



DENTAL ASSISTING NATIONAL BOARD, INC.

Maine

2020 Allowable and Prohibited Duties for Dental Assistants

At-a-glance information includes a dental assisting career ladder and job titles, radiography requirements, education and exam requirements, delegable functions and supervision levels, and prohibited functions.



INSIDE:

- State requirements and functions chart
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants

ABOUT THESE DATA

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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MAINE: OVERVIEW

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State Job Titles

State Career Ladder

There are two recognized levels of dental assistants in Maine. See the following pages for details about requirements and allowed functions for each level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.



2 Expanded Function Dental Assistant (EFDA)

1 Unlicensed Person

State Radiography Requirements

State Radiography Requirements

To practice dental radiography in Maine under the general supervision of a licensed dentist or independent practice dental hygienist, an individual must be licensed as a Dental Radiographer by the Maine Board of Dental Practice.

To qualify, an individual must:

I. Be at least 18 years of age

AND

II. Hold a high school diploma or its equivalent

AND

III. Hold current CPR certification

AND

IV. a. Complete a course in dental radiologic technique and safety, which included a dental radiography exam, approved by the Maine Board of Dental Practice, **OR**

b. Successfully complete an examination in dental radiologic technique and safety approved by the Board*

AND

V. Successfully complete (grade of 90 percent) the Maine Board of Dental Practice's jurisprudence exam

AND

VI. Submit an application and pay applicable fee to the Maine Board of Dental Practice

**Note: DANB's Radiation Health and Safety (RHS) exam meets this requirement.*

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Maine

The following functions are not permitted by an Expanded Function Dental Assistant (EFDA):

- Complete or limited examination, diagnosis or treatment planning
- Surgical or cutting procedures of hard or soft tissue
- Prescribing drugs, medicaments or work authorizations
- Pulp capping, pulpotomy or other endodontic procedures
- Placement and intraoral adjustments of fixed or removable prosthetic appliances
- Administration of local anesthesia, parenteral or inhalation sedation or general anesthesia



1 Unlicensed Person

Requirements

Education, Training and Credential Requirements

A dentist in Maine may delegate to an unlicensed person basic supportive dental procedures specified by board statute (see below), performed under the supervision of the licensed dentist.

If the unlicensed person has successfully passed a certification examination administered by a national dental assisting board (such as DANB's CDA certification exam), the dentist may delegate to that unlicensed person the additional activities listed below, as long as these activities are performed under the dentist's general supervision.

Dentists must ensure that all dental personnel complete Basic Life Support for Healthcare Providers (BLS) certification and maintain current BLS certification when utilizing, administering, or monitoring local anesthesia, nitrous oxide analgesia, minimal sedation, moderate sedation, deep sedation, or general anesthesia.

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.

Please note: The following lists of allowable functions for unlicensed persons and EFDAs are reproduced as closely as possible from Title 32, Chapter 143, Sections 18371 and 18373 of the Maine Revised Statutes. Any differences in language between the lists reproduced here and those found in statute are inadvertent. Please consult the State's official copy of the statute at <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> to verify the accuracy of any information presented here.

Under Direct Supervision* (As listed in 32 MRS §18371(3)(C))

