licensed health care provider for the purposes of life functions may be administered local anesthesia by the certified dental hygienist under the direct supervision of the supervising dentist. If, however, the medical drug is prescribed or administered for the purposes of a dental procedure which is intended to induce minimal sedation (anxiolysis), the hygienist may not administer local anesthesia to the patient.

*Rulemaking Authority 466.004(4), 466.017(3), 466.017(6) FS. Law Implemented 466.017(3), 466.017(5) FS. History–New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.02, 21G-14.002, Amended 12-20-93, Formerly 61F5-14.002, Amended 8-8-96, Formerly 59Q-14.002, Amended 3-9-03, 11-4-03, 6-15-06, 12-25-06, 12-11-11, 8-5-12, 12-15-14, 7-14-16.*

**64B5-14.003 Training, Education, Certification, and Requirements for Issuance of Permits.**

(1) General Anesthesia Permit.

(a) A permit shall be issued to an actively licensed dentist authorizing the use of general anesthesia or deep sedation at a specified practice location or locations on an outpatient basis for dental patients provided the dentist:

1. Has completed a minimum of a two year residency program accredited by the Commission on Dental Accreditation in dental anesthesiology or has completed an oral and maxillofacial surgical residency program accredited by the Commission on Dental Accreditation beyond the undergraduate dental school level; or

2. Is a diplomate of the American Board of Oral and Maxillofacial Surgery; or

3. Is eligible for examination by the American Board of Oral and Maxillofacial Surgery; or

4. Is a member of the American Association of Oral and Maxillofacial Surgeons.

(b) A dentist employing or using general anesthesia or deep sedation shall maintain a properly equipped facility for the administration of general anesthesia, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration of general anesthesia or deep sedation requires at least three individuals, each appropriately trained: the operating dentist, a person responsible for monitoring the patient, and a person to assist the operating dentist.

(c) A dentist employing or using general anesthesia or deep sedation and all assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one person CPR, two person CPR, infant resuscitation and obstructed airway, with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing general anesthesia or deep sedation must be currently trained in ACLS (Advanced Cardiac Life Support) or ATLS (Advanced Trauma Life Support).

(d) A dentist permitted to administer general anesthesia or deep sedation under this rule may administer conscious sedation and nitrous-oxide inhalation conscious sedation.

(e) A dentist employing or using deep sedation shall maintain an active and current permit to perform general anesthesia.

(2) Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. Has received formal training in the use of conscious sedation; and

2. Is certified by the institution where the training was received to be competent in the administration of conscious sedation; and

3. Is competent to handle all emergencies relating to conscious sedation.

(b) Such certification shall specify the type, the number of hours, the number of patients treated and the length of training. The minimum number of didactic hours shall be sixty, which must include four (4) hours of airway management. Airway management must include emergency airway management protocols. Clinical training shall include personal administration for at least twenty patients including supervised training, clinical experience and demonstrated competence in airway management of the compromised airway. The program must certify that a total of three (3) hours of clinical training was dedicated to hands-on simulated competence in airway management of the compromised airway.

(c) Personal Administration of Conscious Sedation: The board shall award credit towards the required 20 dental patients, if and only if, the applicant is responsible for and remains with the patient from pre-anesthetic evaluation through discharge. The evaluation and responsibilities include the following: pre-anesthetic evaluation, induction, maintenance, emergence, recovery, and approval for discharge. The board will not award credit for dental anesthetic procedures performed that are greater than or less than the administration of conscious sedation.

(d) This formal training program shall be offered through an accredited dental school or program; or through an accredited, teaching hospital.

(e) A dentist utilizing conscious sedation shall maintain a properly equipped facility for the administration of conscious sedation, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration of conscious sedation requires at least two individuals: a dentist, and an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored.

(f) A dentist utilizing conscious sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one person CPR, two person CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support) or ATLS (Advanced Trauma Life Support).

(g) Dentists permitted to administer conscious sedation may administer nitrous-oxide inhalation conscious sedation.

(h) Dentists permitted to administer conscious sedation may administer pediatric conscious sedation in compliance with Rule 64B5-14.010, F.A.C.

(3) Pediatric Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of pediatric conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. Has received formal training in the use of pediatric conscious sedation. This formal training program shall be offered through an accredited dental school or program; or through an accredited teaching program; and,

2. Is certified by the institution where the training was received to be competent in the administration of pediatric conscious sedation. This certification shall specify the type, the number of hours, the number of patients treated and the length of training. The minimum number of didactic hours shall be sixty, which must include four (4) hours of airway management. Clinical training shall include personal administration for at least twenty patients including supervised training, management of sedation, clinical experience and demonstrated competence in airway management of the compromised airway. The program must certify that three (3) hours of clinical training was dedicated to hands-on simulated competence in airway management of the compromised airway; and

3. Personal Administration of Pediatric Conscious Sedation: The board shall award credit towards the required 20 dental patients, if and only if, the applicant is responsible for and remains with the patient from pre-anesthetic evaluation through discharge. The evaluation and responsibilities include the following: pre-anesthetic evaluation, induction, maintenance, emergency, recovery, and approval for discharge. The board will not award credit for dental anesthetic procedures performed that are greater

than or less than the administration of pediatric conscious sedation; or

4. The applicant demonstrates that the applicant graduated, within 24 months prior to application for the permit, from an accredited post-doctoral pediatric residency. The pediatric residency anesthesia requirements must meet the minimum number of sedation cases as required in subsection (2).

5. Is competent to handle all emergencies relating to pediatric conscious sedation. A dentist utilizing pediatric conscious sedation shall maintain a properly equipped facility for the administration of pediatric conscious sedation, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incidental thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration of pediatric conscious sedation requires at least two individuals: a dentist, and an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored.

(b) A dentist utilizing pediatric conscious sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one person CPR, two person CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing pediatric conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support), PALS (Pediatric Advanced Life Support), or a course providing similar instruction which has been approved by the Board. An entity seeking approval of such a course shall appear before the Board and demonstrate that the content of such course and the hours of instruction are substantially equivalent to those in an ACLS or PALS course.

(c) Dentists permitted to administer pediatric conscious sedation may administer nitrous-oxide inhalation conscious sedation.

(d) Dentists permitted to administer conscious sedation may administer pediatric conscious sedation.

(4) Nitrous-Oxide Inhalation Analgesia.

(a) A dentist may employ or use nitrous-oxide inhalation analgesia on an outpatient basis for dental patients provided such dentist:

1. Has completed no less than a two-day course of training as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent; or

2. Has training equivalent to that described above while a student in an accredited school of dentistry; and

3. Has adequate equipment with fail-safe features and a 25% minimum oxygen flow.

(b) A dentist utilizing nitrous-oxide inhalation analgesia and such dentist's assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing pediatric conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support), ATLS (Advanced Trauma Life Support), or PALS (Pediatric Advanced Life Support).

(c) A dentist who regularly and routinely utilized nitrous-oxide inhalation analgesia on an outpatient basis in a competent and efficient manner for the three-year period preceding January 1, 1986, but has not had the benefit of formal training outlined in subparagraphs 1. and 2. of paragraph (4)(a) above, may continue such use provided the dentist fulfills the provisions set forth in paragraph 3. of paragraph (4)(a) and the provisions of paragraph (b) above.

(d) Nitrous oxide may be used in combination with a single dose enteral sedative or a single dose narcotic analgesic to achieve a minimally depressed level of consciousness so long as the manufacturer's maximum recommended dosage of the enteral agent is not exceeded. Nitrous oxide may not be used in combination with more than one (1) enteral agent, or by dosing a single enteral agent in excess of the

manufacturer's maximum recommended dosage unless the administering dentist holds a conscious sedation permit issued in accordance with subsection 64B5-14.003(2), F.A.C., or a pediatric conscious sedation permit issued in accordance with Rule 64B5-14.010, F.A.C.

(5) Local Anesthesia Certificate or Permit: A permit or certificate to administer local anesthesia under the direct supervision of a Florida licensed dentist to non-sedated patients eighteen (18) years of age or older shall be issued by the Department of Health to a Florida licensed dental hygienist who has completed the appropriate didactic and clinical education and experience as required by Section 466.017(5), F.S., and who has been certified by the Board as having met all the requirements of Section 466.017, F.S.

(a) A registered dental hygienist who is seeking a permit or certificate for administering local anesthesia must apply to the department on form DH-MQA 1261 (May 2012), Application for Dental Hygiene Certification Administration of Local Anesthesia, herein incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-01469, or available on the Florida Board of Dentistry website at http://www.doh.state.fl.us/mqa/dentistry.

(b) An applicant shall submit the following with the application:

1. A thirty-five dollar ($35) non refundable certificate or permit fee;

2. A certified copy of the applicant's transcripts that reflect the required didactic and clinical education and experience;

3. A certified copy of the diploma or certificate issued by the applicant's institution, program, or school; and

4. Proof of acceptable certification in Cardiopulmonary Resuscitation for health professionals or Advanced Cardiac Life Support as defined in Section 466.017, F.S.

*Rulemaking Authority 466.004(4), 466.017(3), (6) FS. Law Implemented 466.017(3), (4), (5), (6) FS. History–New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.03, Amended 12-31-86, 11-8-90, 2-1-93, Formerly 21G-14.003, Amended 12-20-93, Formerly 61F5-14.003, Amended 8-8-96, 10-1-96, Formerly 59Q-14.003, Amended 2-17-98, 12-20-98, 5-31-00, 6-7-01, 11-4-03, 6-23-04, 6-11-07, 2-8-12, 8-16-12 (1)(a)-(f), 8-16-12 (5), 8-19-13, 12-16-13, 3-9-14, 7-14-16.*

**64B5-14.0032 Itinerate/Mobile Anesthesia – Physician Anesthesiologist.**

The provisions of this rule control the treatment of dental patients in an outpatient dental office setting where a physician anesthesiologist has performed the sedation services. This rule shall control notwithstanding any rule provision in this Chapter that prohibits such conduct. The level of sedation is not restricted to the level of the permit held by the treating dentist. The level of sedation may be any level necessary for the safe and effective treatment of the patient.

(1) General Anesthesia Permit Holders:

A dentist who holds a general anesthesia permit may treat their adult, pediatric, or special needs patients when a physician anesthesiologist performs the sedation services. The following conditions shall apply:

(a) The physician anesthesiologist performs the administration of the anesthesia and the physician anesthesiologist is responsible for the anesthesia procedure;

(b) The dental treatment takes place in the general anesthesia permit holder's board-inspected and board-registered dental office.

(2) Pediatric Conscious Sedation Permit Holders:

A pediatric dentist, as recognized by the American Dental Association, who holds a pediatric conscious sedation permit may treat their pediatric or special needs dental patients when a physician anesthesiologist performs the sedation services. The following conditions shall apply:

(a) The physician anesthesiologist performs the administration of the anesthesia, and the physician anesthesiologist is responsible for the anesthesia procedure;

(b) The treatment takes place in the permit holder's board-inspected and board-registered dental office;

(c) The dental office meets the supply, equipment, and facility requirements as mandated in Rule 64B5-14.008, F.A.C.;

(d) A board-approved inspector performs an inspection of the dental office and the inspector reports the office to be in full compliance with the minimum supply, equipment, and facility requirements.

A pediatric dentist who holds an active conscious sedation permit and not a pediatric conscious sedation permit shall meet the sedation permit requirement of this rule until the next biennial license renewal cycle that follows the effective date of this rule. At the next biennial license renewal cycle that follows the effective date of this rule, a pediatric dentist who hold a conscious sedation permit may transfer the permit to a pediatric conscious sedation permit without any additional cost besides the renewal fee.

(3) Conscious Sedation Permit Holders:

A dentist who holds a conscious sedation permit may treat their adult or adult special needs dental patients when a physician anesthesiologist performs the sedation services. The following conditions shall apply:

(a) The physician anesthesiologist performs the administration of the anesthesia, and the physician anesthesiologist is responsible for the anesthesia procedure;

(b) The treatment takes place in the permit holder's properly board-inspected and board-registered dental office;

(c) The dental office meets the supply, equipment, and facility requirements as mandated in Rule 64B5-14.008, F.A.C.;

(d) A board-approved inspector performs an inspection of the dental office and the inspector reports the office to be in full compliance with the minimum supply, equipment, and facility requirements.

(4) Non-Sedation Permit Holders:

All provisions of this Chapter relating to the administration of any type of anesthesia or sedation and treatment to sedated patients shall remain in full force and effect. Nothing in this section supersedes, alters, or creates a variance to any prohibitions and mandates applicable to non-sedation permit holding dentists.

(5) Staff or Assistants:

A dentist treating a patient pursuant to this rule must have at least three (3) properly credentialed individuals present as mandated in Rule 64B5-14.003, F.A.C. To fulfill the mandatory minimum required personnel requirements of Rule 64B5-14.003, F.A.C., a physician anesthesiologist assistant or a certified registered nurse anesthetist in addition to, or in lieu of a dental assistant or dental hygienist may be utilized. However, the dentist must have a dedicated member of the team to assist in the dental procedure or during dental emergencies.

(6) Equipment:

A dentist may comply with the electrocardiograph and end tidal carbon dioxide monitor equipment standards set by Rule 64B5-14.008, F.A.C., by utilizing mobile or non-fixed equipment if the dentist meets the following conditions:

(a) During the required board inspection, the equipment is available for inspection, or the dentist supplies an inspection of the equipment, which a licensed health care risk manager performed. A licensed health care risk manager inspection is valid for a period of twelve months; and

(b) The dentist shall make the inspected equipment available during all required inspections, if specifically requested within 48 hours in advance of the inspection, and the equipment must be immediately available for an adverse incident inspection.

(7) Records:

The treating dentist shall maintain a complete copy of the anesthesia records in the patient's dental chart. The dentist shall make certain that name and license numbers identify the treating dentist, the physician anesthesiologist, and all personnel utilized during the procedure.

*Rulemaking Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 8-20-12, Amended 11-19-12, 2-21-13, 12-16-13.*

**64B5-14.0034 Itinerate/Mobile Anesthesia – General Anesthesia Permit Holders.**

The provisions of this rule control the treatment of dental patients in an outpatient dental office where a dentist with a general anesthesia permit performs the sedation services for a treating dentist. The treating dentist must possess a general anesthesia permit, conscious sedation permit, or pediatric conscious sedation permit. The level of anesthesia administered shall be to any level necessary to safely and effectively treat the dental patient. This rule shall control notwithstanding any rule provision in this Chapter that prohibits such conduct.

(1) General Anesthesia Permit Holder's Office:
A general anesthesia permit holder may perform sedation services for a dental patient of another general anesthesia permit holder or conscious or pediatric conscious sedation permit holder in his or her office or in another general anesthesia permit holder's office. In this setting, the following shall apply:

(a) The dental treatment may only be performed by a treating dentist who holds a valid anesthesia permit of any level;

(b).The treating dentist and the anesthesia provider are both responsible for the adverse incident reporting under Rule 64B5-14.006, F.A.C.

(2) Conscious and Pediatric Conscious Sedation Permit Holder's Office:
A general anesthesia permit holder may perform sedation services for a dental patient of another dentist who holds a conscious sedation permit or a pediatric conscious sedation permit at the office of the treating dentist. In this setting, the following shall apply:

(a) The dental treatment may only be performed by the conscious sedation or pediatric conscious sedation permit holder;

(b) The general anesthesia permit holder may perform general anesthesia services once an additional board-inspection establishes that the office complies with the facility, equipment and supply requirements of Rule 64B5-14.008, F.A.C.;

(c) The treating dentist and the anesthesia provider are both responsible for the adverse incident reporting requirements under Rule 64B5-14.006, F.A.C.

(3) Equipment:
When the general anesthesia permit holder performs the anesthesia services in a dental office of a conscious or pediatric conscious sedation permit holder's office, the electrocardiograph and end tidal carbon dioxide monitor equipment mandates may be met as follows:

(a) The general anesthesia permit holder provides the equipment which has already been inspected during the general anesthesia permit holder's required inspection;

(b) The equipment is available for inspection during the office's mandated inspection; and

(c) The equipment is immediately available for an adverse incident report inspection.

(4) Staff or Personnel:
An anesthesia provider and the treating dentist are both responsible for ensuring that a minimum number of three (3) personnel are present during the procedure. The personnel must meet the minimum credentialing requirements of Rule 64B5-14.003, F.A.C.

(5) Records**:** The treating dentist shall maintain a complete copy of the anesthesia records in the patient's dental chart. The dentist performing the anesthesia must maintain the original anesthesia records. The treating dentist must identify by name and license number all personnel utilized during the procedure.

*Rulemaking Authority 466.004(4), 466.017 FS. Law Implemented 466.017 FS. History–New 3-14-13.*

**64B5-14.0036 Treatment of Sedated Patients by Dentists Without an Anesthesia Permit.**
The provisions of this rule control the treatment of patients where an anesthesia permitted dentist sedates the dental patient in his or her board-inspected and board-registered dental office and a Florida licensed dentist without an anesthesia permit performs the dental treatment. This rule shall control notwithstanding any rule provision in this Chapter to the contrary, which prohibits such conduct.

(1) The permitted dentist shall perform the sedation in his or her out-patient dental office where the permitted dentist is registered to perform the anesthesia services;

(2) The permitted dentist shall remain with the patient from the onset of the performance of the anesthesia until discharge of the patient;

(3) The permitted dentist shall have no other patient induced with anesthesia or begin the performance of any other anesthesia services until the patient is discharged;

(4) The treating dentist shall have taken a minimum of four hours of continuing education in airway management prior to treating any sedated patient. Two hours must be in didactic training in providing dentistry on sedated patients with compromised airways and two hours must include hands-on training in airway management of sedated patients. After the initial airway management course, the treating dentist shall continue to repeat a minimum of four hours in airway management every four years from the date

the course was last taken by the dentist. The continuing education courses taken may be credited toward the mandatory thirty hours of continuing education required for licensure renewal. The requirement that a dentist must first have taken an initial airway management course before treating a sedated patient shall not take effect until March 1, 2014.

