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.

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.
To perform **expanded functions** in Oklahoma under the direct supervision of a licensed dentist, a dental assistant must obtain a permit for each expanded duty he or she desires to perform. Permit applicants must complete expanded duty training in each of the desired functions at a CODA-accredited dental assisting program or in a course approved by the Oklahoma Board of Dentistry (OBD).

Available permits are:

- **Radiation Safety.** See the “Radiography Requirements” column to the right.
- **Coronal polishing/Topical fluoride.** A dental assistant must successfully complete a Board-approved course of study, including a clinical component, consisting of a minimum of 14 hours.
- **Sealants.** A dental assistant must successfully earn the coronal polishing/topical fluoride permit and complete a Board-approved course of study, consisting of a minimum of 12 hours.
- **Assisting in the administration of nitrous oxide.** A dental assistant must successfully complete a Board-approved course of study, consisting of a minimum of 12 hours.
- **Assisting a dentist who holds a parenteral or pediatric anesthesia permit.** The OBD will be developing rules to establish requirements for this permit. (Note: Only a dentist may administer anesthesia and assess the patient’s level of sedation.)

Every dental assistant in Oklahoma must obtain a Dental Assistant permit from the Board of Dentistry within 30 days of beginning employment. To obtain a permit, one must submit a completed application form and the required fee to the Oklahoma Board of Dentistry.

A dental assistant in the state of Oklahoma may perform basic supportive dental procedures specified by the state dental practice act (see opposite page) under the direct supervision of a licensed dentist.

A dental assistant must receive adequate office-based training by the supervisory dentist to ensure that the dental assistant is aware of all requirements and responsibilities of each duty to be performed.

Beginning January 1, 2019, every dental assistant receiving a permit shall complete an infection control course approved by the OBD within one year of the date of receipt of permit. Dental assistants holding permits prior to January 1, 2019 must complete an infection control course approved by the OBD before December 31, 2019.

**Dental Assistant with expanded function permit**

To legally operate dental x-ray equipment and perform dental radiographic procedures in Oklahoma, a dental assistant must obtain a permit from the Oklahoma Board of Dentistry.

To qualify, one must:

- Submit written verification to the OBD from the applicant’s current employing dentist attesting to competent clinical experience.

**Apply for a Radiation Safety permit from the Oklahoma Board of Dentistry.**

The following functions are **not permitted** by any level of dental assistant:

- 12, 33. Placement or removal of restorative materials in a human oral cavity.
- 61. Removal of fully hardened cementum
- 70. Diagnosis
- 72. Treatment planning
- 73. Prescription of medications
- 75. Use of local anesthetic
- 76. Use of nitrous oxide
- 77. Application of coagulant
- 78. Placement or adjustment of any removable or fixed prosthesis
- 101. Administration of fully hardened cementum
- 103. Administration of injectable local anesthetic
- 104. Administration of nitrous oxide
- 105. Any procedure that may contribute to or result in an irreversible alteration of the human oral anatomy
- 106. An expanded duty (as listed on the next page) when the dental assistant does not hold a current permit issued by the Oklahoma Board of Dentistry for the expanded duty
- 107. Those procedures allocated exclusively to dental hygienists

The following acts shall be regarded as practicing dentistry:

- Representing oneself as treating or professing to treat by professional instructions or by advertising use of professional equipment or products
- Removing human teeth
- Repairing or filling cavities in human teeth
- Correcting or attempting to correct malposed teeth;
- Administering anesthetics, general or local
- Treating deformities of the jaws and adjacent structures
- Using x-ray and interpreting dental x-ray film
- Offering, undertaking or assisting, by any means or methods, to remove stains, discolorations, or concretions from the teeth
- Operating or prescribing for any disease, pain, injury, deficiency, deformity, or any physical condition connected with the human mouth
- Taking impressions of the teeth and jaws
- Furnishing, supplying, constructing, reproducing, or repairing, or offering to furnish, supply, construct, reproduce, or repair, prosthetic dentures, sometimes known as plates, bridges, or other substitutes for natural teeth for the user or prospective user thereof
- Adjusting or attempting to adjust any prosthetic denture, bridge, appliance, or any other structure to be worn in the human mouth
- Diagnosing, making, and adjusting appliances to artificial casts of malposed teeth for treatment of the malposed teeth in the human mouth, without instructions
- Writing a laboratory prescription to a dental laboratory or dental laboratory technician for the construction, reproduction or repair of any appliance or structure to be worn in the human mouth
- Any other procedure otherwise defined in the State Dental Act requiring a valid license or permit to perform while the person does not hold such valid license or permit issued by the Board

No dental assistant shall perform any duty not authorized by Title 195, Chapter 15, of the Oklahoma Administrative Code or the State Dental Act.
### 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 OK</th>
<th>Allowable Functions</th>
</tr>
</thead>
</table>
| Dental Assistant with expanded function permit | **Under Direct Supervision***  
9. Polish coronal surface of teeth, or prepare teeth for band cementation or bonding of brackets utilizing a slow speed rotary handpiece and rubber cup or brush *(examination for calculus and scaling must be done by a dentist or dental hygienist)*  
18. Apply topical fluoride and desensitizing agents  
22. Expose intra-oral and extra-oral radiographs  
40. Place pit and fissure sealants  
59. Assist in the administration of nitrous oxide  
• All duties designated to Dental Assistants, under the same level of required supervision |

