

**BOARD OF DENTISTRY  
COUNCIL ON DENTAL HYGIENE AGENDA  
VIA TELEPHONE CONFERENCE CALL**

**JULY 9, 2014**

**6:00 P.M. EDT**

**Call In Number (888) 670-3525, Participant Pass Code: 5805370981**

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\*To connect to the conference call, dial the following number: 888-670-3525 a minute or two prior to the start time of the meeting. You will then be prompted to enter a "participant pass code", which is 5805370981, followed by the # sign.

Please mute your line. Press \*6 to mute/unmute the line.

DRAFT

**BOARD OF DENTISTRY  
COUNCIL ON DENTAL HYGIENE  
VIA TELEPHONE CONFERENCE CALL  
AUGUST 6, 2013  
6:00 P.M. EDT**

**Call In Number (888) 670-3525, Participant Pass Code: 5805370981**

**CALL TO ORDER/ROLL CALL**

Members present:

Cathy Cabanzon, R.D.H, Chair  
Dr. Robert Perdomo  
Ms. Maria Delacruz, R.D.H  
Ms. Irene Stavros, R.D.H.  
Dr. Carol Stevens, Advisor

Dr. Britten, Board Member  
Anthony Martini, Board Member  
Angela Sissine, Board Member  
Jackie Burt-McDonough, FDHA  
Helen Douglas, FDHA  
Mary Pellitier  
Ron Watson, FDA  
Dr. Don Illka, FDA  
Dr. Haddix, University of Florida  
Laura Justice  
Dr. Elvira Chicarelli  
Dr. Mark Romer, LeeCom  
Dr. VanOvost, Indian River State College  
Ileano Pino, FADA  
Nancy Zinser, Palm Beach State College  
Sid Beitler, Palm Beach State College  
JoAnn Weatherwax, President FDHA

Members absent:

Ms. Elizabeth Behrens, R.D.H.  
Tim Pyle, Advisor

Staff present:

David Flynn, Esq., Board Counsel  
Sue Foster, Executive Director  
Cindy Ritter, Program Administrator

Others present:

Dr. Gesek, Board Chair  
Dr. Thomas, Board Member  
Ms. Cabanzon requested that two letters from St. Petersburg College be added to the agenda and the request was approved by the Council members.

**REVIEW OF DECEMBER 17, 2012 MINUTES**

The December minutes were reviewed and following review, the following action was taken by the Council:

Motion: by Dr. Perdomo to approve as presented  
Second: by Ms. Stavros  
Vote: unanimous

**ITEMS FOR TOPIC DISCUSSION**

**Non-sedated patient**

1. Email from Alexander Van Ovost, DDS, Indian River State College
2. Letter from Florida Dental Association
3. Letter from Florida Dental Hygiene Association (FDHA)

The FDHA submitted a letter with proposed changes to rules 64B5-14.001, 14.003 and 16.006, FAC.

Council on Dental Hygiene Minutes  
August 6, 2013  
Page 1 of 2

## DRAFT

The Council members received input from associations, board members and other interested parties. The position of the Florida Dental Association is that the statute s. 466.017, F.S., is clear in that it says "non-sedated patient". There was discussion on whether the use of nitrous oxide is considered a sedative. Following discussion, the Council took the following action:

Motion: by Dr. Perdomo to accept the proposed rule from the FDHA identifying nitrous oxide as an analgesic and not a sedative for the purpose of local anesthetic administration by a certified registered dental hygienist.

Second: by Ms. Stavros

Vote: unanimous

### **Local Anesthesia Curriculum – Didactic Methods**

#### **Presentation by Mr. Sid Beitler, Director of E-Learning at Palm Beach State College/E-Learning Policies and Procedures**

### **Letter from Florida Allied Dental Educators**

Motion: by Ms. Cabanzon to allow the original motion to stand that was taken at the full board meeting on August 12, 2012.

Second: by Dr. Perdomo

Vote: unanimous

This motion would allow the statute to govern the curriculum, the schools could determine their own breakdown using the statutory guidelines, and the board would not need to promulgate additional rules regarding the local anesthesia coursework for dental hygienists.

### **FOR YOUR INFORMATION**

A copy of s. 466.017, F.S. was included in the agenda materials for reference.

### **OLD BUSINESS**

None

### **NEW BUSINESS**

None

### **ADJOURNMENT**

The meeting was adjourned at 7:06 p.m.