*Rulemaking Authority 466.004(4), 466.017 FS. Law Implemented 466.017 FS. History–New 3-14-13, Amended 8-19-13.*

**64B5-14.0038 Use of a Qualified Anesthetist.**

In an outpatient dental office, and pursuant to Section 466.002(2), F.S., a dentist may supervise a qualified anesthetist who is administering anesthetic for a dental procedure on a patient of the supervising dentist. The type of supervision required is direct supervision as defined in Section 466.003(8), F.S. In an outpatient dental office, the supervising dentist must have a valid permit for administering sedation to the level of sedation that the qualified anesthetist will be administering to the dental patient during the dental procedure. The dentist must maintain all office equipment and medical supplies required by this chapter to the level of the sedation that the qualified anesthetist will administer to the dental patient.

*Rulemaking Authority 466.004(4), 466.017 FS. Law Implemented 466.002(2), 466.017, 466.003(8) FS. History–New 11-11-13.*

**64B5-14.004 Additional Requirements.**

(1) Office Team – A dentist licensed by the Board and practicing dentistry in Florida and who is permitted by these rules to induce and administer general anesthesia, deep sedation, conscious sedation, pediatric conscious sedation or nitrous-oxide inhalation analgesia may employ the office team approach.

(2) Dental Assistants, Dental Hygienists – Dental assistants and dental hygienists may monitor nitrous-oxide inhalation analgesia under the direct supervision of a dentist who is permitted by rule to use general anesthesia, conscious sedation, pediatric conscious sedation, or nitrous-oxide inhalation analgesia, while rendering dental services allowed by Chapter 466, F.S., and under the following conditions:

(a) Satisfactory completion of no less than a two-day course of training as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent; and

(b) Maintenance of competency in cardiopulmonary resuscitation evidenced by certification in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation and obstructed airway, with a periodic update not to exceed two years.

(3) After the dentist has induced a patient and established the maintenance level, the assistant or hygienist may monitor the administration of the nitrous-oxide oxygen making only adjustments during this administration and turning it off at the completion of the dental procedure.

(4) Nothing in this rule shall be construed to allow a dentist or dental hygienist or assistant to administer to himself or to any person any drug or agent used for anesthesia, analgesia or sedation other than in the course of the practice of dentistry.

(5) A dentist utilizing conscious sedation in the dental office may induce only one patient at a time. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment, as set forth in paragraph 64B5-14.003(2)(d), F.A.C., for each sedated patient.

(6) All dentists who hold an active sedation permit of any level must complete four (4) hours of continuing education in airway management and four (4) hours of continuing education in medical emergencies, every four (4) years from the last date the dentist took the continuing education course. The four (4) hours in airway management must include two hours didactic training in providing dentistry on sedated patients with compromised airways and two hours must include hands-on training in airway

management of sedated patients. The continuing education must be taken through a board approved continuing education provider. The continuing education required by this subsection will take effect on March 1, 2014. The continuing education required by this subection may be included in the thirty (30) hours required by Section 466.0135, F.S.

*Rulemaking Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 1-31-80, Amended 2-13-86, Formerly 21G-14.04, Amended 12-31-86, 12-28-92, Formerly 21G-14.004, Amended 12-20-93, Formerly 61F5-14.004, Amended 8-8-96, Formerly 59Q-14.004, Amended 11-4-03, 6-23-04, 5-24-05, 8-19-13.*

**64B5-14.005 Application for Permit.**

(1) No dentist shall administer, supervise or permit another health care practitioner, as defined in Section 456.001, F.S., to perform the administration of general anesthesia, deep sedation, conscious sedation or pediatric conscious sedation in a dental office for dental patients, unless such dentist possesses a permit issued by the Board. A permit is required even when another health care practitioner, as defined in Section 456.001, F.S., administers general anesthesia, deep sedation, conscious sedation, or pediatric conscious sedation in a dental office for a dental patient. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially. Each dentist in a practice who performs the administration of general anesthesia, deep sedation, conscious sedation or pediatric conscious sedation shall each possess an individual permit. Nothing in this paragraph shall be construed to prohibit administration of anesthetics as part of a program authorized by Rule 64B5-14.003, F.A.C., any other educational program authorized by Board rule, for training in the anesthetic being administered, or pursuant to a demonstration for inspectors pursuant to Rule 64B5-14.007, F.A.C.

(2) An applicant for any type of anesthesia permit must demonstrate both:

(a) Training in the particular type of anesthesia listed in Rule 64B5-14.003, F.A.C.; and

(b) Documentation of actual clinical administration of anesthetics to 20 dental or oral and maxillofacial patients within two (2) years prior to application of the particular type of anesthetics for the permit applied for.

(3) Prior to the issuance of such permit, an on-site inspection of the facility, equipment and personnel will be conducted pursuant to Rule 64B5-14.007, F.A.C., to determine if the requirements of this chapter have been met.

(4) An application for a general anesthesia permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ general anesthesia or deep sedation.

(5) An application for a conscious sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ conscious sedation.

(6) An application for a pediatric conscious sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ pediatric conscious sedation.

(7) The Board shall renew the permit biennially upon application by the permit holder, proof of continuing education required by subsection 64B5-14.004(6), F.A.C., and payment of the renewal fee specified by Rule 64B5-15.019, F.A.C., unless the holder is informed in writing that a re-evaluation of his credentials and facility is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints, reports of adverse occurrences and the results of inspections conducted pursuant to Rule 64B5-14.007, F.A.C. Such re-evaluation shall be carried out in the manner described in subsection (2) set forth above.

A renewal fee of $25.00 must accompany the biennial application.

(8) The holder of any general anesthesia, conscious sedation, or pediatric conscious sedation permit is authorized to practice pursuant to such permit only at the location or locations previously reported to the Board office.

*Rulemaking Authority 466.004, 466.017(3), 466.017(6) FS. Law Implemented 466.017, 466.017(5) FS. History–New 4-7-86, Amended 1-29-89, 11-16-89, 11-8-90, 4-24-91, Formerly 21G-14.005, Amended 12-20-93, Formerly 61F5-14.005, Amended 8-8-96, Formerly 59Q-14.005, Amended 12-12-00, 11-4-03, 6-23-04, 2-22-06, 6-28-07, 7-5-10, 8-5-12.*

**64B5-14.006 Reporting Adverse Occurrences.**

(1) Definitions:

(a) *Adverse occurrence* – means any mortality that occurs during or as the result of a dental procedure, or an incident that results in the temporary or permanent physical or mental injury that requires hospitalization or emergency room treatment of a dental patient that occurred during or as a direct result of the use of general anesthesia, deep sedation, conscious sedation, pediatric conscious sedation, oral sedation, minimal sedation (anxiolysis), nitrous oxide, or local anesthesia.

(b) *Supervising Dentist* – means the dentist that was directly responsible for supervising the Certified Registered Dental Hygienist (CRDH) who is authorized by proper credentials to administer local anesthesia.

(2) Dentists: Any dentist practicing in the State of Florida must notify the Board in writing by registered mail within forty-eight hours (48 hrs.) of any mortality or other adverse occurrence that occurs in the dentist's outpatient facility. A complete written report shall be filed with the Board within thirty (30) days of the mortality or other adverse occurrence. The complete written report shall, at a minimum, include the following:

(a) The name, address, and telephone number of the patient;

(b) A detailed description of the dental procedure;

(c) A detailed description of the preoperative physical condition of the patient;

(d) A detailed list of the drugs administered and the dosage administered;

(e) A detailed description of the techniques utilized in administering the drugs;

(f) A detailed description of the adverse occurrence, to include 1) the onset and type of complications and the onset and type of symptoms experienced by the patient; 2) the onset and type of treatment rendered to the patient; and 3) the onset and type of response of the patient to the treatment rendered; and

(g) A list of all witnesses and their contact information to include their address.

(3) A failure by the dentist to timely and completely comply with all the reporting requirements mandated by this rule is a basis for disciplinary action by the Board, pursuant to Section 466.028(1), F.S.

(4) Certified Registered Dental Hygienists: Any CRDH administering local anesthesia must notify the Board, in writing by registered mail within forty-eight hours (48 hrs.) of any adverse occurrence that was related to or the result of the administration of local anesthesia. A complete written report shall be filed with the Board within thirty (30) days of the mortality or other adverse occurrence. The complete written report shall, at a minimum, include the following:

(a) The name, address, and telephone number of the supervising dentist;

(b) The name, address, and telephone number of the patient;

(c) A detailed description of the dental procedure;

(d) A detailed description of the preoperative physical condition of the patient;

(e) A detailed list of the local anesthesia administered and the dosage of the local anesthesia administered;

(f) A detailed description of the techniques utilized in administering the drugs;

(g) A detailed description of any other drugs the patient had taken or was administered;

(h) A detailed description of the adverse occurrence, to include 1) the onset and type of complications and the onset and type of symptoms experienced by the patient; 2) the onset and type of treatment rendered to the patient; and 3) the onset and type of response of the patient to the treatment rendered; and

(i) A list of all witnesses and their contact information to include their address.

(5) A failure by the hygienist to timely and completely comply with all the reporting requirements mandated by this rule is a basis for disciplinary action by the Board pursuant to Section 466.028(1), F.S.

(6) Supervising Dentist:

If a Certified Registered Dental Hygienist is required to file a report under the provisions of this rule, the supervising dentist shall also file a contemporaneous report in accordance with subsection (2).

(7) The initial and complete reports required by this rule shall be mailed to: The Florida Board of Dentistry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258.

*Rulemaking Authority 466.004(4), 466.017(3), (6) FS. Law Implemented 466.017(3), (5) FS. History–New 2-12-86, Amended 3-27-90, Formerly 21G-14.006, Amended 12-20-93, Formerly 61F5-14.006, Amended 8-8-96, Formerly 59Q-14.006, Amended 11-4-03, 12-25-06, 8-5-12.*

**64B5-14.007 Inspection of Facilities and Demonstration of Sedation Technique.**

(1) The Chairman of the Board or the Board by majority vote shall appoint consultants who are Florida licensed dentists to inspect facilities where general anesthesia, deep sedation, conscious sedation, or pediatric conscious sedation is performed. Consultants shall receive instruction in inspection procedures from the Board prior to initiating an inspection.

(2) Prior to issuance of a general anesthesia permit, conscious sedation permit, or pediatric conscious sedation permit, the applicant must demonstrate that he or she has knowledge of the use of the required equipment and drugs as follows:

(a) Demonstration of General Anesthesia/Deep Sedation. A dental procedure utilizing general anesthesia/deep sedation must be observed and evaluated. Any general anesthesia/deep sedation technique that is routinely employed may be demonstrated. The patient shall be monitored while sedated and during recovery. Furthermore, the dentist and his or her team must physically demonstrate by simulation an appropriate response to the following emergencies:

1. Airway obstruction;
2. Bronchospasm;
3. Aspiration of foreign object;
4. Angina pectoris;
5. Myocardial infarction;
6. Hypotension;
7. Hypertension;
8. Cardiac arrest;
9. Allergic reaction;
10. Convulsions;
11. Hypoglycemia;
12. Syncope; and
13. Respiratory depression.

(b) Demonstration of Conscious Sedation. A dental procedure utilizing conscious sedation must be observed and evaluated. Any conscious sedation technique that is routinely employed may be demonstrated. The patient shall be monitored while sedated and during recovery. Furthermore, the dentist and his or her team must physically demonstrate by simulation an appropriate response to the following emergencies:

1. Airway obstruction;
2. Bronchospasm;
3. Aspiration of foreign object;
4. Angina pectoris;
5. Myocardial infarction;
6. Hypotension;
7. Hypertension;
8. Cardiac arrest;
9. Allergic reaction;
10. Convulsions;

11. Hypoglycemia;
12. Syncope; and
13. Respiratory depression.

(c) Demonstration of Pediatric Conscious Sedation. A dental procedure utilizing pediatric conscious sedation must be observed and evaluated. Any pediatric conscious sedation technique that is routinely employed may be demonstrated. The patient shall be monitored while sedated and during recovery. Furthermore, the dentist and his or her team must physically demonstrate by simulation an appropriate response to the following emergencies:

1. Airway obstruction;
2. Bronchospasm;
3. Aspiration of foreign object;
4. Angina pectoris;
5. Myocardial infarction;
6. Hypotension;
7. Hypertension;
8. Cardiac arrest;
9. Allergic reaction;
10. Convulsions;
11. Hypoglycemia;
12. Syncope; and
13. Respiratory depression.

(3) Any dentist who has applied for or received a general anesthesia permit, conscious sedation permit, or pediatric conscious sedation permit shall be subject to announced or unannounced on-site inspection and evaluation by an inspection consultant. This inspection and evaluation shall be required prior to issuance of an anesthesia permit. However, if the Department cannot complete the required inspection prior to licensure, such inspection shall be waived until such time that it can be completed following licensure.

(4) The inspection consultant shall determine compliance with the requirements of Rules 64B5-14.008, 64B5-14.009 and 64B5-14.010, F.A.C., as applicable, by assigning a grade of pass or fail.

(5) Any applicant who receives a failing grade as a result of the on-site inspection shall be denied a permit for general anesthesia and conscious sedation.

(6) Any permit holder who fails the inspection shall be so notified by the anesthesia inspection consultant and shall be given a written statement at the time of inspection which specifies the deficiencies which resulted in a failing grade. The inspection team shall give the permit holder 20 days from the date of inspection to correct any documented deficiencies. Upon notification by the permit holder to the inspection consultant that the deficiencies have been corrected, the inspector shall reinspect to insure that the deficiencies have been corrected. If the deficiencies have been corrected, a passing grade shall be assigned. No permit holder who has received a failing grade shall be permitted 20 days to correct deficiencies unless he voluntarily agrees in writing that no general anesthesia or deep sedation or conscious sedation will be performed until such deficiencies have been corrected and such corrections are verified by the anesthesia inspection consultant and a passing grade has been assigned.

(7) Upon a determination of the inspection consultant that a permit holder has received a failing grade and that the permit holder has not chosen to exercise his option by taking immediate remedial action and submitting to reinspection, or reinspection has established that remedial action has not been accomplished, the Inspection Consultant shall determine whether the deficiencies constitute an imminent danger to the public. Should an imminent danger exist, the consultant shall report his findings to the Executive Director of the Board. The Executive Director shall immediately request an emergency meeting of the Probable Cause Panel. The Probable Cause Panel shall determine whether an imminent danger exists and upon this determination of imminent danger request the Secretary of the Department to enter an emergency suspension of the anesthesia permit. If no imminent danger exists, the consultant shall report his findings to the Probable Cause Panel for further action against the permit holder. Nothing herein is intended to affect the authority of the Secretary of the Department to exercise his emergency suspension authority independent of the Board or the Probable Cause Panel.

(8) When a patient death or other adverse occurrence as described in subsection 64B5-14.006(1),

F.A.C., is reported to the Department pursuant to Rule 64B5-14.006, F.A.C., the initial report shall be faxed or otherwise telephonically transmitted to the Chairman of the Board's Probable Cause Panel or another designated member of the Probable Cause Panel to determine if an emergency suspension order is necessary. If so, the Department shall be requested to promptly conduct an investigation which shall include an inspection of the office involved in the patient death.

(a) If the results of the investigation substantiate the previous determination, an emergency suspension order shall be drafted and presented to the Secretary of the Department for consideration and execution. Thereafter, a conference call meeting of the Probable Cause Panel shall be held to determine the necessity of further administrative action.

(b) If the determination is made that an emergency does not exist, the office involved with the patient death shall be inspected as soon as practicable following receipt of the notice required by Rule 64B5-14.006, F.A.C. However, in the event that the office has previously been inspected with a passing result, upon review of the inspection results, the Chairman of the Probable Cause Panel or other designated member of the Probable Cause Panel shall determine whether or not a reinspection is necessary. The complete written report of the adverse occurrence as required in Rule 64B5-14.006, F.A.C., shall be provided to the Probable Cause Panel of the Board to determine if further action is appropriate.

(c) If a routine inspection reveals a failure to comply with Rule 64B5-14.006, F.A.C., the Inspection Consultant shall obtain the information which was required to be reported and shall determine whether the failure to report the death or incident reveals that an imminent danger to the public exists and report to the Executive Director or Probable Cause Panel as set forth in subsection 64B5-14.007(6), F.A.C.

(9) The holder of any general anesthesia, conscious sedation, or pediatric conscious sedation permit shall inform the Board office in writing of any change in authorized locations for the use of such permits prior to accomplishing such changes. Written notice shall be required prior to the addition of any location or the closure of any previously identified location.

(10) Failure to provide access to an inspection team on two successive occasions shall be grounds for the issuance of an emergency suspension of the licensee's permit pursuant to the provisions of Section 120.60(8), F.S.

*Rulemaking Authority 466.017(3) FS. Law Implemented 120.60(8), 466.017(3) FS. History–New 10-24-88, Amended 3-27-90, 11-8-90, 4-24-91, 2-1-93, Formerly 21G-14.007, Amended 12-20-93, Formerly 61F5-14.007, Amended 8-8-96, Formerly 59Q-14.007, Amended 11-4-03, 6-11-07.*

**64B5-14.008 Requirements for General Anesthesia or Deep Sedation: Operatory, Recovery Room, Equipment, Medicinal Drugs, Emergency Protocols, Records, and Continuous Monitoring.**

General Anesthesia Permit applicants and permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) Operatory: The operatory where anesthesia is to be administered must:

(a) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;

(b) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation (CPR) board suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

(2) Recovery Room: If a recovery room is present, it shall be equipped with suction and back up suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated to allow the patient to be observed by the dentist or an office team member at all times.

