How to Use the Following Charts

View which job designations are used in your state.

Be sure to follow the legal requirements to perform dental radiographic procedures.

See which tasks are not permitted by state law.

Review all the allowable tasks for each level of dental assisting as published in the state practice act.

The numbers next to each task correspond to the 70 numbered tasks that were identified and used in the DANB/ADAA Core Competencies Study. Tasks that are not numbered do not directly match one of the 70 tasks, yet are identified by the state in the practice act. A full list of those tasks follow your state’s chart.

See Appendix A for more information about the task numbering system.

Compare your state’s job designations to those used as standardized job titles in the DANB/ADAA Core Competencies Study.

If your state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted below the chart. See Appendix B for more information about supervision.

These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state’s dental board at least annually regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state’s dental board.

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To earn NM certification as an expanded function dental auxiliary (EFDA), one must:
- Complete an accepted EFDA course in a program approved by the board or accredited by CODA, OR
- Have a minimum of five years, 1000 hours per year, continuous employment as a dental assistant or dental hygienist and complete a course of study in subject areas prescribed by the board, including a post-test approved by the board and obtain a recommendation for EFDA certification from a supervising dentist
- AND complete certification in radiography, rubber cup coronal polishing and application of topical fluoride and pit and fissure sealant expanded functions
- AND pass a clinical exam accepted by the board for EFDA certification
- AND Earn a 75% score on the NM jurisprudence exam
- AND Apply for an apprenticeship permit from the NM Board of Dental Health Care
- AND Complete an apprenticeship within 180 days
- AND Return permit and signed affidavit to NM Board of Dental Health Care, which will then issue EFDA certificate

*Note: A new rule effective 3/13/18 specifies that all current EFDA permit holders must earn the four state certificates in expanded functions no later than 7/1/19. EFDA permits will be suspended automatically if the expanded functions certifications are not current, and once they are earned, the EFDA permit will become valid until its regular expiration date.

To legally operate dental x-ray equipment and perform dental radiographic procedures in New Mexico, a dental assistant must be certified. To obtain this certification, one must:
- Study by independent preparation or in a training course on radiation health and safety within the past 36 months
- AND
- Have assisted with or observed five cases of full mouth series intraoral radiographs (or five extraoral radiographs, if applying for limited certificate)
- AND
- Pass the national DANB Radiation Health and Safety (RHS) exam
- Apply to the NM Board of Dental Health Care for a training permit, valid for six months
- AND
- Pass a state radiography clinical exam, within six months of passing the DANB RHS exam
- AND
- Pass the New Mexico jurisprudence exam (take-home)
- AND
- Apply to the NM Board of Dental Health Care for certification to perform radiography

The following functions are not permitted by any level of dental assistant:
46. Final impressions, to include physical and digital impressions, for restorations or prosthetic appliances*
- Removal of, or addition to, the hard or soft tissue of the oral cavity
- Diagnosis and treatment planning
- Initial fitting and adaptation of prostheses
- Final fitting, adaptation, seating and cementation of any fixed or removable dental appliance or restoration, including but not limited to inlays, crowns, space maintainers, habit devices, anti-snoring or sleep apnea appliances, or splints
- Irrigation and medication of canals, cone try-in, reaming, filing or filling of root canals
- Other services defined as the practice of dentistry or dental hygiene
- Bleaching or whitening teeth without the direct or indirect supervision of a dentist
- Laser-assisted nonsurgical periodontal treatment

*This task is prohibited for dental assistants and dental assistants with state certification in expanded functions. EFDA's are permitted, under direct supervision, to take impressions, including digital impressions, for permanent fixed or removable prosthetics involving single teeth; EFDA's are prohibited from taking final impressions for multiple units of crowns, bridges, cast framework, partial dentures, or full dentures final impressions.

To perform expanded functions under the general supervision of a licensed dentist in New Mexico, a dental assistant must earn state certification. To qualify, one must:

**Rubber cup coronal polishing and application of topical fluoride:**
- Study by independent preparation or in a training course in the functions and assist with/observe five cases of rubber cup coronal polishing on children and adults and five applications of topical fluoride and
- Pass DANB's national Coronal Polish (CP) exam and DANB's Topical Fluoride (TF) exam and
- Apply to the NM Board of Dental Health Care for advanced certification in coronal polishing and application of topical fluoride and
- Pass the state jurisprudence exam (take-home) and
- Perform rubber cup coronal polishing on five adults and children and application of topical fluoride on five children while being personally observed by a dentist, dental hygienist, or a dental assistant certified in rubber cup coronal polishing and topical fluoride.