**Rule Draft 64B5-12.013, FAC, Continuing Education Requirements**

The Board reviewed the rule draft regarding dentists and dental hygienists requirement to take a 2 hour laws and rules course each biennium beginning March 1, 2014. Following review of this draft, the following action was taken by the Board:

Mr. Don Illka, Florida Dental Association, stated the FDA could provide services to the board to publicize rule changes, offer CE, etc.

Motion: by Dr. Gesek to send the request to the Council on Dental Hygiene and Rules Committee for further discussion

Second: by Dr. Thomas

Vote: unanimous

**TOPIC DISCUSSION**

**Diagnostic Skills Examination (Computer Based Testing) as it relates to ADEX taken in another jurisdiction other than Florida**

Ms. Foster advised that the Diagnostic Skills Examination (DSE) is a computer based examination administered by Prometric in hundreds of testing centers across the United States. She asked if the board could put on record that applicants may take this CBT exam anywhere in the US and not be subject to additional requirements as long as the clinical portion is completed in Florida.

Motion: by Dr. Thomas to allow candidates to sit for the DSE in other jurisdictions

Second: by Dr. Winker

Vote: unanimous

**FOR YOUR INFORMATION**

**Letter from North East Regional Board re Score Reporting  
Joint Staff Report on the Corporate Practice of Dentistry  
Count of Licensees with Violations Found, January 2003-December 2012  
Count of Violations Found, January 2009-December 2012**

Ms. Rodgers, Assistant General Counsel, Prosecution Services, included a report of disciplinary cases for members in the file folder.

- 153 complaints under review by prosecutor
- 101 complaints drafted for probable cause
- 22 complaints with finding of probable cause
- 43 complaints with supplemental requests
- 47 litigation requests
- 4 cases at DOAH
- 20 cases awaiting final action
- 2 cases on appeal

**DISCIPLINARY PROCEEDINGS**

**Kevin Garrett Brooks, DMD; Case No 2012-15248, Settlement  
Request for continuance**

A continuance was granted in this case.

**Proposed Draft of Amendments to Rule 64B5-12.013, F.A.C.**

**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. Beginning with the biennium ending in 2015, each licensed dentist shall complete a two hour course on the laws and rules that govern the practice of dentistry in Florida. To receive Board approval, each course must include content on Chapters 456 and 466 of the Florida Statutes and the rules in Chapter 64B5 of the Florida Administrative Code.

(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. Beginning with the biennium ending in 2015, each licensed dental hygienist shall complete a two hour course on the laws and rules that govern the practice of dental hygiene in Florida. To receive Board approval, each course must include content on Chapters 456 and 466 of the Florida Statutes and the rules in Chapter 64B9 of the Florida Administrative Code.

(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.

level to include one ~~person man~~ CPR, two ~~person 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), 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) through (d) No Change.

(4) through (5) No Change.

*Rulemaking Authority 466.004(4), 466.017(3), (6) FS. Law Implemented 466.017(3), (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 59G-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).*

Motion: by Dr. Thomas to approve the draft

Second: by Dr. Perdomo

Vote: unanimous

Motion: by Dr. Winker that these changes will not have an adverse impact on small business

Second: by Dr. Perdomo

Vote: unanimous

Motion: by Dr. Thomas that will not have adverse impact or costs over \$200,000 in the aggregate

Second: by Dr. Winker

Vote: unanimous

**Recommendations from the Council on Dental Hygiene  
Sedated Patient and the Use of Local Anesthesia**

The Council's recommendation was to accept the proposed rule from the Florida Dental Hygiene Association identifying nitrous oxide as an analgesic and not a sedative for the purpose of local anesthetic administration by a certified registered dental hygienist.

Dr. Gesek read into the record rule draft 64B5-14.002, adding a new subsection (9).

Motion: by Dr. Stevens to send the draft rules to the Council on Dental Hygiene to review and to ask the Council to reconsider their approval of the FDHA language.

Second: by Dr. Winker

Vote: unanimous

The board discussed vacating vote in May however board declined to reconsider.