(3) Standard Equipment: The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated;

(b) Oral and nasal airways of various sizes;

(c) Blood pressure cuff and stethoscope;

(d) Cardioscope – electrocardiograph (EKG) machine, pulse oximeter, and capnograph;

(e) Precordial stethoscope;

(f) Suction with backup suction, including suction catheters and tonsil suction;

(g) Thermometer (Continuous temperature monitoring device, if volatile gases are used);

(h) A backup lighting system; and

(i) A scale to weigh patients.

(4) Emergency Equipment: The following emergency equipment must be present, readily available and maintained in good working order:

(a) Appropriate I.V. set-up, including appropriate supplies and fluids;

(b) Laryngoscope with spare batteries and spare bulbs;

(c) McGill forceps, endotracheal tubes, and stylet;

(d) Appropriate syringes;

(e) Tourniquet and tape;

(f) CPR board or chair suitable for CPR;

(g) Defibrillator equipment appropriate for the patient population being treated;

(h) Cricothyrotomy equipment; and

(i) A Supraglottic Airway Device (SAD) or a Laryngeal Mask Airway (LMA).

(5) Medicinal Drugs: The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:

(a) Epinephrine;

(b) A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonist, if these agents are used;

(c) An antihistamine (e.g., Diphenhydramine);

(d) A corticosteroid (e.g., Dexamethasone);

(e) Nitroglycerin;

(f) A bronchodilator (e.g., Albuterol inhaler);

(g) An antihypoglycemic agent (e.g., D50W IV solution);

(h) Amiodarone;

(i) A vasopressor (e.g., Ephedrine);

(j) An anticonvulsant (e.g., Valium or Versed);

(k) Antihypertensive (e.g., Labetalol);

(l) Anticholinergic (e.g., atropine);

(m) Antiemetic;

(n) A muscle relaxant (e.g., Succinylcholine);

(o) An appropriate antiarrhythmic medication (e.g., Lidocaine);

(p) Adenosine; and

(q) Dantrolene, if volatile gases are used.

(6) Emergency Protocols: The applicant or permit holder shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

(c) Emesis and aspiration;

(d) Airway blockage by foreign body;

(e) Angina pectoris;

(f) Myocardial infarction;

(g) Hypertension/Hypotension;

(h) Hypertensive crisis;

(i) Allergic and toxicity reactions;

(j) Seizures;

(k) Syncope;
(l) Phlebitis;
(m) Intra-arterial injection;
(n) Hyperventilation/Hypoventilation;
(o) Cardiac arrest; and
(p) Cardiac arrhythmias.

The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel.

(7) Records: The following records are required when general anesthesia or deep sedation is administered:

(a) The patient's current written medical history, including known allergies and previous surgery;

(b) Physical examination including airway evaluation and risk assessment (e.g., Mallampati Classification, Body Mass Index, and ASA Classification);

(c) Base line vital signs, including blood pressure, and pulse; and

(d) An anesthesia record which shall include:

1. Continuous monitoring of vital signs, which are taken and recorded at a minimum of every 5 minute intervals during the procedure;

2. Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration;

3. Duration of the procedure;

4. Documentation of complications or morbidity (See Rule 64B5-14.006, F.A.C., for Adverse Incident Reporting Requirements);

5. Status of patient upon discharge, and to whom the patient is discharged; and

6. Names of participating personnel.

(8) Continuous Monitoring: The patient who is administered drug(s) for general anesthesia or deep sedation must be continuously monitored intra-operatively by electrocardiograph (EKG), pulse oximeter, and capnograph to provide heart rhythm and rate, oxygen saturation of the blood, and ventilations (end-tidal carbon dioxide). This equipment shall be used for each procedure.

*Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 10-24-88, Amended 11-16-89, Formerly 21G-14.008, Amended 12-20-93, Formerly 61F5-14.008, Amended 8-8-96, Formerly 59Q-14.008, Amended 5-31-00, 6-23-04, 9-14-05, 3-23-06, 10-24-11, 3-9-14.*

**64B5-14.009 Conscious Sedation Requirements: Operatory, Recovery Room, Equipment, Medicinal Drugs, Emergency Protocols, Records, and Continuous Monitoring.**

Conscious Sedation Permit applicants and permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) Operatory: The operatory where anesthesia is to be administered must:

(a) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;

(b) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation (CPR) board suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

(2) Recovery Room: If a recovery room is present, it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated to allow the patient to be observed by the dentist or an office team member at all times.

(3) Standard Equipment: The following standard equipment must be readily available to the operatory and recovery room and must be maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated;

(b) Oral and nasal airways of various sizes;
(c) Blood pressure cuff and stethoscope;
(d) A pulse oximeter which provides continuous monitoring of pulse and rate of oxygen saturation of the blood shall be used during each procedure;
(e) A Precordial stethoscope;
(f) Capnograph;
(g) Suction with backup suction, also including suction catheters and tonsil suction;
(h) Thermometer;
(i) A backup lighting system; and,
(j) A scale to weigh patients.
(4) Emergency Equipment: The following emergency equipment must be present, readily available and must be maintained in good working order:
(a) Appropriate I.V. set-up, including appropriate supplies and fluids;
(b) Laryngoscope with spare batteries and spare bulbs;
(c) McGill forceps, endotracheal tubes, and stylet;
(d) Appropriate syringes;
(e) Tourniquet and tape;
(f) CPR board or chair suitable for CPR;
(g) Defibrillator equipment appropriate for the patient population being treated;
(h) Cricothyrotomy equipment; and,
(i) A Supraglottic Airway Device (SAD) or a Lyryngeal Mask Airway (LMA).
(5) Medicinal Drugs: The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:
(a) Epinephrine;
(b) A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonists, if these agents are used;
(c) An antihistamine (e.g., Diphenhydramine);
(d) A corticosteroid (e.g., Dexamethasone);
(e) Nitroglycerin;
(f) A bronchodilator (e.g., Albuterol inhaler);
(g) An antihypoglycemic agent (e.g., D50W IV solution);
(h) Amiodarone;
(i) A vasopressor (e.g., Ephedrine);
(j) An anticonvulsant (e.g., Valium or Versed);
(k) Antihypertensive (e.g., Labetalol);
(l) Anticholinergic (e.g, atropine);
(m) Antiemetic;
(n) A muscle relaxant (e.g., Succinylcholine);
(o) An appropriate antiarrhythmic medication (e.g., Lidocaine); and,
(p) Adenosine.
(6) Emergency Protocols: The applicant or permit holder shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:
(a) Laryngospasm;
(b) Bronchospasm;
(c) Emesis and aspiration;
(d) Airway blockage by foreign body;
(e) Angina pectoris;
(f) Myocardial infarction;
(g) Hypertension/Hypotension;
(h) Hypertensive crisis;
(i) Allergic and toxicity reactions;
(j) Seizures;
(k) Syncope;

(l) Phlebitis;

(m) Intra-arterial injection;

(n) Hyperventilation/Hypoventilation;

(o) Cardiac arrest; and

(p) Cardiac arrhythmias.

The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel.

(7) Records: The following records are required when conscious sedation is administered:

(a) The patient's current written medical history, including known allergies and previous surgery;

(b) Physical examination including airway evaluation and risk assessment (e.g., Mallampati Classification, Body Mass Index, and ASA Classification);

(c) Base line vital signs, including blood pressure, and pulse; and,

(d) A sedation or anesthesia record which shall include:

1. Continuous monitoring of vital signs, which are taken and recorded at a minimum of every 5 minute intervals during the procedure;

2. Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration;

3. Duration of the procedure;

4. Documentation of complications or morbidity (See Rule 64B5-14.006, F.A.C., for Adverse Incident Reporting requirements);

5. Status of patient upon discharge, and to whom the patient is discharged; and

6. Names of participating personnel.

(8) Continuous Monitoring: The patient who is administered a drug(s) for conscious sedation must be continuously monitored intraoperatively by pulse oximetry, and capnograph to provide pulse rate, oxygen saturation of the blood, and ventilations (end-tidal carbon dioxide). A precordial/pretracheal stethoscope must be available to assist in the monitoring of the heart rate and ventilations.

*Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 10-24-88, Amended 11-16-89, 4-24-91, Formerly 21G-14.009, 61F5-14.009, Amended 8-8-96, 10-1-96, Formerly 59Q-14.009, Amended 8-2-00, 11-4-03, 6-23-04, 3-23-06, 10-26-11, 3-9-14, 4-17-16.*

**64B5-14.010 Pediatric Conscious Sedation Requirements: Operatory; Recovery Room, Equipment, Medicinal Drugs, Emergency Protocols, Records, and Continuous Monitoring.**

Pediatric Conscious Sedation Permit applicants and permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) Operatory: The operatory where the sedated child patient is to be treated must:

(a) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;

(b) Be equipped with a chair or table adequate for emergency treatment, including a cardiopulmonary resuscitation (CPR) board of chair suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

(2) Recovery Room: If a recovery room is present, it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated so that the patient can be observed by the dentist or an office team member at all times.

(3) Standard Equipment: The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for pediatric patients;

(b) Oral and Nasal Airways of appropriate size for the pediatric patient;

(c) Blood pressure cuff and stethoscope or automated unit;

(d) A pulse oximeter which provides continuous monitoring of pulse and rate of oxygen saturation of the blood shall be used during each procedure;

(e) A Precordial stethoscope;

(f) Capnograph;

(g) Suction with backup suction, also including suction catheters and tonsil suction;

(h) Thermometer;

(i) A backup lighting system; and,

(j) A scale for weighing pediatric patients.

(4) Emergency Equipment: The following emergency equipment must be present, readily available and maintained in good working order:

(a) Appropriate I.V. set-up, including appropriate supplies and fluids;

(b) Laryngoscope with spare batteries and spare bulbs;

(c) McGill forceps, endotracheal tubes, and stylet;

(d) Suction with backup suction, also including suction catheters and tonsil suction;

(e) Appropriate syringes;

(f) Tourniquet and tape;

(g) CPR board or chair suitable for CPR;

(h) Defibrillator equipment appropriate for the patient population being treated; and,

(i) Cricothyrotomy equipment.

(j) A Supraglottic Airway Device (SAD) or a Lyryngeal Mask Airway (LMA).

(5) Medicinal Drugs: The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:

(a) Epinephrine;

(b) A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonists, if these agents are used;

(c) An antihistamine (e.g., Diphenhydramine HCl);

(d) A corticosteroid (e.g., Dexamethasone);

(e) Nitroglycerin;

(f) A bronchodilator (e.g., Albuterol inhaler);

(g) An antihypoglycemic agent (e.g., D50W IV solution);

(h) Amiodarone;

(i) A vasopressor (e.g., Ephedrine);

(j) An anticonvulsant (e.g., Valium or Versed);

(k) Antihypertensive (e.g., Labetalol);

(l) Anticholinergic (e.g., atropine);

(m) Antimetic;

(n) A muscle relaxant (e.g., Succinylcholine);

(o) An appropriate antiarrhythmic medication (e.g., Lidcaine); and

(p) Adenosine.

(6) Emergency Protocols: The applicant or permit holder shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

(c) Emesis and aspiration;

(d) Airway blockage by foreign body;

(e) Angina pectoris;

(f) Myocardial infarction;

(g) Hypertension/Hypotension;

(h) Hypertensive crisis;

(i) Allergic and toxicity reactions;

(j) Seizures;

(k) Syncope;

(l) Phlebitis;

(m) Intra-arterial injection;

(n) Hyperventilation/Hypoventilation;

(o) Cardiac arrest; and

(p) Cardiac arrhythmias.

The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel.

(7) Records: The following records are required when pediatric conscious sedation is administered:

(a) The patient's current written medical history, including known allergies, history of previous surgery and anesthesia, and the patient's age, weight, and calculation of maximum allowable local anesthesia;

(b) Physical examination including airway evaluation and risk assessment (e.g., Mallampati Classification, Body Mass Index, and ASA Classification);

(c) Base line vital signs, including pulse, percent hemoglobin oxygen saturation, and when possible, blood pressure; and,

(d) An anesthesia or sedation record which shall include:

1. Periodic vital signs recorded a minimum of every 5 minute intervals during the procedure;

2. Drugs, including local anesthetics, administered during the procedure, including route of administration, dosage, time and sequence of administration;

3. Duration of the procedure;

4. Documentation of complications or morbidity (See Rule 64B5-14.0006, F.A.C., for Adverse Incident Reporting Requirements);

5. Status of patient upon discharge, and to whom the patient is discharged; and,

6. Names of participating personnel.

(8) Continuous Monitoring: The patient who is administered a drug(s) for conscious sedation must be continuously monitored intra-operatively by pulse oximetry and capnograph to provide pulse rate, oxygen saturation of the blood, and ventilations (end-tidal carbon dioxide).

*Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 8-8-96, Formerly 59Q-14.010, Amended 8-2-00, 5-20-01, 3-23-06, 10-26-11, 3-9-14, 4-17-16.*

## CHAPTER 64B5-15
## FEE SCHEDULE


64B5-15.001 Collection and Payment of Fees (Repealed)
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64B5-15.025 Registration Fee for Dispensing Practitioners
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**64B5-15.001 Collection and Payment of Fees.**

*Rulemaking Authority 466.004(4) FS. Law Implemented 456.025 FS. History–New 4-1-80, Formerly 21G-15.01, 21G-15.001, 61F5-15.001, 59Q-15.001, Repealed 11-10-15.*

**64B5-15.002 Application Fees.**

The application fee for licensure as a dentist shall be one hundred dollars ($100.00), and the application fee for licensure as a dental hygienist shall be fifty dollars ($50.00). The application fee for a Health Access Dental License shall be one hundred dollars ($100.00).

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.006(1), 466.007 FS. History–New 4-1-80, Amended 5-9-82, Formerly 21G-15.02, 21G-15.002, 61F5-15.002, 59Q-15.002, Amended 4-27-09.*

**64B5-15.003 Examination Fees.**

*Rulemaking Authority 466.004(4), 466.006(1), 466.007(1) FS. Law Implemented 466.006(1), (3)(c), 466.007(1) FS. History–New 4-1-80, Amended 10-26-80, 5-9-82, 3-11-84, 10-8-85, Formerly 21G-15.03, Amended 9-14-87, 10-4-88, Formerly 21G-15.003, 61F5-15.003, 59Q-15.003, Repealed 11-10-15.*

**64B5-15.004 Reexamination Fees.**

A person applying to retake the dental or the dental hygiene examination, or any portion or part thereof, must pay the appropriate applications and reexamination fees. The reexamination fee for the practical portion of the dental examination, or any part of the practical portion of the dental examination shall be $345.00; the reexamination fee for the practical portion of the dental hygiene examination shall be $200.00; the reexamination fee for the manual skills examination shall be $250.00; the reexamination fee for the diagnostic skills portion of the dental examination shall be $30.00 plus the costs of the examination; and the reexamination fee for the written portion of the dental examination shall be $50.00 and the dental hygiene examination shall be $25.00.

*Rulemaking Authority 456.017(2), 466.004(4) FS. Law Implemented 456.017(2), 466.009(1) FS. History–New 4-1-80, Amended 6-22-80, 5-9-82, 3-11-84, Formerly 21G-15.04, Amended 9-14-87, 10-24-88, Formerly 21G-15.004, 61F5-15.004, 59Q-15.004.*

**64B5-15.006 Licensure and Renewal Fees.**

(1) The fee for biennial renewal of both a dental license and of a health access dental license shall be $300.00. The biennial renewal fee for a dental hygiene license shall be $80.00.

(2) Initial licensure fees shall be the same as renewal fees. However, applicants granted initial licensure during the second year of the biennium shall pay one half of the normal fee.

*Rulemaking Authority 456.013, 456.025, 466.013 FS. Law Implemented 456.013, 456.025, 466.013 FS. History–New 4-1-80, Amended 1-25-82, 10-3-83, Formerly 21G-15.06, Amended 11-16-89, 8-13-92, Formerly 21G-15.006, 61F5-15.006, Amended 5-6-96, Formerly 59Q-15.006, Amended 8-2-01, 6-11-07, 4-27-09, 10-20-15.*

**64B5-15.008 Fee for Renewal of Inactive License.**

The fee for renewal of an inactive dental license shall be $300. The fee for renewal of an inactive dental hygiene license shall be $80.

*Rulemaking Authority 466.004, 466.015 FS. Law Implemented 466.015 FS. History–New 4-2-84, Formerly 21G-15.08, Amended 1-18-87, 11-16-89, 8-13-92, Formerly 21G-15.008, 61F5-15.008, Amended 5-6-96, Formerly 59Q-15.008, Amended 9-27-01, 6-18-07, 9-1-15.*

**64B5-15.009 Fee for Reactivation of Inactive License.**

The fee for reactivation of an inactive dental license shall be $300. The fee for reactivation of an inactive

dental hygiene license shall be $80.

*Rulemaking Authority 466.004, 466.015 FS. Law Implemented 466.015 FS. History–New 4-2-84, Formerly 21G-15.09, Amended 1-18-87, 11-16-89, 8-13-92, Formerly 21G-15.009, 61F5-15.009, Amended 5-6-96, Formerly 59Q-15.009, Amended 9-27-01, 6-18-07, 9-1-15.*

**64B5-15.0091 Fee for Reactivation of Retired License.**

*Rulemaking Authority 456.036 FS. Law Implemented 456.036 FS. History–New 2-14-06, Repealed 11-10-15.*

**64B5-15.011 Delinquency Fee.**

The fee for delinquent status of a dental license shall be $50.00 for renewals postmarked no later than March 31 of the even numbered years. The fee for delinquent status of a dental license renewal postmarked after March 31 of the even numbered years shall be $150.00. The fee for delinquent status of a dental hygiene license shall be $25.00 for renewals postmarked no later than March 31 of the even numbered years. The fee for delinquent status of a dental hygiene license renewal postmarked after March 31 of the even numbered years shall be $75.00.