- | | |
|---|--|
| <p>6. Remove gingival retraction cord</p> <p>12. Deliver, but not condense or pack, amalgam or composite restoration material</p> <p>14. Irrigate and dry root canals</p> <p>15. Place wires, pins and elastic ligatures to tie in orthodontic arch wires that have been fitted and approved by the dentist at the time of insertion</p> <p>15. Place elastics and instruct in their use</p> <p>27. Place and remove rubber dams</p> <p>28, 44. Obtain impressions for opposing models and retainers</p> <p>29. Perform preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient's mouth by the dentist</p> <p>34. Apply cavity varnish</p> <p>42. Place or remove temporary separating devices</p> <p>43. Select and try in stainless steel or other preformed crowns for insertion by the dentist</p> <p>44. Obtain impressions for single-arch athletic mouth guards, bleaching trays, custom trays and fluoride trays</p> <p>45. Place and remove matrix bands</p> <p>47. Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, as long as the dentist checks the occlusion and fit prior to releasing the patient</p> <p>47. Place and cement temporary crowns with temporary cement</p> <p>48. Isolate the operative field</p> <p>49. Perform pulp vitality testing with confirmation by the dentist</p> <p>49. Perform electronic vitality scanning with confirmation by the dentist</p> | <p>56. Apply liquids, pastes and gel topical anesthetics</p> <p>61. Remove excess cement from the supragingival surfaces of teeth</p> <ul style="list-style-type: none"> • Place, hold or remove celluloid and other plastic strips prior to or subsequent to the placement of a filling by the dentist • Place and remove wedges • Remove orthodontic archwires and tension devices and any loose bands or bonds, but only as directed by the dentist • Take intraoral measurements and make preliminary selection of arch wires and intraoral and extraoral appliances, including headgear • Reapply, on an emergency basis only, orthodontic brackets • Assist a dentist who provides orthodontic services in preparation of teeth for attaching, bonding, cementing fixed appliances in a manner appropriate, and according to manufacturer's directions • Record readings with a digital caries detector and report them to the dentist for interpretation and evaluation • Remove composite material using slow-speed instrumentation for de-bonding brackets, as long as the dentist conducts a final check prior to release of the patient • Prepare tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets; this procedure may not be intended or interpreted as an oral prophylaxis, which is a procedure specifically reserved to be performed by dental hygienists or dentists; this procedure also may not be intended or interpreted as a preparation for restorative material; a dentist or dental hygienist shall check and approve the procedure |
|---|--|

Allowable functions for this level continued on next page

Allowable

***Direct Supervision:** The supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient's discharge.
General Supervision: The supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.



1 Unlicensed Person

Allowable Functions, continued

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.

Please note: The following lists of allowable functions for unlicensed persons and EFDAs are reproduced as closely as possible from Title 32, Chapter 143, Sections 18371 and 18373 of the Maine Revised Statutes. Any differences in language between the lists reproduced here and those found in statute are inadvertent. Please consult the State's official copy of the statute at <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> to verify the accuracy of any information presented here.

Allowable

Under General Supervision* (As listed in 32 MRS §18371(3)(A))

13. Remove sutures and schedule a follow-up appointment with the dentist within 7 to 10 days of suture removal
24. Give oral health instructions
26. For instruction purposes, demonstrate to a patient how the patient should place and remove removable prostheses, appliances or retainers
- 35, 62. Place and remove periodontal dressing.
37. Take and record the vital signs of blood pressure, pulse and temperature
44. Obtain impressions for study casts
47. Place and recement with temporary cement an existing crown that has fallen out as long as the dentist is promptly notified that this procedure was performed so that appropriate follow-up can occur
48. Retract lips, cheek, tongue and other tissue parts
48. Irrigate and aspirate the oral cavity
 - Perform dietary analyses for dental disease control
 - Take intraoral photographs
 - Take dental plaque smears for microscopic inspection and patient education
 - For the purpose of eliminating pain or discomfort, remove loose, broken or irritating orthodontic appliances
 - Change/replace dry socket packets after diagnosis and treatment planned by a dentist
 - Pour and trim dental models

Under General Supervision* (As listed in 32 MRS §18371(3)(B))

If the unlicensed person has successfully passed a certification examination administered by a national dental assisting board (such as DANB's CDA certification exam)

50. Place temporary fillings on an emergency basis as long as the patient is informed of the temporary nature of the fillings
61. Remove excess cement from the supragingival surfaces of teeth

***Direct Supervision:** The supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient's discharge.

General Supervision: The supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.



2 Expanded Function Dental Assistant (EFDA)

Education, Training and Credential Requirements

To practice expanded function dental assisting under the direct supervision of a licensed dentist in Maine, an individual must be licensed as an Expanded Function Dental Assistant (EFDA).