Florida

Florida Dental Hygiene Association

Advocates for Healthy Mouth, Healthy Body

June 26, 2013

*Pulled from  
8-6-13 Council  
agenda @v*

Department of Health  
Florida Board of Dentistry  
4052 Bald Cypress Way  
Bin C-08  
Tallahassee, FL 32399-3258

RE: Rules Relating to the Administration of Local Anesthesia

Florida Board of Dentistry Members ("Board"):

On behalf of the Florida Dental Hygiene Association (FDHA), I am writing this correspondence in response to a letter from the Florida Dental Association ("FDA") to the Board proposing to restrict the administration of local anesthesia by Florida dental hygienists. The Florida Dental Hygiene Association (FDHA) feels strongly that the 2012 legislation (Senate Bill 1040) authorizing the administration of local anesthesia by a dental hygienist is intended to improve dental office efficiency. Adopting the proposed rule offered by the FDA could run contrary to that objective in many dental offices. As such, we request that the Board amend the rules relating to the administration of local anesthesia by stating, a patient who is administered nitrous-oxide inhalation analgesia is nonsedated for purposes of section 466.017, F.S. Further, that a dental hygienist should be able to administer local anesthesia on a patient prescribed anxiolysis for life function by their physician.

We concur with the FDA in that the statute (section 466.017 (5)) clearly authorizes hygienists to administer local anesthesia only to non-sedated patients. The Board rules (64B5-14.001) provide several definitions of different types of sedation and separately define nitrous-oxide inhalation analgesia.

Anxiolysis is by rule defined as minimal sedation when prescribed prior or during dental procedures. However, a dental hygienist should not be prevented from administering local anesthesia on a patient who has been prescribed anxiolysis for life function and not solely for dental procedures.

PO Box 13675 - Tallahassee, FL 32317  
(860) 896-0603 phone; (860) 896-0604 fax  
[www.fdha.org](http://www.fdha.org)



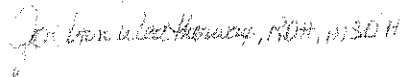
Florida statutes are clear that the Board has the rule making authority to regulate sedation and anesthesia. Specifically, section 466.017 (3) (a-e), F.S.

It is also important to note that the administration of local anesthesia by a dental hygienist requires direct supervision. According to 64B5-16.001 (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.

Further, the Board and Council on Dental Hygiene previously addressed these issues and voted unanimously to allow a dental hygienist to administer local anesthesia on a patient under nitrous oxide analgesia. See February 22, 2013 Board of Dentistry General Business Meeting minutes. The Council also requested the Board update Rule 64B5-14.001, F.A.C. regarding the definition of a non-sedated patient, minimal sedation and anti-anxiety medications.

The enclosed FDHA proposed rule changes are submitted for Board consideration. We look forward to working with the Board to implement rules consistent with Florida statutes and the legislative intent of the law.

Regards,



Jo Ann Weatherwax, RDH, MSDH  
President

Enclosure

**Florida Dental Hygiene Association  
Proposed Rule Change**

**64B5-14.001 Definitions.**

(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. A patient who is administered nitrous-oxide inhalation analgesia is nonsedated for purposes of section 466.017, F.S.

(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 opioid 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 anxiety relief. A dental hygienist shall not be prevented from administering local anesthesia on a patient who has been prescribed anxiety relief by a physician for life function.

**64B5-14.003 Training, Education, Certification, and Requirements for Issuance of Permits.**

(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 patient who is administered nitrous-oxide inhalation analgesia is nonsedated for purposes of section 466.017, F.S.

**64B5-16.006 Remediable Tasks Delegable to a Dental Hygienist.**

(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; A patient who is administered nitrous-oxide inhalation analgesia is nonsedated for purposes of section 466.017, F.S. and
3. The CRDH may administer intraoral block and soft tissue infiltration anesthesia.

PO Box 13675 - Tallahassee, FL 32317  
(860) 896-0603 phone; (860) 896-0604 fax  
www.fdha.org

## 64B5-14.002 Prohibitions

I. **Add a new subsection (9) to read as follows:**

A hygienist certified by the board to administer local anesthesia shall not administer local anesthesia to patients 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 treating 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 direct supervision of the supervision dentist. If the medicinal 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 that patient.

II. **Add a new subsection (10) to read as follows:**

Since a dental hygienist may only administer local anesthesia under the direct supervision of a licensed dentist, which requires the supervising dentist to approve the procedure before performed and required the supervision dentist to approve the procedure after the performance and prior to dismissal, a hygienist may only administer local anesthesia to a single patient and may not administer local anesthesia to another patient until the first patient is properly discharged.

Proposed Rule Amendment

The underlined language is a recommended addition to the current rule.

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

(1) Practical or Clinical Examination:

(a) through (c) No Change

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

(2) through (4) No Change

*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.*

**Request for rule change to agree with statute; removing the time limit on the NBDE or NBDHE.**

**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 ~~within 10 years~~ prior to application; or that the National Board of Dental Hygiene Examination has been successfully completed ~~within 10 years~~ prior to application.