*Rulemaking Authority 456.036, 466.004(4), 466.013, 466.015 FS. Law Implemented 456.036, 466.015 FS. History–New 7-12-95, Amended 5-6-96, Formerly 59Q-15.011, Amended 9-27-01, 5-11-05.*

**64B5-15.012 Change of Status Processing Fee.**

The fee for processing a licensee's request to change status at any time other than at the beginning of a licensure cycle shall be $300 for a dental license and $80 for a dental hygiene license.

*Rulemaking Authority 456.036, 466.004(4) FS. Law Implemented 456.036 FS. History–New 7-12-95, Amended 5-6-96, Formerly 59Q-15.012, Amended 9-27-01, 6-11-07, 9-1-15.*

**64B5-15.0121 Change of Status Processing Fee for Retired Status.**

The fee for changing to retired status at any time other than at license renewal shall be $300 for a dental license and $80 for a dental hygiene license.

*Rulemaking Authority 456.036 FS. Law Implemented 456.036 FS. History–New 2-14-06, Amended 6-11-07, 9-1-15.*

**64B5-15.0122 Retired Status Fee.**

The retired status fee shall be $50.00.

*Rulemaking Authority 456.036 FS. Law Implemented 456.036 FS. History–New 2-14-06.*

**64B5-15.015 Fee for Certification as a Dental Radiographer.**

The fee for certification as a dental radiographer pursuant to Rule 64B5-9.011, F.A.C., shall be $35.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.017(5) FS. History–New 1-18-87, Formerly 21G-15.015, 61F5-15.015, 59Q-15.015, Amended 6-11-07.*

**64B5-15.016 Fee for Duplicating Licenses, Certifications, and Permits.**

The Board shall charge a fee of twenty-five dollars ($25.00) per duplication to defray the cost of duplicating any license, certification, or permit.

*Rulemaking Authority 456.025(4) FS. Law Implemented 456.025(4) FS. History–New 1-18-87, Amended 1-7-92, Formerly 21G-15.016, 61F5-15.016, 59Q-15.016.*

**64B5-15.017 Application Fees for General Anesthesia, Pediatric Conscious Sedation, and Conscious Sedation Permits.**

(1) The application fee for a General Anesthesia Permit shall be $100.00.
(2) The application fee for a Conscious Sedation Permit shall be $100.00.
(3) The application fee for a Pediatric Conscious Sedation Permit shall be $100.00.

(4) Application fees are not refundable.

*Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 11-16-89, Formerly 21G-15.017, 61F5-15.017, 59Q-15.017, Amended 9-9-98, 2-14-06.*

**64B5-15.018 Initial Permit Fees for General Anesthesia, Pediatric Conscious Sedation, and Conscious Sedation Permits.**

(1) The initial fee for a General Anesthesia Permit shall be $200.00.
(2) The initial fee for a Conscious Sedation Permit shall be $200.00.
(3) The initial fee for a Pediatric Conscious Sedation Permit shall be $200.00.
(4) Initial permit fees may be refunded if the applicant is denied the permit without inspection.

*Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 11-16-89, Formerly 21G-15.018, 61F5-15.018, 59Q-15.018, Amended 9-9-98, 2-14-06.*

**64B5-15.019 Renewal Fees for General Anesthesia, Pediatric Conscious Sedation, and Conscious Sedation Permits.**

(1) The biennial renewal fee for a General Anesthesia Permit shall be $200.00.
(2) The biennial renewal fee for a Conscious Sedation Permit shall be $200.00.
(3) The biennial renewal fee for a Pediatric Conscious Sedation Permit shall be $200.00.
(4) Renewal fees are not refundable.

*Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 11-16-89, Formerly 21G-15.019, 61F5-15.019, 59Q-15.019, Amended 9-9-98, 2-14-06.*

**64B5-15.020 Examination Review Fee.**

*Rulemaking Authority 456.017(2) FS. Law Implemented 456.017(2) FS. History–New 3-25-90, Formerly 21G-15.020, 61F5-15.020, 59Q-15.020, Repealed 4-30-07.*

**64B5-15.022 Fees for Continuing Education Providers.**

(1) The initial fee for approval as a continuing education provider shall be $200.
(2) The biennial renewal fee for an approved continuing education provider shall be $200.

*Rulemaking Authority 456.025(3) FS. Law Implemented 456.025(3), 466.014 FS. History–New 5-2-91, Formerly 21G-15.022, 61F5-15.022, 59Q-15.022, Amended 6-11-07.*

**64B5-15.023 Fee for Certification of a Public Record.**

*Rulemaking Authority 456.025(5) FS. Law Implemented 456.025(5) FS. History–New 1-7-92, Formerly 21G-15.023, 61F5-15.023, 59Q-15.023, Repealed 11-10-15.*

**64B5-15.024 Fees for Enforcement of Unlicensed Practice Prohibitions.**

*Rulemaking Authority 456.004 456.065, 466.004(4) FS. Law Implemented 456.065(3) FS. History–New 8-29-93, Formerly 61F5-15.024, 59Q-15.024, Amended 10-31-01, Repealed 2-13-12.*

**64B5-15.025 Registration Fee for Dispensing Practitioners.**

Each licensed dentist who dispenses medicinal drugs for human consumption to patients in the regular course of dental practice for fee or remuneration of any kind, whether direct or indirect, must register and pay a fee of $100.00 at the time of registration and upon each biennial renewal of licensure.

*Rulemaking Authority 465.0276 FS. Law Implemented 465.0276 FS. History–New 11-22-93, Formerly 61F5-15.025, 59Q-15.025.*

**64B5-15.030 One-Time Fee.**

*Rulemaking Authority 456.025(4), 466.004(4), 466.015(1), (2) FS. Law Implemented 456.025(5) FS. History-New 10-23-07, Amended 4-27-08, Repealed 2-13-12.*

## CHAPTER 64B5-16
## REMEDIABLE TASKS DELEGABLE TO DENTAL HYGIENISTS AND DENTAL ASSISTANTS


64B5-16.001 Definitions of Remediable Tasks and Supervision Levels
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**64B5-16.001 Definitions of Remediable Tasks and Supervision Levels.**

(1) Remediable tasks, also referred to as expanded functions of dental assistants, are those intra-oral tasks which do not create unalterable changes in the oral cavity or contiguous structures, are reversible and do not expose a patient to increased risks. The use of a laser or laser device of any type is not a remediable task.

(2) A dentist may delegate a remediable task to dental hygienists, and dental assistants so long as delegation of the task poses no increased risk to the patient and the requirements of training and supervision set out in Chapter 64B5-16, F.A.C., are met.

(3) Remediable tasks are those specified in Section 466.024, F.S., and those designated as such by the Board. The Board hereby designates the tasks listed in Chapter 64B5-16, F.A.C., as remediable tasks.

(4) Direct supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, be on the premises while the procedure is performed, and approve the work performed prior to the patient's departure from the premises.

(5) Indirect supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, and be on the premises while the procedure is performed.

(6) General supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, and authorize the procedure to be performed.

(7) Any authorization for remediable tasks to be performed under general supervision is valid for a maximum of 13 months; after which, no further treatment under general supervision can be performed without another clinical exam by a Florida licensed dentist.

(8) Any tasks delegable to dental assistants will be delegable to dental hygienists under the same supervision level, unless otherwise stated in the rules.

*Rulemaking Authority 466.004(4), 466.024(1), (3) FS. Law Implemented 466.024, 466.003(11), (12) FS. History–New 4-30-80, Amended 8-20-80, 1-28-81, 3-4-81, 10-8-85, Formerly 21G-16.01, Amended 6-30-86, 12-31-86, 7-5-87, 2-21-88, 1-18-89, Formerly 21G-16.001, Amended 3-30-94, Formerly 61F5-16.001, Amended 4-6-97, Formerly 59Q-16.001, Amended 1-6-99, 10-29-00, 2-5-09.*

**64B5-16.002 Required Training.**

(1) Formal training which is required for the performance of certain remediable tasks consists of a dental hygienist's or dental assistant's successful completion of an expanded duty course or program which meets one of the following requirements:

(a) The course or program is administered or was developed as a part of the regular curriculum at a school of dentistry, dental hygiene or dental assisting accredited by the American Dental Association's Commission on Dental Accreditation, its successor agency or any other nationally recognized accrediting agency; or

(b) The course or program has been approved by the Board for the purpose of providing expanded-duties training for dental hygienists and dental assistants; or

(2) For the purpose of positioning and exposing radiographs by dental assistants, formal training may consist of having received certification as a dental radiographer pursuant to Rule 64B5-9.011, F.A.C.

(3) The Board shall approve a course or program specified in paragraph 64B5-16.002(1)(b), F.A.C., in

expanded duties only upon the application of the entity seeking to offer the course or program which establishes compliance with the following requirements. Failure to adhere to these requirements shall subject the course or program to revocation of Board approval.

(a) The course or program curriculum reflects appropriate didactic and clinical training in each remediable task which requires completion of Board-approved formal training and shall be designed to meet specifically stated educational objectives;

(b) Documentation of the training and experience of faculty members which establishes their qualifications to teach specified subject areas. Dentists and dental hygienists shall have a minimum of one year experience in expanded duty functions and expanded duty dental assistants shall have a minimum of 5 years of hands-on experience prior to approval. The student/teacher ratio shall not exceed one instructor to ten students. Applicants who have had a professional license revoked, suspended, or otherwise acted against, in Florida or in another jurisdiction, may be disqualified from participation as instructors;

(c) Submission of a detailed syllabus of the course or program which specifies the educational objectives for participants, the manner of achieving these specified objectives, including subject matter, hours of instruction and choice of instructional method (clinical or didactic) and the method of assessing a participant's performance. Any course offered shall also include instruction regarding sterilization and disinfection procedures as stated in Rule Chapter 64B5-25, F.A.C., and instruction in the dental practice act and administrative code as it relates to dental auxiliaries.

(d) The course or program requires participants to pass clinical or written examinations which adequately test competency in each subject area. Participants must obtain a score of at least 75% out of a possible score of 100%. The choice of a clinical or written examination shall be based on the specified objectives for each subject area; and

(e) Each participant who successfully completes the course or program is issued a certificate which contains the following information: name of course or program sponsor; title of course; date course offered; number of hours of instruction; participant's name; signature authorized by the sponsor which attests to the certificate's validity; and a list of all remediable tasks in which the participant has received formal training.

(f) Any clinical course in which patients are treated during instruction must be supervised by a dentist licensed pursuant to Chapter 466, F.S.

(g) Facilities and equipment for each course in which patients are treated during instruction shall be adequate for the subject matter and method of instruction.

(4) On-the-job training required for the performance of certain remediable tasks consists of training in those tasks by a licensed dentist who assumes full responsibility for assuring that the dental hygienist or dental assistant has completed hands-on training in order that he/she is competent to perform the tasks.

*Rulemaking Authority 466.004, 466.024 FS. Law Implemented 466.023, 466.024 FS. History–New 4-30-80, Amended 8-20-80, 1-28-81, 3-4-81, 4-20-81, Formerly 21G-16.02, Amended 6-30-86, 12-31-86, 7-5-87, 2-21-88, 7-12-88, 1-18-89, 11-16-89, Formerly 21G-16.002, 61F5-16.002, Amended 6-12-97, Formerly 59Q-16.002, Amended 1-29-07, 4-27-09, 11-16-11, 5-2-12.*

**64B5-16.005 Remediable Tasks Delegable to Dental Assistants.**

(1) The following remediable tasks may be performed by a dental assistant who has received formal training and who performs the tasks under direct supervision:

(a) Placing or removing temporary restorations with non-mechanical hand instruments only;

(b) Polishing dental restorations of the teeth when not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials – burnishers, slow-speed hand pieces, rubber cups, and bristle brushes;

(c) Polishing clinical crowns when not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials – slow-speed hand pieces, rubber cups, bristle brushes and porte polishers;

(d) Removing excess cement from dental restorations and appliances with non-mechanical hand instruments only;

(e) Cementing temporary crowns and bridges with temporary cement;

(f) Monitor the administration of the nitrous-oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure;

(g) Selecting and pre-sizing orthodontic bands, including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming or otherwise modifying the band material such that it would constitute fitting the band;

(h) Selecting and pre-sizing archwires prescribed by the patient's dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement;

(i) Selecting prescribed extra-oral appliances by pre-selection or pre-measurement which does not include final fit adjustment;

(j) Preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets;

(k) Using appropriate implements for preliminary charting of existing restorations and missing teeth and a visual assessment of existing oral conditions;

(l) Fabricating temporary crowns or bridges intra-orally which shall not include any adjustment of occlusion to the appliance or existing dentition; and

(m) Packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures;

(n) Removing and recementing properly contoured and fitting loose bands that are not permanently attached to any appliance.

(o) Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in a diagnosed case of post-operative osteitis;

(p) Making impressions for study casts which are being made for the purpose of fabricating orthodontic retainers;

(q) Taking of impressions for and delivery of at-home bleaching trays.

(r) Taking impressions for passive appliance, occlusal guards, space maintainers and protective mouth guards;

(2) The following remediable tasks may be performed by a dental assistant who has received formal training and who performs the tasks under indirect supervision:

(a) Making impressions for study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations or orthodontic appliances;

(b) Making impressions to be used for creating opposing models or the fabrication of bleaching stents and surgical stents to be used for the purpose of providing palatal coverage as well as impressions used for fabrication of topical fluoride trays for home application;

(c) Placing periodontal dressings;

(d) Removing periodontal or surgical dressings;

(e) Placing or removing rubber dams;

(f) Placing or removing matrices;

(g) Applying cavity liners, varnishes or bases;

(h) Applying topical fluorides which are approved by the American Dental Association or the Food and Drug Administration, including the use of fluoride varnishes; and

(i) Positioning and exposing dental and carpal radiographic film and sensors;

(j) Applying sealants;

(k) Placing or removing prescribed pre-treatment separators;

(l) Securing or unsecuring an archwire by attaching or removing the fastening device; and

(m) Removing sutures.

(3) The following remediable tasks may be performed by a dental assistant who has received on-the-job training and who performs the tasks under direct supervision:

(a) Applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray and;

(b) Changing of bleach pellets in the internal bleaching process of non-vital, endodontically treated teeth after the placement of a rubber dam. A dental assistant may not make initial access preparation.

(4) The following remediable tasks may be performed by a dental assistant who has received on-the-

job training and who performs the tasks under indirect supervision:

(a) Retraction of lips, cheeks and tongue;

(b) Irrigation and evacuation of debris not to include endodontic irrigation;

(c) Placement and removal of cotton rolls; and

(d) Taking and recording a patient's blood pressure, pulse rate, respiration rate, case history and oral temperature.

(e) Removing excess cement from orthodontic appliances with non-mechanical hand instruments only.

(5) The following remediable tasks may be performed by a dental assistant who has received on-the-job training and who performs the tasks under general supervision:

(a) Instructing patients in oral hygiene care and supervising oral hygiene care.

(b) Provide educational programs, faculty or staff programs, and other educational services which do not involve diagnosis or treatment of dental conditions.

(c) Fabricating temporary crowns or bridges in a laboratory.

*Rulemaking Authority 466.004(4), 466.024(3) FS. Law Implemented 466.024 FS. History–New 1-18-89, Amended 11-16-89, 3-25-90, 9-5-91, 2-1-93, Formerly 21G-16.005, Amended 3-30-94, Formerly 61F5-16.005, Amended 1-9-95, 9-27-95, 6-12-97, Formerly 59Q-16.005, Amended 1-8-01, 4-22-03, 7-13-05, 3-24-08.*

**64B5-16.006 Remediable Tasks Delegable to a Dental Hygienist.**

(1) The following remediable tasks may be performed by a dental hygienist who has received formal training and who performs the tasks under direct supervision:

(a) Fabricating temporary crowns or bridges intra-orally which shall not include any adjustment of occlusion to the appliance or existing dentition;

(b) Selecting and pre-sizing orthodontic bands, including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming or cementing or otherwise modifying the band material such that it would constitute fitting the band;

(c) Selecting and pre-sizing archwires prescribed by the patient's dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement;

(d) Selecting prescribed extra-oral appliances by pre-selection or pre-measurement which does not include final fit adjustment;

(e) Preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets;

(f) Packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures;

(g) Removing and re-cementing properly contoured and fitting loose bands that are not permanently attached to any appliance;

(h) Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in diagnosed cases of post-operative osteitis; and

(i) Apply bleaching solution, activate light source, monitor and remove in-office bleaching materials.

(2) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training and who performs the tasks under indirect supervision:

(a) Placing or removing rubber dams;

(b) Placing or removing matrices;

(c) Applying cavity liners, varnishes or bases;

(d) Making impressions for study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations or orthodontic appliances;

(e) Making impressions to be used for creating opposing models or the fabrication of bleaching stents and surgical stents to be used for the purpose of providing palatal coverage as well as impressions used for fabrication of topical fluoride trays for home application;

(f) Placing subgingival resorbable chlorhexidine, doxycycline hyclate, or minocycline hydrochloride;

(g) Taking of impressions for and delivery of at-home bleaching trays;

(h) Securing or unsecuring an archwire by attaching or removing the fastening device;

(i) Taking impressions for passive appliances, occlusal guards, space maintainers and protective mouth guards;

(j) Marginating restorations with finishing burs, green stones, and/or burlew wheels with slow-speed rotary instruments which are not for the purpose of changing existing contours or occlusion;

(k) Cementing temporary crowns and bridges with temporary cement;

(l) Monitor the administration of the nitrous-oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure; and

(m) Montior and remove in-office bleaching materials, after placement of bleach by dentist.