To qualify, one must:

- I.
 - a. Be at least 18 years of age **AND**
 - b. Hold current CPR certification **AND**
 - c. Pass the jurisprudence exam administered by the Maine Board of Dental Practice with a grade of 90 percent **AND**
 - d. Hold a high school diploma or its equivalent **AND**
 - e. Hold current DANB CDA certification **or** hold an active dental hygiene license in good standing under the laws of Maine or another U.S. state or a Canadian province, **AND**
 - f. Successfully complete training in a school or program in expanded function dental assisting approved by the Maine Board of Dental Practice, **AND**
 - g. Submit an application and pay applicable fee to the Maine Board of Dental Practice for EFDA licensure

OR

To qualify for licensure by endorsement, one must:

- II.
 - a. Be at least 18 years of age **AND**
 - b. Provide verification of current certification in CPR, **AND**
 - c.
 1. Provide evidence of holding a substantially equivalent license in another U.S. state or a Canadian province, including verification of all licenses in good standing under which the applicant practiced in the three years preceding application, documentation of the laws and rules of all jurisdictions in which the applicant practiced during the three years preceding application, and a resume/curriculum vitae describing practice during the three years preceding application, **OR**
 2. Provide evidence of substantially similar qualifications, including all application materials required for initial licensure as an EFDA (see EFDA licensure requirements above), **AND**
 - d. Submit an application, along with all required materials, and pay applicable fee to the Maine Board of Dental Practice

Requirements

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See Appendix A for more information.

Please note: The following lists of allowable functions for unlicensed persons and EFDAs are reproduced as closely as possible from Title 32, Chapter 143, Sections 18371 and 18373 of the Maine Revised Statutes. Any differences in language between the lists reproduced here and those found in statute are inadvertent. Please consult the State's official copy of the statute at <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> to verify the accuracy of any information presented here.

Under Direct Supervision* (As listed in 32 MRS §18373(1))

6. Place and remove gingival retraction cord.
- 9, 33. Supragingival polishing: A dentist or a dental hygienist must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing; dentists may permit an EFDA to perform supragingival polishing using only a slow-speed rotary instrument and rubber cup; dentists may allow an EFDA to use high-speed, power-driven handpieces or instruments to contour or finish newly-placed composite material
- 12, 33. Place and contour amalgam, composite and other restorative materials prior to the final setting or curing of the material
18. Apply topical fluorides recognized for the prevention of dental caries
29. Perform preliminary selection and fitting of orthodontic bands, with final placement and cementing in the patient's mouth by the dentist
29. Size, place and cement or bond orthodontic bands and brackets with final inspection by the dentist
34. Apply cavity liners and bases as long as: 1) the dentist has ordered the cavity liner or base; 2) the dentist has checked the

cavity liner or base prior to the placement of the restoration; and 3) the dentist has checked the final restoration prior to patient dismissal

40. Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement
44. Obtain impressions for athletic mouth guards, provisional or temporary crowns and bridges
- 47, 54. Cement provisional or temporary crowns and bridges and remove excess cement
49. Perform pulp vitality tests
Apply supragingival desensitizing agents to an exposed root surface and/or dentinal surface of teeth
 - All activities that may be delegated by a dentist to an unlicensed person under direct supervision [pursuant to 32 MRS §18371(3)(C)]

Under General Supervision* (As listed in 32 MRS §18373(2))

- All activities that may be delegated by a dentist to an unlicensed person under general supervision [pursuant to 32 MRS §18371(3)(A) and (B)]

Allowable

***Direct Supervision:** The supervision required by the board by rule of those tasks and procedures requiring the physical presence of the supervisor in the practice setting at the time such tasks or procedures are being performed. In order to provide direct supervision of patient treatment, the supervisor must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation and examine the condition after treatment and prior to the patient's discharge.
General Supervision: The supervision required by the board by rule of those tasks and procedures when the physical presence of the supervisor is not required in the practice setting while procedures are being performed.

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADA/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 arch wires
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 setups
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

Appendix B: Levels of Supervision

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 allied dental personnel, 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 2019. Note that “allied dental personnel” refers to dental assistants, dental hygienists 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 ADA/DANB Alliance did not address the question of supervision, the ADA/DANB Alliance has not made 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 ADA/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 definitions are provided as a footnote to the lists of allowable functions for each level of dental assistant.