(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)(a) The Applicants applying for licensure under Section 466.007(2)(b)2., F.S., whose applications do not indicate they have obtained Dental Hygiene clinical education to the level of the clinical experience required by an American Dental Association (ADA) accredited Dental Hygiene program in the areas set forth in paragraph (10)(b) below, who have failed the initial examination,

shall be required to obtain remedial coursework in those designated areas that the applicant has not successfully completed that would meet the ADA clinical requirements at an ADA accredited dental or dental hygiene school, before being permitted to re-take the dental hygiene examination. Such additional coursework shall be obtained from a program accredited by the ADA, only after the applicant satisfies and the Board approves the education and testing requirements of subsections (3) through (9) above. Such additional coursework must be obtained by the applicant and approved by the Board prior to the applicant being allowed to sit for the Dental Hygiene examination.

(b) The accredited clinical coursework referenced in paragraph (a) above shall be in the following areas:

1. Radiology: 15 hours didactic and 10 hours lab/clinical;
2. Prophylaxis Performance: 25 hours didactic and 100 hours clinical;
3. Infection Control: 10 hours didactic and 10 hours clinical;
4. Periodontal Therapy: 20 hours didactic and 30 hours clinical;
5. Pharmacology: 15 hours didactic and 10 hours clinical;
6. Biomedical Sciences: 10 hours didactic;
7. Clinical History Management: 10 hours didactic;
8. Special Patient Care: 5 hours didactic and 10 hours clinical; and
9. Training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the use of an automatic external defibrillator (AED); and the use of ambu-bags. All such training shall be sufficient for and shall result in current certification or re-certification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.

(c) The additional coursework required by paragraphs (10)(a) and (10)(b) of this rule must be obtained and approved by the Board prior to the applicant being allowed to sit for the Dental Hygiene examination.

(11) 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.*

**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 burlaw 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) Monitor 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.*



June 26, 2014

Department of Health  
Florida Board of Dentistry  
4052 Baid Cypress Way  
Bin C-08  
Tallahassee, FL 32399-3258

RE: Council on Dental Hygiene Agenda Items

Dear Board of Dentistry,

The Florida Dental Hygiene Association would like to request the following agenda items for the next Council on Dental Hygiene conference call:

1. 64B5-2.0144 (10)(a) - Request for information regarding the process for applicants from unaccredited Dental Schools or Colleges who fail the ADEX examination and re-apply to NERB for a second time.
2. 64B5-16.0075 – Proposed amendment to add a new (3).  
Justification: The rule requires patient and dental hygienist identifying information in (2) and is applicable to individual patient services; however, for population level data collection for epidemiological surveys or oral health surveillance the data collection forms are only used for data entry and analysis.
3. 64B5-12.016 (4) – Proposed amendment.  
Justification: Practice management is an important part of private practice, public health and non-profit dentistry where all team members attend course/s together to improve the efficiency and management of practice settings. The proposed amendment will permit dental hygienists to earn up to three hours in practice management for license renewal purposes.

Sincerely,



Karen Hodge, RDH, MHSc  
President, 2013-2014  
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Enclosures

PO Box 13675, Tallahassee, FL 32317  
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**64B5-16.0075 Dental Charting by Dental Hygienists.**

(1) Pursuant to Section 466.0235, F.S., a Florida licensed dental hygienist is permitted to, without supervision and within the lawful scope of their 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 Section 466.003, F.S., and epidemiological surveys for public health. A Florida licensed dental hygienist is permitted to perform dental charting on a volunteer basis at health fairs.

(2) 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, temporomandibular 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.

(3) Dental hygienists collecting data for epidemiological surveys or oral health surveillance may use the data collection forms without identifying patient information or the name, license number, and place of employment of the dental hygienist.

~~(3)~~ (4) Dental hygienists are not permitted to receive direct reimbursement for dental charting performed under Section 466.0235, F.S., and this rule by Medicaid, health insurers, health maintenance organizations, prepaid dental plans, or other third-party payors beyond what is otherwise allowable by law.

~~(4)~~ (5) All referrals made in conjunction with the provision of dental charting services under Section 466.0235, F.S., and this rule shall be in strict conformance with federal and state patient referral, anti-kickback, and patient brokering laws.

~~(5)~~ (6) A dental hygienist performing dental charting without supervision shall not be deemed to have created either a patient of record or a medical record.

**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 Section 466.0135(1)(c), F.S.

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.