(3) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training as defined by Rule 64B5-16.002, F.A.C., and who performs the tasks under general supervision:

(a) Polishing restorations which is not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials – burnishers, slow-speed hand pieces, rubber cups, and bristle brushes;

(b) Polishing clinical crowns of the teeth which is not for the purpose of changing the existing contour of the teeth and only with the following instruments used with appropriate polishing materials – slow-speed hand pieces, bristle brushes, rubber cups, porte polishers and air-abrasive polishers;

(c) Applying of topical fluorides which are approved by the American Dental Association or the Food and Drug Administration, including the use of fluoride varnishes;

(d) Removing excess cement from dental restorations and appliances with non-mechanical hand instruments or ultrasonic scalers only;

(e) Placing periodontal or surgical dressings;

(f) Removing periodontal or surgical dressings;

(g) Removing sutures;

(h) Using appropriate implements to preassess and chart suspected findings of the oral cavity;

(i) Applying sealants;

(j) Placing or removing prescribed pre-treatment separators; and

(k) Insert and/or perform minor adjustments to sports mouth guards and custom fluoride trays.

(4) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or on-the-job training and who performs the tasks under general supervision:

(a) Fabricating temporary crowns and bridges in a laboratory;

(b) Applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray;

(c) Taking or recording patients' blood pressure rate, pulse rate, respiration rate, case history and oral temperature;

(d) Retracting lips, cheeks and tongue;

(e) Irrigating and evacuating debris not to include endodontic irrigation;

(f) Placing and removing cotton rolls;

(g) Placing or removing temporary restorations with non-mechanical hand instruments only; and

(h) Obtaining bacteriological cytological (plaque) specimens, which do not involve cutting of the tissue and which do not include taking endodontic cultures, to be examined under a microscope for educational purposes.

(5) The following remediable task may be performed by a dental hygienist who has received on-the-job training and who performs the task under direct supervision: Changing of bleach pellets in the internal bleaching process of non-vital, endodontically treated teeth after the placement of a rubber dam. A dental hygienist may not make initial access preparations.

(6) Administration of Local Anesthesia:

(a) Notwithstanding Section 466.003(11), F.S., the administration of local anesthesia becomes a remediable and delegable task if a Florida licensed dental hygienist has been appropriately certified by the Board and has received a certificate from the Florida Department of Health authorizing the dental hygienist to administer local anesthesia in compliance with and pursuant to Section 466.017(5), F.S.

Upon the issuance of the certificate, the hygienist will be referred to as a Certified Registered Dental Hygienist.

(b) Under direct supervision, a CRDH may administer local anesthesia in accordance with the following:

1. The patient must be eighteen years of age or older;
2. The patient must not be sedated; and
3. The CRDH may administer intraoral block and soft tissue infiltration anesthesia.

(c) A Registered Dental Hygienist may apply for certification as a Certified Registered Dental Hygienist after completion of the required education mandated by Section 466.017(5), F.S. and in accordance with Rule 64B5-14.003, F.A.C.

*Rulemaking Authority 466.004(4), 466.017(6), 466.023, 466.024 FS. Law Implemented 466.017(6), 466.023, 466.024 FS. History–New 1-18-89, Amended 11-16-89, 3-25-90, 9-5-91, 2-1-93, Formerly 21G-16.006, Amended 3-30-94, Formerly 61F5-16.006, Amended 1-9-95, 6-12-97, Formerly 59Q-16.006, Amended 1-25-98, 9-9-98, 3-25-99, 4-24-00, 9-27-01, 7-13-05, 2-14-06, 3-24-08, 7-20-09, 10-17-10, 8-5-12.*

**64B5-16.007 Levels of Supervision for Dental Hygienists.**

By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C., under the following levels of supervision:

(1) Direct supervision: Gingival curettage.

(2) Indirect supervision:

(a) Root planing.

(b) Removal of excess remaining bonding adhesive or cement following orthodontic appliance removal with slow-speed rotary instrument, hand instrument or ultrasonic scalers.

(3) General Supervision:

(a) Removing calculus deposits, accretions and stains from exposed surfaces of the teeth and from the tooth surfaces within the gingival sulcus (prophylaxis);

(b) Placing and exposing dental and carpal radiographic film and sensors; and

(4) Without Supervision: Provide educational programs, faculty or staff training programs, authorized fluoride rinse programs, apply fluoride varnishes, instruct patients in oral hygiene care and supervising patient oral hygiene care and other services which do not involve diagnosis or treatment of dental conditions.

*Rulemaking Authority 466.004, 466.023, 466.024 FS. Law Implemented 466.023, 466.024(3) FS. History–New 1-18-89, Formerly 21G-16.007, 61F5-16.007, Amended 9-27-95, 6-12-97, Formerly 59Q-16.007, Amended 1-8-01, 6-11-07, 7-20-09.*

**64B5-16.0075 Dental Charting by Dental Hygienists.**

(1) Each person who receives a dental charting, or the parent or legal guardian of the person receiving dental charting, by a dental hygienist pursuant to Section 466.0235, F.S., and this rule shall receive a dental charting form that contains the following information and the patient shall acknowledge the following information before receiving the dental charting procedure:

(a) The patient's name and the names of the patient's parent or legal guardian if the patient is a minor.

(b) The patient's address or the address of the patient's parent or legal guardian if the patient is a minor.

(c) The date of the dental charting.

(d) The name, license number, and place of employment of the dental hygienist performing the dental charting.

(e) The location where the dental charting is being performed.

(f) A statement that the purpose of dental charting is to collect data for use by a dentist at a prompt subsequent examination.

(g) A statement that the dental charting performed is not a substitute for a comprehensive dental examination.

(h) A statement emphasizing that diagnosis of caries, soft tissue disease, oral cancer, temporo-mandibular joint disease (TMJ), and dentofacial malocclusions can only be completed by a dentist in the context of delivering a comprehensive dental examination.

(i) A statement emphasizing the inherent limitations of dental charting and encouraging the patient to receive a complete examination by a dentist in rendering a professional diagnosis of the patient's overall health needs.

(j) Before performing periodontal probing as part of a dental charting, dental hygienists shall include a written statement on the dental charting form that the patient has received medical clearance from a physician or dentist.

(2) Dental hygienists charting and collecting data for epidemiological surveys for public health may use the dental charting forms without identifying patient information or the name, license number, and place of employment of the dental hygienists or dentists.

*Rulemaking Authority 466.004(4), 466.0235 FS. Law Implemented 466.0235 FS. History–New 12-26-06, Amended 6-11-07, 7-1-12, 1-27-15.*

**64B5-16.008 Emergency Remediable Tasks.**

In an emergency in which a dentist of record is unable to be physically present to pre-examine the patient, and the patient will be seen by a dentist within 3 days, the following remediable tasks may be performed by both dental assistants and dental hygienists who hold current CPR certification from the American Red Cross, the American Heart Association or an equivalent CPR training agency and who are trained pursuant to Rule 64B5-16.002, F.A.C., without pre-examination by a dentist:

(1) Removing and re-cementing properly contoured and fitting loose bands that are not permanently attached to any appliance;

(2) Securing or unsecuring an archwire by attaching or removing the fastening device;

(3) Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in diagnosed cases of post-operative osteitis;

(4) Placing or removing periodontal dressings when the patient is uncomfortable due to the loss of a periodontal pack during the prescribed period of treatment;

(5) Cementing temporary crowns or bridges using temporary cement when the patient is uncomfortable due to the loss of a temporary crown or bridge; and

(6) Placing temporary medicinal restorative material when the patient is uncomfortable due to the loss of a temporary medicinal restoration.

*Rulemaking Authority 466.004(4), 466.023, 466.024 FS. Law Implemented 466.023, 466.024 FS. History–New 1-18-89, Formerly 21G-16.008, 61F5-16.008, Amended 6-12-97, Formerly 59Q-16.008, Amended 8-25-98.*

**64B5-16.009 Display of Certificates.**

The supervising licensee is responsible for ensuring that any dental assistant or dental hygienist who performs remediable tasks as a result of formal training shall display the certificate received at the conclusion of the training in a conspicuous public place where the tasks are performed. The supervising licensee shall also keep a copy of each such certificate on file in the dental office at which the dental assistant or dental hygienist performs remediable tasks.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.024(3) FS. History–New 1-18-89, Formerly 21G-16.009, 61F5-16.009, Amended 8-8-94, Formerly 59Q-16.009.*

**64B5-16.010 Prior Certification and Training.**
Dental hygienists and dental assistants trained prior to April 30, 1980, who were at that time authorized to perform tasks set forth by Board Rule may continue to perform those tasks without the formal training required by Rule Chapter 64B5-16, F.A.C.

*Rulemaking Authority 466.004(4), 466.024(3) FS. Law Implemented 466.023(4), 466.024(3) FS. History–New 4-30-80, Formerly 21G-16.04, Amended 12-31-86, Formerly 21G-16.004, Amended 1-18-89, Formerly 21G-16.010, 61F5-16.010, 59Q-16.010.*

## CHAPTER 64B5-17
## DENTAL PRACTICE AND PRINCIPLES

64B5-17.001 Required Availability of Dental Records Upon Relocation or Termination of Practice, or Death of Practitioner
64B5-17.0011 Change of Address
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64B5-17.003 Patient Referrals
64B5-17.004 Emergency Care
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64B5-17.015 Office Safety Requirement

**64B5-17.001 Required Availability of Dental Records Upon Relocation or Termination of Practice, or Death of Practitioner.**

(1) Patient records are confidential and may not be released unless authorized by the patient in writing. This confidentiality prohibits review of the records by a dentist other than the dentist of record or by other health care providers unless they are actually involved in care or treatment of the patient. Maintenance of patient records by a deceased dentist's estate, authorized agent of the estate or by a successor-owner dentist of a practice does not authorize review of patient records. However, limited review for the purpose of obtaining a patient's name, address and last date of treatment in order to comply with this rule is permitted.

(2) Within 90 days of a dentist's death, the dentist's estate or agent shall place all patient records of the deceased dentist in the care of another Florida licensed dentist.

(a) The patient records of the deceased dentist shall be maintained and made available to patients for a period of 4 years.

(b) Within 90 days of a dentist's death the dentist's estate or agent shall cause a notice to be published in the newspaper of greatest general circulation in the county where the dentist practiced which advises patients of the dentist's death. The notice shall advise patients that they may obtain copies of their dental records and specify the name, address and telephone number of the person from whom the copies of records may be obtained. The notice shall appear at least once a week for four consecutive weeks.

(c) The subsequent Florida licensed dentist shall cause to be published a similar notice whenever the patient records of the deceased dentist are subsequently transferred to another licensed Florida dentist if such transfer is within 4 years of the dentist's death.

(d) During the four year retention period required by this rule each licensed Florida dentist who is in possession of the deceased dentist's patient records shall insure that the original patient records, or in cases where the patient has requested that the records be released or transferred, copies thereof remain

in his possession.

(3) Dental records of a practitioner who is terminating or relocating his practice shall be retained by the dentist or his authorized agent, which may be a successor-owner dentist, and made available to patients for 4 years from the date the patient was last examined or treated.

(4) Within one month of a dentist's termination of practice or relocation of practice outside the local telephone directory service area of his or her current practice, a notice shall be published in the newspaper of greatest general circulation in the county where the dentist practiced which advises patients of the dentist's termination of practice or relocation. The notice shall advise patients that they may obtain copies of their dental records and specify the name, address and telephone number of the person from whom copies of records may be obtained. The notice shall appear at least once a week for 4 consecutive weeks.

(5) If a dentist relocates his practice but maintains a listing in the same local telephone directory used in his previous practice location, notice of relocation shall be clearly posted at his practice location for one month prior to relocation. The notice shall state the date of relocation and the address to which the office is being relocated.

(6) Records shall be made available at a location within the county where the dentist practices or practiced and shall be made available at reasonable times.

*Rulemaking Authority 456.058, 466.004(4) FS. Law Implemented 456.058 FS. History–New 10-26-80, Formerly 21G-17.01, Amended 7-16-90, 10-28-91, 4-23-90, Formerly 21G-17.001, 61F5-17.001, 59Q-17.001.*

**64B5-17.0011 Change of Address.**

All licensees are required to notify the Board in writing within 10 days of any change in their address.

*Rulemaking Authority 456.035, 466.004(4) FS. Law Implemented 456.035, 466.013 FS. History–New 3-27-90, Formerly 21G-17.0011, 61F5-17.0011, 59Q-17.0011.*

**64B5-17.002 Written Dental Records; Minimum Content; Retention.**

A dentist shall maintain patient dental records in a legible manner and with sufficient detail to clearly demonstrate why the course of treatment was undertaken.

(1) Dental Record: The dental record shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum, patient histories; X-rays (if taken;) examination results; test results; records of drugs prescribed, dispensed, or administered; reports of consultation or referrals; and copies of records or reports or other documentation obtained from health care practitioners at the request of the dentist and relied upon by the dentist in determining the appropriate treatment of the patient.

(2) Record Alterations: Any additions, corrections, modifications, annotations, or alterations (hereinafter "change") to the original dental record entry must be clearly noted as such and must include the date when the change was made, must be initialed by the person making the change, and must have an explanation for the change. An original entry to the record cannot be partially or wholly removed. Rather, to represent the deletion of a record entry, the entry must be struck through where it will remain legible. A change made on the same date of the original entry must also include the time of change.

(3) Record Transfer or Release: Whenever patient records are released or transferred, the dentist releasing or transferring the records shall maintain either the original records or copies thereof and a notation shall be made in the retained records indicating to whom the records were released or transferred and the authority for such release. Transfer of records in a multidentist practice office shall be done and documented in strict accordance with Section 466.018, F.S.

(4) Record Retention Period: A dentist shall maintain the written dental record of a patient for a period of at least four (4) years.

(a) The four (4) year retention period shall be calculated from the date the patient was last examined or treated by the dentist.

(b) Upon the death of the dentist, the retention provisions of Rule 64B5-17.001, F.A.C., are controlling.

(5) Appointment Book: Each dentist shall retain a copy of each entry in his or her patient appointment book or such other log, calendar, book, file or computer data, used in lieu of an appointment book, for a period of no less than four (4) years from the date of each entry thereon.

(6) Dentist of Record: All records that are required by this rule and any other patient record shall be properly annotated to identify the dentist of record. The dentist of record is the dentist who:

(a) Is identified and noted in the patient record as the dentist of record;

(b) Provides a specific treatment or service and is noted in the patient record as the dentist of record for that treatment or service;

(c) If there has been more than one provider of treatment, is the dentist who places the final restoration, does the surgical procedure, makes the diagnosis or finishes the service or procedure in question; or

(d) If the dentist of record is not identifiable, then the owner of the dental practice in which the patient was treated is the dentist of record.

(7) Owner of Dental Practice: All dental records required by this rule and any additional records maintained in the course of practicing dentistry shall be the property of the owner dentist of the dental practice in which the dental patient is seen or treated and the owner dentist shall be ultimately responsible for all record keeping requirements set forth by statute or rule.

(a) The owner dentist is responsible for the records of patients seen or treated by any employee, associate, or visiting dentist.

(b) Multiple owners are severally and equally responsible for the records of patients seen or treated with the dental practice of that dental group.

(c) A lessor or owner dentist is not responsible for the records of an independent dentist who is merely leasing or renting space or staff services for the operation of a separate dental practice within the owner dentist's physical facility.

(8) Electronic Dental Records: Patient records may be kept in an electronic format, provided that the dentist maintains a back-up copy of information stored in the back-up data processing system using disk, tape, or other secure electronic back-up system, on site or off site, as long as the back-up system is updated in a time frame that does not exceed seventy-two hours (72 hrs.), to assure that data is not lost due to system failure. Any electronic data–system must be capable of producing a hard copy on lawful demand in accordance with and pursuant to federal or state laws and rules.

*Rulemaking Authority 466.004(4) FS. Law Implemented 456.057, 456.058, 466.028(1)(m), 466.018 FS. History–New 10-8-85, Formerly 21G-17.02, Amended 10-28-91, Formerly 21G-17.002, Amended 11-22-93, Formerly 61F5-17.002, 59Q-17.002, Amended 11-15-99, 4-22-03, 3-14-13, 5-14-15, 4-17-16.*

**64B5-17.003 Patient Referrals.**

(1) Split-fee arrangements relating to the referral of patients by a client to another health care practice are prohibited.

(2) As used herein, the term "health care practice" shall mean a lawful and distinct business entity owned and operated under one name by an individual or group of duly licensed health care providers with facilities at one or more locations such as a solo dental practice, group practice, or professional service corporation, which offers health care services to the public within the limits of the professional licenses held by the owners, employees and agents of the business.

(3) Referral of a patient to another dentist in the same health care practice, so long as any remuneration shared by the dentists is not based upon the number of referrals within the practice and the referral of a patient to another dentist within the practice is in the best interest of the patient, is not a split-fee arrangement.

(4) Fee arrangements between dentists in the same health care practice which are based upon productivity or shared net profits are not split-fee arrangements.

(5) Referral of a patient to another health care practice in which the referring dentist or any owner, employee or agent of the referring practice or immediate family member thereof has a financial interest, whether direct, indirect, active or passive in nature, is permitted only if the referral is in the best interest of the patient and the patient first consents to the arrangement by signing a written notification form from the referral dentist which informs the patient of (a) the existence of a financial interest and (b) the

patient's right to request another referral or to independently seek the services recommended. Under no circumstances shall the dentist's financial interest be contingent upon or otherwise related to any referral quota or similar requirement. However, in emergency circumstances where it is in the patient's best interest that such a referral be made without first seeing the patient, the referring dentist shall orally provide the notification required herein. In such emergency situations, the referring dentist shall also make a notation in the patient's record at the time of referral that disclosure was made orally due to emergency circumstances. Written disclosure as required in paragraph 5 of this rule shall be supplied to the patient at the office to which the emergency patient was referred.

(6) Notification forms signed by patients in accordance with subsection (5) above shall be maintained in the patient's record.

(7) The written notification required by this rule shall be made on the appropriate form set forth in Rule 64B5-1.021, F.A.C.