**Pit and Fissure Sealants:**
- Have 2,080 hours of dental assisting chairside experience in the two years prior to application and
- Study by independent preparation or in a training course in the function and
- Assist with/observe 12 pit and fissure sealant applications and
- Pass DANB's National Sealants (SE) exam and
- Apply for advanced certification in pit and fissure sealants to the NM Board of Dental Health Care and
- Pass the NM jurisprudence exam (take-home) and
- Apply pit and fissure sealants on five patients while being personally observed by a licensed dentist or dental hygienist

**Expanded Function Dental Auxiliary (EFDA):**
- Holders of state certification in dental assisting expanded functions and EFDA's must have formal training in infection control from a course approved in accordance with New Mexico Board of Dental Health Care rules and regulations.

**DANB Certified Dental Assistant (CDA) or Registered Dental Assistant:**
- The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.
- The same study utilized a list of 70 job functions which were determined to be representative of a broad range of dental assisting core competencies.
- Functions in this state that relate to the national DANB/ADAA Core Competencies Study are numbered to the right, using language directly from this state’s dental practice act. (The numbers correspond to the study’s task numbering system.)

**Entry Level Dental Assistant:**
- These state templates reflect the work done by the ADAA/DANB Alliance to support a uniform national model for one set of dental assisting tasks, levels and requirements, which will serve as a viable career ladder for dental assistants.
- The following functions are not permitted by any level of dental assistant:
- Final impressions, to include physical and digital impressions, for restorations or prosthetic appliances*
- Removal of, or addition to, the hard or soft tissue of the oral cavity
- Diagnosis and treatment planning
- Initial fitting and adaptation of prostheses
- Final fitting, adaptation, seating and cementation of any fixed or removable dental appliance or restoration, including but not limited to inlays, crowns, space maintainers, habit devices, anti-snoring or sleep apnea appliances, or splints
- Irrigation and medication of canals, cone try-in, reaming, filing or filling of root canals
- Other services defined as the practice of dentistry or dental hygiene
- Bleaching or whitening teeth without the direct or indirect supervision of a dentist
- Laser-assisted non-surgical periodontal treatment

*This task is prohibited for dental assistants and dental assistants with state certification in expanded functions. EFDA's are permitted, under direct supervision, to take impressions, including digital impressions, for permanent fixed or removable prosthetics involving single teeth; EFDA's are prohibited from taking final impressions for multiple units of crowns, bridges, cast framework, partial dentures, or full dentures final impressions.
The process under which an act is performed when a dentist licensed pursuant to the Dental Health Care Act: (1) is physically present throughout the performance of the act; (2) orders, controls and accepts full professional responsibility for the act performed; and (3) evaluates and approves the procedure performed before the patient departs the care setting.
# New Mexico (Community Dental Health Coordinator)

## Education/Training/Credential Required

To work as a Community Dental Health Coordinator (CDHC) in New Mexico, one must obtain certification from the New Mexico Board of Dental Health Care.

To qualify, an applicant must:

- Have a high school diploma or equivalent, or a college-level degree **AND**
- Have New Mexico certification in radiography, rubber cup coronal polishing, and application of topical fluoride and pit and fissure sealant expanded functions (see p. 92 of this publication for requirements) **AND**
- Complete the New Mexico jurisprudence exam with a score of at least 75% **AND**
- Successfully complete a CDHC program approved by the NM Board of Dental Health Care

CDHCs must have formal training in infection control from a course approved in accordance with New Mexico Board of Dental Health Care rules and regulations.

## Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in New Mexico, a Community Dental Health Coordinator **must be certified**. To obtain this certification, one must:

- Study by independent preparation or in a training course on radiation health and safety within the past 36 months **AND**
- Have assisted with or observed five cases of full mouth series intraoral radiographs (or five extraoral radiographs, if applying for limited certificate) **AND**
- Pass the national DANB Radiation Health and Safety (RHS) exam **AND**
- Apply to the NM Board of Dental Health Care for a training permit, valid for six months **AND**
- Pass a state radiography clinical exam, within six months of passing the DANB RHS exam **AND**
- Pass the New Mexico jurisprudence exam (take-home) **AND**
- Apply to the NM Board of Dental Health Care for certification to perform radiography

The CDHC workforce model was developed by the American Dental Association (ADA) to address access to care issues among underserved U.S. populations. Currently, New Mexico is the only state that has formally adopted the Community Dental Health Coordinator model.

The CDHC model contemplates multiple career paths for those desiring to work as Community Dental Health Coordinators. For dental assistants who may aspire to the CDHC designation, the career ladder would contain these standardized job titles that appear at left.

Some functions in the ADA/DANB Alliance’s dental assisting Core Competencies Study are included in the scope of practice for CDHCs. The study utilized a list of 70 job functions which were determined to be representative of a broad range of dental assisting core competencies.

Functions for this workforce member that relate to the national DANB/ADAA Core Competencies Study are numbered to the right, using language directly from this state’s dental practice act. (The numbers correspond to the study’s task numbering system.)

Functions listed with bullets are part of this state’s practice act but are not specific matched to DANB/ADAA research.

## Functions NOT Permitted by CDHCs in NM

CDHC may not perform any other procedure, duty or function under any level of supervision that is not expressly listed as allowable.
### Allowable Functions

*Functions with numbers relate specifically to Core Competency designations; functions with bullets are in this state’s practice act but are not specific matches to DANB research*

<table>
<thead>
<tr>
<th>Job Title According to State of NM</th>
<th>Allowable Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Dental Health Coordinator (CDHC)</td>
<td>(CDHC)</td>
</tr>
</tbody>
</table>

#### General Supervision*

9. Rubber cup coronal polishing (not to be represented as a prophylaxis)**

18. Topical application of fluorides**

22, 52. Expose and develop necessary radiographs as ordered by the supervising dentist or as established in protocol by a supervising dentist

40. Application of pit and fissure sealants**

50. Place temporary and sedative restorative materials in unexcavated carious lesions and unprepared tooth fractures

- Take a complete health and dental history
- Observe and transmit patient data through teledentistry means to a dentist
- Transmit prescription or medication orders on the direct order of a dentist
- Act as an advocate for patients and the community in accessing dental care

- Provide the following limited palliative procedures:
  - 24. Instruct the patient on brushing, flossing, gingival massage or cleaning for gingival inflammation or infection
  - Application of hot/cold compresses to the face and mouth
  - Instruct patient in the use of various rinses containing salt, sodium bicarbonate, chlorhexidine, etc. as ordered by the dentist
  - Place avulsed teeth in the proper preservation solution for transport to a dentist
  - Apply pressure compresses to intraoral wounds
  - Perform any other palliative procedures as directly instructed by the supervising dentist, and within the scope of practice of the CDHC

** when previously authorized by the supervising dentist or dental hygienist and cavitation of the enamel is not present

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**General Supervision:** Authorization by a dentist of the procedures to be used by a community dental health coordinator and the execution of the procedures in accordance with the dentist’s diagnosis and treatment plan at a time the dentist is not physically present and in the facility as designated by rules of the board.
Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The numbered functions listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state’s dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with bullets in the preceding charts are part of the state’s practice act but are not specific matches to the functions that were included in the 2002-2005 study.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post-surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in archwires
16. Demonstrate knowledge of ethics/jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim, and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/armamentaria set-ups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown

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An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified five levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2010: 505) which is part of its Current Policies, last updated in 2018. Note that “allied dental personnel” refers to dental assistants, dental hygienists, community dental health coordinators and dental laboratory technicians.

The five levels of supervision defined by the ADA are as follows:

**Personal supervision:** A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

**Direct supervision:** A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and evaluates their performance before dismissal of the patient.

**Indirect supervision:** A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnosed and treatment planned the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

**General supervision:** A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

**Public Health Supervision:** A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA’s “Comprehensive Policy Statement on Allied Dental Personnel” stipulates that intraoral expanded functions should be performed by allied dental personnel “under the supervision of a dentist.”

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance does not make any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that, while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA’s own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

**For the purposes of the attached charts, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the footer of the second page of the state chart.**