### DANB’s Note on Allowable Dental Assisting Functions

In the state of Oklahoma, all dental assistants may:

- Perform infection control and occupational safety procedures
- Perform other duties not specified by this state’s dental practice act

At this time, DANB cannot list all allowable dental assisting functions for each state because some states’ dental practice acts outline very specific allowable functions, while others outline only prohibited functions and some contain minimal or no regulation of dental assisting duties.

**Note:** This state allows oral maxillofacial surgery assistant permit holders to perform a specified set of surgical assisting functions. Please see the separate chart for oral maxillofacial surgery assistants on the pages that follow.

---

*Direct Supervision:* A supervisory dentist is in the dental office or treatment facility and, during the appointment, personally examines the patient, diagnoses any conditions to be treated, and authorizes the procedures to be performed by a dental assistant or oral maxillofacial surgery assistant. The supervising dentist is continuously on site and physically present in the dental office or treatment facility while the procedures are being performed and, before dismissal of the patient, evaluates the results of the dental treatment.

Direct visual supervision: The supervisory dentist has direct ongoing visual oversight which shall be maintained at all times during any procedure authorized to be performed by a dental assistant or an oral maxillofacial surgery assistant.
To perform specified oral maxillofacial surgical assisting functions in Oklahoma, one must hold an Oral Maxillofacial Surgery Assistant permit. To qualify, one must:

- Be of good moral character
- Be supervised by an oral maxillofacial surgeon with a current Oklahoma license,
- Be employed and complete a minimum of six months of training under the direct supervision of a licensed oral maxillofacial surgeon prior to starting the DAANCE program (see below)
- Complete the Dental Anesthesia Assistant National Certification Examination (DAANCE) program provided by the American Association of Oral Maxillofacial Surgeons (AAOMS)

AND:
- Hold valid BLS certification,
- Complete a standardized course approved by the OBD including a minimum of four hours of didactic training that includes the required content,
- Complete an infection control course approved by the Board,
- Meet any other requirements established by the OBD

AND:
- Apply to the OBD for an Oral Maxillofacial Surgery Assistant permit

An oral maxillofacial surgery assistant permit shall be considered a temporary training permit until all of the training requirements have been completed and approved by the OBD. A temporary training permit shall not be extended beyond two years.

Note: The OBD’s anesthesia committee may make a recommendation to the OBD for an oral maxillofacial surgery assistant holding a temporary training permit to substitute training received from another state university, dental school or technical training institute or training acquired in a surgery center or hospital while working under the authority of a licensed physician, to qualify as a partial substitute for the requirements to obtain an oral maxillofacial surgery assistant permit.
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)

Oklahoma (Oral Maxillofacial Surgery Assistant)

Job Title According to State of OK

Oral Maxillofacial Surgery Assistant

Under Direct Supervision*

- Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia
- Draw up and prepare medications

Under Direct Visual Supervision*

- Follow instructions of the oral surgeon while acting as an accessory hand on behalf of the oral surgeon that is administering** the medication and actively treating the patient.
- Follow instructions of the oral surgeon to adjust the rate of intravenous fluids to maintain or keep the line patent or open and adjust an electronic device to provide medications such as an infusion pump
- Assist the oral surgeon by reading, recording vital signs of a patient receiving deep sedation or general anesthesia; provided, only an oral surgeon may assess the level of sedation

**Note: “Administer” means to have the sole responsibility for anesthesia care, including determining medicines to be used and the dosage, timing, route of delivery and administration of medication and the assessment of the level of anesthesia and monitoring the physiological results of such care; provided, only an oral surgeon or dentist possessing a current general anesthesia permit may administer or assess the level of sedation or general anesthesia and monitor the results of such care.

*DANB has not received confirmation that this Career Ladder Template has been reviewed and approved by the Oklahoma Board of Dentistry. All of the templates in this volume reflect DANB’s interpretation of each state’s dental practice act and administrative rules and regulations related to dental assisting. For authoritative information regarding requirements, please contact the relevant dental board. Specific contact information can be found in this DANB publication.

Direct Supervision: A supervisory dentist is in the dental office or treatment facility and, during the appointment, personally examines the patient, diagnoses any conditions to be treated, and authorizes the procedures to be performed by a dental assistant or oral maxillofacial surgery assistant. The supervising dentist is continuously on site and physically present in the dental office or treatment facility while the procedures are being performed and, before dismissal of the patient, evaluates the results of the dental treatment.

Direct visual supervision: The supervisory dentist has direct ongoing visual oversight which shall be maintained at all times during any procedure authorized to be performed by a dental assistant or an oral maxillofacial surgery assistant.
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
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, has 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.