*Rulemaking Authority 466.004(4) FS. Law Implemented 456.052 FS. History–New 8-30-90, Formerly 21G-17.003, 61F5-17.003, 59Q-17.003, Amended 8-19-97.*

**64B5-17.004 Emergency Care.**

It is the responsibility of every dentist practicing in this State to provide, either personally, through another licensed dentist, or through a reciprocal agreement with another agency, reasonable twenty-four (24) hour emergency services for all patients under his continuing care.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.028(1)(t), (x) FS. History–New 4-26-87, Formerly 21G-17.004, 61F5-17.004, 59Q-17.004.*

**64B5-17.0045 Standards for the Use of Controlled Substances for Treatment of Pain.**

(1) The Board of Dentistry recognizes that principles of quality medical practice dictate that the people of the State of Florida have access to appropriate and effective pain relief. All dentists should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances.

(2) The Board recognizes that controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to a dental procedure.

(3) The Board of Dentistry is obligated under the laws of the State of Florida to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use.

(4) Dentists should be diligent in preventing the diversion of drugs for illegitimate purposes. This includes keeping prescription blanks in a safe place; not signing prescription blanks in advance; writing out the actual amount prescribed in addition to using a number to discourage alterations; and assisting pharmacists who may telephone to verify information about a prescription order.

(5) The Board will consider prescribing, ordering, administering, or dispensing controlled substances for pain to be for a legitimate medical purpose if based on sound clinical grounds. The dental procedure or justification for such prescribing must be clearly documented in the patient's record. All such prescribing must be in compliance with applicable state and federal law.

*Rulemaking Authority 466.004 FS. Law Implemented 466.017, 466.028(1)(p) FS. History–New 8-12-02.*

**64B5-17.005 Identification of Removable Prosthetic Devices.**

(1) The Board takes official notice of the large number of elderly dental patients residing in Florida and that many of them are confined to hospitals, nursing homes, and other health care institutions. The Board also recognizes the continuing difficulty in providing ongoing dental care to these individuals which is created as a result of the inadvertent misplacing or switching of their removable dental prosthetic devices, which can enhance the transmission of communicable diseases. Accordingly, in an effort to enhance the likelihood that these individuals will receive minimally competent dental treatment consistent with the requirements of Section 466.028(1)(x), F.S., the Board establishes an identification standard for removable prosthetic devices.

(2) Every licensed dentist in this State making or directing to be made a removable prosthetic device,

bridge, appliance or other structure to be used and worn as a substitute for natural teeth and/or supporting structure shall offer to the patient for whom the prosthesis is intended the opportunity to have such prosthesis marked at the time of fabrication. The location and method used for marking the prosthesis shall be determined by the dentist and this marking shall be permanent, legible, and cosmetically acceptable and shall include the patient's name.

(3) If the dentist determines that identification is not practicable or clinically safe, the offer to mark the prosthesis need not be made.

(4) Any removable dental prosthesis fabricated prior to the effective date of this rule, shall be subject to the provisions of subsection (2) during a laboratory relining or rebasing of the prosthesis.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.028(1)(x) FS. History–New 4-26-87, Amended 6-20-89, Formerly 21G-17.005, 61F5-17.005, 59Q-17.005.*

**64B5-17.006 Prescription Forms.**

(1) Approved prescription forms must contain all information necessary for completion of the assigned work and must include at a minimum:

(a) Title – "Laboratory Procedure Prescription;"

(b) Name, address and license number of the registered dental laboratory;

(c) Name, address and license number of the Florida licensed dentist who owns the prescription form and is authorizing the procedure;

(d) Patient's name or number;

(e) Date sent to lab;

(f) Signature of the licensed dentist, which may be an electronic signature;

(g) Sufficient descriptive information to clearly identify each separate and individual piece of work to be performed by the dental laboratory; and

(h) Specification of materials to be contained in each work product.

(2) Copies of prescription forms must be maintained, either on paper or stored electronically in an encrypted data base, in the prescribing dentist's office for a period of four (4) years following the date the prescription was issued. The original prescription shall be retained in a file by the dental laboratory for a period of four (4) years .

(3) A registered dental laboratory may perform work for another registered dental laboratory if that work is performed pursuant to a written authorization form containing all information necessary for completion of the assigned work and must include at a minimum;

(a) Title – "Laboratory Procedure Authorization;"

(b) Name, address and license number of the originating registered dental laboratory;

(c) Name, address and license number of the registered dental laboratory performing the work;

(d) Evidence that the originating laboratory has obtained a valid prescription which shall include the name, address and license number of the licensed dentist who wrote the original prescription authorizing the procedure.

(e) Sufficient descriptive information to clearly identify each separate and individual piece of work to be performed by the dental laboratory; and

(f) Specification of materials to be contained in each work product.

*Rulemaking Authority 466.021 FS. Law Implemented 466.021 FS. History–New 12-21-99, Amended 3-23-06, 10-9-06, 5-28-09.*

**64B5-17.009 Patient Records; Copying Charges; Timely Release.**

(1) A dentist who makes an examination of, or administers treatment to any person, shall upon the request of such person or his legal representative furnish copies of all reports or records made of such examination or treatment, including x-rays. The furnishing of copies shall not be conditioned upon payment of an unpaid or disputed fee for services rendered.

(2) A dentist may charge a fee for copying reports or records not to exceed the cost per page charged by the Clerk of the County Court where the dentist practices. The fee for copies of x-rays shall not exceed actual cost of duplication. Payment of copying fees may be required upon delivery of the copies.

(3) A dentist shall comply with a patient's written request for copies of records and reports in a timely manner, with due regard for the patient's health needs. In the absence of circumstances beyond the control of the licensee, timely shall mean less than 30 days.

*Rulemaking Authority 466.004(4) FS. Law Implemented 456.057 FS. History–New 4-26-87, Amended 6-20-89, Formerly 21G-17.009, 61F5-17.009, 59Q-17.009, Amended 1-23-01.*

**64B5-17.010 Unlicensed Practice of Dentistry.**

For the purposes of interpreting Sections 466.003(3), 466.026(1)(a) and 466.028(1)(g)(bb), F.S., the Board shall not consider it to be the unlicensed practice of dentistry for an unlicensed person to furnish, supply, construct or reproduce an appliance to be worn in the human mouth or to verify the patient's shade-selection outside the dentist's direct supervision for fixed partial prosthesis if:

(1) The appliance is a removable mouth protection device that is inserted and removed by the user without adjustment by a licensed dentist (e.g. athletic mouth guards);

(2) A prescription or dentist's order is not required in order to obtain the appliance;

(3) The appliance does not adjust or otherwise affect the natural features of the face or mouth or affect any appliance placed in the mouth by a licensed dentist;

(4) The appliance or device does not have the potential to cause significant or irreparable damage to the dentition and/or oral tissue;

(5) The request for the shade verification is accompanied by a prescription form or work order written by a licensed dentist to meet the requirements of Section 466.021, F.S.;

(6) The dentist has previously completed the initial shade selection;

(7) The shade verification site is approved by the dentist and meets all requirements of Sections 466.028(1)(u), 466.031(1) and 466.032(1), F.S.;

(8) During shade verification, no appliances or prosthetic devices are to be placed, removed or sealed in the oral cavity at the site except by a licensed dentist on a patient of record in accordance with the requirements of Sections 466.024(5) and 466.028(1)(m), F.S.;

(9) During shade verification, contact to the patient is limited to visual contact only;

(10) During shade verification, soft or hard tissue shall not be manipulated;

(11) During shade verification, the patient shall be instructed on how to retract his or her own lip, and the shade tab shall only be held in proximity, but without physical contact to the patient's dentition; and

(12) During shade verification, photography shall be limited to the patient's visible dentition during smile and the patient's dentition with the patient retracting their lips.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.026(1)(a), 466.028(1)(g), (bb) FS. History–New 9-5-91, Formerly 21G-17.010, 61F5-17.010, Amended 5-9-95, Formerly 59Q-17.010, Amended 10-8-03.*

**64B5-17.0105 Ownership of Dental Instruments by a Dental Hygienist.**

For purposes of interpreting Section 466.0285, F.S., a Dental Hygienist is not precluded from owning dental instruments used by her or him in the provision of dental hygiene services, so long as the final authority on the suitability and/or manner in which said instruments will be used in the provision of dental hygiene services remains with the supervising dentist.

*Rulemaking Authority 466.004 FS. Law Implemented 466.0285 FS. History–New 12-23-02.*

**64B5-17.011 Financial Responsibility.**

As a prerequisite for licensure or license renewal every dentist is required to maintain medical malpractice insurance or provide proof of financial responsibility as set forth herein:

(1) Obtaining and maintaining professional liability coverage in an amount not less than $100,000 per claim, with a minimum annual aggregate of not less than $300,000, from an authorized insurer as defined under Section 624.09, F.S., from a surplus lines insurer as defined under Section 626.914(2), F.S., from a risk retention group as defined under Section 627.942, F.S., from the Joint Underwriting Association established under Section 627.351(4), F.S., or through a plan of self-insurance as provided in Section 627.357, F.S.

(2) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to Chapter 675, F.S., in an amount not less than $100,000 per claim, with a minimum aggregate availability of credit of not less than $300,000. The letter of credit shall be payable to the dentist as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the dentist or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, dental care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of the State of Florida or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state.

(3) Upon application to the Board, the following licensees shall be exempted from meeting the requirements of this rule:

(a) Any dentist who practices exclusively as an officer, employee or agent of the federal government or of the State of Florida or its agencies or subdivision. For purposes of this rule, an agent of the State of Florida, its agencies or its subdivisions is a person who is eligible for coverage under any self insurance or insurance program authorized by the provisions of Section 768.28(14), F.S., or who is a volunteer under Section 110.501(1), F.S.

(b) Any dentist whose license has become inactive under Chapter 466, F.S., and who is not practicing in this state. Any dentist applying for reactivation of a license must show either that such licensee maintained tail insurance which provided liability coverage for incidents that occurred on or after October 1, 1993, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.

(c) Any dentist licensed or certified under Chapter 466, F.S., who practices only in conjunction with his/her teaching duties at an accredited school or in its main teaching hospitals. Such dentist may engage in the practice of dentistry to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.

(d) Any dentist holding an active license under Chapter 466, F.S., who is not practicing in this state. If such person initiates or resumes practice in this state, he/she must notify the Board of such activity.

(e) Any dentist who can demonstrate to the Board that he/she has no malpractice exposure in the State of Florida.

(4) Every dentist complying with these requirements pursuant to either subsection (1) or (2) above shall ensure that such insurance or proof covers liability for actions of any dental hygienist supervised by the dentist. Dental hygienists working unsupervised pursuant to Section 466.0235, F.S., shall be required to maintain medical malpractice insurance or provide proof of financial responsibility if he or she is not a volunteer under Section 110.501(1), F.S.

*Rulemaking Authority 466.004(4) FS. Law Implemented 456.048 FS. History–New 11-22-93, Amended 3-31-94, Formerly 61F5-17.011, 59Q-17.011, Amended 12-20-98, 3-19-02, 6-13-07.*

**64B5-17.012 Use of Sargenti Material.**

The Board of Dentistry has determined pursuant to Sections 466.001 and 466.028(1)(x) and (ff), F.S., that the use of "Sargenti Cement" (e.g., N2, RC2B, or RC2W or essentially similar compounds) as an endodontic filling material or cement does not meet the minimum standards of performance for competent dental practice in Florida. The Board specifically finds that "Sargenti Cement" containing paraformaldehyde, when used as an endodontic filling material or cement, can cause severe and irreversible damage to patients. "Sargenti Cement" that is improperly used or which escapes beyond the root canal is much more likely to cause significant damage than incorrectly performed endodontic procedures using alternative filling materials or cements. Most licensed dentists in Florida do not use "Sargenti Cement" in endodontic therapy. Therefore, the use of "Sargenti Cement" as an endodontic filling material does not meet the existing minimum standard of performance for competent dental practice in Florida.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.001, 466.004(4), 466.028(1)(x), (ff) FS. History–New 5-29-96, Formerly 59Q-17.012.*

**64B5-17.013 Proprietorship by Nondentists.**

(1) No corporation, lay body, organization, or individual other than a licensed dentist or a professional corporation or limited liability company composed of dentists shall engage in the practice of dentistry through the means of engaging the services, upon a salary, commission, or other means of inducement, of any person licensed to practice dentistry in this state. The provisions of this rule are not applicable to dentists working under any of the settings described in Section 466.025, F.S.

(2) No dentist shall enter into any agreement with a nondentist which directs, controls, or interferes with the dentist's clinical judgment, or which controls the use of any dental equipment or material while such is being used for the provision of dental services. Nor shall any dentist enter into an agreement which permits any entity which itself is not a licensed dentist to practice dentistry, or to offer dentistry services to the public through the licensed dentist. The clinical judgment of the licensed dentist must be exercised solely for the benefit of his/her patients, and shall be free from any compromising control, influences, obligations, or loyalties. To direct, control, or interfere with a dentist's clinical judgment shall not be construed to include those matters specifically excluded by Section 466.0285(1)(c), F.S.

(3) For the purposes of this rule:

(a) The term "clinical" means having a significant relationship, whether real or potential, direct or indirect, to the actual rendering or outcome of dental care, the practice of dentistry or the quality of dental care being rendered to one or more patients.

(b) The term "control" shall mean to exercise authority or dominating influence over; having the authority or ability to regulate, direct, or dominate.

(4) A licensed dentist may enter into an agreement with a nondentist to receive "Practice Management Services." The term "Practice Management Services" is defined to include consultation or other activities or services offered by someone other than a Florida licensed dentist regarding one or more of the following types of products or services:

(a) The suitability of dental office space, furnishings and equipment;

(b) Staff necessary to operate a dental practice;

(c) Regulatory compliance expertise and services;

(d) Methods to increase productivity of a dental practice;

(e) Inventory and supplies required to operate a dental practice;

(f) Information systems designed to produce financial and operational data on the dental practice;

(g) Marketing plans or advertising to increase productivity of a dental practice;

(h) Site selection, relocation, design or physical layout of a dental practice; or

(i) Financial services such as accounting and bookkeeping, monitoring and payment of accounts receivable, payment of leases and subleases, payroll or benefits administration, billing and collection for patient services, payment of federal or state income tax, personal property or intangible taxes, administration of interest expense or indebtedness incurred to finance the operation of the dental practice, or malpractice insurance expenses.

(5) For purposes of implementing the provisions of Sections 466.0285, 466.003 and Sections

466.028(1)(g) and (z), F.S., no dentist shall enter into a practice management agreement with anyone other than a dentist or group of dentists which provides or offers to provide, whether by contract or employment, with or without fee, any practice management service which attempts to govern in any way, whether directly or indirectly, the clinical sufficiency, suitability, reliability or efficacy of a particular product, service, process or activity as it relates to the delivery of dental care. Practice management agreements between dentists and anyone other than a dentist or group of dentists shall not:

(a) Preclude or otherwise restrict, by penalty or operation, the dentist of record's ability to exercise independent professional judgment over all qualitative and quantitative aspects of the delivery of dental care;

(b) Allow anyone other than a dentist of record or the dentist of record's practice to supervise and control the selection, compensation, terms, conditions, obligations or privileges of employment or retention of clinical personnel of the practice;

(c) Limit or define the scope of services offered by the dentist of record or the dentist of record's practice;

(d) Limit the methods of payment accepted by the dentist of record or the dentist of record's practice;

(e) Require the use of patient scheduling systems, marketing plans, promotion or advertising for the dentist of record or the dentist of record's practice which, in the judgment of the dentist of record or the dentist of record's practice will have the effect of discouraging new patients from coming into the practice or discouraging patients of record from seeing the dentist or postponing future appointments or which gives scheduling preference to one individual, class or group of existing or new patients over another individual, class or group of existing or new patients;

(f) Directly or indirectly condition the payment or the amount of the management fee on the referral of patients, and in addition, the management fee shall reasonably relate to the fair market value of the services provided;

(g) Penalize the dentist of record or the dentist of record's practice for reporting perceived violations of this section to, or seeking clarification from, appropriate state or federal agencies, departments or boards.

(6) For purposes of implementing the provisions of Section 466.028(1)(h), F.S., no dentist shall enter into any agreement, or series of agreements, with anyone other than a dentist or group of dentists, which violates the parameters established in subsection (4) or (5) above and entering into such a contract constitutes a de facto employment of the dentist by a nondentist. Except as permitted by Chapter 542, F.S., licensed dentists are prohibited from agreeing not to compete in the provision of dental services with any entity which is not itself a licensed dentist, or which is not licensed or otherwise permitted by law to provide the services which are the subject of the agreement not to compete.

(7) The provisions of this rule are not intended to impair the validity of any contract in existence as of the effective date of this rule. Any existing contract renewed or extended after the effective date of this rule shall be subject to the provisions of this rule.

*Rulemaking Authority 466.004 FS. Law Implemented 466.003, 466.028(1)(g), (z), 466.0285, 466.0285(1)(c) FS. History–New 10-16-96, Formerly 59Q-17.013, Amended 3-27-02.*

**64B5-17.014 Removal of Amalgam Fillings.**

(1) The Board of Dentistry has determined that claims regarding amalgam fillings as a causal factor in systemic illnesses are not supported by the Food and Drug Administration, the U.S. Public Health Service, or the National Institutes of Health. The Board therefore deems that the removal of amalgam fillings for the purported purpose of curing or preventing systemic illness constitutes alternative or complementary health care. In compliance with Section 456.41, F.S., any dentist performing such alternative or complementary health care treatment shall inform the patient of the following:

(a) The nature of the treatment and the benefits and risks associated with the treatment; and

(b) The dentist's education, experience and credentials regarding the complementary or alternative treatment option.

(2) Each dentist shall indicate on the patient's record the method(s) by which the requirements of Section 456.41, F.S., were met.

*Rulemaking Authority 466.004 FS. Law Implemented 456.41, 466.028(1)(l), (w), (x), (y) FS. History–New 10-21-02.*

**64B5-17.015 Office Safety Requirement.**

As part of the minimum standard of care, every dental office location shall be required to have an automatic external defibrillator by February 28, 2006. Any dentist practicing after February 28, 2006, without an automatic external defibrillator on site shall be considered to be practicing below the minimum standard of care.

*Rulemaking Authority 466.004(4), 466.017(3)(c) FS. Law Implemented 466.017(4), 466.028(1)(x) FS. History–New 5-31-04.*

## CHAPTER 64B5-25
## STERILIZATION AND DISINFECTION PROCEDURES


64B5-25.001 Purpose
64B5-25.002 Definitions
64B5-25.003 Required Sterilization and Disinfection Procedures
64B5-25.004 Licensees Infected With Hepatitis B Virus
64B5-25.005 Monitoring of Licensees Infected With the Hepatitis B Virus
64B5-25.006 Emergency Suspension of Licensees Infected With the Hepatitis B Virus; Initiation of Complaints
64B5-25.007 Disposition of Biohazardous Waste
64B5-25.008 Shipment to Dental Laboratories


**64B5-25.001 Purpose.**

The failure to follow proper sterilization and disinfection procedures in the practice of dentistry presents a significant danger to the public due to the potential for transmission of infectious diseases to patients during treatment. Failure to follow proper sterilization and disinfection procedures as set forth in Rule 64B5-25.003, F.A.C., constitutes failure to provide reasonable sanitary facilities and conditions in violation of Section 466.028(1)(u), F.S., and constitutes negligence in the practice of dentistry in violation of Section 466.028(1)(x), F.S., as practice which is below the minimum standards of the practice of dentistry.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.028(1)(u), (x) FS. History–New 2-24-87, Formerly 21G-25.001, 61F5-25.001, 59Q-25.001.*

**64B5-25.002 Definitions.**

(1) "Sterilization" is defined to mean the process by which all forms of life within an environment are totally destroyed.

(2) "Disinfection" is defined to mean the destruction or inhibition of most pathogenic bacteria while they are in their active growth phase and the inactivation of some viruses. Disinfection allows the potential for viable pathogens to remain (e.g., Tubercle bacilli and some viruses, including A, B and C hepatitis virus, and nonA-nonB (NANB) viruses which may survive depending upon the chemicals used).

(3) For purposes of this rule, the term "infected with the Hepatitis B virus" means that the licensee is sero-positive for the Hepatitis B surface antigen and the Hepatitis B e-antigen.

*Rulemaking Authority 466.004(4) FS. Law Implemented 466.028(1)(u), (x), 466.041 FS. History–New 2-24-87, Amended 1-7-92, 2-1-93, Formerly 21G-25.002, 61F5-25.002, 59Q-25.002, Amended 5-20-01.*

**64B5-25.003 Required Sterilization and Disinfection Procedures.**

(1) At least one of the following procedures must be used in order to provide proper sterilization:

(a) Steam under pressure (e.g., autoclave);

(b) Dry-heat;

(c) Chemical vapor;

(d) Ethylene oxide;

(e) Disinfectant/sterilant. U.S. Environmental Protection Agency (EPA) approved disinfectant/sterilants or U.S. Food and Drug Administration (FDA) approved sterilant may be used but are only appropriate for sterilization when used in appropriate dilution and for the time periods set forth in the manufacturer's recommendation and only on non-heat tolerant instruments which do not penetrate soft tissue.

(2)(a) Surgical and other instruments that normally penetrate soft tissue or bone, including, but not limited to, forceps, scalpels, bone chisels, scalers, and surgical burs, must be sterilized after each use.

(b) Instruments that are not intended to penetrate oral soft tissue or bone, including, but not limited to, high speed dental handpieces, contra-angles, prophy angles, amalgam condensers, plastic instruments, and burs, but that may come into contact with oral tissues must be sterilized after each use.

(c) However, if heat, steam under pressure, or chemical vapor sterilization of an instrument is not technically feasible, due to its size or composition, the instrument must undergo sterilization with a disinfectant/sterilant that destroys viruses and spores. Disinfectants must be registered by the U.S. Environmental Protection Agency (EPA) as a disinfectant/sterilant and must be used in accordance with the manufacturer's recommendations and the recommendations of the Centers for Disease Control (CDC).

(d) High speed dental handpieces, slow speed dental sleeves and contra-angles and prophy angles must be sterilized after each use using a heat or heat with pressure or heat with chemical method. The method used must be capable of sterilization.

(e) Heat-sensitive instruments may require up to 10 hours of exposure in a liquid chemical agent registered by the U.S. Environmental Protection Agency (EPA) as a disinfectant/sterilant.

(3) Before sterilization, instruments must be cleaned to remove debris. Cleaning must be accomplished by a thorough scrubbing with soap or a detergent and water or by using a mechanical device, such as an ultrasonic cleaner following the manufacturer's recommendations. Metal or heat-stable dental instruments must be sterilized after each use by one of the procedures identified in paragraphs (a)-(d) of subsection (1) above.

(4) Oral prosthetic appliances received from a dental laboratory must be washed with soap or a detergent and water, rinsed well, appropriately disinfected and rinsed well again before the prosthetic appliance is placed in the patient's mouth.

(5) At the completion of dental treatment, all surfaces that may have become contaminated with blood, saliva or other bodily fluids must be disinfected using a procedure recommended by the Centers for Disease Control (CDC).

(6) Disinfectant/sterilants appropriate for use under paragraph (e) of subsection (1) above are only those disinfectant/sterilants that are registered by the EPA. Those disinfectant/sterilants must be used in accordance with the manufacturer's recommendations for correct use as a disinfectant/sterilant.

(7) The sterilization and disinfection procedures required by this rule must be followed unless appropriate disposable items are used. Disposable items may only be used on a one time basis and may never be used on more than one dental patient. The use of disposable items is encouraged.

(8) Surgical or examination gloves and surgical masks shall be worn by all dentists, dental hygienists, and dental assistants while performing or assisting in the performance of any intra-oral dental procedure on a patient in which contact with blood and/or saliva is imminent. Surgical or examination gloves must be changed between patients. Hands shall be washed with soap and water and dried immediately after removing and prior to replacing gloves. Gloves are never to be washed and reused. Surgical or examination gloves that are punctured or torn must be removed and replaced immediately with new gloves following rewashing of provider's hands with soap and water. It is recommended that eye protection be worn by all dentists, dental hygienists, and dental assistants while performing or assisting in the performance of any dental procedure on a patient in accordance with CDC recommendations.

(9) The procedures and equipment used for sterilization must have their efficacy tested periodically. Adequacy of steam under pressure (e.g. autoclave) or chemical vapor sterilization must have their efficacy verified by appropriate biological monitoring at least once every 40 hours (2400 minutes) of use or at least once every thirty days, whichever comes first. Dry heat and ethylene oxide sterilizers must have their efficacy verified with appropriate biological monitoring every 120 hours of operation at sterilization parameters or every thirty days, whichever comes first. (Use time is determined by multiplying the number of cycles by the individual cycle time.) Disinfectant/sterilants as set forth in

paragraph (e) of subsection (1) above, when used instead of heat sterilization procedures, must be used according to the manufacturer's recommended dilution and exposure time and must be changed according to the manufacturer's recommendations.

(10) All OSHA category 2 employees must be provided with and must use the barrier techniques required by this rule when they are in situations where they may be exposed to blood, saliva, or other bodily fluids from the patient during the treatment or examination process.

*Rulemaking Authority 456.032, 466.004(4) FS. Law Implemented 456.032, 466.028(1)(u), (x), 466.041 FS. History–New 2-24-87, Amended 12-6-87, 10-24-88, 1-7-92, 4-5-93, Formerly 21G-25.003, Amended 11-22-93, Formerly 61F5-25.003, 59Q-25.003, Amended 10-31-01, 3-19-02.*

**64B5-25.004 Licensees Infected With Hepatitis B Virus.**

(1) The Board of Dentistry is charged with the responsibility of protecting the public from dentists or dental hygienists who present a danger to the public. The Board finds that licensees who are infected with the Hepatitis B virus present a grave danger to the public by virtue of the communicability of this infectious disease in a clinical setting. Absent the identification of infected licensees and the implementation of proper barrier techniques, these practitioners represent an unacceptable risk to the health and safety of their patients. Licensees bear the ultimate responsibility for the safety of their patients when the licensee or personnel employed by the licensee represent a health risk through direct or indirect contact with patients. This rule assures the ability of infected licensees to practice so long as adequate safeguards are maintained.

(2) Any Florida licensed dentist or dental hygienist practicing in this State who is infected with the Hepatitis B virus is required to notify the Board of such in writing no later than 14 days after learning of his or her infection with the Hepatitis B virus. Such notice shall include a copy of the lab report showing the result of that dentist's or dental hygienist's Hepatitis B Surface Antigen (HBSAG) test results. The Board will respond to the licensee in writing acknowledging the notification and will provide the licensee with an outline of criteria to be complied with which are designed to limit the potential spread of the virus. The criteria are:

(a) All licensees infected with the Hepatitis B virus must successfully complete, no later than 6 months after receiving acknowledgment of their status from the Board, an educational program approved by the Board which will aid in a better understanding of the disease. In order to receive Board approval, the program must be at least 6 clock hours in duration and the program's curriculum must include, but is not limited to:

1. History and nomenclature of Hepatitis B virus;
2. Clinical relationship of Hepatitis B virus to other forms of viral hepatitis;
3. Hepatitis B virus mode of transmission and replication;
4. Blood curves in the clinical course of the Hepatitis B virus;
5. Clinical and laboratory characteristics of Hepatitis B virus infections;
6. The Hepatitis B virus infected licensee and his or her lifestyle;
7. The Hepatitis B virus infected licensee as a practicing health care professional;
8. Barrier techniques;
9. The consequences of a break in barrier techniques;
10. Proper mechanisms for reporting breaks in barrier techniques;
11. Sterilization and disinfection procedures in the operatory;
12. Sterilization and disinfection procedures in the laboratory;
13. Insurance and legal problems of Hepatitis B virus infected licensees; and
14. Hepatitis B virus vaccine.

Additionally, to obtain Board approval the program must also administer a written comprehensive examination covering each of the topics listed above which must be satisfactorily completed by a participant before the participant will be certified as having completed the program.

(b) Infected licensees will be monitored on a random basis at least once a year by Board approved consultants for the purpose of verifying compliance with sterilization, disinfection and barrier techniques. The monitors will verify compliance by utilizing the criteria set forth in Rule 64B5-25.005, F.A.C.

The random monitoring will be performed in addition to any checks conducted by any county health

department. The monitor's report shall be forwarded to the Board's Executive Director within 14 days of the monitor's visit.

(c) Infected licensees shall notify the patient, the Board's Executive Director and the local county health department at any time a barrier technique has been or may have been broken. The patient must be notified immediately. Telephonic notification must be accomplished within 24 hours and must be followed up by written notification no later than 72 hours after the barrier technique has been broken. Notification by the infected licensees shall include, at a minimum, the following information:

1. What barrier technique was broken;
2. Steps undertaken to notify affected patient; and
3. Steps undertaken to overcome the break in technique.

(3) A break in barrier technique includes but is not limited to any puncture, tear or cut in the gloves at any time during which contact with the patient is made or at any time a break, abrasion or cut of the skin occurs which could expose the patient to risk of infection.

(4) Each and every notice or report required pursuant to this rule or as a result of the application of this rule shall be confidential and exempt from the provisions of Section 119.07(1), F.S., as set forth in Section 466.041(3), F.S.

*Rulemaking Authority 456.032, 466.004(4) FS. Law Implemented 456.032, 466.028(1)(t), (v), (y), 466.041(3) FS. History–New 7-12-88, Amended 10-28-91, Formerly 21G-25.004, Amended 8-12-93, Formerly 61F5-25.004, 59Q-25.004.*

**64B5-25.005 Monitoring of Licensees Infected With the Hepatitis B Virus.**

(1) Licensees infected with the Hepatitis B virus will be monitored by Board approved consultants to verify compliance with accepted barrier techniques as set forth in Rule 64B5-25.004, F.A.C.

(2) Board-approved consultants acting as monitors shall be required to successfully complete a Board approved educational program for licensees infected with the Hepatitis B virus as described in Rule 64B5-25.004, F.A.C., prior to monitoring any licensee infected with the Hepatitis B virus.

(3) Monitors will perform their duties by making random, on-site visits at least once a year for a three (3) year period and at least tri-annually thereafter, to any clinical dental setting where an identified licensee infected with the Hepatitis B virus practices or is employed. The inspection and evaluation of compliance shall include the following procedures, the results of which must be reported to the Board's Executive Director within 14 days of the monitor's visit:

(a) Personal interviews with each member of the office staff regarding procedures which are followed in the clinical setting.

(b) Review of the dentist's appointment book to document the number of days the dentist has practiced since notification of being infected or the last evaluation, and the number of patients seen since that date.

(c) The number of boxes of examination and surgical protective gloves on hand and the number purchased since notification of infection or the last evaluation.

(d) The number and type of masks on hand and the number and type purchased since notification of infection or the last evaluation.

(e) A determination of whether all personnel since notification of infection or any new personnel since the last evaluation have been checked for surface antigens and surface antibodies and whether all personnel have been specifically educated regarding appropriate sterilization, disinfection and barrier technique necessary to prevent communication of the Hepatitis B virus.

(f) Identification and description of training provided and procedures and protocols utilized.

(g) A determination of whether all office personnel are familiar with procedures and reporting requirements which are necessary if a break in barrier techniques occurs.

(h) A determination of whether heat sterilization is routinely used and whether the heat sterilization is monitored monthly.

(i) A determination of the type of cold disinfectant used, its spectrum, brand name and chemical composition.

(j) A list of instruments and materials which are routinely cold sterilized and a determination of the efficacy of the procedures.

(k) Identification and documentation of any incidents of a break in barrier technique or potential breaks which were averted.

(l) Documentation of the monitor's conclusions regarding compliance which addresses the results of each of the procedures outlined above.

(4) Should a monitor determine that unreported breaks in barrier techniques have occurred, or should the monitor determine that appropriate sterilization, disinfection and barrier techniques have not been followed adequately to protect the public, the monitor shall so notify the Board's Executive Director by telephone within 24 hours of the on-site inspection and provide written confirmation within 72 hours.

*Rulemaking Authority 456.032, 466.004(4), FS. Law Implemented 456.032, 466.028(1)(t), (v), (y), 466.041(3) FS. History–New 7-12-88, Amended 10-28-91, Formerly 21G-25.005, 61F5-25.005, Amended 10-16-96, Formerly 59Q-25.005.*

**64B5-25.006 Emergency Suspension of Licensees Infected With the Hepatitis B Virus; Initiation of Complaints.**

(1) Upon notification that any of the following events have occurred, the Board's Executive Director shall request an emergency Probable Cause Panel meeting. The panel shall determine whether the Secretary of the Department should be requested to institute an emergency suspension of the licensee infected with the Hepatitis B virus pursuant to Section 120.60(8), F.S.

(a) A monitor's report that the infected licensee has failed to report any break in barrier technique or that the infected licensee has failed to follow appropriate sterilization, disinfection and barrier techniques in a manner which adequately protects the public.

(b) Failure of the infected licensee to have successfully completed the Board approved educational program as required by Rule 64B5-25.004, F.A.C.

(c) A confirmed report that the infected licensee has failed to report a break in barrier technique as required by Rule 64B5-25.004, F.A.C.

(d) A confirmed report that a licensee is infected with the Hepatitis B virus and has failed to report his or her status to the Board as required by Rule 64B5-25.004, F.A.C.

(2) The Executive Director may consult with any monitor for technical assistance and may request confirmation of a report from the Office of Investigative Services prior to requesting an emergency Probable Cause Panel Meeting or initiation of a complaint.

(3) The Executive Director shall initiate a complaint or confirm that a complaint has already been initiated when a report of a break in barrier technique or a report of violation of Rule Chapter 64B5-25, F.A.C., is received. The Board does not intend this provision to discourage timely and accurate reporting or to imply that disciplinary action against a licensee will routinely be initiated by the Department. It is the Board's intent to protect the public and the licensee by assuring that an adequate investigation is made of any reported violation so that an informed decision can be reached regarding the safety of the licensee's continued practice.

*Rulemaking Authority 455.601, 466.004(4) FS. Law Implemented 455.601, 466.028(1)(t), (v), (y) FS. History–New 7-12-88, Amended 10-28-91, Formerly 21G-25.006, 61F5-25.006, 59Q-25.006.*

**64B5-25.007 Disposition of Biohazardous Waste.**

(1) Licensees who generate biohazardous waste as defined by Chapter 64E-16, F.A.C., shall comply with the requirements of that chapter in order to maintain minimum sanitary conditions as required by Section 466.028(1)(v), F.S.

(2) Extracted teeth may be rendered non-biohazardous by disinfection so that they may be returned to the patient or the patient's legal guardian. Extracted teeth used for scientific, educational or testing purposes should first be cleaned of adherent patient material by scrubbing with detergent and water or by using an ultrasonic cleaner. Teeth should then be stored, immersed in a fresh solution of sodium hypochlorite (household bleach diluted 1:10 with tap water) or any liquid chemical germicide suitable for clinical specimen fixation.

(3) To render an extracted tooth non-biohazardous it must be decontaminated in accordance with the guidelines set forth in Rule 64B5-25.003, F.A.C.

(4) Extracted teeth and tissue fragments not required for microscopic examination shall be discarded

as biohazardous waste or as a sharp in accordance with Chapter 64E-16, F.A.C.

*Rulemaking Authority 456.032, 466.004 FS. Law Implemented 456.032, 466.028(1)(v), 466.041 FS. History–New 11-16-89, Amended 1-7-92, Formerly 21G-25.007, Amended 3-30-94, Formerly 61F5-25.007, 59Q-25.007.*

**64B5-25.008 Shipment to Dental Laboratories.**

Impressions, appliances and contaminated dental models sent to dental laboratories must be sealed in an impervious container and labeled "treat as infectious material" prior to shipment from a dental office.

*Rulemaking Authority 456.032, 466.004 FS. Law Implemented 456.032, 466.028(1)(v), (y), 466.041 FS. History–New 1-7-92, Formerly 21G-25.008, 61F5-25.008, 59Q-25.008.*

# RULE 64B27, FLORIDA ADMINISTRATIVE CODE
# DENTAL LABORATORIES
[Current as of July 1, 2016]

## CHAPTER 64B27-1
## DENTAL LABORATORIES

64B27-1.001 Dental Laboratory Inspections, and Practice and Procedure for Healthy and Safe Dental Laboratory Operation
64B27-1.002 Dental Laboratory Biennial Registration
64B27-1.003 Continuing Education Requirements

**64B27-1.001 Dental Laboratory Inspections, and Practice and Procedure for Healthy and Safe Dental Laboratory Operation.**

(1) Each dental laboratory registered by the Department of Health to operate in the State of Florida shall be subject to periodic inspections by Department personnel at least one time during the calendar year. Such inspections shall be conducted during regular business hours and may occur with or without notice.

(2) The following practice and procedure shall be implemented by each registered dental laboratory in the State of Florida and be subject to inspection pursuant to subsection (1) of this section. Each registered dental laboratory shall:

(a) Be clean and orderly and in good repair, with regard to normal fabrication procedures at time of inspection;

(b) All waste materials properly disposed of at the end of each day according to local restrictions;

(c) Maintain on the laboratory premises a copy of the laboratory registration so it is readily available for inspection by Department personnel;

(d) Maintain on the laboratory premises, for each separate appliance and for a period of four years, a work order from a licensed dentist authorizing construction or repair of the specified artificial oral appliance; and

(e) Maintain on the laboratory premises a written policy and procedure document on sanitation. Said policy shall include, but not necessarily be limited to:

1. Intake and disinfection procedure for each appliance, impression, bite, or other material posing a possible contamination risk received by the laboratory; and

2. Separate procedure for handling dental appliances, and impressions previously identified by the dentist, known to have come from carriers of the HBV and/or HIV virus.

(3) Each registered dental laboratory shall have a designated receiving area. The following procedure shall be followed in the receiving area:

(a) Work surfaces and counter tops shall be constructed of non-porous materials which shall be disinfected daily with a chlorine compound, a combination synthetic phenolic, or an iodophor solution that has been diluted according to the manufacturer's directions.

(b) Employees working in the receiving area shall wear disposable gloves, and as an option may wear a facial mask or protective eyewear.

(4) The following dental equipment and supplies shall not be permitted in a registered dental laboratory in this state:

(a) Dental chairs.

(b) X-ray machines.

(c) Anesthetics, sedatives, or medicinal drugs, other than personal prescriptions.

*Specific Authority 466.038 FS. Law Implemented 466.021, 466.036 FS. History–New 5-26-91, Formerly 21-29.001, 61E4-1.001, 59CC-1.001, Amended 8-6-06.*

**64B27-1.002 Dental Laboratory Biennial Registration.**

The Department shall issue a registration certificate entitling the holder to operate a dental laboratory for

a period of two years, after the Department has received from the registering person, firm, or corporation:

(1) The registration form DH-MQA 1228 (2/10), Dental Laboratory Registration Application, incorporated by reference, which can be obtained from the dental laboratory office, 4052 Bald Cypress Way, Bin C08, Tallahassee, Florida 32399-3258 or at www.doh.state.fl.us/mqa/dentistry.

(2) A biennial registration fee of $200.00, and

(3) The operator of a dental laboratory shall notify the Department of a change in ownership or address within 30 days. The closure of the laboratory constitutes a change of address. Failure to timely notify the Department of a change in ownership or address, including closure of a laboratory, is grounds to deny an application for registration of a laboratory.

*Rulemaking Authority 466.038 FS. Law Implemented 466.032(1), 466.033 FS. History–New 2-10-93, Formerly 21-29.002, 61E4-1.002, Amended 10-29-95, Formerly 59CC-1.002, Amended 1-9-02, 10-23-05, 4-5-10.*

**64B27-1.003 Continuing Education Requirements.**

(1) On or after July 1, 2010, each registered dental laboratory owner/operator or a designated employee must complete 18 hours of continuing education (CE) biennially. The owner/operator or agent as listed on the registration has the responsibility to ensure that the CE provider has submitted or the owner has self-submitted course completion information within the CE tracking system in accordance with rule Chapter 64B-5, F.A.C. The records retained by the laboratory to document completion of the required CE shall either include evidence that the owner/operator completed the course hours or that the course hours were completed by a designated employee who worked at the laboratory for at least one full year during the biennium as documented by time cards, pay stubs, or federal W-2 forms.

(2) Organizations, schools, and agencies that meet the criteria set in Section 466.032, F.S., and in this rule shall apply and will be granted approval to develop and offer continuing education courses in accordance with Rule 64B5-12.017, F.A.C.

(3) As part of the hours required biennially, the owner/operator or designated employee must complete two hours of coursework relating to the prevention of medical errors including root-cause analysis, error reduction and prevention, patient safety, infection control, and/or standards on employee safety required by state or federal laws or regulations.

(4) As part of the hours required biennially, the owner/operator or designated employee must complete a one to three hour course on the laws and rules that govern dental laboratories and dental technicians.

(5) Attendance at lectures, study clubs, college courses, conventions, and research shall be included for fulfillment of the CE requirement if sponsored for dentists or dental technicians by an approved provider or if approved by the executive director for dental laboratories and the Board of Dentistry as meeting the content requirements specified by law. For an up-to-date report on approved providers contact the office regulating dental laboratories at 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399, telephone number (850)245-4474.

(6) As part of the hours required biennially, the owner/operator or designated employee may satisfy up to four hours by the performance of pro bono services to the indigent or to underserved populations or in areas of critical need provided that the prescribing dentist is serving these populations and the patient beneficiary falls within one of these categories.

(7) The CE requirement does not apply to a dental laboratory physically located within the office of a licensed dentist.

*Rulemaking Authority 466.032, 466.038 FS. Law Implemented 456.013, 466.032 FS. History–New 5-21-09.*

## CHAPTER 64B27-2
## DISCIPLINE

64B27-2.001 Disciplinary Guidelines
64B27-2.002 Notice of Noncompliance for Minor Violations
64B27-2.003 Citation Authority
64B27-2.004 Mediation

**64B27-2.001 Disciplinary Guidelines.**

(1) The Department shall impose disciplinary penalties upon a determination that the holder of a registration certificate has violated any provision of Chapter 466 or 456, F.S., or any rules promulgated by the Department or the Board of Dentistry.

(2) Violations and Range of Penalties. In imposing discipline, the Department shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the severity and repetition of the violations as set forth below. The final order shall explain any mitigating or aggravating circumstances used to justify any deviation from the specified guidelines. The verbal identification of offenses are descriptive only; the full language of each statutory provision cited must be consulted in order to determine the conduct included. Any and all offenses listed are sufficient grounds for initial refusal of registration to an applicant.

In addition to the penalty imposed, the Department shall recover the costs of the investigation and prosecution of the case. In addition to any other penalty imposed, if the violation includes proof of fraud or fraudulent misrepresentation, the Department shall impose a penalty of $10,000 per count or offense.

(a) Attempting to renew or renewing by bribery, false representation or error (Sections 466.028(1)(a), 456.072(1)(h), F.S.). For an error, the first offense is a minimum fine of $200 to a maximum fine of $750. For a second offense the minimum fine is $500 and the maximum fine is $2,000. For bribery or false representation the penalty is revocation.

(b) Having a registration or license to operate a dental laboratory denied or acted against in another jurisdiction (Sections 466.028(1)(b), 456.072(1)(f), F.S.). First offense – From a minimum fine of $300 to a maximum fine of $2,000 and/or suspension of the license for up to five years. For a second or subsequent offense – From a minimum fine of $1,000 to a maximum fine of $10,000 and revocation.

(c) Any advertising or misleading advertising to dentists or using another's name (Section 466.028(1)(d) or (e), 466.035, F.S.). First offense – From a minimum fine of $500 to a maximum fine of $3,000 and/or one year of probation. For a second or subsequent offense – From a minimum fine of $750 to a maximum fine of $5,000 and/or suspension of the license for two years.

(d) Assisting unlicensed practice (Sections 486.028(1)(g), 456.072(1)(j), F.S.). First offense – From a minimum fine of $1,000 to a maximum fine of $5,000 and/or suspension for up to five years. For a second or subsequent offense – revocation and a fine of up to $5,000.

(e) Failing to perform any statutory or legal obligation (Sections 466.028(1)(i), 456.072(1)(k), F.S.). First offense – From a minimum fine of $300 to a maximum fine of $1,000 and/or probation for up to five years. For a second or subsequent offense – From a minimum fine of $750 and probation for six months to a maximum fine of $5,000 and/or revocation.

(f) Filing a false report (Sections 466.028(1)(j), 456.072(1)(l), F.S.). First offense – From a minimum fine of $500 to a maximum fine of $2,000 and or suspension for up to five years. For a second or subsequent offense – revocation.

(g) Making deceptive, untrue, or fraudulent representations (Sections 466.028(1)(l), 456.072(1)(m), F.S.). First offense – From a minimum fine of $1,000 and/or probation for two years to a maximum fine of $10,000 and/or revocation. For a second offense, from a minimum fine of $2,000 and/or probation for three years to a maximum fine of $10,000 and revocation. For a third or subsequent offense, revocation.

(h) Failing to keep dental records, specifically work orders for two years (Section 466.028(1)(m), F.S.). First offense – From a minimum fine of $1,000 and/or probation for three years to a maximum fine of $6,000 and/or suspension for up to three years. For a second or subsequent offense, from a minimum fine of $2,000 to revocation.

(i) Fraud, deceit or misconduct (Section 466.028(1)(t), F.S.). First offense – From a minimum fine of $500 and suspension for three months to a maximum fine of $10,000 and/or revocation. For a second or

subsequent offense, a fine of $10,000 and/or revocation.

(j) Failure to maintain sanitary conditions (Section 466.028(1)(u), F.S.). First offense – From a minimum fine of $350 to a maximum fine of $1,500 and/or suspension for one year. For a second or subsequent offense, from a fine of $750 to $5,000 and/or suspension for up to five years.

(k) Practicing beyond the scope permitted by law (Sections 466.028(1)(y), 456.072(1)(o), F.S.). First offense – From a minimum fine of $500 to a maximum fine of $5,000 and/or suspension for six months followed by one year of probation. For a second or subsequent offense, from a minimum fine of $1,000 to a maximum fine of $10,000 and/or revocation.

(l) Delegating professional responsibility to unqualified person (Section 466.028(1)(z), F.S.). First offense – From a minimum fine of $750 to a maximum fine of $5,000 and suspension for six months. For a second or subsequent offense, from a minimum fine of $2,500 to a maximum fine of $7,500 and/or revocation.

(m) Violation of an order or failure to comply with subpoena (Sections 466.028(1)(aa), 456.072(1)(q), F.S.). First offense – From a minimum fine of $500 to a maximum fine of $2,500 and/or suspension for three months. For a second or subsequent offense, from a minimum fine of $1,500 to revocation.

(n) Operating below the minimum standards of performance (Section 466.028(1)(ff), F.S.). First offense – From a minimum fine of $500 to a maximum fine of $1,500 and up to three years of probation. For a second or subsequent offense, from a fine of $1,500 to revocation.

(o) Failure to report action taken in another jurisdiction (Section 466.028(1)(ii), F.S.). First offense – From a minimum fine of $250 to suspension for three years. For a second or subsequent offense, a minimum fine of up to $1,000 and/or suspension for three years up to a maximum of revocation.

(p) Violating any pertinent statute or rule (Sections 466.028(1)(ll), 456.072(1)(dd), F.S.). First offense – From a minimum fine of $200 and/or three months probation to a maximum fine of $3,000 and suspension for up to three years followed by up to two years of probation. For a second or subsequent offense, from a minimum fine of $1,000 and three months suspension to a fine of $10,000 and/or revocation.

(q) Interfering with an investigation or inspection (Section 456.072(1)(r), F.S.). First offense – From a fine of $1,000 and one year of probation to revocation. For a second or subsequent offense a fine of $5,000 and/or revocation.

(r) Being convicted of or entering a plea to any misdemeanor or felony under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to Medicaid (Section 456.072(1)(ii), F.S.) misdemeanor: First Offense – From a minimum of one year of suspension followed by two years of probation and a fine of $1,000 to revocation and a fine of $10,000; felony: Revocation and a fine of $10,000.

(s) Failing to remit the sum owed for an overpayment from the Medicaid program or from a final order, judgment, stipulation, or settlement (Section 456.072(1)(jj), F.S.) First offense – from a minimum fine of $300 to a fine of $1,000 and from a reprimand to two years of probation. For a second or subsequent offense – from a minimum fine of $1,000 and six months probation to revocation and a fine of $10,000.

(t) Being terminated from a state Medicaid program or from the federal Medicare program unless participation eligibility restored (Section 456.072(1)(kk), F.S.) First offense – from a minimum fine of $500 and a reprimand to a maximum fine of $5,000 and revocation. For a second or subsequent offense – from a minimum fine of $2,000 and two years probation to revocation and a fine of $10,000.

(u) Being convicted of or entering a plea to any misdemeanor or felony relating to health care fraud (Section 456.072(1)(ll), F.S.) First offense misdemeanor – a fine of $10,000 and two years of probation to a fine of $10,000 and revocation; felony – a fine of $10,000 and revocation.

(3) The range of disciplinary penalties which the Department is authorized to impose includes those set forth in Sections 466.037 and 456.072, F.S. In determining the appropriate disciplinary action to be imposed in each case, the Board shall take into consideration the following mitigating and aggravating factors:

(a) The danger to the public;

(b) The length of time since the date of the violation;

(c) The number of previous disciplinary cases filed against the certificate holder or registrant;

(d) The length of time the laboratory has been in business;
(e) The actual damage to the dentist or the patient;
(f) The deterrent effect of the penalty imposed;
(g) The effect of the penalty upon the certificate holder's or registrant's livelihood;
(h) Improvement or correction efforts;
(i) Any other mitigating or aggravating circumstances.

(4) Stipulation or Settlements. The provisions of this rule are not intended and shall not be construed to limit the ability of the Department to dispose informally of disciplinary actions by stipulation, agreed settlement, or consent order pursuant to Section 120.57(4), F.S.

(5) Other Action. The provisions of this rule are not intended to and shall not be construed to limit the ability of the Department to pursue collateral civil or criminal actions when appropriate.

*Rulemaking Authority 466.038 FS. Law Implemented 456.072, 456.079, 466.028, 466.037 FS. History–New 3-28-05, Amended 10-28-10, 11-2-15.*

**64B27-2.002 Notice of Noncompliance for Minor Violations.**

The Department shall issue a notice of noncompliance as a first response to a minor violation. Failure of the registration certificate holder to take action to correct the violation within 15 days shall result in either the issuance of a citation when appropriate or the initiation of regular disciplinary proceedings. The minor violations which result in a notice of noncompliance are:

(1) Failure to notify of a change of address within 30 days as required by Section 466.034, F.S.

(2) Failure to renew registration by the February 28 biennial renewal date provided that the establishment was not in operation without an active registration.

*Rulemaking Authority 120.695, 456.073(3) FS. Law Implemented 120.695, 456.073(3), 466.032 FS. History–New 3-28-05, Amended 7-28-09.*

**64B27-2.003 Citation Authority.**

(1) Unless otherwise specified, all citation violations must be corrected within 60 days.

(2) The following violations with accompanying penalty may be disposed of by citation with the specified penalty:

(a) Failure to notify of a change of address within 30 days as required by Section 466.034, F.S., $100 fine.

(b) Operating on a delinquent license under Section 466.032, F.S., $200 fine.

(c) Advertising or operating a laboratory under the name of another laboratory under Section 466.028(1)(e), F.S., $200 fine.

(d) Failure to maintain on the premises a copy of the laboratory registration provided that the laboratory is properly registered under paragraph 64B27-1.001(2)(c), F.A.C., $150 fine.

(e) Failure to maintain on the premises a written policy and procedure on sanitation under paragraph 64B27-1.001(2)(e), F.A.C., provided that this required policy document is provided to the inspector within 20 days, $150 fine.

(f) A single instance of waste materials not being disposed of properly under paragraph 64B27-1.001(2)(b), F.A.C., $100 fine.

(g) Failure of the owner or a designated employee to complete five or fewer hours of approved required continuing education courses within the biennium, $200 fine.

(h) Failure of the owner or a designated employee to complete six to 18 hours of approved required continuing education courses within the biennium, $500 fine.

(3) When an initial violation for which a citation could be issued occurs in conjunction with a violation for which a citation could not be issued, the procedures of Section 456.073, F.S., shall apply.

*Rulemaking Authority 456.077 FS. Law Implemented 456.072(4), 456.077, 466.032 FS. History–New 3-28-05, Amended 7-28-09.*

**64B27-2.004 Mediation.**

(1) "Mediation" means a process whereby a mediator appointed by the Department acts to encourage and facilitate resolution of a legally sufficient complaint. It is an informal and nonadversarial

process with the objective of assisting the parties to reach a mutually acceptable agreement.

(2) For purposes of Section 456.078, F.S., the Board designates as being appropriate for mediation:

(a) First time violations of Section 456.032, F.S., by the issuance to the Department of a check not supported by sufficient funds.

(b) First time disputes or issues with regard to whether the registration certificate holder provided the necessary information to carry out the purposes of Chapter 466, F.S., including proof of having the necessary equipment and supplies in the appropriate condition as required by Section 466.036, F.S.

(c) First time disputes or issues with regard to whether the registration certificate holder is in violation of Rule 64B27-1.001, F.A.C.

*Rulemaking Authority 456.078 FS. Law Implemented 456.078 FS. History–New 3-28-05.*